May 29, 2008	Multi-Page <sup>™</sup> Inquiry on Hormone Receptor Testing
COMMISSION OF INQUIRY ON HORMONE RECEPTOR TESTING	LIST OF EXHIBITS
BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER	EXHIBIT P-1429 Pg. 212
MAY 29, 2008	
Appearances:	
Bernard Coffey, Q.C Commission Co-counsel Sandra Chaytor, Q.C Commission Co-counsel	
Rolf Pritchard/Mark Mills Her Majesty in Right of NL	
Jane Hennebury Doctors Kara Laing et al	
Daniel Simmons/Beth Whalen Eastern Regional Integrated	
Chesley Crosbie, Q.C Members of the Breast Cancer	
Jennifer Newbury Canadian Cancer Society (NL Division)	
Stacey O'Dea Central, Western and Labrador-Grenfell Regional Integrated Health Authorities	
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MS. BEVERLY GRIFFITHS - SWORN	<ul> <li>7 morning.</li> <li>8 MS. BONNELL:</li> </ul>
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Examination by Rolf Pritchard Pgs. 347 - 35.	3 10 COFFEY, Q.C.:
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Certificate	<ul><li>12 1560? Just before I look to this, a couple of</li><li>13 things just in terms of the structure of the</li></ul>
Centificate	14 organization, Ms. Thomas was there at the
	15 inception of Eastern Health?
	16 MS. BONNELL:
	17 A. Yes.
	18 COFFEY, Q.C.:
	19 Q. How long did she stay?
	<ul><li>20 MS. BONNELL:</li><li>21 A. I believe she had left just after Christmas in</li></ul>
	22 2006. So, yes, she left inI believe she
	23 left in January of 2006.
	24 COFFEY, Q.C.:
	25 Q. '06, just past December, '05?

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1 MS. BONNELL:		1	could you tell us, please, who J. Polak is?
2 A. Yes.		2 M	S. BONNELL:
3 COFFEY, Q.C.:		3	A. Joanne Polak is a -
4 Q. The new year of '06. And her replacement	was	4 C0	DFFEY, Q.C.:
5 whom?		5	Q. Oh, Polak, I'm sorry.
6 MS. BONNELL:		6 M	S. BONNELL:
7 A. Her replacement was Leona Barrington.		7	A. It's Polak. It's crisis communications, she's
8 COFFEY, Q.C.:		8	a recognized expert in crisis communications
9 Q. And did Ms. Barrington stay on for how lon	ng?	9	in Canada. She works for a company called
10 MS. BONNELL:	-	10	Hill and Knowlton. I've never actually met
11 A. She left us at the end ofor at the beginning		11	Joanne in person, but I did hear her speak at
12 of 2007.		12	a conference that I attended in May of 2006
13 COFFEY, Q.C.:		13	and I was very impressed by her presentation
14 Q. And who replaced her?		14	on crisis communications, and I guess it stuck
15 MS. BONNELL:		15	with me as the events of ER/PR transpired.
16 A. She was not replaced until the end of 2007.			DFFEY, Q.C.:
17 COFFEY, Q.C.:		10 CC	Q. Now, would that have been late May, 2006,
18 Q. And who in the meantime was fulfilling th		18	perhaps May 25th, 2006?
role throughout '07?			S. BONNELL:
20 MS. BONNELL:		20	A. The conference itself?
21 A. Me.			OFFEY, Q.C.:
22 COFFEY, Q.C.:		22	Q. Yes.
23 Q. Okay. As well as doing your regular job?			S. BONNELL:
24 MS. BONNELL:		24	A. Yes, that sounds right.
25 A. That's correct.		25 CO	DFFEY, Q.C.:
	Page 6		Page 8
1 COFFEY, Q.C.:		1	Q. And he was held where?
2 Q. So throughout the period of May and June	of	2 M	S. BONNELL:
3 '07?		3	A. Here in St. John's. It's an event put on by
4 MS. BONNELL:		4	the IABC, the local chapter of the IABC.
5 A. Yes.		5 C0	OFFEY, Q.C.:
6 COFFEY, Q.C.:		6	Q. And so just over two months later you sent her
7 Q. You were doing both?		7	an e-mail with the subject, "Help!"
8 MS. BONNELL:		8 M	S. BONNELL:
9 A. Yes.		9	A. Yes.
10 COFFEY, Q.C.:		10 CC	OFFEY, Q.C.:
11 Q. And when I say or ask you if Ms. Barringto	on	11	Q. And it reads, "I heard you speak in
12 replaced Ms. Thomas, I take it she wasM		12	Newfoundland at the 20/20 visionary
13 Barrington's role was what, exactly?		13	communications conference. Great presentation.
14 MS. BONNELL:		14	Eastern Health is a newly formed integrated
15 A. Media relations officer.		15	health care organization offering services to
16 COFFEY, Q.C.:		16	our regional population of about 300,000 and
17 Q. Media relations officer.		17	tertiary or high level health care services to
18 MS. BONNELL:		18	the entire province. In the midst of trying
19 A. Same position, yes.		19	to pull together my small, but capable
20 COFFEY, Q.C.:		20	communications team and trying to formulate
21 Q. Was she able to devote her full time to it?		20	plans (like crisis plans) that did not exist
22 MS. BONNELL:			in the seven merged organizations that are now
		22	
23 A. Yes, she was.		23	Eastern Health, I've been sitting on top of an
24 COFFEY, Q.C.:		24 25	angry that keeps erupting. It's one of those
25 Q. Ma'am, looking at this e-mail, first of all,		25	crisis' that keeps on" -

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1 MS. BONNELL:		1	believe they were going to interview Ms.
2 A. Unfolding, should be "u", unfolding.		2	Lewis. And in speaking with the producer from
3 COFFEY, Q.C.:		3	The Current, I was told that they were looking
4 Q "unfolding revealing new and distressing	ng	4	at it from a different perspective, because,
5 layers. This week we've had yet another 1	nedia	5	of course, The Current is a national program,
6 frenzy and while things may calm down a	is the	6	that they wanted to try and put the issue in
7 week goes on with the media, I keep thinl	king	7	national, more of a national perspective on
8 of your iceberg analogy and we have no p	lan in	8	the piece and to look at the testing across
9 place as of yet to deal with this or any othe	er	9	the country. And I really felt that that
10 crisis. Attached is the latest development	in 1	0	would be a very good opportunity for us to
11 a year-long crisis that has worn me and a l	ot 1	1	speak publicly on the issue, but there was
12 of my colleagues to the bone. While my C	EO is 1	2	some reticence within the organization to do
13 generally pleased with what I have been a	ible 1	3	that at that time. And I wonder if maybe I
14 to do for him and for the organization sine	ce 1	4	could just back up a little tiny bit?
15 this crisis first erupted, I am frustrated by	1	5 CO	FFEY, Q.C.:
16 our inability to get a handle on this crisis	1	6 (	Q. Sure. Oh, you can goI'd like -
17 and by the fact that we haven't had time	to 1	7 MS	. BONNELL:
18 dedicate to developing a crisis strategy an	nd 1	<b>8</b> A	A. It's hard to launch into the middle of it.
19 plan. I'd like to speak with you or someo	ne 1	9	But, you know, in communications and in other
20 from your team about how we handle	this 2	20	areas in crisis management people generally
21 immediate crisis, given our strategies to da	ate 2	21	divide crisis into two categories. One
22 and newly developing issues as well a	is 2	22	category of crisis is a crisis that happens
23 consultancy services to develop a crisis	5 2	23	suddenly, like an emergency, like a plane
24 communication strategy for the organization	on." 2	24	crash or, you know, a fire in one of your
25 And the-just look then, as we did yesterda	ay, 2	25	facilities, something like an emergency crisis
	Page 10		Page 12
1 at page 2 of this exhibit. This, you've		1	or something happens to one of your top
2 attached, at the time you sent this toyou	1	2	leaders, that's a sudden crisis. The other
3 sent this, attached the lawsuit against		3	kind of crisis that exists is called a
4 Eastern Health transcript of an interview of	lone	4	smouldering crisis. And I remember reading
5 August 1, 2006 by Jeff Gilhooly, and I	ne	5	one definition that sticks in my mind that is,
6 interviewed an lady named Myrtle Le	wis	6	you know, it's like a smouldering ember that
7 concerning the ER/PR matter?		7	takes something to ignite it before it bursts
8 MS. BONNELL:		8	into flame. And in many, many ways ER/PR was
9 A. Yes.		9	a smouldering crisis. It didn't erupt in May
10 COFFEY, Q.C.:	1	0	of 2005, and in fact, I think you could argue
11 Q. Now, ma'am, could you tell the Commiss		1	that it really didn't become a crisis in that
12 please, as this, based upon what we've hea		2	sense until May of 2007. A crisis, the
13 would be over a year into the ER/PR matte	er, 1	3	definition that we use for crisis is one that
14 how it was you came to send this?	1	4	says that a crisisshould have brought it
15 MS. BONNELL:		5	with me. A crisis is an event in a business
16 A. At this particular moment in time I guess t		6	that interrupts your ability to do normal
17 was a new development in the situation t		7	operations that results in extensive media
18 was occuring. And around this period in t		8	coverage and public scrutiny that has
and I'd have to ask you to just confirm th		9	political, legal and other ramifications for
20 dates for me, we'd also gotten an inquiry f		20	the organization. And I guess as we were
21 The Current, the CBC's The Current?		21	going through 2005 and into 2006, I guess
22 COFFEY, Q.C.:		22	that's where my volcano analogy comes from.
23 Q. Yes, ma'am.		23	It was one of these things that just kept
24 MS. BONNELL:		24	bursting and bursting and bursting with new
25 A. And they were looking to do a piece in wh	nich I 2	25	information, many, many layers in the ER/PR

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1	situation, event for the organization. It	1	Pursued in the sense -
2	wasn't like many adverse events which are so	2 MS. E	BONNELL:
3	contained to one specific event. So when I	3 A.	She and I had a conversation and we talked
4	made contact with this woman in 2006, I had	4	about where we were with thewhere we were
5	reached the realization, although there had	5	with the issue, and what I was proposing to my
6	been planning under way and I had certainly,	6	executive as an approach that we could take at
7	one of Leona's tasks for me in the	7	this particular point in time. She was very
8	organization was to start to pull together	8	supportive and indicated to me that in her
9	some crisis strategies. And she is our	9	opinion everything that we werethat I was
10	emergency person in the organization, so she'd	10	doing was right and that if I wanted her to
11	been working with the emergency team that	11	get on a plane, that she'd be there, and we
12	works under planning to develop pandemic plan,	12	could do it. And in the end that was not
13	communications plan and that sort of thing.	13	pursued.
14	But we just could neverto develop a crisis	14 COFF	ΈΥ, Q.C.:
15	communications plan takes a lot of effort, and	15 Q.	What were you proposing, what did you tell her
16	the existing crisis plans that were there,	16	that you were proposing to the executive at
17	there weren't very many of them, were very	17	the time?
18	much focused on, you know, that sudden crisis,	18 MS. E	BONNELL:
19	the emergency planning and how we would	19 A.	I felt that we should do this interview with
20	respond to that and less so on the more	20	The Current. When the interview with The
21	challenging crisis such as this one. So I	21	Current was brought to our attention, I felt
22	guess at this point in time I was looking for-	22	that we should do it. And I guess I
23	-I'm not a crisis communications expert and I	23	questioned, like anybody would in this kind of
24	was looking for the opinions of somebody who	24	circumstance, you tend to question yourself
25	was. She wasn't the only one I contacted at	25	and you wonder if the advice that you're
	Page 14		Page 16
1	that time, but I did have phone calls with	1	giving is good and you wonder if there's any
2	others, as well.	2	way that you can help solidify in the minds of
3 0	COFFEY, Q.C.:	3	your leaders what would be good advice, so I
4	Q. And, in fact, if you look atif we could see,	4	had offered Mr. Tilley the opportunity to
5	exhibit, please, 1561? You had sent that	5	speak with Ms. Polak and others, as well.
6	message at 3:43 on August 2nd. And of course,	6 COFF	EY, Q.C.:
7	the time shows up on the return message as		I take it he didn't take you up on that?
8	being having sent at 2:23 because of the time		BONNELL:
9	difference. But then there's a message back		He didn't.
10	to yourself on this exhibit at August 2nd,		ΈΥ, Q.C.:
11	2006 at 5:15. And she writes to you, "Hi		Did he give a reason why not?
12	Susan, I just read the transcript. I'm going		SONNELL:
13	onto a call at 3:30 my time. I also have a		Because he told me thathe told me that he
14	meeting in the morning that runs 8:30 to noon	14	believed in me, that he didn't need anybody
15	my time. We could either talk at 6 your time	15	else's involvement, that he thought I did a
16	or wait until tomorrow afternoon, 1:30 your	16	great job for the organization but at the end
17	time." And then you went back to her the next	17	of the day he did not want to do that
18	morning and indicated you would be in your	18	interview. He felt it was inappropriate for
19	office that afternoon and told her you'd wait	19	us to get into conversations on the class
20	for her call. Now, did you ever speak with	20	action lawsuit. I guess we'll probably talk
21	her about this?	21	about that, you know, that and the sort of
	MS. BONNELL:	22	long history of not talking about things that
		1	
23	A. I certainly did.	23	are before the courts that exists not only in
23	A. I certainly did. COFFEY, Q.C.:	23 24	are before the courts that exists not only in health care but in other organizations, as
23	A. I certainly did. COFFEY, Q.C.: Q. And was this actually pursued at the time?		are before the courts that exists not only in health care but in other organizations, as well.

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1 COFFEY, Q.C.:	1 certainly in August of 2006.
2 Q. So that his explanation to you at the time,	2 COFFEY, Q.C.:
3 despite at the time you were urging him to	3 Q. And isn't that just another way of saying the
4 take advantage of the opportunity to interact	4 problem with the test?
5 with The Current?	5 MS. BONNELL:
6 MS. BONNELL:	6 A. Okay, sure.
7 A. Yes.	7 COFFEY, Q.C.:
8 COFFEY, Q.C.:	8 Q. Okay. Did you know, at that point, had you
9 Q. To be interviewed?	9 ever been informed as to what the problem had
10 MS. BONNELL:	10 been?
11 A. Yes.	11 MS. BONNELL:
12 COFFEY, Q.C.:	12 A. With the test?
13 Q. Mr. Tilley's explanation for his refusal was	13 COFFEY, Q.C.:
14 is that where the matter was before the	14 Q. Yes. At Eastern Health and its predecessor
15 courts, he wasn't going to do that?	15 organization?
16 MS. BONNELL:	16 MS. BONNELL:
17 A. That's correct. But I know he alsoI don't	17 A. Over the two-year period information came to
18 know if you spoke to him about that, but I	18 my attention about what could have potentially
19 know he was also making phone calls to	19 caused the situation that we found our self
20 encourage his colleagues across the country	20 in. So, yes, I would suspect by 2006 that I
21 to, Phil Hassen rings in my mind for some	21 had some information about what was under
22 reason. I don't know if Mr. Hassen was	22 consideration as possible problems.
23 eventually interviewed by The Current or if it	23 COFFEY, Q.C.:
24 was some other person, but I know he was	24 Q. Who had told you that?
25 trying to encourage the Canadian Patient	25 MS. BONNELL:
Page 1	8 Page 20
1 Safety Institute to become involved in that	1 A. Well, there was a group of us working on this
2 piece at that time at the national level.	2 from the start and we continued to meet all
3 COFFEY, Q.C.:	3 through it. So I would have been hearing
4 Q. I take it that The Current wanted to know	4 things that Heather Predham was researching on
5 what? They wanted to speak about what, the	5 a national level, I would have been hearing
6 reasons for the problem?	6 things from Doctors Denic and Cook and Dr.
7 MS. BONNELL:	7 Williams and Kara Laing and all the
8 A. No, that's not my recollection of it. I did	8 individuals who were involved.
9 keep notes. I don't know if you have	9 COFFEY, Q.C.:
10 reference to them. But they, when they called	10 Q. Ma'am, you knew that there had been external
11 us, it wasI guess the impetus for the call	11 reviews done?
12 was this story that you see in CBC and the	12 MS. BONNELL:
13 contact, the conversation that I had with the	13 A. Yes.
14 producer at the time was that they wanted to	14 COFFEY, Q.C.:
15 talk about the test itself. And they'd been	15 Q. Did you know the results?
16 doing some research across the country into	16 MS. BONNELL:
17 the inherent difficulties with the test.	17 A. I was not shown the external reviews.
18 COFFEY, Q.C.:	18 COFFEY, Q.C.:
19 Q. Um-hm.	19 Q. Did you know the results?
20 MS. BONNELL:	20 MS. BONNELL:
21 A. And I guess it would make sense to you that I	A. I was never shown the reports, I didn't read
22 would, that I would think that that would be a	22 the reports. We did have conversations in which the recommendations. I did see listings
23 good conversation to have, that that wasyou	23 which the recommendations, I did see listings
<ul><li>know, that we felt that this was a test with</li><li>inherent difficulties. That's where we were</li></ul>	24 of recommendations from the reports and 25 actions on how we were going to follow through
25 inherent difficulties. That's where we were	25 actions on how we were going to follow through

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1 onflow through on the recommendation	ns. 1	1 they were done on a DAKO system, so it was
2 COFFEY, Q.C.:	2	2 clear to me that it wasn't the machinery. I
3 Q. Did you know, as of August, 2006, wh	at Dr. 3	knew that the process had 40 steps, that it
4 Banerjee had found to be, or at least in l	his 4	4 was a complex process, that -
5 view, the reasons for test failure?	5	5 COFFEY, Q.C.:
6 MS. BONNELL:	6	6 Q. What about the Ventana?
7 A. Other than the action strategies that I sa	w, 7	7 MS. BONNELL:
8 no.	8	
9 COFFEY, Q.C.:	9	······································
10 Q. So in terms of how whatever had happe		1 1 1
11 Eastern Health and the Health Care Corp		
12 to cause the problems, did you have any	•	2 COFFEY, Q.C.:
13 actually knowing whether or not wha		
14 caused those problems actually exist		4 MS. BONNELL:
15 anywhere else, that same problem?	15	
16 MS. BONNELL:	16	1 2 5
17 A. You see, I've since read the reports, so it		7 COFFEY, Q.C.:
hard for me to put myself back at that me		
19 in time and did I, you know. And I hav		5
20 read the reports in a long time. Certain	•	0 MS. BONNELL:
21 what was indicated to me all through t		
22 period of time was thatand, you know		2 COFFEY, Q.C.:
23 would have been askingit would be eas		
24 we were in a situation where we could 25 these are the things or the thing. from a	•	e
25 these are the things or the thing, from 1	Page 22	5 MS. BONNELL: Page 24
1 perspective, that went wrong here. But it	-	
1 perspective, that went wrong here. But it 2 never indicated to me in so clear cut		2 COFFEY, Q.C.:
3 fashion that these are the five things or f		
4 things that went wrong, that it was		4 MS. BONNELL:
5 combination of factors. And we talked		
6 the combination of factors and what		6 COFFEY, Q.C.:
7 organization was doing to address th		
8 combination of factors.		8 MS. BONNELL:
9 COFFEY, Q.C.:	9	
10 Q. What combination of factors were you	-	0 COFFEY, Q.C.:
about? First of all, were you told it was		
12 the machinery?	12	
13 MS. BONNELL:	12	
14 A. Oh, yes, I knew it wasn't the machinery.		4 MS. BONNELL:
15 COFFEY, Q.C.:	15	
16 Q. Who told you that?		6 COFFEY, Q.C.:
17 MS. BONNELL:	17	
18 A. Do you mean the Ventana or the DAKO of		
19 COFFEY, Q.C.:		9 MS. BONNELL:
20 Q. Yes.	20	
21 MS. BONNELL:		1 COFFEY, Q.C.:
22 A. I don't know who specifically told me th		
23 know very early on we wondered if it		-
24 problem with the DAKO itself, but I mea		
25 went to Mount Sinai to have the tests do		5 MS. BONNELL:

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1	A. That there were process issues, that was my	1	1 MS. BONNELL:
2	understanding of it, that there were process	2	2 A. No.
3	issues, that it was a complex test with	3	3 COFFEY, Q.C.:
4	multiple steps, there are multiple places in	4	
5	which something could go wrong, from the	5	5 speak about how it could go on for so long and
6	collection of the tissue sample, all the way	6	6 not be detected?
7	through to the full processing, that it was a	7	7 MS. BONNELL:
8	difficult test to read, that -	8	8 A. We certainly aboutthere were conversations
9	COFFEY, Q.C.:	9	being had about the inability towhen you
10	Q. Now ma'am -	10	have oncologists coming and going from the
11	MS. BONNELL:	11	1 organization, so oncologists aren't tracking
12	A. I understood about the quality controls issue.	12	2 trends in ER/PR. When you have pathologists
13	That was knowledge that I had that, you know,	13	coming and going from the organization, and
14	there was some question of whether the quality	14	4 they're not tracking trends, that was
15	controls had been documented appropriately. I	15	5 certainly talked about.
16	would have known that.	16	6 COFFEY, Q.C.:
17	COFFEY, Q.C.:	17	7 Q. Did it ever comeso you've read the report
18	Q. There was a question, you understood that	18	8 since?
19	early on?	19	9 MS. BONNELL:
20	MS. BONNELL:	20	0 A. Yes.
21	A. Yes. I didn't, not early on, but certainly at	21	1 COFFEY, Q.C.:
22	this point I think I would have known.	22	2 Q. The external reviews since.
23	COFFEY, Q.C.:	23	3 MS. BONNELL:
24	Q. By the time it went public, did you know, in	24	4 A. Not recently.
25	October of '05?	25	5 COFFEY, Q.C.:
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1	MS. BONNELL:	1	1 Q. You have read them since?
2	A. In October of '05?	2	2 MS. BONNELL:
3	COFFEY, Q.C.:	3	3 A. Yes.
4	Q. Yes.	4	4 COFFEY, Q.C.:
5	MS. BONNELL:	5	5 Q. In terms of Dr. Banerjee's first report, was
6	A. No, I wouldn't have known.	6	6 there any information in that that was new to
7	COFFEY, Q.C.:	7	7 you?
8	Q. Wouldn't have known?	8	8 MS. BONNELL:
9	MS. BONNELL:	9	A. Well, I'm not a medical person. I found the
10	A. Hardly any of this stuff, no.	10	
11	COFFEY, Q.C.:	11	
12	Q. Okay.	12	
13	MS. BONNELL:	13	-
14	A. I know what was being speculated and talked	14	
15	about and certainly all through that summer,		5 COFFEY, Q.C.:
16	there were multiple, multiple, multiple	16	
17	conversations and, you know, bits and pieces	17	-
18	were coming to us over a period of time, but I	18	
19	often describe that period of time as a bit of	19	
20	a roller coaster, you know. One day you	20	
21	thought one thing; next day you thought	21	
22	something else.		2 MS. BONNELL:
	COFFEY, Q.C.:	23	
24	Q. Did you ever ask how this could have gone on	24	
25	for so long and not been detected?	25	

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1	specific information, no, I didn't know that.	1	1 development in a year-long crisis that has
2	COFFEY, Q.C.:	2	2 worn me and a lot of my colleagues to the
3	Q. So ma'am, just looking at that, if we could,	3	3 bone." I take it by that point in time, you
4	Exhibit, please, P-1560? I'm just going to go	4	4 were getting tired.
5	back to page one of it. Now the reference to	5	5 MS. BONNELL:
6	sitting on top of an angry volcano that keeps	6	6 A. It was a difficult year. I was very tired.
7	erupting, I take it that that refers to what,	7	7 COFFEY, Q.C.:
8	the fact that it keeps coming back into the	8	8 Q. So at that point, what was Eastern Health
9	media?	9	9 waiting for?
10	MS. BONNELL:	10	0 MS. BONNELL:
11	A. I think it refers to the fact that I saw it as	11	1 A. In what sense, sir?
12	a smouldering crisis. Mr. Coffey, I'm sure	12	2 COFFEY, Q.C.:
13	we'll talk lots about myI'm a very	13	Q. In the sense ofwell, you've referred to this
14	passionate person, very dramatic person. I've	14	as now in testimony here, smouldering ember.
15	been a writer my whole life, and sometimes	15	5 In writing then, back then, said itdescribed
16	when you work in health care, in particular,	16	6 it as an angry volcano that kept erupting.
17	these things are a blessing, and sometimes	17	7 Where was Eastern Health, in August of '06,
18	they're a curse, and they're a curse in that	18	8 going with this matter, from your perspective,
19	sometimes I tend to use very colourful	19	9 as a communications director?
20	language.	20	20 MS. BONNELL:
21	COFFEY, Q.C.:	21	A. We knew that the time was coming in which we
22	Q. Well, if we could fast forward to May 15th,	22	would like to tell the public the results of
23	2007, was that really an exaggeration?	23	thethe end of the day results of the retest.
24	MS. BONNELL:	24	I knew at the beginning of this summer that
25	A. Oh, absolutely.	25	the majority of patient disclosures had been
	Page 30		Page 32
1	COFFEY, Q.C.:	1	1 done. Our strategy had been, and we stuck by
2	Q. In August?	2	2 it, that we were going to make sure that the
3	MS. BONNELL:	3	3 patients were notified prior to us talking
4	A. Absolutely. What? Was what an exaggeration?	4	4 publicly about anything, and although we did
5	COFFEY, Q.C.:	5	5 occasionally respond to media throughout this
6	Q. Well, as it turns out, what you wrote on	6	6 period of time, it was generally not very
7	August 2nd, 2006, bearing in mind what	7	7 informative, the information that we provided,
8	happened on May 15th and 16th 2007.	8	8 and I was getting to the point where I could
9	MS. BONNELL:	9	9 see a shift in the media itself and in their
10	A. Well, that's when it erupted.	10	0 willingness to hold and towe were seeing it
11	COFFEY, Q.C.:	11	in other things, in our relationship with the
12	Q. Yes.	12	2 media, not just in this particularthis
13	MS. BONNELL:	13	
14	A. Absolutely, yeah.	14	
15	COFFEY, Q.C.:	15	5 media.
16	Q. So -	16	6 COFFEY, Q.C.:
17	MS. BONNELL:	17	7 Q. There had beenI take it from what you're
18	A. But this issue was one of those issues that	18	telling the Commissioner then, from your
19	every day there was something new, every day.	19	9 perspective, there had been a certain amount
20	It continued and continued and continued and	20	of forbearance by the media?
21	it was certainly an exhausting issue to deal	21	21 MS. BONNELL:
22	with.	22	A. Certainly.
23	COFFEY, Q.C.:	23	23 COFFEY, Q.C.:
24	Q. Because you've referred in the sentence below,	24	Q. In terms of the ER/PR matter?
25	that third paragraph, "attached is the latest	25	25 MS. BONNELL:

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1 A. Absolutely, which wouldn't be unexpected.	-	1	listen to the news any night and you'll hear
2 COFFEY, Q.C.:		2	people say "this is before the Courts. I'm
3 Q. But you were seeing signs that the forbearan	nce	3	not going to talk about it."
4 was ending?		4	The complication here with ER/PR was
5 MS. BONNELL:		5	thatwas the issue of the public
6 A. Yes.		6	accountability of the health organization, and
7 COFFEY, Q.C.:		7	the accountability that we had to a larger
8 Q. Or might end?		8	group in the public, aside from those who
9 MS. BONNELL:		9	would have been involved in any action that
10 A. Yes. I think we were, you know -		10	was being taken.
11 COFFEY, Q.C.:		11 (	COFFEY, Q.C.:
12 Q. So the media, you understood, wanted an	n	12	Q. Presumably, including telling the patients
13 accounting of this?		13	whose results had changed why they'd been
14 MS. BONNELL:		14	different in the first place.
15 A. Yes.		15 1	MS. BONNELL:
16 COFFEY, Q.C.:		16	A. Why they had been different?
17 Q. As to -		17 (	COFFEY, Q.C.:
18 MS. BONNELL:		18	Q. Yes, what had caused it. Leaving aside the
19 A. And I think that that was driven by the		19	public for the moment, I mean, individual
20 public's wanting an accounting of this.		20	patients, I take it, were never told, first
21 COFFEY, Q.C.:		21	nor last, as to why their results had changed.
22 Q. And they would have wanted to know what?	?	22 1	MS. BONNELL:
23 MS. BONNELL:		23	A. Why their results have changed. I don't think
24 A. What happened.		24	why an individuals results had changedI'm
25 COFFEY, Q.C.:		25	not sure if we'll ever reach the point where
	age 34		Page 36
1 Q. What happened and why it happened?	uge 51	1	we'll be able to say why a particular
2 MS. BONNELL:		2	individuals results changed with specific -
3 A. Why it happened, absolutely, yeah.			COFFEY, Q.C.:
4 COFFEY, Q.C.:		4	Q. Do you know if anyone has ever actually even
5 Q. So what happened would involve telling th	he	5	looked to see why an individual patient's
6 public what?		6	results changed?
7 MS. BONNELL:			MS. BONNELL:
8 A. Everything that we could tell them, in terms	9	8	A. I don't know. You'd have to ask that to the
9 of-you know, the class action was a	5	9	people who work in the areas, not myI don't
10 complication, and I don't know if you want	to	10	know of that.
11 talk about it now or you want to wait and tal			COFFEY, Q.C.:
12 about it later, but it was certainly a		12	Q. Were you ever told that that was being
13 complication. Had there not been legal		12	pursued?
14 action, I think we would have been in a			MS. BONNELL:
15 situation where we would have been more	re	14 1	A. No.
16 forthcoming earlier in the game, but now			COFFEY, Q.C.:
17 that's me in supposition too. It's hard to		17	Q. I take it then that a public briefing of some
18 say whether that would have been the case of	or	18	sort was envisaged as of August 2006?
19 not, and it's just that my experience has been			MS. BONNELL:
20 that in many matters, once they become		$\frac{1}{20}$	A. Yes.
21 judicial in any way, when something is before			COFFEY, Q.C.:
the Courts in any way, the organization		21	Q. Complicated by the fact that the matter was
23 generally didn't speak to it. But that		22	before the Courts?
24 doesn't make us entirely unique. I mean,			MS. BONNELL:
that's pretty much-all you have to do is		24 1	A. Yes.
<sup>25</sup> that 5 protty muchan you have to do 18		25	/ <b>1</b> , <b>1 V</b> <sub>0</sub> ,

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1 COFFEY, Q.C.:	1 COFFEY, Q.C.:
2 Q. The complication meant that what, you would be	be 2 Q. How about problems with fixation?
3 inhibited in talking about it?	3 MS. BONNELL:
4 MS. BONNELL:	4 A. There was conversation about the complications
5 A. Yes.	5 of the test and the impact that certain things
6 COFFEY, Q.C.:	6 would have on the test. I remember Dr. Denic,
7 Q. Then why talk about it at all?	7 we had Dr. Denic show the reporters a slide
8 MS. BONNELL:	8 and talk about how a pathologist would read
9 A. Because we felt that we owed a duty to the	9 the slide.
10 public to talk about it.	10 COFFEY, Q.C.:
11 COFFEY, Q.C.:	11 Q. Ma'am, you've read Dr. Banerjee's report of
12 Q. And to tell them what?	12 October 17th and in just several paragraphs,
13 MS. BONNELL:	13 he spells out, from his perspective, what the
14 A. Whatever we could.	14 problems were with the 2002 Health Care
15 COFFEY, Q.C.:	15 Corporation slides, doesn't he?
16 Q. Which would be -	16 MS. BONNELL: 17 A. Yes.
17 MS. BONNELL:	
18 A. What we told -	18 COFFEY, Q.C.:
19 COFFEY, Q.C.:	19 Q. It's very succinct and to the point, isn't it? 20 MS. BONNELL:
20 Q what happened? 21 MS. BONNELL:	20 MS. BONNELL. 21 A. Yes.
22 A. What we -	21 A. TCS. 22 COFFEY, Q.C.:
22 A. What we - 23 COFFEY, Q.C.:	23 Q. Okay. Was any such information like that
24 Q. What happened and why it happened.	24 conveyed in as stark a fashion on December
25 MS. BONNELL:	25 11th, 2006?
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1 A. We didn't talk about causative factors when we	1 MS. BONNELL:
2 did do the briefing in December because that	2 A. No, but it wasn't conveyed to me by December
3 would certainly have been addressed in the law	3 11th of 2006 either.
4 suit, in the case that would be before the	4 COFFEY, Q.C.:
5 Courts. That was my understanding, that the	5 Q. Now with respect to that, when was it that you
6 causative factors would have been discussed in	6 finally got to read the reports?
7 that venue and therefore, it would be	7 MS. BONNELL:
8 imprudent of us to be talking about it	8 A. This summer.
9 publicly. But what we did argue for and do	9 COFFEY, Q.C.:
10 was talk about, as a result of all the things	10 Q. So this summer mean -
11 that we had done in the lab, what	11 THE COMMISSIONER:
12 recommendations had we acted upon to improve	12 Q. Are you saying this summer?
13 the lab.	13 MS. BONNELL:
14 COFFEY, Q.C.:	14 A. I'm sorry.
15 Q. When the press conference was held in December	15 THE COMMISSIONER:
16 of '06, do you recall if internal controls and	16 Q. Are you saying this is summer? I'm getting
17 the problems with internal controls was ever	17 depressed if that's what you're proposing. Or
18 discussed?	18 are you talking about last -
19 MS. BONNELL:	19 MS. BONNELL:
A. Internal controls. We'd almost have to go and	<ul><li>20 A. The previous summer.</li><li>21 THE COMMISSIONER:</li></ul>
<ul><li>21 have a look through it to see if internal</li><li>22 controls was talked about in the stuff that</li></ul>	21 THE COMMISSIONER: 22 Q. Okay.
	22 Q. OKAY. 23 COFFEY, Q.C.:
<ul><li>24 media. I can't recall specifically if</li><li>25 internal controls was raised.</li></ul>	<ul><li>24 Q. 2007. Do you recall when in 2007?</li><li>25 MS. BONNELL:</li></ul>
25 internal controls was raised.	25 MS. BONNELL:

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1 A. I read the reports around the time that we	1 MS. BONNELL:
2 were preparing the case for the Supreme Court.	2 A. Mr. Tilley was gone at that point.
3 COFFEY, Q.C.:	3 COFFEY, Q.C.:
4 Q. Okay. So that would have beenI think they	4 Q. Okay. Now having read what was in the
5 were there in January and February of '08.	5 reports, do you have any reason to believe
6 MS. BONNELL:	6 that you might have conducted the December
7 A. It's a blur, I got to tell you.	7 11th 2006 media briefing differently?
8 COFFEY, Q.C.:	8 MS. BONNELL:
9 Q. All right.	9 A. Yes.
10 MS. BONNELL:	10 COFFEY, Q.C.:
11 A. No, in prepit was before that. It was	11 Q. And why? How and why?
12 before that.	12 MS. BONNELL:
13 COFFEY, Q.C.:	13 A. Well, I say yes, and you know, I'm not sure.
14 Q. Do you recall then when?	14 We stillwe were in a position where we
15 MS. BONNELL:	15 couldn't talk about causation in that December
A. I'm sorry, I don't recall exactly when they	16 11th briefing. That was notwe weren't going
17 were given to me.	17 there.
18 COFFEY, Q.C.:	18 COFFEY, Q.C.:
19 Q. Well, first of all, who did you get them from?	19 Q. Why not?
20 MS. BONNELL:	20 MS. BONNELL:
A. I read them throughthere was aafter the	A. Because that was a matter that really had to
22 Commission of Inquiry was called, there was -	be dealt with in relation to the law suit.
23 COFFEY, Q.C.:	23 COFFEY, Q.C.:
24 Q. That would be May 22nd, 2007.	24 Q. Who made that decision?
25 MS. BONNELL:	25 MS. BONNELL:
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A. During that summer, there was a committee, a	A. The group made that decision. We certainly
2 management committee put together to manage	
3 the Inquiry itself from an Eastern Health	3 COFFEY, Q.C.:
4 perspective, and I was a part of that group,	4 Q. Okay, and the group, and I'll have you
5 and it was through that group that I would	5 describe who the group was for the
6 have gotten access to those reports.	6 Commissioner as we get into this, but there
7 COFFEY, Q.C.:	<ul> <li>version as we get into ans, out affect</li> <li>was a conscious decision, consensus decision</li> </ul>
8 Q. And the purpose in you seeing them was what?	8 made by the group to that effect?
9 MS. BONNELL:	9 MS. BONNELL:
10 A. Because we were talking about the fact that	10 A. I think it was an acceptance by the group that
<ul> <li>about peer review. We were talking about the</li> <li>peer review issues, and at that time, I was</li> </ul>	11 we're not going to get into causative factors. 12 COFFEY, Q.C.:
12 peer review issues, and at that time, 1 was 13 asked to read them.	13 Q. Who in the group, to your knowledge, knew the
13 asked to read them. 14 COFFEY, Q.C.:	13 Q. who in the group, to your knowledge, knew the 14 causative factors at the time? Because I take
	14 causarive factors at the time? Because I take 15 it you didn't know.
15 Q. Was Mr. Tilley still there at the time? 16 MS. BONNELL:	16 MS. BONNELL:
17 A. No, Mr. Williams was not there at the time.	17 A. I'm not sure. I would have -
17 A. No, MI. Williams was not there at the time. 18 Dr. Williams wasn't there at the time.	17 A. T III not sure. T would have - 18 COFFEY, Q.C.:
18 DI. withanis wasn't there at the time. 19 COFFEY, Q.C.:	19 Q. So I take it you -
	20 MS. BONNELL:
20 Q. Dr. Williams had been gone - 21 MS. BONNELL:	
	<ul> <li>A I would have suspected that, you know, Ms.</li> <li>Predham knew.</li> </ul>
22 A. Long gone, yeah.	
23 COFFEY, Q.C.:	23 COFFEY, Q.C.:
24 Q long gone, but Mr. Tilley, I'm saying was he	24 Q. You didn't know at the time?
25 -	25 MS. BONNELL:

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1 A. N	lo, I didn't.	1	A.	You know, we reached a point with the media
2 COFFEY	/, Q.C.:	2		where we just had to do something, and we were
3 Q. O	kay, I'm sorry, go ahead. So you suspect Ms.	3		veryand with the public. The media are, you
	redham knew. Whom else?	4		know, a conduit for us to the public and we
5 MS. BON	NELL:	5		reached a point where we felt thatall that
6 A. I.	would have suspected that Mr. Gulliver would	6		fall, we were very much pushing for that
	ave seen those reports, that Dr. Denic would	7		briefing to happen, and you know, we said to
	ave seen the reports. I'm taking my advice	8		the reporters at the briefing that this was an
	and my direction from these people.	9		unprecedented move, that we'd never done
0 COFFEY		10		anythingcertainly our organization had never
1 Q. A		11		done anything of that nature of bringing
2 MS. BON		11		people in, talking about something in the
	Ve certainly talked about the concept in	12		middle of legal action, and that wasI don't
	•			recall ever doing anything like that before
-	reparation and lead up to that briefing, of	14		
	he possibility of releasing the reports, and	15	COFF	that point.
•	ou will see in notes around that time an			EY, Q.C.:
	xplanation of why those can't be released	17	Q.	To come back to it, how did you feel as a
	ecause of the protection under the Evidence	18		communications director and going out and
	ct. But that question was asked by us, can	19		talking about this issue to the public, which
	re just give the reports to the media.	20		included the patients -
1 COFFEY		21		ONNELL:
	Vas asked by whom?	22		Yes.
3 MS. BON	INELL:	23	COFF	EY, Q.C.:
24 A. M	Iyself and Ms. Barrington.	24	Q.	- without yourself knowing whatas much as
25 COFFEY	7, Q.C.:	25		could be known, what the causative factors
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	kay, communications people?	1		were?
2 MS. BON	NELL:	2	MS. BO	ONNELL:
3 A. Y	es.	3	A.	The whole thing was uncomfortable, Mr. Coffey,
4 COFFEY	7, Q.C.:	4		not just that. I mean, I will admit to you
5 Q. A	nd you asked that question of whom?	5		that one of our greater causes of concern was
6 MS. BON	INELL:	6		that we knew, from conversations that Leona
7 A. TI	he group.	7		had been having with the media and that I'd
8 COFFEY		8		been having with the media, that there was an
	kay, and who in the group responded?	9		expectation that we were going to release a
0 MS. BON		10		rate of error. That there was going to be a
	here's anI believe I have an e-mail in my	11		set of numbers that were going to be released,
	ystem there somewhere fromI think it was	12		and as many people have said to you, prior to
-	om Ms. Predham saying that the reports were	13		my saying it to you, we should have just given
	rotected under the Evidence Act and therefore	14		them the numbers, and I can talk to you about
-	buldn't be released publicly.	15		how we got to that decision, but you know, we
6 COFFEY		15		should have just given them all the numbers.
	nd did the matter then of disclosing the	17		The issue of error and causative factors
	-			
	eports end with that?	18		were things that we did not want to get into,
9 MS. BON		19		given the fact that there was a class action
0 A. Y		20		law suit in existence. I can'tit's just the
1 COFFEY		21		reality of it. Whether it's right or wrong,
	id you have any discomfort in going and doing	22		it's the reality of it.
	press conference not knowing what the			OMMISSIONER:
	ausative factors were?	24	Q.	Sorry, just one point of clarification. You
25 MS. BON	INELL:	25		said that all fall we were pushing for the

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1 briefing to happen?	1	i	n a sting operation with the police, you
2 MS. BONNELL:	2	2 1	know, with Child Youth and Family Services.
3 A. Yes.	3	5	There were numerous major issues that occurred
4 THE COMMISSIONER:	4	i i	n this period of time.
5 Q. Which "we" is that?	5	COFFE	-
6 MS. BONNELL:	6	5 Q. I	Ma'am, I'm going to suggest to you that as of
7 A. That would be the communication staff.	7		August, 2006, certainly most of the raw
8 THE COMMISSIONER:	8	5 1	numbers existed, the numbers didn't
9 Q. Thank you.	9	) 5	substantially change between then and December
10 COFFEY, Q.C.:	10	) (	of '06.
11 Q. And the delay was occasioned by whom and	what? 11	MS. BO	NNELL:
12 MS. BONNELL:	12	A. 7	That's correct, yes.
13 A. A number of different factors, I mean that	13	COFFE	Y, Q.C.:
14 wasif you look at that period of time, all	14	Q. 1	What was or wasn't going to be said about the
15 that summer and early into that fall, there	15		causative factors was already known and it had
16 were major issues that happened at Eastern	16		been decided by August of '06, if not before,
17 Health that distracted us from it to some	17		correct?
18 degree, as well as the fact that there was a	18	MS. BO	NNELL:
19 desire to ensure that our medical staff were	19	A. A	Ah -
20 briefed before the public briefing was done.	20	COFFE	Y, Q.C.:
21 So they were trying to organize a medical	21	Q. 1	Like the reluctance to talk about causative
22 briefing -	22	e f	factors existed before August of '06?
23 COFFEY, Q.C.:	23	MS. BO	-
24 Q. Who is the "they" then?	24	A. ]	I'm not sure, are you saying that we should
25 MS. BONNELL:	25		have done the briefing well before the summer
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1 A. Who was trying to organize the medi	0	1	nit or -
2 briefing?		COFFEY	7, Q.C.:
3 COFFEY, Q.C.:	3		Well certainly beginning in the summer of '06.
4 Q. Well in terms of, you're saying yourself	and 4		t didn't occur until December of '06.
5 Leona are pushing to get this on and done		MS. BOI	
6 MS. BONNELL:	6	бА. `	Yes.
7 A. We're saying this has to be done soon, ye	ah. 7	COFFEY	<sup>7</sup> , Q.C.:
8 COFFEY, Q.C.:	8		And you've described to the Commissioner, well
9 Q. And you're saying this to Mr. Tilley, I ta	ke 9		here was one thing came up and then another
10 it?	10		and then another.
11 MS. BONNELL:	11	MS. BOI	NNELL:
12 A. Yes, amongst others. I certainly think	I 12	A. 1	Yes.
13 probably said that at executive meetings.		COFFEY	7, Q.C.:
14 COFFEY, Q.C.:	14		What difference does that make to whether or
15 Q. And no one, I take it when you first began	n to 15	-	not you hold a briefing if you have the
16 push this, no one actually took you up on			numbers and you're not going to talk about
17 Or they were told, "not now, Susan" -	17		causes?
18 MS. BONNELL:	18	MS. BO	
19 A. It's probably sort of in an unfair	19	A. 1	don't know, Mr. Coffey, what difference it
20 categorization because there were so m			would make. The briefing was held in
21 other major issues happening in that period	-		December, I don'tI can't explain to you or
time. The Markenstein report was release			lescribe any more than I have what impeded in
23 had challenges with pharmacists an			as getting it done before the December date.
24 paramedics, we had to send patients out		COFFEY	
radiation oncology services. We were inv			What I'm getting at, I suppose Ms. Bonnell, is

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1	this, you talk about one crisis or another or	1	MS. I	BONNELL:
2	one matter or another, suggests that the	2	2 A.	. One from Ms. Predham and one from Dr.
3	organization could only handle one at a time	3	;	Williams' office asking me to attend a
4	or no more than two at a time and would want	4	ł	meeting. I'm not sure who made the first
5	to kind of space it out, would that be an	5	i	call.
6	accurate characterization?	6		FEY, Q.C.:
7 M	S. BONNELL:	7	' Q.	. And where did you go?
8	A. I think there's some truth to that, yes. I	8		BONNELL:
9	think that the level of crises and change and,	9	) A.	. We went to Dr. Williams' office which is in
10	you know, there were only three of us in the	10	)	the Health Sciences to a boardroom outside of
11	communications office. We were doing other	11		his office.
12	things as well, you know, I mean from a			FEY, Q.C.:
13	resourcing perspective, it was difficult to	13		. And who was there and what happened?
14	handle the multiple issues that were coming to			BONNELL:
15	bear. I've mentioned a couple of issues to	15	A.	. My memory is a little cloudy. There were a
16	you, but there were others as well.	16		number of meetings that were held one after
	OFFEY, Q.C.:	17		another, after another and I seem to recall
18	Q. Yes.	18		that Dr. McCarthy and Dr. Laing were there.
	S. BONNELL:	19		Looking back over notes that I have seen as
20	A. It was a very intense period of time, very	20		the Commission has progressed, I'm not sure if
21	intense. It wasn't because of holidays	21		I'm right on my memory of that particular
22	because people didn't take holidays, you know,	22		meeting or it was a subsequent meeting, they
23	I mean it was a very intense period of time.	23		were there, Dr. Cook was there, Dr. Williams,
	OFFEY, Q.C.:	24		myself and I brought Deborah with me as well.
25	Q. If we could, please, you had yesterday when I		COFI	FEY, Q.C.:
	Page			Page 56
1	first asked you about ER and PR, estrogen	1		. And what happened?
2	receptor and progesterone receptors, I'm going			BONNELL:
3	to refer to them henceforth as ER/PR. You	3		. We talked about it. We talked about whether
4	started to tell the Commissioner about when	4		we should make a public announcement at that
5	you first heard of that?	5		point or not. It was decided during the
	S. BONNELL:	6		course of the meeting that there was going to
7	A. Yes.	7		be a further investigation, so we said we'll wait and see what the results of that one are.
	OFFEY, Q.C.:	8		
9	Q. When was that, perhaps you can tell us the circumstances?	9		Are we only identifying outliers that for some
10 11 M	S. BONNELL:	10		reason strangely didn't convert, you know, it was not really known or did convert, rather,
п м. 12	A. It was in the end of May. I became involved	11		so it was not really known at that point, so
	after the index case and after the next number			
13 14	of little cases, I think there was a group of	13 14		we said we'll hold, we'll wait. We started to talk about what could potentially be a press
14 15	five or so that were done.	14		release, a public announcement and then we
	DFFEY, Q.C.:	16		waited and then there would be subsequent
16 CC 17	Q. Yes.	10		meetings that occurred at which various
	S. BONNELL:	17		decision points were made all through the
18 M	A. So that's when the call would have come to me.	10		summer.
	DFFEY, Q.C.:			FEY, Q.C.:
20 CC 21	Q. And do you recall from whom the call came?	20		. Now the first meeting you went to, did you
	S. BONNELL:	21		tell Mr. Tilley that you were going to the
22 M	A. I recall receiving two phone calls.	22		meeting?
	DFFEY, Q.C.:			BONNELL:
24 CC 25	Q. Go ahead.	24		. I don't recall telling Mr. Tilley. I
25	y. 60 micau.	123	A.	. I don't foran while with Thirty. I

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1 certainly may have, but -	1 and subsequently with Dr. Howell.
2 COFFEY, Q.C.:	2 COFFEY, Q.C.:
3 Q. How about after the meeting? Would you h	
4 told him afterwards, look, I was into this	4 meeting and there are a group of senior people
5 meeting and this is the result?	5 there and they are talking about a potential
6 MS. BONNELL:	6 problemwell it is a problem, how big the
7 A. No, I don't recall having that conversation	7 problem is perhaps at that point it's unknown,
8 with him.	8 the idea of going public is floated, talked
9 COFFEY, Q.C.:	<ul> <li>about possible press release -</li> </ul>
10 Q. Why wouldn't you have told Mr. Tilley th	
11 this was going on.	11 A. Briefly.
12 MS. BONNELL:	12 COFFEY, Q.C.:
13 A. Because it was Dr. Williams' issue and Dr	
14 Williams would have made thoseI didn	
17 COFFEY, Q.C.:	17 COFFEY, Q.C.:
18 Q. So at the first meeting you went to, did you	18 Q. And you did not tell Mr. Tilley because you
19 get any sense of whether or not Mr. Tilley w	
20 even aware of it at that point?	20 up to Dr. Williams to tell Mr. Tilley when he
21 MS. BONNELL:	21 was ready to, is that what -
A. I don't remember whether Dr. Williams wo	
have said that I am going to call George or	A. Mr. Coffey, I don't know if you would be aware
24 not.	24 of this, but I have hundreds of those
25 COFFEY, Q.C.:	25 meetings. Those meetings are not uncommon
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1 Q. Would, as the communications director, wo	uld 1 place. We have an issue, we don't have an
2 that have caused you any concern?	2 issue, we want you to come and hear about
3 MS. BONNELL:	3 this, we have a potential this or a potential
4 A. Not at that point, no.	4 that, that that is what I do all day long or I
5 COFFEY, Q.C.:	5 did all day long.
6 Q. Now in May of '05 you reported to whom?	6 COFFEY, Q.C.:
7 MS. BONNELL:	7 Q. Having gone to this meeting, did you tell Mr.
8 A. Mr. Dodge.	8 Dodge about the issue?
9 COFFEY, Q.C.:	9 MS. BONNELL:
10 Q. And in terms of operations issues on	10 A. No, I don't think I did. It was Dr. Williams'
11 communications, who did you report to?	11 issue and I was supporting Dr. Williams. Part
12 MS. BONNELL:	12 of my role as a communications director is to
13 A. Mr. Dodge.	13 support the individuals who are in the
14 COFFEY, Q.C.:	14 executive capacity, they're the leaders,
15 Q. Mr. Dodge. Now how much, if at all, have	
16 dealt with Mr. Dodge on the ER/PR issue?	16 vice-presidents or whatever they happen to be
17 MS. BONNELL:	17 and I would support them and, you know,
18 A. He certainly had been aware that it's an issu	
<ul> <li>19 that we've been handling and -</li> </ul>	19 the executive level.
20 COFFEY, Q.C.:	20 COFFEY, Q.C.:
21 Q. Well how about Mr. Tilley compared to N	
22 Dodge and the ER/PR issue, who did you de	
22 bodge and the EK/FR issue, who did you de 23 with more?	23 issue, you were going to leave it to him to
24 MS. BONNELL:	24 determine the timing of when he told Mr. Tilley
25 A. Far more with Mr. Tilley and with Dr. Willia	ams 25 Tilley.

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1 MS. BONNELL:	1 A. Right.
2 A. Yeah and remember too that in May of 20	05, it 2 COFFEY, Q.C.:
3 wasn't what we had in May of 2007, you	know, 3 Q. So you go to the meeting, you listen, describe
4 it was a new issue, we didn't what the issue	
5 was, we didn't know if it was a big issue.	the meeting ended that they are conducting
6 wasn't ER/PR as we're looking at it today	at 6 further investigations.
7 that point in time.	7 MS. BONNELL:
8 COFFEY, Q.C.:	8 A. Yes.
9 Q. I appreciate that, what I'm asking you, ma	
10 is so from the beginning, just so the	10 Q. And that you would be contacted further about
11 Commissioner understands the intern	
12 dynamics, okay, that you get called to thi	
13 meeting.	13 A. Yes.
14 MS. BONNELL:	14 COFFEY, Q.C.:
15 A. Yes.	15 Q. And you understood that at least some members
16 COFFEY, Q.C.:	16 of the public were aware that their individual
17 Q. You're told that this is an issue, we don't	C C
18 know how big it is yet, but it may involv	
19 going public.	19 A. Yes.
20 MS. BONNELL:	20 COFFEY, Q.C.:
21 A. Yes.	21 Q. And that -
22 COFFEY, Q.C.:	22 MS. BONNELL:
23 Q. Dr. Williams is handling the issue you we	
have understood, he's a senior person in t	-
25 room.	25 the disclosures had been done.
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1 MS. BONNELL:	1 COFFEY, Q.C.:
2 A. Yes. We talked about going public, do we	
3 to go public with this at this point in time,	3 problem, the existence of the problem to Mr. Tillay, you were leaving to Mr. Williams or
4 because, sir, of the fact that the patient	4 Tilley, you were leaving to Mr. Williams or
5 disclosures were being made at that point 6 time, so that these patients were notified	
<ul><li>7 that there were changes in their test results</li><li>8 and that we did not know at that point wh</li></ul>	
<ul> <li>and that we did not know at that point with</li> <li>would have been the reason for there to be</li> </ul>	
change. And until another group and ano	
11 group were done, when one test result cha	
12 that's not unusual to have somebody hav	-
12 that shot unusual to have some body hav 13 test result change, I mean, there is a	12 A. NO. 13 COFFEY, Q.C.:
14 variability in tests and it could very easily	14 Q. So just what, an implicit understanding?
15 have been at that point in time a changed t	
16 result.	16 A. Yes.
17 COFFEY, Q.C.:	17 COFFEY, Q.C.:
18 Q. So you came on the scene just after, arou	
19 the first five or so had converted.	19 happened, was there initially by yourself or
20 MS. BONNELL:	20 Ms. Thomas any attempt to prepare a press
21 A. Yes. It was enough that Dr. Williams thou	
that there may be a communications issue.	-
23 COFFEY, Q.C.:	23 A. No, I don't believe so, not at that point.
24 Q. And i.e. that's why you were there.	24 COFFEY, Q.C.:
25 MS. BONNELL:	25 Q. And what then happened?
23 INS. DUMMELL.	25 Q. This what then happened:

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1 MS. BONNELL:		was being tested, then there was some		
2 A. We then went through a period of time where	2	consideration of a particular batch of		
3 the clinical people were doing a series of	3	antibody or antigen and then there was		
4 investigations. They would do a year, they	4	consideration of a period of time, maybe it		
5 would do, you know, a two week period, there	e 5	was just 2002 that there was an issue. You		
6 was various things that happened in that	6	know, there was all these ideas being floated		
7 period which others would be far more adept to	o 7	around. And I think it was in early July that		
8 speak to than I would be.	8	there was a look done at numerous years and		
9 COFFEY, Q.C.:	9	then the results of that. Based on that, it		
10 Q. Right.	10	was undeniable that there was a more systemic		
11 MS. BONNELL:	11	problem.		
12 A. But during that period I was kept in the loop	12 CO	FFEY, Q.C.:		
13 as things were going along.	13	Q. Did you ever see anythingthis time you're		
14 COFFEY, Q.C.:	14	being apprised, late May throughout June of		
15 Q. How as that done?	15	'05 -		
16 MS. BONNELL:		B. BONNELL:		
17 A. Someone would have called me or we would h		A. Uh-hm.		
18 had meetings. There were a number of meetin	-	FFEY, Q.C.:		
19 that occurred, most of them wouldn't show up	19	Q. Did you ever see anything in writing, people		
20 in my calendar because I would be upstairs at	20	showing you documents?		
21 one meeting or I'd be somewhere and be called		B. BONNELL:		
and asked to pop over because they had some		A. Yes, I think I did see things in writing, yes,		
23 new information, and it went -	23	I saw some numbers and I would have seenI		
24 COFFEY, Q.C.:	24	don't recall at what point I remember reading		
25 Q. Who is the "they" in this context?	25	some documents from literature review that had		
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1 MS. BONNELL:	1	been pulled and that kind of thing, if that		
2 A. The issue was really being managed by Terry		was prior to July or after July, I'm not sure.		
3 Gulliver and his management team, Dr. Cook a		FFEY, Q.C.:		
4 the oncologists and the quality department and	4	Q. If we could, please, exhibitI'm just trying		
5 I'm kind of on the periphery of all of that.	5	to get some sense of what you may or may not		
6 COFFEY, Q.C.:	6	have seen, P-0067 please? Now this is a copy		
7 Q. And during this time do you have any sense of	7	of a letter May 24th, 2005 written to Dr.		
8 whether or not Mr. Tilley is aware of it	8	Williams, entitled "Confidential, false		
9 throughout June?	9	negative results for estrogen and progesterone		
10 MS. BONNELL:	10	receptors." It's three pages long, signed by		
11 A. No, not through June. I remember the point at	11	Dr. Cook. This is, we understand the first		
12 whichit was early in July that we made a	12	written communication to Dr. Williams by Dr.		
13 decision that we had an issue, that this was a	13	Cook about the matter. Were you shown a copy		
14 bigger, like it was at that point that we	14	of this at the time?		
15 realized that this was an issue, early in		BONNELL:		
16 July.		A. I don'tI've certainly seen this letter, but		
17 COFFEY, Q.C.:	17	I don't remember being shown it in May of		
18 Q. What was it caused that or triggered that?	18	2004. I don't believe I was shown it I should		
19 MS. BONNELL:	19	say, not that I don't remember.		
20 A. I think it was a particular periodthere's		FFEY, Q.C.:		
21 two events that come in my mind, but I think		Q. Now your understanding was what when you were		
22 it was the results of a particular group of	22	first brought into this as to when they had		
23 tests that were done, maybe likeI remember	23	first discovered this problem?		
24 at one point we thought, oh, well this might		BONNELL:		
25 have to do with just the type of patient that	25	A. Exactly as you see written here, on May 11th		

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1 the index case and the subsequent, that's	1 MS. BONNELL:
2 always been my understanding.	2 A. I did know that, I'm not sure how late I would
3 COFFEY, Q.C.:	3 have been made aware of that, it wouldn't be
4 Q. Okay, so your understanding is the index case-	4 standard for me to be told the names of
5 -throughout your understanding throughout this	5 patients, unless it was a specific set of
6 has always been by the people you've been	6 circumstances and I was being asked to look
7 involved with.	7 for things in the media on an individual, so
8 MS. BONNELL:	8 I'm not sure if her name would have come up at
9 A. Uh-hm.	9 the initial meetings, but certainly subsequent
10 COFFEY, Q.C.:	10 to that I had heard her name. I didn't know
11 Q. They've always lead you to believe that the	11 who she was, I had heard her name.
12 index case occurred in May of 2005?	12 COFFEY, Q.C.:
13 MS. BONNELL:	13 Q. So you associatedif they're talking about
14 A. On May 11th we retested an individual, yes.	14 Peggy Deane as the index case, you associated
15 COFFEY, Q.C.:	15 her with the May 11th -
16 Q. Okay. Now we've also heard here references to	16 MS. BONNELL:
17 Peggy Deane.	17 A. Yes.
18 MS. BONNELL:	18 COFFEY, Q.C.:
19 A. Yes.	19 Q. And the fact that she may not be the May 11th
20 COFFEY, Q.C.:	20 case, is this the first time you've heard
21 Q. And her medical charts will show that in fact	21 that?
22 she was tested in April.	22 MS. BONNELL:
23 MS. BONNELL:	23 A. It's the first time I've heard it.
24 A. Uh-hm.	24 COFFEY, Q.C.:
25 COFFEY, Q.C.:	25 Q. If we could look, please, when you first got
Page	
1 Q. And her treatment was changed back in April of 2 '05. Did anybody ever alert you to the fact	<ol> <li>involved in this, I'm trying to get some sense</li> <li>of how much you may or may not have been kept</li> </ol>
<ul><li>3 that this, depending upon how or how one uses</li></ul>	<ul> <li>3 in the loop on this, looking at page 3 of this</li> </ul>
4 the label "index" -	4 exhibit, Dr. Cook has written, "In closing, I
5 MS. BONNELL:	5 would like to make the following
6 A. Uh-hm.	6 recommendations for immunoperoxidase testing."
7 COFFEY, Q.C.:	<ul> <li>And he's actually got four recommendations.</li> </ul>
	8 MS. BONNELL:
8 Q. That her case was April of '05 and not May. 9 MS. BONNELL:	9 A. Uh-hm.
	10 COFFEY, Q.C.:
e e	<ul> <li>Q. "The immediate establishment of an external</li> <li>proficiency testing and monitoring program,</li> </ul>
<ul><li>and the process of examining this started,</li><li>which is I think how we've always sort of</li></ul>	
	14 service, the training of immunoperoxidase
15 COFFEY, Q.C.:	15 technologists and appropriate CME funding for the immunotechnologists " When you first get
16 Q. You, yourself, have always understood that May	
<ul><li>17 11th was when the index case was first</li><li>18 identified?</li></ul>	17 involved, were you given the sense that there
	18 was already an action plan in place?
19 MS. BONNELL:	19 MS. BONNELL:
20 A. Was first identified, yes, that it was brought	20 A. An action plan to make quality improvements to
21 to the attention of the pathologists that	21 the laboratory?
22 there was a problem with theyes.	22 COFFEY, Q.C.:
23 COFFEY, Q.C.:	23 Q. Which is what this would summarize, yes.
24 Q. Did you ever, as time went on, have any	24 MS. BONNELL:
25 understanding as to who the index patient was?	A. Yes, I believe I was aware of that, yes.

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1 COFF	FEY, Q.C.:	C	1	A.	Really nothing of any further interest than
	So when you first showed up, which wou	ıld be	2		that the discussion of proficiency testing and
3	late May, whether it was before or after, th		3		quality controls and all those things were
4	particular one when we look at it, I want t		4		discussed, and really that's it.
5	put it in context for you, you wouldn't have	ve	5	COFF	EY, Q.C.:
6	seen this at the time. Dr. Williams' office	÷	6	Q.	Were any questions being asked by the, for
7	would have received this May 25, '05, you	ı see	7		example, Dr. Williams as to how it was that
8	that there -		8		they were not earlier enrolled or involved in
9 MS. I	BONNELL:		9		such things?
10 A.	We used this letter to help prepare briefin	-	10		ONNELL:
11	notes, so whenever the first briefing note of		11	А.	I don't recall that at all, no. Dr. Williams
12	this showed up, I would have said what's		12		may very well have asked those questions, but
13	writing, you know, that we can use to he	lp	13		it hasn'tit wouldn't have registered with
14	prepare that briefing note. And -		14		me.
	FEY, Q.C.:				EY, Q.C.:
-	And this would have been one of -		16	Q.	If we could, please, exhibit P-0493. Now this
	BONNELL:		17		is a letter, June 14th, 2005 to Dr. Williams,
	This would have been produced for me.		18		it's from Dr. Cook and it's a preliminary
	FEY, Q.C.:	1	19		update on false negative results for estrogen
	So and from early on, though, you would	have	20		and progesterone receptors. And he writes,
21	understood that at least the medical	1	21		"Further to my letter of May 24, 2005, we've
22	technology people were acknowledging		22		reviewed reports that the estrogen and
23	there was something that they had to do,	ιο	23		progesterone receptors in 160 breast cancer
24 25 MS 1	address problems? 30NNELL:		24 25		patients that originated in the Health Care Corporation of St. John's"and he talks about
23 MIS. I			25		
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	Yes.		1		percentages of positivity and negativity at
	FEY, Q.C.:		2		some length. And he even goes on to say in the
	Such as a lack of quality assurance progra	uns	3		middle of it, "It also seems that most of the
4 5 MG I	Oľ -		4		negative ER/PR results started sometime around
	BONNELL:		5		June 24, 2002." It's in the middle of the first paragraph. "And we are in the process
	As identified in that letter, I guess.		6		of retesting all negative ER/PR cases with our
	FEY, Q.C.: Did you ever ask any of them as to how t	hot	7 8		newer and more sensitive Ventana benchmark
8 Q. 9	could have come about, that they had not b		0 9		immunoperoxidase method for the year 2002."
9 10	using such quality assurance activities of			MS B	ONNELL:
11	been enrolled in such activities?	1	10		Uh-hm.
	BONNELL:				EY, Q.C.:
	No, I never would have asked that question	on	12		And he also says, "We will also need to retest
13 M. 14	that would be outside of my -	on,	14	Q٠	cases that are outside of the confines of the
	FEY, Q.C.:		15		Health Care Corporation of St. John's. I have
	Did you ever hear it discussed between Do	octor	16		recently sent a memo to all lab directors
10 Q. 17	-				across the province asking them to refer ER/PR
	BONNELL:				· ·
		t	19		-
				MS. B	0
	-				
		,			-
	•			COFF	-
			24		
	-			¢.	
<ol> <li>MS. F</li> <li>A.</li> <li>A.</li> <li>COFF</li> <li>COFF</li> <li>Q.</li> </ol>	- BONNELL: Yes, certainly I heard it discussed, yes, but I mean I'd be in these meetings and these things would be being thrown around the r you know. FEY, Q.C.: So what do you recall about that? BONNELL:	se	20 21 22 23	A. COFF	across the province asking them to refer ER/PF negative 2002 cases back to the division for retesting." ONNELL: I remember all of this being in discussion, yes. EY, Q.C.: You do, sure. So this is written on June 14th, apparently, so it was either talked

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1 about on that day or before that period.	1			
2 MS. BONNELL:	2	2. Carter and Dr. Cook and it's addressed to Dr.		
3 A. That's right.	3	Joy McCarthy advising her "as per our previous		
4 COFFEY, Q.C.:	4			
5 Q. And in terms of that, if we can look at,	, 5	progesterone receptor has been carried out on		
6 please, P-0492? Now this is a June 14th	memo 6	5 the following patients initially identified as		
7 from Dr. Cook to all laboratory directors	and 7			
8 there's a listing of them across Newfound	lland. 8	as follows." And the Commissioner has already		
9 MS. BONNELL:	9	heard evidence there are six25 patients		
10 A. Uh-hm.	10	listed here, I think 16 of them have a		
11 COFFEY, Q.C.:	11	different result upon retesting. Would you		
12 Q. Asking them to send in the 2002 ER/	PR 12	have been aware by the end of June that that		
13 negatives. "Send in the original ER/PF	R 13	had happened?		
14 slides, the control slides, H&E slides an	nd 14	MS. BONNELL:		
15 paraffin blocks of the tumor." So you we	ould 15	A. Yes, I was aware of the 16 and 25 number, but		
16 have been aware, if you didn't see the lett	ter, 16	I didn't see this, I had never seen this memo		
17 you certainly would have been aware that	t this 17	or had never seen it until my preparation for		
18 was going on?	18	} _		
19 MS. BONNELL:	19	OCOFFEY, Q.C.:		
20 A. Certainly.	20	Q. Coming here.		
21 COFFEY, Q.C.:	21	MS. BONNELL:		
22 Q. All this time Mr. Tilley doesn't know th	hat 22	A the Commissioner, yes.		
23 this is going on.	23	COFFEY, Q.C.:		
24 MS. BONNELL:	24	Q. But you would have known thatwould you have		
25 A. Okay.	25	known that this communication was going on,		
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1 COFFEY, Q.C.:	1	that Dr. Cook and Carter were at least		
2 Q. As far as, well as you've indicated, it wa	as 2	advising the oncologists.		
3 July, beginning of July that he -	3	3 MS. BONNELL:		
4 MS. BONNELL:	4	A. Oh yes, absolutely.		
5 A. Yes.	5	5 COFFEY, Q.C.:		
6 COFFEY, Q.C.:	6	Q. And you expected that the oncologists would		
7 Q. He was finally told.	7	tell their patients.		
8 MS. BONNELL:	8	3 MS. BONNELL:		
9 A. I remember in the beginning of July, I	Dr. 9	A. Yes.		
10 Williams indicating that we needed to m	neet 10	) COFFEY, Q.C.:		
11 with George and brief him, but I'm not su	re if 11	Q. So does that assist you in recollecting why it		
12 I would have known that Dr. Williams h	adn't 12	was finally that the decision was, from your		
13 had a conversation with George up to t	his 13	perspective, made to tell Mr. Tilley?		
14 point.	14	MS. BONNELL:		
15 COFFEY, Q.C.:	15	A. Well, yes, I believe that it was at that point		
16 Q. Did you ever speak to Dr. Williams abou		2		
17 wisdom or lack thereof of asking othe				
18 authorities to send in blocks from the ye				
19 2002 without notifying the CEO that all th	nis 19	that needed to be looked at.		
20 is going on?	20	) COFFEY, Q.C.:		
21 MS. BONNELL:	21	Q. What difference would it make if it was		
22 A. No.	22	limited to just one year or extended over five		
23 COFFEY, Q.C.:	23	or seven years, what difference does that		
24 Q. If we could look, please, at exhibit P-049		make?		
signed copy P-0496. Now this is a lette	er 25	5 MS. BONNELL:		

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1	A. In what sense?	1	July.
2 C	COFFEY, Q.C.:	2	2 COFFEY, Q.C.:
3	Q. Well in terms of whether or not the CEO should	3	Q. Ma'am, at that point, do you recall whether or
4	be told?	4	not there had been any discussion of a person
5 N	IS. BONNELL:	5	named Dr. Ejeckam?
6	A. That's not a question that I can answer for	6	5 MS. BONNELL:
7	you. It's not my role to go to the CEO with	7	A. Not at that point, no, I don't recall ever
8	every issue that comes to me, that's not part	8	hearing his name. I seem to recall him
9	of what I do within the organization. You	9	working for us in 2000, 2003, like I remember
10	know, the executive meets on a regular basis.	10	his name being raised, but I don't ever
11	Mr. Tilley has a relationship with his members	11	remember his name being raised in these
12	of executive and I'm called in to, I'm called	12	discussions?
13	in to assist with issues, but it was never my	13	COFFEY, Q.C.:
14	role to be a conduit of information to Mr.	14	Q. On that point because you were there as
15	Tilley or to Ms. Jones.	15	director of communications in 2003.
16 C	COFFEY, Q.C.:	16	5 MS. BONNELL:
17	Q. So there would have been executive meetings	17	A. Uh-hm.
18	throughout or at least a number of them in	18	COFFEY, Q.C.:
19	June of '05?	19	
20 N	IS. BONNELL:	20	MS. BONNELL:
21	A. I'm not sure when they actually started doing	21	A. You got me there. I think it was March. It
22	those but it was, I don't think it was to the	22	
23	end of May that he had the team in place.	23	
	COFFEY, Q.C.:	24	
25	Q. So, but in June of '05 there would have been	25	
	Page 82	,	Page 84
1	executive meetings that you would have	1	MS. BONNELL:
2	attended -	2	A. Okay.
3 N	IS. BONNELL:	3	COFFEY, Q.C.:
4	A. I think so, yes.	4	Q. April, May and June of 2003. The Health Care
5 C	OFFEY, Q.C.:	5	Corporation, as it then was, did you ever hear
6	Q. And Dr. Williams.	6	of a problem in the IHC section of the lab?
7 M	IS. BONNELL:	7	MS. BONNELL:
8	A. Yeah, I think so.	8	B A. No.
9 C	OFFEY, Q.C.:	9	COFFEY, Q.C.:
10	Q. And it wasn't raised at that time.	10	
11 M	IS. BONNELL:	11	MS. BONNELL:
12	A. No, sir.	12	
	OFFEY, Q.C.:		COFFEY, Q.C.:
14	Q. Now were you aware at the time that Dr.	14	
15	Williams was going to tell Mr. Tilley?	15	
	IS. BONNELL:		5 MS. BONNELL:
17	A. Was I aware when Mr. Williams made theDr.	17	
18	Williams made the decision?		COFFEY, Q.C.:
	OFFEY, Q.C.:	19	
20	Q. Yes.	$\begin{vmatrix} 1 \\ 20 \end{vmatrix}$	
	Q. TCS. IS. BONNELL:	20	
21 N 22	A. Yes, I seem to recall Dr. Williams saying to		2 MS. BONNELL:
22 23	me, we have to bring George into this, it's a	22	
23 24	bigger issue, yeah. And that may have been	23	-
	around the end of June or the first part of	24	
25	around the cha of june of the first part of	123	mis name on an e-man of 1 was just aware ulat

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1 we hadwhen I first heard the name of I			y understanding of the memo was that it was
2 Ejeckam in 2005, I assumed he was st	ill 2	an	issue that was raised by Dr. Ejeckam in
3 working for us in fact.	3	20	003, it was an internal issue dealt with
4 COFFEY, Q.C.:	4	wi	ithin the confines of the laboratory program,
5 Q. Now when was it that you first heard of l	Dr. 5	th	at he raised issues regarding staining, that
6 Ejeckam in this context?	6	th	e issues were addressed and Dr. Ejeckam was
7 MS. BONNELL:	7	sa	tisfied and he reinstated testing. Now
8 A. The end or the middle of July, somewh	nere 8	ha	lting testing and doing that sort of thing
9 during July I remember seeing the letter th	nat 9	is	not terribly uncommon that that sort of
10 everybody talks about, the memo from 2	2003, 10	th	ing would go on, that there would be stops
11 that was the first time that that was shown	to 11	or	you would have a period where you would
12 me.	12	sh	ut down a particular piece of diagnostic
13 COFFEY, Q.C.:	13	eq	uipment to do testing and that's how it was
14 Q. That's the memo to Terry Gulliver, the J	une 14	-	rtainly relayed to me, that that was -
15 19th one.		COFFEY,	
16 MS. BONNELL:	16		o you recall who relayed that?
17 A. Right.	17	MS. BON	•
18 COFFEY, Q.C.:	18	A. M	r. Gulliver.
19 Q. And who showed you that?	19	COFFEY,	. O.C.:
20 MS. BONNELL:	20		ow in this context, by that point in time
A. I don't remember who specifically showed			ough, it was known that there was a problem
think it was brought to a meeting that we l			ith the 2002 results because you already had
23 I don't remember who brought it forward.			e reports back.
24 COFFEY, Q.C.:		MS. BON	*
25 Q. And do you recall who was there? Wha			h yes, I understand what you're saying, yes,
	Page 86		Page 88
1 discussed?	1	th	at's right.
2 MS. BONNELL:		COFFEY,	-
3 A. There were so many meetings, Mr. Coffe			o, what if anything do you recall was
4 sorry, it's difficult to pinpoint specific	4		oposed to be done about investigating what
5 meetings. There was a series of them he		-	id happened in 2003?
6 bang, bang, bang, one after another. I don		MS. BON	* *
7 remember ever having a meeting that 1			remember Dr. Williams indicating that he
8 Predham wasn't at. Dr. Williams would			anted a more thorough look done at 2003. And
<ul> <li>been at all the meetings and the doctors, y</li> </ul>			at's all that I remember from that.
10 know, depending on the meeting, there w		COFFEY,	
11 different set of doctors there.	10		o you recall during the entire time that you
12 COFFEY, Q.C.:	11		ere involved with this, whether or not Dr.
12 Q. So, and this would have been a meeting to			eckam ever attended any meetings you
14 with ER/PR?	14 13	•	tended?
15 MS. BONNELL:		MS. BON	
16 A. Yes.			o, I have never met the man.
	16		
17 COFFEY, Q.C.:		COFFEY,	
Q. With respect to that, this letter or this men			id you throughout this, did you ever acquire
is there, presumably it's distributed,	19		y understanding concerning Dr. Ejeckam's
20 discussed?	20		miliarity with IHC?
21 MS. BONNELL:		MS. BON	
22 A. Yes.	22		what sense do you mean?
23 COFFEY, Q.C.:		COFFEY,	
Q. What was the import or upshot of it?	24		id anybody ever tell you that he apparently
25 MS. BONNELL:	25	kn	new a lot about it?

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1 MS. BONNELL:	1 knew more about it than he did?
2 A. Oh yes, absolutely, yes.	2 MS. BONNELL:
3 COFFEY, Q.C.:	3 A. I don't remember Dr. Ejeckam ever being
4 Q. Did it ever cross your mind to question why h	e 4 positioned in that particular light with me.
5 wasn't at any of these meetings if he knew so	5 I certainly knew Dr. Cook was looking to
6 much about it?	6 others for their expertise and I remember Dr.
7 MS. BONNELL:	7 Carter was considered in that vein as well
8 A. No.	8 from a breast cancer pathology perspective.
9 COFFEY, Q.C.:	9 COFFEY, Q.C.:
10 Q. Now, looking back on it?	10 Q. So -
11 MS. BONNELL:	11 MS. BONNELL:
12 A. Well the meetings that I was attending, I hear	12 A. And Dr. Elms, subsequently, like there's been
13 what you're saying, but the meetings that I	a number of people who have been presented as
14 was attending were leadership meetings, if yo	
15 know what I mean, there were people being	
16 brought together at a certain leadership level	16 Q. But Dr. Ejeckam had been the one, you
17 of the issue. I assumed that meetings were	17 understood, who had stopped testing in '03 and
18 occurring, aside from the ones which I	18 started it again?
19 attended, that were more to do with the	19 MS. BONNELL:
20 investigation on the laboratory side. I never	20 A. Yes.
21 would have thought that Dr. Ejeckam would r	
have been involved in any way, just that he	22 Q. You didn't find it remarkable that heyou
23 never attended meetings that I attended.	23 never actually even met him?
24 COFFEY, Q.C.:	24 MS. BONNELL:
25 Q. But this group and the group expanded or	25 A. No.
	e 90 Page 92
1 contracted, depending upon the timeframe an	
2 the particular meeting -	2 Q. Do you recall the first meeting that Mr.
3 MS. BONNELL:	3 Tilley attended?
4 A. But they were all the clinical leadership, it	4 MS. BONNELL:
5 was your chief of pathology, it was your chief	
6 of oncology, the vice-president and -	6 attending that Dr. Williams spoke about a
7 COFFEY, Q.C.:	7 meeting to you that Dr. Tilley was supposed to
8 Q. Well Dr. McCarthy wouldn't fall into that	8 attend. I don't remember that meeting, that's
9 category, would she?	9 one of the ones that slipped my memory and I'm
10 MS. BONNELL:	10 not sure which one was the first that he
11 A. No, she wouldn't and she didn't attend the	11 attended with the group.
12 majority of meetings. I only recall her	12 COFFEY, Q.C.:
13 attending very early on, you know, Dr. Kwai	
14 and others were brought in from time to time	14 attend these meetings, from your perspective -
15 too, for specific purposes, but -	15 MS. BONNELL:
16 COFFEY, Q.C.:	16 A. He didn't attend all of them either, Mr.
17 Q. In terms of IHC, though, itself, when you	17 Coffey.
18 think about it -	18 COFFEY, Q.C.:
19 MS. BONNELL:	19 Q. I appreciate that, I said began to attend them not suggesting he attended them all and
20 A. Yes.	20 them, not suggesting he attended them all and that's what I'm going to ask you shout from
21 COFFEY, Q.C.:	21 that's what I'm going to ask you about, from it vour perspective who even after Mr Tilley
<ul> <li>Q. Dr. Ejeckam apparently knew so much about</li> <li>and I'm not suggesting he didn't, I'm going to</li> </ul>	
	•
an attendee that there was anyone around wh	25 MS. BONNELL:

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1 A. Dr. Williams.	1 owed it to our patients to have contact with
2 COFFEY, Q.C.:	2 them first before we talked about it in the
3 Q. And did that remain so throughout his entire	3 news.
4 tenure?	4 COFFEY, Q.C.:
5 MS. BONNELL:	5 Q. If we could please, Exhibit P-0068? Now,
6 A. Yes, absolutely.	6 ma'am, this is an excerpt from a telephone log
7 COFFEY, Q.C.:	7 of Mr. Tilley's. Under the date of July 7th,
8 Q. Was Dr. Williams' advice or view the one	8 he makes reference to a phone call from Bob
9 always followed? In particular in terms of	9 Williams concerning this matter, and then
10 the issue of going public, which is the one	10 there's a subsequent reference to "Bob
11 he's spoken about.	11 Williams, five p.m. meeting, letter Ejeckam to
12 MS. BONNELL:	12 Gulliver 2003, problem followed up. Meeting
13 A. It's a broadthat's a very broad question and	13 with surgeons. Advise public I'm sorry and
14 difficult to answer.	14 assess quality of service." So when Mr.
15 COFFEY, Q.C.:	15 Tilley was apprised of this, did he speak to
16 Q. Okay, well I'll narrow it. In July of 2005,	16 you about it? I take it your office is just
17 Dr. Williams wanted to do what, in terms of	17 down the corridor from his.
18 going public?	18 MS. BONNELL:
19 MS. BONNELL:	19 A. No, actually, it's on a different floor.
20 A. Dr. Williams was, in my understanding, the	20 COFFEY, Q.C.:
21 same page that we were all on.	21 Q. Different floor, okay, I'm sorry. So you're
22 COFFEY, Q.C.:	22 in the same building.
<ul><li>23 Q. Which was what?</li><li>24 MS. BONNELL:</li></ul>	23 MS. BONNELL: 24 A. Yes, yeah.
<ul><li>A. That our immediate priority was to notify the</li></ul>	<ul><li>24 A. Yes, yeah.</li><li>25 COFFEY, Q.C.:</li></ul>
Page 1 patients and that subsequent to those	
1 patients and that subsequent to those 2 disclosures, we would look at a public	1 Q. Did he speak to you about it? 2 MS. BONNELL:
3 disclosure.	3 A. Well, at this point, if we're looking at July,
4 COFFEY, O.C.:	4 early July, we were preparing for a public
5 Q. And Dr. Williams has told us that he didn't	5 announcement at that point in time.
6 think that was practical.	6 COFFEY, Q.C.:
7 MS. BONNELL:	7 Q. And what were you doing to prepare?
8 A. He never expressed that opinion to me.	8 MS. BONNELL:
9 COFFEY, Q.C.:	9 A. We drafted press releases and key messages and
10 Q. He didn't, okay.	10 that sort of thing.
11 MS. BONNELL:	11 COFFEY, Q.C.:
12 A. No.	12 Q. Who's we?
13 COFFEY, Q.C.:	13 MS. BONNELL:
14 Q. Did you think it was practical, the idea of	14 A. The communications staff, myself and Deborah.
15 trying to notify all the patients that their	15 COFFEY, Q.C.:
16 tumors were being retested?	16 Q. And you would have, as you pointed out to us
17 MS. BONNELL:	17 earlier this morning, utilized whatever was in
18 A. I guess there's a difference between	18 writing. You would have asked for whatever
19 practicality and principle in some sense and I	19 existed to help you.
20 don't believe I suspected that we could	20 MS. BONNELL:
21 through all of the individual disclosures	21 A. That's right.
22 without it breaking at some point; however,	22 COFFEY, Q.C.:
23 you know, the decision that was made, that wa	
24 reached by consensus, that was based on	24 MS. BONNELL:
25 everybody's feelings at the time was that we	25 A. That's right.

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1 COFFEY, Q.C.:	1	position the issue. We were certainly trying
2 Q. Would you have had the June 14th letter,	the 2	toyou know, if the suggestion is that we
3 one we looked atthe second, the follow		would want to present this in the best
4 letter?	4	possible light for the organization, I might
5 MS. BONNELL:	5	argue with you that we would have gone public
6 A. Possibly, hard to say. I probably did.	6	way before this point.
7 COFFEY, Q.C.:	7 COFF	FEY, Q.C.:
8 Q. It's P-0493.	8 Q.	So at this point in time, early July into mid
9 MS. BONNELL:	9	July, there are preparations, different press
10 A. I recall the letter that you're referring me	10	releases, and what else? Briefing notes?
11 to, but -	11 MS. H	BONNELL:
12 COFFEY, Q.C.:	12 A.	Yes, briefing notes, although those would have
13 Q. Because that cross references the May 2	4th 13	been generated, I think, byI'm not sure.
14 letter.	14	There was a couple of things going around.
15 MS. BONNELL:	15	There were some briefing notes being prepared
16 A. Um-hm. It's most likely I did have it.	16	by our office and there was some work being
17 COFFEY, Q.C.:	17	done by the quality office as well, and then
18 Q. Both of those. Would you have had acce	ss to 18	we'd be trying to converge it all and we had
19 the information contained in the June 29		started to talk about the fact that we were
20 letter, the 16 out of 25? I appreciate you	20	going to present the matter publicly, and I
21 wouldn't have the patients' names, but w	ould 21	think we may haveI may have been asked to
22 you have had access to the fact that there	e 22	communicate that to the Department's
were 16 out of 25 converted?	23	communications officer, and then we were also
24 MS. BONNELL:	24	preparing to go in and brief the Minister and
25 A. Yes, I think so, yes.	25	you know, a press announcement was sort of
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1 COFFEY, Q.C.:	1	eminent, and then new information came to
2 Q. So you're preparing a press release or pre	ess 2	light which kind of made us stop for a second
3 releases.	3	and put the brakes on, and then we get into
4 MS. BONNELL:	4	this whole thing of not doing the Ventana,
5 A. Um-hm.	5	right.
6 COFFEY, Q.C.:	6 COFF	FEY, Q.C.:
7 Q. I take it there's different types of press	7 Q.	I'll get to that in a moment.
8 releases or different wording on them?	8 MS. H	BONNELL:
9 MS. BONNELL:	9 A.	Yeah.
10 A. Oh yes, there was multiple drafts of tha	t 10 COFF	FEY, Q.C.:
11 press release done, multiple, with differen	nt 11 Q.	If I could, please, P-0498, Registrar, thank
12 approaches. Every time, every day we'd	be 12	you? Now this is a print out from VOCM's
13 changing it based on new information as	we 13	internet posting of July 8th 2005, "Court
14 were going along.	14	gives approval to class action."
15 COFFEY, Q.C.:	15 MS. H	BONNELL:
16 Q. I take it the changing it though also allow	rs 16 A.	Um-hm.
17 to present it in a different light?	17 COFF	FEY, Q.C.:
18 MS. BONNELL:	18 Q.	This is a reference to the Supreme Court of
19 A. Yes, yes.	19	Newfoundland having given a go ahead for a
20 COFFEY, Q.C.:	20	class action law suit against Health Labrador
21 Q. To position it differently, to use a phrase of	or 21	Corporation. If we could go, please, to
22 word.	22	Exhibit P-0499? This is a July 9th 2005 web
23 MS. BONNELL:	23	posting on VOCM's website, "law suit given go
25 MB. DOMALLE.	1	F 8 8 8 8 -
24 A. Well, yes. I'm not sure where you're go		ahead" and there's comments attributed to Mr.

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1 that lawthe women in those law suits or that		wouldn't be stored in a system unless it
2 law suit.	2	related to the organization.
3 MS. BONNELL:	3 CO	FFEY, Q.C.:
4 A. Um-hm.		Q. If I could, please, Exhibit P-46I'm sorry,
5 COFFEY, Q.C.:	5	P-0069? I apologize. Now this is a letter
6 Q. Were you aware in that period that this was	6	dated July 14th 2005. It's addressed to Dr.
7 going on?	7	Cook. It's from Dr. Carter, copied to Dr.
8 MS. BONNELL:	8	Williams, and thisnot going to take you
9 A. Certainly, yes.	9	through the entire subject matter of it, but
10 COFFEY, Q.C.:	10	suffice to say that this letter is an action
11 Q. Because at the same time, I take it you were	11	plan, is the way I'll describe it, that Dr.
12 also preparing your own to go public?	12	Carter proposed to investigate the entire
13 MS. BONNELL:	13	ER/PR matter. Were you aware that Drin mid
14 A. Yes.	14	July 2005, that Dr. Carter was proposing that
15 COFFEY, Q.C.:	15	she take this on?
16 Q. Okay.	16 MS	. BONNELL:
17 MS. BONNELL:	17	A. No, I don't think I was, no.
18 A. These news articles, you know, we would ha		FFEY, Q.C.:
19 collected these much later in the process. I		Q. When did you becomedid you become aware?
20 would have been asked to go back and look for		BONNELL:
21 what existed on this particularmuch later in		A. I didn'tI was aware that she was doing it,
the process, when we were debating the issue		but not that she had proposed to do it. Does
23 of a letter, because I think it was raised	23	that make sense?
24 that the noticethe way patients were		FFEY, Q.C.:
25 notified was a major factor in this case, and		Q. Okay.
		· · · · · · · · · · · · · · · · · · ·
	e 102	. BONNELL:
		A. Nobodyif this letter says that she was
		coming to Dr. Cook saying "I will do this," I
<ul><li>3 later than July 9th that I would have pulled</li><li>4 these.</li></ul>		wasn't aware that that's how it transpired,
		-
<ul><li>5 THE COMMISSIONER:</li><li>6 Q. You don't track these things?</li></ul>	5	but I did know that she was doing the work.
		FFEY, Q.C.:
<ul><li>7 MS. BONNELL:</li><li>8 A. Yes, we do track. We have a tracking process</li></ul>		Q. So what did you understand she was doing?
		BONNELL: A. I understood that she was having a look at
· ·		6
10 don't think I would have pulled these until	10 ho	doing sort of a retrospective review of the immunohistochemistry testing that had been
<ul><li>they wouldn'twe wouldn'tthese wouldn't l</li><li>found in our database because they're not</li></ul>		
-	12	done for a finite period of time, in the
<ul><li>related to our organization. We only keep</li><li>track of stories -</li></ul>	13	larger scheme. That's what I thought she was
	14	doing.
15 THE COMMISSIONER:		FFEY, Q.C.:
16 Q. So would you, for example, not track stories		Q. And when did you first get that understanding, and from whom?
<ul><li>17 that the Department of Health -</li><li>18 MS. BONNELL:</li></ul>	17 18 MS	BONNELL:
		A. At one of the meetings that transpired through the month of July, this would have been
20 THE COMMISSIONER:	20	the month of July, this would have been
21 Q that might be ofso unless Eastern Health	21	raised, I think. I don't think I was fully
22 appears in the story, you don't track it, even	22	aware of everything that Dr. Carter was doing until Dr. Carter withdraw from doing it and I
23 though it might relate to you?	23	until Dr. Carter withdrew from doing it, and I
24 MS. BONNELL:	24	was aware of her resignation from that
A. If it relates, it's tracked and watched, but	25	project.

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1 COFFEY, Q.C.:	1 COFFEY, Q.C.:
2 Q. So what, during July of 2005, the first half	2 Q. Okay, you wouldn'tyou're preparing a press
3 of July, before the Minister was briefed on	3 release or press releases to go public.
4 July 21st -	4 MS. BONNELL:
5 MS. BONNELL:	5 A. Among many other things in the month of July
6 A. Yes.	6 and June.
7 COFFEY, Q.C.:	7 COFFEY, Q.C.:
8 Q what did you understand Eastern Health was	8 Q. But you have no real sense ofor no actual
9 doing to try and figure out what had happened?	
10 I appreciate there was some retesting going	10 try and figure out what happened?
11 on, and we've seen some of the results. But	11 MS. BONNELL: 12 A. No.
12 what, if anything, did you understand Eastern	
<ul><li>13 Health was actually doing?</li><li>14 MS. BONNELL:</li></ul>	13 COFFEY, Q.C.: 14 Q. Okay.
14 MS. BONNELL: 15 A. From a retrospective perspective to look at -	14 Q. OKAY. 15 MS. BONNELL:
16 COFFEY, Q.C.:	16 A. I don't think it would have been expected of
17 Q. Well, any retesting would be retrospective in	17 me, Mr. Coffey.
18 one sense anyway.	18 THE COMMISSIONER:
19 MS. BONNELL:	19 Q. Mr. Coffey, whenever you can find a convenient
20 A. Yeah.	20 spot, we'll take the morning break.
21 COFFEY, Q.C.:	21 COFFEY, Q.C.:
22 Q. So what was your understanding of what Easter	
<ul><li>Health was doing to try and figure out what</li></ul>	23 Now ma'am, these are Dr. Williams' notes of a
had caused this?	24 meeting of July 14th, 2005, and he's kindly
25 MS. BONNELL:	25 provided us with a typed version of them.
Page	
1 A. I knew that they were looking at it, very	1 It's a meeting on that day at five p.m. There
2 general knowledge of the fact that it was	2 are a number of participants, Doctors
3 being examined, nothing specific.	3 McCarthy, Laing, Felix, Cook, Gardiner, Kwan,
4 COFFEY, Q.C.:	4 Ms. Predham, yourself, Ms. Thomas from your
5 Q. And you had some, I take it, some vague sense	
6 that Dr. Carter was involved somehow?	6 background given by Dr. Williams, specific
7 MS. BONNELL:	7 overview by Dr. Cook. The reference to issue
8 A. That's right.	8 of results specifically in 2002, change in '97
9 COFFEY, Q.C.:	9 to immunoperoxidase testing, IP testing semi-
10 Q. You had been attending meetings beginning ba	ck 10 automated, switched to Ventana late
11 in the end of May.	11 March/early April 2004. Started January 2004
12 MS. BONNELL:	12 training, etcetera. And then there are
13 A. Yes.	13 references to information provided by Dr.
14 COFFEY, Q.C.:	14 Laing.
15 Q. It's now into July.	15 MS. BONNELL:
16 MS. BONNELL:	16 A. Um-hm.
17 A. Yes.	17 COFFEY, Q.C.:
18 COFFEY, Q.C.:	18 Q. New information of lobular CAs, cancers should
19 Q. At the time, did it strike you as odd or	19all be ER/PR positive.That Sloan Kettering
20 strange that you didn't really have any sense	20 went from 75 to 100 percent positive. Dr.
21 of what was going on in the technical, medical	21 Laing requested retesting and strongly
22 sense, what they were doing to try and figure	22 positive results. As a result, asked to
23 this out?	23 retest some patients. Followed up on a lot of
24 MS. BONNELL:	24 patients from 2002. 16 to 25 on retesting are
25 A. No.	25 positive. Doing another 38 patients inthat

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1 should be in progress, and farm out testing	1		I'll take that up.
2 outside the province. Dr. Cook to get info or	n 2 '	THE C	OMMISSIONER:
3 who to follow up.	3	Q.	All right then.
4 So ma'am, would this have been the first	4		EY, Q.C.:
5 large meeting you recall, large scale meeting	g? 5	Q.	Thank you.
6 MS. BONNELL:	6		(RECESS)
7 A. Yes, that I recall, yes.	7	THE C	OMMISSIONER:
8 COFFEY, Q.C.:	8	Q.	Please be seated. Mr. Coffey.
9 Q. What was your understanding from listening	g to 9	COFFI	EY, Q.C.:
10 Dr. Laing as to her views on where they we	-	Q.	Thank you, Exhibit P-0070, please? Ms.
11 with this?	11		Bonnell, this is an e-mail of July 15th 2005
12 MS. BONNELL:	12		at 2:01 p.m. from Deborah Thomas to yourself,
13 A. I remember Dr. Laing had been doing a fa			and she writes "here's today's update from
14 amount of calling colleagues and that sort of			Heather Predham" and she says "Nancy is
15 thing, you know, during this summer and th			thinking about how to implement a hotline."
16 she felt strongly that a complete retesting	16		That would be Nancy Parsons?
17 should be being done, and I think that it was	_		ONNELL:
18 at this meeting that theor it might have	18		Yes.
been at a subsequent one. I'm very sorry.	-		EY, Q.C.:
20 For two years ago, it's hard to remember,			"Heather is providing an overview synopsis for
	20		George. George wants to disclose this info to
			the Board next week. Dr. Williams is trying
<ul><li>whether we should be using the Ventana to</li><li>this or not was raised.</li></ul>			• •
	23		to talk him out of it. Lab has pulled names
24 COFFEY, Q.C.:	24		and numbers and thinks they may be able to do
25 Q. I think that is certainly referred to later	25		retesting in house, completing in about two
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1 on. I'm not saying it wasn't at that point.	1		weeks." And there's a reference to "Mr.
2 MS. BONNELL:	2		Gulliver saying he has documentation that
3 A. Yeah.	3		shows positive controls were done daily.
4 COFFEY, Q.C.:	4		Heather yet to see it. Heather checking other
5 Q. But the notes indicate it was later. So as of	5		hospitals to see if they have any issues
6 that point in time, was it still thought that	6		pertaining to this. Hoping this could be just
7 it was going to go public?	7		a matter of a dramatic improvement in
8 MS. BONNELL:	8		technology, if indeed all controls were in
9 A. Oh, we knew at some point it was going to	go 9		place. Thinking we may need to release mid-
10 public, for sure.	10		late next week."
11 COFFEY, Q.C.:	11		Now ma'am, the last comment, "thinking we
12 Q. Okay, well, I'll come back to that.	12		may want to release mid-late next week," was
13 MS. BONNELL:	13		that Heather's thought? Because this is
14 A. Oh, I see what you're saying, that we were	e 14		listed under an update from Heather. I'm
15 preparing for -	15		wondering is that Heather's thought or is that
16 COFFEY, Q.C.:	16		a final thought from Deborah Thomas to
17 Q. Preparing to go public.	17		yourself?
18 MS. BONNELL:	18	MS. B	ONNELL:
19 A. Yes, absolutely, at this point, yes.	19	А.	You'll have to ask Deborah.
20 COFFEY, Q.C.:	20	COFFI	EY, Q.C.:
21 Q. That's still on track.	21	Q.	Okay. At the time, you didn't distinguish
22 MS. BONNELL:	22		between the two, I take it?
23 A. Yes.	23	MS. B	ONNELL:
24 COFFEY, Q.C.:	24	А.	I'm trying to piece together, because I
25 Q. If we could, Commissioner, after the break	x, 25		believe there was a meeting that waswas

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1 there not a me	eting held on the 15th of July	1	A.	It's very casual wording. It probably has to
2 as well? Was	n't the meeting that you just	2		do with something with Dr. Williams not being
3 referenced to r	ne -	3		ready to do a disclosure. I don't think Dr.
4 COFFEY, Q.C.:		4		Williams ever tried to talk George out of
5 Q. That was July	14th actually, that meeting.	5		doing ait doesn't ring true for me. You'd
6 MS. BONNELL:		6		have to ask her what she meant there.
7 A. Oh, it was the	14th, okay.	7	COFFE	EY, Q.C.:
8 COFFEY, Q.C.:	•	8		And perhaps, depending upon who's involved,
	e certainly meetings on the 15th,	9		Ms. Predham's view. She may be just simply
	sign that you were involved in	10		conveying Ms. Predham's view.
	st we have. So this would	11		ONNELL:
	Friday, so this would have	12	A.	That's right.
	hursday, July 14th meeting.			EY, Q.C.:
14 MS. BONNELL:		14		And the fourth bullet, "the lab has pulled
15 A. Okay.		15		names and numbers. Thinks they may be able to
16 COFFEY, Q.C.:		16		do the retesting in house, completing in about
	te from Heather beginning of the	17		two weeks." So I take it that the view then
18 afternoon.	te nom neutrer beginning of the	18		was we'll get all this over with, in terms of
19 MS. BONNELL:		19		retesting.
	eborah may say to you, what I'm			DNNELL:
	his is that we would have said,	20		Yeah, get it done as quickly as possible.
-	d to get ready to do a release.			EY, Q.C.:
•	appropriate time to do the	22		By the end of July.
	that coming from that group or			Dy the end of July.
	would be, you know, by the middle	24 25		Yes.
	•	25	л.	
1 or late payt we	Page 114	1	COFFI	Page 116 EY, Q.C.:
	eek, we'd be in a position to be			
		2		In terms of our local patients.
3 COFFEY, Q.C.:	ion supersis for George Ltake			
	iew synopsis for George, I take	4		Yes.
	mmary, a written summary that			EY, Q.C.:
6 would be?		6		Reference to "positive controls were done
7 MS. BONNELL:		7		daily (Heather yet to see it)" and then the
-	ould suspect, yeah.	8		other within brackets below, "if indeed all
9 COFFEY, Q.C.:	• . • .• .1 1	9		controls were in place." Now this is an e-
· · ·	int in time, was theredo you	10		mail from Ms. Thomas to yourself.
	e anything in writing existed			ONNELL:
•	epartment? These press releases	12		Um-hm.
	efing notes, draft press			EY, Q.C.:
	briefing notes, would they	14		Was that conveying a certain amount of caution
	xisted, do you think, by then,	15		or scepticism within your own department as to
16 on a Friday aft	ernoon?	16		whether or not the controls had actually been
17 MS. BONNELL:		17		done or were in place?
	y might, at that point.			ONNELL:
19 COFFEY, Q.C.:		19		I think it's probably conveying a certain
	reference to "George wants to	20		question that may have existed within Quality.
	nfo to the Board next week.	21		EY, Q.C.:
	s trying to talk him out of it."	22	Q.	Quality, in this context, is Heather Predham?
23 What did you	understand at the time that was	23	MS. BO	ONNELL:
24 about?		24	A.	Yes.
			~ ~	EY, Q.C.:

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1 Q. And you had understood at that point that	t she 1	Q. This is being conveyed between the two
2 was maybe -	2	communications people involved?
3 MS. BONNELL:	3 N	MS. BONNELL:
4 A. She hadn't seen the controls yet and she	was 4	A. That's right.
5 waiting to see them.		COFFEY, Q.C.:
6 COFFEY, Q.C.:	6	Q. From Ms. Thomas to yourself that -
7 Q. Your understanding at that time was wha		MS. BONNELL:
8 the controlsthere was no proof that th		A. Yes.
9 controls had been done?		COFFEY, Q.C.:
10 MS. BONNELL:	10	Q. And she has just spoken to Heather and this is
11 A. Well, we were beingI remember being a		a communication to you saying that Heather has
12 that the controls were done during that pe		yet to see the documentation?
13 of time, that that was discussed in meetin		MS. BONNELL:
14 that yes, there were controls in place.	123, 13 K	A. Yes.
15 COFFEY, Q.C.:		COFFEY, Q.C.:
16 Q. Yes, but - 17 MS. BONNELL:	16 17	Q. So you understood from that at the time that Heather wanted to see the documents?
	-	
18 A. That was being discussed, that there w		MS. BONNELL:
19 controls in place. I remember that quest		A. Yes.
20 being asked, were the controls done. Yes		COFFEY, Q.C.:
21 controls were done.	21	Q. The documents in that context, arguably, could
22 COFFEY, Q.C.:	22	provide proof?
23 Q. Yeah. And was there then a subsequent r	-	MS. BONNELL:
to prove it? Because this says, "Has yet		A. I guess, so, yes, yeah, sure.
25 see it" meaning as documentation.	25 0	COFFEY, Q.C.:
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1 MS. BONNELL:	1	Q. If we could, please, Exhibit P-0071? Ma'am,
2 A. Yeah.	2	this is a series of document which Commission
3 COFFEY, Q.C.:	3	counsel received from Ms. Thomas, she was at
4 Q. So Mr. Gulliver, I take it, and his group,	Mr. 4	that time Thomas-Pennell?
5 Gulliver was being asked get the docume	nts? 5 M	MS. BONNELL:
6 MS. BONNELL:	6	A. Um-hm.
7 A. Yes. You know, at this point in time, y	ou 7 0	COFFEY, Q.C.:
8 know, the way you're expressing that sou		Q. The second page of the exhibit is a "Briefing
9 little bit as if a challenge would have bee		note-ER/PR" receptors and it's water marked
10 placed at these meetings. I think that th		below it, "Draft". And I'm just going to take
11 point would have been raised. You know		you through this. It's the second page of
recall it, it was, were the controls, in	11	that draft. The fourth page of the exhibit is
12 place. Yeah, they were putting controls		a media release entitledwell, it's dated
14 place. And Heather would say, okay, I'll		July 18th, 2005, St. John's, entitled "Breast
		-
15 over to the lab and check up that, and the		cancer tests being re-examined." At page 6 is
16 would be okay and you'd move on to th		another draft of a briefing note, "ER/PR
17 item. So it wasn't as if it was a	17	receptors." At page 9 a draft of a media
18 confrontation between two individuals at		release in "July XX." "Retesting due to
19 meetings.	19	improved technology." Page 11 of the exhibit,
20 COFFEY, Q.C.:	20	again, another "July XX" except this time it's
21 Q. You understooddid you understand -	21	titled "Media release" in draft form it's
22 MS. BONNELL:	22	entitled "Eastern Health reviews ER and PR
23 A. That was the follow up that would have		test results." Sorry. And then there's a key
24 done by somebody other than me, right.	24	messages at page 12 in draft form. And then
25 COFFEY, Q.C.:	25	at page 13 another "July XX," draft media

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1 release, "Laboratory testing re	eview to be	1	public, which particular piece of information,
2 completed by outside consultat	nt." And then on	2	you know, is sort of reflected there as we go
3 page 14 appears to be a draft	of a letter.	3	along.
4 And where it refers -	2	4 C	OFFEY, Q.C.:
5 MS. BONNELL:	5	5	Q. I take it which particular aspect of the
6 A. At page -	6	6	matter to emphasize?
7 COFFEY, Q.C.:	7	7 N	IS. BONNELL:
8 Q in the first line to "advise y	ou of the	8	A. To some degree, yes, yeah.
9 situation which has lead to the	e retesting of	9 C	OFFEY, Q.C.:
10 your breast tissue sample," sug	gesting that it 10	0	Q. And the purpose of emphasizing one particular
11 was perhaps a draft of a lett	ter to the 11	1	aspect as opposed to another is what?
12 patients.	12	2 N	IS. BONNELL:
13 MS. BONNELL:	13	3	A. It's where we were at that moment in time with
14 A. That's right.	14	4	what it was that we were dealing with, what we
5 COFFEY, Q.C.:	15	5	thought we were dealing with.
16 Q. Okay. This, I take it, these		6 C	OMMISSIONER:
17 materials, I take it, that you ref		7	Q. I'm getting the impression it was changing
the draft media releases, draft	briefing notes 18	8	momentarily at this point.
and, in fact, a draft letter?	19	9 N	IS. BONNELL:
20 MS. BONNELL:	20	0	A. It really was, Commissioner. I mean, every
A. That's correct.	21	1	day we would have a different piece of
22 COFFEY, Q.C.:	22	2	information that we were trying to work with,
Q. When were these prepared the		3	that's very true.
is dated July 18th, were they p	prepared on or 24	4 C	OFFEY, Q.C.:
25 before July 18th?	25	5	Q. Now, the magnitude of the problem throughout
	Page 122		Page 124
1 MS. BONNELL:	1	1	this time frame, like in the week before July
2 A. They would have been prepared b	beginning around	2	18th, which would be July 11th through the
3 that timeno, wouldn't have been		3	17th.
4 the 18th because they would		4 N	IS. BONNELL:
5 prepared, if we were thinking we	0 0	5	A. Um-hm.
6 release on the 18th, it would have	e been done	6 C	OFFEY, Q.C.:
7 in advance of that.	7	7	Q. And then the week of July 18th, did the
8 COFFEY, Q.C.:		8	magnitude of the problem ever really change?
9 Q. Yes.	9	9 N	IS. BONNELL:
10 MS. BONNELL:	10	0	A. Yes, it did. Certainly after the meeting with
A. That one could have been written	•		the minister, which would have been the 21st
12 other versions in subsequent days			or 22nd of July.
to, leading up to and past, I gue			OFFEY, Q.C.:
14 meeting that was held with the n			Q. The 21st.
15 late July.			IS. BONNELL:
6 COFFEY, Q.C.:	16		A. There was a decision made that we were going
17 Q. So -	17		to retest everything outside the lab, that we
18 MS. BONNELL:	18		weren't going to rely on our own system to do
A. And each one of those press relea			that retesting, so that certainly changed the
where we were in our heads at that	-		magnitude of it.
21 moment in time. When I indicate	•		OFFEY, Q.C.:
22 was a bit like a roller coaster, tha			Q. That didn't occur until after July 25th or so.
it was like, every day was so	-		IS. BONNELL:
different. And we were trying to			A. Right, yeah.
it was that we were going to sa	iy to the 25	5 C	OFFEY, Q.C.:

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1 Q. So -	1	might have been a first attempt at a briefing
2 MS. BONNELL:	2	note because it's very casual, you know.
3 A. So in that period of time there -	3 COFF	EY, Q.C.:
4 COFFEY, Q.C.:	4 Q.	Perhaps we could look at page 6.
5 Q. The week of July 18th.		SONNELL:
6 MS. BONNELL:	6 A.	It's a lot less formal than this one is, yeah.
7 A. It so difficult for me to, unless you hav		EY, Q.C.:
8 some notes from meeting that would he	lp put 8 Q.	That's the one beginning at page 6?
9 that in context for me.		SONNELL:
10 COFFEY, Q.C.:	10 A.	Yeah.
11 Q. Okay. But the purpose then of, from y	our 11 COFF	EY, Q.C.:
12 perspective, of preparing these differen		Is the moreless casual -
13 press releases, your understanding of t		ONNELL:
14 necessity to do that was occasioned l		I think this might -
15 changing circumstances?		EY, Q.C.:
16 MS. BONNELL:		I'm sorry, more casual one.
17 A. Changing circumstances, yes.	-	ONNELL:
18 COFFEY, Q.C.:		Yeah. Yeah, I think this might beyou know,
19 Q. And not motivated by just taking differer		certainly in my world a draft is a draft, and
20 putting forward different aspects of th		a draft could be hammered out with a lap top
21 matter with a view to positioning it in		sitting at a desk with everybody speaking to
22 certain way?	a 21 22	you in the middle ofyou could be sitting
23 MS. BONNELL:	22 23	there with your lap top, typing, as people are
24 A. Well, there was an element of that there,		talking around you. And certainly the way
25 But I'm concerned that you're leading m		that I've always worked and that many of the
the need of coving that we were trained	Page 126	Page 128
1 the road of saying that we were trying, y		people who work for me work, is that when
2 know, make this look good for the		you're dealing with people who aren't writers
3 organization, which is not, in fact, anythi	-	or, you know, sometimes it's just as easy to
4 that we ever really did attempt to do. Y		get something out on paper and then let
5 remember, as well, that these are all draft		everybody pick it apart. And a lot of the
6 None of these were ever released. And		documents that you have that were presented
7 wouldn't be unusual for any organizatio		from our office are simply that, they're
8 take different approaches to an issue and		initial drafts that were put there to allow
9 at it with different lenses, which is what	•	people to pick apart, which they subsequently
10 might see reflected in those press release		did, and then we produced a final copy.
11 Remembering, of course, that none of the		EY, Q.C.:
12 ever released; they have draft stamped or	n all   12 Q.	Now, who was involved in picking this one
13 of them.	13	apart and putting it together, the final
14 COFFEY, Q.C.:	14	version?
15 Q. Now these briefing notes and they are		SONNELL:
16 are here -	16 A.	I'm not sure. This one looks to me as if it
17 MS. BONNELL:	17	were drafted by Deborah. You might have to
18 A. The one that you have on the screen right	t now. 18	ask her that.
19 COFFEY, Q.C.:	19 COFF	EY, Q.C.:
20 Q. Yes.	20 Q.	That's the one at page 6?
21 MS. BONNELL:	21 MS. B	ONNELL:
22 A. Looks a little bit more like we're gettin	ng 22 A.	The one we're looking at right now. This
23 closer to a final version there, the actual	1 23	looks to me as if it were drafted by her.
24 briefing note that would have been finalized	zed, 24 COFF	EY, Q.C.:
25 whereas the one prior to that looks like	it 25 Q.	If we could go back to page 2, please? That

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1 version, this version of the briefing note.	1 that there would be a briefing note prepared
2 MS. BONNELL:	2 for Mr. Tilley?
3 A. It's getting much closer to the final version	3 MS. BONNELL:
4 here now.	4 A. Yes. Now, at Eastern Health at this point in
5 COFFEY, Q.C.:	5 time, and I'm not sure, at this point in time
6 Q. Who was involved, again, inif it began wit	h 6 there isn't a sign off process for briefing
7 Deborah, through whose hands did it pas	s 7 notes in the same way that there is in
8 before it made it to the final version?	8 government. The briefing note was not really
9 MS. BONNELL:	9 a part of the way that we operated in Health
10 A. Certainly mine, for sure. And we would ha	ve 10 Care Corporation of St. John's or, my
11 also forwarded it around to certainly Dr.	11 understanding is, in any of the other health
12 Williams would have seen it. I'm not sure it	f 12 boards, but it certainly is now. It's
13 Ms. Predham would have seen it or not. It	becoming a very utilized tool in Eastern
14 would notI would be very surprised if she	Health at this point. And I'm not sure if
15 didn't because a lot of the factual	15 human resources departments have put in place
16 information would have been coming from	her. 16 policies around briefing notes and sign off
17 She ended up sort of being the one who man	
18 the issue, in a sense, you know, at the -	same sign off protocols that you would see in
19 COFFEY, Q.C.:	19 government.
20 Q. Ms. Predham?	20 COFFEY, Q.C.:
21 MS. BONNELL:	21 Q. Well, ma'am, if we could look, please, at page
22 A. Yeah.	22 14 of the exhibit? I take it that as of
23 COFFEY, Q.C.:	Friday the 15th it was envisaged that the
24 Q. So the final sign off on this, because I take	24 middle of the next week or late the next week
25 it it was being prepared for whom at this	25 that this might go public?
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1 point, Mr. Tilley?	1 MS. BONNELL:
2 MS. BONNELL:	2 A. Yes. Well, that we would make it go public,
3 A. I can't remember why we were doing this, if	
4 was being prepared for the minister, the	4 COFFEY, Q.C.:
5 meeting with the minister or not.	5 Q. Exactly, yes, go public. And that there would
6 COFFEY, Q.C.:	6 involve at least a final press release,
7 Q. Meeting with the minister is not set up at	7 whichever one was finally decided upon?
8 this point.	8 MS. BONNELL:
9 MS. BONNELL:	9 A. Um-hm.
10 A. Oh, it's not, okay, so perhaps we were just	10 COFFEY, Q.C.:
11 doing it -	11 Q. Who would have to have approved of the press
12 COFFEY, Q.C.:	12 release?
13 Q. Well, it's not set up before July 19th.	13 MS. BONNELL:
14 MS. BONNELL:	14 A. Dr. Williams would have signed off on the
<ul> <li>A. Yeah. That might be the briefing note that</li> <li>was pulled together for Mr. Tilley by Ms.</li> </ul>	
	16 COFFEY, Q.C.: 17 Q. Mr. Tilley?
17 Predham referenced in the last e-mail that ye saw.	Du 17 Q. Mr. Tilley? 18 MS. BONNELL:
18 Saw. 19 COFFEY, Q.C.:	18 MS. BONNELL: 19 A. Possibly, possibly.
20 Q. Yes, that's what I was -	20 COFFEY, Q.C.:
21 MS. BONNELL:	21 Q. From your perspective you'd go to Dr.
22 A. Yeah.	22 Williams?
23 COFFEY, Q.C.:	23 MS. BONNELL:
24 Q. So on July 15th it was envisaged in that e-	24 A. Yes.
25 mail exchange between Ms. Thomas and yo	

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1 Q. As of that point, I take it, there's talk	1 A. Yes, that would have been one of my
2 about a letter or there is a draft letter -	2 realization points, for sure.
3 MS. BONNELL:	3 COFFEY, Q.C.:
4 A. That was discussed.	4 Q. Any other?
5 COFFEY, Q.C.:	5 MS. BONNELL:
6 Q. Do you know where the idea of the letter	came 6 A. I don't why I knew that, but I knew it wasn't
7 from?	7 about improved technology. I mean, it can't
8 MS. BONNELL:	8 be about improved technology if the retesting
9 A. We were certainly talking about how we	would 9 is done, if you look at that index case and
10 handle this large notification process and	the 10 how that retesting was done with the index
11 concept of a letter was floated. I don't	11 case, it had nothing to do with the Ventana,
12 recall who was the first person to mention	it, 12 the index case didn't. So I know that one of
13 but we certainly talked about the possibil	ty 13 the drafts that you have there looks at
14 and talked for quite awhile about the	14 improved technology and that was thrown out
15 possibility of contacting patients by letter	15 pretty quickly. Just it doesn't hold up. It
16 COFFEY, Q.C.:	16 would have been nice if that were the case,
17 Q. So who is we?	17 but it wasn't, you know.
18 MS. BONNELL:	18 COFFEY, Q.C.:
19 A. The group, the larger group.	19 Q. Was there ever anybody who cautioned you not
20 COFFEY, Q.C.:	20 you know, I appreciate at this point in time
21 Q. Ms. Predham, Dr. Williams, yourself?	21 that it wasn't, the realization hadn't
22 MS. BONNELL:	22 occurred to yourself and Ms. Thomas that it
23 A. And the oncologists and the pathologists.	didn't involve improved technology, but were
24 COFFEY, Q.C.:	24 you ever cautioned against using that sort of
	25 an explanation in public?
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1 Q. If we could alsodo you recall who would	have 1 MS. BONNELL:
2 drafted this letter?	2 A. Certainly later on we were, yeah.
3 MS. BONNELL:	3 COFFEY, Q.C.:
4 A. I think we drafted this letter.	4 Q. And do you recall who cautioned you in that
5 COFFEY, Q.C.:	5 regard?
6 Q. That's yourself and Ms. Thomas?	6 MS. BONNELL:
7 MS. BONNELL:	7 A. Well, over a period of time I certainly
8 A. Yeah, one or the other of us. Might have	been 8 cautioned others about using it. And, you
9 either one of us. You see there where we	were 9 know, beyond, beyond October the concept of
10 in the third paragraph, "Due to improv	ed 10 improved technology, we talked about the
11 technology," right, which is where we w	Vertere 11 Ventana and we talked about the impact that
12 right at that moment in time. That does	-
13 find its way into anything that we do late	
14 COFFEY, Q.C.:	14 never that this was due to improved
15 Q. Because, I take it, later you realized that	-
16 wasn't -	16 COFFEY, Q.C.:
17 MS. BONNELL:	17 Q. But somebody listening to someone talk about
18 A. No, it wasn't because of improved techno	logy, 18 the new Ventana improvedwell, with a
16 1. 10, it wash t because of improved technic	19 different technology?
<ul><li>no, that's right.</li></ul>	
19 no, that's right.	20 MS. BONNELL:
19 no, that's right. 20 COFFEY, Q.C.:	
19 no, that's right. 20 COFFEY, Q.C.: 21 Q. And you realized that when, I take it.	21 A. Um. Now, the different technology was helping
<ul> <li>no, that's right.</li> <li>20 COFFEY, Q.C.:</li> <li>21 Q. And you realized that when, I take it yourself in a personal way, when you we</li> </ul>	e told 21 A. Um. Now, the different technology was helping 22 us be more consistent in our results.
<ul> <li>no, that's right.</li> <li>20 COFFEY, Q.C.:</li> <li>21 Q. And you realized that when, I take it.</li> </ul>	e told 21 A. Um. Now, the different technology was helping 22 us be more consistent in our results.

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1 technology change?	1	letter will have to be seen by our lawyer
2 MS. BONNELL:	2	first, of course. I guess we'll have to
3 A. Possibly.	3	decide tomorrow or the next day re advising
4 COFFEY, Q.C.:	4	the public."
5 Q. Might have been?	5	MS. BONNELL:
6 MS. BONNELL:	6	A. Um-hm.
7 A. Possibly.	7	COFFEY, Q.C.:
8 COFFEY, Q.C.:	8	Q. And there's an attachment, "Update on
9 Q. Because as of the middle of July you,	_	ER/PR.doc."
10 yourself, yourself and Ms. Thomas, appare		MS. BONNELL:
11 still thought that it might be due to improv		A. Um-hm.
12 technology?		COFFEY, Q.C.:
13 MS. BONNELL:	12	Q. And if we could look, please, the actual
14 A. Yes.	13	exhibit as it came to us didn't have the
		attachment, but if we could look, please, at
15 COFFEY, Q.C.:	15	P-0322? This is a document, it's draft form
16 Q. If we could, please, Exhibit P-0300? No		to George Tilley from the, blank, "Update on
17 this is an e-mail of July, Monday, July 18th		
18 2005, 12:29 p.m. from Ms. Predham to		ER/PR receptor testing." And it does have at
19 Williams. And it doesn't involve the		least a heading, "Update on ER/PR receptor."
20 communications people, but in the sense		If we go back then to Exhibit P-0300? What,
21 it's not directed to, but there's a reference	21	if anything, do you recall about the
22 to one of you. It says, "I've heard back from		Department of Health being notified and
23 Dr. Cook and Terry Gulliver re the letter a		becoming involved? This is Monday, July 18th.
24 that changes have been made. Both agree		MS. BONNELL:
25 it should come from you." Which is the let	tter	
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1 should come, presumably, from Dr. Williams	s. 1	A. I believe I asked Deborah to handle that
2 On that point, did you ever observe any	2	because of other circumstances at work at that
3 exchanges between individuals involved in the	2 3	time. I would have asked her to notify the
4 group as to who should or shouldn't sign a	4	based on a request from Dr. Williams or Mr.
5 letter and was there some reluctance by	5	Tilley, I'm not sure which, that we make
6 certain people to sign a letter?	6	contact with the communications director and
7 MS. BONNELL:	7	just let her know that we were preparing for a
8 A. No, I think it's just trying to determine who	8	public release.
9 is the appropriate person for it to come from.	9	COFFEY, Q.C.:
10 COFFEY, Q.C.:	10	Q. And did you have any understanding or give Ms.
11 Q. And this was a letter to the patients, I take	11	Thomas any understanding as to what, if
12 it?	12	anything, she was to tell the communications
13 MS. BONNELL:	13	director?
14 A. Yes, I think so, yes.		MS. BONNELL:
15 COFFEY, Q.C.:	15	A. I think Ms. Thomas may have actually been
16 Q. In this context at that point in time?	15	involved in the discussions around that, now I
17 MS. BONNELL:	10	think about it. She might have been at the
18 A. Yeah.	17	meeting where that, and I asked, you know,
19 COFFEY, Q.C.:	18	when it was "One of you guys has to," and I
		said, "Deborah, you do that," type thing.
20 Q. Ms. Predham goes on to say, "I was speaking t		
21 Deborah Thomas today," that's Monday, "and 22 Department of Health has been patified and is		COFFEY, Q.C.:
22 Department of Health has been notified and is	22	Q. Who would have said "One of your guys has
23 now involved. They would like a letter sent	23	to."?
24 to each woman outlining the problem and the		MS. BONNELL:
25 steps we are taking to address it. That draft	25	A. Dr. Williams.

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1 COFFEY, Q.C.:	1	A. Because an issue like this, it would have been
2 Q. "One of you guys has to let the Departmen	t of 2	at a more executive level that that
3 Health know."?	3	information would have been shared first.
4 MS. BONNELL:	4	COFFEY, Q.C.:
5 A. "Let the Department of Health know that v	we're 5	Q. Do you have any reason to believe that it had
6 looking at a"or we would have said, "It i	is 6	been shared at a level above yours before
7 important that we notify the department."		this?
8 know, I don't remember if it was a directive	ve 8	MS. BONNELL:
9 or if it was just a general understanding that	at 9	A. Trying to remember if Dr. Williams or Mr.
10 that's what had to be done at that point.	10	Tilley would have told me that that was
11 COFFEY, Q.C.:	11	happening or if I became aware through
12 Q. Okay. And so you delegated the responsib	oility 12	meetings that that had occurred, that the
13 at the time to Ms. Thomas?	13	department was made aware. So that the
14 MS. BONNELL:	14	contact that Deborah was making was about the
15 A. I did ask her to do it, yes.	15	fact that we have a potential with retestyou
16 COFFEY, Q.C.:	16	know, there's the potential that we're going
17 Q. And you understood she was going to tell t	them 17	to have a press release released soon and do
18 what?	18	some public media around the retesting in the
19 MS. BONNELL:	19	lab as opposed to -
20 A. That we were preparing for a potential pre	ess 20	COFFEY, Q.C.:
21 release on this issue within days.	21	Q. We have a problem?
22 COFFEY, Q.C.:	22	MS. BONNELL:
23 Q. And what about this issue was she to tel	1 23	A. We have a problem, the whole thing, right.
them, how much?	24	COFFEY, Q.C.:
25 MS. BONNELL:	25	Q. Your understanding, I take it, at the time, on
Р	Page 142	Page 144
1 A. I don't recall.		
2 COFFEY, Q.C.:	2	
3 Q. And -	3	MS. BONNELL:
4 MS. BONNELL:	4	A. Let her know that -
5 A. I don't recall whetherhowI'm not sur	re 5	COFFEY, Q.C.:
6 whetherit doesn't seem to me that we we		
7 be broaching this issue with Ms. Chaplain	as 7	MS. BONNELL:
8 the first point of contact between Eastern		A on the issue of the retesting and the lab we
9 Health and the department on this particul		
10 issue.	10	
11 COFFEY, Q.C.:	11	
12 Q. Yes.	12	
13 MS. BONNELL:		COFFEY, Q.C.:
14 A. It doesn't, that doesn't compute for me that		
15 the very first thing anybody at the Departm		
16 of Health would have heard about this wo		MS. BONNELL:
17 have been from me.	17	
18 COFFEY, Q.C.:	18	
19 Q. Or would have been from your departm		-
20 yourself or Ms. Thomas?	20	
21 MS. BONNELL:	21	
22 A. Or from my department, yeah.	22	
23 COFFEY, Q.C.:	23	
24 Q. And why is that, why is it it doesn't compu		MS. BONNELL:
25 MS. BONNELL:	25	
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1 COFFEY, Q.C.:	1 certainly, that because of the nature of the
2 Q. This is where it's going to happen?	2 subject matter?
3 MS. BONNELL:	3 MS. BONNELL:
4 A. Yes.	4 A. Yes.
5 COFFEY, Q.C.:	5 COFFEY, Q.C.:
6 Q. About that problem we've got, you know.	6 Q. The lawyers would have to at least vet it?
7 MS. BONNELL:	7 MS. BONNELL:
8 A. Right.	8 A. Yes.
9 COFFEY, Q.C.:	9 COFFEY, Q.C.:
10 Q. So theyour then sense or understanding	at 10 Q. Okay.
11 the time, as of July 18th, was the departme	nt 11 MS. BONNELL:
12 already knew?	12 A. And that the patient letter would be, would be
13 MS. BONNELL:	13 an initiative of the quality department, as
14 A. Yes, because they were also preparing,	
15 there was a request to brief the minister,	15 might initially try and put something on
too, and I think were we not preparing for	or 16 paper, that at the end of the day that would
17 that at this point, as well?	17 come from the quality department.
18 COFFEY, Q.C.:	18 COFFEY, Q.C.:
19 Q. That begins the next day.	19 Q. And in this context the quality department, in
20 MS. BONNELL:	20 fact, are the ones, that department are the
21 A. Right.	21 ones who deal with the lawyers?
22 COFFEY, Q.C.:	22 MS. BONNELL:
23 Q. So what I'm asking about, really, is on th	e 23 A. In this particular sense -
24 18th when apparently, according to this	e- 24 COFFEY, Q.C.:
25 mail, Ms. Thomas has made contact with	the 25 Q. In this context?
I	Page 146 Page 14
1 department, the department, in fact, is say	ng 1 MS. BONNELL:
2 could we have a letter to the patients?	2 A yeah.
3 MS. BONNELL:	3 COFFEY, Q.C.:
4 A. Um-hm.	4 Q. And I don't mean the lawyers in a disparaging
5 COFFEY, Q.C.:	5 way. But you haven't questioned my usage of
6 Q. Did the letter already exist?	6 it, so I take it you understand it. If I
7 MS. BONNELL:	7 could, please, Exhibit P-1483? And, ma'am,
8 A. Yes.	8 this is an e-mail by itself from Ms. Thomas to
9 COFFEY, Q.C.:	9 yourself, 1:36 p.m. on July 18th, that Monday.
10 Q. Yeah, at least a draft of a letter already?	10 The subject is "Briefing," BN, briefing note
11 MS. BONNELL:	11 for George Tilley, "try this for now. Signed,
12 A. Oh, absolutely at this point, yes.	12 D". I take it on that Monday yourself and
13 COFFEY, Q.C.:	13 Deborah are fine tuning that briefing note, a
14 Q. And it just so happened that the departme	ent 14 version of it we looked at earlier?
15 was asking, as well, for -	15 MS. BONNELL:
16 MS. BONNELL:	16 A. That's right.
17 A. That they were in support of that as a	17 COFFEY, Q.C.:
18 communications effort.	18 Q. Okay. If we could go, please, to Exhibit P-
19 COFFEY, Q.C.:	19 0073? So I take it then when you left work on
20 Q. So would you have understood at the tim	
21 mean, having drafted the letter, that befor	
22 the letter was sent out, that it would have t	-
23 be run by the lawyers? This refers to it.	23 existence of the problem public?
24 The e-mail is not to you, that's why I'm	a 24 MS. BONNELL:
asking is is that your understanding,	25 A. Yes.

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1 COFFEY, Q.C.:	1 A. Right.
2 Q. They would do so through a press release or	2 COFFEY, Q.C.:
3 potentially a press conference, but certainly	3 Q. Envisaged. So up to that point had anybody
4 a press release?	4 voiced any problem with that approach?
5 MS. BONNELL:	5 MS. BONNELL:
6 A. That we would do that, yes.	6 A. Yes.
7 COFFEY, Q.C.:	7 COFFEY, Q.C.:
8 Q. Yes. Would there have been a press	8 Q. Whom?
9 conference, do you think, was that envisaged	9 MS. BONNELL:
10 at the time or just -	10 A. It was starting to be discussed that there
11 MS. BONNELL:	11 were concerns that this was a difficult way to
12 A. Very unlikely.	12 have to hear about something publicly and that
13 COFFEY, Q.C.:	13 it made everybody a bit uncomfortable, to be
14 Q. Very unlikely. That there would be a lawyer	14 honest with you.
15 sent to each of the patients?	15 COFFEY, Q.C.:
16 MS. BONNELL:	16 Q. Who was saying that?
17 A. A letter.	17 MS. BONNELL:
18 COFFEY, Q.C.:	18 A. Well, it made us all uncomfortable, it made me
19 Q. A letter, I'm sorry, I apologize.	19 uncomfortable. It made the doctors, in
20 MS. BONNELL:	20 particular, uncomfortable because they very
21 A. Not a lawyer.	21 much believed that, it's certainly my
22 COFFEY, Q.C.:	impression that they believed that matters
23 Q. That too, eventually. ButI apologize. A	having to do with a patient's personal health
24 letter would be sent to each of the patients	should beyou know, it's sacrosanct, it's
and but the lawyer would, the lawyers would	25 between the physician and patient. So there
Page	
1 vet the letter?	1 was a level of discomfort, I think, with the
2 MS. BONNELL:	2 direction that the organization
3 A. Yes.	3 administratively, if you want to say that, was
4 COFFEY, Q.C.:	4 plodding down.
5 Q. Okay. And it would be, though, to apprise the	5 COFFEY, Q.C.:
6 patients of the existence of the problem, what	6 Q. Now, the oncologists are not actually
7 you were doing about it?	7 consulted until the following week?
8 MS. BONNELL:	8 MS. BONNELL:
9 A. Yes.	9 A. Well -
10 COFFEY, Q.C.:	10 COFFEY, Q.C.:
11 Q. And -	11 Q. In the sense of actually formally?
12 MS. BONNELL:	12 MS. BONNELL:
13 A. And what they had to do about it, which was -	13 A. Yes, okay.
14 COFFEY, Q.C.:	14 COFFEY, Q.C.:
15 Q. What they had to do - 16 MS. BONNELL:	15 Q. Okay. And we'll look at that. 16 MS. BONNELL:
17 A nothing.	
18 COFFEY, Q.C.:	18 COFFEY, Q.C.:
19 Q. Nothing. But the contact number would be 20 there?	19 Q. So but as of you left work on the 18th, the
	20 letter is more or less in hand, the lawyers
21 MS. BONNELL:	21 have got to look at it, but letter is in hand, prose releases are in hand and the department
22 A. Right.	22 press releases are in hand and the department
23 COFFEY, Q.C.:	23 has been alerted?
24 Q. And it was going to be an 800 number?	24 MS. BONNELL:
25 MS. BONNELL:	25 A. Right.

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1 COFFEY, Q.C.:	1 M	IS. BONNELL:
2 Q. And the department is ad idem on the idea	a of a 2	A. Um-hm.
3 letter?	3 C	COFFEY, Q.C.:
4 MS. BONNELL:	4	Q. Here Ms. Predham refers to "a long
5 A. Correct.	5	conversation with representatives from HIROC
6 COFFEY, Q.C.:	6	yesterday evening" and she references the
7 Q. Okay. Looking at the morning of July 1	9th. 7	class action law suit against Health Labrador.
8 Tuesday.	8	That's the two VOCM articles we looked at.
9 MS. BONNELL:	_	IS. BONNELL:
10 A. This is when I would have gone and go		A. Um-hm.
11 those stories.		COFFEY, Q.C.:
12 COFFEY, Q.C.:	12	Q. The reference to Mr. Crosbie, allegations in
13 Q. Yes. And that's the stories, just to put it	12	the Labrador law suit. She then writes, "the
14 in -	13	organization felt the need," that is Labrador
15 MS. BONNELL:	14	"felt the need to disclose publicly, ran it by
16 A. The ones that you referenced earlier from		their legal counsel and then wrote letters to
17 VOCM.	17	every person affected and sent out a news
		release," and she puts in brackets, "sound
18 COFFEY, Q.C.:	18	·
19 Q. That's, yes, VOCM, that's P-0499 and P-0		familiar" with three question marks.
20 That's for the Commissioner's benefit. If		IS. BONNELL:
could just go back, please, to P-0073. Th		A. That's basically what we were looking at
22 morning at 8:22, July 19th, Ms. Predham		doing.
an e-mail to the individuals involved in the		COFFEY, Q.C.:
24 group, as it were, I take it. Does that	24	Q. Yes. "Their vulnerability comes from the lack
25 fairly capture the group here, Dr. William	ns, 25	of weighing out the risk from the exposure
]	Page 154	Page 156
1 Dr. Cook, Terry Gulliver, yourself, M	s. 1	versus the anxiety of being told about it. In
2 Thomas, and Ms. Pilgrim?	2	this case, the risk from the exposure was very
3 MS. BONNELL:	3	small," and that's the Labrador case, I take
4 A. Yes, I would put Kara Laing in that group	too, 4	it.
5 but I'm not sure.		IS. BONNELL:
6 COFFEY, Q.C.:	6	A. That's the Labrador case, yes.
7 Q. By this point in time, is she actually part of		COFFEY, Q.C.:
8 the group at this point?	8	Q. I take it there wasn't any thought in this
9 MS. BONNELL:	9	case that the riskany risk of exposure being
10 A. She'd certainly been involved in som	-	small here?
11 discussions.		IS. BONNELL:
12 COFFEY, Q.C.:	11 1	A. It's notthe similarity ends at -
		COFFEY, Q.C.:
-		
14 MS. BONNELL:	14	Q. At that point, yes. And she goes on to say
15 A. The group that went forward with this be	-	"this leads to our situation. It's not that
16 this point, no. I see what you're saying,		they don't want us to disclose. They just
17 yes.	17	don't want us to disclose until we are sure of
18 COFFEY, Q.C.:	18	our facts. I got a quick voice mail from Dan
19 Q. She actually became -	19	after my chat with HIROC. They contacted him
20 MS. BONNELL:	20	after they hung up from me reiterating this
A. More intricately involved after that, yeah.		and they will be in touch again in the
22 COFFEY, Q.C.:	22	morning. So I guess we'll have to reevaluate
23 Q. That began, I gatherwell, we'll see, bu		where we are before we plan to send those
24 certainly her being e-mailed, included in t	he 24	letters, etcetera. Should we chat about this
e-mail distribution occurs afterward.	25	face to face?" and then, Ms. Predhamjust at

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2 1	Γ	Dan Boone, Don Cook, Dr. Williams, yourself
ter, 2	a	nd Ms. Thomas, and he had written
3	"	background, Dr. Cook. Mr. Gulliver,650
4	p p	atients 1997 to 2004, ER/PR negative. Total
5	te	ests about 380 per year. 32 of 2003
6	i r	eviewed, 24 positive. 2002-results-2003,"
a 7	b	unch of question marks, and "2001, May."
uld 8		Now do you recall where the meeting
	0	ccurred?
	A. I	don't.
•	Q. T	'his would have been -
		don't have anythere were just so many
		neetings, one after another. I don't
		pecifically recall this meeting.
		Vell, would this have been the first meeting
		elating to ER/PR that Mr. Boone attended?
		Because that morning, you're looking foror
		Is. Predham is looking for Mr. Boone.
		eah, I don't remember him being at any other
-	n	neetings.
U		Page 160
-		
	-	Before that.
		le attended very few meetings.
		o do you recall where Mr. Boone first
		ttended a meeting?
		-
-		guess it was this one. I don't remember
		here being any other meetings before that,
		ut to be honest, I'm having a hard time
		emembering this one too.
		-
		was asking, does that assist you in any way,
		ninking about him being in the room.
	MS. BO	
	~. ~ 0	
	A. Y	es, I see what you're saving, but I'm afraid
17		Yes, I see what you're saying, but I'm afraid doesn't.
17 1, 18	it	doesn't.
17 1, 18 5 some 19	it COFFEY	doesn't. Z, Q.C.:
17 1, 18	it COFFEY Q. H	doesn't. 7, Q.C.: Iow would you keep track of, at that time,
17 1, 18 5 some 19 19 19 19 20 21	it COFFEY Q. H	doesn't. 7, Q.C.: How would you keep track of, at that time, where a meeting was and the timing of it?
17 1, 18 5 some 19 19 19 19 20 21	COFFEY Q. H WS. BO	doesn't. 7, Q.C.: How would you keep track of, at that time, where a meeting was and the timing of it?
1, 17 some 19 umber 20 21 22	COFFEY Q. H WS. BOI A. U	doesn't. 2, Q.C.: How would you keep track of, at that time, where a meeting was and the timing of it? NNELL:
	Page 157       1         ter,       2         iter,       3         4       5         a       7         uld       8         oks       9         of       10         22,       11         44       12         ity,       13         l. You       14         s to       15         we       16         see       17         dor       18         ould       19         nd       20         ham       21         t Dan       22         y at       23         fore       24         'yes"       25         Page 158       9         es you       1         his       2         ido       3         to ask       6         g on       8         g on       9         may -       11         his       12         have       13         at       14	1 $1$ $1$ ter, $2$ $a$ $3$ $3$ $4$ $pp$ $5$ $6$ $6$ $7a$ $6$ $7a$ $6$ $7a$ $6$ $7a$ $6$ $7a$ $6$ $7a$ $a$ $7$ $buld$ $8$ $a$ $7$ $a$ $7a$ $a$

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1	and I could have been anywhere that day an	d	1	A.	A. No.
2	that conversation that you saw transpiring		2	COFF	FEY, Q.C.:
3	could have actually transpired over my		3	Q.	). You say you might have received this on a
4	Blackberry, and I would have just made a po	int	4		Blackberry?
5	of showing up at 2:00, as opposed to my		5	MS. F	BONNELL:
6	sitting in my office. If I'd been sitting in		6	A.	A. Potentially, yes, yeah.
7	my office, it would likely have ended up in n	ıy	7	COFF	FEY, Q.C.:
8	calendar.	-	8	Q.	). Do you use pinning on a Blackberry?
9 C	OFFEY, Q.C.:		9	MS. F	BONNELL:
10	Q. Well, here, Exhibit P-0509, please? There's a	ı	10	A.	A. No, I don't know how.
11	bunch of e-mails, and you see the e-mail		11	COFF	FEY, Q.C.:
12	exchange unfolding almost minute to minute		12	Q.	). The meetings and timing of the meetings, the
13 N	IS. BONNELL:		13		scheduling of them of the group, how were they
14	A. Yeah, I was probably in my office.		14		arranged?
15 C	OFFEY, Q.C.:		15	MS. P	BONNELL:
16	Q. And you said "this is fine for us."		16	A.	A. Different ways. Quite often it would be
17 N	IS. BONNELL:		17		arranged by Dr. Williams' secretary, Denise
18	A. That would be the timing of the meeting.		18		Dunn. Sometimes meetings were arranged by Ms.
19 C	OFFEY, Q.C.:		19		Predham herself. Most of the time, I remember
20	Q. Where is the timing of the meeting set out?		20		being called by Denise and asked to show up at
21 N	IS. BONNELL:		21		a certain time in a certain location.
22	A. Two p.m. "How's two p.m.?" She says in the	he		COFF	FEY, Q.C.:
23	e-mail just before that.		23		2. In the group, was anybody charged with keeping
	OFFEY, Q.C.:		24	C.	track of what was going on?
25	Q. No, she says "how available are the rest of			MS. E	BONNELL:
		e 162			Page 164
1	you before two p.m.?"	0 102	1	Δ	A. No, that's unfortunate actually, and if you're
	IS. BONNELL:		2		looking for recommendations, which I know is
3	A. Oh, before two p.m. Well, I guess I was		3		something that the Commissioner is, you know,
4	saying whenever it is, I'll be there.		4		one of the things that we certainly discovered
5 0	OFFEY, Q.C.:		5		through this process, and it came up again
6	Q. And where would that be?		6		actually with the Burin Radiology shortly
	IS. BONNELL:		7		thereafter, and we actually did a better job
8	A. I guessI don't know. I guess there must		8		with that one because we'd gone through this
9	have been a phone call that occurred to say		9		process, but there wasn't a good record
10	"we're going to meet at one. It's going to be		10		tracking system for ER/PR. There should have
11	in Dr. Williams' office. It's going to be"		11		been.
12	it's most likely it would have been at Dr.			COF	FFEY, Q.C.:
12	Williams' office. It's really not unusual,		12		). Ma'am, do you recall what was discussed at the
13	Mr. Coffey, for that kind of thing to go on.		13	Q.	meeting?
	It's unfortunate that the record isn't as			MC	BONNELL:
15 16	straightforward.		15 16		A. Well, I don't remember the meeting, sir, so I
	-			A.	don't remember what was discussed.
	OFFEY, Q.C.:		17	COP	
18 19	Q. So you have no notes of this meeting. Do you know, you have no record. I take it, of the	u			FEY, Q.C.:
	knowyou have no record, I take it, of the		19		2. Okay, so do you recall what the outcome of the masting was? And you're set to go public that
20 21 N	actual timing of the meeting?		20		meeting was? And you're set to go public that
	IS. BONNELL:		21	MO	week. This is a Tuesday.
22	A. No.				BONNELL:
	OFFEY, Q.C.:		23	A.	A. Yeah, I do remember that it was either that
24	Q. Or the location of it?		24		day at that particular meeting or the next
25 N	IS. BONNELL:		25		day, right after that, that new information

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1 came to light.	1	1 :	issues in Labrador was that the women were
2 COFFEY, Q.C.:	2	2	sent registered letters, which destroyed their
3 Q. Okay.	3	3	anonymity in small communities. Secondary to
4 MS. BONNELL:	4	1	that, key medical spokespeople were not out
5 A. That led us to question whether we were	going 5	5	front and had to be coaxed into speaking. The
6 down the right path with having a pre	ess 6	5	organization simply sent out a press release
7 briefing at that particular point in time.	7	7	and then sort of refused to talk about it.
8 COFFEY, Q.C.:	8	3	Obviously this is not the approach we would
9 Q. Okay, so if we could focus first of all o	n 9	)	take here. It is essential that we put
10 that day, okay.	10	)	forward our key medical people and make an
11 MS. BONNELL:	11	l i	oncologist available who will also instill
12 A. Yes.	12	2	confidence and reassure patients. We will
13 COFFEY, Q.C.:	13	3	talk more later. I'll bring in what I can."
14 Q. If we could look, please, at Exhibit P-14	84? 14	1	Now, ma'am, does that assist you in terms
15 This is an e-mail from Deborah Thoma	as to 15	5	of what did you bring in?
16 yourself, July 19th, Tuesday morning at 1	10:16 16	5 MS. BC	DNNELL:
a.m., and she's, in caps, "UPDATED brief	fing 17	7 A.	I guess I would have brought in the articles
18 note." Deborah writes "delete the last or	ne. 18	3	that I found which are part of evidence.
19 I added a few more points, including t	he 19	OFFE	Y, Q.C.:
20 hotline." So I take it she's working or	n 20	) Q.	That's the VOCM ones.
21 polishing the briefing note.	21	MS. BC	DNNELL:
22 MS. BONNELL:	22	2 A.	That's all I would have had.
23 A. It's furious activity for sure.	23	6 COFFE	Y, Q.C.:
24 COFFEY, Q.C.:	24	4 Q.	And you would have had that and what Ms.
25 Q. And if we could, please, just look at Exhi	ibit 25	5	Chaplin, you recorded here and communicated to
	Page 166		Page 168
1 P-0509? Now at 8:59 a.m., you've writt	0	L ·	the others involved what Ms. Chaplin had told
2 the group, as it were, such as it was at th			you.
3 time. "I've got a couple of calls out re:			DNNELL:
4 getting the initial Labrador reaction." S		4 A.	Yes.
5 who are those calls to? You do refer to '	"in 5	5 COFFE	Y, Q.C.:
6 speaking in Carolyn Chaplin."	6	5 Q.	"Secondary to that, key medical spokespeople
7 MS. BONNELL:	7		were not out front and had to be coached into
8 A. I did talk to Carolyn and I believe I also	b c	3	speaking."
9 called my colleague inno, because she v			DNNELL:
10 in place at that time. I would have spoker		) A.	Um-hm.
11 her later about that. I'm not sure who	I 11	COFFE	Y, Q.C.:
12 would have spoken to, Mr. Coffey. I was	s just 12	2 Q.	Now you've just told the Commissioner in the
13 thinking I might haveno, I think she wa	s in 13	3	past hour or so that there was certainly
14 place. I'm very sorry. The director of	f 14	1	beforewell, as of July 18th, no intention of
15 communications in Labrador at the time			there being a press conference.
16 might have called her as well.	16		DNNELL:
17 COFFEY, Q.C.:	17	7 A.	Not a press conference, no.
18 Q. See, ma'am, here you'veyou do say	"in 18	B COFFE	-
19 speaking with Carolyn Chaplin of th			Or having a spokesperson, I take it.
20 Department." She would be the director			ONNELL:
21 communications at the time?	21	A.	Well, you can have a spokesperson without
22 MS. BONNELL:	22		having a press conference.
23 A. Yes.	23	3 COFFE	
24 COFFEY, Q.C.:	24	4 Q.	Okay. So you did envisage, on the 18th, that
25 Q. "She seems to recall that one of the ma	ain 25	5	someone might be made available to speak?

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F	Page 169	Page 171
1 MS. BONNELL:	1	the Department when the Labrador issue
2 A. Oh absolutely, yes.	2	occurred. It may not havewell, it certainly
3 COFFEY, Q.C.:	3	didn't register with me, as it would with
4 Q. Okay.	4	someone who was more involved in the issue,
5 MS. BONNELL:	5	and it occurred to me, "I wonder what Carolyn
6 A. You don't put out a press release unless	s 6	would remember from that."
7 you're willing to speak to it.		FFEY, Q.C.:
8 COFFEY, Q.C.:	8 (	2. Sure, so early that morning you pick up the
9 Q. At that point, who was going to be the		phone.
10 spokesperson?		BONNELL:
11 MS. BONNELL:		A. And I get her.
12 A. I don't think it was determined. Certain		FFEY, Q.C.:
13 Dr. Williams knew that he would have a	-	2. Yes, go ahead, what happened?
14 there.		BONNELL:
15 COFFEY, Q.C.:		A. And this is what she says to me, exactly as
16 Q. And why make an -	16	written here. There was an issue of
17 MS. BONNELL:	17	anonymity. I didn't think that was as much an
18 A. If you look at the press releases, usually th		issue for us. And then the issue of not being
19 individual who's quoted in the press relea		out there speaking to it, I certainly didn't
20 is the individual who's the spokesperson		anticipate that that would be the case for us.
the release, and so that would be Dr.		FFEY, Q.C.:
22 Williams.		2. Did shewhen you first spoke to her, did she
23 COFFEY, Q.C.:	22 23	seem to know anything about this?
24 Q. Because he is quoted in some of the draft-		BONNELL:
25 or more of the drafts?		A. This wouldthis conversation would not have
	Page 170	Page 172 swayed me off the concept of doing a
1 MS. BONNELL: 2 A. Yes.		registered letter and having akeep
		maintaining the same principle that we had
3 COFFEY, Q.C.:	3 4	outlined earlier.
4 Q. And you'd make an oncologist available?	· · ·	
5 MS. BONNELL:		FFEY, Q.C.:
6 A. Yes.		2. And so you're not only a letter, but a
7 COFFEY, Q.C.:	7	registered one, would be your view?
8 Q. For the purpose of instilling confidence and		BONNELL:
9 reassuring patients?		A. Yes.
10 MS. BONNELL:		FFEY, Q.C.:
11 A. Yes.		2. Keep track of it?
12 COFFEY, Q.C.:		BONNELL:
13 Q. At that point, had any oncologists actually		A. Yes.
14 been asked as to whether or not they were		FFEY, Q.C.:
15 prepared to do that?		2. You spoke with her. Did she, at the time you
16 MS. BONNELL:	16	spoke with her, seem to have had any prior
17 A. I don't think so.	17	knowledge about the existence of a problem?
18 COFFEY, Q.C.:		BONNELL:
19 Q. Now, ma'am, in speaking with Ms. Chaplin, w	-	A. Oh yes, certainly.
20 did you call her? I take it you would have		FFEY, Q.C.:
21 called her earlier before 8:59 a.m. that		2. So when you called Carolyn Chaplin that
22 morning?	22	morning -
23 MS. BONNELL:		BONNELL:
24 A. Yes. Carolyn and I had a good working		A. I don't remember ever having a conversation
25 relationship. I respected her. She was at	25	with Carolyn in which Carolyn said to me

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	Page 1'	73	Page 175
1	"what's going on? Like we know nothing		1 It's to Robert Thompson. Subject is "major
2	about"I don't remember that conversation.		2 health matter" and what he's written is
3	If Carolyn says that is in fact the		<sup>3</sup> "Robert, Carolyn Chaplin just called from
4	conversation that we had that morning, I would	4	4 Health Community Services to provide a heads
5	not contest that at all, but it's not the		5 up that a major story will break from the
6	conversation I remember having with her. I		6 Eastern Health Board as early as this
7	don't remember feeling as if we were		7 Thursday, but more likely next Monday.
8	responsible for bringing this to the		8 Eastern Health Board has recently discovered
9	Department.		9 errors in its breast cancer testing program.
	COFFEY, Q.C.:	10	
11	Q. You mean be the point of first contact?	1	
	MS. BONNELL:	12	
12	A. Being the point of first contact, yes. I	13	
14	never expected that that was the case.	1.	
	-	14	
	COFFEY, Q.C.:		
16	Q. So you had understood all along that it wasn't the case?	10	1 8
17		1	
	MS. BONNELL:	18	
19	A. That's right.	19	
I	COFFEY, Q.C.:	20	
21	Q. And is there anything that you can point to,	2	6 ,
22	point the Commissioner to, that, you know, now	22	
23	looking at it, and you've reviewed a lot of	23	1
24	material to come here, that would show that	24	5 5
25	the Department knew before about the existence	25	5 57
	Page 1'		Page 176
1	of the problem?		1 MS. BONNELL:
2	MS. BONNELL:		2 A. Two days away.
3	A. No.		3 COFFEY, Q.C.:
4	COFFEY, Q.C.:	4	4 Q. July 21.
5	Q. Okay. But at the time, on the morning of July	4	5 MS. BONNELL:
6	19th when you spoke with Ms. Chaplin, it		6 A. Um-hm.
7	certainly didn't cross your mind that this	,	7 COFFEY, Q.C.:
8	might be the first time she'd heard of it?	1	8 Q. And as late as the following Monday, that
9	MS. BONNELL:	9	9 would be accurate, wouldn't it, at the time?
10	A. No.	10	0 MS. BONNELL:
11	COFFEY, Q.C.:	1	1 A. Yes.
12	Q. And you got no sense from her that that was	12	2 COFFEY, Q.C.:
13	the case?	13	3 Q. Okay. "The Eastern Health Board has recently
14	MS. BONNELL:	14	
15	A. I don't recall that being part of it, you	1:	
16	know. I just don't remember that that was her	10	if recently involved several months, it
17	reaction, Mr. Coffey. It may very well have	1	
18	been, but there are so many things to		8 MS. BONNELL:
19	remember, I don't have a record of the phone	19	
20	call and I don'tit doesn't stick in my mind		20 COFFEY, Q.C.:
21	that Carolyn was shocked to be hearing this	2	
22	from myself and Deborah.	22	-
	COFFEY, Q.C.:	23	
23	Q. Exhibit P-0312, please? Now this is an e-mail	24	
	from Gary Cake, July 19th 2005, at 10:32 a.m.		25 MS. BONNELL:
25	110111 Oary Cake, July 1911 2003, at 10.52 a.111.	2.	J WIS. DUNINELL.

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Р	age 177 Page 179
1 A. That's right.	1 affected clients and the public at large."
2 COFFEY, Q.C.:	2 Now that accurately describes what was going
3 Q. "I understand that an estimated 1200 to 15	00 3 on at the time, doesn't it?
4 clients will need to be retested."	4 MS. BONNELL:
5 MS. BONNELL:	5 A. Yes.
6 A. Um-hm.	6 COFFEY, Q.C.:
7 COFFEY, Q.C.:	7 Q. "Legal advice is being engaged in this
8 Q. At that point, it was your understanding as	
9 how many might need to be retested?	9 MS. BONNELL:
10 MS. BONNELL:	10 A. Yes.
11 A. It was a much lower number than that.	My 11 COFFEY, Q.C.:
12 understanding was much lower than that.	•
13 think it was likewas it 800 or something	
14 were talking about at that time? I don't	14 A. Yes.
15 think it was that many actually.	15 COFFEY, Q.C.:
16 COFFEY, Q.C.:	16 Q. "Health Community Services will be advised of
17 Q. You understood there were how many b	
cancer patients over the period '97 to Apri	
19 2004 that the Health Care Corporation had	
-	
20 MS. BONNELL:	20 COFFEY, Q.C.:
A. I don't remember what I understood in 200	
22 COFFEY, Q.C.:	22 Chaplin as to what the strategy would finally
23 Q. Might it be that the total number of breast	
24 cancer patients -	24 MS. BONNELL:
25 MS. BONNELL:	25 A. Um-hm.
	age 178 Page 180
1 A. Was 12 to 1500?	1 COFFEY, Q.C.:
2 COFFEY, Q.C.:	2 Q. That would be correct?
3 Q was 12 to 1500 for the Health Care	3 MS. BONNELL:
4 Corporation?	4 A. Yes.
5 MS. BONNELL:	5 COFFEY, Q.C.:
6 A. Well, I know that in total, theI know now	v, 6 Q. "A briefing note is currently being prepared."
7 I'm aware now that there was 2,760.	7 MS. BONNELL:
8 COFFEY, Q.C.:	8 A. Yes.
9 Q. Province wide.	9 COFFEY, Q.C.:
10 MS. BONNELL:	10 Q. That was correct. The Elizabeth here in this
11 A. Right, so that wouldand that's including-	11 context, we understand, is Elizabeth Matthews.
12 it's a longer, 2005, right, yeah.	12 MS. BONNELL:
13 COFFEY, Q.C.:	13 A. Um-hm.
14 Q. So the 1200 to 1500 would be the number	
15 would capture -	15 Q. Did you know who Elizabeth Matthews was at the
16 MS. BONNELL:	16 time?
17 A. Sure.	17 MS. BONNELL:
18 COFFEY, Q.C.:	18 A. I certainly knew who she was, yes.
19 Q in an approximate way, the total for the	
Health Care Corporation for that period.	20 Q. Did you know her?
21 MS. BONNELL:	21 MS. BONNELL:
A. It's possible, yes, yeah.	A. No, I don't thinkI think I've met her at a
23 COFFEY, Q.C.:	23 function, but not formally.
24 Q. "Eastern Health Board is currently working	
a strategy for communicating this news	25 Q. Okay. Now when you spoke with Carolyn Chaplin

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Page 18	Page 18
1 that morning, July 19th, do you know if there	1 A. That I was the individual responsible for
2 was any reference to the Premier's Office or	2 giving her this new information?
3 Elizabeth Matthews?	3 COFFEY, Q.C.:
4 MS. BONNELL:	4 Q. Yes.
5 A. No.	5 MS. BONNELL:
6 THE COMMISSIONER:	6 A. Yes, it's entirely possible.
7 Q. That's no, there was no reference, as opposed	7 COFFEY, Q.C.:
8 to no -	8 Q. Having done so, bearing in mind what her
9 MS. BONNELL:	9 position was, bearing in mind the reference to
10 A. No, no reference.	10 "major story will break as early as Thursday,
11 THE COMMISSIONER:	11 more likely next Monday", would you have been
12 Q. Yes, okay.	12 surprised to learn that she would communicate
13 COFFEY, Q.C.:	13 that to the Premier's office and the Cabinet
14 Q. Now ma'am, at the time, while you're	14 Secretariat or would you expect it?
15 discussing this with Carolyn Chaplin, you had	15 MS. BONNELL:
16 understood that the day before Ms. Thomas had	16 A. I wouldn't expect it or be surprised by it.
17 been in touch with the Department?	17 Not having ever worked in government and not
18 MS. BONNELL:	18 knowing, I wouldn't be surprised by it and it
19 A. Yes.	19 wouldn'tI wouldn't have expected it.
20 COFFEY, Q.C.:	20 COFFEY, Q.C.:
21 Q. Okay. Who at the Department did you	21 Q. Page 3, please? Now this is a response at
22 understand Ms. Thomas had spoken to?	22 10:51 a.m. from Mr. Thompson to Mr. Cake and
23 MS. BONNELL:	23 he says, "Thanks, please ensure the department
24 A. Ms. Chaplin.	and the Board include in their com plan
25 COFFEY, Q.C.:	assurance that once the solution is set into
Page 18	Page 18
1 Q. And did Ms. Thomas tell you that?	1 motion, that an evaluation would be done to
2 MS. BONNELL:	2 determine the specific or systemic reasons why
3 A. She told or e-mailed me that there had been	3 this occurred so that the matter will be
4 contact made. So it might have been an e-mail	4 properly addressed in the long term. I would
5 or a message left for her.	5 like to see this aspect before it goes out.
6 COFFEY, Q.C.:	6 Thanks." Now ma'am, were you ever informed
7 Q. So you wouldn't be surprised though, I take	7 that the department wanted to see your com
8 it, on the morning of July 19th thatwell,	8 plan and wanted to see yourwanted to know
9 first of all, this information that's	9 that there were certain things in it?
10 contained in this e-mail here, with the caveat	10 MS. BONNELL:
11 that you didn't think there'd be 1200 to 1500	11 A. No.
12 patients that needed to be retested, because	12 COFFEY, Q.C.:
13 you thought it was just the negatives would be	13 Q. In relation to this matter, until May of 2007,
14 retested, I take it?	14 did you, yourself, or anyone in your office to
15 MS. BONNELL:	15 your knowledge have any contact with the
16 A. Yes.	16 Cabinet Secretariat or the Premier's office
17 COFFEY, Q.C.:	17 about this?
18 Q. With that caveat, everything else there is	18 MS. BONNELL:
19 accurate?	19 A. Never.
20 MS. BONNELL:	20 COFFEY, Q.C.:
21 A. Yes.	21 Q. Your contact would have been internally and
22 COFFEY, Q.C.:	22 with -
23 Q. Is it possible that that morning you passed	23 MS. BONNELL:
that information on to Ms. Chaplin?	24 A. Ms. Mundon, Chaplin, whoever was in executive
25 MS. BONNELL:	25 communications with the department.
	communications with the department.

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1 CO	FFEY, Q.C.:		1	A.	Around the time of thishere's all I recall,
2	Q. In the department. Page 5, please, same		2		just prior to us going into the briefing with
3	exhibit. This is an e-mail from Carolyn		3		the Minister, we had one of those moments
4	Chaplin on the same date, 2:37 p.m. to Gary	7	4		where we had a little up, where we thought
5	Cake, copied to John Abbott and it says,		5		that things were a little bit better than it
6	"Gary, further to this morning and incoming	g	6		turned out in the end that they actually were.
7	information this afternoon, no action is		7		We thought that there was a period in time in
8	required at this time. We have arranged a		8		which we might have identified that there
9	briefing with the health authority for the		9		wasn't a problem that we thought, well that
10	latter part of this week an will be in a	1	10		there in fact was or that we were wondering
11	better position to forward relevant briefing	1	11		there was. There were no definite anythings
12	materials at that time. No public	1	12		at this point in time. It was a very
13	announcement will be forthcoming this week	and 1	13		indefinite period of time with lots of new
14	there is a possibility that the significance	1	14		things coming forward. But certainly the
15	of any announcement will be minimized." No	ow, 1	15		beliefs that we had going into the 18th were
16	ma'am, has anyone ever communicated with	i you 🛛 1	16		altered somewhat on the 19th and then altered
17	any kind of notion that the possibility or the	1	17		back again after, subsequent to it, after the
18	significance of any announcement will be	1	18		22nd or 23rd, I think what we thought we knew,
19	minimized?	1	19		we discovered we didn't.
20 MS	. BONNELL:	2	20	COFFE	EY, Q.C.:
21	A. I think that this may have come from	2	21	Q.	Now with respect to that, ma'am, do you recall
22	information that I provided Carolyn on the	2	22		who told you this and where did you get this
23	19th that we felt that the issue may be	2	23		information?
24	minimized, that it's not so much, you know,	, 2	24	MS. BO	ONNELL:
25	there's two ways to read that sentence and -	2	25	А.	As I just said, it was either from Heather or
	Pag	e 186			Page 188
1 CO	FFEY, Q.C.:		1		from Dr. Williams.
2	Q. Well what did you tell Carolyn Chaplin on th	ie	2	COFFE	EY, Q.C.:
3	19th?		3	Q.	So from Heather Predham or Dr. Williams -
	. BONNELL:		4		ONNELL:
5	A. I told Carolyn Chaplin on the 19th that we ha		5		From Terry Gulliver based on testing.
6	just found out some new information.				EY, Q.C.:
	FFEY, Q.C.:		7		Do you know what day that was?
	Q. What time was that? What time on the 19th?	'			ONNELL:
	. BONNELL:	.	9		The 19th.
	A. I don't know what time. When I was inform				SY, Q.C.:
11	of new information that we had that one of th		11		How are you certain it's the 19th?
12	years didn't look like it might be an issue				DNNELL:
13	for us and just to hang on until we figured		13		I'm certain it's the 19th because I recall
14	out what was going on because we might no		14		having the conversation with Ms. Chaplin which
15	have the issue that we thought we had.		15		makes this e-mail make sense. On the 18th we
	FFEY, Q.C.:		16		were somewhere and then on this e-mail she
1	Q. And where did you learn that from?		17		says "hold off because there may be more
	. BONNELL:		18		information forthcoming", so I don't remember- -it's not that I remember that it was the 19th
	A. I would have heard that from information tha was coming back from the test results, either		19		in so much as I know from seeing this e-mail
20	-		20		that I remember the conversation that I had
21 22	from Heather, from Terry Gulliver or from D Williams from Terry Gulliver.		21 22		with Carolyn which must have prompted her to
	FFEY, Q.C.:		22 23		write this e-mail, if you know what I mean.
	Q. So what test results are these?				EY, Q.C.:
	. BONNELL:		25		So do you recall what time it was?
	· · · · · · · · · · · · · · · · · · ·			<del>.</del> ۲۰	

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1 MS. BONNELL:	1	that day, I heard this new information that we
2 A. No, sir, as I just said, I don't recall w	hat 2	needed to re-evaluate and see and I called her
3 time.	3	back knowing that I had spoken to her that
4 COFFEY, Q.C.:	4	
5 Q. So just so we're clear on this, on the n	norning 5	8
6 of the 19th you spoke to Carolyn Chap	plin. 6	
7 MS. BONNELL:	7	ε
8 A. At some point on the 19th I spoke to	-	have a better idea of what that information
9 Chaplin. I don't recall whether it wa		
10 morning or not.		COFFEY, Q.C.:
11 COFFEY, Q.C.:	11	Q. And did you ever call her back to say it's
12 Q. Well according to the e-mail we just		
13 at, the one at 8:59 a.m.	_	MS. BONNELL:
14 MS. BONNELL:	14	
15 A. Right.	15	
16 COFFEY, Q.C.:		COFFEY, Q.C.:
17 Q. It indicates that you had spoken to		
already that morning, whether that mo	•	
19 the day before?	19	1
20 MS. BONNELL:	-	MS. BONNELL:
21 A. That was on the 18th, was it not?	21	A. Oh I certainly do remember calling her and
22 COFFEY, Q.C.:	22	
23 Q. It's on the 19th.		COFFEY, Q.C.:
24 MS. BONNELL:	e health 24	6
25 A. Okay, so that was the e-mail about the		
1 Labrador.	Page 190	Page 192
1 Labrador. 2 COFFEY, Q.C.:		MS. BONNELL: A. I apologize.
3 Q. Yes. So you would have had to have a		COFFEY, Q.C.:
<ul> <li>4 her sometime before that.</li> </ul>		Q. The information involving the 1200 to 1500 and
5 MS. BONNELL:	5	
6 A. Right. And then this is lateryes, I		MS. BONNELL:
7 speak to her that day, but then this is		
8 separate piece ofthis is later in the		
9 that I would have contacted her.	9	
10 COFFEY, Q.C.:	10	
11 Q. Sure.		
12 MS. BONNELL:	12	
13 A. I wouldn't be surprised if it was at 2:0		MS. BONNELL:
14 COFFEY, Q.C.:	14	
15 Q. Now it doesn't make any reference		-
16 contacting her.	16	
17 MS. BONNELL:	17	
18 A. No, but I remember doing it, sir.	18	
19 COFFEY, Q.C.:	19	COFFEY, Q.C.:
20 Q. And why did you contact her?	20	
21 MS. BONNELL:	21	MS. BONNELL:
22 A. Because I had spoken to her about th	he fact 22	A. Yeah, okay, sorry.
that we were going to be doing a p	bublic 23	COFFEY, Q.C.:
24 announcement. We were preparing fo	or a public 24	Q. So if I could, on the morning of the 19th
announcement and then at some poin	nt during 25	then, you agree that as likely as not that

Page 193Page 1931morning you contacted her and gave her the1Susan B. "Today's meeting revealed the3MS.BONNELL:3basis of a review of percent of problem restricted on3MS.BONNELL:3basis of a review of percent of problem restricted on4A. We had a conversation, yes, for sure.4results for 2003 being 75 percent, which is5COHEV, QC:5consistent with national benchmarks.6Q. That there was going to be a press release.6Discussion with Carolyn re: announcement and7MS.BONNEL:7concerns of Minister."10Q. And it's your understanding that some time10COHEV, QC:11that week, hefore you met with the Minister on11Q. So do you recall what time of the day that12that 21st, you were told by Ms. Predham or12was?13Terry Guliver or both -13MS.BONNEL:14MS. BONNEL:15COHEV, QC:15A. No, it was the same day, the 19th.15COHEV, QC:16COHEV, QC:14A 'I do not.17Q. And you know that because of the existence of17difference did that make actually whether18the e-mail, is there anything else other than1805's positivity rates were? 50' of what20the sweine or mything else other than1805's positivity rates were? 50' of what21A. When I saw this s-mail in preparation for my21MS.BONNEL:22testistence of the ansity a	Ma	ny 29, 2008	Multi	-Pa	ag	e <sup>TM</sup>	Inquiry on Hormone Receptor Testing
1       moming you contacted her and gave her the       1       Susan B. "Today's meeting revealed the         2       heads up.       1       Susan B. "Today's meeting revealed the         3       MS. BONNELL:       3       basis of a review of percent of positive         4       A. We had a conversation, yes, for sure.       5       conversation for positive         7       A. We had a conversation, yes, for sure.       5       consistent with national benchmarks.         6       0. That there was going to be a press release.       6       Discussion with Carolyn re: announcement and         7       NS. BONNELL:       9       A. There you go.       10       COH+AV, QC::         10       0. And it's your understanding that some time       11       0. Conderson of Minister."       13       MS. BONNELL:         11       that week, before you met with the Minister on       14       M. BONNELL:       14       A. I do not.         15       A. No; it was the same day, the 19th.       15       A. No; it was the same day, the 19th.       16       COH+AV, QC::         16       Q. Mady ou know that because of the existence of the e-mail?       10       13       10''''''''''''''''''''''''''''''''''''			Page 193				Page 195
2       beads up.       2       potential that scope of problem restricted on         3 MS. BONNELL       4       We had a conversation, yes, for sure.       3       basis of a review of problem restricted on         3       MS. BONNELL       3       basis of a review of problem restricted on         4       A. We had a conversation, yes, for sure.       5       consistent with national benchmarks.         6       Q. That there was going to be a press release.       7       S. BONNELL       5         8       A. Yes.       8       MS. BONNELL       6         9       COH+FY, QC:       8       MS. BONNELL       10       0.0 do you recall what time of the day that         12       tweek, before you mue with the Minister on       11       0. So do you recall what time of the day that         13       MS. BONNELL:       13       MS. BONNELL:       14       A. I do not.         14       MS. BONNELL:       14       A. I do not.       15       COHFFY, QC::       10       10       OH was a with a seamed by the 19th.       16       0. Well ma'am, with respect to that, what         15       conversation with Ms. Chaplin in which 110d       13       MS. BONNEL:       20       11       11       11       11       11       11       11       11 <td>1</td> <td></td> <td>U U</td> <td>1</td> <td></td> <td>Sus</td> <td>6</td>	1		U U	1		Sus	6
4       A. We had a conversation, yes, for sure.       4       results for 2003 being 75 percent, which is         5       COFFEY, Q.C:       5       consistent with national benchmarks.         6       Q. That there was going to be a press release.       7       Ms. BONNELL:         9       COFFEY, Q.C:       9       A. There you go.         10       Q. And it's your understanding that some time time that week, before you met with the Minister on the 21st, you were told by Ms. Predham or by       3       Ms. BONNELL:         11       Q. And you know that because of the existence of the e-mail?       10       Q. Sod you recall what time of the day that         12       A. When I saw this e-mail in preparation for my       13       MS. BONNELL:       14       A. I do not.         15       A. No, it was the same day, the 19th.       15       Q. FOFFY, Q.C:       16       Q. WEI ma'ann, with respect to that, what         17       Q. And you know that because of the existence of the e-mail?       16       Q. WII ma'ann, with respect to that, what         17       Q. And you know that because of the existence of the e-mail?       16       Q. WII ma'ann, with respect to that, what         16       O. WIII ma'anni the respect to that, what       17       difference did that make any difference to those         23       A. When I saw this erenal in preparation form weet on	2			2	2	pote	
5 COFFEY, Q.C.:       5 consistent with national benchmarks.         6 Q. That there was going to be a press release.       6 Discussion with Carolyn re: announcement and 7         7 MS, BONNELL:       9 A. Yes.         9 COFFEY, Q.C.:       9 A. There you go.         10 Q. And it's your understanding that some time that week, before you met with the Minister on that week, before you met with the Minister on that the week, before you met with the Minister on that the week, before you met with the Minister on that the week, before you met with the Minister on that the week, before you met with the Minister on that the week, before you met with the Minister on that the week, before you met with the Minister on that the week before you met with the Minister on that the week before you met with the Minister on that the week before you met with the Minister on that the the week before you.       9 A. There you go.         13 MS. BONNELL:       14 MS. BONNELL:       14 A. I do not.         16 COFFEY, Q.C.:       16 Q. Well ma'am, with respect to that, what         17 Q. And you know that because of the existence of the e-mail?       19 real difference did that make actually whether         18 Cornersision, I remember having a phone that there was       20 in 1997, '98, '99, 2000, 201 and 2002?         21 A. When I saw this e-mail in preparation for my       21 MS.BONNELL:         22 Cornersion of merember having a phone that the the we re on, we're off, we're on, we're	3	MS. BONNELL:		3	5	basi	is of a review of percent of positive
6       Q. That there was going to be a press release.       6       Discussion with Carolyn re: announcement and 7         7 MS. BONNELL:       8       A. Yes.       8       M. Shorkell.:       8       M. BONNELL:       9       A. There you go.       10       Q. And i's your understanding that some time the day that time of the day that week, before you met with the Minister on the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by 13       Terry Gulliver or both -       11       Q. So do you recall what time of the day that 12       was?       11       Q. So do you recall what time of the day that 12       was?         17       Q. And you know that because of the existence of the e-mail; there anything else other than the there setistence of the e-mail?       13       MS. BONNELL:       14       A. I do not.       15       COFFEY, Q.C:       16       Q. Well ma'am, with respect to that, what         18       the sensition of the e-mail?       19       real difference did that make othe patients       10       73's positivity rates were 75 or 60, what       17       18       NS. BONNELL:       20       18       NS. BONNEL:       21       A. When I saw this e-mail in preparation for my       21       MS. BONNEL:       21       A. It wouldn't make any difference to those       23       patients.       24       21       NS. BONNEL:       24       11       10       the custon preindicati	4	A. We had a conversation, yes, for sure.		4	ł	resu	Ilts for 2003 being 75 percent, which is
7 MS. BONNELL:       7 concerns of Minister."         8 A. Yes.       9 A. There you go.         9 COPFEY, Q.C.:       9 A. There you go.         10 Q. And it's your understanding that some time that week, before you met with the Minister on the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the 21st, you were told by Ms. Predham or by the e-mail, is there anything else other than 19 the existence of the e-mail?       13 MS. BONNELL:         10 Q. And you know that because of the eistence of the e-mail, is there anything else other than 19 the existence of the e-mail?       14 M. Ido not.         12 wash bis 8 -mail in preparation for my 21 A. When I saw this e-mail in preparation for my 22 testimony and as it was released here at the 23 commission, I remember having a phone 24 conversation with Ms. Chaplin in which I told 25 patients.       24 MIE CoMMSISTONEL: 20 MS. BONNELL:         26 because I remember how that all transpired, it 37 moming we're saying we're going to have the 38 sometime during that day, someone coming 39 forward and saying to us, hang on, there may 30 be a new development here whichand I 31 A. I thak it was n't as big an issue as we through 31 A. Think it was the same briefing note that 31 A. I thak it was we to on the 31 A. Minister?         31 A. Hink it was the same briefing note tor the 31 that it was it as aign inssue as we thro	5	COFFEY, Q.C.:		5	i	con	sistent with national benchmarks.
8       A. Yes.       8 MS.BONNELL:         9       COFFEY, QC:       9       A. There you go.         11       that week, before you met with the Minister on the 21st, you were told by Ms. Predham or by the 21st, you way the 21st, you you way the 21st, you way the 21st, you you	6	Q. That there was going to be a press release		6	<b>;</b>	Dis	cussion with Carolyn re: announcement and
9       COFFEY, Q.C:       9       A. There you go.         10       Q. And it's your understanding that some time that week, before you met with the Minister on 12       10       COFFEY, Q.C:         13       Terry Guillever or both -       13       MS. BONNELL:         14       MS. BONNELL:       14       A. Ide not.         15       A. No, it was the same day, the 19th.       15       COFFEY, Q.C:         16       O. Well ma'am, with respect to that, what         17       Q. And you know that because of the existence of 18       the e-mail, is there anything else other than 19       16       O. Well ma'am, with respect to that, what         17       Q. And you know that because of the existence of 18       '03''s positivity rates were 75 or 60, what       19         19       real difference did that make to the patients       20       1997, '98, '99, 2000, 2001 and 2002?         21       A. When I saw this e-mail in preparation for my       21       MS. BONNELL:       20       11         22       testimony and as it was released here at the       23       patients.       24       THE COMMISSIONER:         23       because I remember how that all transpired, it       24       THE COMMISSIONER:       25       Q. Mr. Coffey, this might be a convenient place         24       ther that we had been informed	7	MS. BONNELL:		7	/	con	cerns of Minister."
10       Q. And it's your understanding that some time that week, before you met with the Minister on that the week, before you met with the Minister on the that week, before you met with the Minister on the that week, before you met with the Minister on the that time of the day time of the day time of the day time of the day that tis as the day the there of the day time of the day time	8	A. Yes.		8	M	S. BONN	ELL:
11       that week, before you met with the Minister on       11       Q. So do you recall what time of the day that         12       the 21st, you were told by Ms. Predham or by       13       Ws. BONNELL:         14       MS. BONNELL:       14       A. I do not.         15       A. No, it was the same day, the 19th.       15       COFFEY, QC::         16       COFFEY, QC::       16       Q. Well ma'am, with respect to that, what         17       Q. And you know that because of the existence of       18       '03's positivity rates were 75 or 60, what         19       tre existence of the e-mail?       20       in 1997, '98, '99, 2000, 2001 and 2002?         21       A. When I saw this e-mail in preparation for my       21       N. K. More in formed there at the         20       conversation with Ms. Chaplin in which I told       24       THE COMMISSIONER:         23       commission, I remember having a phone       25       Q. Mr. Coffey, this might be a convenient place         24       conversation with Ms. Chaplin in which I told       24       THE COMMISSIONER:         25       ber that we had been informed that there was       25       Q. Mr. Coffey, this might be a convenient place         25       going to go forward with this issue and then       4       attend then, I take it, the briefing of the	9	COFFEY, Q.C.:		9	,	A. The	ere you go.
12       the 21st, you were told by Ms. Predham or by       12       was?         13       Terry Gulliver or both -       13       MS. BONNELL:         14       MS. BONNELL:       14       A. I do not.         15       A. No, it was the same day, the 19th.       15       COFFEY, Q.C.:         16       OPFEY, Q.C.:       16       Q. Well ma'ann, with respect to that, what         17       Q. And you know that because of the existence of       16       Q. Well ma'ann, with respect to that, what         19       the existence of the e-mail?       17       difference did that make actually whether         18       the existence of the e-mail?       18       'O3's positivity rates were 75 or 60, what         19       real difference did that make actually whether       17       difference did that make actually whether         20       A. When I saw this e-mail in preparation for my       21       MS. BONNELL:       20       in 1997, '98, '99, 2000, 2001 and 2002?         21       A. When MA S. Chaplin in which I told       41       the contrastonwith MS. Chaplin in which I told         25       Decause I remember how that all transpired.       22       A. It wouldn't make any difference to those         23       was we're on, we're off, we're on, we're off.       4       attend then, I take it, the briefing of the <td>10</td> <td>Q. And it's your understanding that some t</td> <td>ime</td> <td>10</td> <td>C</td> <td>OFFEY, Q</td> <td>).C.:</td>	10	Q. And it's your understanding that some t	ime	10	C	OFFEY, Q	).C.:
13       Terry Gulliver or both -       13       MS. BONNELL:         14       MS. BONNELL:       14       A. I do not.         15       A. No, it was the same day, the 19th.       15       COFFEY, Q.C:         16       Q. And you know that because of the existence of the e-mail; is there anything else other than 19       the e-mail, is there anything else other than 19       the e-mail, is there anything else other than 10         20       MS. BONNELL:       10       Q. Well ma'am, with respect to that, what 11         20       MS. BONNELL:       10       O. Well ma'am, with respect to that, what 11         20       MS. BONNELL:       10       O. Well ma'am, with respect to that, what 11         21       A. When I saw this e-mail in preparation for my 21       testimony and as it was released here at the 22       In 1997, '98, '99, 2000, 2001 and 2002?         21       A. When I saw this e-mail in preparation for my 21       21       MS. BONNELL:         22       conversation with MS. Chaplin in which I told 25       A. It wouldn't make any difference to those 26         23       because I remember how that all transpired, it 3       30       G. If I could, ma'am on theif I could, you did 4         3       was we're on, we're off, we're on, we're off.       30       G. If I could, ma'am on theif I could, you did 4         4       It was a bit of a roll	11	that week, before you met with the Minist	ter on	11		Q. So	do you recall what time of the day that
14 MS.BONNELL:       14 A. I do not.         15 A. No, it was the same day, the 19th.       15 COFFEY, Q.C.:         16 COFFEY, Q.C.:       16 Q. Well ma'am, with respect to that, what         17 Q. And you know that because of the existence of       17 difference did that make actually whether         18 the e-mail, is there anything else other than       19 real difference did that make to the patients         19 the existence of the e-mail?       20 in 1977, '98, '99, 2000, 2001 and 2002?         21 A. When I saw this e-mail in preparation for my       21 MS.BONNELL:         22 testimony and as it was released here at the       22 ornersation with Ms. Chaplin in which I told         24 conversation with Ms. Chaplin in which I told       24 THE COMMISSIONER:         25 because I remember how that all transpired, it       3 g. If I could, ma'am on theif I could, you did         4 If was a bit of a roller coaster, so that       4 attend then, I take it, the briefing of the         5 morning we're saying we're going to have the       5 Minister on the 21st?         6 press release and possibly in two days we're       7 A. I did.         7 going to go forward with this issue and then       7 A. I did.         8 sometime during that day, someone coming       9 Q. Did you have any involvement in the         10 preparation of a briefing note for the       11 Minister?         12 that it wasn't as big an issue as we thought.	12	the 21st, you were told by Ms. Predham	or by	12	:	was	?
15       A. No, it was the same day, the 19th.       15       COFFEY, Q.C.:         16       COFFEY, Q.C.:       16       Q. Well ma'am, with respect to that, what         17       Q. And you know that because of the existence of       17       difference did that make actually whether         18       the e-mail, is there anything else other than       18       in 1997, '98, '99, 2000, 2001 and 2002?         21       A. When I saw this e-mail in preparation for my       21       MS. BONNELL:       20       in 1997, '98, '99, 2000, 2001 and 2002?         21       A. When I saw this e-mail in preparation for my       21       MS. BONNELL:       20       in 1997, '98, '99, 2000, 2001 and 2002?         21       A. When I saw this e-mail in preparation for my       21       MS. BONNELL:       20       in 1997, '98, '99, 2000, 2001 and 2002?         22       testimony and as it was released here at the       23       patients.       24       It wouldn't make any difference to those         23       patients.       24       THE COMMISSIONER:       25       0. Mr. Coffey, this might be a convenient place         25       because I remember how that all transpired, it       3       Q. If I could, ma'am on theif I could, you did         4       It was a bit of a roller coaster, so that       4       attend then, I take it, the briefing of the	13	Terry Gulliver or both -	-	13	M	S. BONN	ELL:
16 COFFEY, Q.C.:       16 Q. Well ma'am, with respect to that, what         17 Q. And you know that because of the existence of       16 Q. Well ma'am, with respect to that, what         18 textsence of the e-mail, is there anything else other than       19 difference did that make actually whether         18 textsence of the e-mail?       19 real difference did that make to the patients         20 MS. BONNELL:       20 in 1997, '98, '99, 2000, 2001 and 2002?         21 A. When I saw this e-mail in preparation for my       21 difference did that make to the patients         22 ornersation with Ms. Chaplin in which I told       22 A THE COMMISSIONER:         23 some new developments and just to hold off,       20 Mr. Coffey, this might be a convenient place         24 conversation with Ms. Chaplin in which I told       20 Mr. Coffey, this might be a convenient place         25 Decause I remember how that all transpired, it       20 Mr. Coffey, this might be a convenient place         25 or flaw a bit of a roller coaster, so that       3 Q. If I could, ma'am on theif I could, you did         4 It was a bit of a roller coaster, so that       5 Minister on the 21st?         5 morning we're saying we're going to have the       5 Minister on the 21st?         6 press release and possibly in two days we're       6 MS. BONNELL:         10 be a new development here whichand I       10 preparation of a briefing note for the         11 that it wasn't as big an issue as wet	14	MS. BONNELL:		14	Ļ	A. I do	o not.
17Q. And you know that because of the existence of the e-mail, is there anything else other than 1917difference did that make actually whether '03's positivity rates were 75 or 60, what 1819the e-mail, is there anything else other than 1918'03's positivity rates were 75 or 60, what 1919the existence of the e-mail?19real difference did that make actually whether '03's positivity rates were 75 or 60, what20MS. BONNELL:20in 1997, '98, '99, 2000, 2001 and 2002?21A. When I saw this e-mail in preparation for my testimony and as it was released here at the 23Commission, I remember having a phone 2424conversation with MS. Chaplin in which I told 25A. It wouldn't make any difference to those 2325her that we had been informed that there was25Q. Mr. Coffey, this might be a convenient place26Page 194Page 1941some new developments and just to hold off, 4It was a bit of a roller coaster, so that 5Minster on the 21st?3was we're on, we're off, 4It was a bit of a roller coaster, so that 5Minster on the 21st?4It was a big an issue ad then 8sometime during that day, someone coming 99Q. Did you have any involvement in the 1010be a new development here whichand I 11remember being very happy about it, whatever 1214Minster?12it was, that we were very pleased that we felt 13A. I think it was the same briefing note that 14Wintster?15Chaplin and said we h	15	A. No, it was the same day, the 19th.		15	C	OFFEY, Q	).C.:
18       the e-mail, is there anything else other than       18       '03's positivity rates were 75 or 60, what         19       the existence of the e-mail?       19       real difference did that make to the patients         20 MS. BONNELL:       20       in 1997, '98, '99, 2000, 2001 and 2002?       21         21 A. When I saw this e-mail in preparation for my       21       MS. BONNELL:       20         21 A. When I saw this e-mail in preparation for my       21       MS. BONNELL:       20         22       testimony and as it was released here at the       22       A. It wouldn't make any difference to those         23       conversation with MS. Chaplin in which I told       24       THE COMMISSIONER:       23         24       conversation with ws. Chaplin in which I told       24       THE COMMISSIONER:       2         25       because I remember how that all transpired, it       3       Q. If I could, ma'an on theif I could, you did         4       It was a bit of a roller coaster, so that       5       Minister on the 21st?       6         6       press release and possibly in two days we're       6       MS. BONNELL:       9       Q. Did you have any involvement in the         10       be a new development here whichand I       11       minister?       12       M. I did.         13	16	COFFEY, Q.C.:		16	j	Q. We	ll ma'am, with respect to that, what
19       the existence of the e-mail?       19       real difference did that make to the patients         20 MS. BONNELL:       20       in 1997, '98, '99, 2000, 2001 and 2002?         21 A. When I saw this e-mail in preparation for my       21       MS. BONNELL:       20         21 A. When I saw this e-mail in preparation for my       21       MS. BONNELL:       20       in 1997, '98, '99, 2000, 2001 and 2002?         21 A. When I saw this e-mail in preparation for my       22       A. It wouldn't make any difference to those         23       conversation with Ms. Chaplin in which I told       24       THE COMMISSIONER:         24       conversation with Ms. Chaplin in which I told       24       THE COMMISSIONER:         25       Q. Mr. Coffey, this might be a convenient place       29         7       page 194       1       to break for the luncheon period.         2       conversation with this issue and then       3       Q. If I could, ma' am on theif I could, you did         4       It was a bit of a roller coaster, so that       4       attend then, I take it, the briefing of the         5       morning we're saying we're going to have the       5       Minister on the 21st?         6       press release and possibly in two days we're       6       MS. BONNELL:         10       be a new development here	17	Q. And you know that because of the existen	ce of	17	/	diff	erence did that make actually whether
20 MS.BONNELL:       20 in 1997, '98, '99, 2000, 2001 and 2002?         21 A. When I saw this e-mail in preparation for my       21 MS.BONNELL:         22 COFFEY, Q.C:       20 in 1997, '98, '99, 2000, 2001 and 2002?         21 A. When I saw this e-mail in preparation for my       21 MS.BONNELL:         22 coFFEY, Q.C:       23 patients.         23 conversation with Ms. Chaplin in which I told       24 THE COMMISSIONER:         25 her that we had been informed that there was       25 Q. Mr. Coffey, this might be a convenient place         26 because I remember how that all transpired, it       2 COFFEY, Q.C:         3 was we're on, we're off, we're on, we're off,       3 Q. If I could, ma'am on theif I could, you did         4 It was a bit of a roller coaster, so that       4 attend then, I take it, the briefing of the         5 morning we're saying we're going to have the       5 Minister on the 21st?         6 mses metime during that day, someone coming       9 Q. Did you have any involvement in the         10 be a new development here whichand I       10 preparation of a briefing note for the         11 remember being very plaged that we felt       12 MS.BONNELL:         13 that it wasn't as big an issue as we thought       13 A. I think it was the same briefing note that         14 that we were dealing with. So I called Ms.       15 probably just updated for him.         15 Chaplin and said we have some new information	18	the e-mail, is there anything else other that	in	18	5	'03	's positivity rates were 75 or 60, what
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16I don't know if we do do a pressand if we do16COFFEY, Q.C.:17one, it mightn't be as severe as we were17Q. And your function in being at the briefing was18thinking this morning or yesterday. And18what?19whatever that specific piece of information19MS. BONNELL:20is, it alludes me now because in the end, it20A. To listen, to observe, to talk about the21didn't have any significance anyway.21communication's piece of the matter at hand.22COFFEY, Q.C.:22COFFEY, Q.C.:		-					<b>C C C</b>
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18thinking this morning or yesterday. And 1918what?19whatever that specific piece of information 2018what?20is, it alludes me now because in the end, it 2120A. To listen, to observe, to talk about the 2121didn't have any significance anyway.21communication's piece of the matter at hand. 2222COFFEY, Q.C.:22COFFEY, Q.C.:		-					
19whatever that specific piece of information19 MS. BONNELL:20is, it alludes me now because in the end, it20A. To listen, to observe, to talk about the21didn't have any significance anyway.21communication's piece of the matter at hand.22COFFEY, Q.C.:22COFFEY, Q.C.:	I						• • •
20is, it alludes me now because in the end, it20A. To listen, to observe, to talk about the21didn't have any significance anyway.21communication's piece of the matter at hand.22COFFEY, Q.C.:22COFFEY, Q.C.:	I						
21didn't have any significance anyway.21communication's piece of the matter at hand.22COFFEY, Q.C.:22COFFEY, Q.C.:							
22 COFFEY, Q.C.: 22 COFFEY, Q.C.:			-				
							-
			these				
24 are notes taken from George Tilley or in his 24 Now, did you make any notes yourself?		-					-
<ul> <li>25 handwriting, he's got a date of July 19th,</li> <li>25 Landwriting, he's got a date of July 19th,</li> <li>25 MS. BONNELL:</li> </ul>		÷ •					

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1 A. No, I didn't.	1	1 were something that we knew it was not, then I
2 COFFEY, Q.C.:	2	2 would say to you that that is not ethical and
3 Q. Now these are apparently notes made by you	ur 3	that I would never agree to do that and that
4 counterpart, Ms. Chaplin.	4	4 concept was never ever floated at Eastern
5 MS. BONNELL:	5	5 Health as an idea.
6 A. Uh-hm.	6	6 COFFEY, Q.C.:
7 COFFEY, Q.C.:	7	7 Q. Was it -
8 Q. Of the meeting and she's written midway do	wn 8	8 MS. BONNELL:
9 the page "changing variables, newer	9	A. I think it would have been really nice if we
10 technology, national standard, some with	10	could have said that we have a new piece of
11 moving target, percentage of cells used to	11	technology and now we are offering this as an
12 determine positive test. We will look at	30 12	2 option for patients and that would have been
13 percent threshold, other M. clinic may look a	t 13	3 great, but that was not the reality and it
14 lower threshold weak positives, re: conversio	n 14	4 never was. We would neverthe organization
15 rates within reasonable range, patient	15	
16 notification, newer technology may provide	e 16	
17 other treatment options, external technical	17	
18 consultant coming in the fall to review the	18	-
19 lab (September) 240, 2000-2004 women w	vho 19	
20 tested negative, unknown how many through	, 97 20	
and 2000." That's 240, I take it for the	21	
22 years 2000 to 2004.	22	
23 MS. BONNELL:	23	
24 A. Yes.	24	4 COFFEY, Q.C.:
25 COFFEY, Q.C.:	25	
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1 Q. "Notification with specialists" and then	1	
2 there's a reference "massaging, public	2	
3 message, individual message. Positioning,	3	
4 option for retesting, new tech"presumably	4	
5 that's new technology"available et cetera,	5	
6 in stead of "errors in testing" and then	6	
<ul> <li>7 there's a timeframe meeting with oncologists</li> </ul>	7	
8 Monday and Tuesday of next week. Continuing to		
<ul><li>9 retest and report to oncologists." Now as a</li></ul>	9	
10 communications person at that meeting, was the	10	
11 idea of positioning discussed?	11	
12 MS. BONNELL:	11	
13 A. No.	12	
14 COFFEY, Q.C.:		4 MS. BONNELL:
15 Q. Then or at any point afterward?	14	
16 MS. BONNELL:	15	
17 A. No, never.	10	
17 A. INO, never. 18 COFFEY, Q.C.:	17	
19 Q. Well, without using the word positioning, the		9 COFFEY, Q.C.:
20 concept of positioning, the idea of new	20	
20 concept of positioning, the idea of new 21 technologies available instead of using,	20	
		2 MS. BONNELL:
<ul><li>22 referring to it as errors in testing.</li><li>23 MS. BONNELL:</li></ul>	22	
A. If what you're asking me is did we ever		4 COFFEY, Q.C.:
25 consider trying to make this look as if it	25	5 Q was the minister or the department

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1 personnel, were they told well, why is it	1 Q. Well, you already had the press releases
2 problematic in our institution?	2 ready. You were to write two memos that day
3 MS. BONNELL:	3 and the next -
4 A. I can tell you what I heard said many times	4 MS. BONNELL:
5 were the things that I referenced to you	5 A. Yes.
6 earlier this morning -	6 COFFEY, Q.C.:
7 COFFEY, Q.C.:	7 Q referring to the fact the oncologists had
8 Q. What was the minister -	8 yet to be consulted.
9 MS. BONNELL:	9 MS. BONNELL:
A. It has 40 steps, it has, you know, those kinds	10 A. I wrote one memo, a draft memo and a final
of things were what was being said and said	l 11 version memo, yes.
2 for a long period of time.	12 COFFEY, Q.C.:
3 COFFEY, Q.C.:	13 Q. Two memos.
Q. And I take it then, right from the beginning	14 MS. BONNELL:
5 with the minister, July 21.	15 A. Yes.
6 MS. BONNELL:	16 COFFEY, Q.C.:
7 A. We certainly talked to the minister about how	v 17 Q. So, the oncologists had not yet been consulted
8 complicated the test was to perform; that	18 on this issue according to your memo?
9 there are many opportunities for error in the	19 MS. BONNELL:
process; that the test was impacted by a	20 A. The oncologists in general had not been
number of different factors.	21 consulted as a group, but certainly we were
2 COFFEY, Q.C.:	talking to oncologists.
Q. And then coming out of that meeting your se	0 0
was what in terms of going public? This is a	
25 Thursday, Thursday morning.	25 Commissioner. You're at this meeting, you're
· · · ·	Page 202 Page 20
1 MS. BONNELL:	1 being prepared to go public, letter, press
2 A. Um-hm. We had talked to the minister about	
3 the issue of issuing a public statement at	3 We looked at that. You meet with the
4 that time. And that the feeling of the	4 minister. What's changed, what substantively
5 organization at that point in time was that it	5 has changed, if anything?
6 may be inappropriate to do that. And the	6 MS. BONNELL:
<ul> <li>minister was certainly -</li> </ul>	7 A. I think it changed before we went into the
8 COFFEY, Q.C.:	8 meeting with the minister. I don't think that
9 Q. Who's "we"?	9 the minister was the key point at which that
0 MS. BONNELL:	10 change occurred. I think that the change in
1 A. The organization.	11 opinion occurred prior to going into the
2 COFFEY, Q.C.:	12 meeting with the minister. You know, Mr.
3 Q. Who is telling the minister this?	13 Coffey, it was very uncomfortable position as
4 MS. BONNELL:	14 a communications person, you really want to
5 A. Mr. Tilley and making the case that our	15 you want to really understand something, you
oncologists and physicians were concerned	
about the concepts of speaking publicly to	17 about it and you want to be able tothis is a
this before we spoke to our patients first. I	18 very complex issue, extremely complex and you
mentioned to you earlier that we were always	
little uncomfortable with that as a concept.	20 to try and distil it down to something that's
21 COFFEY, Q.C.:	20 to try and distin it down to something that s 21 understandable. It's hard to understand and
Q. Now, you were to write - 3 MS. BONNELL:	
	23 COFFEY, Q.C.:
A. A press release, have it ready.	Q. If I could, ma'am, on that, I appreciate that.
25 COFFEY, Q.C.:	25 What I'm getting at is is this, we heard from

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1 Dr. Williams, who's told the Commissioner, I	1 COFFEY, Q.C.:
2 wanted, "I", Dr. Williams, wanted to go	2 Q. And on the 21st who else?
3 public.	3 MS. BONNELL:
4 MS. BONNELL:	4 A. Dr. Laing.
5 A. Um-hm.	5 COFFEY, Q.C.:
6 COFFEY, Q.C.:	6 Q. On the 21st?
7 Q. Really, when I realized that there was a	7 MS. BONNELL:
8 problem, you know, even the general scope of	8 A. Yes, I believe Dr. Laing was involved at that
9 it.	9 point. Dr. Cook, Dr. Cook, we had spoken to
10 MS. BONNELL:	10 there was a meeting that we all looked at here
11 A. Um-hm.	11 this morning that Dr. Kwan and Dr. Gardiner
12 COFFEY, Q.C.:	12 and all these people, we had spoken to
13 Q. So and Dr. Williams has told us he never	13 physicians before this point in time.
14 changed his view on that.	14 COFFEY, Q.C.:
15 MS. BONNELL:	15 Q. But on the morningI'm just getting, I'm
16 A. He didn't share that view with me.	16 trying to get some sense of the week of 18th
	17 for the Commissioner.
17 COFFEY, Q.C.:	
18 Q. Well, but from your perspective he is the one	18 MS. BONNELL:
19 is in charge of this?	19 A. Um-hm.
20 MS. BONNELL:	20 COFFEY, Q.C.:
21 A. Yes.	21 Q. The 18th it's a go?
22 COFFEY, Q.C.:	22 MS. BONNELL:
23 Q. So you didn't hear himdid you ever hear Dr.	23 A. Yes.
24 Williams say "Don't go public."?	24 COFFEY, Q.C.:
25 MS. BONNELL:	25 Q. Effectively it's a go?
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1 A. No.	1 MS. BONNELL:
2 COFFEY, Q.C.:	2 A. Yes.
3 Q. Okay. So he stayed out of it in that sense,	3 COFFEY, Q.C.:
4 in the debate internally?	4 Q. Thursdaythat's Monday morning. Thursday
5 MS. BONNELL:	5 morning -
6 A. It was a consensus-built decision.	6 MS. BONNELL:
7 COFFEY, Q.C.:	7 A. It's off.
8 Q. So whose decision was it, then, not to go	8 COFFEY, Q.C.:
9 public at that point?	9 Q. It's off?
10 MS. BONNELL:	10 MS. BONNELL:
11 A. It was a consensus-built decision.	11 A. Um-hm.
12 COFFEY, Q.C.:	12 COFFEY, Q.C.:
13 Q. But by whom?	13 Q. And in terms of senior people, well, we've
14 MS. BONNELL:	heard from Dr. Williams here. Mr. Tilley was
15 A. By all the individuals who were involved in	15 the other senior person involved?
16 the decision making process to that point.	16 MS. BONNELL:
17 COFFEY, Q.C.:	17 A. Um-hm.
18 Q. Well, the people who met with the minister	18 COFFEY, Q.C.:
<ul><li>were yourself, Mr. Tilley?</li></ul>	19 Q. Certainly Dr. Cook wouldn't decide whether or
20 MS. BONNELL:	•
21 A. Um-hm.	21 MS. BONNELL:
22 COFFEY, Q.C.:	A. No, but he would have had input into the
23 Q. Dr. Williams?	23 decision making.
24 MS. BONNELL:	24 COFFEY, Q.C.:
25 A. Yes.	25 Q. Input but he wouldn't decide it?

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1 MS. BONNELL:	1	A. Certainly.
2 A. No.	2 co	MMISSIONER:
3 COFFEY, Q.C.:	3	Q. Thank you, very much. Adjourn until 2:15.
4 Q. Nor would Dr. Laing?	4	(LUNCH BREAK)
5 MS. BONNELL:	5 тн	E COMMISSIONER:
6 A. No.	6	Q. Please be seated. Ms. Chaytor.
7 COFFEY, Q.C.:	7 сн	AYTOR, Q.C.:
8 Q. Nor would you?	8	Q. Good afternoon, Commissioner. Our next
9 MS. BONNELL:	9	witness is Beverly Griffiths. If Ms.
10 A. No.	10	Griffiths could be sworn or affirmed, please?
11 COFFEY, Q.C.:	11 MS	B. BEVERLY GRIFFITHS (SWORN) EXAMINATION BY SANDRA
12 Q. So in terms of that, then, if there was a	12 сн	IAYTOR, Q.C.
13 consensus, the most senior person involved was	13 MS	3. GRIFFITHS:
14 Mr. Tilley?	14	A. My name is Beverly Griffiths, B-E-V-E-R-L-Y
15 MS. BONNELL:	15	G-R-I-F-F-I-T-H-S.
16 A. Yes.	16 сн	AYTOR, Q.C.:
17 COFFEY, Q.C.:	17	Q. Good afternoon, Ms. Griffiths.
18 Q. And wasdid he tell the minister of the time,	18 MS	S. GRIFFITHS:
19 "I don't want to go public with this."?	19	A. Good afternoon, Ms. Chaytor.
20 MS. BONNELL:	20 сн	AYTOR, Q.C.:
21 A. No. We talked to the minister. It wasn't	21	Q. Commissioner, I'm happy to say that we only
22 that kind of a conversation. At the end of	22	have one new exhibit this afternoon. It's
the meeting with the minister there wasn't a	23	1429. I would ask please if that could be
24 you know, we were prepared in the event that a	24	entered.
25 message came from government that we had to g	до 25 тн	E COMMISSIONER:
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1 with it that day. But I can tell you before	1	Q. Entered.
2 we went to that meeting with the minister,	2 EX	KHIBIT P-1429 MARKED AND ENTERED
3 there was a change of heart in the		HAYTOR, Q.C.:
4 organization on whether we were pushing th		Q. Ms. Griffiths, could you then please take us
5 before we knew enough information to go pu		through your educational background?
6 with it.	6 M	S. GRIFFITHS:
7 COFFEY, Q.C.:	7	A. Okay. I finished high school in 1979 and I
8 Q. Which is reflected in the e-mail from Heathe	er 8	did subsequent, after that I did a diploma
9 Predham about HIROC, isn't it?	9	course in Business Education. And then the
10 MS. BONNELL:	10	following September I started Memorial
11 A. In part.	11	University. I did a five-year nursing program
12 COFFEY, Q.C.:	12	and graduated with a Bachelor of Nursing in
13 Q. And that's -	13	1985. Do you want my employment history as -
14 MS. BONNELL:		HAYTOR, Q.C.:
15 A. In part. But that's not the whole, I mean,	15	Q. Sure, perhaps, well then after getting your
16 you know, but in part that was part of it, for	16	BN, did you actually hold a nursing position?
17 sure. I mean, that was part of the decision		S. GRIFFITHS:
18 making process.	18	A. Yes. I was hired immediately as a public
19 COFFEY, Q.C.:	19	health nurse in Placentia area and I stayed in
20 Q. Thank you, Commissioner.	20	that position forthat was working with the
21 COMMISSIONER:	21	Health and Community Services in the Eastern
22 Q. All right. And now I understand there will b	be 22	Region. Actually at that time it was the old
23 a different witness after lunch and I'll ask	23	Eastern Public Health Unit. And I worked in
24 you to come back in the morning at 9:30?	24	the Placentia area for about six or seven
25 MS. BONNELL:	25	years and then I moved into some management

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1	positions with that Eastern Health unit. And		1	f	urther clarification, things like that. I'm
2	then the unit became the Eastern Health and		2	i	nvolved in some of the financial liaise with
3	Community Services. That was around the time		3	(	our financial staff around the regional health
4	when some of the programs from the Department		4	ł	ooard. I work on policies and procedures
5	of Social Services were devolved, HRLE as we		5	8	round some operationalit could be policies
6	know it now, they were devolved to the Health		6		round, for instance, the home support program
7	and Community Services board and I was		7	C	or some provincial programs that are
8	director of what we call community support		8		stablished or new ones that are coming on.
9	programs, at the time. So, I stayed in that		9		The skill mix, the staffing levels in long
10	position until about 2001 and I was asked to		10		erm care is just one example, I guess.
11	come to the department to work on some seniors				OR, Q.C.:
12	programs, I guess, based on my experience with		12		And it's just Eastern Health -
13	working on home support seniors programs in				IFFITHS:
14	the eastern region. So, I did that position		14		And it's just Eastern Health. There's three
15	for about a year and I -		15		consultants in our board services. So, on any
	TTOR, Q.C.:		16		given day I might have involvement in the
	That is the Department of Health and Community		17		other boards if one of my colleagues are not
18	Services.		18		n the office on that particular day, and an
	RIFFITHS:		19 20		ssue comes up.
	That was, yes. That was in St. John's. So,				OR, Q.C.:
21	afterI was there for about a year on a		21		And who do you report to? IFFITHS:
22	seconded position. The position as a board consultant came up and I was interested in it.		22 23		directly report to John Rumboldt. He is the
23 24	So, I applied on that position and I was		25 24		lirector within board services and John in
24 25	successful in getting a position with in board		24 25		urn reports to Moira Hennessey.
25	Page		25		Page 216
1	services and that was in 2002. That position		1	СНАУТ	OR, Q.C.:
2	actually was the regional consultant for the		2		And in terms of your liaison with Eastern
3	Labrador and the Grenfell health boards. At		2		Health, who would be your primary points of
4	the time they were separate boards. So, I		4		contact?
5	worked as a board consultant for the two board	d			IFFITHS:
6	during that time and in 2006, the position for		6		t would depend on the issue. For the most
7	the consultant position for Eastern came up at		7		part -
8	that time. Eastern had been amalgamated since				OR, Q.C.:
9	the previous April of 2005. And I'm in that		9		Well, in terms of this issue that we're going
10	position today.		10		0 -
	YTOR, Q.C.:		11	MS. GR	IFFITHS:
	And that's currently your position and that's		12		Dkay. In terms of this particular issue I
13	still board consultant?		13		vould have primarily liaised with Pat Pilgrim
	GRIFFITHS:		14		who is the vice president with Cancer Care
111D. (			15		Services at the time at Eastern Health. And I
	Yes, it is.			_	
15 A.	Yes, it is. YTOR, Q.C.:		16	2	lso had some liaison with Sharon Smith who is
15 A. 16 CHA			16 17		
15 A. 16 CHA 17 Q.	YTOR, Q.C.:			t	lso had some liaison with Sharon Smith who is he director of the Cancer Care Program and with ER/PR I had certainly direct involvement
15 A. 16 CHA <sup>3</sup> 17 Q. 18	YTOR, Q.C.: And what does it mean to be a board		17	t V	he director of the Cancer Care Program and
15 A. 16 CHA 17 Q. 18 19 MS. C	YTOR, Q.C.: And what does it mean to be a board consultant?		17 18	t N	he director of the Cancer Care Program and with ER/PR I had certainly direct involvement
15 A. 16 CHA 17 Q. 18 19 MS. C 20 A.	YTOR, Q.C.: And what does it mean to be a board consultant? GRIFFITHS:		17 18 19 20	t N N	he director of the Cancer Care Program and with ER/PR I had certainly direct involvement with Heather Predham and also with Dr. Oscar
<ol> <li>A.</li> <li>CHAY</li> <li>Q.</li> <li>MS. C</li> <li>A.</li> <li>A.</li> </ol>	YTOR, Q.C.: And what does it mean to be a board consultant? GRIFFITHS: I guess primarily I fulfil function of liaison	, , ,	17 18 19 20	t V V I CHAYT	he director of the Cancer Care Program and with ER/PR I had certainly direct involvement with Heather Predham and also with Dr. Oscar Howell.
<ol> <li>A.</li> <li>CHA<sup>3</sup></li> <li>Q.</li> <li>Q.</li> <li>MS. C</li> <li>A.</li> <li>A.</li> <li>A.</li> <li>A.</li> </ol>	YTOR, Q.C.: And what does it mean to be a board consultant? GRIFFITHS: I guess primarily I fulfil function of liaison with the regional board. So, from the		17 18 19 20 21 22	t V H CHAYT Q. (	he director of the Cancer Care Program and with ER/PR I had certainly direct involvement with Heather Predham and also with Dr. Oscar Howell. YOR, Q.C.:
15 A. 16 CHA 17 Q. 18 19 MS. C	<ul><li>YTOR, Q.C.:</li><li>And what does it mean to be a board consultant?</li><li>GRIFFITHS:</li><li>I guess primarily I fulfil function of liaison with the regional board. So, from the perspective of liaising with the board around</li></ul>	ion	17 18 19 20 21 22	t V H CHAYT Q. ( MS. GR	he director of the Cancer Care Program and with ER/PR I had certainly direct involvement with Heather Predham and also with Dr. Oscar Howell. OR, Q.C.: Dkay. And not with Dr. Williams?

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1	primarily gone and Dr. Howell was into that	1	CHAYTOR, Q.C.:
2	position by the time I got involved in the	2	2 Q. So, the winter of 2005.
3	ER/PR issue.	3	3 MS. GRIFFITHS:
4	CHAYTOR, Q.C.:	4	A. I would think.
5	Q. Well then, perhaps you can tell us, when did	5	5 CHAYTOR, Q.C.:
6	you first hear about the ER/PR issue? Not	6	Q. You didn't know about it throughout the summer
7	when you became directly involved, but when	7	7 of 2005?
8	did you hear about it within the department?	8	3 MS. GRIFFITHS:
9	MS. GRIFFITHS:	9	A. It doesn't stand in my mind that I had
10	A. It would have been certainly before I assumed	10	) followed that particular issue or whatnot, but
11	the liaison position or consultant position	11	certainly after that particular point in time,
12	with Eastern Health, but I guess it would have	12	I would have known about it.
13	beenit probably would have been from the	13	3 CHAYTOR, Q.C.:
14	beginning in that I knew there was an issue at	14	Q. And while you were consultant for Labrador
15	Eastern Health with the lab. I was the	15	5 Grenfell, were you ever approached for any
16	consultant for Grenfell and the Labrador	16	advice on the ER/PR issue?
17	boards. So, we share information, I guess, at	17	7 MS. GRIFFITHS:
18	the board services level with the consultants.	18	A. Not that I recall, no, no.
19	So, I knew there was an issue. I knew that	19	O CHAYTOR, Q.C.:
20	some of my colleagues were following the issue	20	Q. Okay. And in your prior position as
21	and writing briefing notes at the time. So,	21	consultant for Labrador Grenfell, were you
22	it certainly would have been before I became	22	2 involved in the gynecological sterilization
23	consultant for the Eastern region, but once I	23	issue that was the subject of a class action?
24	did become consultant I guess I felt that I	24	4 MS. GRIFFITHS:
25	was the primary person to continue to follow	25	5 A. I would have been involved in going back and
	Page 218		Page 220
1	after January 2006.	1	
2	CHAYTOR, Q.C.:	2	,
3	Q. So, you became thein your current position	3	8
4	in 2006?	4	discussions with the issue came to light in
5	MS. GRIFFITHS:	5	C
6	A. Yes.	6	
7	CHAYTOR, Q.C.:	7	5 5 1
8	Q. Yes, okay. But you had heard about the issue?	8	6 6
9	MS. GRIFFITHS:	9	
10	A. I had. I didn't know the intimate details on	10	
11	some of the issues, but I knew there was an	11	5
12	issue with the lab and I knew there were	12	5
13	significant patients involved and I knew that	13	5
14	they were working through the process to try	14	1
15	and find out what was going on. I knew there	15	5 5
16	were issues around disclosure. So, I knew	16	
17	generally the issue of the ER/PR, but I didn't	17	
18	know the intimate.	18	
	CHAYTOR, Q.C.:		CHAYTOR, Q.C.:
20	Q. Okay. And when do you think it was that you	20	
21	became aware of the issue?	21	
	MS. GRIFFITHS:	22	1 1
23	A. It would have been I suppose probably backI	23	
24	would think it might have been back around the	24	5
25	winter of the previous year.	25	5 MS. GRIFFITHS:

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1	A. In Labrador?	1	1 issue? Prior to being asked to draft that
2	CHAYTOR, Q.C.:	2	2 briefing note?
3	Q. By the time the department became aware of the	8 3	3 MS. GRIFFITHS:
4	issue?	4	4 A. My best recollection is that that would have
5 1	MS. GRIFFITHS:	5	5 been when I would have become engaged in
6	A. No, I don't believe, but it was almost	6	6 calling Eastern Health, getting an update on
7	concurrent. I recall taking the information	7	7 where they were with the issue and putting the
8	and being advised, I guess, by the Labrador	8	8 information that I received from them on a
9	board that they were sending information to	-	9 document for the department.
10	patients and they were finding out		0 CHAYTOR, Q.C.:
11	concurrently that the risk was low. I	11	
12	understood at that time that there was a class	12	
13	action lawsuit that was impending with that	13	5 5 5
14	case as well.	14	,
1	CHAYTOR, Q.C.:	15	
16	Q. And was the department involved in making the		6 MS. GRIFFITHS:
17	decision as to how to notify the patients.	17	
	MS. GRIFFITHS:		8 CHAYTOR, Q.C.:
19	A. No, I recall getting the information from the	19	
20	Labrador board as to this is the steps that	20	
21	the board was taking informing patients about the issue and I recall thatI don't recall		1 MS. GRIFFITHS:
22		22	5
23	anyone coming back to say, you know, wanting further information or whatnot, I would have		3 CHAYTOR, Q.C.:
24 25	done the briefing note, it would have went up	24 25	
23	Page 2		Page 224
1	the line and no one came back to say and I		1 MS. GRIFFITHS:
2	don't recall even up the line, that anyone		2 A. Uh-hm.
3	made any inference to change any process or I		3 CHAYTOR, Q.C.:
4	think they were quite satisfied that Labrador		4 Q. And it's July 31st, 2006, looking to have a
5	was doing this appropriately.		5 briefing note prepared on the issue in the
	CHAYTOR, Q.C.:		6 front page story in The Independent yesterday
7	Q. Okay, so what was then your first direct		7 re: lawsuit being launched by the breast
8	involvement with the ER/PR issue?		8 cancer patients. And then there's an e-mail
	MS. GRIFFITHS:		9 further from that where Mr. Abbott writes, "We
10	A. My first recollection would be a briefing note	10	
11	in the fall of 2006 and I think sometime	11	
12	around October would be the first time that I	12	
13	had actually been asked to provide an update		3 MS. GRIFFITHS:
14	on the ER/PR issue.	14	
	CHAYTOR, Q.C.:	15	-
16	Q. And we do have a briefing note, October 24th,		6 CHAYTOR, Q.C.:
17	2006.	17	
I	MS. GRIFFITHS:	18	
19	A. Okay.	19	9 from you at 2:50 p.m. and this exchange of e-
20	CHAYTOR, Q.C.:	20	
21	Q. With your name on it.	21	
22	MS. GRIFFITHS:	22	
23	A. Yes, that would have been my first note.	23	
24	CHAYTOR, Q.C.:	24	
25	Q. Had you had prior involvement at all in the	25	5 ultimately that briefing note is finalized on

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1 August 18th. Were you involved in th	•
2 process?	2 CHAYTOR, Q.C.:
3 MS. GRIFFITHS:	3 Q. And this is the same exchange of e-mails and
4 A. Obviously I was trying to get a hold to Pa	
5 the Pat mentioned there would have been	1
6 Pilgrim who is the vice-president at Easter	
7 Health, so Tara, our communication	
8 consultant, I guess, would havemust h	
9 asked me to see if I can get ait probabl	
10 was a specific piece of information or so	
11 update from Eastern Health, so obviously	-
12 trying to connect with Pat to flow som	
13 information, but looking at the date and, y	
14 know, my first recollection of doing,	14 an e-mail from Ms. McCormack, who we
15 personally doing a briefing note, being	
16 October, I must have been a conduit f	6
17 getting information at that point.	17 MS. GRIFFITHS:
18 CHAYTOR, Q.C.:	18 A. Um-hm.
19 Q. Okay, but you have no recollection of th	
20 Do you recall whether or not you actua	
spoke with Pat Pilgrim on or about July 3	
22 on this matter?	22 Rumboldt, on the copy of the e-mail she's
23 MS. GRIFFITHS:	23 forwarding to Ms. Hennessey.
A. I don't recall, no.	24 MS. GRIFFITHS: 25 A. Right.
25 CHAYTOR, Q.C.:	
	Page 226 Page 228
<ol> <li>Q. And do you recall then in the week or two</li> <li>first couple of weeks of August whether of</li> </ol>	
<ul><li>4 information from Eastern Health for th</li><li>5 briefing note to Cabinet Secretariat?</li></ul>	5 A. I'm thinking it may have been on my system at
6 MS. GRIFFITHS:	6 the time. I don't have perfect remembrance of
7 A. There was, there is no paper trail that I ca	-
<ul> <li>Find that would identify that time period.</li> </ul>	8 involved or not involved specifically or
9 CHAYTOR, Q.C.:	9 directly at that given time, it would have
Q. Okay. And if we could look at P-0814 pl	• •
And I take it without the paper trail you h	
no independent recollection of being invo	
13 MS. GRIFFITHS:	13 CHAYTOR, Q.C.:
14 A. No.	14 Q. Yes. Do you recall did you have any
15 CHAYTOR, Q.C.:	15 discussions with Ms. McCormack regarding the
16 Q. And I take it you've heard that there is so	
questions around this briefing note. You k	
about this briefing note, I take it?	18 A. No, I didn't. I specifically didn't have
	19 discussion with Marilyn on that note. I
19 MS. GRIFFITHS:	-
19 MS. GRIFFITHS:	20 recall the issue of the note and I recall
19 MS. GRIFFITHS: 20 A. Uh-hm.	
19 MS. GRIFFITHS: 20 A. Uh-hm. 21 CHAYTOR, Q.C.:	21 Moira and Marilyn, I believe there was issues
<ul> <li>19 MS. GRIFFITHS:</li> <li>20 A. Uh-hm.</li> <li>21 CHAYTOR, Q.C.:</li> <li>22 Q. And do you think that if you had of had</li> </ul>	21Moira and Marilyn, I believe there was issuesabout Moira being out at the time or having
19 MS. GRIFFITHS: 20 A. Uh-hm. 21 CHAYTOR, Q.C.:	21Moira and Marilyn, I believe there was issuesabout Moira being out at the time or having

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1	Q. Do you recall that at the time? Is that		1	depending on who I had talked to at Eastern
2	something that you recall at the time or		2	Health, because obviously I was doing the
3	something that you're aware of since?		3	briefing note so they were looking for an
4	MS. GRIFFITHS:		4	update of information. So I would have
5	A. After, yeah.	:	5	contacted probably Mrs. Pilgrim at Eastern
6	CHAYTOR, Q.C.:		6	Health or certainly Sharon Smith, and gotten
7	Q. You became aware of since?		7	an update of the information as to where they
8	MS. GRIFFITHS:	:	8	were around the ER/PR issue at that point in
9	A. I became aware of since, yes.		9	time and then I would formulated a briefing
10	CHAYTOR, Q.C.:	10	0	note.
11	Q. So at the time, any issues that were going on	1	1 CH/	AYTOR, Q.C.:
12	in terms of trying to coordinate this note,	12	2 (	). Okay. So when you go in, when you access the
13	you weren't aware of that?	1.		server directory -
14	MS. GRIFFITHS:	14	4 MS.	GRIFFITHS:
15	A. No, I wasn't.	1:	5 A	A. Yes.
16	CHAYTOR, Q.C.:	1	6 CH	AYTOR, Q.C.:
17	Q. And did you have any discussions with anyo			2 all the previous briefing notes would be
18	else, I asked you about Pat Pilgrim, anyone	1		there?
19	else at Eastern Health around this note?	19	9 MS.	GRIFFITHS:
20	MS. GRIFFITHS:	20	0 A	A. They would.
21	A. On this particular note?	2		AYTOR, Q.C.:
	CHAYTOR, Q.C.:	2		2. Not just the most recent?
23	Q. Yes, Heather Predham?	2		GRIFFITHS:
24	MS. GRIFFITHS:	24	4 A	A. It depends, and when I say thatI mean, there
25	A. No.	2:		could have been briefing notes that had been
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1	CHAYTOR, Q.C.:		1	done previously but they could have been
2	Q. Okay. So your first recollection of direct		2	rewritten, like written over, so you know, you
3	involvement is the October 24th 2006 note?		3	take that up and change the date, change the
4	MS. GRIFFITHS:		4	content and save it to the directory. So that
5	A. That's right.		5	certainly was the case, but most of the time,
6	CHAYTOR, Q.C.:		6	if not all of the time, if I went in to do a
7	Q. And if we could call that up, please? It's P-		7	briefing note, I would save it as another
8	0125, page 35, and at this point in time then,		8	point in time so that I'd have, you know, the
9	Ms. Griffiths, what documentation would ye	ou	9	date that was dated at a given time.
10	have seen regarding the ER/PR issue, prior to		0 CH	AYTOR, Q.C.:
11	sitting down to draft this note?	1		2. But there was no policy to, you know, leave
12	MS. GRIFFITHS:	12		all the previous briefing notes as is in the
13	A. I would have had access to our server	1.		system, and if you work from a prior briefing
14	directory. So any of the previous briefing	14		note then to save that as a separate document?
15	notes or House of Assembly notes or just not			GRIFFITHS:
16	on that particular issue, I could easily	10		A. There was no policy, no.
17	access from my own desktop and I would have	ave 1'		AYTOR, Q.C.:
18	gone in, I guess, and got the most up-to-date	1		2. And some people would work over briefing
19	note that was available on the system, and I	19		notes?
	would read it through and see what			GRIFFITHS:
20				
	information, at that point in time. It could	2	I A	A. Yes, yes. But from a practical point of view,
20 21	information, at that point in time. It could have been a note from July or August or			A. Yes, yes. But from a practical point of view, it wouldit's helpful when you save them as
20 21 22	have been a note from July or August or	22	2	it wouldit's helpful when you save them as
20 21	-	vere 22	2 3	

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1 (	Q. Now the most recent note that would have be	en	1		but it was before I became fully engaged in
2	prepared on this issue, according to the		2		the ER/PR issue and it was around the time, I
3	records we have, would have been the Augu	ıst	3		believe, that Debbie was doing some consultant
4	18th 2006 note to Cabinet Secretariat.		4		work around the Eastern region.
5 MS	. GRIFFITHS:		5	CHAY	TOR, Q.C.:
6	A. Okay.		6	Q.	Okay, so if we could just look then at the
7 CH	AYTOR, Q.C.:		7		October 24th briefing note, 2006, and it's not
8 (	Q. Was that in the directory?		8		very long.
9 MS	. GRIFFITHS:		9	MS. G	RIFFITHS:
0	A. I don't believe that was in the specific	1	10	А.	No.
1	directory, but I did have a copy on my system	n. 🗄	11	CHAY	TOR, Q.C.:
2	So I could haveI had a small file opened on	L I	12	Q.	And it's prepared by you and approved by Ms.
3	my desktop for ER/PR with some notes and e	<b>-</b> -	13		Hennessey.
4	mails and things, which certainly were given	n i	14	MS. G	RIFFITHS:
5	to the Commission, and that, I could have	1	15	А.	Um-hm.
6	easily pulled that note or I might even have		16	CHAY	TOR, Q.C.:
7	been given a hard copy of the briefing note		17	Q.	And there's nothing in here in terms of the
8	that was gone to Cabinet Secretariat.		18		numbers that would have been the detail, I
9 CH	AYTOR, Q.C.:		19		guess, around the numbers. The only numbers
0 0	Q. So there would be -	1	20		that we see here about the 939 collected
1 MS	. GRIFFITHS:	1	21		tissues, 27 percent of all the patients who
2 4	A. So there would have been a variety of ways,	,	22		would have been tested for breast cancer. But
3	but I certainly would have had it.	1	23		the detail that's in the August 18th 2006,
24 CH	AYTOR, Q.C.:		24		there's none of those results included in
25 (	Q. Yes, you certainly had it and you had access		25		here.
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1	to it to use any information in it?		1		RIFFITHS:
	. GRIFFITHS:		2	А.	Right, and I guess it was -
3	A. That's right.		3		TOR, Q.C.:
	AYTOR, Q.C.:		4		Why is that?
5 (	Q. Okay, and in the Department's briefing notes		5		RIFFITHS:
6	I believe the most recent one would have bee	n	6	А.	- it was a briefing note, so it was a brief
7	back in May then, May 18th of 2006?		7		note to inform the Minister or the Deputy
	. GRIFFITHS:		8		Minister of where they were at this point in
9	A. I believe that's the one done by Debbie		9		time with ER/PR. So I guess there wasn't seen
0	Morris.		10		to be a need to have a full comprehensive test
	AYTOR, Q.C.:		11		because they would have had that information
	Q. Yes.		12		in that previous note.
	. GRIFFITHS:				TTOR, Q.C.:
	A. Okay.		14		I'm sorry, who would have had that?
	AYTOR, Q.C.:				RIFFITHS:
	Q. By the way, why is it that you were brought i		16		The Deputy and the Minister.
7	to do the briefing notes at this point in				TOR, Q.C.:
8	time? Because Ms. Morris appears to have b		18	Q.	Okay. So to your knowledge, the Deputy and
9	doing that before.		19		the Minister had that through the Cabinet
	. GRIFFITHS:		20		Secretariat briefing note?
	A. Yes, she was doing it initially, just because				RIFFITHS:
2	of assignment ofI was, before that period,		22		That would have been my understanding.
.3	it could have been I might have been workin	-			TOR, Q.C.:
24	on other files. I could have been out of the		24	Q.	And did your understanding on that point ever
25	office for a period of time during that time,	1	25		change?

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1 MS. GRIFFITHS:	1 MS. GRIFFITHS:	-
2 A. No.	2 A. I guess at that p	point in time, we had the
3 CHAYTOR, Q.C.:	3 other note and i	t would be very easy to go
4 Q. So to this day, do you know whether or notit	4 back and review	it.
5 would have been Minister Osborne at the time.	5 CHAYTOR, Q.C.:	
6 Do you know whether or not Minister Osborne	6 Q. So it was in the	system?
7 actually had the August 18th 2006 briefing	7 MS. GRIFFITHS:	
8 note?	•	ek to look for more extensive
9 MS. GRIFFITHS:	9 information or b	reakdown.
10 A. Well, I guess, from looking at the Inquiry and	10 CHAYTOR, Q.C.:	
11 looking at notes and things -		note then was in your system,
12 CHAYTOR, Q.C.:	in the Department	nt?
13 Q. Only through this process?	13 MS. GRIFFITHS:	
14 MS. GRIFFITHS:	14 A. The Cabinet Sec	cretariat one?
15 A. Only through this process, yes.	15 CHAYTOR, Q.C.:	
16 CHAYTOR, Q.C.:	16 Q. Yes.	
17 Q. And do you have reason to believe that he, in	17 MS. GRIFFITHS:	
18 fact, had seen the briefing note?		eenI can't 100 percent say
19 MS. GRIFFITHS:		ur server in the, you know,
20 A. I would have assumed, certainly at that point		of the briefing notes. But I
21 in time, that he would have.	21 do recall having	a hard copy.
22 CHAYTOR, Q.C.:	22 CHAYTOR, Q.C.:	
23 Q. It was just your assumption?		vas the new information? What
24 MS. GRIFFITHS:		n did you gather from your
25 A. Yes.	25 discussions with	personnel at Eastern Health
Page 23		Page 240
1 CHAYTOR, Q.C.:	1 to update the bri	efing note?
2 Q. You don't have knowledge one way or the other?	2 MS. GRIFFITHS:	
3 MS. GRIFFITHS:	-	robably been around the news
4 A. I wouldn't have had proof, no.		ed on October 19th, that 41
5 CHAYTOR, Q.C.:		ne class action on the faulty
6 Q. Okay, and in terms of then, so the reason		was an article reported in
7 being that you didn't include any summary,		t around that specific time. So
8 even a summary bullet of how many results were		ng the Minister, I guess, on
9 back as of August or the last information		lia attention that was coming to
10 that you had, the reason you didn't do that is		and some of the legal issues.
11 because you assumed the Minister had that in	11 CHAYTOR, Q.C.:	
12 the August briefing note?		t mean, Ms. Griffiths, for the
13 MS. GRIFFITHS:	-	have been prepared by you and
14 A. That's correct. I would have just thought it	14 approved by Ms	. Hennessey?
15 would be a lengthy briefing note, a	15 MS. GRIFFITHS:	wa hava haar daina it The
16 regurgitation of material and this was, you	•	we have been doing it. The
17 know, a continuation of information to keep		nt deputy minister, in which
18 him up to date on what was going on with the		ar department, would be
19 issue at that point in time.	_	approving a briefing note done
20 CHAYTOR, Q.C.:	-	ific area. So I work with
21 Q. And summarizing one paragraph or putting in		I'm part of the division of
22 one bullet point summarizing the numbers, that didn't occur to you as being important	-	operations, and within that efing notes done by staff in
23 didn't occur to you as being important 24 information to carry through in the briefing		build go up the line to Ms.
<ul><li>24 information to carry through in the briefing</li><li>25 notes?</li></ul>		she would approve them.
25 notes?	25 Hennessey and s	sie would applove mem.

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1	I guess, can I speak a little bit about	1	the changes in a briefing note the next time I
2	the briefing note process?	2	would go do a briefing note. I'd go into my
3 CHA	YTOR, Q.C.:	3	most previous one and I'd probablyI
4 Q.	Sure.	4	certainly would read it through and I'd
5 MS. C	GRIFFITHS:	5	probably note that "well, I don't recall
6 A.	Because even though, I guess, it'sthe draft	6	writing that piece of information." So I
7	is prepared by Beverly Griffiths. It's quite	7	would assume then that that got changed as it
8	clear that I was the drafter of the particular	8	went up the line. But the changes would be
9	note, but you know, the Department has many	9	made on our server.
10	levels and mywith briefing notes such as		YTOR, Q.C.:
11	this or any briefing note I do, it goes up		Yes, and so your name would still be attached?
12	three or four levels for input. So I guess,		GRIFFITHS:
13	first draft prepared by would probably be a		. My name would still be attached.
14	more accurate title to be put on the bottom of		YTOR, Q.C.:
15	the briefing note because generally that's		And whoever made the changes, it may not be
16	what happens. A consultant, depending on what	16	noted that they in fact were the people who
17	the issue is or what particular file we're	17	made the changes?
18	briefing on, we would be the first drafter.		GRIFFITHS:
19	Sometimes they'll come back to us. "They"		. That's right.
20	meaning it could be my director, it could be		YTOR, Q.C.:
21	my assistant deputy minister or the deputy		And I believe in discussing this issue with
22	minister or maybe even someone in	22	you, you're able to point in the briefing
23	communications might come back and seek	23	notes on the ER/PR issue to a couple of
24 25	clarification on a specific bullet or point. But for the most part, it goes up the line and	24 25 MS	changes - GRIFFITHS:
23			
	Page 24 then it'sthere may be further information		Page 244
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	that somebody sees up the line or knows or		YTOR, Q.C.:
3	they've been talking to someone since the note		- that you feel confident were made after you
4	was first drafted, that may change some of the	4	had passed the note along?
5	aspects or change many of the aspects of the		GRIFFITHS:
6	briefing note.		. That's correct.
	YTOR, Q.C.:		YTOR, Q.C.:
	And has that been your experience, that		. It wasn't your drafting?
9	briefing notes that you draft have been		GRIFFITHS:
10	changed as they move up the line?		. That's right.
11 MS. C	GRIFFITHS:		YTOR, Q.C.:
12 A.	Yes, it has.		And I'll, along the way, point out a couple of
	YTOR, Q.C.:	13	those or if you see any, you could let us know
1	And are those changes normally brought to your	14	as well.
15	attention?	15 MS.	GRIFFITHS:
16 MS. 0	GRIFFITHS:	16 A	Sure, okay.
17 A.	I would know primarily, unless it's something		YTOR, Q.C.:
18	that has come back to me and said, you know,	18 Q	With respect to this first briefing note, the
19	"we need this piece changed" or "can you call	19	last bullet says "Eastern Health has to file
20	Eastern Health to get some clarification?" or	20	an affidavit in Court by December 15th 2006."
21	you know, it would come back to me if I need	21	Where did you get that information?
22	to go back to the Board to seek clarification	22 MS.	GRIFFITHS:
23	on something. It wouldn't come back to me if	23 A	. I got that information directly from Heather
24	it was wordsmithing or bullet changing in	24	Predham.
25	format, that kind of thing. So I would note	25 CHA	YTOR, Q.C.:

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1 Q. So you spoke to Ms. Predham in draftin	g this 1	MS. GRIFF	FITHS:
2 briefing note?	2	A. No.	, I didn't.
3 MS. GRIFFITHS:	3	CHAYTOR	R, Q.C.:
4 A. Yes, I did.	4		you did draft most of this?
5 CHAYTOR, Q.C.:		MS. GRIFF	
6 Q. Okay, and if we could look then, please			ould have certainly been the initial
7 0125, page 37? And I believe, Ms. Griff			fter.
8 this is the next briefing note that you're		CHAYTOR	
9 involved with, and this one is dated Nove			ay, and is there anything in this briefing
10 6th 2006.	10		e that you believe has been changed from
11 MS. GRIFFITHS:	11	-	r original draft?
12 A. And these areI guess there's two prin	-	MS. GRIFF	
13 types of briefing notes at the Departme			just scan down through.
14 One briefing note is primarily for inform		CHAYTOR	
15 purposes, to get the information right, m			s, absolutely.
16 it up the system and allow for changes to		MS. GRIFF	
17 made because it's the best information g			e general messaging, you know, the
18 to the Deputy Minister or the Minister at	-		kground information coincides with the
19 given point in time during that day.	19		kground information from some of my
20 CHAYTOR, Q.C.:	20	-	vious notes. The messaging certainly would
21 Q. Which was the October 24th one.	21		e been vetted through communications. I
22 MS. GRIFFITHS:	22		'tI reallyyou know, I don't have
23 A. This was the October 24th one.	23		fidence to tell you that 100 percent that,
<ul><li>24 CHAYTOR, Q.C.:</li><li>25 Q. And this is a Q and A briefing?</li></ul>	24 25	-	know, the key questions and the key stages areor even the suggested responses
25 Q. And this is a Q and A briefing:		IIICa	
	Page 246		Page 248
1 MS. GRIFFITHS:			exactly as I've written, but I'm certainly
2 A. It is. So the intent of this one is toit's	2 2		e that, you know, as they are vetted
<ul> <li>3 written in such a way that it's more gea</li> <li>4 towards the Minister having the information</li> </ul>			bugh the communications division and bugh senior management, there may have been
4 towards the Minister having the informa 5 and to be able to answer questions that			rding or changes that were made. But, I
<ul> <li>and to be able to answer questions that</li> <li>posed to him in the House of Assembly.</li> </ul>			ess, from a content perspective, I think
<ul> <li>posed to min in the House of Hissenberg.</li> <li>term them, is it a regular briefing note or</li> </ul>		•	t it's fairly accurate, some of theyou
8 it a House of Assembly note, and they			w, most of the contact that I had provided.
9 outlined different in a format.		CHAYTOR	-
10 CHAYTOR, Q.C.:	10		d what about the other suggested responses?
11 Q. Yes, and we've heard that from others as			refers here to that "the consultants
12 thank you.	12		ommendations have been implemented. They
13 MS. GRIFFITHS:	13		rned to Eastern Health in early April this
14 A. Okay.	14		r to assess the progress." Were you aware
15 CHAYTOR, Q.C.:	15	-	hat?
16 Q. And this one, Ms. Griffiths, does indicated	ate 16	MS. GRIFF	
17 that you drafted it.	17		asn't aware of that at the time, and
18 MS. GRIFFITHS:	18		viously I've been following the Commission,
19 A. Um-hm.	19		know some of the comments and issues
20 CHAYTOR, Q.C.:	20	aro	und this particular item. At the time when
21 Q. I note however, your name is spelled wro	ong. 21		afted the particular note, my wording at
22 MS. GRIFFITHS:	22		time would have been to the effect that
23 A. It is.	23		consultants recommendations are being
24 CHAYTOR, Q.C.:	24		plemented or in the process of being
25 Q. So I take it you didn't put your name on	this. 25	-	blemented, and I understand that when the

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1	note went up the line, and there were further	1	A. F	Right, that's right.
2	discussions. It was worded that the	2	CHAYT	OR, Q.C.:
3	consultants recommendations have been	3	Q	to update the briefing note.
4	implemented. Now when II wasn't privy to	4	MS. GR	IFFITHS:
5	that conversation, but when I went in the next	5	А. Т	That's right, and it wouldn't have been a key
6	time, when I was asked to look at material or	6	te	o me to pick up the phone and call to confirm
7	update material and I read that, I would have	7	tl	hat because I would have made the assumption,
8	automatically assumed that the consultants	8	Ι	guess, that that was in fact the case.
9	recommendations have been implemented. I	9		OR, Q.C.:
10	would have assumed that that information, from	10		And if we could look then, please, at 0125,
11	the time I wrote "are being implemented" to	11	-	age 43? Sorry. 43, here we go. And this e-
12	"have been implemented" I would have assumed	12		nail, then, Ms. Griffiths, is again indicated
13	that someone in seniora more senior rank	13		b be drafted by you, approved by Ms.
14	would have confirmed that with Eastern Health	14		Iennessey and it's dated November 27th, 2006.
15	or talked to Eastern Health to get that	15		IFFITHS:
16	information.	16		Jm-hm.
1	CHAYTOR, Q.C.:			OR, Q.C.:
18	Q. Did anyone at Eastern Health tell you that?	18		Ve understand there was a meeting with the
1	MS. GRIFFITHS:	19		ninister on November 23rd, 2006?
20	A. Tell me that, no.			IFFITHS:
	CHAYTOR, Q.C.:	21		Jm-hm.
22	Q. So that didn't come from your discussions with			OR, Q.C.:
23	anyone at Eastern Health?	23		Eastern Health representatives and department
	MS. GRIFFITHS:	24		epresentatives?
25	A. No, my recollection on this particular issue	_	MS. GR	IFFITHS:
1	Page 250 is that I had written that the consultants	1	• T	Page 252 Jm-hm.
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	were in the process or that Eastern Health was	-		OR, Q.C.:
$\begin{vmatrix} 2 \\ 3 \end{vmatrix}$	in the process of implementing the	$\begin{vmatrix} 2\\ 3 \end{vmatrix}$		Did you attend that meeting?
4	recommendations.			IFFITHS:
1	CHAYTOR, Q.C.:	5		didn't, no.
6	Q. On November 6th 2006, did you even know that	-		OR, Q.C.:
7	the consultants had returned in early April?	7		Dkay. And did anyone tell you about the
1	MS. GRIFFITHS:	8		putcome of that meeting?
9	A. I didn't, no.	-		IFFITHS:
1	CHAYTOR, Q.C.:	10		Aoira would have -
11	Q. And when did you learned that?	-		OR, Q.C.:
	MS. GRIFFITHS:	12		whe would have informed you?
13	A. It was after that time. I wouldn't be able to			IFFITHS:
14	pinpoint the exact time, but I hadI believe	14		given me information, yes.
15	it waswhen I did this note, I wasn't quite			OR, Q.C.:
16	sure, so obviously I didn't put in that they	16		f she, if Moira, in fact, attended or had any
17	returned in early April this year.	17		nformation around it -
	CHAYTOR, Q.C.:			IFFITHS:
19	Q. So somebody else added that?	19		Vell, even if she did or if she didn't, I
I	MS. GRIFFITHS:	20		vould have assumed that she would have talked
21	A. So someone else added that.	21	te	o the deputy minister or someone in the
	CHAYTOR, Q.C.:	22		neeting if it was to bring back information.
22				· · ·
22 23	Q. And perhaps you became aware next time you	23	A	And I guess the other process that could have
	Q. And perhaps you became aware next time you went back in to -	23 24		And I guess the other process that could have occurred is that I may not have gotten a

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1 in being asked to update this particular note,	1 A. It's totally incorrect.
2 I would have updated based on the best	2 CHAYTOR, Q.C.:
3 information I had at the time. And as it went	3 Q. Yes.
4 up the line, Moira or the communications	4 MS. GRIFFITHS:
5 director or the deputy minister would have put	5 A. That's right.
6 in pieces in the note that perhaps I wasn't	6 CHAYTOR, Q.C.:
7 apprised of.	7 Q. And with your nursing background, would that
8 CHAYTOR, Q.C.:	8 have caught your eye, would you -
9 Q. Okay. And we've seen prior documentation, M	
10 Griffiths, that the issue had been in the	10 A. It would have. It's, I certainly would have
11 media again on November 23rd.	11 not written that.
12 MS. GRIFFITHS:	12 CHAYTOR, Q.C.:
13 A. Um-hm.	13 Q. You would not have written that?
14 CHAYTOR, Q.C.:	14 MS. GRIFFITHS:
15 Q. And Ms. Hennessey had asked you to update the	
16 briefing note -	16 CHAYTOR, Q.C.:
17 MS. GRIFFITHS:	17 Q. So that issue framed in that manner wasn't
18 A. Briefing note.	18done by you?
19 CHAYTOR, Q.C.:	19 MS. GRIFFITHS:
20 Q based on that CBC story?	20 A. It wasn't, no.
21 MS. GRIFFITHS:	21 CHAYTOR, Q.C.:
22 A. Right.	22 Q. Okay. Do you know if even the issue was
23 CHAYTOR, Q.C.:	23 written here when youwould you normally -
24 Q. Do you recall that?	24 MS. GRIFFITHS:
25 MS. GRIFFITHS:	25 A. I would have written an issue.
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1 A. Yeah.	1 CHAYTOR, Q.C.:
2 CHAYTOR, Q.C.:	2 Q. You would have written an issue?
3 Q. And this issue that's phased here, "Breast	3 MS. GRIFFITHS:
4 cancer survivors want answers about mistal	
5 in a breast cancer screening test. Eastern	5 CHAYTOR, Q.C.:
6 Health discovered the problem a year and	
7 half ago, but they are still not saying what	7 MS. GRIFFITHS:
8 went wrong or how many women got fa	
9 results."	9 questions and likely they would have been
10 MS. GRIFFITHS:	10 changed, depending on, or tweaked or in
11 A. Right.	11 different order, that kind of way. But, you
12 CHAYTOR, Q.C.:	12 know, when we do the HOA briefing notes, we
13 Q. Where would you have framed that issue fr	
14 how would you have connected that -	14 questions.
15 MS. GRIFFITHS:	15 CHAYTOR, Q.C.:
16 A. I would probably be positive in saying that	_
17 with regard to the issue, the anticipated	17 in the media and referencing breast cancer
18 questions and the key messaging at this point	
19 with the ER/PR issue, that would have been	
20 framed by Ms. Hennessey and the director	
21 communications.	21 A. I most likely would have if -
22 CHAYTOR, Q.C.:	22 CHAYTOR, Q.C.:
23 Q. And the fact that this refers to breast cancer	23 Q. If that's how the media was framing it?
24 screening -	24 MS. GRIFFITHS:
25 MS. GRIFFITHS:	A as seeing it as an issue, because I knew

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1	from the onset that it wasn't a breast cancer	1	MS.	GRIFFITHS:
2	screening test, I knew it was ait was after	2	A	A. From time to time, yeah.
3	the diagnosis, so.	3	CHA	AYTOR, Q.C.:
4 (	CHAYTOR, Q.C.:	4		Q. And the lastyes.
5	Q. So and the issues, if that were the case,	5	MS.	GRIFFITHS:
6	coming out of the news story, would be what	6	A	A. And the issue may change, yeah.
7	went wrong or how many women got false	7		AYTOR, Q.C.:
8	results?	8	Q	Q. And the last, as I told you earlier, the last
91	MS. GRIFFITHS:	9	)	department Q and A note would have been back
10	A. Um-hm.	10		in May, May the 18th.
11 (	CHAYTOR, Q.C.:	11		GRIFFITHS:
12	Q. And then your four anticipated questions that	12	A	A. Yes. So there would be significant changes in
13	you're framed, however, do not refer to -	13		ER/PR over the summer.
14 1	MS. GRIFFITHS:	14		AYTOR, Q.C.:
15	A. That's right.	15	Q	2. Yes, and the issues do appear to be framed
16 (	CHAYTOR, Q.C.:	16		differently as I look at that.
17	Q what went wrong or how many women got fals	e 17		GRIFFITHS:
18	results?	18	A	A. Yes.
19 1	MS. GRIFFITHS:	19	CHA	AYTOR, Q.C.:
20	A. Right.	20	Q	Q. Okay. So I just want to be clear on what
21 (	CHAYTOR, Q.C.:	21		you're saying here, that these don't look like
22	Q. Can you offer any explanation for that?	22		your questions. So any questions that you did
23 1	MS. GRIFFITHS:	23		frame, it appears to you that they've been
24	A. I can't, I'm sorry. But I'm pretty sure that	24		changed?
25	the issue and anticipated questions would	25	MS.	GRIFFITHS:
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1	certainly have been above my level. I woul	ld   1	А	A. Yes. And that's quite normal, you know,
2	have, I would have stuck more to the	2		depending on the discussion at the senior
3	questions, I guess, that were posed in the	3		level and the discussion with communications.
4	previous briefing note around the Q and A a	nd 4	CHA	AYTOR, Q.C.:
5	I would have stuck more to theI think I	5	Q	2. And if you had, and we understand there was
6	would have framed myI normally do fram	ne my 6	i	the e-mail to you from Ms. Hennessey on
7	questions in a way that are a littleit's	7		November 23rd, 2006 about the CBC story.
8	they don't look like my questions.	8	MS.	GRIFFITHS:
9 (	CHAYTOR, Q.C.:	9	A	A. Right.
10	Q. Those don't look like your questions?	10	CHA	AYTOR, Q.C.:
11 1	MS. GRIFFITHS:	11	Q	2. And if you were aware that the CBC story was
12	A. No.	12		posing questions of what went wrong or how
13 (	CHAYTOR, Q.C.:	13		many women got false results, do you believe
14	Q. So you're saying that that was likely change	ed 14		that you would have posed those as anticipated
15	after it went up the line?	15		questions?
16 1	MS. GRIFFITHS:	16	MS.	GRIFFITHS:
17	A. Yes, yeah.	17	Α	A. And again, I might have. You know, there
18 (	CHAYTOR, Q.C.:	18		might have been two of three or two of four
19	Q. And but normally, do you normally just us	se 19		or, you know, they might have changed the
20	the same anticipated questions -	20	)	wording. I guess the general intent in some
21 1	MS. GRIFFITHS:	21		of the questioning might have been the same,
	A. No, no, because the issues in any given	22		butand, you know, sometimes what we will do
22	briefing note can change -	23		in Q and As, as well, when the house opens is
22 23	briefing note can change - CHAYTOR, Q.C.:	23 24		in Q and As, as well, when the house opens is sometimes we will have a conversation as, you

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1	know, quite readily have a conversation with	1 Q. I'm sorry, there was a certain percentage?	
2	the communications director or her staff to	2 MS. GRIFFITHS:	
3	say, you know, this is the issue I'm working	3 A. There were certain percentages of ER/PR and,	
4	on, this is the HOA note that's requested, can	4 you know, they weren't getting the	
5	I have a little chat with you and talk about	5 percentages, I guess, that they were seeing.	
6	what would you see as the anticipated	6 CHAYTOR, Q.C.:	
7	questions. Because sometimes when we have	7 Q. Of positivity?	
8	that conversation, and I've done that quite	8 MS. GRIFFITHS:	
9	routinely, that it gives us a sense of key	9 A. Of positivity, yeah.	
10	messaging and what kind of thinking is on that	10 CHAYTOR, Q.C.:	
11	level.	11 Q. Okay. And who told you that?	
	CHAYTOR, Q.C.:	12 MS. GRIFFITHS:	
13	Q. So who would have, within the department who	13 A. I would have gotten that from material that I	
14	would have the most input into the content in	14 had writtenor that material that I had read	
15	a Q and A briefing note?	15 along the way or -	
	MS. GRIFFITHS:	16 CHAYTOR, Q.C.:	
17	A. It would, from my perspective on this	17 Q. On this issue?	
18	particular file?	18 MS. GRIFFITHS:	
	CHAYTOR, Q.C.:	19 A. Yeah. I recall in December of thewhen	
20	Q. Yes, yes.	20 Eastern Health had the media briefing and tachnical briefing there was a lot of this	
	MS. GRIFFITHS:	<ul><li>technical briefing, there was a lot of this</li><li>information that was included.</li></ul>	
22 23	A. Are you speaking to this? On this particular file I saw it as my assistant deputy minister	<ul><li>22 information that was included.</li><li>23 CHAYTOR, Q.C.:</li></ul>	
23 24	and the director of communications with	24 Q. Yes.	
24	regards to the Q and A, for sure.	24 Q. Tes. 25 MS. GRIFFITHS:	
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1	CHAYTOR, Q.C.:	1 A. So it gave, you know, certainly a better	0.
2	Q. Okay. In looking at the question of what went	2 perspective as to some of the reasons why	
3	wrong, didin your involvement on this file,	3 there were somethere were false results	
4	did you ever have occassion to ask anyone for	4 being garnered.	
5	any background information on that?	5 CHAYTOR, Q.C.:	
	MS. GRIFFITHS:	6 Q. Okay. So you read the material that was	
7	A. I did. And certainly in discussing with my	7 forwarded to the department about -	
8	colleagues and certainly having discussions	8 MS. GRIFFITHS:	
9	with Ms. Hennessey I discovered, I guess,	9 A. Yes.	
10	along the way that I inferred that there were	10 CHAYTOR, Q.C.:	
11	issues around some of the machinery and I knew	11 Q the media briefing material?	
12	that there were people come in and check the	12 MS. GRIFFITHS:	
13	machinery to see if there was anything wrong	13 A. Yes.	
14	from that perspective. I knew that there were	14 CHAYTOR, Q.C.:	
15	significant steps in the process of the test	15 Q. Yes, okay. And did anyone in your discussions	
16	itself, so I guess anywhere along the way of	16 in dealing with this matter, were you ever,	
17	that, there are opportunities, I guess, for	17 were you ever told that there were any issues	
18	errors to occur. And I understand that from	18 of quality assurance or quality control within	
19	the specialists' point of view that there was	19 the lab?	
20	a certain percentage that they would expect to	20 MS. GRIFFITHS:	
21	see in awith the ER/PR tests and a certain	21 A. My understanding is that, I guess, from that	
22	percentage of positive tests and they weren't	22 perspective they were puttingthere were some	
23	seeing that, so I guess that red flagged to	23 issues that Eastern Health were working with.	
24	them, that was my understanding.	And the reviewers had come in and done the	
25	CHAYTOR, Q.C.:	25 review and made recommendations and that wa	S

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1	my assumption in talking to some of my	1	Hennessey -
2	colleagues at Eastern Health in that they were	2	MS. GRIFFITHS:
3	implementing the recommendations and certainly	3	A. I could. I mean we could -
4	they were quality issues in the lab.	4	CHAYTOR, Q.C.:
5 (	CHAYTOR, Q.C.:	5	Q or both of you back and forth?
6	Q. Okay. And did you understand that or did	6	MS. GRIFFITHS:
7	anyone ever mention to you that there were	7	5
8	issues in terms of absence of internal	8	
9	controls and what we understand an internal	9	
10	control -	10	6
11 ]	MS. GRIFFITHS:	11	is how it's going to be remedied. So it just
12	A. Yeah, yeah.	12	5
13 (	CHAYTOR, Q.C.:	13	
14	Q could be in terms of the pathologists	14	
15	reading and interpreting the slide, was that	15	
16	ever -	16	5
	MS. GRIFFITHS:	17	
18	A. I guess it's hard for me to deem now if I knew	18	
19	it at that given time or I since have learned		CHAYTOR, Q.C.:
20	it from this process.	20	
	CHAYTOR, Q.C.:		MS. GRIFFITHS:
22	Q. Yes, okay. So in terms of from this process	22	
23	and that issue becoming public, that would be		CHAYTOR, Q.C.:
24	within the past couple of months?	24	
25	MS. GRIFFITHS:	25	
1	Page 266		Page 268
1	A. Um-hm.	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	department -
	CHAYTOR, Q.C.:		MS. GRIFFITHS:
3	Q. And so would you be able to tell if that's knowledge that you had prior to the past	3	
4			CHAYTOR, Q.C.:
5	couple of months? MS. GRIFFITHS:	5	Q as to the test failure - MS. GRIFFITHS:
	A. I recallbecause we'd always say, like, can't	7	
7 8	we figure out what's going on here, you know,		CHAYTOR, Q.C.:
8 9	it'd be great if we could say the cause of	9	
10	this is A, B, C, so we fix A, B, C and move	10	
11	on, you know, so -	11	to say A, B or C in the briefing note -
	CHAYTOR, Q.C.:		MS. GRIFFITHS:
12	Q. And who would you have this discussion -	12	
	MS. GRIFFITHS:	13	
15	A so it always seemed -		CHAYTOR, Q.C.:
	CHAYTOR, Q.C.:	16	
17	Q. Who would you have this discussion with? Who		MS. GRIFFITHS:
18	would be saying that?	18	
	MS. GRIFFITHS:		CHAYTOR, Q.C.:
20	A. With Ms. Hennessey orprimarily because I	20	
21	was, you know, drafting the notes and I'm, you		MS. GRIFFITHS:
22	know, I have a fairly open relationship and	22	A and Eastern Health to be able to say, we've
23	communication with her, so -	23	-
24	CHAYTOR, Q.C.:	24	CHAYTOR, Q.C.:
25	Q. and so would you be posing that to Ms.	25	Q. And what was your sense of Ms. Hennessey's

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1 knowledge level around that?	1 Q. And did you understand that fixation of the
2 MS. GRIFFITHS:	2 tissue was one of those steps?
3 A. We had fluid conversations about, you know, d	do 3 MS. GRIFFITHS:
4 the note and try to accurately reflect the	4 A. I did, yeah.
5 information. And I guess there were some	5 CHAYTOR, Q.C.:
6 queries as to it would be, you know, it would	6 Q. And as a nurse you would have appreciated what
7 beit's difficult to write a note when you	7 that meant?
8 don't have, here's the question, here's the	8 MS. GRIFFITHS:
9 answer.	9 A. Yeah -
10 CHAYTOR, Q.C.:	10 CHAYTOR, Q.C.:
11 Q. Yes. And did Ms. Hennessey ever tell you that	
12 she had inquired in November of 2005 as to the	e 12 MS. GRIFFITHS:
13 general findings of the reviewers?	13 A tissue preparation and -
14 MS. GRIFFITHS:	14 CHAYTOR, Q.C.:
15 A. In 2005?	15 Q. And where would you understand that that would
16 CHAYTOR, Q.C.:	16 originate, at what stage in the surgery or
17 Q. November, 2005.	17 what stage in the process, would it be back
18 MS. GRIFFITHS:	18 right through to the OR?
19 A. Yeah, see, I wouldn't have had that	19 MS. GRIFFITHS:
20 conversation with her then -	20 A. That was my understanding.
21 CHAYTOR, Q.C.:	21 CHAYTOR, Q.C.:
22 Q. Did she ever -	22 Q. Yes, okay. And you can't tell whether or not
23 MS. GRIFFITHS:	23 you've learned that through this public
A because I wouldn't have been engaged -	24 process or it's something that you knew before
25 CHAYTOR, Q.C.:	25 a couple of months ago?
Page	270 Page 272
1 Q in any conversation tell you that she had	1 MS. GRIFFITHS:
2 gone looking for the general findings?	2 A. That's right, yeah.
3 MS. GRIFFITHS:	3 CHAYTOR, Q.C.:
4 A. No, I haveI can honestly say that I didn't	4 Q. So you don't know if you -
5 have that conversation with her.	5 MS. GRIFFITHS:
6 CHAYTOR, Q.C.:	6 A. I seem to recall that, you know, certainly
7 Q. She never indicated that to you?	7 there were issues in the lab and issues with
8 MS. GRIFFITHS:	8 the tissue samples, so Iit's hard for me to
9 A. No, she didn't.	9 say now, I mean, you know, in hindsight, that-
10 CHAYTOR, Q.C.:	10 -but certainly fixation is not a new term in
11 Q. Okay. Did you ever, along the way, learn that	
12 there were any problems with fixation?	12 CHAYTOR, Q.C.:
13 MS. GRIFFITHS:	13 Q. Okay. And you're not sure where along the way
14 A. Yes, I mean, I certainly would have heard it.	14 you would have learned that -
15 And again, it's difficult for me to say right	15 MS. GRIFFITHS:
16 now at this given time if I learned it from	16 A. I'm not.
17 this process or if I knew it back then.	17 CHAYTOR, Q.C.:
18 CHAYTOR, Q.C.:	18 Q or who would have told you?
19 Q. So you don't know -	19 MS. GRIFFITHS:
20 MS. GRIFFITHS:	20 A. That's right.
A. But I certainly knew that there were issues	21 CHAYTOR, Q.C.:
22 with the testing in the steps along the way	22 Q. Okay. If we could look at P-0196, page 5,
23 and I knew that there were significant steps	23 please? And, Ms. Griffiths, this is the e-
24 in the process.	24 mail forwarding, we understand, the materials
25 CHAYTOR, Q.C.:	25 from Eastern Health on their ER/PR briefing.

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1 MS. GRIFFITHS:		1	really a one or two page or to condense the
2 A. Um-hm.		2	information and that was basically what I did.
3 CHAYTOR, Q.C.:		3 C	HAYTOR, Q.C.:
4 Q. And Ms. Hennessey is saying, "As discu	issed.	4	Q. And do you recall any other discussions in the
5 Thanks."		5	department around what was going to take place
6 MS. GRIFFITHS:		6	at the media or the technical media briefing?
7 A. Um-hm.		7 M	IS. GRIFFITHS:
8 CHAYTOR, Q.C.:		8	A. Nothing stands out, you know, certainly
9 Q. What do you recall that being about?		9	nothing stands out in my mind. I was taking
10 MS. GRIFFITHS:		10	the information and condensing it into a
11 A. She had advised me that Eastern Health		11	readable fashion.
12 having a media briefing on the ER/PR issu			HAYTOR, Q.C.:
13 and shethe communications director 1		13	Q. And were you aware that there was certain
14 received the information and it had bee		14	information that Eastern Health would not be
15 reviewed, I guess, from the communicat		15	releasing to the public on December 11th?
16 perspective and from the assistant depu	-		IS. GRIFFITHS:
17 minister perspective. I understood that Mo		17	A. I subsequently after, you know, after that
18and Tansy had discussions with Eastern H		18	issue and certainly when the affidavit was put
19 about this particular piece of material. Ar		19	in, I learned that there were, you know, that
20 Moira asked me if I would take the mate		20	the messaging primarily was around the 117
21 and put it into a briefing note. And this e-		21	patients whose results had changed and
22 mail was just to send me forward the mate		22	treatments were potentially changing. So at
23 and I have had the materials since.		23	that given time I guess I didn't fully
24 CHAYTOR, Q.C.:		24	understand the discussion around rates and
25 Q. Okay.		25	total numbers and things like that.
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<ol> <li>MS. GRIFFITHS:</li> <li>A. So I would have taken that material then a</li> </ol>	and	2	CHAYTOR, Q.C.: Q. And you would have read the briefing material,
3 I guess, practically, you know, used the sa		2	though, and seen in that, in their questions
4 material and put it in the -		3 4	and answers in particular that they were
5 CHAYTOR, Q.C.:		5	saying that the total number of changes was
6 Q. In the briefing note.		6	insignificant and that they were concentrating
7 MS. GRIFFITHS:		7	on the 117 being the number of patients who
8 A briefing note.		8	required treatment change?
9 CHAYTOR, Q.C.:			IS. GRIFFITHS:
10 Q. Okay. And that was Ms. Hennessey had	asked	10	A. That's right.
11 you to do that?			HAYTOR, Q.C.:
12 MS. GRIFFITHS:		12	Q. Okay, so you would have been aware of that
13 A. Yes, she did.		12	part.
14 CHAYTOR, Q.C.:			IS. GRIFFITHS:
15 Q. Okay. And if we look at 0125, please, pl		15	A. Uh-hm.
16 39? Do you recall any other discussions w	-		HAYTOR, Q.C.:
17 Ms. Hennessey around that time in terms		17	Q. When did you become aware, did you say that it
18 content of the material that was forward		18	was after the affidavit was filed that you
19 from Eastern Health?		19	became aware -
20 MS. GRIFFITHS:			IS. GRIFFITHS:
21 A. No, only in sofar as advising me that the		21	A. I became aware around that time, that was
22 was a technical briefing, that, you know		22	probably in February, I believe.
could I take the information once she send			HAYTOR, Q.C.:
to me and condense it into a briefing not	e,	24	Q. Yes, and how did you become aware at that
something that, you know, certainly could		25	point in time?

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1 MS. GRIFFITHS:	1 Q. Right. And when did Moira inform you that
2 A. I specifically recall talking to Heather at	2 there were issues around the numbers?
3 Eastern Health, Heather Predham and getting	3 MS. GRIFFITHS:
4 the information. Moira had asked me to call	4 A. It was around the time that the affidavit was
5 Heather or Pat, but I think I directly spoke	5 signed.
6 to Heather and Heather gave me the information	6 CHAYTOR, Q.C.:
7 about filing the affidavit.	7 Q. In February?
8 CHAYTOR, Q.C.:	8 MS. GRIFFITHS:
9 Q. Okay. And what did Heather tell you? Did she	9 A. Yeah.
10 actually give you a copy of the affidavit?	10 CHAYTOR, Q.C.:
11 MS. GRIFFITHS:	11 Q. And so how did it come to Ms. Hennessey's
12 A. No, and I didn't request it.	12 attention?
13 CHAYTOR, Q.C.:	13 MS. GRIFFITHS:
14 Q. And what did she tell you about the affidavit?	14 A. I don'tI'm thinking that it was in
15 MS. GRIFFITHS:	15 discussions, you know, on a senior level or
16 A. She basically told me that Eastern Health	16 maybe through communications, I'm not sure.
17 would be filing an affidavit and there was a	17 CHAYTOR, Q.C.:
18 timeline that they had to have it filed by and	18 Q. And we're aware, of course, that this becomes
19 that was withinand it was around that week	an issue in the media in May of 2007.
20 that I called her, if I recall correctly, and	20 MS. GRIFFITHS:
that was around the February date.	21 A. Right.
22 CHAYTOR, Q.C.:	22 CHAYTOR, Q.C.:
23 Q. Yes, okay. And you indicated in saying that	23 Q. But your recollection is this became an issue
24 you became aware that not all the numbers had	for discussion in the department in February?
25 been disclosed in December and you became	25 MS. GRIFFITHS:
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1 aware of that around the time of the filing of	1 A. Not so much an issue for discussion, I think
2 the affidavit in February?	2 so much as that I guess the numbers weren't
3 MS. GRIFFITHS:	3 all adding up or the numbers were different
4 A. That's right.	4 than the numbers that we were focusing on.
5 CHAYTOR, Q.C.:	5 CHAYTOR, Q.C.:
6 Q. So did you also have a discussion then with	6 Q. And when I say "discussion" that's when Ms.
7 Ms. Predham or somebody else which indicated	7 Hennessey informed you of that, was around
8 to you that the affidavit had more information	8 February?
9 than what had been disclosed in December?	9 MS. GRIFFITHS:
10 MS. GRIFFITHS:	10 A. That's my recollection, yeah.
11 A. At the time I spoke to Heather, I'm not sure	11 CHAYTOR, Q.C.:
12 that that was clear to me, but subsequent to	12 Q. So two or three months before it becoming a
13 that, you know, the issue came out around and	13 topic of discussion in the media?
14 there was discussion, I guess I had had	14 MS. GRIFFITHS:
15 discussion or Moira informed me that there	15 A. I do recall that, you know, there were
16 were issues around the actual numbers that	16 discussion of the numbers with the numbers
17 were involved, because I was still thinking	17 that were filed in the affidavit and that's my
18 that the key here were the 117 patients whose	18 recollection. And then I recall talking to
19 test results had changed and, you know, they	19 Heather and I recall it was around the
20 were all beingyou know, their treatment had	20 February timeframe, so that's, just adding
all been panelled and they were looking at the	21 those pieces up, makes my mind think that it
22 best course of treatment for them. So my	22 was, you know, it's when they were looking at
thinking at that time were the 117 patients	<ul> <li>the actual numbers and -</li> </ul>
24 that were affected.	24 CHAYTOR, Q.C.:
25 CHAYTOR, Q.C.:	25 Q. And other than Ms. Hennessey, did you have
· · · · · · · · · · · · · · · · · · ·	

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1 discussions with anyone else or did you h	iear 1	CHAYT	'OR, Q.C.:	
2 anyone else discussing the issue?	2	Q.	Yes, and that wasn't in the media release or	
3 MS. GRIFFITHS:	3		the media briefing materials?	
4 A. No, I didn't, no.	4		IFFITHS:	
5 CHAYTOR, Q.C.:	5	A.	That's right.	
6 Q. In February or around that time period?	6		'OR, Q.C.:	
7 MS. GRIFFITHS:	7		Yes, okay. If we could look then, I think it	
8 A. No, I didn't, no.	8		was page 39 of P-0125 and again, Ms.	
9 CHAYTOR, Q.C.:	9		Griffiths, this is a briefing note that you	
10 Q. So just Ms. Hennessey?	10		are accredited with having drafted.	
11 MS. GRIFFITHS:			IFFITHS:	
12 A. Yes, it would have been just Moira.	12		Uh-hm.	
13 CHAYTOR, Q.C.:			OR, Q.C.:	
14 Q. And where was Ms. Hennessey getting			And Ms. Hennessey approved on November	27th
15 information about the numbers and not ad			2006.	27 m,
	e l		IFFITHS:	
	10 17		Uh-hm.	
18 MS. GRIFFITHS:			OR, Q.C.:	
19 A. No, not specifically. I guess my recollecti			And you've included numbers here.	
20 of having any chat about it was that we k			IFFITHS:	
21 that the numbers wereand it wasn't rea	•		Uh-hm.	
22 anything that in recalling, it wasn't			OR, Q.C.:	
23 something that stood up as being signif			And then further details on the retesting	
24 know, particularly big or significant, it wa			results are attached.	
25 just that, you know, the numbers were a li	ttle 25	MS. GR	IFFITHS:	
1	Page 282			Page 284
1 different, I guess, and not the numberst	he 1	А.	Uh-hm.	
2 numbers in the affidavit weren't the num	bers 2	CHAY	FOR, Q.C.:	
3 that were disclosed at the media briefing.	I 3	Q.	And that's this form.	
4 guess, you know, there was some discus	sion 4	MS. GI	RIFFITHS:	
5 around that issue.	5	A.	Yes.	
6 CHAYTOR, Q.C.:	6	CHAY	FOR, Q.C.:	
7 Q. Okay.	7	Q.	And we understand that was provided to	the
8 MS. GRIFFITHS:	8		Minister?	
9 A. But from that point in time, I was, you kn	ow. 9		RIFFITHS:	
10 I was still thinking that the 117 patients	10		Yes.	
11 that were affected that changed during t			FOR, Q.C.:	
12 ER/PR retesting had been all notified and			By Eastern Health on November 23rd.	
13 their treatment course being discussed a			RIFFITHS:	
14 panelled.	14 13		Uh-hm.	
15 CHAYTOR, Q.C.:			FOR, Q.C.:	
16 Q. Yes. But the numbers in the affidavit wo			So you're familiar with this documentation	on?
have been referring to the overall number			RIFFITHS:	<i>.</i>
-				
18 patients who had in fact changed results?	18		Yes.	
19 MS. GRIFFITHS:			FOR, Q.C.:	<b>.</b> t
20 A. Yes.	20		And the issue here, I believe actually the	at
21 CHAYTOR, Q.C.:	21		this is in error because it refers to, in the	1
22 Q. And that's the number that you're referr	-		top issue, that it has been released Decem	
23 to?	23		12th and we understand that this probably	y was
24 MS. GRIFFITHS:	24		in fact a draft of a later briefing note that	
A. That's the number that I recall.	25		you prepared. I just want to show you t	his

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1 because you've said you've used the ma	terial 1 it and I don't recall, you know, the delay was
2 to draft a briefing note.	2 a short period of time, so I guess that was
3 MS. GRIFFITHS:	3 the messaging.
4 A. Uh-hm.	4 CHAYTOR, Q.C.:
5 CHAYTOR, Q.C.:	5 Q. Okay, and we understand from Ms. Hennessey,
6 Q. And included in this briefing note, w	e 6 anyhow this was probably your original draft
7 actually have a direct quote here from t	he 7 or an original draft.
8 briefing material and for those who as	re 8 MS. GRIFFITHS:
9 following it, it would be P-0104 at page	30, 9 A. Uh-hm.
10 "It is impossible to predict how the impac	ct of 10 CHAYTOR, Q.C.:
11 this review will impact specific patients i	nto 11 Q. And if we look at 125, page 46, please, this
12 the future." And it goes on from there ab	out 12 is the actual draft thatand it's the draft
13 the delay in testing. And that, in fact, is a	13 of December 12th, 2006.
14 direct quote from one of the questions.	14 MS. GRIFFITHS:
15 MS. GRIFFITHS:	15 A. Uh-hm.
16 A. Yes.	16 CHAYTOR, Q.C.:
17 CHAYTOR, Q.C.:	17 Q. And that paragraph has been deleted that I
18 Q. So you would have been doing this?	18 just directed you to, that paragraph isn't
19 MS. GRIFFITHS:	19 there.
20 A. I could have, yeah, I'm pretty sure I wo	uld 20 MS. GRIFFITHS:
21 have taken the material and stayed as clo	se as 21 A. Okay.
22 possible to the content in the media brief	ng. 22 CHAYTOR, Q.C.:
23 CHAYTOR, Q.C.:	23 Q. The other thing that no longer appears is we
24 Q. To the content in the, okay. And in going	g on 24 have the total numbers, the three numbers
25 to say "the delay in testing was only a ma	itter 25 listed here.
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1 of weeks or months and it is unlikely to	be 1 MS. GRIFFITHS:
2 significant."	2 A. Uh-hm.
3 MS. GRIFFITHS:	3 CHAYTOR, Q.C.:
4 A. Uh-hm.	4 Q. But the sheet with the November 23rd sheet,
5 CHAYTOR, Q.C.:	5 which was provided by Eastern Health, that's
6 Q. You didn't consult, I take it, with any	6 no longer attached to the briefing note.
7 physicians in the department on that issue	e as 7 MS. GRIFFITHS:
8 to the significance of the delay?	8 A. Right.
9 MS. GRIFFITHS:	9 CHAYTOR, Q.C.:
10 A. No.	10 Q. And do you know why that is?
11 CHAYTOR, Q.C.:	11 MS. GRIFFITHS:
12 Q. And how comfortable did you feel and b	earing 12 A. I can pretty well guarantee you that it
13 in mind your nursing background, h	now 13 wouldn't have been my decision to attach or
14 comfortable did you feel in putting forwa	rd a 14 not attach the information.
15 statement such as that?	15 CHAYTOR, Q.C.:
16 MS. GRIFFITHS:	16 Q. So your original draft that we just looked at,
17 A. The delay in testing?	17 which we understand to be the draft for this
18 CHAYTOR, Q.C.:	briefing note, did include that and do you
19 Q. Yes.	19 feel confident that when the draft left your
20 MS. GRIFFITHS:	20 desk, it still would have been attached to the
21 A. I don't recall feeling uncomfortable abou	
-	22 MS. GRIFFITHS:
22 CHAYTOR, Q.C.:	
22 CHAYTOR, Q.C.:	

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1 MS. GRIFFITHS:	1 CHAYTOR, Q.C.:
2 A. I wouldn't have made the decision not to	2 Q. It's not your wording?
3 attach it.	3 MS. GRIFFITHS:
4 CHAYTOR, Q.C.:	4 A. No.
5 Q. So the decision to delete that reference at	5 CHAYTOR, Q.C.:
6 this point in the briefing note would not have	6 Q. What about the question what is the rate of
7 been made by you?	7 error?
8 MS. GRIFFITHS:	8 MS. GRIFFITHS:
9 A. No.	9 A. No.
10 CHAYTOR, Q.C.:	10 CHAYTOR, Q.C.:
11 Q. And who would the briefing note have gone	
12 after you?	12 MS. GRIFFITHS:
13 MS. GRIFFITHS:	13 A. No, I would have known it wasn't a breast
14 A. I had been instructed on this file in	14 cancer screening test.
15 particular just for, I guess ease of	15 CHAYTOR, Q.C.:
16 communication and streamlining that I was	-
17 directly discussing and reporting to Moira	17 error? Did you insert that question?
18 Hennessey, so while on every day issues and	
19 guess any other briefing notes or files that I	A. I didn't, no, and I hadn't been talking, like
20 work on, I would normally go through my	
21 director, but in this case, Moira took theI	21 out and the differences in what was calculated
22 was the next line of authority.	22 in rate of error and I know Moira had done
23 CHAYTOR, Q.C.:	some work on that, I hadn't been privy to that
24 Q. And that was unusual and you were directed t	
25 do that by whom?	25 CHAYTOR, Q.C.:
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1 MS. GRIFFITHS:	1 Q. And when did you understand that Ms. Hennessey
2 A. By Moira.	2 had done work on that issue?
3 CHAYTOR, Q.C.:	3 MS. GRIFFITHS:
4 Q. By Moira, to report directly to her?	4 A. Certainly after, you know, afteryou know my
5 MS. GRIFFITHS:	5 recollection would probably be early summer,
6 A. On this file.	6 maybe June, around that time that I started to
7 CHAYTOR, Q.C.:	7 be, you know, come under the understanding
8 Q. On this file. And was there any reason given	8 around the rate of error and -
9 for that?	9 CHAYTOR, Q.C.:
10 MS. GRIFFITHS:	10 Q. June of 2007, I take it?
11 A. I think it was just from a communications	11 MS. GRIFFITHS:
12 perspective and a flow of material and just	12 A. It would have been around there, yeah.
13 now, you know, not just taking another layer	13 CHAYTOR, Q.C.:
14 out type thing.	14 Q. If we could look, please, at P-0280? And Ms.
15 CHAYTOR, Q.C.:	15 Griffiths, this is an e-mail of March 7th,
16 Q. And again we see here a reference to suffering	g 16 2007, an e-mail from Sharon Smith to yourself.
17 from breast cancer and in the anticipated	17 MS. GRIFFITHS:
18 questions, it refers to breast cancer	18 A. Yes.
19 screening.	19 CHAYTOR, Q.C.:
20 MS. GRIFFITHS:	20 Q. And I take it she was a usual line of
A. Yeah, which I would have know that was -	21 communication for you at Eastern Health? And
22 CHAYTOR, Q.C.:	22 did you speak with her to get input intothe
23 Q. Is that likely your wording?	23 next briefing note, we understand, is March
24 MS. GRIFFITHS:	24 9th, 2007?
25 A. It's not.	25 MS. GRIFFITHS:

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1 A. Uh-hm.	1 Q. Or five areas that you needed clarification,
2 CHAYTOR, Q.C.:	2 including are new patients now being tested in
3 Q. And she indicates here, she's letting you know	3 St. John's, what measures are put in place to
4 that the ER/PR testing was restarted on	4 reduce the risk of a similar problem?
5 February 1st, 2007.	5 MS. GRIFFITHS:
6 MS. GRIFFITHS:	6 A. Uh-hm.
7 A. Uh-hm.	7 CHAYTOR, Q.C.:
8 CHAYTOR, Q.C.:	8 Q. Have there been many issues since the
9 Q. And she's gone on with the major efforts that	9 technical media briefing on the issue?
10 have been by the lab program to implement a Q	-
11 A process.	11 A. Uh-hm.
12 MS. GRIFFITHS:	12 CHAYTOR, Q.C.:
13 A. Uh-hm.	13 Q. And the last note you indicate stated that
14 CHAYTOR, Q.C.:	14 "Eastern Health file an affidavit in Court by
15 Q. And at the end she says, "If you need further	15 December 15th and lawyers were to have their
16 information about that, you should contact Dr.	documents and case law filed by February 9th"-
17 Denic."	- '09, that says"at which time a request was
18 MS. GRIFFITHS:	18 made for the hearing of the certification.
19 A. Uh-hm.	19 Any word on this? Where are you with the
20 CHAYTOR, Q.C.:	20 accreditation of lab services." And based on
21 Q. Do you recall, did you contact Dr. Denic?	21 my questions to you a few moments ago about
22 MS. GRIFFITHS:	22 your knowledge of the affidavit, it appears
A. I didn't no, I was quite satisfied with the	here that you're asking Ms. Smith for an
24 information that she had given me and I had	24 update on the affidavit?
25 put this information, obviously in a note to	25 MS. GRIFFITHS:
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1 update and I didn'tI know for a fact that I	A. Yeah and it was general sense update as to are
2 didn't go back to Dr. Denic, I would have	2 youwill you be filing by that date, like it
3 remembered that and I hadn't been asked after	3 wasn't a question to Sharon as to, you know,
4 the briefing note was put forward. Now I may	4 exactly what is going to be in the affidavit
5 not have shared that particular e-mail with	5 and I certainly didn't request a copy of the
6 anyone. I would have took the information and	6 application.
7 put it in a briefing note and in recalling	7 CHAYTOR, Q.C.:
8 this particular e-mail, I certainlyI was	8 Q. Okay, and your recollection is that you had
<ul> <li>also working on the file around patients going</li> </ul>	<ul> <li>9 had that discussion with Ms. Predham prior to</li> </ul>
10 out of the province for radiation treatments,	10 this date in any event?
11 the breast cancer and prostrate cancer	11 MS. GRIFFITHS:
12 patients, so I was following up on that too,	12 A. Right.
<ul> <li>so I was kind of co-ordinating two notes at</li> </ul>	13 CHAYTOR, Q.C.:
14 the one time.	14 Q. And thisone of the things Ms. Smith does
15 CHAYTOR, Q.C.:	15 point out to you is that "there have not been
16 Q. Yes, and in this, in terms of you actually in	16 many issues since the technical briefing. We
your e-mail to her, indicated that you're	17 did have one individual who had not seen a
<ul><li>updating the information for the Minister.</li></ul>	18 doctor to get her results. A number of
19 MS. GRIFFITHS:	19 attempts have been made to contact her, but
20 A. Yes.	20 she was missed and she did go to the press in
20 A. Tes. 21 CHAYTOR, Q.C.:	21 January." And she indicates that the Court
<ul><li>22 Q. And you posed five questions to her.</li><li>23 MS. GRIFFITHS:</li></ul>	22 case is proceeding. 23 MS. GRIFFITHS:
23 MS. GRIFFITHS: 24 A. Uh-hm.	23 MS. GRIFFITHS: 24 A. Uh-hm.
25 CHAYTOR, Q.C.:	25 CHAYTOR, Q.C.:

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1 Q. And if we could look, please, at P-0126	page	1	Health and she, I guess the communication was
2 4?	2	2	then all patients were contacted in the
3 THE COMMISSIONER:	3	3	review.
4 Q. Ms. Chaytor, when you can find an appro	opriate 4	4 CHA	YTOR, Q.C.:
5 place to take a break, we'll take the		5 Q.	And it didn't cause you concern, well then if
6 afternoon break.	6	6	there was one patient, then perhaps there
7 CHAYTOR, Q.C.:		7	could be more?
8 Q. Thank you. And again, Ms. Griffiths,		8 MS. 0	GRIFFITHS:
9 questions are framed, the anticipated que		9 A.	I guess that it might have been a fleeting
10 again referring to breast cancer screening	;? 10	0	thought, but then I understood from Sharon's
11 MS. GRIFFITHS:	11	1	e-mail that they had repeatedly tried to
12 A. Uh-hm.	12	2	contact this patient, so the patient may have
13 CHAYTOR, Q.C.:	13	3	moved. I didn't ask for the details around,
14 Q. And I take it you did not phrase it that wa	-		you know, details around how did they contact
15 MS. GRIFFITHS:	15		her and how many times and how many calls,
16 A. And again, you know, sometimes even	-		that kind of thing, but I guess I got a sense
17 recollection I would, I would probably e			of comfort in the fact that they knew that
18 leave the issue in the anticipated question			there was one patient missed and they tried
19 to have the discussion with Ms. Hennes	•		repeatedly to call, so I guess I had a sense
20 just to see where they were, you know,			of comfort that if they told me that everyone
21 key messaging they wanted to go forwar			one except the one and then this one came
22 that, so oftentimes, you know, in updati	-		forward, then I was comfortable with the fact
this, my primaryor duty I guess with th			that they were.
24 was to ensure that the background inform			YTOR, Q.C.:
25 was up to date and we had the most upo		5 Q.	But in terms of providing accurate information
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1 information from Eastern Health.	1		for the Minister, what you've done is say that clinical team members have communicated
2 CHAYTOR, Q.C.:		2	
<ul> <li>Q. You write under key messages or it's wr</li> <li>here "clinical team members commun</li> </ul>		3	individually with all patients impacted, but that wasn't the information that was provided
<ul> <li>here "clinical team members commun</li> <li>individually with all patients impacted 1</li> </ul>		+ 5	to you by Eastern Health?
6 this review. The organization has acted	•		GRIFFITHS:
7 what is determined to be in the best interest			Well it was from Sharon really, because all
8 of the patients."		7 А. 8	but one, she said, and then the one was
9 MS. GRIFFITHS:		9	contacted, right, so I would then infer that
10 A. Uh-hm.	10		all of them were.
11 CHAYTOR, Q.C.:			YTOR, Q.C.:
12 Q. Ms. Griffiths, I don't see in here the	12		So you felt comfortable passing that
13 information that Ms. Smith gave you abo			information along in this manner.
14 -			GRIFFITHS:
15 MS. GRIFFITHS:	15		I did, yes.
16 A. The one patient?	16		YTOR, Q.C.:
17 CHAYTOR, Q.C.:	17		Did you communicate that information to Ms.
18 Q. Yes, the patient who had gone to the m	edia 18		Hennessey?
19 because she hadn't been contacted.		9 MS. 0	GRIFFITHS:
20 MS. GRIFFITHS:	20	0 A.	Through the briefing note.
21 A. Right, but I guess it was after, you know,	in 21	1 CHA	YTOR, Q.C.:
reading this, even though she had contac	cted 22	2 Q.	No, with the information regarding the one
the media, still I guess that, you know, b	oy 23	3	patient who had been missed?
that process she was, she was then contain	cted 24	4 MS. 0	GRIFFITHS:
25 by Eastern Health or she contacted East	tern 25	5 <u>A</u> .	I really can't say with all honesty that I'm

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1 completel	y sure that I did. I'm pretty	1		2007?
2 confident	that I had that discussion, but I'm	2	MS. G	RIFFITHS:
3 sure I wor	uld have said to her that they had	3	A.	Sharon comes to mind and Heather comes to
4 difficulty	in finding one and this person went	4		mind.
	ss but they did have contact with	5	CHAY	TOR, Q.C.:
-	quent to that.	6	0.	Does your calendar indicate that you had a
7 CHAYTOR, Q.C.:		7		discussion with Ms. Predham on March 8th?
	ther thing in here -	8	MS. G	RIFFITHS:
9 MS. GRIFFITHS:	C	9	A.	I believe in my testimony I do recall stating
	etrospect, she probably would have	10		that, that I did have a conversation with
	the patient had gone to the press	11		Heather about it.
	ecause we were keeping up to date on		CHAY	TOR, Q.C.:
12 the media		13		Do you have any recollection as to what Ms.
14 CHAYTOR, Q.C.:		14	×۰	Predham may or may not have told you?
	were following the media stories. You		MS G	RIFFITHS:
	te Eastern Heath resumed ER/PR	16		My conversations with Heather were primarily
	St. John's on February 1st. Did	17	11.	around information and data sharing. I would
-	stand that was for patients across	18		have specific questions that I would have
19 the provin		10		wanted to get from her or her Sharon, similar
20 MS. GRIFFITHS:		20		to the e-mail that you called up before, so if
	tially I did understand but I	20		it wasn't an e-mail, it certainly would have
	ubsequent to that that the other	21		been a phone call and I would have had some
	vere still sending their results,	22		pre-determined questions that I would have
-	or their specimens to Mount Sinai.			wanted to get from her.
	of their specifiens to would Smal.	24	CILAN	C C
25 CHAYTOR, Q.C.:		23	СПАТ	TOR, Q.C.:
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	t goes on to say "We are confident	1	Q.	And Ms. Predham told you that the total number
	rn Health has implemented the	2		of patients with changed results had been
	e new measures to ensure the highest	3		disclosed in the affidavit, was that Ms.
	f care for breast cancer patients."	4		Predham was the source of that information?
	r wording?			RIFFITHS:
6 MS. GRIFFITHS:		6	А.	In talking to Heather, I'm not even sure that
7 A. Probably n	lot.	7		we discussed the actual numbers and what she
8 CHAYTOR, Q.C.:		8		was putting forward, but I got the information
9 Q. Probably n	iot.	9		that they would be filing the affidavit by
10 MS. GRIFFITHS:		10		that certain date in February, the 9th or -
11 A. No.		11		TOR, Q.C.:
12 CHAYTOR, Q.C.:		12	Q.	And you understood that it would include the
	y next question was going to be where	13		whole numberall of the numbers?
14 did you ge	t that assurance?	14		RIFFITHS:
15 MS. GRIFFITHS:		15	А.	I didn't ask for a copy of the affidavit and I
16 A. Yeah, I wo	ouldn't have presumed that confidence	16		didn't ask her the particular information in
17 from my le	evel, that would have been messaging,	17		it, to beI justI was asked to find out,
18 I would in	nagine that was discussed between	18		that's the date that they're filing an
19 senior exec	cutive to give key messaging for the	19		affidavit and will they be filing it by that
20 Minister to	o speak to.	20		date. So I didn'tI can say with all
21 CHAYTOR, Q.C.:		21		confidence that I didn't ask Heather for the
22 Q. Do you k	now who else in particular from	22		particulars in the affidavit.
23 Eastern H	lealth may have provided you	23	CHAY	TOR, Q.C.:
24 informatio	n for this briefing note around this	24	Q.	Yes, but at some point around that timeframe,
	d, and again, this is March 9th,	25	-	February -
L		L		

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1 MS. GRIFFITHS:	1 the end of the chronology because it did make
2 A. At some point around that timeframe the	2 it clearer for me what the definition was.
3 information -	3 CHAYTOR, Q.C.:
4 CHAYTOR, Q.C.:	4 Q. Okay, but it wasn't information that you
5 Q. You learned that all the numbers were in the	5 obtained from Eastern Health?
6 affidavit?	6 MS. GRIFFITHS:
7 MS. GRIFFITHS:	7 A. I didn't get that information, no.
8 A. Yes, yes.	8 CHAYTOR, Q.C.:
9 CHAYTOR, Q.C.:	9 Q. And you didn't insert it in the briefing note?
10 Q. This would be a good time to break,	10 MS. GRIFFITHS:
11 Commissioner.	11 A. I didn't, no.
12 THE COMMISSIONER:	12 CHAYTOR, Q.C.:
13 Q. All right then, we'll take the afternoon	13 Q. Okay, so the first time you would have seen
14 break.	14 this would be when the revised briefing note
15 (RECESS)	15 came to your attention?
16 THE COMMISSIONER:	16 MS. GRIFFITHS:
17 Q. Please be seated. Ms. Chaytor.	17 A. That's right.
18 CHAYTOR, Q.C.:	18 CHAYTOR, Q.C.:
19 Q. Thank you, Commissioner, if we could have,	19 Q. Is there anything else in this briefing note
20 please, P-0126 page 11? Ms. Griffiths, this	20 that you believe changed after your original
21 actually, I'm going to just take you back a	21 draft? If you just want to take a moment, if
22 couple of pages here, it's another briefing	22 there's anything that stands out in
23 note that is drafted by Beverly Griffiths and	23 particular?
24 approved by Moira Hennessey, April 19th, 2007.	24 THE COMMISSIONER:
25 And we understand this is the next briefing	25 Q. Go back to page 8, now, is that the right
Page 306	
1 note.	1 page?
2 MS. GRIFFITHS:	2 CHAYTOR, Q.C.:
3 A. Uh-hm.	3 Q. I believe that's the right page, page 8, it's
4 CHAYTOR, Q.C.:	4 the beginning of the briefing note.
5 Q. And attached after the annex for the first	5 MS. GRIFFITHS:
6 time we see this asterisk and text here in	6 A. It's hard reading in hindsight because I know
7 italics about the definition of negative	<ul> <li>a lot of the information now, but at that</li> </ul>
8 having changed within a seven-year period.	8 particular given point in time, some of the
9 MS. GRIFFITHS:	<ul><li>9 information may have been new to me, depending</li></ul>
10 A. Uh-hm.	10 on the conversation as it was being discussed
11 CHAYTOR, Q.C.:	11 up the line.
12 Q. Do you know how that information came to	12 CHAYTOR, Q.C.:
13 appear in the briefing notes at this point in	13 Q. So there's nothing in particular that jumps
14 time?	14 out in terms of the wording -
15 MS. GRIFFITHS:	15 MS. GRIFFITHS:
16 A. No, it mustI don't recall doing it myself,	16 A. Nothing stands right out, no.
17 I'm pretty sure I didn't do that myself, so	17 CHAYTOR, Q.C.:
18 obviously it was, it was from a conversation	18 Q or otherwise.
19 that was held, you know, at our senior	19 MS. GRIFFITHS:
20 management between Eastern Health to have	20 A. No.
20 Initial generic between Eastern Treath to have 21 gotten that level of detail on the definition.	20 A. NO. 21 CHAYTOR, Q.C.:
21 gotten that level of detail on the definition. 22 But I had seen it, you know, not long after	22 Q. If we go on then to page 13? Page 13 then is
<ul> <li>But I had seen it, you know, not long after</li> <li>that, that's not the first time I've seen it</li> </ul>	
24 or anything, I've seen it certainly and as	24 this one is May 16th, 2007. And of course at
25 other briefing notes and it was a good note at	25 this point in time all of the numbers have

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1 become public through the news media.	1 A. The higher level numbers, that's right.
2 MS. GRIFFITHS:	2 CHAYTOR, Q.C.:
3 A. Right.	3 Q. That's right, and for example, it certainly
4 CHAYTOR, Q.C.:	4 had numbers around the number of deceased
5 Q. And the numbers then appear in the briefing	5 patients and how many hadn't been retested at
6 note on that date	6 that point in time?
7 MS. GRIFFITHS:	7 MS. GRIFFITHS:
8 A. Uh-hm.	8 A. That's right, yes.
9 CHAYTOR, Q.C.:	9 CHAYTOR, Q.C.:
10 Q. And Ms. Griffiths, did you include these	10 Q. And it certainly had numbers of people who,
11 numbers on this day?	11 with changes in their results, as opposed to
12 MS. GRIFFITHS:	12 just the 117 number.
13 A. No, I didn't.	13 MS. GRIFFITHS:
14 CHAYTOR, Q.C.:	14 A. Yes.
15 Q. You did not?	15 CHAYTOR, Q.C.:
16 MS. GRIFFITHS:	16 Q. Now at page 19, there's also a briefing note
17 A. No.	17 of the same date.
18 CHAYTOR, Q.C.:	18 MS. GRIFFITHS:
19 Q. And so this portion, this bullet here at the	19 A. Okay.
bottom of page 14 of the exhibit, with the	20 CHAYTOR, Q.C.:
details on the test results are as follows,	21 Q. This one is also indicated to be drafted by
and all of the numbers are included, you did	22 you and approved by Ms. Hennessey.
23 not draft that?	23 MS. GRIFFITHS:
24 MS. GRIFFITHS:	24 A. Uh-hm.
25 A. I didn't, no.	25 CHAYTOR, Q.C.:
Page	Page 310 Page 312
1 CHAYTOR, Q.C.:	1 Q. And do you recall doing two briefing notes on
2 Q. Do you know who did?	2 that date?
3 MS. GRIFFITHS:	3 MS. GRIFFITHS:
4 A. I'm pretty sure that Moira did.	4 A. I don't, but you know, obviously they must
5 CHAYTOR, Q.C.:	5 have been done in two differentit was coming
6 Q. Okay.	6 from the same note, done at two points in
7 MS. GRIFFITHS:	7 time, and one saved as a different date or a
8 A. And I recall that, you know, and it might have	
9 been this process as well, it's hard to	9 it might have been done that way just to
10 distinguish now between this process, the	10 preserve some of the data that was in the
11 information that I know and the previous	11 previous one, if it was being condensed into
information, but I distinctly remember that,	12 the next one, because certainly one is an HOA
13 you know, I had gone back into this briefing	13 note and if you just look back for a second -
14 note to find these numbers. So I didn't craft	14 CHAYTOR, Q.C.:
them and I didn't have that information from	15 Q. I think they both are.
any document that I had had, so -	16 MS. GRIFFITHS:
17 CHAYTOR, Q.C.:	17 A. They both are, okay.
18 Q. Well you would have had the May or, sorry,	
19 November 23rd, 2006 briefing note?	19 Q. Yes, they're both question and answer notes.
20 MS. GRIFFITHS:	20 MS. GRIFFITHS:
A. But that didn't include all of these	21 A. Okay.
22 comprehensive numbers.	22 CHAYTOR, Q.C.:
23 CHAYTOR, Q.C.:	23 Q. And of course, at this point in time, do you
24 Q. It certainly would have included numbers of -	
25 MS. GRIFFITHS:	25 within the House?

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1 MS. GRIFFITHS:	1 MS. GRIFFITHS:
2 A. Yes.	2 A. No, I was never instructed directly, no.
3 CHAYTOR, Q.C.:	3 CHAYTOR, Q.C.:
4 Q. Within the House of Assembly.	4 Q. And the briefing note that I directed your
5 MS. GRIFFITHS:	5 attention to earlier where you had included a
6 A. Oh, absolutely. It was around that time when	6 line attaching the November 23rd 2006 note
7 CBC had the -	7 from Eastern Health with the numbers -
8 CHAYTOR, Q.C.:	8 MS. GRIFFITHS:
9 Q. Yes, May 15th.	9 A. Um-hm.
10 MS. GRIFFITHS:	10 CHAYTOR, Q.C.:
11 A had the data.	11 Q you indicated that that would have been
12 CHAYTOR, Q.C.:	deleted by someone other than yourself?
13 Q. Now the note at page 19 certainly has a lot	13 MS. GRIFFITHS:
14 more anticipated questions.	14 A. Yes.
15 MS. GRIFFITHS:	15 CHAYTOR, Q.C.:
16 A. Right.	16 Q. Did it ever catch your attention that that was
17 CHAYTOR, Q.C.:	17 no longer being referred to, the November 23rd
18 Q. And if we come down towards the bottom of that	18 document? Did that ever catch your attention
19 note, the second bullet under key messages is	19 the next time you went to do a briefing note,
20 "Eastern Health was advised by its legal	20 "why are we no longer including this
21 counsel to withhold this information pending	21 document?"
22 Court action." Did you write that?	22 MS. GRIFFITHS:
23 MS. GRIFFITHS:	A. No, not specifically. I guess it was, you
A. I didn't, no, and I wouldn't have been privy	know, not to be repetitious without putting
25 to that piece of information. So that	the same pieces of information forward, so I
Page 3	14 Page 316
1 information was garnered somewhere up the	1 guess it was known that that information is
2 line.	2 where it needed to be at a given time and just
3 CHAYTOR, Q.C.:	3 the following briefing notes were subsequent
4 Q. Okay, and you weren't -	4 information.
5 MS. GRIFFITHS:	5 CHAYTOR, Q.C.:
6 A. I hadn't spoken to anyone at Eastern Health	6 Q. And in this, do you recall then in the middle
7 about that particular topic, with regards to	7 of May, May 15th in particular, of 2007, do
8 legal counsel or Court action, except I spoke	8 you recall this issue becoming an issue of
9 to Heather and asked her "I understand there's	9 public discussion and garnering a lot of
10 an affidavit being submitted and are you	10 attention in the media?
11 stillwill you meet that timeline?" or	11 MS. GRIFFITHS:
12 whatever.	12 A. I do.
13 CHAYTOR, Q.C.:	13 CHAYTOR, Q.C.:
14 Q. Okay, and in terms of the overall numbers	14 Q. Okay, and what do you recall taking place in
15 appearing now after the matter has become a	15 the Department regarding the issue at that
16 matter of public record, or the numbers having	16 point in time?
17 become a matter of public record -	17 MS. GRIFFITHS:
18 MS. GRIFFITHS:	18 A. I would imagine there were discussions at the
19 A. Right.	19 senior level, but at that given point in time,
20 CHAYTOR, Q.C.:	20 I wasn't privy to the meetings or the
21 Q and now appearing in the briefing notes,	21 discussions that were held at the senior
those numbers not having been in the briefing	22 level.
23 note before, were you ever instructed or	23 CHAYTOR, Q.C.:
24 advised not to include all of the numbers in	24 Q. So you weren't called into any meetings?
25 the briefing note?	25 MS. GRIFFITHS:
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1 A. I wasn't, no, and I don't recall at this	1		contacts in the Department.	
2 point, I think they had, you know, ne	w 2	MS. G	RIFFITHS:	
3 information. I understood that the media		А.	Um-hm.	
4 looked at the affidavit and the affidavit	. 4	CHAY	TOR, Q.C.:	
5 contained more numbers, and I guess I lea	arned 5	Q.	Okay. Do you recall that?	
6 that information along with everyone else	e, and 6	MS. G	RIFFITHS:	
7 you know, the discussions that came are		А.	I recall. I'm not sure if I was given that	
8 that issue then were certainly high leve	8		specificI don't think I was copied that	
9 discussions at the Department, and I do	n't 9		particular piece of information, but I do	
10 recall Moira coming back and asking me	for any 10		remember there wereI think there were some	
11 specific new information to get or to cont	-		issues and I think Ms. Pilgrim brought it to	
12 anyone on the numbers.	12		the attention of Moira that, you know, we were	
13 CHAYTOR, Q.C.:	13		calling concurrent people trying to get	
14 Q. Okay. So you weren't asked to contact an	nyone 14		information and sometimes asking the same	
15 at Eastern Health?	15		questions, whether it be on whatever level.	
16 MS. GRIFFITHS:	16		So I guess on that particular piece of it,	
17 A. I don't recall that, no.	17		Moira came to me and said that, you know, from	
18 CHAYTOR, Q.C.:	18		information gathering perspective that she	
19 Q. And nobody within the Department came	e to ask 19		advised that I would befrom Board Services	
20 you for any information or clarification of			division, I would be the primary contact for	
21 MS. GRIFFITHS:	21		Eastern Health.	
A. On the numbers?	22	CHAY	TOR, Q.C.:	
23 CHAYTOR, Q.C.:	23		And what did you understand that would be, to	
24 Q. On anything regarding the issue.	24		become the primary contact on this issue for	
25 MS. GRIFFITHS:	25		Eastern Health?	
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1 A. Not that I recall at that given time. That	ũ l	MS. G	RIFFITHS:	
2 was about May?	2	A.	That, you know, new informationI think what	
3 CHAYTOR, Q.C.:	3		was happening at the time, and it sometimes	
4 Q. May, yes.	4		happens as well, is that the Deputy may pick	
5 MS. GRIFFITHS:	5		up the phone and ask a certain question of the	
6 A. Yeah, yeah, okay.	6		CEO or Moira may do the same thing with one of	
7 CHAYTOR, Q.C.:	7		the VPs. The director of communications may	
8 Q. And if we could look at P-0958, pleas	se, 8		be concurrently calling and talking to the	
9 Registrar? And Ms. Griffiths, this is an e			communications director over there, and	
10 mail exchange between Ms. Hennessey			sometimes we're all asking for the same piece	
11 Thompson, and it's in, we understand, Jun			of information.	
12 2007, and there was some concern expr		CHAY	TOR, Q.C.:	
13 from Eastern Health from Ms. Pilgrim		Q.	Yes.	
14 there were a number of people making co	ontacts. 14	MS. G	RIFFITHS:	
15 MS. GRIFFITHS:	15	А.	So they were trying to streamline it so that	
16 A. Yes.	16		if I were calling, you know, let me be the	
17 CHAYTOR, Q.C.:	17		only one to call on that specific piece of	
18 Q. From the Department with Eastern Healt	h, and 18		information.	
19 so they're trying to streamline the number		CHAY	TOR, Q.C.:	
20 contacts.	20		And is that how then it went forward, that you	
21 MS. GRIFFITHS:	21	-	became -	
22 A. Right.	22	MS. G	RIFFITHS:	
23 CHAYTOR, Q.C.:	23	А.	It seemed to, but then you know, there were a	
24 Q. And Ms. Hennessey suggests that yourse	elf and 24		lot of changes occurred within that small	
25 Cathi Bradbury, Dr. Bradbury, be used as	s key 25		period of time with Mr. Thompson assuming	

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1 res	ponsibility for ER/PR. So within that	1		June of 2007, to attend on Eastern Health to
2 sma	all window of time, I felt thatI felt	2	2	see their data on patient contacts with
3 con	mfortable in picking up the phone and	3	;	respect to the ER/PR issue?
4 call	ling Eastern Health to get the information	4	MS.	GRIFFITHS:
5 and	d that 15 other people weren't calling and	5		A. I did. I believe it was around the middle of
6 doi	ing the same thing.	6	ò	June.
7 CHAYTOF	R, Q.C.:	7	CHA	AYTOR, Q.C.:
8 Q. Yes	s, okay, and so in terms of then your	8	6 (	Q. And what can you tell the Commissioner about
	mmunications back to the Department, once	9	)	that?
	u became the key contact or one of two key	10	MS.	GRIFFITHS:
	ntacts, who would you then report the	11	1	A. The Deputy Minister at the time, Mr. Thompson,
	formation to?	12		had asked MoiraI guess had had the
13 MS. GRIFF		13		discussion that, you know, can we have a look
14 A. Dir	rectly to Moira Hennessey.	14		at their data, see what kind of information is
15 CHAYTOF	R, Q.C.:	15	i	available, because I got a sense at the time
	ay. So -	16	, ,	that Robert wasn't completely comfortable with
17 MS. GRIFF		17	,	the numbers, and we didn't know what kind of
18 A. I w	vouldn't have gone -	18	;	database they were using. So Moira asked if I
19 CHAYTOR		19	)	would go over to meet with Heather Predham and
20 Q so	o it was no change?	20	)	Pat Pilgrim and have a discussion and visually
21 MS. GRIFF		21		see what kind of data information system they
22 A. No	).	22		have and what kindhow are they collecting
23 CHAYTOR	R, Q.C.:	23		and keeping track of patient contacts and that
	ou continued to then report that directly to	24		kind of thing. So myself and my colleague,
25 Ms	s. Hennessey?	25	i	one of the other consultants, Derek Penney,
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1 MS. GRIFF	FITHS:	1		went over to Eastern Health and we met with
2 A. Ab	osolutely.	2	2	Heather and I believe Pat Pilgrim, at that
3 CHAYTOR		3		time, and Pam Elliott rings a bell too. Pam
4 Q. On	this issue?	4	Ļ	is the Director of Quality at Eastern Health.
5 MS. GRIFF		5	i	It was eitherand I may have that in my
6 A. Yes		6	<b>j</b>	notes, but it was either Pam and Pat or one or
7 CHAYTOR		7	'	the other, and we basically asked Heather what
	ay, and then did your involvement in the	8	5	kind of information systems and how are they
	ue increase?	9	)	moving along the process and how are they
10 MS. GRIFF		10	)	ensuring that patients were being contacted,
	t really. It was stillI don't recall it	11		and what weI guess what we discovered is
	ng significantly increased or not. I just	12		that they had a very manual process of
	t a level of comfort that when I was	13		collecting the data, and it was basically, you
	ling Eastern Health to get a specific piece	14		know, the 11 by 14 long paper and it was like
	information that there were other people	15		a Word document in which they had the columns
	t doing the same thing. So I think it was	16		laid out and they had the patients name and
•	t streamlining and I appreciated Eastern	17		contact listing, and basically a check mark to
	alth's point of view at the time because it	18		see which patients were being contacted, and
	be frustrating when two or three people	19		there were little notations made to, you know,
	m the Department are trying to get the same	20		basically from the discussion of having a
	ormation and it's time consuming and very	21		discussion with the patients or patient
	ffective or inefficient, I suppose is a	22		contacted or you know, will follow up with a
	ter word.	23		phone call, those kinds of little notations.
24 CHAYTOF		24		So we had discussion around that and it
25 Q. Ms	s. Griffiths, did you have occasion then, in	25	i	was, the staff there were finding it very

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1	challenging, I guess, to make sure that the	1		TOR, Q.C.:
2	data that they were using, the database that	2		And they didn't have access to an Excel
3	they were using, and like I say, it was pretty	3		spreadsheet?
4	much a manual process, that you know, I guess	4		RIFFITHS:
5	I went over with the assumption that they	5		I think they did, but they were doing it
6	could put ER/PR and the patient and the test	6		manually for one reason or another.
7	results and press a button and they would get	7	CHAY	TOR, Q.C.:
8	the data come out in a good electronic order.	8	Q.	For whatever reason.
9 CH/	AYTOR, Q.C.:	9	MS. GI	RIFFITHS:
10 Ç	Q. And do you have any particular training or	10	А.	Yeah, it might have been, you know, at the
11	expertise in data management?	11		time it could have been a resource issue or
12 MS.	. GRIFFITHS:	12		that's the way they set it up when they
13 A	A. No, I mean, I can navigate myself around Excel	13		started reviewing the charting.
14	and, you know, I can -	14	CHAY	TOR, Q.C.:
15 CHA	AYTOR, Q.C.:	15	Q.	And back around the time period that we looked
16 (	2. But whatwere you surprised then what you saw	16		at in your briefing notes when you did have
17	-	17		some discussion or e-mail exchange with Ms.
18 MS.	. GRIFFITHS:	18		Smith about one patient who had come forward
19 A	A. I was.	19		who had been missed, in that time period, and
20 CH	AYTOR, Q.C.:	20		then you went ahead in your briefing note and
21 (	Q in terms of the state of the records?	21		noted that all patients had individually been
	. GRIFFITHS:	22		met with by clinicians. In that time period,
23 A	A. Yeah, I was surprised at, you know, the manual	23		had anyone ever indicated to you any
24	process that they had in place, and you know,	24		challenges with data management?
		25		RIFFITHS:
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1	they had files, really manual files in boxes	1	Δ	Not specifically, but you knowand that's
2	that they were trying to navigate their way.	2		why, I think, when I went over there, I was of
3	So it was a difficultI appreciated that day,	3		the assumption that they had a better
	when I had met with them, the difficulty that	4		electronic data management type system when
4 5	they were having in the data management and	5		they were following through this.
6	ensuring that everyone was contacted and what	-		TOR, Q.C.:
	follow up was being done and things like that.			So had you previously been given a level of
7	So I guess, you know, I certainly got an	7		assurance that all patients had been
8		-		contacted?
9	appreciation for the challenges that they were	9		
10	having with regards to that.			RIFFITHS:
	AYTOR, Q.C.:	11		I had, yeah. I mean, that was our key
	2. And Ms. Griffiths, had those challenges ever	12		messaging, that anyone that could be contacted
13	been told to you in prior discussions with	13		was contacted.
14	Eastern Health?			TOR, Q.C.:
	. GRIFFITHS:	15		And that was repeatedly a key message?
	A. Only insofar as it was difficult to ascertain			RIFFITHS:
17	why they were having so much difficulty in	17		Yes.
18	making sure that every patient was contacted			TOR, Q.C.:
19	and having the exact number of patients and,	19		Okay. So had any challenges with respect to
20	from that perspective. Like it would have	20		data management been identified to you, would
21	beenit would have seemed easy to me if I	21		you have been expressing with confidence in
22	could press a button, get an Excel spreadsheet	22		the briefing notes that all patients had been
	and have all that data in front of me, but	23		contacted?
23		25		
23 24	they were working on a very manual process, and then I appreciated why.		MS. GI	RIFFITHS: Probably not, but the only thing is, you know,

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1	it would have beeneven though I we	nt over	1 N	MS. GRIFFITHS:
2	and I saw the manual process they were	using,	2	A. It was more I understood the challenge that
3	I still couldn't presume that they'dy	/ou 2	3	they were possibly having, because I could see
4	know, I mean, I couldn't presume that b	because 4	4	myself trying to manage a database of over 100
5	it was a manual process that it wasn't as	s good	5	people or 1,000, almost 1,000 people and
6	as or as useful a tool to them as somet	hing	6	trying to -
7	that was electronic.	,	7 0	CHAYTOR, Q.C.:
8 0	CHAYTOR, Q.C.:	:	8	Q. So nobody in Eastern Health -
9	Q. Was your confidence in that assertion s	shaken	9 N	MS. GRIFFITHS:
10	at all by the episode?	10	0	A and trying to ensure -
11 N	MS. GRIFFITHS:	1	1 0	CHAYTOR, Q.C.:
12	A. A little, not in that competence in the	ie 12	2	Q was actually saying that, that this is
13	assertion, I guess, but I felt very empath		3	challenging?
14	towards them. I felt, you know, my gos	h, it's 14	4 N	MS. GRIFFITHS:
15	hard enough to be dealing with this issu	e, but	5	A. No, no.
16	you know, if you had a more easier an	d more 1	6 0	CHAYTOR, Q.C.:
17	user-friendly system that you could east	ily go 1'	7	Q. This is difficult to keep track?
18	in and, you know, get the data out of X	number 1	8 N	MS. GRIFFITHS:
19	of patients are contacted on a given tim	e and 19	9	A. No, but from my own perspective, I was -
20	you know, you could plot your time lin	les and 20	20 0	CHAYTOR, Q.C.:
21	things like that. You know, I really ha	id a 2	21	Q. That was the impression you formed?
22	better appreciation for the struggles that	t, I 22	22 N	MS. GRIFFITHS:
23	guess, they were having in trying to er	isure 2	23	A. That was the impression I had.
24	that all of their data was collected and t	hey 24	24 0	CHAYTOR, Q.C.:
25	could get some useful evaluation out of	it. 2:	25	Q. From what you saw?
		Page 330		Page 332
1 0	CHAYTOR, Q.C.:		1 N	MS. GRIFFITHS:
2	Q. So at that point in time or at any point	in 2	2	A. My goodness, if they had a better IT system
3	time, did you have concern that the		3	here, they might be able to manage this a
4	documentation was not supportive o		4	little bit easier.
5	assertion that all patients had beer	1 :	5 0	CHAYTOR, Q.C.:
6	contacted?		6	Q. So at any point in time, did you have concern
7 N	MS. GRIFFITHS:	,	7	that the documentation wasn't supportive of
8	A. I didn't presume that that day. You kn	ow, I	8	the assertion that all the patients had been
9	didn't presume. Even though, like I sa	y, it	9	contacted?
10	was a manual process, that was a proces	ss that 10	0 N	MS. GRIFFITHS:
11	was working for them at that given tin		1	A. I think I would have had a better measure of
12	they didn't saythey did say to meo	r I 12	2	comfort if I had to see more ease of a system
13	guess, you know, there was certainly,	•	3	of patient tracking, but again, I couldn't
14	know, this is challenging. It's very		4	presume that. Even though it was a manual
15	difficult to keep track of, you know, t		5	process, I stillyou know, I guess I was of
16	kind of way. A manual process is, you	know.	6	the assumption that they were still capturing
17 C	CHAYTOR, Q.C.:	1′	7	the information and, you know, working through
18	Q. Yes, and was that being said to you fo			the process, just as if they had an electronic
19	first time, it's difficult to keep track an			system. I just felt that it would have been
20	it's very challenging?		20	so much more streamlined for them if they
21 N	MS. GRIFFITHS:	2	21	could, you know, have all the data on a
22	A. No, no, I guess I can't even presume to			database.
23	that. It was more -			CHAYTOR, Q.C.:
1	CHAYTOR, Q.C.:	24		Q. And what did you report back then to Mr.
25	Q. So you'd heard that before?	2:	25	Thompson?

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1 MS. GRIFFITHS:	1 CHAYTOR, Q.C.:
2 A. Basically that, that you know, they're	2 Q. And I take it that is he's looking for some
3 struggling with a manual database and that,	3 clarification around the database project?
4 you know, I said to him that, you know, it	4 MS. GRIFFITHS:
5 wasthey were finding it challenging and, you	5 A. Sure.
6 know, he looked atyou know, he was similar,	6 CHAYTOR, Q.C.:
7 I guess, to our impression that, you know,	7 Q. So that's the project that NLCHI then
8 it's difficult enough to manage a big issue	8 undertook?
9 like this when the information systems are not	9 MS. GRIFFITHS:
10 there to support you. So that was, it was	10 A. Yes.
right after that meeting that he decided to	11 CHAYTOR, Q.C.:
12 engage the Newfoundland Centre for Health	12 Q. Okay. And were you also involved, then, in,
13 Information to help Eastern Health with the	13 starting in May of 2007 in preparing issue
14 development of the database for the ER/PR	14 monitoring reports on this with respect to the
15 process.	15 ER/PR issue?
16 CHAYTOR, Q.C.:	16 MS. GRIFFITHS:
17 Q. Okay. Now, Ms. Griffiths, what was your next	17 A. That's right. There were two issues,
18 involvement or significant or substantial	18 actually, there were several issues, I think,
19 involvement in this issue?	19 that the premier's office was following. And
20 MS. GRIFFITHS:	20 I was asked to report on a weekly basis, there
A. I attended a meeting at the department where	21 were two files at the time that I was
22 the director with the Newfoundland Centre of	22 reporting to the premier's office on. One was
Health Information was asked to attend and he	23 the radiology issue in Burin at the time and
had staff there that day. And there was	24 one was the ER/PR. And primarily I think I
25 discussion around helping Eastern Health to	25 might have done a series of 10 to 12 weeks of
Page 334	- C
1 develop a database for ER, the ER/PR issue.	1 reporting and each week I would send a one
2 And I guess there were two pieces with that.	2 pager to the premier's office to update them
3 There was, it was to, you know, certainly	3 on the ER/PR issue, and it was primarily
4 ensure that all of theit was, I guess the	4 focused around the work that the Newfoundland
5 primarily intent was to assist Eastern Health	5 Centre for Health Information was carrying
6 with working through the process of the data	6 out.
7 management around this issue. And the second	7 CHAYTOR, Q.C.:
8 one was to certainly give the department and	8 Q. Okay. And first of all, tell us what is an
9 give Eastern Health a measure of confidence	9 issue monitoring report?
10 that patients, all the patients could beyou	10 MS. GRIFFITHS:
11 know, that all the patients were contacted,	11 A. It was new, it was new -
12 all the follow up was being done and the	12 CHAYTOR, Q.C.:
13 tracking could be done then to ensure that	13 Q. That's a new concept, is it?
14 that process, indeed, was occuring.	14 MS. GRIFFITHS:
15 CHAYTOR, Q.C.:	15 A. Yes, it was new to me.
16 Q. And that was, I take it, Mr. Don MacDonald,	16 CHAYTOR, Q.C.:
17 was it?	17 Q. Okay.
18 MS. GRIFFITHS:	18 MS. GRIFFITHS:
19 A. It was, yeah. And Mr. Mike Barron.	19 A. And I haven't done it, actually, since the
20 CHAYTOR, Q.C.:	20 ER/PR, so I guess at the time it was just a
Q. Okay. and if we look at 1429? We have an e-	21 process that was implemented to update the
22 mail here from Mr. MacDonald to yourself, June	22 premier's office on some key issues in any
23 15th.	23 department and I guess ours was health.
24 MS. GRIFFITHS:	24 CHAYTOR, Q.C.:
25 A. Yeah.	25 Q. And you reported directly to the premier's

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1 office?	1 Hennessey to me, bu	it I understand, because we
2 MS. GRIFFITHS:	2 used to send them	up through cabinet
3 A. No. I went through Moira.	3 secretariat, so they w	vould, on the Thursday of
4 CHAYTOR, Q.C.:	4 each week, they we	ould, you know, we would
5 Q. Through Moira.	5 forward the most up	-to-date -
6 MS. GRIFFITHS:	6 CHAYTOR, Q.C.:	
7 A. Yeah.	7 Q. And it was -	
8 CHAYTOR, Q.C.:	8 MS. GRIFFITHS:	
9 Q. If we could look at P-0126, page 47, pleas	9 A information to then	n. It would flow through
And I won't take you through all of those,		nd then it would flow
Griffiths, but this is, I believe, the first	11 through to the premi	
12 one, May 25th -	12 CHAYTOR, Q.C.:	
13 MS. GRIFFITHS:	13 Q. Okay. And I take it	prior to May 25th, 2007
A. Yeah, it started in May, and I think we end	-	pared an issue monitoring
around August sometime.	15 report with -	pared an issue monitoring
6 CHAYTOR, Q.C.:	16 MS. GRIFFITHS:	
Q. I think the last one -		
-		,c.
8 MS. GRIFFITHS:	18 CHAYTOR, Q.C.:	
9 A. So we reported through the summer and it	-	k issue?
around that time then that Mr. Thompso	20 MS. GRIFFITHS:	
assumed responsibility for the -	21 A. No, not to my knowl	ledge, no.
22 CHAYTOR, Q.C.:	22 CHAYTOR, Q.C.:	
Q. August 17th, 2007 is the last one we have.	23 Q. And why was it at th	-
24 MS. GRIFFITHS:		eing requested from the
A. Oh, okay, yeah.	25 premier's office?	
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1 CHAYTOR, Q.C.:	1 MS. GRIFFITHS:	
2 Q. Okay. So this was a new concept, new con	pt, 2 A. And it wasn't specifi	c to the ER/PR, as I say,
3 the issue monitoring reports, you hadn't do	3 that summer -	
4 anything like that before?	4 CHAYTOR, Q.C.:	
5 MS. GRIFFITHS:	5 Q. It was also Burin rad	iology.
6 A. No, I hadn't had that request on other files.	6 MS. GRIFFITHS:	
7 CHAYTOR, Q.C.:	7 A as I say, that summ	ner, it was also Burin
8 Q. But was itis there such a creature before	8 radiology. So I guess	s it was just to inform
9 this as an issue monitoring report, is that	9 the premier's office	on a weekly basis on
0 something new?	10 these two files to upd	late them.
1 MS. GRIFFITHS:	11 CHAYTOR, Q.C.:	
2 A. It was new to, it was new to -	12 Q. Okay.	
3 CHAYTOR, Q.C.:	13 MS. GRIFFITHS:	
Q. And was it new to the department?		erstanding from cabinet
5 MS. GRIFFITHS:	15 secretariat that there	-
6 A. It was.		f issues from different
17 CHAYTOR, Q.C.:		y were monitoring those
R Q. It was?	18 issues.	y were monitoring mose
9 MS. GRIFFITHS:	19 CHAYTOR, Q.C.:	
		ractice that come in at
	20 Q. So was this an new p	practice that came in at
21 CHAYTOR, Q.C.:	21 this point in time?	
Q. Okay. And who was it that asked you to		1 4 1 1
23 this?	23 A. It was new for me, ye	eah. And no one else in
24 MS. GRIFFITHS:	24 my branch -	
A. Wethe request certainly came from Mo	25 CHAYTOR, Q.C.:	

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1 Q. Had done this before?	1	for Health Information, primarily the
2 MS. GRIFFITHS:	2	responsibility thenoutside of the fact that
3 A. No, or was doing on any other file that I knew	3	I was doing the issue monitoring report, I
4 of.		didn't have much engagement then with the file
5 CHAYTOR, Q.C.:		because Mr. Thompson was assuming
6 Q. And does it continue, is this still a	6	responsibility for the ER/PR file.
7 practice?		TOR, Q.C.:
8 MS. GRIFFITHS:		Yes. And in doing the issue monitoring report
9 A. No, no.		what types of things would you include?
10 CHAYTOR, Q.C.:		RIFFITHS:
11 Q. It doesn't?		One week would run into another, into another,
12 MS. GRIFFITHS:		so you know, the activities like what I would
13 A. When we finished inI believe with two of my		report, and it was basically activities of the
14 files they kind of coincided because it was		week and then any new developments that would
15 kind of redundant information, you know.		occur the next week. So then when the next
16 CHAYTOR, Q.C.:		week came, I would, I guess, look at what we
17 Q. And is it anything that continues with respect		had anticipated would happen, did it happen,
18 to any other issues right now?		did it not happen, if it didn't happen, why
19 MS. GRIFFITHS:		and it was basically a very one-page succinct
20 A. It's not, no.		piece of information just to ensure that the
21 CHAYTOR, Q.C.:		flow of information continued.
22 Q. No.		TOR, Q.C.:
23 MS. GRIFFITHS:		Okay. In answering one of my questions, I
A. Not that I've been asked or not that any of my		believe the question around what you observed
25 colleagues are doing.		of Eastern Health's database, you indicated
Page		Page 344
1 CHAYTOR, Q.C.:		that it may be in some information in your
2 Q. Okay. And do you know did anyone explain t		notes. Do you have notes on the ER/PR issue?
3 you why you were being asked to undertake th		RIFFITHS:
4 task in May of 2007 and hadn't been asked this		I don't have them with me today, no.
5 before?		TOR, Q.C.:
6 MS. GRIFFITHS:		But you do have notes regarding this issue?
7 A. My understanding is just to ensure that		RIFFITHS:
8 central government was aware of the issue and		I'm not sure if I do because it wasn't, it
9 just to update it from a general point of view		wasn't a situation where we kind of sat around
10 on each of the files.		the table. I went into her office, looked at,
11 CHAYTOR, Q.C.:		myself and my colleague went into the office,
12 Q. But it's not something had been asked of you		sat down andit wasn't actually even a form
13 prior to May of 2007?		that I sat down and took notes. I was more
14 MS. GRIFFITHS:		there observing and seeing and looking and
15 A. No.		finding out and -
16 CHAYTOR, Q.C.:		TOR, Q.C.: Vas. and my question is a hit broader than
17 Q. Okay. Other than what I've already covered		Yes, and my question is a bit broader than that. I'm wondering do you have any notes at
18 with you then, Ms. Griffiths, have you attended any other meetings or had any other		that. I'm wondering do you have any notes at all on the ER/PR issue?
<ul><li>attended any other meetings or had any other</li><li>discussions on the ER/PR issue that I haven't</li></ul>	19 20 MS CI	RIFFITHS:
21 already taken you through?		Any notes that I could find, and I reviewed
22 MS. GRIFFITHS:	22	all ofI'm one of those little black book
23 A. No, because like I say, after my visit to		people, so when the Commission started, I went
Eastern Health and to look at their data		through all of my notes in that time line and
25 system and then the engagement of the Centre	25	anything that I had, I would have submitted.

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1 CHAYTOR, Q.C.:	1 Q. Mr. Crosbie?
2 Q. Okay. And I don't believe we have any notes	2 CROSBIE, Q.C.:
3 from you.	3 Q. No questions.
4 MS. GRIFFITHS:	4 COMMISSIONER:
5 A. No, so I mean, most of my information would	5 Q. Mr. Pritchard?
6 have been taken from pieces of information or	6 MS. BEVERLY GRIFFITHS, CROSS-EXAMINATION BY MR. ROLF
7 going into the system and a lot of my work is	7 PRITCHARD
8 done electronically.	8 MR. PRITCHARD:
9 CHAYTOR, Q.C.:	9 Q. Thank you, Commissioner. Good afternoon, Ms.
10 Q. Okay. And if there are notes of your visit to	10 Griffiths. Ms. Griffiths, a few questions
Eastern Health on that date, that's something	11 arising from your testimony. Earlier in your
12 that if you wouldn't mind, you could check and	12 testimony you were explaining to Ms. Chaytor
13 -	13 about what involvement, if any, you had had in
14 MS. GRIFFITHS:	14 the Labrador Grenfell matter -
15 A. I would, certainly, I'll go back on that date	15 MS. GRIFFITHS:
16 -	16 A. Sure.
17 CHAYTOR, Q.C.:	17 MR. PRITCHARD:
18 Q and pass them on to Mr. Pritchard?	18 Q. And the sterilization of the gynecological
19 MS. GRIFFITHS:	19 instruments. And you made the statement that
20 A I believe I did for Rolf, I think I had that	20 the department would not have been involved in
21 discussion and I believe, you know, when we	21 directing how the patients were contacted.
22 were doing the disclosure day, I believe I	22 And why is that?
23 went back and looked, but I'll certainly do	23 MS. GRIFFITHS:
24 that again.	A. There was nothing that stood out to be
25 CHAYTOR, Q.C.:	25 concerning, I guess, from afrom the board's
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1 Q. Okay. And is there anything else, any other	1 point of view and how they were handling the
2 information that you have that you believe	2 issue and disclosing the information to
3 would be of importance or significance to the	3 patients and following up. So I guess from
4 Commissioner in her -	4 that perspective I, you know, certainly put
5 MS. GRIFFITHS:	5 the information in briefing notes, send it up
6 A. Notand I've gone back over my systems and	6 the line, this is what Labrador is doing and
7 reviewed them.	7 from that perspective we saw it as an
8 CHAYTOR, Q.C.:	8 operational issue of the board. The board was
9 Q. Thank you. And those are all my questions,	9 carrying out thatyou know, carrying out the
10 Commissioner.	10 steps in the process and from the department's
11 COMMISSIONER:	11 point of view, we basically passed the
12 Q. Thank you. Mr. Simmons?	12 information along as information.
13 MR. SIMMONS:	13 MR. PRITCHARD:
14 Q. I have no questions. Thank you, Commissioner.	14 Q. Now, you were being asked about some of the
15 COMMISSIONER:	15 processes around the briefing notes that you
16 Q. Ms. Hennebury?	16 prepared or that are prepared in your branch.
17 MS. HENNEBURY:	17 And you made the statement that you don't
18 Q. I have no questions. Thank you.	18 overwrite briefing notes when you're preparing
19 COMMISSIONER:	19 them or updating them but others have done so.
20 Q. Ms. O'Dea?	20 MS. GRIFFITHS:
21 MS. O'DEA:	21 A. Sure.
22 Q. No questions, Commissioner.	22 MR. PRITCHARD:
23 MS. NEWBURY:	23 Q. Is that still the practice, are there still
24 Q. No questions.	24 people who overwrite the briefing notes in
25 COMMISSIONER:	25 your branch?

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1 MS. G	RIFFITHS:	1	subsequently unfold at the Eastern Health
2 A.	That practice stopped awhile ago because there	2	briefing, did you have any expectations at all
3	was some concern about losing data or	3	about what would or would not be disclosed?
4	certainly being able to go back over a series	4	MS. GRIFFITHS:
5	of briefing notes on a particular subject and	5	5 A. I didn't, no.
6	ensure that you had the information and you	6	5 MR. PRITCHARD:
7	could trend the information if there were	7	Q. Okay. Now, the last thing I wanted to ask you
8	changes and key certain points in time. And	8	
9	so I'm not sure the time line. It's certainly	9	my confusion, but you spokeyou were asked
10	within the past year or so that when we do a	10	
11	briefing note now and we make changes, I	11	affidavit.
12	always have the practice of saving as another	12	2 MS. GRIFFITHS:
13	date in the briefing, so. But a briefing note	13	A. Um-hm.
14	on the same topic with any changes we now bold	14	MR. PRITCHARD:
15	and we also have a new signatory change on the	15	Q. And that you became aware that Eastern Health
16	bottom. It still says "Prepared by" so my	16	-
17	name would still show up as prepared by, and	17	MS. GRIFFITHS:
18	approved by, but there is a signature page for	18	
19	the deputy minister and the minister just to		MR. PRITCHARD:
20	ensure, I guess, that all the parties involved	20	
21	have seen and acknowledged in writing that	21	
22	they have the -	22	-
	RITCHARD:		MS. GRIFFITHS:
	Okay.	24	
-	RIFFITHS:	25	
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1 A.	- have seen the briefing note.	1	
	RITCHARD:	$\begin{vmatrix} 1\\2 \end{vmatrix}$	
	Now you mentioned that you did not attend the	$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	
1	minister's briefing on November 23rd, 2006?	4	
	RIFFITHS:	5	
	Right.	6	
	RITCHARD:	7	
	But you did, at some point, receive from Ms.	8	
1	Hennessey a copy of the Eastern Health	9	
10	briefing note of the same day?	10	
	RIFFITHS:		
	Okay.	11 12	
	RITCHARD:		
		13	
	Am I correct in understanding that? RIFFITHS:		MS. GRIFFITHS:
	Yes.	15 16	
1	res. RITCHARD:		
		17 18	
	Okay. And that was subsequently attached to the November 27th briefing note?		
19 20 MS G	the November 27th briefing note? RIFFITHS:	19	
		20	
	That's right, right.	21	2
	RITCHARD: Okay Now other than being given that	22	
1	Okay. Now, other than being given that	23	e
24	briefing note, were you given any	24	*
25	understanding or expectations about what would	25	MR. PRITCHARD:

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1 Q. So you had no awareness that there was a	1	1 Q. You seemed clear in your -
2 discrepancy, if you will, between the	2	2 MS. GRIFFITHS:
3 affidavit -	3	A. I did, I did.
4 MS. GRIFFITHS:	4	4 CHAYTOR, Q.C.:
5 A. I didn't know, no. I mean, in hindsight, I	5	
6 know that the affidavit spurred the issue	6	5 MS. GRIFFITHS:
7 around numbers, but at that given time, I	7	7 A. But it was the time line
8 hadn't been privy to the affidavit and I	8	8 CHAYTOR, Q.C.:
9 didn't ask. I didn't ask on behalf of the	9	
10 Department for a copy of the affidavit.	10	) MS. GRIFFITHS:
11 MR. PRITCHARD:	11	••• •
12 Q. Okay. Those are all my questions, Ms.	12	2 CHAYTOR, Q.C.:
13 Griffiths. Thank you very much.	13	
14 THE COMMISSIONER:	14	
15 Q. Anything arising, Ms. Chaytor?		5 MS. GRIFFITHS:
16 MS. BEVERLY GRIFFITHS, RE-EXAMINATION BY SANDRA C	_	
17 Q.C.		7 CHAYTOR, Q.C.:
18 CHAYTOR, Q.C.:	18	
19 Q. Just one because now I'm confused.		9 MS. GRIFFITHS:
20 MS. GRIFFITHS:	20	·· · · · ·
21 A. Yeah, and I can see why you are, because wher		1 CHAYTOR, Q.C.:
22 -	22	
23 CHAYTOR, Q.C.:	22	
24 Q. I had understood you -		4 MS. GRIFFITHS:
25 MS. GRIFFITHS:	24	
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1 A in nature meat	e	Page 356
1 A in retrospect -	1	1 5
2 CHAYTOR, Q.C.:	2	
3 Q had a discussion with Ms. Hennessey		3 CHAYTOR, Q.C.:
4 MS. GRIFFITHS:	4	
5 A. That's right.		5 MS. GRIFFITHS:
6 CHAYTOR, Q.C.:	6	1 5
7 Q around February or March about that		
8 MS. GRIFFITHS:		8 CHAYTOR, Q.C.:
9 A. And when I'm thinking of that discuss	•	
10 know, in the reality, because I didn't		
11 the numbers of the affidavit and she c		8
12 have the numbers in the affidavit, we k		8
13 affidavit was to be filed and we knew		y 1 8
14 that date came and went and the affida		*
15 filed.		5 MS. GRIFFITHS:
16 CHAYTOR, Q.C.:	16	
17 Q. So when would you have that discuss		7 CHAYTOR, Q.C.:
18 Ms. Hennessey?	18	
19 MS. GRIFFITHS:		9 MS. GRIFFITHS:
20 A. Whenobviously it was within that s		
21 eight-week period following the affi		1 CHAYTOR, Q.C.:
being filed when the media came out		
23 information and the numbers and that's		
learned at the Department of the numb		4 MS. GRIFFITHS:
25 CHAYTOR, Q.C.:	25	5 A. Yeah, yeah, so you know, the numbers around

1       that time, it wasn't until those numbers came       1 CHAYTOR, Q.C.:         2       out in the May time line that, you know, we       1 CHAYTOR, Q.C.:         4       you know, they started talking about the rate       1 CHAYTOR, Q.C.:         6       CHAYTOR, Q.C.:       0. Thank you very much for coming a 9 '30 when         6       CHAYTOR, Q.C.:       0. Thank you retry much for coming a 19 '30 when         7       Q. So did you have any discussion with Ms.       6         8       Hennessey or anyone else in the Department       6         9       No, that -       2         12       CHAYTOR, Q.C.:       7         13       Q the total number of patients and that type       6         14       of a number, regardless of what the number       7         15       Was. CHIPTTHS:       1         14       No. that-       1         15       MS. CHIPTTHS:       1         16       M. And gain, I know I had discussion, because       6         16       More questions, but certainly it would have       2         12       I. And gain, I know I had discussion, hecause       1         14       been after when The Independent broke the       2       1. Jady Moss, herely certify that the foregoing is	1       that time, it wasn't until those numbers came         2       out in the May time line that, you know, we         3       started to put together that the rates were         4       you know, they started talking about the rate         5       issue.         6       CHAYTOR, Q.C.:         7       Q. So did you have any discussion with Ms.         8       Hennessey or anyone else in the Department         9       around the February/March time period about -         10       MS. GRIFFITHS:         11       A. No, that -         12       CHAYTOR, Q.C.:         13       Q the total number of patients and that type         14       of a number, regardless of what the number         15       was.         16       MS. GRIFFITHS:         17       A. Yes.         18       CHAYTOR, Q.C.:         19       Q. The total number of patients now being         20       contained in the affidavit.         21       MS. GRIFFITHS:         22       A. And again, I know I had discussion, because         23       for my own clarity in the ER/PR issue, I would         24       have wanted toI would have had, you know,         25       those questions, but	<ul> <li>2 Q. Thank you.</li> <li>3 THE COMMISSIONER:</li> <li>4 Q. Thank you very much for coming. I guess we'll</li> <li>5 adjourn until tomorrow morning at 9:30 when</li> <li>6 we'll continue with Ms. Bonnell. Thank you</li> <li>7 all.</li> </ul> Page 360 1 CERTIFICATE
2       out in the May time line that, you know, we       3	<ul> <li>out in the May time line that, you know, we</li> <li>started to put together that the rates were</li> <li>you know, they started talking about the rate</li> <li>issue.</li> <li>CHAYTOR, Q.C.:</li> <li>Q. So did you have any discussion with Ms.</li> <li>Hennessey or anyone else in the Department</li> <li>around the February/March time period about -</li> <li>MS. GRIFFITHS:</li> <li>A. No, that -</li> <li>CHAYTOR, Q.C.:</li> <li>Q the total number of patients and that type</li> <li>of a number, regardless of what the number</li> <li>was.</li> <li>MS. GRIFFITHS:</li> <li>A. Yes.</li> <li>CHAYTOR, Q.C.:</li> <li>Q. The total number of patients now being</li> <li>contained in the affidavit.</li> <li>MS. GRIFFITHS:</li> <li>A. And again, I know I had discussion, because</li> <li>for my own clarity in the ER/PR issue, I would</li> <li>have wanted toI would have had, you know,</li> <li>those questions, but certainly it would have</li> <li>Page 358</li> <li>been after when The Independent broke the</li> <li>when CBC came out with the numbers and there</li> <li>were media information around it at that time.</li> <li>That's when it stands out clear to me, because</li> <li>I wasn't privy to the numbers before I heard</li> <li>them in the media, from that perspective.</li> <li>CHAYTOR, Q.C.:</li> <li>Q. Well, you were privy to numbers in August and</li> <li>in November 2006.</li> <li>MS. GRIFFITHS:</li> </ul>	<ul> <li>2 Q. Thank you.</li> <li>3 THE COMMISSIONER:</li> <li>4 Q. Thank you very much for coming. I guess we'll</li> <li>5 adjourn until tomorrow morning at 9:30 when</li> <li>6 we'll continue with Ms. Bonnell. Thank you</li> <li>7 all.</li> </ul> Page 360 1 CERTIFICATE
25       those questions, but certainly it would have       Page 358       Page 36         1       been after when The Independent broke the       1       CERTIFICATE         2       when CBC came out with the numbers and there       1       Judy Moss, hereby certify that the foregoing is         3       were media information around it at that time.       3       a true and correct transcript in the matter of the         4       That's when it stands out clear to me, because       4       Commission of Inquiry on Hormone Receptor Testing,         5       I wasn't privy to the numbers before I heard       5       heard on the 29th day of May, A.D., 2008 before the         6       them in the media, from that perspective.       7       Commission of Inquiry on Hormone Receptor Testing,         7       CHAYTOR, QC.:       7       Commission of Inquiry, St.       8         8       Q. Well, you were privy to numbers in August and       9       in November 2006.       9         10       MS. GRIFFITHS:       10       means of a sound apparatus.       11         11       A. Yeah, but they were -       11       Dated at St. John's, Newfoundland and Labrador         12       CHAYTOR, QC.:       12       this 29th day of May, A.D., 2008         13       Q. Well, whether they were -       13       Judy Moss	<ul> <li>25 those questions, but certainly it would have</li> <li>Page 358</li> <li>1 been after when The Independent broke the</li> <li>2 when CBC came out with the numbers and there</li> <li>3 were media information around it at that time.</li> <li>4 That's when it stands out clear to me, because</li> <li>5 I wasn't privy to the numbers before I heard</li> <li>6 them in the media, from that perspective.</li> <li>7 CHAYTOR, Q.C.:</li> <li>8 Q. Well, you were privy to numbers in August and</li> <li>9 in November 2006.</li> <li>10 MS. GRIFFITHS:</li> </ul>	1 CERTIFICATE
23 Commissioner.	<ul> <li>12 CHAYTOR, Q.C.:</li> <li>13 Q. Well, whether they were -</li> <li>14 MS. GRIFFITHS:</li> <li>15 A. Yes.</li> <li>16 CHAYTOR, Q.C.:</li> <li>17 Q different by 10 or 20, they were overall</li> <li>18 total numbers.</li> <li>19 MS. GRIFFITHS:</li> <li>20 A. Right, right.</li> <li>21 CHAYTOR, Q.C.:</li> <li>22 Q. I don't know if that's any clearer,</li> </ul>	<ul> <li>Commission of Inquiry on Hormone Receptor Testing,</li> <li>heard on the 29th day of May, A.D., 2008 before the</li> <li>Honourable Justice Margaret A. Cameron,</li> <li>Commissioner, at the Commission of Inquiry, St.</li> <li>John's, Newfoundland and Labrador and was</li> <li>transcribed by me to the best of my ability by</li> <li>means of a sound apparatus.</li> <li>Dated at St. John's, Newfoundland and Labrador</li> <li>this 29th day of May, A.D., 2008</li> </ul>

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