

COMMISSION OF INQUIRY
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

MAY 30, 2008

Appearances:

- Bernard Coffey, Q.C. Commission Co-counsel
- Sandra Chaytor, Q.C. Commission Co-counsel
- Rolf Pritchard/Stephen Mark Mills . . Her Majesty in Right of NL
- Jane Hennebury Doctors Kara Laing et al
- Daniel Simmons Eastern Regional Integrated
. Health Authority
- Chesley Crosbie, Q.C. Members of the Breast Cancer
. Testing Class Action
- Mark Pike NL Medical Association
- Jennifer Newbury Canadian Cancer Society (NL Division)
- Stacey O’Dea. Central, Western and Labrador-Grenfell
Regional Integrated Health Authorities

1 COMMISSIONER:
2 Q. Please be seated. Mr. Coffey.
3 MS. SUSAN BONNELL, EXAMINATION-IN-CHIEF BY BERNARD
4 COFFEY, Q.C. (CONTINUED)
5 COFFEY, Q.C.:
6 Q. Thank you, Commissioner. Good morning, Ms.
7 Bonnell.
8 MS. BONNELL:
9 A. Good morning.
10 COFFEY, Q.C.:
11 Q. Yesterday, Ms. Bonnell, you were telling us
12 that on July 19th, 2005 that when we’re
13 looking at that 10:32 a.m. e-mail, I believe
14 it is, from Gary Cake to Robert Thompson, that
15 when you--it was when you heard about that,
16 which would have been presumably in April of
17 2008?
18 MS. BONNELL:
19 A. When I heard about which e-mail, I’m sorry,
20 you’re going to have to -
21 COFFEY, Q.C.:
22 Q. This is the e-mail involving the 12 to 15
23 hundred clients, as he puts it.
24 MS. BONNELL:
25 A. I would not have seen that until just

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1 recently.
2 COFFEY, Q.C.:
3 Q. Okay. Well, you’ve indicated that this phone
4 call that you told the Commissioner about
5 yesterday that you had with Carolyn Chaplin on
6 the 19th of July, you only recalled that
7 recently? Because you didn’t tell Ms. Chaytor
8 and I about it, did you?
9 MS. BONNELL:
10 A. When I saw the e-mail that was the one from
11 Carolyn to--I remember calling Carolyn and
12 telling her that we had new information.
13 COFFEY, Q.C.:
14 Q. Okay, this is the--I apologize. It’s the
15 14:37 hours, 2:37 p.m. one.
16 MS. BONNELL:
17 A. Right.
18 COFFEY, Q.C.:
19 Q. So you saw that, though, you would have only
20 seen that, I presume, when, April or May of
21 this year?
22 MS. BONNELL:
23 A. I would have seen it, I guess, when it was
24 raised through here.
25 COFFEY, Q.C.:

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1 Q. Which would be, the public record would show
 2 probably around April 6th or 7th of 2008?
 3 MS. BONNELL:
 4 A. Yes. I think if you'd shown it to me, though,
 5 did you--if we had a look at it when I was
 6 doing my transcript, did I not remember it
 7 then or when we interviewed?
 8 COFFEY, Q.C.:
 9 Q. Well, the government only produced it on the
 10 evening of March 31st, 2008.
 11 MS. BONNELL:
 12 A. Okay.
 13 COFFEY, Q.C.:
 14 Q. So before you saw it, though, you didn't
 15 recall this phone call?
 16 MS. BONNELL:
 17 A. I would have recalled that phone call, yes.
 18 COFFEY, Q.C.:
 19 Q. No, but you did not recall the phone call
 20 before you saw the e-mail?
 21 MS. BONNELL:
 22 A. No, I do remember calling Ms. Chaplin that day
 23 -
 24 COFFEY, Q.C.:
 25 Q. I didn't ask you that.

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1 MS. BONNELL:
 2 A. Okay.
 3 COFFEY, Q.C.:
 4 Q. What I'm asking you is, you did not recall
 5 that you'd had this phone call with Ms.
 6 Chaplin until you saw that e-mail?
 7 MS. BONNELL:
 8 A. Yes, that's accurate.
 9 COFFEY, Q.C.:
 10 Q. Okay. And having done so whom, if anyone, at
 11 the time you recalled this, whom, if anyone,
 12 did you tell about it, your recall?
 13 MS. BONNELL:
 14 A. I didn't tell anyone about that recall.
 15 COFFEY, Q.C.:
 16 Q. So yesterday, I take it, was the first time
 17 you've told anyone about that recall?
 18 MS. BONNELL:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Have you ever spoken to Carolyn Chaplin about
 22 this matter since she left the Department of
 23 Health and Community Services?
 24 MS. BONNELL:
 25 A. No, I haven't.

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1 COFFEY, Q.C.:
 2 Q. Is there any reason why after you recalled the
 3 July 19th, 2005 telephone call having seen the
 4 July 19th, 2005, 2:37 p.m. e-mail, it would
 5 have been in April, 2008 when you saw it, any
 6 reason you didn't convey that to the
 7 Commission?
 8 MS. BONNELL:
 9 A. No, sir.
 10 COFFEY, Q.C.:
 11 Q. Okay.
 12 MS. BONNELL:
 13 A. Given that I was coming here, I don't know why
 14 that would be expected of me to do that. I
 15 certainly discussed it with Mr. Simmons.
 16 COFFEY, Q.C.:
 17 Q. Now, the--so you did attend the meeting on
 18 July 21st with Mr. Ottenheimer?
 19 MS. BONNELL:
 20 A. I did.
 21 COFFEY, Q.C.:
 22 Q. And during that meeting, I take it from what
 23 you told us yesterday, that your sense of it
 24 was there was no decision made about whether
 25 or not the public would be informed at that

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1 point or the patients?
 2 MS. BONNELL:
 3 A. Could you ask me that again, please?
 4 COFFEY, Q.C.:
 5 Q. I said, during that meeting, by the time you
 6 left that meeting that day, okay.
 7 MS. BONNELL:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. Do I understand you to have told the
 11 Commissioner yesterday that you understood
 12 that no decision had been made about whether
 13 the public would be told at that point or the
 14 patients at that point?
 15 MS. BONNELL:
 16 A. Well, the patients were being told as
 17 disclosures were being done themselves, so the
 18 patient notification would have been a
 19 separate issue, but -
 20 COFFEY, Q.C.:
 21 Q. If I could, okay. So with respect to the
 22 patients who were actually retested and up to
 23 that point -
 24 MS. BONNELL:
 25 A. Is very few, yes.

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1 COFFEY, Q.C.:

2 Q. - there were only 16 to 25, actually, who had

3 converted?

4 MS. BONNELL:

5 A. Yes, um-hm.

6 COFFEY, Q.C.:

7 Q. Ten to 12 had been told?

8 MS. BONNELL:

9 A. Um-hm.

10 COFFEY, Q.C.:

11 Q. That's correct?

12 MS. BONNELL:

13 A. I believe so, yes. I'm not sure. You'd have

14 to ask somebody who was involved.

15 COFFEY, Q.C.:

16 Q. The others who were retested but the results

17 did not change, they had not been told?

18 MS. BONNELL:

19 A. The others who were retested of the 25.

20 COFFEY, Q.C.:

21 Q. Yes, 16 to 25.

22 MS. BONNELL:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. The nine, the difference of nine?

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1 MS. BONNELL:

2 A. Yes.

3 COFFEY, Q.C.:

4 Q. They had not been told, to your knowledge?

5 MS. BONNELL:

6 A. It was my understanding that all 25 were going

7 to be notified if there was a change in their

8 test result or -

9 COFFEY, Q.C.:

10 Q. If there was a change. I'm saying for those

11 for whom there was no change and 16, 25 minus

12 16 is nine?

13 MS. BONNELL:

14 A. Right.

15 COFFEY, Q.C.:

16 Q. So for those nine, was it your understanding

17 they had not been told and there was no plan

18 at that point to tell them?

19 MS. BONNELL:

20 A. I'm not sure if I would have known what the

21 plan was with those nine.

22 COFFEY, Q.C.:

23 Q. Okay. In the meantime, at that point or by

24 that point in time I'm going to suggest to you

25 you understood that there were another batch

Page 11

1 or group of patients whose tissue samples were

2 then being retested?

3 MS. BONNELL:

4 A. Yes.

5 COFFEY, Q.C.:

6 Q. In the actual process?

7 MS. BONNELL:

8 A. That's right.

9 COFFEY, Q.C.:

10 Q. In fact, if we look at--just bring it up. If

11 we could bring up, please, Exhibit P-0508?

12 Now, this, the photocopy quality is not great

13 here, but it is dated, the original of this is

14 dated July 18th, 2005. It's a letter to Dr.

15 Joy McCarthy. If we could go, please, to page

16 4 of the exhibit? It's from Doctors Carter

17 and Cook. And this is a letter similar to the

18 June 29th, 2005 letter. And it advises Dr.

19 McCarthy of the results of retesting for 30

20 odd patients.

21 MS. BONNELL:

22 A. Yes.

23 COFFEY, Q.C.:

24 Q. Thirty-two patients.

25 MS. BONNELL:

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1 A. Okay.

2 COFFEY, Q.C.:

3 Q. And there are well over 20 that change here.

4 MS. BONNELL:

5 A. Okay.

6 COFFEY, Q.C.:

7 Q. Who convert.

8 MS. BONNELL:

9 A. Um-hm.

10 COFFEY, Q.C.:

11 Q. Were you aware of that on July 21?

12 MS. BONNELL:

13 A. I probably would have been aware that there

14 were a further batch that had been done, yes.

15 I don't believe I've ever seen any of these

16 letters with the patient name and the--I don't

17 remember ever seeing these.

18 COFFEY, Q.C.:

19 Q. In terms of the information content, certainly

20 in terms of the--if it was 25 out of 32 or,

21 that converted, those kind of numbers you -

22 MS. BONNELL:

23 A. That would have been shared with me, yes.

24 COFFEY, Q.C.:

25 Q. Yes. And so when the minister was being

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1 spoken with on July 21st, what information was
 2 conveyed to him about whether or not those
 3 patients were being told, those 25 out of 32,
 4 or 25 out of 33, actually?
 5 MS. BONNELL:
 6 A. I'm afraid I don't remember what specific
 7 information was conveyed with the minister
 8 about the numbers at that time.
 9 COFFEY, Q.C.:
 10 Q. If we could look, please, at P-0159?
 11 MS. BONNELL:
 12 A. So I guess that would be the 25 of 33 that she
 13 references there?
 14 COFFEY, Q.C.:
 15 Q. That's the number there and that's in Ms.
 16 Chaplin's notes of that meeting.
 17 MS. BONNELL:
 18 A. Um-hm.
 19 COFFEY, Q.C.:
 20 Q. If we could look back at Exhibit P-0521,
 21 please? This is the typed version of notes of
 22 a meeting of July 19th, 2005 which you
 23 attended. These are Dr. William's notes. The
 24 second bullet, total tests, about 380 per
 25 year. Thirty-two of 2003 reviewed, 24 are

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1 positive?
 2 MS. BONNELL:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. So now, I'm not suggesting that, in fact, his
 6 characterization of those 2003 tests is
 7 correct. But the point being that there
 8 certainly were, as of July 19th, July 20th,
 9 21st, knowledge amongst the group, as it were,
 10 of the second batch, larger batch having been
 11 concluded in retesting?
 12 MS. BONNELL:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. And Mr. Ottenheimer got what message in terms
 16 of those people who converted in the second
 17 batch, were they being told or not?
 18 MS. BONNELL:
 19 A. I don't recall. I do remember being,
 20 certainly being told that as patients were
 21 converting that they would be notified, and I
 22 believe that to be the case.
 23 COFFEY, Q.C.:
 24 Q. If we could look, please, at Exhibit P-0075?
 25 Now, this is the July 20th, 2005 briefing note

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1 on Eastern Health letterhead, ER/PR receptors,
 2 the Commission has seen numerous occasions
 3 now. This briefing note, I take it, you would
 4 have had input, significant input into the
 5 drafting of this?
 6 MS. BONNELL:
 7 A. I wouldn't say significant, but certainly I
 8 would have seen it and read it, for sure. It
 9 would have most likely been drafted because
 10 most of the information there is clinical
 11 information that a lot of that clinical
 12 information would have had to come from a
 13 clinician, so I seem to recall if we were
 14 looking at all the briefing notes yesterday,
 15 that Heather Predham would have had a
 16 significant hand in it and we would have been
 17 involved, certainly.
 18 COFFEY, Q.C.:
 19 Q. Yes. And to put this in context, if we could
 20 look, please, at Exhibit P-1485? Page 1 is
 21 there, that's an e-mail from yourself to Mr.
 22 Tilley at 2:06 p.m. That's just after
 23 lunchtime on July 19th, Tuesday, okay?
 24 MS. BONNELL:
 25 A. Um-hm.

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1 COFFEY, Q.C.:
 2 Q. 2005. Which you sent to Mr. Tilley. It's a
 3 draft of a briefing note, ER/PR receptors.
 4 And under "Background" you've written, "It was
 5 decided," in the third paragraph, "It was
 6 decided to retest all negative results from
 7 2002 to determine," presumably it should be
 8 "if this was a few isolated cases or" "if it
 9 was," I'm sorry, "a few isolated cases or a
 10 bigger issue. Samples collected from 25 women
 11 initially tested as negative in 2002 were
 12 retested. Sixteen of these came back positive.
 13 Testing is currently being done on 33 more
 14 patients. Approximately 12 of these patients
 15 have been informed by their oncologists." So
 16 that's as of just past 2:00 on Tuesday. P-
 17 0075 again, please? And we see that by July
 18 20th, presumably by the close of business on
 19 July 20th, at the bottom of the first page,
 20 the second-last sentence reads, "Testing on 33
 21 more patients found 25 converted to positive."
 22 MS. BONNELL:
 23 A. Um-hm.
 24 COFFEY, Q.C.:
 25 Q. So it's become known certainly to you over

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1 that time frame that -
 2 MS. BONNELL:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. That not only that the 33 were being done,
 6 but, in fact, the results?
 7 MS. BONNELL:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. And where you sent the e-mail to Mr. Tilley on
 11 July 19th, because it was coming from you,
 12 attaching the draft of the briefing note and
 13 that July 19th version of it substantively
 14 ends up as the July 20th one?
 15 MS. BONNELL:
 16 A. Okay, yes.
 17 COFFEY, Q.C.:
 18 Q. So you did have a hand in the drafting,
 19 certainly, of the July 20th briefing note?
 20 MS. BONNELL:
 21 A. Yes, but the e-mail that I sent to Mr. Tilley,
 22 just to put it in perspective, that it would
 23 come from me to him does not mean that it
 24 would have come from my head entirely to him.
 25 You know, it was drafted with the input of

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1 several people.
 2 COFFEY, Q.C.:
 3 Q. Oh, I appreciate that.
 4 MS. BONNELL:
 5 A. Okay.
 6 COFFEY, Q.C.:
 7 Q. So what I'm getting at, you certainly wouldn't
 8 have gone down and counted up the number of
 9 conversions or anything like that?
 10 MS. BONNELL:
 11 A. No, that's right.
 12 COFFEY, Q.C.:
 13 Q. You get that from whomever was giving it to
 14 you?
 15 MS. BONNELL:
 16 A. That's correct.
 17 COFFEY, Q.C.:
 18 Q. But the formatting of it, the layout of the
 19 information, the organization of it would have
 20 been yours and Ms. Thomas'?
 21 MS. BONNELL:
 22 A. We would have worked on it collectively with
 23 Heather, that's right.
 24 COFFEY, Q.C.:
 25 Q. If we could look, please, at Exhibit P-0304?

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1 Now, ma'am, again, yesterday I understood you
 2 to tell the Commissioner that it was your
 3 understanding that in relation to the
 4 communications end of this in terms of any
 5 direction being given, who was in charge? Was
 6 it Dr. Williams or was it George Tilley?
 7 MS. BONNELL:
 8 A. It was both of them. I mean, at the end of
 9 the day the final decisions, I guess, would
 10 rest with Mr. Tilley. But it was a
 11 collaborative process, and I would have my say
 12 and other people would have their say. It
 13 was--you know, it's a team oriented
 14 environment and we do work as a team.
 15 COFFEY, Q.C.:
 16 Q. Did Dr. Williams ever, do you recall, express
 17 any views within earshot of you?
 18 MS. BONNELL:
 19 A. Certainly he expressed views on -
 20 COFFEY, Q.C.:
 21 Q. On the communications issue?
 22 MS. BONNELL:
 23 A. Yes, we would have had conversations about
 24 various things that were being discussed. You
 25 asked me yesterday if Mr. Williams expressed

Page 20

1 to me his feeling that we should do a press
 2 release at this point. I don't recall him
 3 ever doing that.
 4 COFFEY, Q.C.:
 5 Q. Okay, so what, if anything, do you recall was
 6 his input to the communications issue?
 7 MS. BONNELL:
 8 A. We had made a decision, I guess, that we had
 9 certainly--and when I say "we" in this
 10 context, I mean me and Ms. Thomas working for
 11 me, certainly felt that the time was coming to
 12 the point where we would have to do something
 13 public. That we had been--as I said to you
 14 yesterday, we talked about the need to do--to
 15 be proactive and why it's important to be
 16 proactive, and so we'd been moving along a
 17 path of going towards a public announcement.
 18 COFFEY, Q.C.:
 19 Q. Hence, the draft press releases, letter to
 20 patients.
 21 MS. BONNELL:
 22 A. That's right.
 23 COFFEY, Q.C.:
 24 Q. Key messages.
 25 MS. BONNELL:

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1 A. So those things would have been prepared in
 2 the eventuality that we needed them. But at
 3 the same time that was going on, there were
 4 also conversations going on about the
 5 advisability of going public (a) when we
 6 didn't have all the information -
 7 COFFEY, Q.C.:
 8 Q. Ma'am, if I could, please, okay, if I could, I
 9 asked you what you recall Dr. Williams' input
 10 was, if any, on this issue.
 11 MR. SIMMONS:
 12 Q. Commissioner, I expect Ms. Bonnell is setting
 13 the background to work up to answering that
 14 question, and she should be allowed to
 15 continue.
 16 THE COMMISSIONER:
 17 Q. It was a pretty direct question, and I am so
 18 far hearing the same kind of thing that Ms.
 19 Bonnell said yesterday. So I expect you
 20 realize, Ms. Bonnell, that Dr. Williams
 21 expressed fairly direct views as to what his
 22 position was when he was here, and the
 23 question is quite simple. Did Dr. Williams
 24 express any contrary views or any views at all
 25 in your presence?

Page 22

1 MS. BONNELL:
 2 A. He did not express, as I've said to Mr.
 3 Coffey, ma'am, yesterday, he did not express
 4 the opinion to me that the direction we were
 5 going in was inappropriate or that we should
 6 be doing a press release at this point.
 7 COFFEY, Q.C.:
 8 Q. Did he say anything about communications?
 9 MS. BONNELL:
 10 A. He said--he certainly expressed his view that
 11 it was important to make sure that patients
 12 were being contacted. We talked about all the
 13 various options of when to go public and how
 14 to go public. I knew that he and all of us
 15 wanted to go public, but I don't remember him,
 16 you know, expressly indicating to me an
 17 opinion that he felt at this point in time
 18 that we should do a press release.
 19 THE COMMISSIONER:
 20 Q. Did that discussion about patients being
 21 contacted include a discussion about how
 22 patients should be contacted?
 23 MS. BONNELL:
 24 A. We had certainly talked about the fact that
 25 the view was that patients should be contacted

Page 23

1 by their physicians before a public disclosure
 2 was made.
 3 THE COMMISSIONER:
 4 Q. So you're saying that that was Dr. Williams'
 5 position?
 6 MS. BONNELL:
 7 A. That was the position of everybody involved,
 8 Dr. Williams and others as well.
 9 COFFEY, Q.C.:
 10 Q. But you're also drafting a letter, which would
 11 go directly to the patients?
 12 MS. BONNELL:
 13 A. Yes, that's right.
 14 COFFEY, Q.C.:
 15 Q. So that wouldn't involve the physicians.
 16 MS. BONNELL:
 17 A. No, but I guess, you know, you're talking
 18 about all the various options. There wasn't
 19 a--at this point in time, and all I'm trying
 20 to explain to you, Mr. Coffey, is at this
 21 point in time, nothing was very direct and
 22 nothing was very clear. So we wanted to have
 23 everything prepared in the eventuality that we
 24 went in any direction.
 25 COFFEY, Q.C.:

Page 24

1 Q. When we looked at that July 18th e-mail
 2 yesterday, the one referring to the Department
 3 having been advised, recall that, and the
 4 Department wanted a letter sent to the
 5 patients.
 6 MS. BONNELL:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. That was--certainly as of the beginning of the
 10 week of July 18th, that was certainly the
 11 Department's view known to Eastern Health?
 12 MS. BONNELL:
 13 A. Yes, at that point in time, yes.
 14 COFFEY, Q.C.:
 15 Q. By the time the meeting with the Minister
 16 ended on Thursday, July 21st, where was that?
 17 MS. BONNELL:
 18 A. The feeling I was left with at the end of the
 19 July 21st meeting was that we would go away--
 20 that there was new information that had arisen
 21 within the previous day to that, and that the
 22 Minister was okay with our decision to hold
 23 until we had more information.
 24 COFFEY, Q.C.:
 25 Q. Now that new information was the information

Page 25

1 in relation to the positivity rate for 2003,
 2 wasn't it?
 3 MS. BONNELL:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. And in fact, I'm going to suggest to you that
 7 that information never did change first nor
 8 last?
 9 MS. BONNELL:
 10 A. No, and I think within days of looking at that
 11 -
 12 COFFEY, Q.C.:
 13 Q. The positivity rate -
 14 MS. BONNELL:
 15 A. - it lost its significance.
 16 COFFEY, Q.C.:
 17 Q. Because the positivity rate for 2003 remained
 18 what it was.
 19 MS. BONNELL:
 20 A. Yeah, it lost its significance. I guess it
 21 was new information and we thought it might
 22 have some significance at that point, but it
 23 did lose its significance.
 24 COFFEY, Q.C.:
 25 Q. And its significance was, and you can agree or

Page 26

1 disagree, its significance was simply that the
 2 problem ended in 2002 and did not extend into
 3 2003?
 4 MS. BONNELL:
 5 A. I think that's a possible thought that we were
 6 thinking, yes.
 7 COFFEY, Q.C.:
 8 Q. Is there any other possibility that you can
 9 think of?
 10 MS. BONNELL:
 11 A. No, but I mean, you know, I think I've said
 12 that we realized, within short order of that,
 13 that that wasn't really as significant as
 14 perhaps we had hoped it would be anyway.
 15 COFFEY, Q.C.:
 16 Q. Did you make any inquiries at the time
 17 yourself or hear any explanation for why the
 18 positivity rate in 2003 was higher or
 19 significantly higher than the earlier years?
 20 MS. BONNELL:
 21 A. No, I don't recall asking those questions.
 22 THE COMMISSIONER:
 23 Q. Excuse me, Mr. Coffey, but before we leave
 24 this, frankly, I'm confused. So maybe this
 25 witness can help. Because it seems to me that

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1 there was no position. That's the only thing
 2 I can conclude at Eastern Health because every
 3 time someone tells me what the position is,
 4 it's slightly different in respect of this
 5 business of disclosure. So yesterday, what I
 6 had understood you to say was that you, in
 7 anticipation of certain things happened,
 8 started down a certain road, which included
 9 preparing press briefs or press releases,
 10 whatever they're called, and possible letters
 11 to patients, etcetera, etcetera. So that
 12 that, as it were, you and Ms. Thomas were
 13 doing a little lead work.
 14 MS. BONNELL:
 15 A. Yes, that's right.
 16 THE COMMISSIONER:
 17 Q. Okay. Do I take it from what you're saying
 18 today that when you actually got involved in
 19 meetings with the members of this group who
 20 seemed to be charged with dealing with this,
 21 you very quickly learned that you weren't
 22 going in that direction?
 23 MS. BONNELL:
 24 A. No, I think that the concept of going public,
 25 Madame Commissioner, was always there. It was

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1 not as if we were not going to do a public
 2 release of some point at some--of some sort at
 3 some point. We knew that that would be an
 4 eventuality at this point in time.
 5 THE COMMISSIONER:
 6 Q. Okay. Now when you talk about a public
 7 release, are you talking about informing all
 8 patients by public? Are you talking about
 9 answering questions in the public? Are you
 10 talking about telling patients of a certain
 11 kind in the public? What is your view of a
 12 public release? Or just informing the public
 13 generally?
 14 MS. BONNELL:
 15 A. I would distinguish between a public release
 16 and talking publicly with--talking with
 17 patients. The patient contact, it was my
 18 assumption that that was ongoing and under way
 19 and would continue and was a separate matter
 20 to doing something publicly that would involve
 21 the media.
 22 THE COMMISSIONER:
 23 Q. Okay. But as soon as you made this public,
 24 then you, in fact, were going to tell those
 25 patients who, up to this point, knew nothing

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1 about it.

2 MS. BONNELL:

3 A. That's right.

4 THE COMMISSIONER:

5 Q. That this existed.

6 MS. BONNELL:

7 A. That's right.

8 THE COMMISSIONER:

9 Q. So you knew that.

10 MS. BONNELL:

11 A. Yes.

12 THE COMMISSIONER:

13 Q. So was all this information just being

14 gathered for a year down the road or months

15 and months down the road?

16 MS. BONNELL:

17 A. At this point in time, we certainly didn't

18 feel it was going to be a year down the road

19 or months and months down the road. We felt

20 it was eminent. It was a matter of when we

21 had the information that we could go public

22 with, we would go public. Shortly after this,

23 we did make a decision that, I guess, was the

24 organization made a decision that you see

25 reflected that we felt we owed it to our

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1 patients to inform them first before we did

2 anything publicly with the media. So the

3 intention was to try and reach as many of our

4 patients as we possibly could, knowing that

5 the possibility or the eminence of it breaking

6 in the media was likely, but I guess it was a

7 matter of principle that we felt we owed it to

8 the patients to make contact with them first.

9 THE COMMISSIONER:

10 Q. All right. Now that decision was made by this

11 group, was it?

12 MS. BONNELL:

13 A. Yes, it was.

14 THE COMMISSIONER:

15 Q. Okay, and can you tell -

16 MS. BONNELL:

17 A. And it was certainly--by the 1st of August, it

18 was certainly a formented decision.

19 THE COMMISSIONER:

20 Q. Well, when you were all going to see the

21 Minister -

22 MS. BONNELL:

23 A. Yes.

24 THE COMMISSIONER:

25 Q. - did the group have a position about: (a)

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1 notifying patients about changes; (b)

2 notifying patients whose results had not

3 changed; (c) notifying the public; (d) in what

4 method you would notify; all of the above?

5 MS. BONNELL:

6 A. No, I don't think that there was a solid

7 decision made at the point that we met with

8 the Minister.

9 THE COMMISSIONER:

10 Q. Okay, and as I understand it, even before you

11 went to visit the Minister, the Minister

12 believed that a letter was appropriate way of

13 communicating?

14 MS. BONNELL:

15 A. Yes.

16 THE COMMISSIONER:

17 Q. You knew that?

18 MS. BONNELL:

19 A. Yes.

20 THE COMMISSIONER:

21 Q. And when the group went to see the Minister,

22 did the Minister take--I'm sorry, not the

23 Minister, but did the group take a position

24 with the Minister regarding communications to

25 patients who had changed, patients who had not

Page 32

1 changed, public in general, and the method of

2 communicating with all of the above?

3 MS. BONNELL:

4 A. No, at that point, it was--my recollection of

5 the meeting with the Minister was that it was

6 a much more informational meeting for him, to

7 try and give him the background on the issue

8 of ER/PR and much less about how we were going

9 to handle the public disclosure at that point.

10 THE COMMISSIONER:

11 Q. Now somewhere along the way, I believe

12 yesterday, and perhaps I'm incorrect about

13 this, because I've heard a number of people's

14 versions of this, but correct me if I'm wrong,

15 I got the view that you were subscribing to

16 the position that when you came out of that

17 meeting, the Minister was okay with the

18 position of the Department that it was too

19 early to make a decision in respect of these

20 things?

21 MS. BONNELL:

22 A. Yes, that's what I felt to be the case, yes.

23 THE COMMISSIONER:

24 Q. So the question of communication must have

25 been discussed to some extent.

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1 MS. BONNELL:
 2 A. Oh yes, it was certainly raised, yes.
 3 THE COMMISSIONER:
 4 Q. All right. What position did your group take
 5 in the discussions with the Minister about
 6 communications with patients who had changed,
 7 communications with patients who had not
 8 changed, communication with the public and
 9 method of dealing with that?
 10 MS. BONNELL:
 11 A. The issue of communication with the patients,
 12 I'm afraid I'm probably not the right person
 13 to address that for you, but in terms of the
 14 public side of the disclosure, we were
 15 certainly of the feeling that it was a
 16 difficult time right now, without the
 17 information that we felt we needed, to do a
 18 public disclosure, to go out that afternoon
 19 and do a press release.
 20 THE COMMISSIONER:
 21 Q. But did you convey that to the Minister?
 22 MS. BONNELL:
 23 A. Oh certainly, yes, that was conveyed.
 24 THE COMMISSIONER:
 25 Q. All right, and at what point had you decided

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1 that this was not the time to do that?
 2 MS. BONNELL:
 3 A. As I indicated to Mr. Coffey yesterday, the
 4 day before--when you see the communication
 5 from--if you look at the communication between
 6 my office and the office of Ms. Chaplin, you
 7 see that we were moving forward with the
 8 concept of a press release within a couple of
 9 days, and the next day, new information was
 10 brought to us that we thought had more
 11 significance than it eventually did have.
 12 THE COMMISSIONER:
 13 Q. The next day being the day of or the day
 14 before the meeting with the Minister?
 15 MS. BONNELL:
 16 A. The day--I'm sorry, Madame Commissioner, I
 17 don't remember the days. I think it was the
 18 next day. It may have been the day of. I
 19 believe it was the next day.
 20 COFFEY, Q.C.:
 21 Q. The Wednesday.
 22 MS. BONNELL:
 23 A. I believe so, sir.
 24 COFFEY, Q.C.:
 25 Q. Because the Minister was met with on the

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1 Thursday.
 2 MS. BONNELL:
 3 A. Yes, okay.
 4 THE COMMISSIONER:
 5 Q. Okay.
 6 COFFEY, Q.C.:
 7 Q. Thursday morning, 9:00.
 8 MS. BONNELL:
 9 A. It was within that time period anyway. You
 10 know, I guess the point that I'm trying to
 11 make, although it doesn't seem that I'm making
 12 it very well, is that it was just there was so
 13 much information flying at us in such a brief
 14 period of time. There were--and from my own
 15 personal perspective, I was having difficulty
 16 understanding the issue in totality and being
 17 able to speak with confidence or prepare my
 18 spokespeople to speak with confidence on the
 19 issue.
 20 COFFEY, Q.C.:
 21 Q. So -
 22 THE COMMISSIONER:
 23 Q. So when you went to the Minister's office--
 24 sorry, Mr. Coffey, but I'm really having
 25 trouble understanding the sequence of events,

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1 because I've gotten it from so many different
 2 people and it keeps--it's a fluid thing, to
 3 use the phraseology that seems to get used
 4 often. When you went to the Minister's
 5 office, you the group, I presume that the
 6 group knew that the Minister was in favour of
 7 a public disclosure by letter?
 8 MS. BONNELL:
 9 A. Yes.
 10 THE COMMISSIONER:
 11 Q. Okay, and -
 12 MS. BONNELL:
 13 A. And we were planning to do a letter at that
 14 point.
 15 THE COMMISSIONER:
 16 Q. But no, you weren't. You had just said -
 17 MS. BONNELL:
 18 A. Well, there was a letter in--there was a
 19 letter that was -
 20 THE COMMISSIONER:
 21 Q. Oh, in that sense, yes. You had a letter.
 22 MS. BONNELL:
 23 A. Yes.
 24 THE COMMISSIONER:
 25 Q. But as I understand it, what you're now

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1 telling me is at that point you felt that a
 2 letter to the public was inappropriate.
 3 COFFEY, Q.C.:
 4 Q. A letter to the patients or public? The
 5 letter was to each individual patient, I take
 6 it?
 7 MS. BONNELL:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. Okay.
 11 MS. BONNELL:
 12 A. No, I never--I'm sorry, I never did think that
 13 a letter was an inappropriate communications
 14 tool. I didn't think that a letter was an
 15 inappropriate tool to use.
 16 THE COMMISSIONER:
 17 Q. Okay.
 18 COFFEY, Q.C.:
 19 Q. You always thought it was a good idea?
 20 MS. BONNELL:
 21 A. I always did think a letter was a good idea.
 22 THE COMMISSIONER:
 23 Q. So in terms of the method of communications
 24 with patients, you had no problem with a
 25 letter being used, as opposed to other kinds

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1 of communication?
 2 MS. BONNELL:
 3 A. No, ma'am.
 4 THE COMMISSIONER:
 5 Q. Okay. So when you left the Minister's office--
 6 I'm sorry, when you got to the Minister's
 7 office, and you as a group, presumably Mr.
 8 Tilley would have done most of the talking.
 9 MS. BONNELL:
 10 A. Certainly would have, yes.
 11 THE COMMISSIONER:
 12 Q. Got involved--you would have described to,
 13 presumably, the Minister what the problem was,
 14 the nature of it, what you knew about it up to
 15 that point and presumably somebody must have
 16 said "we got to tell people" or -
 17 MS. BONNELL:
 18 A. Certainly the Minister was of that view and he
 19 expressed that view at the beginning of the
 20 meeting, that he felt that there should be a
 21 public announcement made.
 22 THE COMMISSIONER:
 23 Q. Yes, okay, and was it Mr. Tilley who responded
 24 with the view of the group?
 25 MS. BONNELL:

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1 A. I'm afraid I don't recall if Mr. Tilley did it
 2 or if it was a conversation--I mean, it was a
 3 conversation. It certainly would have been
 4 Mr. Tilley and Mr. Williams and--or Dr.
 5 Williams and perhaps even myself, although I
 6 generally don't speak very much at those sorts
 7 of meetings, because of my position.
 8 THE COMMISSIONER:
 9 Q. And the position taken then by the group from
 10 Eastern Health was -
 11 MS. BONNELL:
 12 A. We're going to wait.
 13 THE COMMISSIONER:
 14 Q. We're going to wait to -
 15 MS. BONNELL:
 16 A. We would like to wait.
 17 THE COMMISSIONER:
 18 Q. - (a) tell the public and (b) tell the
 19 patients until after the results were back or
 20 were you that specific in respect of patients?
 21 MS. BONNELL:
 22 A. No, patient disclosure was occurring all
 23 through this process, as far as I was
 24 concerned. I certainly believed -
 25 COFFEY, Q.C.:

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1 Q. Sorry, wait now -
 2 THE COMMISSIONER:
 3 Q. When you talk about patient disclosure, you're
 4 talking about those patients whose results
 5 were changed?
 6 MS. BONNELL:
 7 A. Yes.
 8 THE COMMISSIONER:
 9 Q. Okay.
 10 COFFEY, Q.C.:
 11 Q. We're talking--patient disclosure in this
 12 context, right now, is to let them know that
 13 the testing is even going on, because that's
 14 what the letter does. The letter doesn't--the
 15 draft letter doesn't give anybody results.
 16 THE COMMISSIONER:
 17 Q. That's correct.
 18 COFFEY, Q.C.:
 19 Q. So it was patient disclosure here, in this
 20 context, is to let them know that your sample
 21 is being retested.
 22 MS. BONNELL:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. So you understood that that was not--coming

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1 out of that meeting that that was not going to
 2 happen.
 3 MS. BONNELL:
 4 A. Not at that moment in time, not right at that
 5 moment in time, but -
 6 COFFEY, Q.C.:
 7 Q. So if I could, just on this point, okay, just
 8 so I'm clear, going into the meeting, Mr.
 9 Tilley was going to be the spokesperson for
 10 Eastern Health.
 11 MS. BONNELL:
 12 A. That would have been his role regardless.
 13 COFFEY, Q.C.:
 14 Q. Did Mr. Tilley, at that point, to your
 15 knowledge know that you already had, if not
 16 with you, back at your office, draft press
 17 releases?
 18 MS. BONNELL:
 19 A. Yes, I believe he did know that.
 20 COFFEY, Q.C.:
 21 Q. Did he know that there was a draft letter to
 22 each individual patient who was going to be
 23 retested, a draft letter for those patients.
 24 MS. BONNELL:
 25 A. I believe he knew that, but I'm supposing. I

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1 don't remember, if I copied it to him, he
 2 would have had it or if Dr. Williams copied it
 3 to him, I don't know for sure.
 4 COFFEY, Q.C.:
 5 Q. Going into that meeting, it was understood,
 6 was it, by the Eastern Health group, which
 7 would have included Mr. Tilley, that the
 8 department's view was that letters should be
 9 sent to individual patients? The July 18th e-
 10 mail says that.
 11 MS. BONNELL:
 12 A. Yes, I believe I would have expressed that
 13 opinion to the group.
 14 COFFEY, Q.C.:
 15 Q. Yes, so everyone knows that, that's what we're
 16 facing going to the meeting.
 17 MS. BONNELL:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. You show up and one of the first, I take it
 21 positions taken by Mr. Ottenheimer is this
 22 should go public with the press release?
 23 MS. BONNELL:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. So there's discussion.
 2 MS. BONNELL:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. And by the end of the meeting, the decision is
 6 made at that point anyway, there'll be no
 7 press release to the public.
 8 MS. BONNELL:
 9 A. Yes, at this point in time, yes.
 10 COFFEY, Q.C.:
 11 Q. And there will be no letter to individual
 12 patients at this point in time?
 13 MS. BONNELL:
 14 A. Yes, I believe that decision was made, that
 15 the understanding that we left with was that
 16 there would be more coming, that we would
 17 discuss it further, get back to the Minister,
 18 that that was not going to happen on the
 19 timeline which we had originally laid out,
 20 which would have been that week. We had
 21 originally talked about it happening within
 22 days.
 23 COFFEY, Q.C.:
 24 Q. And was the understanding then, leaving that
 25 meeting, that neither would happen unless and

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1 until the Minister was advised further?
 2 MS. BONNELL:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. And was it your understanding, though, that
 6 Mr. Ottenheimer wanted to be kept apprised of
 7 this?
 8 MS. BONNELL:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. He was, I take it, I'm going to suggest to you
 12 was fairly clear in the meeting, he wanted--he
 13 made his views known in that regard?
 14 MS. BONNELL:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Well ma'am, to your knowledge what, if
 18 anything, up to that point had been done to
 19 identify patients' addresses?
 20 MS. BONNELL:
 21 A. I would have no idea, Mr. Coffey.
 22 COFFEY, Q.C.:
 23 Q. Because you'd need them to send the letters.
 24 MS. BONNELL:
 25 A. I would have no--that would have been work

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1 that would be being done by quality.
 2 COFFEY, Q.C.:
 3 Q. At that point in time, as you've indicated
 4 looking at the draft press releases, if
 5 there's a quote attributed to a physician,
 6 that person would be the spokesperson.
 7 MS. BONNELL:
 8 A. Yes, that's right.
 9 COFFEY, Q.C.:
 10 Q. Dr. Williams in this context.
 11 MS. BONNELL:
 12 A. Uh-hm.
 13 COFFEY, Q.C.:
 14 Q. It was anticipated would be used. Okay, if we
 15 could look at, please, exhibit P-0312, page 5.
 16 Now this is this 2:37 p.m. e-mail of July 19th
 17 from Ms. Chaplin to Mr. Cake. The last
 18 sentence reads, "No public announcement will
 19 be forthcoming this week and there is a
 20 possibility that the significance of any
 21 announcement will be minimized." Okay?
 22 MS. BONNELL:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Now this, you have not--this is two days, well

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1 42 hours before you meet with the Minister.
 2 MS. BONNELL:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. This says that no public announcement will be
 6 made this week.
 7 MS. BONNELL:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. How did you know that on a Tuesday afternoon?
 11 MS. BONNELL:
 12 A. Well this is not my e-mail, this is Ms.
 13 Chaplin's e-mail.
 14 COFFEY, Q.C.:
 15 Q. But you've told the Commissioner yesterday
 16 that you think this is as a result of
 17 something you told Ms. Chaplin.
 18 MS. BONNELL:
 19 A. Yes, and I would have said to Ms. Chaplin, you
 20 know, I don't know if we're going to do this,
 21 this week, because we have some new
 22 information and it looks better, looks good,
 23 we have to find out more about it, et cetera.
 24 That sort of a message is what I would have
 25 conveyed to Ms. Chaplin.

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1 COFFEY, Q.C.:
 2 Q. And your basis for doing that was what?
 3 MS. BONNELL:
 4 A. Based on a phone call or information I gleaned
 5 in a meeting, I don't particularly remember
 6 the way that the information would have come
 7 to me.
 8 COFFEY, Q.C.:
 9 Q. What information was it?
 10 MS. BONNELL:
 11 A. That there was, this issue with the one year
 12 appearing to be within range, and therefore,
 13 may not -
 14 COFFEY, Q.C.:
 15 Q. So one year of seven may be within range.
 16 MS. BONNELL:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And that led to you conveying to Ms. Chaplin
 20 the message that there's a possibility that
 21 the significance of any announcement will be
 22 minimized, leaving six years?
 23 MS. BONNELL:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. Because you can do the calculation, '97
 2 through to 2004, seven years. Now it's down
 3 to six, so you conveyed to her, you're telling
 4 the Commissioner your recollection is that you
 5 conveyed to Ms. Chaplin based upon 2003, the
 6 one year, possibly being within accepted range
 7 for positivity, that the possibility of any
 8 announcement will be minimized?
 9 MS. BONNELL:
 10 A. What I'm conveying to you is that that
 11 information came to us and I also said to you
 12 yesterday that, and this morning, that
 13 information was coming at us at rapid-fire
 14 speed and -
 15 COFFEY, Q.C.:
 16 Q. But there's no other -
 17 MS. BONNELL:
 18 A. Are you asking me if that one piece of
 19 information would have stopped us from doing
 20 it?
 21 COFFEY, Q.C.:
 22 Q. No, ma'am, I'm just asking you did that one
 23 piece of information, was that what caused you
 24 to assert to Ms. Chaplin -
 25 MS. BONNELL:

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1 A. To second guess the ability -
 2 COFFEY, Q.C.:
 3 Q. To assert to Ms. Chaplin that the significance
 4 of any announcement, there's a possibility the
 5 significance of any announcement will be
 6 minimized?
 7 MS. BONNELL:
 8 A. I don't recall ever telling Ms. Chaplin that
 9 the significance of any announcement would be
 10 minimized.
 11 COFFEY, Q.C.:
 12 Q. Okay. What do you recall telling Ms. Chaplin?
 13 MS. BONNELL:
 14 A. It would have been something like -
 15 COFFEY, Q.C.:
 16 Q. No, I'm asking you what do you recall?
 17 MS. BONNELL:
 18 A. I don't recall exactly the words I would have
 19 said to Ms. Chaplin.
 20 COFFEY, Q.C.:
 21 Q. Do you recall what subject you actually,
 22 particularly spoke to her about?
 23 MS. BONNELL:
 24 A. The fact that we had some new information and
 25 I didn't know what the new information would

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1 mean and that it looked like we wouldn't be
 2 having, going forward with a press
 3 announcement that week.
 4 COFFEY, Q.C.:
 5 Q. So in the idea of -
 6 MS. BONNELL:
 7 A. That the new information was positive, it
 8 looked good, it was good looking information.
 9 COFFEY, Q.C.:
 10 Q. And you didn't tell her about 2003?
 11 MS. BONNELL:
 12 A. No, I don't think so, no.
 13 COFFEY, Q.C.:
 14 Q. Why not?
 15 MS. BONNELL:
 16 A. I don't know if I would have understood
 17 entirely.
 18 COFFEY, Q.C.:
 19 Q. Well ma'am, according to the e-mail we looked
 20 at yesterday, the 10:32 e-mail that morning -
 21 MS. BONNELL:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. You would have told her probably about the '97
 25 to '04.

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1 MS. BONNELL:
 2 A. Potentially, yes.
 3 COFFEY, Q.C.:
 4 Q. The numbers.
 5 MS. BONNELL:
 6 A. Given her as much information as generally
 7 would, yes.
 8 COFFEY, Q.C.:
 9 Q. So if you knew that the '03 or you understood
 10 at this point that the '03 positivity rate was
 11 within normal range, as it were, accepted
 12 range.
 13 MS. BONNELL:
 14 A. Uh-hm.
 15 COFFEY, Q.C.:
 16 Q. Why wouldn't you have simply told her then?
 17 MS. BONNELL:
 18 A. Perhaps I did, Mr. Coffey.
 19 COFFEY, Q.C.:
 20 Q. Okay.
 21 MS. BONNELL:
 22 A. But I can't tell you what I told her. This
 23 was a conversation that I had three years ago,
 24 I don't remember it.
 25 THE COMMISSIONER:

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1 Q. But you are saying that you don't believe the
 2 words "significance of any announcement will
 3 be minimized" are yours?
 4 MS. BONNELL:
 5 A. It doesn't sound like it would have come out
 6 of my mouth, ma'am, no, it's not--it's not a
 7 phraseology I would have used.
 8 COFFEY, Q.C.:
 9 Q. And in fact, there was no reason at that point
 10 for you to believe that that was the case, was
 11 there?
 12 MS. BONNELL:
 13 A. No.
 14 COFFEY, Q.C.:
 15 Q. Seven years is bad, six out of seven is not
 16 that much less bad, is it?
 17 MS. BONNELL:
 18 A. No, not necessarily, no.
 19 COFFEY, Q.C.:
 20 Q. If we could, please, exhibit P-0304. Ma'am
 21 this is a memo on Eastern Health letterhead
 22 dated July 21, 2005 from yourself to George
 23 Tilley. You begin by saying, "I certainly
 24 have some concerns following the meeting this
 25 morning re: public disclosure." And then this

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1 goes on for two full pages, single spaced.
 2 How was it that this came to be prepared,
 3 ma'am?
 4 MS. BONNELL:
 5 A. After we left the meeting with the Minister,
 6 Mr. Tilley asked me to put into writing to try
 7 and capture it in writing the arguments on the
 8 issue of public disclosure or the discussion
 9 on the issue of public disclosure. So I would
 10 have gone back to my office and written this
 11 to him.
 12 THE COMMISSIONER:
 13 Q. This is a kind of pros and cons request by Mr.
 14 Tilley?
 15 MS. BONNELL:
 16 A. Mr. Tilley liked to see things in writing
 17 ma'am. He just--he thought better, I think,
 18 when he saw something written and so it
 19 wouldn't be unusual for him to ask me just
 20 write it down for him or write it in an e-mail
 21 to him. I chose a memo, I don't really know
 22 why I chose this format. Normally I would
 23 have just written it for him in an e-mail.
 24 COFFEY, Q.C.:
 25 Q. And was this a pros and cons approach or is

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1 this a list of the cons approach? Because
 2 there aren't a whole lot of pros listed here,
 3 are there?
 4 MS. BONNELL:
 5 A. No. I wouldn't say it's a pros and cons,
 6 there's another document later on that looks
 7 at, you know, whether we go this way or that
 8 way, that was a more formalized approach, you
 9 know, this to me was a letter to my--one of my
 10 bosses hammering out some thoughts on the
 11 issue of public disclosure, things to
 12 consider.
 13 COFFEY, Q.C.:
 14 Q. And this lists all the negatives that you
 15 could think of at the time, doesn't it?
 16 MS. BONNELL:
 17 A. It lists many negatives, but it also talks
 18 about an approach as well that could be taken.
 19 COFFEY, Q.C.:
 20 Q. Does it list any positives of going public?
 21 MS. BONNELL:
 22 A. Of public disclosure?
 23 COFFEY, Q.C.:
 24 Q. Yes, at that point.
 25 MS. BONNELL:

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1 A. No, I don't guess it does list them.
 2 COFFEY, Q.C.:
 3 Q. Why not?
 4 MS. BONNELL:
 5 A. I don't know, sir.
 6 COFFEY, Q.C.:
 7 Q. If we could look, please, at the second page
 8 of this, the first bullet on the second page
 9 says "Press conference can be beneficial in
 10 that they bring all the media and all the
 11 spokespeople together at one time and one
 12 message is received." So I take it that is
 13 certainly, potentially a positive.
 14 MS. BONNELL:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Then you go on to say, "However, reporters can
 18 adopt a mob mentality and the issue can be
 19 sidetracked in all the media by one stray
 20 comment or idea. Besides which, we do not
 21 plan to 'take blame' for something we did
 22 wrong, so we do not need to line up the
 23 players as if we were taking blame." Now
 24 ma'am, the reference to reports adopting a mob
 25 mentality and the issue can be sidetracked in

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1 all the media by one stray comment or idea,
 2 was that your view at the time?
 3 MS. BONNELL:
 4 A. It is certainly my view that I have seen and
 5 taken part in and witnesses press conferences
 6 that have gotten off track. We certainly had
 7 them at the Health Care Corporation where in
 8 the early days, before I actually joined the
 9 Health Care Corporation where press
 10 conferences went astray. This comment, you
 11 know, has gotten a lot of play in the media
 12 during the Commission of Inquiry because it
 13 certainly seems to indicate that I feel that
 14 the media are like a mob, which is totally
 15 inaccurate and was not intended in that, I
 16 never felt that way, I have never felt that
 17 way.
 18 COFFEY, Q.C.:
 19 Q. So you never felt that way and yet you wrote -
 20 MS. BONNELL:
 21 A. I've never felt that the media are a mob, I
 22 think that it's an unfortunate term of phrase
 23 that I used there.
 24 COFFEY, Q.C.:
 25 Q. Well you did use it here.

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1 MS. BONNELL:
 2 A. I did use it, yes. But I spent 8 years as
 3 well being an advocate for the media inside of
 4 Eastern Health and this is one comment in a
 5 memo written privately to my CEO. And it is
 6 true that sometimes press conferences can get
 7 off track. The organization didn't use press
 8 conferences very effectively or very often.
 9 In fact, in the 8 years that I worked at
 10 Eastern Health and Health Care Corporation
 11 before them, I've only ever organized two.
 12 Prior to my becoming involved, there were a
 13 number of press conferences when Sister
 14 Elizabeth was with the organization that were
 15 very negative press conferences, they didn't
 16 like them.
 17 COFFEY, Q.C.:
 18 Q. If we could just look back at the first
 19 bullet, you say "Well I"--meaning yourself--
 20 "am a strong advocate for public disclosure, I
 21 was certainly one of the first voices out
 22 there when we thought this was our error,
 23 saying that we need to disclose ASAP. I'm not
 24 convinced that we can serve the 'greater good'
 25 and still maintain the reputation of the lab,

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1 which in my opinion is in the best interest of
 2 the public to maintain." So by this point in
 3 time, had the view--was the view being
 4 expressed that it was not our error?
 5 MS. BONNELL:
 6 A. If you put this memo in context, which I think
 7 it really needs to be placed in context, it
 8 needs to be placed in context with the time,
 9 where we were at this point in time. And
 10 there was some question in my mind at that
 11 point in time whether an error had occurred
 12 that was an error, that there was a human
 13 error, that there was--I was unsure at this
 14 particular moment in time of that. If you
 15 look at the second version of this memo, which
 16 comes the day after, which is--we talked about
 17 drafting things, this memo was written, I'll
 18 tell you how it was written. Mr. Tilley asked
 19 me after an intense meeting with the Minister
 20 to go back to my office and hammer something
 21 out for him. I did and sent it to him almost
 22 immediately without significant thought. I
 23 think discussed the memo with Mr. Tilley at
 24 some point either that day or the next day and
 25 a second draft of this memo exists in which

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1 that phrase you would not find there.
 2 COFFEY, Q.C.:
 3 Q. It's removed.
 4 MS. BONNELL:
 5 A. Yes, that's right.
 6 COFFEY, Q.C.:
 7 Q. In fact, even the reference to the meeting
 8 this morning is removed.
 9 MS. BONNELL:
 10 A. That's right.
 11 COFFEY, Q.C.:
 12 Q. Why is that? Why is the reference to the
 13 meeting this morning removed?
 14 MS. BONNELL:
 15 A. I don't remember--well it's the second day, I
 16 suppose, that would be one reason, but I don't
 17 remember why -
 18 COFFEY, Q.C.:
 19 Q. Well that, ma'am, with respect, you could say
 20 yesterday's meeting.
 21 MS. BONNELL:
 22 A. Absolutely, I don't remember why it was
 23 removed. I do remember that after writing
 24 this, Mr. Tilley and I had a conversation in
 25 which he said to me, "there's some good points

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1 in here, there's a lot of stuff that doesn't
 2 need to be in here, let's redraft this"
 3 because it was my understanding from him that
 4 he wanted to have that second memo as part of
 5 an official record, either for use in some
 6 other purpose or just to have as part of the
 7 official record. This memo I've always
 8 thought of as a draft and wasn't surprised, in
 9 fact, to see a copy of it maintained in my
 10 files.
 11 COFFEY, Q.C.:
 12 Q. And the second one is the one dated July 22nd
 13 to Mr. Tilley?
 14 MS. BONNELL:
 15 A. That's correct.
 16 COFFEY, Q.C.:
 17 Q. And there's actually a third one dated July
 18 22nd, 2005 to Mr. Tilley and Dr. Williams.
 19 MS. BONNELL:
 20 A. It would have been a copy, you mean? Was it
 21 the exact same memo?
 22 COFFEY, Q.C.:
 23 Q. Well it's the same memo with Dr. Williams -
 24 MS. BONNELL:
 25 A. Copied.

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1 COFFEY, Q.C.:

2 Q. It's copied. Why is that?

3 MS. BONNELL:

4 A. Mr. Tilley must have asked me to copy Dr.

5 Williams.

6 COFFEY, Q.C.:

7 Q. So he wanted you, not only to create a memo

8 out of the first one, removing certain parts

9 of the first one -

10 MS. BONNELL:

11 A. We discussed it, yes, because there's some

12 hyperbole in this memo, we would agree.

13 COFFEY, Q.C.:

14 Q. He wanted you to remove certain parts of the

15 first memo.

16 MS. BONNELL:

17 A. Yes.

18 COFFEY, Q.C.:

19 Q. Address it to him?

20 MS. BONNELL:

21 A. Yes.

22 COFFEY, Q.C.:

23 Q. You did so?

24 MS. BONNELL:

25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. You had given him that.

3 MS. BONNELL:

4 A. Yes.

5 COFFEY, Q.C.:

6 Q. Then he asked you to reissue the memo again

7 with a cc to Dr. Williams?

8 MS. BONNELL:

9 A. Yes, that's my recollection, yes.

10 COFFEY, Q.C.:

11 Q. And he didn't tell you first or last the

12 purpose for the second and third memos?

13 MS. BONNELL:

14 A. My understanding was that Mr. Tilley had

15 another purpose in mind for that, that I can't

16 recall him saying to me, you know, this--I

17 might want to talk to somebody about this or

18 use this memo in some--but it was certainly my

19 understanding from the discussion I had with

20 Mr. Tilley, that this memo, written quickly

21 with--in a very casual informal way, lots of

22 casual language, which you see in the second

23 memo is removed, it's a much more formal memo

24 and a lot less hyperbole.

25 COFFEY, Q.C.:

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1 Q. The same topics, though, covered?

2 MS. BONNELL:

3 A. Pretty much.

4 COFFEY, Q.C.:

5 Q. Okay.

6 MS. BONNELL:

7 A. Pretty much, not much change in terms of the

8 general message, just the way it's written.

9 COFFEY, Q.C.:

10 Q. I'm going to suggest to you that it's not only

11 the general message. The specific messages

12 don't really change.

13 MS. BONNELL:

14 A. No, I would agree, yes, yeah.

15 COFFEY, Q.C.:

16 Q. The way they're spoken about does.

17 MS. BONNELL:

18 A. Yes.

19 COFFEY, Q.C.:

20 Q. The messages themselves remain the same.

21 MS. BONNELL:

22 A. Yes.

23 COFFEY, Q.C.:

24 Q. Looking at the second bullet of your July 21,

25 2005 memo you say "in terms of maintaining a

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1 quality and professional reputation of our

2 laboratory, it would be better in one way if

3 we could focus on issues with this one test,

4 rather than looking at this from the

5 perspective of retesting everyone because the

6 technology has improved. Where does this

7 end"? So, I take it--what was the concern

8 there?

9 MS. BONNELL:

10 A. The concern was that, it's just--I think I

11 express it better in the second memo, if you

12 wanted to have a look at the second memo, but

13 I guess the issue is that technology is always

14 improving and that we can't consider that this

15 is an opportunity to retest because of new

16 technology which is, I think, more clearly

17 expressed in the second memo.

18 COFFEY, Q.C.:

19 Q. Because the problem with that is any time you

20 get new machinery, better machinery, you get

21 called upon to -

22 MS. BONNELL:

23 A. You have to retest everybody.

24 COFFEY, Q.C.:

25 Q. Retest everybody.

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1 MS. BONNELL:
 2 A. Right. And in this case, of course, it wasn't
 3 really the issue anyway.
 4 COFFEY, Q.C.:
 5 Q. Third bullet, "we have to protect the
 6 integrity of the system at large. Many tests
 7 are done using immunostaining and other manual
 8 processes. We have to be careful that we
 9 don't portray those methods, some of which are
 10 still in use in our labs, as somehow inferior.
 11 We also have to be careful that we don't set
 12 ourselves up. We have to redo every single
 13 test done in the past where new technology
 14 improves our outcomes".
 15 So, you were painfully aware, I take it,
 16 that this wasn't a machinery problem?
 17 MS. BONNELL:
 18 A. Absolutely.
 19 COFFEY, Q.C.:
 20 Q. Now ma'am, what if--if we could just look
 21 perhaps at the fourth bullet, portion of it,
 22 "we need to consider what implications a
 23 public announcement will have on a variety of
 24 impacted stakeholders".
 25 MS. BONNELL:

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1 A. This kind of thing, you know, is something
 2 that you do in communications. You talk about
 3 how's--and you pose questions. This is not
 4 uncommon to see, you know, how's this going to
 5 have an implication on various stakeholders.
 6 COFFEY, Q.C.:
 7 Q. Had any thought been given to any of these
 8 topics up to this point?
 9 MS. BONNELL:
 10 A. Yes, thought certainly had been given to some
 11 of those topics, some of them I'm raising as
 12 considerations for us think about.
 13 COFFEY, Q.C.:
 14 Q. The fourth bullet, sub bullet here is "do we
 15 have the potential to ignite breast cancer
 16 advocacy groups"?
 17 MS. BONNELL:
 18 A. Yes, which I think we did.
 19 COFFEY, Q.C.:
 20 Q. And your concern about that is what? Why
 21 would you be concerned about that?
 22 MS. BONNELL:
 23 A. Because we wouldn't want to do that, Mr.
 24 Coffey.
 25 COFFEY, Q.C.:

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1 Q. If they have reason--to use your words--to be
 2 ignited -
 3 MS. BONNELL:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. - is there anything wrong with then igniting
 7 it?
 8 MS. BONNELL:
 9 A. No, but it's worth considering that we might
 10 have the potential to do that. So that in our
 11 communications strategy we take that into
 12 consideration.
 13 COFFEY, Q.C.:
 14 Q. With a view to doing what?
 15 MS. BONNELL:
 16 A. Involving them in a more proactive way, than I
 17 believe we were successful in doing, in the
 18 end.
 19 COFFEY, Q.C.:
 20 Q. I'm sorry?
 21 MS. BONNELL:
 22 A. Involving them, considering them--when you
 23 look at your stakeholders, you look at what
 24 their specific concerns are, what their
 25 understanding of an issue is, what their

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1 opinion on an issue might potentially be and
 2 that would help you decide how you would more
 3 effectively communicate with those
 4 stakeholders.
 5 COFFEY, Q.C.:
 6 Q. And up to and including October 2, 2005, was
 7 that ever done?
 8 MS. BONNELL:
 9 A. I know that we had--if you're speaking of the
 10 Canadian Cancer Society as one advocacy group,
 11 I know we had certainly discussed and I had
 12 talked about the fact that it would be very
 13 beneficial for them to be briefed. I don't
 14 believe it was done.
 15 COFFEY, Q.C.:
 16 Q. And at whose instance was it not done? You're
 17 advocating it, who decided that it not be
 18 done?
 19 MS. BONNELL:
 20 A. I don't think anybody decided that it not be
 21 done. I think it was unfortunately missed.
 22 COFFEY, Q.C.:
 23 Q. Just got overlooked?
 24 MS. BONNELL:
 25 A. I think so, sir, yes.

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1 COFFEY, Q.C.:

2 Q. So, certainly everybody knew who Peter Dawe

3 was?

4 MS. BONNELL:

5 A. Oh yes.

6 COFFEY, Q.C.:

7 Q. So, at what point was it decided--how could

8 that get overlooked?

9 MS. BONNELL:

10 A. I really don't know.

11 COFFEY, Q.C.:

12 Q. The sixth bullet or sub bullet here says,

13 "could the very nature of our disclosure be a

14 factor in litigation as it was in the Labrador

15 case"? I take it that the legal ramifications

16 were certainly -

17 MS. BONNELL:

18 A. On our minds, yes, on my mind.

19 COFFEY, Q.C.:

20 Q. And that would militate, I take it, in favour

21 of not disclosing -

22 MS. BONNELL:

23 A. Oh, absolutely not. Mr. Coffey, we were going

24 to disclose. There was no question about

25 that. It was the nature of the disclosure and

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1 -

2 COFFEY, Q.C.:

3 Q. ie. the letter.

4 MS. BONNELL:

5 A. ie. the letter or the press release or

6 whatever, you know, the various different

7 things that were being considered.

8 COFFEY, Q.C.:

9 Q. The next bullet you refer to "what impact is

10 this going to have on oncologists and what

11 support will they need to ensure that patient

12 issues are dealt with promptly"?

13 MS. BONNELL:

14 A. Oncologists were expressing concerns about the

15 fact that this would have an impact upon them

16 and their already overloaded work.

17 COFFEY, Q.C.:

18 Q. And oncologists, up to this point, at least in

19 the meetings that they had attended had

20 expressed the view, I'm going to suggest to

21 you, that if there's a public announcement

22 made, their phones would effectively ring off

23 the wall.

24 MS. BONNELL:

25 A. That's right.

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1 COFFEY, Q.C.:

2 Q. And they'd have to spend too much time

3 actually answering the phone rather than

4 actually attending to their patients.

5 MS. BONNELL:

6 A. That was certainly talked about, yes.

7 COFFEY, Q.C.:

8 Q. Now, as it turns out, after October 2, 2005,

9 do you have any reason to believe that that

10 actually happened, that the phones rang off

11 the wall, as it were.

12 MS. BONNELL:

13 A. I don't--you'd have to ask the physicians.

14 COFFEY, Q.C.:

15 Q. I'm asking do you have any reason to believe

16 it did?

17 MS. BONNELL:

18 A. I know that there was a heightened awareness

19 and there were--we also had put forward a

20 patient relations number for individuals to

21 call.

22 COFFEY, Q.C.:

23 Q. But you were doing that anyway.

24 MS. BONNELL:

25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. Your 800 number back in the draft press

3 releases back July 18 and before.

4 MS. BONNELL:

5 A. Yes.

6 COFFEY, Q.C.:

7 Q. So, I'm asking you, in the first week of

8 October, 2005, and the second week of October,

9 2005 was it ever brought to your attention

10 that the oncologists are being over burdened

11 by the fact that this is gone public?

12 MS. BONNELL:

13 A. No, no.

14 COFFEY, Q.C.:

15 Q. Thank you. And the last bullet says, "what

16 impact will this announcement have nationally?

17 Will we be forcing labs across the country to

18 redo all their tests"? Now, what possible

19 significance could that have to Eastern

20 Health?

21 MS. BONNELL:

22 A. In terms of whether we would make an

23 announcement or not?

24 COFFEY, Q.C.:

25 Q. Yes or -

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1 MS. BONNELL:
 2 A. Well, none of these things are factors in
 3 whether we would make an announcement or not,
 4 they're just considerations. It's a national
 5 story, it's a national issue. The
 6 organization is part of other national
 7 organizations. It's not a--it's just a
 8 statement. It's something that we were
 9 talking about as a group, you know, are we the
 10 only people who have this problem, are other
 11 organizations across the country going to find
 12 themselves being pressured by what occurs here
 13 to follow suit. They're a stakeholder and
 14 it's all it is.
 15 COFFEY, Q.C.:
 16 Q. On the second page of this exhibit, the fourth
 17 bullet says, "I'm not sure what it is exactly
 18 that we are disclosing publicly."
 19 MS. BONNELL:
 20 A. That's true, I didn't -
 21 COFFEY, Q.C.:
 22 Q. "Are we announcing that we have a new
 23 technology and that recently we have become
 24 aware of its ability to more sensitively
 25 assess ER and PR levels? If so, is this not

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1 better coming from our organization to the
 2 patients and their oncologists who make the
 3 determination on care options?" Well, ma'am,
 4 you had drafted, and we can look at them if
 5 you like, a whole bunch of press releases.
 6 COFFEY, Q.C.:
 7 Q. With different options, different approaches?
 8 MS. BONNELL:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. Correct? You had certainly, in drafting
 12 those, were aware of what you proposed to
 13 disclose publicly?
 14 MS. BONNELL:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Nothing had changed in the meantime in
 18 relation to that?
 19 MS. BONNELL:
 20 A. No.
 21 COFFEY, Q.C.:
 22 Q. And in effect, I'm going to suggest to you, as
 23 of July 21st the message to patients would
 24 simply be that Eastern Health is reexamining
 25 breast cancer patients' tissues over a certain

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1 time frame because we have concerns about the
 2 validity of the original test?
 3 MS. BONNELL:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. Full stop, wasn't it?
 7 MS. BONNELL:
 8 A. Sure.
 9 COFFEY, Q.C.:
 10 Q. That succinctly, doesn't it, describe what was
 11 going on?
 12 MS. BONNELL:
 13 A. Yes, um-hm.
 14 COFFEY, Q.C.:
 15 Q. Why not just simply do that and leave an 800
 16 number?
 17 MS. BONNELL:
 18 A. I don't know why not simply do that other
 19 than, you know, the fact that we felt that it
 20 was not in the best interests of patients to
 21 do that at that time.
 22 COFFEY, Q.C.:
 23 Q. Okay. If we could, looking at the bottom of
 24 this page, the second-last bullet says, this
 25 is you're referring to "my", being you.

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1 MS. BONNELL:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. "My preferred approach would be to work
 5 directly with the medical community to quickly
 6 address each individual case that converts
 7 from a negative to a positive ER/PR." Okay.
 8 Now, the medical community, to your knowledge,
 9 what if anything did the medical community,
 10 other than the oncologists and a couple of
 11 pathologists, know about this matter at that
 12 point in time?
 13 MS. BONNELL:
 14 A. I was referring to the oncologists and
 15 pathologists.
 16 COFFEY, Q.C.:
 17 Q. And -
 18 MS. BONNELL:
 19 A. This is a very hastily written memo, Mr.
 20 Coffey. The fact that I've said "medical
 21 community" there means nothing, really.
 22 COFFEY, Q.C.:
 23 Q. Okay. Were you aware of whether or not the
 24 medical community at large was aware of the
 25 problem?

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1 MS. BONNELL:
 2 A. I would have suspected that they weren't.
 3 COFFEY, Q.C.:
 4 Q. Why is that?
 5 MS. BONNELL:
 6 A. Because it was--it had not been discussed
 7 internally or externally at that point beyond
 8 a certain group of individuals, unless the
 9 doctors themselves were discussing it.
 10 COFFEY, Q.C.:
 11 Q. So it was your understanding, as part of this
 12 group, it was, I take it, implicitly
 13 understood by the group that not to be out
 14 talking about this generally in the cafeteria,
 15 was that the understanding?
 16 MS. BONNELL:
 17 A. Well, every issue in health care is like that,
 18 Mr. Coffey, you're not supposed to talk in the
 19 cafeteria about anything, but -
 20 COFFEY, Q.C.:
 21 Q. Well, but, well, you know what I'm getting at
 22 in terms of it was to be kept within a small
 23 group of people, that was the understanding?
 24 MS. BONNELL:
 25 A. I know that some of the oncologists and

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1 pathologists were doing investigations,
 2 quality and risk people were doing
 3 investigations and making contact with other
 4 people. But there was no implicit
 5 understanding that we should all keep quiet
 6 about this and talk to anybody about it. I
 7 don't think that's accurate.
 8 COFFEY, Q.C.:
 9 Q. Well, why not -
 10 MS. BONNELL:
 11 A. But no decision had been made to talk about it
 12 in that way, okay.
 13 THE COMMISSIONER:
 14 Q. Was consideration given to involving the wider
 15 medical community?
 16 COFFEY, Q.C.:
 17 Q. That's not a question really that I can
 18 answer, ma'am.
 19 THE COMMISSIONER:
 20 Q. Well, I'm just asking in the context of your
 21 group which was discussing this in terms of a
 22 communications vehicle.
 23 MS. BONNELL:
 24 A. Um-hm. I don't remember it being discussed at
 25 that point, no.

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1 THE COMMISSIONER:
 2 Q. Thank you.
 3 COFFEY, Q.C.:
 4 Q. So, looking at your preferred approach as
 5 listed here, you end with "no public
 6 announcement is necessary" under "E", but "A"
 7 through "D" it does certainly spell out an
 8 approach which would involve identifying and
 9 retesting everybody who could potentially be
 10 affected and the new test results be
 11 communicated to the physicians involved.
 12 MS. BONNELL:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. Under that scenario, when, if at all, would
 16 there be a public announcement?
 17 MS. BONNELL:
 18 A. I'm not sure when a public announcement would
 19 have been made in that process. After--I
 20 guess--I think I probably would say to you
 21 that I always knew that it would go public.
 22 That at some point in the process of notifying
 23 patients and physicians that it would become a
 24 public issue.
 25 COFFEY, Q.C.:

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1 Q. Okay.
 2 MS. BONNELL:
 3 A. It's impractical to think that a thousand
 4 people would be notified and that it would
 5 never, ever reach the media -
 6 COFFEY, Q.C.:
 7 Q. Yes, if -
 8 MS. BONNELL:
 9 A. - and -
 10 COFFEY, Q.C.:
 11 Q. - if on that point, because you certainly, in
 12 the next bullet do address that.
 13 MS. BONNELL:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. You say, the last bullet, "if we look at what
 17 the department calls 'worse case scenario' the
 18 patient goes to the media with the fact that
 19 their cancer care has changed because their
 20 lab results were wrong, what can we say to
 21 defend our organization"? So, I take it that
 22 that had come up--somebody, one or more people
 23 from the Department of Health had used the
 24 phrase "worse case scenario" that morning.
 25 MS. BONNELL:

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1 A. Yes.

2 COFFEY, Q.C.:

3 Q. Do you recall who used that?

4 MS. BONNELL:

5 A. No, but it is a quote, so I would say it came

6 directly from there.

7 COFFEY, Q.C.:

8 Q. During the meeting of July 21, did anyone from

9 Eastern Health actually have a response for

10 what was to be done in event of the "worse

11 case scenario", during the meeting itself?

12 MS. BONNELL:

13 A. Did we talk about that in the meeting? I

14 don't recall us actually discussing that in

15 the meeting.

16 COFFEY, Q.C.:

17 Q. About how you'd respond to the "worse case

18 scenario"?

19 MS. BONNELL:

20 A. I don't recall us discussing it, but it

21 wouldn't surprise me that it was discussed at

22 the meeting, but I don't recall it being

23 discussed.

24 COFFEY, Q.C.:

25 Q. You do say here, "should that happen, what can

Page 82

1 we say to defend our organization"?

2 MS. BONNELL:

3 A. Yes.

4 COFFEY, Q.C.:

5 Q. Now, you say -

6 MS. BONNELL:

7 A. So, this is me saying to Mr. Tilley -

8 COFFEY, Q.C.:

9 Q. Yes.

10 MS. BONNELL:

11 A. - these are the things that we could say if it

12 becomes public.

13 COFFEY, Q.C.:

14 Q. "We are actively addressing the issue".

15 MS. BONNELL:

16 A. Yes.

17 COFFEY, Q.C.:

18 Q. Correct. "We have better technology now that

19 is more sensitive".

20 MS. BONNELL:

21 A. Yes.

22 COFFEY, Q.C.:

23 Q. Now, that was literally true, although you

24 understood that probably didn't have a whole

25 lot to do with the problem.

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1 MS. BONNELL:

2 A. The problem, yes, but from the perspective of

3 people questioning the technology that was

4 being used in the laboratory.

5 COFFEY, Q.C.:

6 Q. "We have begun the process of identifying and

7 retesting all previous negative results. We

8 are working with the medical teams to notify

9 and change patients treatments where it is

10 appropriate. And quality assurance is a

11 matter of course in a hospital setting. We

12 are always reviewing our processes and

13 updating our technology". I take it the last

14 point again sends the message or would

15 possibly allow someone to draw the inference

16 that the problem relates to or the changes

17 relate to a change in technology, doesn't it?

18 MS. BONNELL:

19 A. I suppose so, but it could also be a reference

20 to the fact that we look at quality and try

21 and improve the services that we provide for

22 the public.

23 COFFEY, Q.C.:

24 Q. Now ma'am, those points were really no

25 different than had existed when you drafted

Page 84

1 the press releases, were they?

2 MS. BONNELL:

3 A. No.

4 COFFEY, Q.C.:

5 Q. On this point, were there ever any other press

6 releases drafted before October 2, 2005?

7 MS. BONNELL:

8 A. Do you mean between this point and -

9 COFFEY, Q.C.:

10 Q. Yes.

11 MS. BONNELL:

12 A. - 2005.

13 COFFEY, Q.C.:

14 Q. October 2, 2005.

15 MS. BONNELL:

16 A. I don't think so, Mr. Coffey.

17 COFFEY, Q.C.:

18 Q. I ask because we haven't seen any, so I'm just

19 -

20 MS. BONNELL:

21 A. No, I don't think so, no.

22 COFFEY, Q.C.:

23 Q. Were there any other key messages lists

24 drafted?

25 MS. BONNELL:

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1 A. Oh yes, there were key messages drafted. Now,
 2 would they have changed?
 3 COFFEY, Q.C.:
 4 Q. They were drafted, because we saw that
 5 yesterday, that's in that document -
 6 MS. BONNELL:
 7 A. There might have been a new set drafted around
 8 the time that the story became public in
 9 October.
 10 COFFEY, Q.C.:
 11 Q. Okay. Who would they have been drafted by?
 12 MS. BONNELL:
 13 A. Myself or Ms. Thomas. And it might have just
 14 been revision of the ones that were in
 15 existence prior to.
 16 COFFEY, Q.C.:
 17 Q. And the purpose of key messages is what?
 18 MS. BONNELL:
 19 A. The purpose of key messages is to help a
 20 spokesperson encapsulate, usually spokespeople
 21 don't, you know, say the key messages that's
 22 written on the page. It's not a script. It's
 23 just the key ideas that you would like to see
 24 conveyed in a piece.
 25 COFFEY, Q.C.:

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1 Q. How about straying from the key messages?
 2 MS. BONNELL:
 3 A. Sorry, I didn't hear your words?
 4 COFFEY, Q.C.:
 5 Q. How about straying from the key messages? Are
 6 people encouraged to stray from the key
 7 messages?
 8 MS. BONNELL:
 9 A. No -
 10 COFFEY, Q.C.:
 11 Q. For example, if a question is asked that there
 12 isn't a key message to address.
 13 MS. BONNELL:
 14 A. Well then you answer the question to the best
 15 of your ability.
 16 COFFEY, Q.C.:
 17 Q. Okay. And what about if a key message doesn't
 18 actually answer the question?
 19 MS. BONNELL:
 20 A. Then you -
 21 COFFEY, Q.C.:
 22 Q. It kind of skates around answering it.
 23 MS. BONNELL:
 24 A. You answer questions to the best of your
 25 ability. Key messages are not intended to be

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1 a script in any way, shape or form. They're
 2 intended to break down an issue into key
 3 points that you would like to communicate.
 4 THE COMMISSIONER:
 5 Q. Forgive me, Ms. Bonnell, but often the key
 6 messages don't seem to relate at all to what
 7 the questions are. So, which is it with key
 8 messages? Are they designed to provide
 9 answers when a person does not want to give an
 10 answer? Because it seems to me that in some
 11 of them that I have seen, it would have been
 12 more--in terms of the ability of the
 13 spokesperson to give an answer, the key
 14 message doesn't help. So, either the
 15 spokesperson gives a message which does not
 16 respond to the question or the spokesperson
 17 goes out on his or her own and gives a
 18 response that's within their knowledge which
 19 might get you into more trouble than if you
 20 gave them suggested response.
 21 MR. SIMMONS:
 22 Q. Commissioner, if I could, just a point of
 23 clarification on that, if I could.
 24 THE COMMISSIONER:
 25 Q. Um-hm.

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1 MR. SIMMONS:
 2 Q. I think--I may be wrong, but I think in your
 3 question you're thinking of a form of a
 4 briefing notes that we've seen using
 5 government that have anticipated questions and
 6 answers, maybe I'm wrong because I don't think
 7 the types of key message documents that Ms.
 8 Bonnell is referring to was in that format
 9 that it was said anticipated.
 10 THE COMMISSIONER:
 11 Q. Well, I suppose I probably was, Mr. Simmons,
 12 but you see this is a lady who has experience
 13 in that field and -
 14 MR. SIMMONS:
 15 Q. I just wanted to make sure -
 16 THE COMMISSIONER:
 17 Q. - when she gives key messages to people, I
 18 suspect she anticipates they're going to get
 19 asked questions.
 20 MS. BONNELL:
 21 A. Key messages are a little different,
 22 Commissioner, than question and answer or
 23 anticipated Q and A's
 24 THE COMMISSIONER:
 25 Q. Okay. So, what's the purpose of a key message

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1 in your organization?

2 MS. BONNELL:

3 A. Key messages are written--you take a topic and

4 break down what are the key points that you

5 would like to convey in a story, but they're

6 in no way to limit responses. It's not, if

7 you are asked this question please respond

8 with one of the following key messages.

9 They're just key points that you want to

10 convey to the public through your media

11 opportunity.

12 THE COMMISSIONER:

13 Q. Okay. And the conversation we had a little

14 earlier about press conferences that kind of

15 go awry, because as I understand it, within

16 Eastern Health, let us say that some of the

17 information which we had been provided with,

18 some of which comes through you would indicate

19 that the assessment was that often the key

20 messages "didn't get out".

21 MS. BONNELL:

22 A. Yes, that's right.

23 THE COMMISSIONER:

24 Q. So, is that a concern that the key messages

25 were not presented by those who were doing the

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1 presenting or that the media just didn't pick

2 up on it?

3 MS. BONNELL:

4 A. It's that the line of questioning the media

5 chose or the way that the media edit their

6 story together, key messages sometimes don't

7 get out in stories.

8 THE COMMISSIONER:

9 Q. But you know that going in anyway.

10 MS. BONNELL:

11 A. Yes, you do, yes, absolutely.

12 THE COMMISSIONER:

13 Q. So, I'm not sure why the complaint, put it

14 that way. If you're concerned that your key

15 messages are not getting out, but you know

16 really that you don't have that much control

17 once you expose your people to a press

18 conference.

19 MS. BONNELL:

20 A. Yes.

21 THE COMMISSIONER:

22 Q. And that a question that can come up that you

23 didn't anticipate or the press might decide to

24 focus on something that's not within the

25 messages that you want to convey.

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1 MS. BONNELL:

2 A. Um-hm.

3 THE COMMISSIONER:

4 Q. So, it seems to me -

5 MS. BONNELL:

6 A. Maybe it's not so much that -

7 THE COMMISSIONER:

8 Q. - that that's to be anticipated in your

9 business.

10 MS. BONNELL:

11 A. Yes, it is. Maybe it's not so much a

12 complaint, ma'am, as it is just a note that

13 those messages didn't get conveyed. You know,

14 if you look at--when you look at media

15 stories, part of what we do, what I do in my

16 organization for my organization is look at

17 stories that are done. So, after a story is

18 filed, you look at the story, you look at the

19 transcript of the story and you see what

20 messages are or are not there that you would

21 like to see there and consider other ways to

22 get those message conveyed.

23 THE COMMISSIONER:

24 Q. Okay. Well, actually, that's what I'm

25 interested in, because, as you know, I'm quite

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1 sure, part of my task is to look at

2 communication with patients, with others,

3 etcetera, etcetera. So I'm very interested in

4 your view of not now the choice of

5 communications, but the effective of

6 communications.

7 MS. BONNELL:

8 A. Yes.

9 THE COMMISSIONER:

10 Q. And how one assesses how you can effectively

11 communicate to various groups, public,

12 patients, etcetera.

13 MS. BONNELL:

14 A. Um-hm.

15 THE COMMISSIONER:

16 Q. And what you--what makes you choose particular

17 vehicles for communication, and what kind of

18 thought processes you would go through, for

19 example, in determining--key messages

20 presumably are the effort of your organization

21 to present points that you think are valuable

22 for the public, in this sense, if it's in the

23 context of a press release or in the context

24 of a press conference.

25 MS. BONNELL:

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1 A. Yes.
 2 THE COMMISSIONER:
 3 Q. Then I'm assuming that key messages are points
 4 that the organization feels would assist the
 5 public generally in their assessment of the
 6 issue. Would that be correct?
 7 MS. BONNELL:
 8 A. That's absolutely correct, yes.
 9 THE COMMISSIONER:
 10 Q. And if it doesn't work, if from your
 11 perspective the message gets garbled or the
 12 key message doesn't get out, what do you do
 13 then?
 14 MS. BONNELL:
 15 A. There's lots of options available. Many, many
 16 approaches, I mean, from putting things on
 17 your website to purchasing advertising to
 18 holding meetings with individuals directly, to
 19 -
 20 THE COMMISSIONER:
 21 Q. You mean individuals, presumably you're trying
 22 to communicate with the public at large, that
 23 would be like -
 24 MS. BONNELL:
 25 A. Well, one option -

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1 THE COMMISSIONER:
 2 Q. - persons who represent methods of getting
 3 information out?
 4 MS. BONNELL:
 5 A. One option that we didn't explore that maybe
 6 we should have or we should have considered is
 7 having an opportunity for a forum or something
 8 of that nature. That's something that wasn't
 9 considered and I look back on that and wonder
 10 if that would have been a benefit early on in
 11 this process, to allow people to come forward
 12 as a group and have a conversation about that.
 13 That might have been quite informative to the
 14 organization to have that kind of opportunity
 15 and that's something we should have
 16 considered.
 17 You look for opportunities when you see--
 18 sometimes, you know, in deference to the
 19 media, especially with an issue like ER/PR,
 20 it's very complex and there are many layers to
 21 it, and sometimes an agency, depending on the
 22 different types of media agencies can only
 23 pick up on small elements of a story and you
 24 hope that in totality, the messages that you
 25 wanted to convey have been conveyed, and if

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1 there are things that are missing from that,
 2 then you seek other ways to do it.
 3 One other way that we did use was
 4 advertising in this period of time. We also
 5 had information posted on our website for the
 6 public. So those were two things that we did
 7 do for messages that we didn't see that were
 8 delivered. This would be after this point, of
 9 course.
 10 THE COMMISSIONER:
 11 Q. Sorry, Mr. Coffey, I interrupted again.
 12 COFFEY, Q.C.:
 13 Q. Commissioner, if I could please then, look
 14 please at Exhibit--just a moment, please,
 15 Commissioner. If we could look, please, at
 16 Exhibit P-0304? If we could look, please,
 17 this is, at the first page of it--let me just
 18 see, that first memo of July 21--I said the
 19 first, it's the only one of July 21. Page
 20 three is your memo of July 22nd 2005 to both
 21 Mr. Tilley, copied to Dr. Bob Williams. If I
 22 could, please, just before I look at that,
 23 because that would have been done, I take it,
 24 that's the second? You did the July 22nd one,
 25 the first one to Mr. Tilley himself, just

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1 alone?
 2 MS. BONNELL:
 3 A. That's right.
 4 COFFEY, Q.C.:
 5 Q. Okay. If we could look at that, please?
 6 THE COMMISSIONER:
 7 Q. This is the ones on (inaudible) -
 8 -
 9 COFFEY, Q.C.:
 10 Q. Yes, this is the one.
 11 THE COMMISSIONER:
 12 Q. - to Mr. Tilley.
 13 COFFEY, Q.C.:
 14 Q. Yes.
 15 MS. BONNELL:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Exhibit P-1488. Ma'am, this is what I'll
 19 refer to as the more formal account -
 20 MS. BONNELL:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. - Mr. Tilley asked you to draft. And it's
 24 certainly if we compare it kind of line to
 25 line or idea to idea, the language is a bit

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1 more formal.
 2 MS. BONNELL:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. Some of it is written in more passive tense,
 6 things like that.
 7 MS. BONNELL:
 8 A. Yes.
 9 COFFEY, Q.C.:
 10 Q. But generally the same subject matters are
 11 covered.
 12 MS. BONNELL:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. Ma'am, you describe it here as, you say,
 16 "there are two separate yet connected issue
 17 emerging. Our obligation to ensure that all
 18 breast cancer patients receive the best
 19 possible care and our desire to ensure that
 20 our laboratory is functioning at the highest
 21 level possible". Why would there be a
 22 demarkation between both of those?
 23 MS. BONNELL:
 24 A. From a communications perspective I guess
 25 we're looking at having to communicate to two

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1 separate, but connected issues. One being the
 2 issue that we want to communicate to our
 3 patients that we want them to receive the best
 4 possible care and then the second issue being
 5 that we have a laboratory that we want to
 6 ensure people have faith in and trust in.
 7 It's two separate issues, but they're
 8 connected.
 9 COFFEY, Q.C.:
 10 Q. Well, the idea of having faith in or trust -
 11 MS. BONNELL:
 12 A. Um-hm.
 13 COFFEY, Q.C.:
 14 Q. - I take it that at times in respect of at
 15 least some matters there might be reason not
 16 to have faith or trust?
 17 MS. BONNELL:
 18 A. Well, the laboratory does 10 million tests a
 19 year.
 20 COFFEY, Q.C.:
 21 Q. And that's why I say, only some, I'm not
 22 suggesting that all that in the wider sense,
 23 but in respect of ER/PR by July 22, 2005 you
 24 certainly, yourself had reason to believe that
 25 there was concern about the validity of the

Page 99

1 ER/PR tests?
 2 MS. BONNELL:
 3 A. The ER/PR test and our processing of it within
 4 the lab and the issue of the Ventana and what
 5 impact that would or would not have on our
 6 ability to provide high quality care in that
 7 particular test in the future, yes.
 8 COFFEY, Q.C.:
 9 Q. Now did you understand yourself that in fact
 10 the Ventana was being used for -
 11 MS. BONNELL:
 12 A. To do the retesting?
 13 COFFEY, Q.C.:
 14 Q. - numerous other tests? Other than the ER/PR
 15 even, they were being done for many, many IHC
 16 tests?
 17 MS. BONNELL:
 18 A. Yes, I did, yes.
 19 COFFEY, Q.C.:
 20 Q. So you were one of those who did understand,
 21 okay, the difference, ER/PR, ER and PR were
 22 just two IHC tests of a large, large battery
 23 of tests?
 24 MS. BONNELL:
 25 A. Yes, I did know that. It wasn't until much

Page 100

1 later that I understood the difference between
 2 the ER/PR test and how it's utilized and some
 3 of the other IHC tests. I didn't understand
 4 that at this point.
 5 COFFEY, Q.C.:
 6 Q. But you did understand that these were just
 7 two of perhaps a hundred or more IHC tests?
 8 MS. BONNELL:
 9 A. I did.
 10 COFFEY, Q.C.:
 11 Q. And certainly, at this point in time, did you
 12 have any concern about the Ventana itself?
 13 MS. BONNELL:
 14 A. No, not at this point. That would have risen
 15 within the week.
 16 COFFEY, Q.C.:
 17 Q. In the second bullet here, you say "we cannot
 18 say that we have a new piece of technology
 19 that is more sensitive and therefore we are
 20 retesting old negatives because if we are
 21 retesting in this case, why wouldn't we do it
 22 in every circumstance where new technology
 23 improves our ability to diagnose and treat
 24 illness."
 25 MS. BONNELL:

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1 A. That's right.

2 COFFEY, Q.C.:

3 Q. And that same idea is discussed in your

4 earlier, day before memo. "Furthermore, to

5 state that this is about technology would be

6 only partially truthful as the organization

7 feels that there is a" you have this in

8 italics, "possibility of error that must be

9 investigated. If asked the question how did

10 this come to your attention, then it would

11 appear that our actions are obligatory," I'm

12 sorry, "rather than open and honest."

13 MS. BONNELL:

14 A. Yeah, if anybody asked us, "how did this come

15 to your attention?" and we say "well, we had

16 an index case that converted using"--it wasn't

17 because of the fact that we had new

18 technology. So therefore, you can't go there.

19 COFFEY, Q.C.:

20 Q. Now ma'am, just on that point, if we could

21 just turn, one topic here. The second page of

22 this, you say "on the second issue, quality

23 issues in the laboratory, there's a need for

24 both an internal plan to address the problems

25 immediately, as well as an external strategy

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1 to inform the public at large." So you

2 understood, certainly, that from a

3 communications perspective, you had to deal

4 with the public at large and individual

5 patients outside your organization, and

6 internally as well within your organization?

7 MS. BONNELL:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. Concerning this issue?

11 MS. BONNELL:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. Now on the point as to the effective of the

15 communicating in this regard, okay, we've

16 heard from Ms. Dawe, Joan Dawe who's the Chair

17 of the Board, and she has told us--if I could,

18 just a moment, please, Commissioner. She has

19 told us that it wasn't until she actually read

20 the reports of Dr. Banerjee and Trish

21 Wegrynowski in February of '08 that--and she

22 says speaking for herself and the Board, that

23 they were--she, certainly, and they at large,

24 she understood, were always under the

25 impression that the problems had been due to

Page 103

1 the machinery. Okay. She is certainly an

2 insider, you would agree?

3 MS. BONNELL:

4 A. Yes.

5 COFFEY, Q.C.:

6 Q. In terms of Eastern Health.

7 MS. BONNELL:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. So if she was surprised that it was not the

11 machinery, are you able to tell the

12 Commissioner, from your perspective, how years

13 later it could come about that the Board chair

14 would attribute the problem to machinery and

15 you knew in July of '05 or certainly by August

16 of '05 that it wasn't the machinery?

17 MS. BONNELL:

18 A. Yes, I can't.

19 COFFEY, Q.C.:

20 Q. So your communication strategy, I take it,

21 over that time period, at least where she was

22 concerned, failed or did it?

23 MS. BONNELL:

24 A. Yes, I guess so, because I mean, we certainly

25 weren't even talking about that publicly, that

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1 it was technology or machinery. That was not

2 even in the pieces that were done in October

3 of 2005, that wasn't an overall riding point.

4 COFFEY, Q.C.:

5 Q. But it was a point, wasn't it? It was always

6 mentioned.

7 MS. BONNELL:

8 A. Yes, it was mentioned that there was new

9 technology, yes.

10 COFFEY, Q.C.:

11 Q. And why would that be? What was the purpose

12 of doing that?

13 MS. BONNELL:

14 A. The purpose of doing that was that it--you

15 know, it wasn't to try and place the blame on

16 the technology, because we never indicated

17 that the technology was to blame.

18 COFFEY, Q.C.:

19 Q. But you--do you understand that the impression

20 was certainly left that it was the technology,

21 at least with some people?

22 MS. BONNELL:

23 A. Some people -

24 COFFEY, Q.C.:

25 Q. Some informed people.

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1 MS. BONNELL:
 2 A. Some people may have felt that, yes.
 3 COFFEY, Q.C.:
 4 Q. And was there anything done, from your
 5 perspective, to disabuse people of that
 6 notion?
 7 MS. BONNELL:
 8 A. No, but there were other things that weren't
 9 done too. You know, there was very little
 10 communication that was done after October of
 11 2005 until the press briefing in December of
 12 2006, from a public perspective.
 13 COFFEY, Q.C.:
 14 Q. And even in December of 2006, to your
 15 knowledge, was there anything done to disabuse
 16 the public at large of the notion that it
 17 related to -
 18 MS. BONNELL:
 19 A. Well, certainly, I'm sure we'll have a look at
 20 that press briefing when we get there, but
 21 that certainly was not presented in the press
 22 briefing in any way, shape or form.
 23 COFFEY, Q.C.:
 24 Q. Okay. If we could, just looking at page two
 25 of this, the middle of the page, the--

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1 actually, if we could bring up--I'm sorry,
 2 this is, yeah, 1488. This one, in the middle
 3 of the page you've written, "a full public
 4 disclosure with a press conference, 1-800
 5 information line, letters to all impacted
 6 patients and supportive ministerial comment is
 7 not recommended. Legal counsel and risk
 8 management advise against such a disclosure,
 9 particularly before the impacted patients have
 10 had the opportunity to hear about this from
 11 us." Okay. So in this context, legal counsel
 12 would be Dan Boone?
 13 MS. BONNELL:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. And risk management would be Heather Predham?
 17 MS. BONNELL:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. And anybody else, Pat, Patricia Pilgrim?
 21 MS. BONNELL:
 22 A. Speaking on behalf of the quality and risk
 23 department, yes.
 24 COFFEY, Q.C.:
 25 Q. Where would Patricia Pilgrim have been, if

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1 anywhere, at this point?
 2 MS. BONNELL:
 3 A. Not directly involved.
 4 COFFEY, Q.C.:
 5 Q. So it was Heather Predham, risk management,
 6 and Mr. Boone, legal counsel?
 7 MS. BONNELL:
 8 A. Um-hm.
 9 COFFEY, Q.C.:
 10 Q. And so you, in writing this to Mr. Tilley,
 11 would have been recounting for him what you
 12 had overheard Mr. Boone and Ms. Predham to say
 13 to you?
 14 MS. BONNELL:
 15 A. Yes.
 16 THE COMMISSIONER:
 17 Q. I'm sorry, I missed something here. You're
 18 saying that that was communicated to you
 19 directly by Mr. Boone and Ms. Pilgrim, I'm
 20 sorry, Ms. Predham? I guess my question is
 21 how did you know that?
 22 MS. BONNELL:
 23 A. I believe it was communicated to me directly
 24 by both individuals.
 25 THE COMMISSIONER:

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1 Q. And was that in the context of one of these
 2 big meetings of your group, do you remember?
 3 MS. BONNELL:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. Now that does not appear, I don't believe, in
 7 the July 21st version of this.
 8 MS. BONNELL:
 9 A. No, it doesn't, that's right.
 10 COFFEY, Q.C.:
 11 Q. And at this point or by this point in time had
 12 met with Mr. Boone at least twice, July 19th
 13 2005 and then July 21st 2005?
 14 MS. BONNELL:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. Do you recall at which meeting he expressed
 18 that view?
 19 MS. BONNELL:
 20 A. No, I don't. I'm not sure if it was expressed
 21 in a meeting or if it was expressed via e-mail
 22 communications, and I think in the first page
 23 of this, I talk a little bit about the Health
 24 Labrador situation and the letters and the
 25 reticence of the whole letter thing, concerns

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1 about the letter.
 2 COFFEY, Q.C.:
 3 Q. Yes, and we'll -
 4 MS. BONNELL:
 5 A. The nature of disclosure, I guess.
 6 COFFEY, Q.C.:
 7 Q. - yes, to assist you in that regard, under the
 8 third bullet, you have "we have an
 9 identifiable group of individuals that we can
 10 contact directly. Similar circumstances
 11 where, for example, we have lost a batch of
 12 specimens or made a quality improvement that
 13 impacted upon a group of patients, we have
 14 contacted those individuals directly.
 15 Regardless of the fact that this is a larger
 16 group than we have normally dealt with, we
 17 must treat these individuals with the same
 18 regard. In the Health Labrador Ob/Gyn cases,
 19 plaintiffs in the class action law suit have
 20 identified the manner in which they were
 21 notified and the loss of anonymity has major
 22 militating factors in their decision to sue."
 23 i.e., I take it then the view being expressed
 24 to yourself and others in Eastern Health was
 25 that if you send registered letters, you're in

Page 110

1 effect creating a law suit potentially?
 2 MS. BONNELL:
 3 A. Potentially, yeah, I suppose. I think we--you
 4 know, and we'll talk about that later anyway,
 5 I'm sure, but I think that the issue of being
 6 sued was--I think that there was an
 7 expectation that there would be a law suit
 8 come from this issue. It wasn't an unexpected
 9 thing. It had no bearing on our decision
 10 making process.
 11 COFFEY, Q.C.:
 12 Q. But this doesn't--that related to the quality
 13 of actual care, patient care.
 14 MS. BONNELL:
 15 A. Right.
 16 COFFEY, Q.C.:
 17 Q. This relates to the communications piece.
 18 MS. BONNELL:
 19 A. Yeah, that's correct, yes.
 20 COFFEY, Q.C.:
 21 Q. Then there's a distinct -
 22 MS. BONNELL:
 23 A. The method of.
 24 COFFEY, Q.C.:
 25 Q. So the issue about--the idea that Eastern

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1 Health might be sued because the test hadn't
 2 been properly done the first time, arguably,
 3 done the first time, that was known or
 4 suspected probably fairly early on?
 5 MS. BONNELL:
 6 A. For sure, yes.
 7 COFFEY, Q.C.:
 8 Q. And it got more solidified as time went on?
 9 MS. BONNELL:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. And finally, the statements of claim did
 13 arrive. But this relates to not that so much,
 14 this relates to the actual communications
 15 method.
 16 MS. BONNELL:
 17 A. That's right
 18 COFFEY, Q.C.:
 19 Q. And whether there should be communication?
 20 MS. BONNELL:
 21 A. It's not whether there should be
 22 communications, but -
 23 COFFEY, Q.C.:
 24 Q. No, well, the method, the method of
 25 communication?

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1 MS. BONNELL:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. The letter.
 5 MS. BONNELL:
 6 A. There was always an intent to communicate.
 7 COFFEY, Q.C.:
 8 Q. The concern was having something that one
 9 could point to in writing, wasn't it, the
 10 letter? Existence of a letter -
 11 THE COMMISSIONER:
 12 Q. Sorry, I didn't understand your question.
 13 COFFEY, Q.C.:
 14 Q. The existence of the letter, of a letter being
 15 used, because this surfaces again in October
 16 of '05. The usage of a letter to inform
 17 patients -
 18 MS. BONNELL:
 19 A. Yes. It was never my intention that it was
 20 something that they--that the reason why it
 21 wasn't done because it was something that they
 22 could point to and have.
 23 COFFEY, Q.C.:
 24 Q. Okay, well, the--but the fact, if there was a
 25 letter sent -

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1 MS. BONNELL:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. - it would exist and the advantage you saw
 5 from a letter, from your perspective, you told
 6 us yesterday, was--and particularly a
 7 registered letter is you can keep track of it
 8 and it's proof as to what you told somebody.
 9 MS. BONNELL:
 10 A. Certainly, yes.
 11 COFFEY, Q.C.:
 12 Q. Correspondingly, to the recipient, it's proof
 13 that they were so informed.
 14 MS. BONNELL:
 15 A. Okay, yes.
 16 COFFEY, Q.C.:
 17 Q. That would be so, wouldn't it?
 18 MS. BONNELL:
 19 A. Yes.
 20 THE COMMISSIONER:
 21 Q. Mr. Coffey, wherever you can find a convenient
 22 spot, we'll take the morning break.
 23 COFFEY, Q.C.:
 24 Q. Thank you, Commissioner. If we could, please,
 25 Exhibit P-0514? Now this, ma'am, is one of

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1 those tables or charts. There are a number of
 2 them with different dates. Would you have
 3 seen these at various times?
 4 MS. BONNELL:
 5 A. They may have been flashed in front of my nose
 6 at a meeting, but not shown to me, if you know
 7 what I mean. I don't recall ever seeing this
 8 particular one, but there was certainly no
 9 effort to copy me on them or anything like
 10 that.
 11 COFFEY, Q.C.:
 12 Q. Okay, and so that's really what I wanted to
 13 ask you about, because again, but your own
 14 kind of level of exposure -
 15 MS. BONNELL:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. - and analysis brought to bear by you on
 19 particular aspects of the matter, that's one
 20 of the things I'm trying to explore for the
 21 Commissioner.
 22 MS. BONNELL:
 23 A. Right.
 24 COFFEY, Q.C.:
 25 Q. So these sorts of documents which actually

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1 contain the numbers, detailed numbers, and
 2 these documents appear from time to time,
 3 you're telling the Commissioner, they
 4 probably--"they might have been shown to me,
 5 distributed at a meeting, but I didn't spend
 6 any time analysing them"?
 7 MS. BONNELL:
 8 A. No, absolutely, that's correct.
 9 COFFEY, Q.C.:
 10 Q. Okay. You rely upon other people's analysis
 11 to summarize it?
 12 MS. BONNELL:
 13 A. Absolutely, yes.
 14 COFFEY, Q.C.:
 15 Q. And did that ever change throughout the entire
 16 piece?
 17 MS. BONNELL:
 18 A. No, it never did.
 19 COFFEY, Q.C.:
 20 Q. Okay. If we could, please, just before we
 21 finish, Commissioner, I'll look at presumably
 22 the final, final version of this in July 22nd
 23 memo, P-0304, please? Pages three and four,
 24 I'm going to look just, ma'am, at page four.
 25 So this, your recommendation finally to Dr.

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1 Williams and Mr. Tilley is contained in the
 2 second last paragraph beginning with the words
 3 "I recommend that we work directly,"
 4 MS. BONNELL:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. And "if we are contacted by the media about
 8 one or more of these cases," you then go on to
 9 talk about how you would address the issues.
 10 MS. BONNELL:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. And those thoughts are substantially the same-
 14 -or substantively the same as the ones in your
 15 memo the day before?
 16 MS. BONNELL:
 17 A. That's correct.
 18 COFFEY, Q.C.:
 19 Q. Having given this to Mr. Tilley, did you ever
 20 hear about it afterward, and Dr. Williams, did
 21 you ever discuss your memo afterward with them
 22 or see what, if anything, it was used for?
 23 MS. BONNELL:
 24 A. See what it was used for, no, but I was
 25 certainly led to believe that it was an

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1 impactful memo, that it influenced their
 2 decision making process.
 3 COFFEY, Q.C.:
 4 Q. In what way?
 5 MS. BONNELL:
 6 A. We didn't do a press briefing the next day, or
 7 shortly thereafter, we had another set of
 8 meetings, maybe within a day or two of these
 9 in which I remember this being discussed, the
 10 concepts in this being discussed, and the
 11 oncologists, probably Kara Laing, reiterating
 12 that this was the opinion held by the
 13 oncologists as well.
 14 COFFEY, Q.C.:
 15 Q. Yes, because in paragraph A, at the top of
 16 page four of the exhibit, page two of the
 17 letter -
 18 MS. BONNELL:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. - you say "it is critical that we consult with
 22 the oncologists to get their expert advice on
 23 how to inform the impacted individuals that
 24 their specimens can be retested," and you go
 25 on to talk about the need to be consistent in

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1 that regard.
 2 MS. BONNELL:
 3 A. That's the actual patient notification
 4 process.
 5 COFFEY, Q.C.:
 6 Q. Yes, and on how to inform the impacted
 7 individuals that their patients can be
 8 retested. So this would be, even to talk to
 9 the oncologists to get their views?
 10 MS. BONNELL:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. Because they hadn't yet been gotten?
 14 MS. BONNELL:
 15 A. On the specific issue of patient contact, yes.
 16 COFFEY, Q.C.:
 17 Q. Contact, yes, and as to how to inform them
 18 that their specimens can be retested or are
 19 being retested.
 20 MS. BONNELL:
 21 A. Yeah, we -
 22 COFFEY, Q.C.:
 23 Q. This is even before the results come back.
 24 MS. BONNELL:
 25 A. Yeah.

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1 COFFEY, Q.C.:
 2 Q. You had to go talk to the oncologists -
 3 MS. BONNELL:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. - to get their views on the timing -
 7 MS. BONNELL:
 8 A. The larger group.
 9 COFFEY, Q.C.:
 10 Q. - and the form of how they should be told that
 11 they were being retested?
 12 MS. BONNELL:
 13 A. Right.
 14 COFFEY, Q.C.:
 15 Q. And that did follow in the following week?
 16 MS. BONNELL:
 17 A. That's right.
 18 COFFEY, Q.C.:
 19 Q. Thank you, Commissioner.
 20 THE COMMISSIONER:
 21 Q. Take 15.
 22 (BREAK)
 23 THE COMMISSIONER:
 24 Q. Please be seated. Mr. Coffey.
 25 COFFEY, Q.C.:

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1 Q. Thank you, Commissioner. If we could, please,
 2 Exhibit P-0520? Ma'am, these are handwritten
 3 notes of Dr. Williams dated July 24th 2005 in
 4 relation to a meeting. That would have been a
 5 Sunday.
 6 MS. BONNELL:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. And you are listed as one of a number of
 10 participants. I'm going to take you to the
 11 typed version. The purpose of this meeting
 12 was what? The Minister being met with on
 13 Thursday, what's this Sunday meeting for, from
 14 your perspective?
 15 MS. BONNELL:
 16 A. Just trying to read down through there to see
 17 -
 18 COFFEY, Q.C.:
 19 Q. Oh yes, go ahead, ma'am. Yes, certainly, yes.
 20 MS. BONNELL:
 21 A. - where we were. There were so many meetings,
 22 one after another after another. It may have
 23 been that this was one where we could bring
 24 together a large group of people. I don't
 25 remember there being a specific purpose other

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1 than it was a progress meeting, as we were
 2 moving along.
 3 COFFEY, Q.C.:
 4 Q. And, Dr. Cook was in attendance. Dr. Carter
 5 is not here, at least not listed as being here
 6 in this meeting. Are you -
 7 MS. BONNELL:
 8 A. Doctor?
 9 COFFEY, Q.C.:
 10 Q. Carter.
 11 MS. BONNELL:
 12 A. Beverley Carter?
 13 COFFEY, Q.C.:
 14 Q. Beverley.
 15 MS. BONNELL:
 16 A. Yeah.
 17 COFFEY, Q.C.:
 18 Q. Okay. and just looking quickly down through
 19 it, update on the current status, as you
 20 pointed out. "We know from other centres," I
 21 take it people were making inquiries across
 22 the country?
 23 MS. BONNELL:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. As to various aspect of the matter. And
 2 "testing patients for 2002, 16 to 24, 25 to
 3 32, 22 or 23 to come."
 4 MS. BONNELL:
 5 A. Um-hm.
 6 COFFEY, Q.C.:
 7 Q. And they were retesting the local Health Care
 8 Corporation negatives?
 9 MS. BONNELL:
 10 A. Okay.
 11 COFFEY, Q.C.:
 12 Q. From 2002. And we've seen that 16 to 24
 13 figure before and 25 to 32, roughly.
 14 MS. BONNELL:
 15 A. Um-hm.
 16 COFFEY, Q.C.:
 17 Q. "There may be a problem with methodology or
 18 with the lab."
 19 MS. BONNELL:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. So I take it that the specific nature of the
 23 cause of the problem or causes of the problem
 24 was still unknown?
 25 MS. BONNELL:

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1 A. That's correct.
 2 COFFEY, Q.C.:
 3 Q. And then there are a couple of comments
 4 attributed to Dr. Laing, "Not worried about
 5 weakly positives" and "Dr. Laing wants to be
 6 sure new system is accurate and not overly
 7 sensitive."
 8 MS. BONNELL:
 9 A. Um-hm.
 10 COFFEY, Q.C.:
 11 Q. And "They're working with Mount Sinai and
 12 quality control." And then there's a
 13 reference to "Dr. Laing needs a database to
 14 capture different kinds of breast cancers with
 15 ER/PR results."
 16 MS. BONNELL:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. So at this meeting, I take it, is this perhaps
 20 the first one where Dr. Laing's views are
 21 being significantly put forward? Because you
 22 remember your July 21st, 22nd memo had
 23 referred to the idea of consulting the
 24 oncologists?
 25 MS. BONNELL:

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1 A. Yes, I think so, Mr. Coffey. I'm trying to
 2 recall. Now, there were other meetings and
 3 there were other opportunities that I had to
 4 have conversations with Dr. Laing prior to
 5 this, but I remember it was around this point
 6 and it might actually be there if I keep
 7 reading it, we were starting to decide that we
 8 shouldn't be doing the retesting in house.
 9 COFFEY, Q.C.:
 10 Q. Yes. And the one, the fourth, the fifth
 11 bullet "Dr. Laing wants to be sure new
 12 system."
 13 MS. BONNELL:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. Which would be the Ventana, I take it?
 17 MS. BONNELL:
 18 A. Um.
 19 COFFEY, Q.C.:
 20 Q. "Is accurate and not overly sensitive." And
 21 that would at least begin to raise a doubt
 22 about -
 23 MS. BONNELL:
 24 A. That's right.
 25 COFFEY, Q.C.:

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1 Q. - the Ventana and the inference then would be
 2 or the natural progression would be, well, why
 3 should we use that to retest if we're
 4 concerned about its accuracy?
 5 MS. BONNELL:
 6 A. Yes.
 7 COFFEY, Q.C.:
 8 Q. Okay. If we could, please, Exhibit P-0513?
 9 And this is Dr. Williams' handwritten notes.
 10 This is a typed, page 2 of it is the typed
 11 version of the July 27th, 2005 conference call
 12 at 5 p.m. And there are quite a list of
 13 attendees, as it were.
 14 MS. BONNELL:
 15 A. Um-hm.
 16 COFFEY, Q.C.:
 17 Q. Mr. Tilley's name is listed, but his name is
 18 crossed out on the notes.
 19 MS. BONNELL:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. You're listed there.
 23 MS. BONNELL:
 24 A. Um-hm.
 25 COFFEY, Q.C.:

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1 Q. As one of those, as is Ms. Thomas and Mr.
 2 Boone is in attendance. "Overview of our data
 3 averaged 73 percent." And "Dr. Cook gave
 4 results of discussion with Dr. Walters in
 5 Montreal." And then the third and fourth
 6 bullet under that, "Sloan Kettering, no
 7 information" and "Mayo Clinic, don't know
 8 their rates." So I take it that in certain of
 9 these meetings people who had contact with
 10 Sloan Kettering or the Mayo Clinic were
 11 advising the group?
 12 MS. BONNELL:
 13 A. Yes. I remember -
 14 COFFEY, Q.C.:
 15 Q. What was your recollection of that?
 16 MS. BONNELL:
 17 A. I certainly remember around this time, and I
 18 guess it would be this meeting, Dr. Cook
 19 talking about trying to get a sense of how
 20 other people--what the percentages were in
 21 other laboratories. And I remember Dr. Cook
 22 at, may very well have been this meeting or
 23 other ones prior to it, they all sort of blur
 24 together, you know, that Dr. Cook was even
 25 finding it difficult to get in contact with

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1 people. People weren't returning his calls
 2 and that within--he sort of left me with the
 3 impression that amongst pathologists across
 4 the country there was a reticence to even want
 5 to talk about this.
 6 COFFEY, Q.C.:
 7 Q. And you say across the country, and in fact,
 8 perhaps even across the continent, I take it?
 9 MS. BONNELL:
 10 A. Perhaps, yes.
 11 COFFEY, Q.C.:
 12 Q. The Mayo Clinic and Sloan Kettering would be
 13 American.
 14 MS. BONNELL:
 15 A. Yes, that's right, yes, of course, yeah,
 16 they're in the United States, yeah.
 17 COFFEY, Q.C.:
 18 Q. And as a communications person, anyway, that
 19 was what the impression you were getting from
 20 -
 21 MS. BONNELL:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. - Dr. Cook over time?
 25 MS. BONNELL:

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1 A. Yes. I remember having a conversation at some
 2 point with Dr. Williams, not in a meeting, it
 3 was a private conversation in which he relayed
 4 a story to me about an incident that occurred
 5 when he was with the department. It was, I
 6 can't remember what it was about, it was
 7 cheese pasteurization or something, I can't
 8 remember exactly what it was about, but we
 9 discovered something here in Newfoundland that
 10 then ended up having implications all across
 11 the country. And I remember him thinking at
 12 this time that this was where this might
 13 potentially go, you know, that again we'd be
 14 sort of leading the way and that the other
 15 provinces would be forced to follow, in a
 16 sense.
 17 COFFEY, Q.C.:
 18 Q. Which you had alluded to in at least one
 19 version of your -
 20 MS. BONNELL:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. - July 21st, 22nd memos?
 24 MS. BONNELL:
 25 A. Just that it was an issue, yeah, that's right.

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1 COFFEY, Q.C.:

2 Q. If we could, please, Exhibit, let's see now, I

3 apologize. Exhibit P-0540? Now, ma'am, do

4 you recognize the handwriting here?

5 MS. BONNELL:

6 A. It's me and my terrible doodling.

7 COFFEY, Q.C.:

8 Q. Okay. And you've made notes and there are

9 some, certainly there are some doodles. This

10 refers--it's dated August 1, ER/PR.

11 MS. BONNELL:

12 A. Um-hm.

13 COFFEY, Q.C.:

14 Q. So I take it there was a meeting on that day

15 concerning ER/PR?

16 MS. BONNELL:

17 A. Yes. That was a meeting, actually, that Dr.

18 Carter attended.

19 COFFEY, Q.C.:

20 Q. Oh, yes, and I'll be asking you about that.

21 And again, to help you in this regard, just to

22 assist your memory, if I could, please, if you

23 bring up, please, Exhibit P-0548, page 2?

24 Now, these are handwritten notes of Mr.

25 Tilley, I gather, for August 1, 2005. And

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1 he's listed Don Cook, Terry Gulliver, Barry

2 Dyer, Bev Carter, Kara Laing, Bob Williams,

3 Susan Bonnell, George Tilley, Pat Pilgrim,

4 Heather Predham, Joy McCarthy and Allan Kwan.

5 MS. BONNELL:

6 A. Um-hm.

7 COFFEY, Q.C.:

8 Q. Does that sound about right in terms of that

9 meeting?

10 MS. BONNELL:

11 A. Yes.

12 COFFEY, Q.C.:

13 Q. Do you recall where that meeting was held?

14 MS. BONNELL:

15 A. It was held in a conference room at the Health

16 Sciences Centre.

17 COFFEY, Q.C.:

18 Q. And the purpose of that meeting?

19 MS. BONNELL:

20 A. I always think of this meeting as being a very

21 important one from a decision making

22 perspective. We had--you know, it was at this

23 point that all the things that you see in the

24 various sort of, are solidified at this point.

25 COFFEY, Q.C.:

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1 Q. Yeah.

2 MS. BONNELL:

3 A. Are we going to do this; are we going to do

4 that; what matters; what doesn't matter; what

5 are we going to do from a communications

6 perspective, a lot of those decisions were

7 solidified at this particular meeting.

8 COFFEY, Q.C.:

9 Q. As Dr. Williams has told us that this was a

10 decision making time?

11 MS. BONNELL:

12 A. Yeah. This is, you know, I find it hard to

13 remember specific points of other meetings,

14 but this one was one of those meetings that

15 you remember and you remember specific things

16 from the meeting.

17 COFFEY, Q.C.:

18 Q. Could you tell the Commissioner, please, what

19 you recall about it?

20 MS. BONNELL:

21 A. It was a big meeting. It was the first time

22 that I remember Mr. Tilley playing more of a

23 leadership role in the meeting. It had been

24 Dr. Williams' issue, sort of, up to this

25 point. But I seem to recall or feel that this

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1 was a meeting that Mr. Tilley chaired. There

2 was a lot of discussion of all the research

3 and phone calls and numbers and where we were

4 with the testing up to that point in time and

5 what were the implications, what did it all

6 mean and that when we walked away from this,

7 that the decision to use Mount Sinai to do the

8 work was sort of more solidly made. I'm not

9 sure if the contact had been made or not at

10 this point. I guess Dr. Cook could firm that,

11 but that was sort of, you know, we're not

12 going to use the Ventana, we're going to do

13 this externally, we're going to do all the

14 negatives, that sort of thing was discussed.

15 COFFEY, Q.C.:

16 Q. Okay. And that was the point discussed.

17 Anything else about the meeting?

18 MS. BONNELL:

19 A. I remember that there was some heated

20 exchanges in the meeting, that there was a lot

21 of--there was, you know, there was, people

22 were very passionate. There was a lot of

23 passionate exchanges. And I do remember at

24 one point Mr. Tilley sort of putting a stop to

25 all the back and forth across the tables and

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1 looking at, I believe it was, I can't remember
 2 which was, if it was--Dr. Laing, and saying to
 3 Dr. Laing, "If we do this, go back and do this
 4 retest, is there a possibility that we can
 5 help one patient, just one patient?" And she
 6 said, "Yes." And he said, "Then nothing else
 7 matters. We'll stand as a team, we'll do this
 8 and we'll make this happen." And I just
 9 remember feeling proud to work for him that
 10 day.
 11 COFFEY, Q.C.:
 12 Q. If he, in the context, said that, I don't
 13 doubt that he did, was there some
 14 countervailing view being expressed that maybe
 15 we shouldn't go back and do this?
 16 MS. BONNELL:
 17 A. No. I think what Mr. Tilley was trying to
 18 solidify was the reasons why were doing this
 19 as opposed to concerns that it was--you know,
 20 I think what happened was it sort of
 21 disintegrated into a little bit of, well, it's
 22 not the lab's fault or it's not my fault,
 23 well, it's this person's fault, well, why
 24 didn't the oncologists pick up on this
 25 earlier, why didn't the pathologists. It was

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1 a bit of that going on as opposed to we're not
 2 going to go back and redo the test. It sort
 3 of just disintegrated into other issues, and
 4 Mr. Tilley pulled it back together and
 5 refocused everybody on the purpose why we were
 6 doing this and that, you know, the things that
 7 would be uncovered and discovered didn't
 8 matter, that the most important thing was that
 9 we do it because we could help patients.
 10 COFFEY, Q.C.:
 11 Q. And so I take it then that there was some
 12 exchanges between the oncologists and
 13 pathologists?
 14 MS. BONNELL:
 15 A. I can't remember there being specific between--
 16 -I do remember there was some discussion
 17 between the pathologists and the technologists
 18 side with Dr. Laing and--not Dr. Laing, Dr.
 19 Carter and Mr. Gulliver and Mr. Dyer.
 20 COFFEY, Q.C.:
 21 Q. Which would account for your, what you just
 22 told us then about, well, it's not the lab?
 23 MS. BONNELL:
 24 A. Yeah.
 25 COFFEY, Q.C.:

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1 Q. It's the pathologists.
 2 MS. BONNELL:
 3 A. Yeah.
 4 COFFEY, Q.C.:
 5 Q. You should have picked up on it. Well, the
 6 oncologists, though, you said, as well, the
 7 subject came up as to they should have picked
 8 up on -
 9 MS. BONNELL:
 10 A. That's -
 11 COFFEY, Q.C.:
 12 Q. Who raised that, do you know?
 13 MS. BONNELL:
 14 A. I think that it just sort of--there was a
 15 point at which the meeting sort of
 16 disintegrated into an issue of people feeling
 17 that they had done their best and were worried
 18 about -
 19 COFFEY, Q.C.:
 20 Q. Being blamed, I take it?
 21 MS. BONNELL:
 22 A. Yeah. Like a personal responsibility when
 23 it's clear that there's more than all these
 24 people, you know, it's a systems issue, right,
 25 yeah.

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1 COFFEY, Q.C.:
 2 Q. And from your perspective at the time, because
 3 you're not a clinician of any sort, a
 4 technologist, nor a doctor?
 5 MS. BONNELL:
 6 A. No.
 7 COFFEY, Q.C.:
 8 Q. And to hear you just say that then in terms of
 9 as an observer.
 10 MS. BONNELL:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. You thought it was kind of, well, you had
 14 concluded by that point, look, it's, you've
 15 all got to bear some responsibility for this?
 16 MS. BONNELL:
 17 A. Yes, me included, I think, you know, there's
 18 responsibility to be shared all around the
 19 organization.
 20 COFFEY, Q.C.:
 21 Q. Ma'am, looking at this, if we could, please,
 22 your own notes of, that's P-0540? I
 23 apologize. Some--and you making a note that
 24 11 cases has been sent to Mount Sinai, I take
 25 it, for some kind of correlation or -

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1 MS. BONNELL:
 2 A. Possibly, yes -
 3 COFFEY, Q.C.:
 4 Q. - analysis, whatever -
 5 MS. BONNELL:
 6 A. - I don't remember where I--um.
 7 COFFEY, Q.C.:
 8 Q. And "Greater ER" I take it that sign is
 9 greater, or is that just -
 10 MS. BONNELL:
 11 A. That's bullet.
 12 COFFEY, Q.C.:
 13 Q. Oh, that's your bullet, I apologize, okay. In
 14 mathematics it means greater.
 15 MS. BONNELL:
 16 A. It's a bullet.
 17 COFFEY, Q.C.:
 18 Q. Okay. "Bullet, ER, one major exception."
 19 MS. BONNELL:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. What was that, do you recall?
 23 MS. BONNELL:
 24 A. I don't.
 25 COFFEY, Q.C.:

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1 Q. And then there's another, a second bullet, I
 2 take it, "One positive ten percent, they said
 3 negative." I take it is this in relation to
 4 the 11 cases that went off to Mount Sinai?
 5 MS. BONNELL:
 6 A. Yes.
 7 COFFEY, Q.C.:
 8 Q. Okay.
 9 MS. BONNELL:
 10 A. It would have been, but I don't -
 11 COFFEY, Q.C.:
 12 Q. And then "PR, five major disagreements." So
 13 this has something to do with these 11 cases?
 14 MS. BONNELL:
 15 A. It had some relevance to me that I wrote it
 16 down at the time, but I don't remember why.
 17 COFFEY, Q.C.:
 18 Q. Now, you have noted here, though, you've
 19 written out in long hand, "We can be confident
 20 test Mount Sinai numbers,"--I'm sorry, "We can
 21 be confident that Mount Sinai numbers are
 22 accurate."
 23 MS. BONNELL:
 24 A. Um-hm.
 25 COFFEY, Q.C.:

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1 Q. Who was assuring you of that?
 2 MS. BONNELL:
 3 A. That would have been said by somebody at the
 4 meeting and I don't recall who. I don't know
 5 if it was a question I raised or if a question
 6 that Mr. Tilley or somebody else raised and
 7 that response was there. And then there was,
 8 you see on the other side there, "Mount Sinai
 9 controls." We must have had a conversation
 10 about Mount Sinai and, you know, what was
 11 projected to me about Mount Sinai was that of
 12 all the labs in Canada theirs is considered to
 13 be one of the best because they've reached
 14 certain standards that, well, I mean, above
 15 standards that actually exist, I suppose, for
 16 IHC testing and that they were considered by
 17 the medical community to be, you know, a gold
 18 standard lab.
 19 COFFEY, Q.C.:
 20 Q. So I take it the medical people involved in
 21 the meeting were assuring the non-physicians,
 22 like -
 23 MS. BONNELL:
 24 A. Yeah.
 25 COFFEY, Q.C.:

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1 Q. - we can trust Mount Sinai here on this point?
 2 MS. BONNELL:
 3 A. Right.
 4 COFFEY, Q.C.:
 5 Q. This is why we're suggesting we use them?
 6 MS. BONNELL:
 7 A. Yes, right.
 8 COFFEY, Q.C.:
 9 Q. Okay.
 10 MS. BONNELL:
 11 A. Because the question could be, of course, what
 12 makes them any better than us, necessarily,
 13 right.
 14 COFFEY, Q.C.:
 15 Q. Sure. And bring up, please, Exhibit P-1489?
 16 Now, these are your handwritten notes, as
 17 well, I take it, with a certain amount of
 18 doodling?
 19 MS. BONNELL:
 20 A. Certain amount, but at least there's no
 21 pictures of -
 22 COFFEY, Q.C.:
 23 Q. You're cringing now.
 24 MS. BONNELL:
 25 A. At least there's no pictures of anybody there.

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1 COFFEY, Q.C.:

2 Q. Yeah. Here ma'am, you've written, "Testing on

3 new system must verify Mayo clinic"--well

4 there's a Ventana and Mayo clinic Ventana,

5 what's this word, do you know?

6 MS. BONNELL:

7 A. Major.

8 COFFEY, Q.C.:

9 Q. "Major laboratories, August 1st."

10 MS. BONNELL:

11 A. Yes.

12 COFFEY, Q.C.:

13 Q. And then "thorough investigation of Ventana,

14 clinical trials, positivity rates in other

15 centres." Number two, "test current cases in

16 2002 cases." Would this have been written at

17 the time you're in that same August 1 meeting?

18 MS. BONNELL:

19 A. Yes.

20 COFFEY, Q.C.:

21 Q. If we can go to page 2 of this exhibit, there

22 are more numbers and fewer doodles. This is

23 in your handwriting, I take it?

24 MS. BONNELL:

25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. Okay, and you have mapped out, actually for

3 years 2000, you have a number of numbers

4 adding up to 208.

5 MS. BONNELL:

6 A. Uh-hm.

7 COFFEY, Q.C.:

8 Q. 2001 adding up to 199; 2002 adding up to 224;

9 2003, 202; and 2004, 197.

10 MS. BONNELL:

11 A. Uh-hm.

12 COFFEY, Q.C.:

13 Q. And you've got written here "100 antibodies"?

14 MS. BONNELL:

15 A. Uh-hm.

16 COFFEY, Q.C.:

17 Q. Which would be, I take it that's how many

18 existed roughly at the time?

19 MS. BONNELL:

20 A. Uh-hm.

21 COFFEY, Q.C.:

22 Q. And ER/PR testing and reporting, there's a

23 figure 75 divided into 62, which is 80 percent

24 and technological change verses lab error.

25 And there's something handwritten down here at

Page 143

1 the bottom, "database patients were"--

2 something--"retesting". Do you recall what

3 this, you know, what you were trying to

4 capture here?

5 MS. BONNELL:

6 A. I'm afraid I don't, sir. It's obviously a

7 discussion of numbers.

8 COFFEY, Q.C.:

9 Q. Yes, and then coming out of that meeting you

10 understand what was to happen? What was

11 decided?

12 MS. BONNELL:

13 A. I'm not sure if it was coming out of that

14 meeting or a subsequent meeting that I was

15 asked to write the sort of pros and cons of

16 different approaches of public announcement

17 and patient announcement. I think that,

18 certainly at this one it was okay, let's go

19 away and make this happen, let's make this

20 happen, let's start the process of collecting

21 up the blocks, let's call everybody in the

22 province, let's--so it was more the other

23 people's responsibility and less mine, at that

24 point.

25 COFFEY, Q.C.:

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1 Q. If we could please, exhibit P-0548, page 3.

2 This is the second page of Mr. Tilley's notes

3 of that day.

4 MS. BONNELL:

5 A. Uh-hm.

6 COFFEY, Q.C.:

7 Q. And he's written here, "system error, lab

8 equipment, pathologists, oncologist" and next

9 to pathologist he's got an arrow "different

10 pathologist, oncologist" there's an arrow

11 "turn over" and then the word "technology,

12 should be no difference between DAKO and

13 Ventana if properly done."

14 MS. BONNELL:

15 A. Uh-hm.

16 COFFEY, Q.C.:

17 Q. And then "Ventana, less room for error." So

18 was that your understanding of what was

19 explained during the meeting?

20 MS. BONNELL:

21 A. Yes.

22 COFFEY, Q.C.:

23 Q. And this would have come from?

24 MS. BONNELL:

25 A. Probably Dr. Carter.

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1 COFFEY, Q.C.:

2 Q. Dr. Carter. It was certainly, as you've told

3 the Commissioner, if not before, certainly by

4 that day you understood that it's not the

5 machinery so much as how the machinery,

6 perhaps, was being utilized and other

7 processes?

8 MS. BONNELL:

9 A. Right.

10 COFFEY, Q.C.:

11 Q. Okay. If we could, please, exhibit P-0079?

12 Now this is an August 2nd letter to Dr. Cook,

13 it's from Dr. Carter. This is her, copied to

14 Dr. Williams, it's kind of the resignation

15 from the--or withdrawal letter from her

16 organizational role in the investigation of

17 the problems with ER/PR testing. When did you

18 become aware that she had withdrawn?

19 MS. BONNELL:

20 A. Shortly after the letter would have been

21 received. I think Dr. Cook told me.

22 COFFEY, Q.C.:

23 Q. Do you recall what, if anything, he said to

24 you about that?

25 MS. BONNELL:

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1 A. Not specifically, but that, you know,

2 certainly conveyed as being very unfortunate

3 and unfortunate development as opposed to, you

4 know

5 COFFEY, Q.C.:

6 Q. It wasn't a good thing.

7 MS. BONNELL:

8 A. Yeah.

9 COFFEY, Q.C.:

10 Q. Had you been aware that she was involved in

11 this, I'm going to propose large scale

12 retesting?

13 MS. BONNELL:

14 A. We talked about that.

15 COFFEY, Q.C.:

16 Q. Or a reanalysis, I shouldn't say retesting,

17 analysis.

18 MS. BONNELL:

19 A. I'm not sure if I was aware or not, I

20 certainly became aware at this point, but I'm

21 not sure if I was or not. I think we talked

22 about the other day.

23 COFFEY, Q.C.:

24 Q. Yes, we did yesterday and initially you hadn't

25 been aware perhaps in mid July that she was

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1 going to embark on this.

2 MS. BONNELL:

3 A. Yes.

4 COFFEY, Q.C.:

5 Q. But when Dr. Cook told you she was resigning -

6 MS. BONNELL:

7 A. Yes.

8 COFFEY, Q.C.:

9 Q. Or withdrawing -

10 MS. BONNELL:

11 A. And I certainly knew she was involved on

12 August 1st at the meeting, you know, and her

13 name had come up in meetings as being a breast

14 cancer pathologist and those sorts of things.

15 COFFEY, Q.C.:

16 Q. In terms of her withdrawing, Dr. Cook conveyed

17 that to you?

18 MS. BONNELL:

19 A. Yes.

20 COFFEY, Q.C.:

21 Q. He saw it as regrettable or unfortunate. And

22 at that point you would have become aware, if

23 you didn't already know that she was involved

24 in this, what she was ineffectively

25 withdrawing from?

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1 MS. BONNELL:

2 A. Uh-hm.

3 COFFEY, Q.C.:

4 Q. Was there any discussion at that time as to

5 who, if anyone, might take up that task?

6 MS. BONNELL:

7 A. Not with me.

8 COFFEY, Q.C.:

9 Q. Exhibit P-0562 please? This is an e-mail from

10 Debbie Parsons to, well a number of

11 individuals, including yourself.

12 MS. BONNELL:

13 A. Uh-hm.

14 COFFEY, Q.C.:

15 Q. The subject is "Re: Dr. Carter's retesting

16 results."

17 MS. BONNELL:

18 A. Uh-hm.

19 COFFEY, Q.C.:

20 Q. It says, "I have Dr. Carter's retesting

21 results entered in the database and have

22 summarized the results as attached."

23 MS. BONNELL:

24 A. Uh-hm.

25 COFFEY, Q.C.:

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1 Q. "I think I may be able to get the Tamoxifen
 2 prescribed by MCP number from pharmacy." Do
 3 you recall what this was about?
 4 MS. BONNELL:
 5 A. No, you mean the Tamoxifen?
 6 COFFEY, Q.C.:
 7 Q. Well the e-mail and it talks about retesting
 8 results. I'll show you what in fact we have,
 9 anyway, we have on the exhibit itself. This
 10 is definition of positivity on ER/PR positive
 11 with a value of ten percent or greater. And
 12 there's a number of numbers.
 13 MS. BONNELL:
 14 A. Uh-hm.
 15 COFFEY, Q.C.:
 16 Q. And if you don't recall, that's fine. Why
 17 would you have been sent this sort of e-mail?
 18 MS. BONNELL:
 19 A. I don't know, you would have to ask Mr.
 20 Predham. You know, we had groups set up, it
 21 might have just been she replied to all and
 22 deleted what was in the previous e-mail and I
 23 ended up getting copied. I did receive stuff
 24 from time to time that you might have
 25 surprising, I would find, you know, I would

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1 have just put this aside or deleted it or
 2 whatever.
 3 COFFEY, Q.C.:
 4 Q. If we could, please, exhibit P-0558. Now this
 5 is the day before, it's two e-mails, one from
 6 Heather Predham at 9:59 a.m. to Dr. Williams,
 7 Dr. Cook, Mr. Gulliver and Patricia Pilgrim.
 8 Subject is the overall database. And then Ms.
 9 Predham talks about where she is with that
 10 under the first heading "Database", but what I
 11 wanted to ask you about is this, she then has
 12 a heading "Hotline, I'm meeting with our staff
 13 re the hotline and what needs to be put in
 14 place. The biggest thing from our perspective
 15 would be the answers to the items identified
 16 in our script. We'll work on those today.
 17 Also will we be informing GPs of this issue?
 18 I think Kara Laing suggested that a letter use
 19 wording like 'you will be notified by the
 20 physician following your cancer and an
 21 appointment made to discuss results'. I was
 22 thinking that if the specialist is no longer
 23 her, an individual may contact their GP in the
 24 interim, what do you think? As always, if you
 25 need me, page me." And she gives a number.

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1 And on the next page, part of the same
 2 exhibit, there is effectively a question and
 3 answer -
 4 MS. BONNELL:
 5 A. Uh-hm.
 6 COFFEY, Q.C.:
 7 Q. Sort of informational narrative. And most of
 8 them have answers proposed, two questions that
 9 are posed, "How did this happen?" And "Why
 10 didn't you figure this out before" are not
 11 answered, no answer is suggested there, nor is
 12 there an answer to "How long will I have to
 13 wait for the results?" And "How will I find
 14 out about the results?"
 15 MS. BONNELL:
 16 A. I guess they were preparing at this point a
 17 script for the people who would be answering
 18 phone calls coming in from patients.
 19 COFFEY, Q.C.:
 20 Q. Okay. So where, as of August 8th, was this
 21 whole matter of contacting the patients or
 22 letting the public know? There's a letter
 23 being drafted, obviously, and a script for a
 24 hotline.
 25 MS. BONNELL:

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1 A. Where was the concept of having a press
 2 conference in -
 3 COFFEY, Q.C.:
 4 Q. No, press conference, telling the patients,
 5 communications generally.
 6 MS. BONNELL:
 7 A. Well I think we had agreed at this point that
 8 we would be notifying patients first, that we
 9 were going to follow the protocol sort of
 10 basically outlined in that second memo, that
 11 we were going to notify our patients first,
 12 that we would be prepared, in the event that
 13 the story broke in the media, but that there
 14 would not be a press release.
 15 COFFEY, Q.C.:
 16 Q. Notify the patients first of what? That they
 17 were being retested?
 18 MS. BONNELL:
 19 A. Well I guess they're working through that now
 20 in what they're going to notify and who is
 21 being notified. There was a letter being
 22 prepared--there was a letter being prepared
 23 pretty much right up until the end of
 24 September, different versions of that letter,
 25 but we were starting at that point to send

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1 blocks to Mount Sinai, so I guess the focus
 2 for the individuals who were involved on that
 3 side of it was on that, right, they were
 4 trying to gather that stuff up and move it
 5 out. We weren't anywhere, I guess is what
 6 we're saying, Mr. Coffey, there'd be no
 7 further decisions made about timing of public
 8 announcements at that point.
 9 COFFEY, Q.C.:
 10 Q. How about timing of patients being told?
 11 MS. BONNELL:
 12 A. From the perspective of the letter or from -
 13 COFFEY, Q.C.:
 14 Q. Letter or phone call or however it is
 15 communicated.
 16 MS. BONNELL:
 17 A. I don't think that had been solidified. We
 18 certainly talked about a letter and I believed
 19 that a letter was going to be produced and
 20 sent to patients.
 21 COFFEY, Q.C.:
 22 Q. And was it your understanding that the
 23 department also, at that point, believed that
 24 or expected it too?
 25 MS. BONNELL:

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1 A. I would have no reason to feel that they would
 2 have changed their opinion from the
 3 communication in July.
 4 COFFEY, Q.C.:
 5 Q. So coming out of the August 1 meeting and
 6 continuing then through August 8th or 9th,
 7 that timeframe, it was continue to prepare
 8 script for hotline -
 9 MS. BONNELL:
 10 A. Uh-hm.
 11 COFFEY, Q.C.:
 12 Q. - letter to individual patients.
 13 MS. BONNELL:
 14 A. Yes. The script for the hotline would be once
 15 it became public, right.
 16 COFFEY, Q.C.:
 17 Q. Sure.
 18 MS. BONNELL:
 19 A. Although, now that mightn't be true, actually,
 20 because it was probably in the letter, "if you
 21 have questions, call the hotline."
 22 COFFEY, Q.C.:
 23 Q. Okay, or perhaps even both.
 24 MS. BONNELL:
 25 A. Yeah.

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1 COFFEY, Q.C.:
 2 Q. Is a possibility. The point being that you
 3 were still preparing.
 4 MS. BONNELL:
 5 A. Yes, yeah.
 6 COFFEY, Q.C.:
 7 Q. If we could, please, exhibit P--564. Now
 8 these are handwritten notes of Mr. Tilley of
 9 August 10th, 2005 meeting, page 5 of the typed
 10 version appears, you're not listed as one of
 11 those in attendance, but there is a reference
 12 here to the bottom of typed page, "Mr. Tilley
 13 advised of status of meetings with the
 14 government and need to get out a letter."
 15 MS. BONNELL:
 16 A. Uh-hm.
 17 COFFEY, Q.C.:
 18 Q. And then there's a reference, again to put it
 19 in context for you, on the next page to Dr.
 20 Laing taking the position, well in the fifth
 21 bullet down, "It is too soon to tell the
 22 patients." And having in the third bullet
 23 being attributed to her, she doesn't feel
 24 we're trying to cover things up. And she's
 25 noted to have made other comments, concluding

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1 with "the need to strike a balance between
 2 waiting and getting good information we are
 3 getting now and causing anxiety unduly".
 4 MS. BONNELL:
 5 A. Uh-hm, it's certainly reflected in the things
 6 that you saw me write.
 7 COFFEY, Q.C.:
 8 Q. Yes. Now ma'am, on this point, if we could
 9 go, please, to exhibit P-0566. Do you
 10 recognize the handwriting?
 11 MS. BONNELL:
 12 A. It's me again.
 13 COFFEY, Q.C.:
 14 Q. August 10th, '05.
 15 MS. BONNELL:
 16 A. Uh-hm.
 17 COFFEY, Q.C.:
 18 Q. And you've written "Internal issues,
 19 oncologists say none of this matters anyway
 20 for these patients, pathologists fear this is
 21 a witch hunt, getting message that they can't
 22 diagnose, Q A concerns"--must be quality
 23 assurance concerns, would that be correct?
 24 MS. BONNELL:
 25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. "Pathologists need to sub-specialize" and then

3 you've got written "400 cases, key messages,

4 two to three weeks to compile, treatment

5 protocol changed, striking balance between

6 waiting and giving patients good info or

7 speaking publicly too soon and creating undue

8 anxiety. All new to Mount Sinai, urgent

9 flagged, dealt with" -

10 MS. BONNELL:

11 A. Immediately.

12 COFFEY, Q.C.:

13 Q. "Immediately, all ER negative and less than 30

14 percent PR positive back to 1997. Individual

15 reviewing lab in September, every patient

16 needs to be treated individually." So are

17 they your thoughts on August 10th or were you

18 perhaps at that meeting of August 10th?

19 MS. BONNELL:

20 A. It sure would appear that I was at that

21 meeting because they're not just my own

22 thoughts or--I had a tendency to keep less

23 notes of meetings but more detail, if you look

24 at, there's be more detail if it was sort of

25 like a to-do type thing, you know. So it does

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1 appear that I--if I wasn't at that meeting,

2 that perhaps I met with Mr. Tilley and had a

3 conversation after the meeting was over. He

4 may have called me to his office and I jotted

5 those things. I'm supposing though, Mr.

6 Coffey.

7 COFFEY, Q.C.:

8 Q. Okay, and certainly though, at this point in

9 time, the department, you understood was

10 looking for those memos to go out?

11 MS. BONNELL:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. Sorry, those letters to go out.

15 MS. BONNELL:

16 A. Letters.

17 COFFEY, Q.C.:

18 Q. If we could, please, exhibit P-0333? Now this

19 is an e-mail from yourself, Friday, August

20 12th at 3:09 p.m. to Dr. Williams and Mr.

21 Tilley, subject is ER/PR and you say "Attached

22 are a memo which includes the key messages,

23 draft, not reviewed, and the drafted letter

24 from QI/communications for changes/revisions.

25 I can be reached at"--and you leave a number.

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1 And then there's--this, I take it, is your

2 memo with pros and -

3 MS. BONNELL:

4 A. Strengths and weaknesses.

5 COFFEY, Q.C.:

6 Q. - cons, strengths and weaknesses. And if we

7 could, actually in terms of the order, page 3

8 of the exhibit would have been the first page

9 of the actual communications options.

10 MS. BONNELL:

11 A. Uh-hm.

12 COFFEY, Q.C.:

13 Q. ER/PR testing at St. John's' hospitals, August

14 12th, 2005, it's on Eastern Health letterhead

15 and you've written, "The issue"--you have a

16 paragraph on that, "the approach", three

17 paragraphs on that and then you have "various

18 approaches and their perceived strengths and

19 weaknesses."

20 MS. BONNELL:

21 A. See there in the last paragraph, I said "We

22 have chosen to continue the process of

23 individual notification as test results are

24 returned and analyzed and we feel this is in

25 the best interests of patients whose needs,

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1 health and wellbeing must be considered above

2 all else."

3 COFFEY, Q.C.:

4 Q. And ma'am, you've written in the paragraph

5 above that, "Eastern Health believes in the

6 principles of open disclosure and has already

7 begun to notify patients through their medical

8 specialists if there's an impact on their

9 current or future treatment protocol."

10 MS. BONNELL:

11 A. Yes.

12 COFFEY, Q.C.:

13 Q. Did you understand at this point in time that

14 no further patients had been contacted, except

15 the first 12 of 16?

16 MS. BONNELL:

17 A. No.

18 COFFEY, Q.C.:

19 Q. Were you aware that there was a decision made

20 not to tell those who converted in the second

21 retest group in July?

22 MS. BONNELL:

23 A. No.

24 COFFEY, Q.C.:

25 Q. In fact, you're learning that now.

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1 MS. BONNELL:
 2 A. Yes, I have actually.
 3 COFFEY, Q.C.:
 4 Q. So the idea that they would not send--not tell
 5 the patients in the second or third group in
 6 July retests that they would wait until the
 7 Ventana was checked out and the retests back
 8 from Mount Sinai?
 9 MS. BONNELL:
 10 A. It makes sense though, but -
 11 COFFEY, Q.C.:
 12 Q. It makes sense, but in terms of you were
 13 operating under the assumption or view that -
 14 MS. BONNELL:
 15 A. Notifications were continuing.
 16 COFFEY, Q.C.:
 17 Q. As the retest results became available?
 18 MS. BONNELL:
 19 A. Yes. But it makes sense not to.
 20 COFFEY, Q.C.:
 21 Q. If I could, please, ma'am, page 4 of the
 22 exhibit dealing with the approach patient
 23 letter, do you see that?
 24 MS. BONNELL:
 25 A. Yes.

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1 COFFEY, Q.C.:
 2 Q. Strengths and then you have the weaknesses
 3 listed from your perspective. Now were these
 4 your ideas or were you just summarizing really
 5 all the views you've heard expressed?
 6 MS. BONNELL:
 7 A. Would you mind just scrolling back to the
 8 previous page?
 9 COFFEY, Q.C.:
 10 Q. Sure ma'am, no problem, I apologize.
 11 MS. BONNELL:
 12 A. It's probably in here somewhere, is it?
 13 COFFEY, Q.C.:
 14 Q. You go right ahead, ma'am.
 15 MS. BONNELL:
 16 A. Certainly these ideas of media release would
 17 have been my own.
 18 COFFEY, Q.C.:
 19 Q. That's on the first page.
 20 MS. BONNELL:
 21 A. Yes.
 22 COFFEY, Q.C.:
 23 Q. Go ahead.
 24 MS. BONNELL:
 25 A. And you can see that I've incorporated some

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1 thoughts there of other people in this, you
 2 know, "this delay, while not considered
 3 significant by the oncologist would be an
 4 unnecessary hardship for any patient who had
 5 been notified. Our medical specialists don't
 6 want us to send letters to all patients. They
 7 believe that each patient must be treated
 8 individually." So there is some combination
 9 of other people's thinking in there.
 10 COFFEY, Q.C.:
 11 Q. So it's a combination, I take it.
 12 MS. BONNELL:
 13 A. It is, it's expressed by me, but it is -
 14 COFFEY, Q.C.:
 15 Q. And the purpose in preparing this was what?
 16 For Dr. Williams and Mr. Tilley on August
 17 12th?
 18 MS. BONNELL:
 19 A. Just to solidify the reasons why we were
 20 making the decisions that we made.
 21 COFFEY, Q.C.:
 22 Q. Well at this point in time, was there any
 23 actual decision, had it been made?
 24 MS. BONNELL:
 25 A. The decision really hadn't been made, so at

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1 this point we're saying this is what they want
 2 to do, they want to do individual patient
 3 notification and the other two points -
 4 COFFEY, Q.C.:
 5 Q. Which are media -
 6 MS. BONNELL:
 7 A. Media release and the letters.
 8 COFFEY, Q.C.:
 9 Q. Patient letter, yes.
 10 MS. BONNELL:
 11 A. I wanted to outline for them the strengths and
 12 weaknesses of each approach, so that they
 13 could make a decision.
 14 COFFEY, Q.C.:
 15 Q. You've noted here under "Patient letter", you
 16 said "Our medical specialists do not want us
 17 to send letters to all patients."
 18 MS. BONNELL:
 19 A. Uh-hm.
 20 COFFEY, Q.C.:
 21 Q. "They believe that each patient must be
 22 treated individually; in fact, some patients
 23 may already be taking Tamoxifen or would not
 24 be given this drug regardless their ER/PR
 25 status."

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1 MS. BONNELL:
 2 A. Yes, which is, of course, one of the
 3 complicating factors that comes forward later
 4 on as well.
 5 COFFEY, Q.C.:
 6 Q. So it was your understanding as of August
 7 12th, 2005 that the medical specialists, in
 8 this context that would be the oncologists,
 9 would it?
 10 MS. BONNELL:
 11 A. Cancer surgeons and specialists.
 12 COFFEY, Q.C.:
 13 Q. Did not want letters sent to the patients.
 14 MS. BONNELL:
 15 A. That's correct.
 16 COFFEY, Q.C.:
 17 Q. To tell them that their tissue samples were
 18 being retested.
 19 MS. BONNELL:
 20 A. That's correct.
 21 COFFEY, Q.C.:
 22 Q. And was it that they -
 23 THE COMMISSIONER:
 24 Q. Is it just that they didn't want them to
 25 receive letters that their samples were being

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1 retested and they didn't want them to receive
 2 letters related to the results?
 3 MS. BONNELL:
 4 A. No, I think, ma'am it was that they don't want
 5 the letters to be sent. At that time we were
 6 looking at sending a letter that would say
 7 "your sample is part of a group that's being
 8 retested", so that's what I would be referring
 9 to there.
 10 THE COMMISSIONER:
 11 Q. So this is the idea of -
 12 MS. BONNELL:
 13 A. Notifying letter by a letter re the retest.
 14 THE COMMISSIONER:
 15 Q. But when did this arise, because up to now, I
 16 thought we were discussing not telling the
 17 people who were being retested, but telling
 18 people when you got the results back. At what
 19 point did they come back in as being people
 20 you would be talking to at this stage?
 21 MS. BONNELL:
 22 A. I'm sorry, ma'am, I don't think I'm clear.
 23 THE COMMISSIONER:
 24 Q. Well, up until--in the early discussion this
 25 morning, there were a number of, because we're

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1 not that far along in terms of timing and
 2 things, the discussion vis-a-vis the patient
 3 was about the contact with the patient whose
 4 results had changed.
 5 MS. BONNELL:
 6 A. Yes.
 7 THE COMMISSIONER:
 8 Q. Now we're talking about communicating with all
 9 patients about the fact that their tests or
 10 specimens are going to be retested, that's a
 11 different thing.
 12 MS. BONNELL:
 13 A. It is, but the issue of the retesting of
 14 patients and a general letter saying that the
 15 retesting occurred, was certainly drafted much
 16 earlier than August 12th. That would have
 17 been part of earlier issues as well, if you
 18 look back at the draft of the patient letter
 19 from much earlier on, it's to say that we are
 20 doing a retest in our lab.
 21 THE COMMISSIONER:
 22 Q. You mean your earliest draft?
 23 MS. BONNELL:
 24 A. Yes.
 25 THE COMMISSIONER:

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1 Q. Sorry, once again, I'm confused. I thought
 2 that was going nowhere and that at this stage
 3 of the game the group consensus was that the
 4 patients who should be contacted, were those
 5 whose results changed? But I'm wrong on that,
 6 you're saying, that you intended all along to
 7 contact everybody?
 8 MS. BONNELL:
 9 A. Well the letter that the government was asking
 10 us about and the one that we had drafted at
 11 that point, perhaps we could have a look at it
 12 -
 13 THE COMMISSIONER:
 14 Q. I knew the government was interested, but I
 15 didn't think Eastern Health had come around to
 16 that view, but you're telling me that's
 17 different?
 18 MS. BONNELL:
 19 A. Oh no, we certainly were talking about a
 20 letter to patients, a general letter saying
 21 that there was a retesting.
 22 THE COMMISSIONER:
 23 Q. And when did you start talking about that,
 24 other than whatever preparation you might have
 25 been making early in the game for any and all

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1 possibilities when this came up?
 2 MS. BONNELL:
 3 A. That's when it would have been talked about at
 4 that point.
 5 THE COMMISSIONER:
 6 Q. Yes, but wasn't there a point along the way
 7 when the discussion was about communicating
 8 with people whose results had changed and you
 9 weren't even talking about telling those who
 10 had no change.
 11 MS. BONNELL:
 12 A. No, I don't recall ever talking about not
 13 telling any patients at all that the results
 14 hadn't changed, the ones who hadn't changed
 15 not communicating with -
 16 THE COMMISSIONER:
 17 Q. Well I know that later there was a difference
 18 in approach on how you told these people.
 19 MS. BONNELL:
 20 A. Uh-hm.
 21 THE COMMISSIONER:
 22 Q. But--never mind, I will go back through the
 23 material that I looked at this morning and see
 24 what it was that led me to believe that, but I
 25 certainly had the impression from material

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1 that I was reading earlier this morning that
 2 the constant--the issue was telling the
 3 patients whose results had changed.
 4 MS. BONNELL:
 5 A. No, that would be the direct patient contact
 6 that was going on. So there's many levels of
 7 things that are happening. There was the -
 8 THE COMMISSIONER:
 9 Q. Yes, and that's my problem, I'm having a great
 10 deal of difficulty figuring out at what point
 11 you were dealing with particular issues.
 12 MS. BONNELL:
 13 A. Uh-hm, it all sort of -
 14 THE COMMISSIONER:
 15 Q. Now, I know that the Minister was very
 16 interested in immediately dealing with all
 17 patients, whether their tests had been done or
 18 not, but all patients whose tests were going--
 19 whose specimens were going to be tested at
 20 Mount Sinai, as I understand from the Minister
 21 of the day's evidence, his position was you
 22 got to go and tell all these people that
 23 you're going to do this.
 24 MS. BONNELL:
 25 A. Yes.

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1 COFFEY, Q.C.:
 2 Q. I further understood from your evidence today
 3 and that of other people, that at the end of
 4 the meeting, the initial meeting of Eastern
 5 Health with the Minister, that was all on
 6 hold.
 7 MS. BONNELL:
 8 A. Just on hold, not thrown away, but yes, on
 9 hold, yes.
 10 THE COMMISSIONER:
 11 Q. Okay, so when did you get back to the idea
 12 that you would have to communicate with all of
 13 the people and not just wait for the test
 14 results to come back?
 15 MS. BONNELL:
 16 A. I think in the period of time from the meeting
 17 with the Minister until the 1st of August when
 18 a decision was made that we were going to go
 19 to Mount Sinai, that we were going to do a
 20 complete retest, that we were going to suspend
 21 testing in the laboratory, that we would--then
 22 at this point we're starting to go back and
 23 look at, okay, how are we going to do public
 24 and patient notification.
 25 THE COMMISSIONER:

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1 Q. Uh-hm.
 2 MS. BONNELL:
 3 A. So this draft outlines different approaches
 4 and in that period between the production of
 5 this document and the first of August,
 6 conversations would have been had in those
 7 meetings about what's the appropriate approach
 8 to use? And we talked about three different
 9 approaches, just going public, putting out a
 10 media release as one option and using that as
 11 a mechanism to get at patients.
 12 THE COMMISSIONER:
 13 Q. Uh-hm.
 14 MS. BONNELL:
 15 A. Just be public.
 16 THE COMMISSIONER:
 17 Q. Okay.
 18 MS. BONNELL:
 19 A. Secondly write a letter to patients saying
 20 your specimen has been retested as part of a
 21 process in our laboratory.
 22 THE COMMISSIONER:
 23 Q. Uh-hm.
 24 MS. BONNELL:
 25 A. And thirdly, waiting, the tests go out, the

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1 tests come back, we do some notification with
 2 patients.
 3 THE COMMISSIONER:
 4 Q. Yes, okay, and that's where I thought you were
 5 up until now.
 6 MS. BONNELL:
 7 A. No, the concept of the letter and certainly
 8 the idea that Carolyn Chaplin and I discussed
 9 on the 18th of July was -
 10 THE COMMISSIONER:
 11 Q. Oh yes, but -
 12 MS. BONNELL:
 13 A. We're going to do a letter -
 14 THE COMMISSIONER:
 15 Q. Okay, so the result of the meeting with the
 16 Minister was not really that this was on hold
 17 at all. Okay, let's start again, I
 18 understood, please correct me if I'm wrong
 19 because I don't want to go down the wrong path
 20 on this, I had understood that you, in
 21 preparation for what you saw coming down the
 22 pipe, even if other people in Eastern Health
 23 did not, had looked at options, they would be
 24 various options, so I know you were thinking
 25 about it.

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1 MS. BONNELL:
 2 A. Yes.
 3 THE COMMISSIONER:
 4 Q. Okay, but in respect of core group in Eastern
 5 Health that was looking at how to deal with
 6 this -
 7 MS. BONNELL:
 8 A. Yes.
 9 THE COMMISSIONER:
 10 Q. And the discussions that you were describing,
 11 up until the point when you were going to go
 12 and see the Minister, who had a certain view
 13 as to how the thing should be handled, I had
 14 understood that in that core group what you
 15 were concerned with was notification of
 16 patients whose test results had changed, not
 17 notification of persons whose specimens might
 18 be retested? Perhaps on the basis that you
 19 were all doing it in house anyway?
 20 MS. BONNELL:
 21 A. Yes.
 22 THE COMMISSIONER:
 23 Q. But at that stage of things, it was going to
 24 be done within Eastern Health, you weren't
 25 thinking about going to tell them that you

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1 were going to retest, you would wait until
 2 within Eastern Health you had done it.
 3 MS. BONNELL:
 4 A. Uh-hm.
 5 THE COMMISSIONER:
 6 Q. Then you would know what the results were.
 7 You would go out and say to people whose test
 8 results had changed, we have done another
 9 test, your test results have changed, whether
 10 you went out via a letter or you went out via
 11 the oncologists or other specialist who might
 12 have dealt with the individual, but the first
 13 the patient would hear about it, would be this
 14 is the result of a retest. That's what I
 15 understood the conversation was about at that
 16 stage. Then you met with the Minister and I
 17 understood that the Minister was concerned
 18 about whether this should go public right now,
 19 but that after a meeting with the Minister,
 20 the organization and the Minister, that went
 21 on hold?
 22 MS. BONNELL:
 23 A. Yes.
 24 THE COMMISSIONER:
 25 Q. That idea?

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1 MS. BONNELL:
 2 A. Yes.
 3 THE COMMISSIONER:
 4 Q. Yes, so have I got that part right?
 5 MS. BONNELL:
 6 A. Sounds to me that you do, ma'am.
 7 THE COMMISSIONER:
 8 Q. Okay, so what I need to know is what now, two
 9 weeks, roughly, after the meeting with the
 10 Minister brings this back into play?
 11 MS. BONNELL:
 12 A. The concept of bringing the matter to
 13 everybody -
 14 THE COMMISSIONER:
 15 Q. Yeah, to the wider group, if you will,
 16 everybody who has had negative results,
 17 however we want to define negative, but we'll
 18 leave that aside for the moment, and who is
 19 now going to be doing retesting or somebody is
 20 going to be doing--is it the fact that they
 21 were going outside to do it, is that what
 22 brought it back up?
 23 MS. BONNELL:
 24 A. It may very well have been, but I don't think
 25 it ever really went away, ma'am.

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1 COMMISSIONER:
 2 Q. Okay.
 3 MS. BONNELL:
 4 A. I think it was there, it was just that after
 5 the meeting with the minister, we were just,
 6 we were just holding until we had a little
 7 more information gathered. So it wasn't as
 8 if, though, the concept of doing a press
 9 release or a press conference or writing the
 10 letters went away, it was gone then. It was
 11 that we weren't going to make a decision point
 12 at the end, at that point in July as to what
 13 we were going to do. So those concepts still
 14 existed, they just, they weren't thrown out.
 15 So we were just revisiting them and assuring
 16 ourselves as to what it was that we were going
 17 to do.
 18 COMMISSIONER:
 19 Q. Okay. Sorry, Mr. Coffey, done it again.
 20 COFFEY, Q.C.:
 21 Q. Thank you. And if we could bring up, please,
 22 just to put this in context, P-0163? This is
 23 an e-mail from John Abbott to Bob Williams on
 24 August 9th, 2005. And he says, "Just checking
 25 in to see if the letters to the patients

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1 respecting retesting of negative ER/PR test
 2 results are being sent. Please advise.
 3 Meanwhile, thanks for your continued
 4 assistance/advice in this matter." Suggesting
 5 that certainly John Abbott, the DM, thought or
 6 was inquiring whether the letters to the
 7 patients respecting retesting, advising them
 8 that they were being retested?
 9 MS. BONNELL:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. Are being sent. So this is August. And if we
 13 go back then, please, to Exhibit P-0333? And
 14 this one, ma'am, if we could just look at page
 15 1, please, Registrar? This, as you point out,
 16 in this e-mail at 3:09 p.m. to Dr. Williams
 17 and Mr. Tilley, this is a draft?
 18 MS. BONNELL:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. That you haven't even reviewed?
 22 MS. BONNELL:
 23 A. That's right. And a drafted letter from QI.
 24 If we could look at another version of this--
 25 actually, before we do could we go to page 6,

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1 please? Now, this is a listing of, and it's
 2 described there as "Key messages, process.
 3 Key messages, ER/PR tests." And "Key
 4 messages, understanding immunoperoxidise
 5 staining." And again, it's one page long,
 6 single spaced, fairly dense writing, isn't it?
 7 MS. BONNELL:
 8 A. It is a little, it's a little dense even for
 9 key messages.
 10 COFFEY, Q.C.:
 11 Q. And this would have been prepared by yourself
 12 and Ms. Thomas?
 13 MS. BONNELL:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. And with input, presumably, from whomever you
 17 felt you needed input from?
 18 MS. BONNELL:
 19 A. Or material that I would have been presented
 20 at this point.
 21 COFFEY, Q.C.:
 22 Q. Okay. And the purpose at this point of
 23 preparing key messages was what?
 24 MS. BONNELL:
 25 A. To ensure that they're incorporated in any

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1 communications efforts that are undertaken.
 2 COFFEY, Q.C.:
 3 Q. Whether through a press release?
 4 MS. BONNELL:
 5 A. Anything.
 6 COFFEY, Q.C.:
 7 Q. Or an interview?
 8 MS. BONNELL:
 9 A. That's right, or -
 10 COFFEY, Q.C.:
 11 Q. IE, it was going public, if it went public?
 12 MS. BONNELL:
 13 A. Yes. But even in from a letters perspective
 14 you would want to--you know, they're just the
 15 key points that we want to consider in
 16 communications.
 17 COFFEY, Q.C.:
 18 Q. Yeah. Now, a draft letter, as your e-mail
 19 points out, already existed?
 20 MS. BONNELL:
 21 A. Um-hm.
 22 COFFEY, Q.C.:
 23 Q. And it's certainly the draft letter, we're
 24 going to look at it in a moment, is no where
 25 near as dense with information -

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1 MS. BONNELL:
 2 A. No.
 3 COFFEY, Q.C.:
 4 Q. - as these key messages are?
 5 MS. BONNELL:
 6 A. No.
 7 COFFEY, Q.C.:
 8 Q. So the key messages would be prepared with a
 9 view to communicating with either the patients
 10 or the public?
 11 MS. BONNELL:
 12 A. Key messages are -
 13 COFFEY, Q.C.:
 14 Q. Or both?
 15 MS. BONNELL:
 16 A. - an internal tool that's used to help bring
 17 forward key ideas or concepts that you'd like
 18 to see presented in communications tools, not
 19 all of them in every one, but they're certain
 20 concepts that people can have in their minds
 21 when they're doing interviews or messages to
 22 be considered in any form of a communication,
 23 a communique. If we wrote a brochure, you'd
 24 go back to your key messages and see -
 25 COFFEY, Q.C.:

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1 Q. Sure, okay.
 2 MS. BONNELL:
 3 A. - some things that you wanted to put in there.
 4 COFFEY, Q.C.:
 5 Q. Exhibit P-0331, please? Page 2, please?
 6 Thank you. This is again entitled
 7 "Communications options. ER/PR testing at St.
 8 John's hospitals, August 12th, 2005." And
 9 would this be a subsequent version?
 10 MS. BONNELL:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. And why was the original one revised?
 14 MS. BONNELL:
 15 A. There were typos in it.
 16 COFFEY, Q.C.:
 17 Q. And -
 18 MS. BONNELL:
 19 A. I see some of them corrected there.
 20 COFFEY, Q.C.:
 21 Q. Anything, any other reason, were there some
 22 things changed or omitted or added?
 23 MS. BONNELL:
 24 A. Without sitting with the two of them side by
 25 side, perhaps you've done that, have you, I'm

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1 not sure? But I'd have to look at the two of
 2 them to see if there was anything
 3 substantively changed.
 4 COFFEY, Q.C.:
 5 Q. But the purpose in revising it was what,
 6 that's what I'm getting. You'd already sent
 7 it?
 8 MS. BONNELL:
 9 A. As a draft.
 10 COFFEY, Q.C.:
 11 Q. To the two individuals who -
 12 MS. BONNELL:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. What did you understand they were going to use
 16 it for?
 17 MS. BONNELL:
 18 A. I probably--they probably asked me to put
 19 something together for them very quickly. I
 20 don't recall why they asked for it or what
 21 their use of it was going to be at that moment
 22 in time. If they were going somewhere and
 23 wanted it in hand, I don't know.
 24 COFFEY, Q.C.:
 25 Q. Now, there was a meeting with the minister on

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1 August 15th, 2005.
 2 MS. BONNELL:
 3 A. Um-hm.
 4 COFFEY, Q.C.:
 5 Q. Did you attend that?
 6 MS. BONNELL:
 7 A. I don't think so, Mr. Coffey.
 8 COFFEY, Q.C.:
 9 Q. Yeah. And might the communications options
 10 have been prepared for that meeting?
 11 MS. BONNELL:
 12 A. It would make sense, yes.
 13 COFFEY, Q.C.:
 14 Q. And the key messages could, in that context,
 15 as well, be -
 16 MS. BONNELL:
 17 A. Shared.
 18 COFFEY, Q.C.:
 19 Q. Shared?
 20 MS. BONNELL:
 21 A. Absolutely.
 22 COFFEY, Q.C.:
 23 Q. With the minister. And, in fact, used in
 24 relation to the minister?
 25 MS. BONNELL:

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1 A. Certainly. We sometimes do share key
 2 messages, as well, between the department and
 3 the health boards.
 4 COFFEY, Q.C.:
 5 Q. Now, ma'am, what was your understanding at
 6 this point, at that point in time, early to
 7 mid August, 2005 as to how, if at all, how
 8 widely circulated your July 20th briefing note
 9 had been?
 10 MS. BONNELL:
 11 A. I would have no idea.
 12 COFFEY, Q.C.:
 13 Q. Okay. Do you recall when it was first being
 14 prepared and sent over, were you made aware
 15 that Ms. Chaplin had informed Ms. Thomas that
 16 it would, at least as of July 20th, initially
 17 received only limited circulation within
 18 government?
 19 MS. BONNELL:
 20 A. Well, we knew that it was for the purpose of
 21 the meeting that we attended with the
 22 minister. But beyond what use it would have
 23 had outside of government, I'm not sure that I
 24 would have been aware of that.
 25 COFFEY, Q.C.:

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1 Q. But were you aware of the assurance from Ms.
 2 Chaplin to Ms. Thomas that it would not be
 3 circulated, at least initially, beyond the
 4 department, were you aware of that?
 5 MS. BONNELL:
 6 A. I am aware now, but was I aware then, I don't
 7 think I was aware then, Mr. Coffey.
 8 COFFEY, Q.C.:
 9 Q. Thank you. If we could, please, Exhibit, I'm
 10 sorry, page 5 of this exhibit? Now this, I
 11 take it, is a draft of a letter to patients?
 12 MS. BONNELL:
 13 A. Um-hm.
 14 COFFEY, Q.C.:
 15 Q. Individual patients. And do you recall if
 16 this had really substantively changed since
 17 the July 18th ones?
 18 MS. BONNELL:
 19 A. No, I don't.
 20 COFFEY, Q.C.:
 21 Q. Okay. If we look back at the page before,
 22 actually, if I could, just on that, now here
 23 the letter says in the second paragraph,
 24 "Since your tissue was first tested, there
 25 have been improvements in technology and

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1 changes in the approach to offering hormone
 2 therapy." Now, ma'am, at that point in time,
 3 this is August 12th or thereabouts, did you
 4 have any reason to believe that the change in
 5 technology from the DAKO to the Ventana had
 6 anything to do with the change results here?
 7 MS. BONNELL:
 8 A. Well, I've indicated to you that I was aware
 9 that it wasn't--I mean, this is a draft,
 10 right, this letter was not sent.
 11 COFFEY, Q.C.:
 12 Q. Yes.
 13 MS. BONNELL:
 14 A. And it was not revised and prepared to go out
 15 on that particular day. It was a draft. And
 16 I think it's very much different than any of
 17 the other drafts from earlier on, is it?
 18 COFFEY, Q.C.:
 19 Q. We looked at an e-mail just then, August 9th,
 20 2005, the DM is on the case -
 21 MS. BONNELL:
 22 A. Um-hm.
 23 COFFEY, Q.C.:
 24 Q. - of the CEO?
 25 MS. BONNELL:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. Asking or, in fact, Dr. Williams, like, where
 4 is this?
 5 MS. BONNELL:
 6 A. Right.
 7 COFFEY, Q.C.:
 8 Q. Where are you with it?
 9 MS. BONNELL:
 10 A. Um-hm.
 11 COFFEY, Q.C.:
 12 Q. So you certainly, you expected at this point
 13 in time, August 12th, that the government
 14 wanted this letter sent?
 15 MS. BONNELL:
 16 A. Well, that wasn't, I didn't receive a copy of
 17 that e-mail, either, so I'm not sure if that
 18 was communicated to me that there was pressure
 19 to get that letter out.
 20 COFFEY, Q.C.:
 21 Q. But you were certainly aware, ma'am, weren't
 22 you, that the government expected this to be
 23 sent at that point, at this point in time?
 24 MS. BONNELL:
 25 A. I think I was aware of it, yes. I don't

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1 believe I was aware that there were repeated
 2 calls to where is the letter, where is the
 3 letter. I'm not--I was not aware of that.
 4 Because if that were the case, I think we
 5 would have put more effort into preparing the
 6 letter. I mean, the letter really didn't
 7 change much over that period of time. There's
 8 messages here in this letter that I've already
 9 indicated in previous documents that we
 10 wouldn't include in the letter like that one
 11 that you're referring to there.

12 COFFEY, Q.C.:
 13 Q. You see, you had, on August 12th, sent an e-
 14 mail to Dr. Williams and Mr. Tilley saying
 15 this is the letter.

16 MS. BONNELL:
 17 A. Um-hm.

18 COFFEY, Q.C.:
 19 Q. Drafted by QI and my department.

20 MS. BONNELL:
 21 A. Um-hm. This was the last draft of the letter,
 22 you're right.

23 COFFEY, Q.C.:
 24 Q. So in terms of the letter are you saying to
 25 the Commissioner, really, we were just going

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1 to through the motions in this, we weren't
 2 paying any real attention to it?

3 MS. BONNELL:
 4 A. I don't think there was a lot of attention
 5 paid to this draft letter, sir, no.

6 COFFEY, Q.C.:
 7 Q. I take it that would be because, or suggests
 8 because you didn't actually expect it would be
 9 sent anywhere?

10 MS. BONNELL:
 11 A. I did not, you're right.

12 COFFEY, Q.C.:
 13 Q. If we could, please, on the key messages, if
 14 we could just look, please, at page four? Do
 15 you know if any of those key messages makes it
 16 plain that the change in test results that had
 17 already been experienced was not due to the
 18 change in technology? Does any of those key
 19 messages actually make that clear?

20 MS. BONNELL:
 21 A. No.

22 COFFEY, Q.C.:
 23 Q. Any reason why not?

24 MS. BONNELL:
 25 A. No, not that I can recall.

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1 COFFEY, Q.C.:
 2 Q. Could we have Exhibit P-0580, please? We get
 3 into this, would it have been, do you think,
 4 important for the patients to understand that
 5 the need for retesting was not due to the
 6 change in technology, at least it was not
 7 thought to be? Wouldn't that be important for
 8 patients to know, and perhaps the public to
 9 know?

10 MS. BONNELL:
 11 A. Yes.

12 COFFEY, Q.C.:
 13 Q. So then can you tell the Commissioner why it
 14 was never actually spelled out, not then and
 15 not afterward?

16 MS. BONNELL:
 17 A. We did, when we did do media stories later on,
 18 we did talk about technology and the impact of
 19 technology, to some degree, in those stories
 20 that we did do.

21 COFFEY, Q.C.:
 22 Q. Did you ever tell the public that it was not
 23 the equipment?

24 MS. BONNELL:
 25 A. I have to go back and look through, but it

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1 doesn't--I don't recall saying it does not
 2 have anything to do with change in technology.
 3 I don't know if I would have been comfortable
 4 even saying, you know, this has nothing to do
 5 with technology, because we always believed
 6 that there was an element of this that had to
 7 do with the methodology used in the testing.

8 COFFEY, Q.C.:
 9 Q. Looking at this, ma'am, this is a memo to all
 10 lab directors. It's from Dr. Cook. It's
 11 dated August 24th, 2005. It's actually
 12 signed. It begins "I wish to advise you that
 13 we are doing a review of our estrogen and
 14 progesterone receptors as a precautionary
 15 measure at this time. Once all data is
 16 compiled, we will have a better idea of the
 17 scope of this issue," and it continues, "I
 18 expect to have more information within the
 19 next few weeks and will keep you updated.
 20 Please note the following points."
 21 Now if you could bring up, please,
 22 Exhibit P-0334? This is an e-mail from
 23 yourself dated Friday, August 26th, 2005,
 24 dated two days later, 3:53 p.m. It's to
 25 George Tilley, Dr. Cook and Dr. Williams, and

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1 the subject is "as per your request."
 2 MS. BONNELL:
 3 A. Um-hm.
 4 COFFEY, Q.C.:
 5 Q. And then there's a--you begin, "I wish to
 6 advise you that we are doing a review of our
 7 estrogen and progesterone receptors. I expect
 8 to have more information within the next few
 9 weeks and will keep you updated. Please note
 10 the following points" and there are a list of
 11 them, and it actually ends with a place for
 12 "Sincerely yours, Donald M. Cook." So do you
 13 recall what this was about?
 14 MS. BONNELL:
 15 A. I remember that Dr. Cook was overwhelmed,
 16 occupied in the process of trying to pull
 17 together the materials for the slides and the-
 18 -the blocks, rather, for sending away, and was
 19 very busy at that point in time doing work on
 20 the ER/PR and asked me to have a look at some
 21 points that he had pulled together and type
 22 them up sort of, write it in a half sensible
 23 letter for him, which I would have helped him
 24 do.
 25 COFFEY, Q.C.:

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1 Q. Which is the August 26th -
 2 MS. BONNELL:
 3 A. Right.
 4 COFFEY, Q.C.:
 5 Q. - e-mail we're looking at.
 6 MS. BONNELL:
 7 A. Very unusual. I guess it was just the
 8 circumstances. I never wrote anything for
 9 him. I don't know if he gave me something
 10 written out on a sheet of paper or how it
 11 went, but -
 12 COFFEY, Q.C.:
 13 Q. If we look back at Exhibit P-0584, please?
 14 This, in fact, is a signed--probably an
 15 earlier version of your e-mail.
 16 MS. BONNELL:
 17 A. Oh, okay, very good.
 18 COFFEY, Q.C.:
 19 Q. So do you recall like what was involved here?
 20 MS. BONNELL:
 21 A. I remember Dr. Cook asking me to type
 22 something up for him. So I helped him type
 23 up--and it wasn't just the typing. It was he
 24 had points on a sheet of paper and asked me to
 25 formalize it into a memo for him.

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1 COFFEY, Q.C.:
 2 Q. Okay.
 3 MS. BONNELL:
 4 A. So I helped him do that. So perhaps my e-mail
 5 is a copy of that to the others.
 6 COFFEY, Q.C.:
 7 Q. And so just in terms of that, just because I
 8 take it is this is the only recollection you
 9 have of being so involved, in terms of helping
 10 Dr. Cook -
 11 MS. BONNELL:
 12 A. I've never done anything for him or since or
 13 for Dr. Denic.
 14 COFFEY, Q.C.:
 15 Q. And it was--if we could, please, Exhibit P-
 16 0590? Now this is a September 6th, 2005 memo
 17 to all laboratory directors. It's from Dr.
 18 Cook and this apparently utilizes the same
 19 wording as you had, verbatim, suggested in
 20 your e-mail we just looked at.
 21 MS. BONNELL:
 22 A. Well, what I would -
 23 COFFEY, Q.C.:
 24 Q. Were you surprised, ma'am, at this point, like
 25 this is the end of August, beginning of

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1 September, that it's only now that Eastern
 2 Health is asking the other authorities to send
 3 in their materials for retesting, except for
 4 the 2002 ones which we looked at earlier?
 5 MS. BONNELL:
 6 A. It was a period of less than two or three
 7 weeks, I guess, from August, from the August
 8 10th-12th, three weeks, four weeks there.
 9 COFFEY, Q.C.:
 10 Q. So I'm just asking in terms of at the time.
 11 Was there any discussion about "where are we?"
 12 We're doing our own internally, and I
 13 appreciate that. In fact, if we check the
 14 documentary record, they had already shipped
 15 off a certain number of specimens from St.
 16 John's.
 17 MS. BONNELL:
 18 A. And then they turned their attention to this,
 19 I guess.
 20 COFFEY, Q.C.:
 21 Q. Okay. After that August 15th meeting, which I
 22 appreciate you didn't attend, no record that
 23 you attended it, what was the position in
 24 terms of public notification, patient
 25 notification?

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1 MS. BONNELL:
 2 A. It hadn't changed in that we were moving
 3 forward with the decision to make contact with
 4 patients individually prior to doing a public
 5 release.
 6 COFFEY, Q.C.:
 7 Q. But you were going to tell the patients what,
 8 when you got a result back?
 9 MS. BONNELL:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. But not that they were being retested?
 13 MS. BONNELL:
 14 A. That's correct.
 15 COFFEY, Q.C.:
 16 Q. So the decision to actually send the letter--
 17 the initiative or idea of sending the letters
 18 had -
 19 MS. BONNELL:
 20 A. Had passed.
 21 COFFEY, Q.C.:
 22 Q. Had passed, and you were advised of that by
 23 whom?
 24 MS. BONNELL:
 25 A. I don't remember who advised me, if it

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1 happened in a meeting, a discussion, but that
 2 opportunity had passed at that point.
 3 COFFEY, Q.C.:
 4 Q. So your understanding then, after August 15th,
 5 was no letter to individual patients?
 6 MS. BONNELL:
 7 A. No letter to--no general letter saying that
 8 the retesting was occurring to patients.
 9 COFFEY, Q.C.:
 10 Q. When individual results were back, they would
 11 be -
 12 MS. BONNELL:
 13 A. Patients would be notified individually.
 14 COFFEY, Q.C.:
 15 Q. How?
 16 MS. BONNELL:
 17 A. Through their oncologists and physicians, and
 18 at that time, I guess, we were also working
 19 out what we would do about the other side, the
 20 ones that don't convert.
 21 COFFEY, Q.C.:
 22 Q. Had any decision been made at that point on
 23 those?
 24 MS. BONNELL:
 25 A. I don't remember when that decision was made,

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1 sir.
 2 COFFEY, Q.C.:
 3 Q. Okay.
 4 MS. BONNELL:
 5 A. It might have been actually after the story
 6 became public knowledge.
 7 COFFEY, Q.C.:
 8 Q. And in the meantime, in relation to if it did
 9 go public inadvertently, in the sense of, was
 10 there any preparation being made in that
 11 regard?
 12 MS. BONNELL:
 13 A. Well, we were prepared to say the things that
 14 you see outlined in the key messages and also
 15 that we were working actively on the issue,
 16 that we--all those things that are outlined in
 17 that set of key messages.
 18 COFFEY, Q.C.:
 19 Q. Were any further press releases drafted?
 20 MS. BONNELL:
 21 A. I don't remember any further press releases
 22 being drafted.
 23 COFFEY, Q.C.:
 24 Q. Why not?
 25 MS. BONNELL:

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1 A. Because we had made a decision that we weren't
 2 going to issue a press release.
 3 COFFEY, Q.C.:
 4 Q. But if it was going public or when it went
 5 public, would it be important to have a press
 6 release, as well as key messages available?
 7 MS. BONNELL:
 8 A. Well, I mean, the purpose of a press release
 9 is to make an announcement. So if an issue
 10 goes public in a different way, it would be
 11 not standard to send a press release sort of
 12 out of after the fact. You go do a whole
 13 bunch of media interviews and then issue a
 14 press release. It's sort of the backwards way
 15 of what a press release is intended for.
 16 COFFEY, Q.C.:
 17 Q. Would a press release though, help to get out
 18 the key messages themselves because they're
 19 there in a concrete form?
 20 MS. BONNELL:
 21 A. It may have, although we used other methods to
 22 do that, and you know, in the stories that
 23 were reported in that first week, we believed
 24 a lot of the key messages did in fact get out
 25 in those stories. There's a piece in The

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1 Telegram that had I issued a press release, it
 2 would almost be that.
 3 COFFEY, Q.C.:
 4 Q. Almost verbatim, wouldn't it?
 5 MS. BONNELL:
 6 A. Well, I mean, it was a very good piece. It
 7 was very thorough and covered all of the main
 8 points. We also had the--took the opportunity
 9 to ensure that month that we used other
 10 methods to get out some of those messages.
 11 COFFEY, Q.C.:
 12 Q. Lunch, Commissioner?
 13 THE COMMISSIONER:
 14 Q. Sure, we'll break until five after two.
 15 COFFEY, Q.C.:
 16 Q. Thank you.
 17 (LUNCH BREAK)
 18 THE COMMISSIONER:
 19 Q. Please be seated. Mr. Coffey.
 20 COFFEY, Q.C.:
 21 Q. Good afternoon, Commissioner, Ms. Bonnell.
 22 Exhibit P-0599, please? Now, ma'am, this is a
 23 media statistics form of September 30th 2005.
 24 Before I delve into that day and a couple of
 25 days afterward, we understand that there was a

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1 Board meeting, I believe, September 21st,
 2 2005. I may have the date--it's within a day
 3 or so of that. It occurred, I believe, on the
 4 Burin Peninsula.
 5 MS. BONNELL:
 6 A. Um-hm.
 7 COFFEY, Q.C.:
 8 Q. Would you have been in attendance at that?
 9 MS. BONNELL:
 10 A. No, I don't attend Board meetings.
 11 COFFEY, Q.C.:
 12 Q. Okay. Yes, it's the executive management
 13 meetings. You're not a member of the
 14 executive, you attend at the executive
 15 management meetings, but you don't attend the
 16 Board meetings?
 17 MS. BONNELL:
 18 A. That's correct.
 19 COFFEY, Q.C.:
 20 Q. Okay, thank you. If we could, please, looking
 21 at this, this is one of those--the purpose of
 22 this form, this sort of form, because we're
 23 going to see a number of them, is what? Could
 24 you tell the Commissioner?
 25 MS. BONNELL:

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1 A. This is a tracking system that we use,
 2 Commissioner, to keep a record of incoming and
 3 also outgoing--proactive contacts that we have
 4 with the media. At the top of the form
 5 underneath media statistics form there,
 6 there's some little "media inquiry,
 7 communications, other." So if the inquiry
 8 came from the media, we would check there.
 9 This one is not, for some reason, but normally
 10 you'd see a check mark there or if it was
 11 generated from something from communications,
 12 we'd put a check on the other side. Sometimes
 13 we get referred calls from the NLMA or
 14 something like that. So that would be sort of
 15 an other.
 16 It keeps track of the call, what the
 17 request is, how to contact the individual, and
 18 sometimes within the activity log, we'll keep
 19 track of contacts that we would make related
 20 to that.
 21 COFFEY, Q.C.:
 22 Q. What internally you might have done?
 23 MS. BONNELL:
 24 A. Yes, and there's no requirement to keep notes
 25 there. Most of the time those are blank.

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1 You'll see they're blank.
 2 COFFEY, Q.C.:
 3 Q. And then at the bottom?
 4 MS. BONNELL:
 5 A. For our own purposes, we keep track of what
 6 program, department, division, service an
 7 issue relates to, how many people we contact
 8 in relation to it, whether the interview was
 9 rejected or not. For statistical purposes, we
 10 keep track of that kind of thing, how many
 11 hours it took to deal with an issue.
 12 COFFEY, Q.C.:
 13 Q. And the communications contacts?
 14 MS. BONNELL:
 15 A. It would be a signature of whoever had any
 16 impact on that particular case. So the first
 17 one, the scribble with the circle is our
 18 executive assistant, our administrative
 19 assistant, Elizabeth.
 20 COFFEY, Q.C.:
 21 Q. Elizabeth?
 22 MS. BONNELL:
 23 A. Elizabeth Strange.
 24 COFFEY, Q.C.:
 25 Q. Yes.

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1 MS. BONNELL:
 2 A. So it's her writing that you see in this
 3 particular one at the request on the top. So
 4 in this case, Elizabeth answered the phone,
 5 wrote down what the reporter was looking for.
 6 COFFEY, Q.C.:
 7 Q. Which is up here?
 8 MS. BONNELL:
 9 A. Right, September 30th '05, affiliation
 10 Independent, Claire Gosse, the name, contact
 11 number, and -
 12 MS. BONNELL:
 13 A. All that stuff.
 14 COFFEY, Q.C.:
 15 Q. - the request, whatever that was.
 16 MS. BONNELL:
 17 A. Right, and then Elizabeth would present it to
 18 Deborah, or in this case, it was me. I guess
 19 Deborah wasn't in the office on that day or
 20 was not there at that moment in time.
 21 COFFEY, Q.C.:
 22 Q. This is you here?
 23 MS. BONNELL:
 24 A. SLB is me, yes.
 25 COFFEY, Q.C.:

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1 Q. Susan Bonnell. And under activity log, whose
 2 handwriting is that?
 3 MS. BONNELL:
 4 A. That's mine.
 5 COFFEY, Q.C.:
 6 Q. Okay, so you--so this was an incoming request
 7 for something from the media, from Claire
 8 Gosse, September 30th, taken by Ms. Strange at
 9 the top and bottom part of the--or, the top
 10 part of the form filled out. She initialled
 11 the bottom and then passed it on to you to
 12 deal with?
 13 MS. BONNELL:
 14 A. Right.
 15 COFFEY, Q.C.:
 16 Q. And you've noted here, "Friday INV" would be
 17 interview?
 18 MS. BONNELL:
 19 A. It's interview.
 20 COFFEY, Q.C.:
 21 Q. Kara Laing.
 22 MS. BONNELL:
 23 A. Kara Laing.
 24 COFFEY, Q.C.:
 25 Q. Seven hours?

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1 MS. BONNELL:
 2 A. Seven hours would have been the total amount
 3 of time it took to deal with that issue.
 4 COFFEY, Q.C.:
 5 Q. Now ma'am, these forms which your
 6 communications division or office would have,
 7 I gather, had had for some time before this?
 8 MS. BONNELL:
 9 A. We used some form of this for as long as I've
 10 been there.
 11 COFFEY, Q.C.:
 12 Q. And is this kept track of in a computer as
 13 well?
 14 MS. BONNELL:
 15 A. In 2007, I believe it might have been late
 16 2006, we purchased a database program from a
 17 company that sells this sort of thing for
 18 tracking media, but prior to that, these
 19 things would have been kept in a file and I
 20 would have had my assistant and my media
 21 relations person use them as a mechanism of
 22 reporting the number of stories we had, as
 23 part of that, how many inquiries we got. We
 24 would do breakdowns, how many print, how many-
 25 -that sort of thing, for reporting purposes,

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1 for the organization.
 2 COFFEY, Q.C.:
 3 Q. And this is reporting to whom?
 4 MS. BONNELL:
 5 A. They'd go through my quarterly report process
 6 to Mr. Dodge, but on a monthly basis, Mr.
 7 Tilley also asked me to prepare--it was around
 8 this time, a little bit before this--well, I
 9 guess it was a new thing in Eastern Health.
 10 We started doing a one-page analysis of media
 11 coverage that he used to help prepare his
 12 report for the Board.
 13 COFFEY, Q.C.:
 14 Q. Okay. Because we have seen references in the
 15 Board minutes to -
 16 MS. BONNELL:
 17 A. Media stats.
 18 COFFEY, Q.C.:
 19 Q. - to media stats, okay, and in fact,
 20 particular stories and even whether they're
 21 positive or negative, perhaps.
 22 MS. BONNELL:
 23 A. Yes, certainly, yes.
 24 COFFEY, Q.C.:
 25 Q. Now this particular one, I gather, relates to-

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1 -this request is "heard that one of the
 2 mammography units at the Health Sciences
 3 Centre is faulty (resulting in inaccurate
 4 testing) and woman" should be women "who were
 5 tested are being recalled for further testing.
 6 Is this true? Talk to someone by noon today."
 7 So you received this, do you recall when on
 8 September 30th?
 9 MS. BONNELL:
 10 A. I don't recall specifically when. It was
 11 early in the day.
 12 COFFEY, Q.C.:
 13 Q. Okay, could you tell then--recount for the
 14 Commissioner then, you got this -
 15 MS. BONNELL:
 16 A. The circumstances?
 17 COFFEY, Q.C.:
 18 Q. Yes, the circumstances and how the day
 19 unfolded, as best you can recall.
 20 MS. BONNELL:
 21 A. Well, interestingly enough, when Elizabeth
 22 popped her head in my door, I was in a meeting
 23 with Ms. Predham at the time and we were
 24 looking at the letter. This would be the
 25 letter that would say there is a retesting

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1 under way, that more general letter.
 2 COFFEY, Q.C.:
 3 Q. A drafting, a draft of a letter to advise
 4 individual patients of the fact that they were
 5 being retested?
 6 MS. BONNELL:
 7 A. Certainly as time went on, during this month,
 8 I was getting more and more concerned about
 9 the length of time that was transpiring from
 10 the time that we made the decision to follow
 11 the protocol that we followed in August, and
 12 as time went along, we know that patients are--
 13 to me, to my understanding, more and more
 14 patients are becoming aware of this, as test
 15 results are returned, and I was getting to the
 16 point where I felt that we couldn't--that we
 17 would need to consider other options than the
 18 one that we were currently following, that it
 19 was taking longer to get the test results back
 20 than we had originally anticipated and that we
 21 were starting to get a sense that this may
 22 take longer than we thought, although we're
 23 only--we're about six weeks into it, at this
 24 point, right.
 25 COFFEY, Q.C.:

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1 Q. Now, so ma'am, what were you doing as a result
 2 of this, I suppose, unease, as it were?
 3 MS. BONNELL:
 4 A. Starting to talk to my executive and Heather
 5 and others involved in this process about the
 6 fact that if this was going to go on longer
 7 than we originally anticipated, that we may
 8 have to reconsider our original thinking.
 9 COFFEY, Q.C.:
 10 Q. So yourself and -
 11 MS. BONNELL:
 12 A. Heather and I were actually looking at the
 13 letter, as I recall, and looking at it to a
 14 purpose of redrafting it based on where we
 15 were at that point, when this phone call came
 16 in.
 17 COFFEY, Q.C.:
 18 Q. And then what happened?
 19 MS. BONNELL:
 20 A. Well, I looked at Heather and I said to
 21 Heather "this is--they have the story and they
 22 don't realize that they have it." So when the
 23 media talks about the fact that the story was
 24 broken by the media, I mean, this is not the
 25 story, of course, but it wasn't mammography

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1 units, it wasn't inaccurate testing with
 2 mammography, but it sufficiently concerned me
 3 that if we didn't respond to this in a
 4 completely transparent way, that it would be
 5 bad for the public.
 6 COFFEY, Q.C.:
 7 Q. Okay, so you were shown this. What happened
 8 then?
 9 MS. BONNELL:
 10 A. I started to make some phone calls. I believe
 11 Ms. Predham left my office, she was there with
 12 me for a while and then went on to do other
 13 things, and I started making phone calls to
 14 Dr. Williams and -
 15 COFFEY, Q.C.:
 16 Q. What did you tell him?
 17 MS. BONNELL:
 18 A. That we had gotten this call. I called Dr.
 19 Williams, I called--I believe I tried to reach
 20 Mr. Tilley and I don't remember if I actually
 21 reached him or not, but we all talked about
 22 the fact that we would have to respond to this
 23 inquiry. That we couldn't allow a story to
 24 appear in The Independent that there may be a
 25 problem with mammography. It was totally

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1 inaccurate and would impact--in fact, be
 2 impactful on tens of thousands of women. And
 3 so, I said "we've got to talk to this, and we
 4 have to tell them what's going on."
 5 COFFEY, Q.C.:
 6 Q. Okay. What then happened?
 7 MS. BONNELL:
 8 A. I would have made contact with Ms. Gosse, and
 9 I believe Heather was with me when I made that
 10 call as well. She might be able to confirm
 11 that, but I'm pretty sure she was there with
 12 me when I called her, and I said to her,
 13 "Claire, you know, I think what you've heard
 14 is we're doing a retesting in our laboratory
 15 related to a test that's done on patients who
 16 have already confirmed to be breast cancer
 17 patients. Tell me what you've heard." You
 18 know, we had a conversation about what she had
 19 heard, and I clarified for her what the story
 20 was. I also told her that I was sitting in my
 21 office drafting a letter to patients and I
 22 said "is there any chance that you would
 23 consider holding this story until we get a
 24 letter that we're drafting to patients out to
 25 them." She said she'd go talk to her editor.

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1 I knew that she would not agree to that
 2 request. She came back and said "no, we're
 3 going with the story." So then I proceeded to
 4 try and -
 5 COFFEY, Q.C.:
 6 Q. Which story would she be going with?
 7 MS. BONNELL:
 8 A. Well, the ER/PR story.
 9 COFFEY, Q.C.:
 10 Q. Okay, which you had, I take it -
 11 MS. BONNELL:
 12 A. Informed her of.
 13 COFFEY, Q.C.:
 14 Q. - when you were speaking to her about it,
 15 you'd--had you gone on at some length about
 16 it?
 17 MS. BONNELL:
 18 A. Yes, absolutely. I tried, to the best of my
 19 ability, to describe what was going on.
 20 COFFEY, Q.C.:
 21 Q. Okay. So when you say that--you're telling
 22 the Commissioner, "look, when I spoke to her
 23 about"--to tell her it's not mammography -
 24 MS. BONNELL:
 25 A. Yes.

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1 COFFEY, Q.C.:
 2 Q. - it is in fact another test -
 3 MS. BONNELL:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. - you did more than say it's another test?
 7 MS. BONNELL:
 8 A. Oh absolutely.
 9 COFFEY, Q.C.:
 10 Q. You elaborated?
 11 MS. BONNELL:
 12 A. Oh yes, I would have elaborated.
 13 COFFEY, Q.C.:
 14 Q. And then it was after the elaboration -
 15 MS. BONNELL:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. - that you asked her -
 19 MS. BONNELL:
 20 A. Well, she started to ask me questions that I'm
 21 in no position to answer, questions about what
 22 does it mean for patients, what's the impact
 23 on patients, and the types of questions that
 24 she was answering I knew needed to be answered
 25 by an oncologist. So we talked about how we

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1 would go about responding to this request and
 2 I felt that it needed to be an oncologist, and
 3 in my estimation, Dr. Laing was the
 4 appropriate one.
 5 COFFEY, Q.C.:
 6 Q. Did you tell Ms. Gosse that during the phone
 7 call?
 8 MS. BONNELL:
 9 A. Oh no.
 10 COFFEY, Q.C.:
 11 Q. Oh no, that's what I'm getting at. So your
 12 phone call with her, you call her back.
 13 MS. BONNELL:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. You call her and tell her that it's not
 17 mammography.
 18 MS. BONNELL:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. But there is a retesting going on.
 22 MS. BONNELL:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. It involves ER and PR, and you explain what

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1 that's about?

2 MS. BONNELL:

3 A. Tried to explain it to the best of my ability.

4 COFFEY, Q.C.:

5 Q. And you ask her, you explain about the letter?

6 MS. BONNELL:

7 A. Um-hm.

8 COFFEY, Q.C.:

9 Q. And ask her if she could--they could consider

10 holding off on the story?

11 MS. BONNELL:

12 A. She would consider holding, and that we would

13 give her, once we had an opportunity to send

14 that letter. But I knew that they wouldn't do

15 that.

16 COFFEY, Q.C.:

17 Q. So she came back on the same phone--during the

18 same phone call and said that?

19 MS. BONNELL:

20 A. Oh no, she went away and called me back.

21 There would have been multiple calls.

22 COFFEY, Q.C.:

23 Q. Okay, so there are a number of phone calls

24 between you and her that day?

25 MS. BONNELL:

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1 A. Yeah, certainly. I would have said let--you

2 know, what kind--she called me back, I'd say

3 "what do you want to know?" She told me some

4 things she wanted to know. I said "I'll call

5 you back." I go away, come back to her. So

6 it was a back and forth as we arranged this

7 interview.

8 COFFEY, Q.C.:

9 Q. So you realized from a phone call from her,

10 that no, they were going to go with the story?

11 MS. BONNELL:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. Such as they, up to that point, knew of it?

15 MS. BONNELL:

16 A. Yes.

17 COFFEY, Q.C.:

18 Q. Based upon what you had explained about ER/PR.

19 MS. BONNELL:

20 A. Right.

21 COFFEY, Q.C.:

22 Q. You then did what, internally within Eastern

23 Health?

24 MS. BONNELL:

25 A. I would have made a phone call to Dr.

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1 Williams. Something is telling me I couldn't

2 reach Dr. Williams, and I don't know why I

3 think that, but I believe I did eventually

4 reach Dr. Williams. I also talked to Ms.

5 Pilgrim and Sharon Smith, who's the Director

6 of the Cancer Program, because we were trying

7 to track down Dr. Laing. Dr. Laing wasn't in

8 the province actually at this point in time,

9 and we did track her down. I didn't

10 personally. I believe Ms. Smith tracked her

11 down, or Ms. Pilgrim, you'd have to ask them.

12 She called me and we talked it over and she

13 agreed to give Ms. Gosse a call from wherever

14 she was.

15 COFFEY, Q.C.:

16 Q. And had--was this the first time that Dr.

17 Laing had been approached about the idea of

18 her speaking with the media?

19 MS. BONNELL:

20 A. In this sense, yes, yeah, because Dr. Williams

21 would have been the spokesperson, although I'm

22 sure Ms. Laing--Dr. Laing would acknowledge

23 that as the clinical chief of the Cancer

24 Program that it would be likely that she'd be

25 asked to speak to this as well, in some

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1 levels.

2 COFFEY, Q.C.:

3 Q. So this back and forth then with Ms. Gosse

4 continued throughout September 30th, involving

5 yourself and you understood that she was going

6 to speak and did speak directly with Dr.

7 Laing?

8 MS. BONNELL:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. Did you take any steps that day to ensure that

12 Mr. Tilley was aware of this?

13 MS. BONNELL:

14 A. Yes, I did inform Mr. Tilley.

15 COFFEY, Q.C.:

16 Q. And what about the Department of Health?

17 MS. BONNELL:

18 A. Yes, I would have informed them as well.

19 COFFEY, Q.C.:

20 Q. Do you recall who you informed in the

21 Department of Health?

22 MS. BONNELL:

23 A. I would have gone to the director--was it

24 Carolyn Chaplin at that point in time or Ms.

25 Mundon? Whoever it was.

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1 COFFEY, Q.C.:

2 Q. By then, I gather it was Ms. Mundon.

3 MS. BONNELL:

4 A. Um-hm.

5 COFFEY, Q.C.:

6 Q. Did you have any contact with Cabinet

7 Secretariat's office that day or the Premier's

8 office?

9 MS. BONNELL:

10 A. No.

11 COFFEY, Q.C.:

12 Q. Do you know if anyone from Eastern Health did?

13 MS. BONNELL:

14 A. No.

15 COFFEY, Q.C.:

16 Q. Now Carolyn Chaplin, by this point, would have

17 been working in the communications branch of

18 Cabinet Secretariat.

19 MS. BONNELL:

20 A. Oh yes, that's right. I recall that now, and

21 she--I think I had difficulty reaching Ms.

22 Mundon and called Ms. Chaplin and then was

23 speaking to Ms. Mundon subsequent to that.

24 COFFEY, Q.C.:

25 Q. So when you were unable to contact initially

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1 Ms. Mundon -

2 MS. BONNELL:

3 A. Right.

4 COFFEY, Q.C.:

5 Q. - who was with the Department at the time--I

6 take it your purpose in informing her was

7 what?

8 MS. BONNELL:

9 A. To let her know that the story was going to be

10 in the media.

11 COFFEY, Q.C.:

12 Q. And when you were unable to locate her

13 initially or contact her initially, why then

14 did you contact Carolyn Chaplin?

15 MS. BONNELL:

16 A. Because of her involvement in the issue up to

17 that point, and I might have been trying to

18 get to her to get to Tansy to find out if she-

19 -I don't think I'd even--I believe Ms. Mundon

20 was very new to the Department at that point.

21 I'm not sure when she came into that position.

22 I'm not sure if I'd actually met her at that

23 point.

24 COFFEY, Q.C.:

25 Q. But if Ms. Chaplin was working as Director of

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1 Communications with the Communications and

2 Consultation branch of Executive Council, why

3 would you go to her?

4 MS. BONNELL:

5 A. If I couldn't reach Ms. Mundon, I might very

6 well have called--I don't recall. Carolyn and

7 I did have a good working relationship and I

8 called her to let her know that the story was

9 breaking, to see what I should do in the event

10 that I couldn't reach the Department of

11 Health, seeking advice, I guess, on how to go

12 about informing the Department that it was

13 about to break.

14 COFFEY, Q.C.:

15 Q. Did the fact that she is the Director or at

16 the time was the Director of Communications

17 for Communications and Consultation branch,

18 did that play any part in it?

19 MS. BONNELL:

20 A. No, absolutely not.

21 COFFEY, Q.C.:

22 Q. You would have known, I take it, who Moira

23 Hennessey was?

24 MS. BONNELL:

25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. You would have known who John Abbott was?

3 MS. BONNELL:

4 A. Yes.

5 COFFEY, Q.C.:

6 Q. And of course, Mr. Ottenheimer?

7 MS. BONNELL:

8 A. Um-hm.

9 COFFEY, Q.C.:

10 Q. Why not just simply contact one of them?

11 MS. BONNELL:

12 A. I just didn't, Mr. Coffey. I guess I was

13 preoccupied by what I was dealing with that

14 day, and I knew how to reach Carolyn, and I

15 reached her. It wasn't--there was no intent -

16 COFFEY, Q.C.:

17 Q. How did you reach Carolyn, do you know?

18 MS. BONNELL:

19 A. I guess I knew her phone number.

20 COFFEY, Q.C.:

21 Q. With respect to that, after she had left the

22 Department of Health, which would be, I

23 gather, mid August of 2005, had you had any

24 further contact in between that time and

25 September 30th, with her about ER/PR?

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1 MS. BONNELL:
 2 A. Not in a formal sense, no.
 3 COFFEY, Q.C.:
 4 Q. How about in an informal sense?
 5 MS. BONNELL:
 6 A. Well, Carolyn and I had a casual relationship,
 7 so we would go for coffee sometimes and that
 8 sort of thing. So we may have had
 9 conversations, but as a formal communication
 10 between two offices, no.
 11 COFFEY, Q.C.:
 12 Q. Okay, but informal communication between two
 13 associates?
 14 MS. BONNELL:
 15 A. Um-hm.
 16 COFFEY, Q.C.:
 17 Q. That would have coffee with each other, during
 18 the second half of August and throughout
 19 September, had you spoken to her about ER/PR?
 20 MS. BONNELL:
 21 A. I don't recall specifically, no.
 22 COFFEY, Q.C.:
 23 Q. It was though a subject matter, I take it,
 24 that, as you've pointed out just minutes ago,
 25 about which you were getting or having a

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1 growing unease?
 2 MS. BONNELL:
 3 A. Yes, certainly.
 4 COFFEY, Q.C.:
 5 Q. And Ms. Chaplin, is she someone who you
 6 understood had a certain amount of experience
 7 in communications?
 8 MS. BONNELL:
 9 A. Certainly.
 10 COFFEY, Q.C.:
 11 Q. And as you just pointed out, might be able to
 12 give you some advice?
 13 MS. BONNELL:
 14 A. Yes, yes, or just collegial, just support and
 15 two people having a coffee.
 16 COFFEY, Q.C.:
 17 Q. Did you--as September 30th went on, were you
 18 involved in drafting any briefing notes?
 19 MS. BONNELL:
 20 A. Not that I'm aware of off the top of my head.
 21 COFFEY, Q.C.:
 22 Q. Who, if--well, do you know if one dated
 23 September 30th was drafted? And I'll bring it
 24 up, please, P-0141? This is an e-mail from
 25 Denise Dunn, Friday, September 30th, 2005,

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1 5:04 p.m. to Mr. Tilley, Ms. Predham, Ms.
 2 Hennessey and yourself?
 3 MS. BONNELL:
 4 A. Um-hm.
 5 COFFEY, Q.C.:
 6 Q. And it has attached a briefing note, September
 7 30th, 2005. And just look at page 2 has got -
 8 MS. BONNELL:
 9 A. Yeah, I wouldn't have--this is not, this one
 10 was prepared not by my office. It's probably
 11 prepared using some of the materials from
 12 earlier briefing notes, but this particular
 13 briefing note was not prepared in my office.
 14 COFFEY, Q.C.:
 15 Q. And I take it that the reason for that was you
 16 were busy dealing with The Independent?
 17 MS. BONNELL:
 18 A. Correct. And with other things at that point,
 19 as well.
 20 COFFEY, Q.C.:
 21 Q. If we could, please, Exhibit P-0500? I'm
 22 sorry, P-0600, I apologize. This is again a
 23 media statistics form relating to a phone
 24 call--a contact from Lynn Burry.
 25 MS. BONNELL:

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1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. September 30th, 2005. The request is, "Heard
 4 Independent is inquiring about breast
 5 screening. Is there a problem with breast
 6 cancer screening? Heard woman are being
 7 rechecked and the problems range from 1999 to
 8 - 2005 and affect a large number of women.
 9 Must talk to someone ASAP for tonight's news."
 10 MS. BONNELL:
 11 A. Um-hm.
 12 COFFEY, Q.C.:
 13 Q. And the activity log says "Friday phone call
 14 deferred to Monday, two hours." And then I
 15 take it your initial, at least?
 16 MS. BONNELL:
 17 A. Elizabeth's followed by mine.
 18 COFFEY, Q.C.:
 19 Q. Yes. So what, if any, involvement did you
 20 have with Ms. Burry that day?
 21 MS. BONNELL:
 22 A. Later in that day she called me with the
 23 information that you see on the top there,
 24 again, the issue of it being breast screening.
 25 But as you can see, she has more details than

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1 Ms. Gosse had originally and she's more onto
 2 the heart of the issue there. And we talked
 3 about this. I told her what we were doing in
 4 terms of notification of patients or preparing
 5 to notify patients. And it was late in the
 6 day and we agreed that on Monday we would do
 7 an interview with Ms. Burry on the issue.
 8 COFFEY, Q.C.:
 9 Q. If we could, please, Exhibit P-0163, page 5?
 10 this is a series of e-mails between Ms.
 11 Chaplin and Ms. Mundon on September 30th. But
 12 in one of them, the one at 4:41 p.m. from Ms.
 13 Chaplin to Ms. Mundon she writes, "Eastern
 14 Health Authority has contacted us to advise
 15 that an issue had been ongoing throughout the-
 16 -that had been ongoing throughout the summer
 17 concerning ER/PR testing of breast cancer
 18 patients is about to hit the media. Late this
 19 afternoon Eastern Health was contacted by The
 20 Independent inquiring whether the health
 21 authority had an issue with its mammography
 22 screening." I take it that's late this
 23 afternoon, that would be incorrect, the
 24 reference to late, because you heard from The
 25 Independent in the morning?

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1 MS. BONNELL:
 2 A. That's right.
 3 COFFEY, Q.C.:
 4 Q. It goes on, "Dr. Kara Laing, oncologist, spoke
 5 with The Independent to respond. In addition,
 6 NTV, Lynn Burry, contacted the authority at
 7 4:15 this afternoon. Eastern Health will be
 8 calling NTV back, but given the late hour of
 9 the day it won't be possible for them to get a
 10 body for a clip tonight. We are going to
 11 offer a comment for Monday's news." Now, is
 12 that last paragraph, do you think the contents
 13 of this are accurate in terms of the timing?
 14 MS. BONNELL:
 15 A. I don't think so.
 16 COFFEY, Q.C.:
 17 Q. Okay.
 18 MS. BONNELL:
 19 A. I think I was in contact with Ms. Burry before
 20 that point. Ms. Burry wouldn't have contacted
 21 me at 4:00 and asked for an interview for the
 22 night's news.
 23 COFFEY, Q.C.:
 24 Q. Okay.
 25 MS. BONNELL:

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1 A. You know, by 4:00 they've got their pieces.
 2 It's too late for them at that point.
 3 COFFEY, Q.C.:
 4 Q. And but when you did speak with Ms. Burry that
 5 day -
 6 MS. BONNELL:
 7 A. Oh, yes, yes.
 8 COFFEY, Q.C.:
 9 Q. - your agreement was that you would provide
 10 somebody on Monday?
 11 MS. BONNELL:
 12 A. Right, yes. Our agreement was that if she
 13 wanted the story on Monday, that we would make
 14 someone available to her on Monday.
 15 COFFEY, Q.C.:
 16 Q. Now, in the meantime, ma'am, the interview
 17 with Dr. Laing was set up. I take it you
 18 understand that that occurred?
 19 MS. BONNELL:
 20 A. Oh, yes.
 21 COFFEY, Q.C.:
 22 Q. Were you, in fact, interviewed?
 23 MS. BONNELL:
 24 A. No, I wasn't interviewed, no. But Ms. Gosse
 25 did use quotes from me in the piece, but it

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1 wasn't an interview.
 2 COFFEY, Q.C.:
 3 Q. Did you understand at the time that she might
 4 be recording what it was you were saying?
 5 MS. BONNELL:
 6 A. I always understand that reporters are likely
 7 recording what you're saying. But it's been
 8 sort of an understanding that I'm not a
 9 spokesperson for the organization and most of
 10 the time reporters don't use--they consider
 11 what I give them to be background and my role
 12 is to help them in preparation of their story,
 13 facilitating what they need as opposed to
 14 being a spokesperson for the organization.
 15 COFFEY, Q.C.:
 16 Q. Okay.
 17 MS. BONNELL:
 18 A. So I was disappointed to see I was quoted, but
 19 there it is, it happens sometimes.
 20 COFFEY, Q.C.:
 21 Q. Exhibit P-0086, please? Now, this is a copy
 22 of the newspaper article published by The
 23 Independent, October 2nd, 2005. So when
 24 you're giving the, what turned out to be, in
 25 effect, the story to The Independent.

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1 MS. BONNELL:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. In your first phone call with Ms. Gosse that
 5 day?
 6 MS. BONNELL:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. Had anyone senior to you in the organization
 10 understood or given you the okay to go ahead
 11 and give the story to her?
 12 MS. BONNELL:
 13 A. I didn't speak to Ms. Gosse until I'd spoken
 14 to other individuals.
 15 COFFEY, Q.C.:
 16 Q. Okay. So who would -
 17 MS. BONNELL:
 18 A. So Elizabeth took the call, Elizabeth scribed-
 19 -which is the expectation from the reporters
 20 of Elizabeth, that that's her role. She came
 21 in to me and said, "Susan, look at this." And
 22 when Heather and I looked at it, we said,
 23 "This is the story. They don't know they have
 24 it, but they have it." And then I would have
 25 made some phone calls prior to calling Ms.

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1 Gosse back.
 2 COFFEY, Q.C.:
 3 Q. Well, whose okay did you get to call her back
 4 with the story?
 5 MS. BONNELL:
 6 A. I'm sure that both Mr. Tilley and Dr. Williams
 7 were aware that when I called Ms. Gosse back,
 8 that I was going to correct her.
 9 COFFEY, Q.C.:
 10 Q. So you would have had their agreement to do
 11 it?
 12 MS. BONNELL:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. And do you know what, if anything else, from
 16 your perspective, was done? You were
 17 attending to The Independent, then, throughout
 18 the day?
 19 MS. BONNELL:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. And Ms. Burry when she called?
 23 MS. BONNELL:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. Did you have any other function or role that
 2 day?
 3 MS. BONNELL:
 4 A. Well, we knew that once the story became a
 5 public story, which it was inevitably going to
 6 be on Sunday morning, that we would have to
 7 start preparing for how we were going to
 8 handle all the other media that would be
 9 calling us in the next week, and so things
 10 were being put in motion to start to prepare
 11 for that inevitability.
 12 COFFEY, Q.C.:
 13 Q. Okay. What was done?
 14 MS. BONNELL:
 15 A. I think there was a meeting scheduled. We did
 16 meet that weekend. We started to pull
 17 together our Q and As and we talked about what
 18 approach we were going to take in terms of who
 19 would be doing the interviews and that sort of
 20 thing. So it was just preliminary work until
 21 the meeting was held.
 22 COFFEY, Q.C.:
 23 Q. Okay. So when was the meeting held?
 24 MS. BONNELL:
 25 A. I believe there was a meeting held that

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1 Sunday.
 2 COFFEY, Q.C.:
 3 Q. Do you recall who attended it?
 4 MS. BONNELL:
 5 A. I do not. May have been Monday, sir.
 6 COFFEY, Q.C.:
 7 Q. So it may not have actually been until Monday?
 8 MS. BONNELL:
 9 A. May have been Monday.
 10 COFFEY, Q.C.:
 11 Q. When you left work on that Friday, September
 12 30th, you know, what if anything was in place
 13 to deal with this the following week? Were
 14 there any updated key messages?
 15 MS. BONNELL:
 16 A. Some of that stuff was already there, yes,
 17 that's right.
 18 COFFEY, Q.C.:
 19 Q. That's the August 12th one. Anything updated
 20 after that?
 21 MS. BONNELL:
 22 A. I don't recall how many things we updated that
 23 weekend. I was certainly talking to Dr.
 24 Williams. He and I had a phone conversation.
 25 I remember him calling me at home on Sunday

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1 and we had a phone call about it.
 2 COFFEY, Q.C.:
 3 Q. Now, looking at this Independent story of
 4 October 2nd, there's a paragraph with a quote,
 5 "And the reason why we haven't gone public,"
 6 and that is attributed to Dr. Laing. And then
 7 after that is a reference to you, "Susan
 8 Bonnell, spokeswoman for the Health Care
 9 Corporation says a new more accurate piece of
 10 equipment was installed in the laboratory last
 11 year providing clearer results and current
 12 hormone receptor tests are also being double
 13 checked as part of a quality review. She adds
 14 the retestings is not impacting patients
 15 waiting for other laboratory results." And
 16 then there's a quote attributed to you, "In
 17 reviewing past tests we've discovered that
 18 some people who tested negative are now
 19 converting to a positive result which would
 20 change the course of their treatment.' She
 21 says, 'So they're still being treated for
 22 breast cancer, it's just the way they're being
 23 treated. It may be impacted, but it may not,
 24 as well.'"
 25 MS. BONNELL:

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1 A. Um-hm. So those are little bits of the
 2 background that I would have been giving Ms.
 3 Gosse.
 4 COFFEY, Q.C.:
 5 Q. At the second page of this exhibit, the--in
 6 the middle of the--well, in the middle of the
 7 article on this page, the bottom paragraph
 8 beginning with "Bonnell was unable", "Bonnell
 9 was unable to provide a number for the amount
 10 of samples that had been retested but she says
 11 results should be available within a month."
 12 MS. BONNELL:
 13 A. That's what we believed to be the case at that
 14 point, yes.
 15 COFFEY, Q.C.:
 16 Q. Yes. But in terms of your inability to
 17 provide a number for the amount of samples
 18 that have been retested?
 19 MS. BONNELL:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. At that point in time, I take it, you could
 23 have contacted people internally and found
 24 out, well, where we are with that?
 25 MS. BONNELL:

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1 A. I could have. Just remember the compressed
 2 time frame that we're dealing with here. And
 3 I wasn't asked by Ms. Gosse to go find out,
 4 you know, there wasn't a follow-up question to
 5 that. She would have said to me, you know,
 6 "Do you know how many?" "I don't have that
 7 number right now, but within a month we hope
 8 we'll have all the numbers." If she said to
 9 me, "Could you please go find out the exact
 10 number?" then I would have had to make a
 11 decision based on that.
 12 COFFEY, Q.C.:
 13 Q. It continues on to say, "Although Bonnell says
 14 no patients have brought legal action against
 15 the Health Care Corporation, she says there
 16 are always legal issues to consider when
 17 conducting any quality review." And then
 18 there's a quotation attributed to you. So the
 19 subject of legal action, I take it, did that
 20 come up during the conversation?
 21 MS. BONNELL:
 22 A. That came up, Ms. Gosse would have raised
 23 that, yes.
 24 COFFEY, Q.C.:
 25 Q. At that point was there any sense within the

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1 Health Care Corporation, any consensus or
 2 sense within it that you were aware of as to
 3 what spokesperson or persons might or might
 4 not say to the media about this issue?
 5 MS. BONNELL:
 6 A. Other than the key messages that we've looked
 7 at, no.
 8 COFFEY, Q.C.:
 9 Q. If it is there in the key messages, it's okay
 10 to say that?
 11 MS. BONNELL:
 12 A. That those were the messages that we would
 13 want to deliver in a public--that are, you
 14 know, that the main issues would be that we've
 15 been taking action, we've been addressing it
 16 as quickly as possible, that our primary
 17 concern was focus on the patients, those
 18 messages.
 19 COFFEY, Q.C.:
 20 Q. What then happened, ma'am, on the meeting on
 21 Monday, what was decided? Who attended that,
 22 what was decided?
 23 MS. BONNELL:
 24 A. I don't recall the people participating in
 25 that meeting.

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1 COFFEY, Q.C.:

2 Q. Okay. Exhibit P-0603, please?

3 MS. BONNELL:

4 A. Thank you.

5 COFFEY, Q.C.:

6 Q. And Dr. Williams' handwritten notes, the

7 second page of it is the typed version of it.

8 MS. BONNELL:

9 A. Um-hm.

10 COFFEY, Q.C.:

11 Q. It says, he notes, note in the corner of

12 document, "How to report. Send letter to

13 everyone. Medical director of cancer clinic."

14 And then there's numbers one to five. The

15 attendees are noted to be quite a number of

16 individuals including yourself. And then

17 there's a note as to what the decision at the

18 bottom.

19 MS. BONNELL:

20 A. Um-hm.

21 COFFEY, Q.C.:

22 Q. What, if anything, do you recall about what

23 the decision was in terms of communications at

24 the time?

25 MS. BONNELL:

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1 A. You mean public communications, my side of it?

2 COFFEY, Q.C.:

3 Q. Public and public in the sense of to the

4 public at large and to the patients.

5 MS. BONNELL:

6 A. From the perspective of the public at large,

7 which would certainly be my responsibility, we

8 had made a decision to make contact with the

9 other news agencies, the ones that we hadn't

10 heard from already, make sure that Dr.

11 Williams was provided to anybody and everybody

12 who wanted to speak to him.

13 COFFEY, Q.C.:

14 Q. Um-hm.

15 MS. BONNELL:

16 A. And that was being done. And from the patient

17 side of things, the issue of the letter was

18 raised again. I don't think it was at this

19 point that the decision has been made yet to

20 call everybody. I think that came within a

21 couple of weeks.

22 COFFEY, Q.C.:

23 Q. And the issue of the letter was raised again?

24 MS. BONNELL:

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1 A. Yes, yeah.

2 COFFEY, Q.C.:

3 Q. Do you recall what context?

4 MS. BONNELL:

5 A. That the letter should be written and sent.

6 COFFEY, Q.C.:

7 Q. P-0163, please? Page 14, please? Now, this

8 is an e-mail from Tansy Mundon to Darrell

9 Hynes, October 3rd, 2005, 11:31 in the

10 morning. So it's an update. She writes,

11 "Darrell, with respect to the ER/PR issue,

12 Eastern Health will be doing a follow-up

13 interview with NTV this afternoon. John,

14 Moira and I discussed this morning and I have

15 left a message for Susan B." presumably is

16 yourself, "suggesting that they now issue a

17 news release (with frequently asked questions

18 attached) to communicate to the public on this

19 issue. An isolated interview may leave

20 people with concerns and will result in

21 inquiries forcing a reactive response. Some

22 of those inquiries may be addressed with a

23 news release that provides further information

24 about the process and the small number of

25 people that may be affected." Signed,

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1 "Tansy." Does that assist you in recalling?

2 MS. BONNELL:

3 A. Well this is still the public side of it, as

4 opposed to the private, the personal one-on-

5 one communication. The issue of a news

6 release, you know, I was going to raise this

7 this morning and I didn't have an opportunity

8 when we were talking about press releases

9 earlier. Press releases are a tool that

10 organizations use to communicate to the media.

11 Because a press release is written, doesn't

12 mean that it's going to, in any way, lead to

13 the public having further information on an

14 issue. You post your press releases on your

15 website and things like that and I suppose if

16 somebody is really keen, they can go in and

17 read your press releases, but they're a

18 vehicle that's used to communicate to the

19 media and it's usually to make an

20 announcement. If we were to issue a press

21 release at this point when the story was

22 already in the news, I'm not sure what the

23 purpose of a press release would be. Press

24 releases are usually done to announce that an

25 issue was evolving, as opposed to after the

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1 issue was already in the media and your
 2 spokesperson has been out speaking about it,
 3 to then write a press release saying to the
 4 media "Eastern Health would like to advise the
 5 media"--they were already advised at this
 6 point, they knew about it at this point.
 7 COFFEY, Q.C.:
 8 Q. So was there a discussion with yourself on
 9 October 3rd -
 10 MS. BONNELL:
 11 A. I think Tansy did communicate to me, yes, Ms.
 12 Mundon did communicate to me were we going to
 13 issue a news release. I talked through that
 14 issue with her and I was left with the
 15 understanding that she agreed with me, that
 16 perhaps it was a little too late, you know, in
 17 the issue at this point to issue a press
 18 release. We did, however, post information on
 19 our website, I don't think we put it in the
 20 form of--or we may have, actually, sort of a
 21 frequently asked questions, as sort of, you
 22 know, a bit of shock talk there really, but we
 23 did something of that nature, questions and
 24 answers that patients could look at to
 25 understand the issue. And we did make Dr.

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1 Williams available for multiple issues--
 2 interviews following the third--second -
 3 COFFEY, Q.C.:
 4 Q. So I take it that Q and A's went up on your
 5 website.
 6 MS. BONNELL:
 7 A. Yes. And then further on down the road we
 8 also did some advertisement.
 9 COFFEY, Q.C.:
 10 Q. So a Q and A on a website is publicly
 11 available to somebody who has access to a
 12 computer and the wherewithal.
 13 MS. BONNELL:
 14 A. Right.
 15 COFFEY, Q.C.:
 16 Q. And it communicates it in a written format.
 17 MS. BONNELL:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. A press release would in effect do the same
 21 thing.
 22 MS. BONNELL:
 23 A. Yes. And a press release is not a means of
 24 communicating with the public, it's a means of
 25 communicating with the press. So the press

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1 gets the press release off their fax machine,
 2 they tell me they get 3,400 of them coming
 3 off their fax machine in a day. They take
 4 that, they then come, use that information and
 5 ask you for an interview. You then do the
 6 interview, they then file their story. They
 7 don't stand up in front of a camera and read
 8 off your press release, that's never been my
 9 experience and they interpret the story as
 10 they see fit and then based on that, you look
 11 at how the story is reported and make
 12 decisions if there are things that are not in
 13 fact covered in the stories, and generally
 14 speaking we were happy with the stories that
 15 were, particularly the one that The Telegram
 16 did, I thought that was an excellent story. I
 17 thought the piece The Independent did was a
 18 good story.
 19 COFFEY, Q.C.:
 20 Q. Ma'am, if we could, please, exhibit P-0142?
 21 Now this is again October 3rd, 2005, an e-mail
 22 from Tansy Mundon to a number of senior
 23 individuals within the Department of Health.
 24 And she does, though, in the second paragraph
 25 say "John"--that's to John Abbott--"I

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1 discussed with Susan the merits of doing a
 2 news release. She advised that the strategy
 3 in July was that they would notify patients
 4 before they went public, so they decided
 5 against a news release. She indicated she had
 6 the support of the department with this
 7 approach. They now feel that 'the horse has
 8 left the barn' and that the media that were
 9 interested in the story have already covered
 10 it." And she goes on to say, "I requested for
 11 frequently asked questions to be posted to the
 12 website so that people would have easy access
 13 to information. I tend to agree with Susan,
 14 this time with the news release, it seems is
 15 the opportunity for a news release to be
 16 issued in a proactive manner has past. I
 17 believe we should continue to monitor the
 18 coverage and reaction. If we did issue a news
 19 release at this point, it would be picked up
 20 by local newspapers and would probably draw
 21 attention to the issue unnecessarily." Now in
 22 your interaction with Tansy Mundon, now during
 23 this period, that last subject, the idea of
 24 unnecessarily drawing more attention to this,
 25 did that come up?

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1 MS. BONNELL:
 2 A. I don't recall it coming up. It's not the
 3 reason why we didn't issue a news release
 4 because we were out doing media interviews, so
 5 we weren't trying to avoid doing interviews by
 6 any stretch of the imagination.
 7 COFFEY, Q.C.:
 8 Q. And you were only doing interviews, though,
 9 for somebody who called you, weren't you?
 10 MS. BONNELL:
 11 A. No, actually we approached media as well.
 12 COFFEY, Q.C.:
 13 Q. Okay.
 14 MS. BONNELL:
 15 A. We approached, we were surprised that CBC
 16 hadn't followed up with the piece, so we did
 17 follow up with them and we were speaking to
 18 Peter Gullage, who wrote for--he ended up
 19 writing a piece for the Globe and Mail, but he
 20 was a CP reporter, I think at that time, so we
 21 knew that it would be picked up through that
 22 mechanism. So there were contacts being made
 23 by us and the media, and we continued to do
 24 interviews well through the month of October
 25 with Dr. Williams.

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1 COFFEY, Q.C.:
 2 Q. Exhibit P-0615 please? This is an e-mail from
 3 yourself, October 4th, 2005 to Gerard Gibbons.
 4 You write "Thanks so much, Gerard, for making
 5 the website change happen for me last night, I
 6 really appreciate both your skill and your
 7 support of the organization's communications
 8 efforts." So I take it then that you were
 9 thanking this gentleman for having gotten the
 10 website material up.
 11 MS. BONNELL:
 12 A. At that point in time Eastern Health, I'm not
 13 sure if we actually even had a website, I
 14 think we did, but in order to ensure that it
 15 was on the website of the Health Care
 16 Corporation, which I think was still in
 17 existence at that time as well, it required a
 18 significant effort to make that happen. Today
 19 I can go into the website and put something up
 20 and it's there in five minutes, but at that
 21 point it required the skills of our IT staff
 22 and it was over work (sic.) time for them, so
 23 I thank them for it.
 24 COFFEY, Q.C.:
 25 Q. If I could, please, exhibit P-0616. This is a

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1 letter from yourself dated October 4th, 2005,
 2 2:59 p.m. to Dr. Williams, Denise Dunn. The
 3 subject is a letter to physicians from NLMA
 4 website.
 5 MS. BONNELL:
 6 A. Uh-hm.
 7 COFFEY, Q.C.:
 8 Q. It says "Dear Physician" and the proposed
 9 signator is Dr. Robert Williams.
 10 MS. BONNELL:
 11 A. Uh-hm.
 12 COFFEY, Q.C.:
 13 Q. It take it that this was a letter intended to
 14 finally advise the physicians of Newfoundland
 15 generally about this matter?
 16 MS. BONNELL:
 17 A. We don't have a mechanism to reach the
 18 physicians ourselves directly, so we proposed--
 19 and the NLMA has been good about helping us
 20 with those things previously, so I guess this
 21 was a proposed e-mail, memo, letter, whatever,
 22 to go on their website to the physician group.
 23 COFFEY, Q.C.:
 24 Q. Why was it only now, October 4th, that this
 25 was being done? Don't you think it would have

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1 been important from your perspective for
 2 physicians to know about this back in July and
 3 August? They are their patients.
 4 MS. BONNELL:
 5 A. Possibly, yes. It was being done a this
 6 point.
 7 COFFEY, Q.C.:
 8 Q. I take it it was being done now because it was
 9 public knowledge?
 10 MS. BONNELL:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. In terms of this, if you could look, please at
 14 exhibit P-0618? This is another e-mail of
 15 October 4th, 2005 from Dianne Smith, this one,
 16 subject is: "Draft notification ER/PR
 17 testing" and it again refers to a draft
 18 notification for surgeons regarding the issue
 19 of ER/PR testing. "Would you please insert
 20 the recommendation piece at the end and this
 21 notification will be sent from Dr. Paul
 22 Gardiner, as Medical Director." Now were you
 23 aware that this was going on a well?
 24 MS. BONNELL:
 25 A. I believe I was, yes.

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1 COFFEY, Q.C.:

2 Q. Do you know if Dr. Williams' letter ever

3 actually got sent through the NLMA?

4 MS. BONNELL:

5 A. I am trying to remember. I don't believe it

6 did.

7 COFFEY, Q.C.:

8 Q. Can you tell the Commissioner why that was so?

9 Because Dr. Gardiner is sending this to the

10 surgeons, that's what he is, I gather what

11 this is aimed at.

12 MS. BONNELL:

13 A. I don't recall why that was stopped.

14 COFFEY, Q.C.:

15 Q. Do you recall who stopped it?

16 MS. BONNELL:

17 A. No, I don't. My involvement in that would

18 have been assisting to help draft it so that

19 they have something to use and then beyond

20 that, it would have been Dr. Williams to

21 follow through, I guess.

22 COFFEY, Q.C.:

23 Q. Well ma'am, by this point, October 4th, were

24 you dealing with your counterparts in the

25 other boards on this issue?

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1 MS. BONNELL:

2 A. No, not to this point.

3 COFFEY, Q.C.:

4 Q. If I could, please, exhibit P-0623? Now this,

5 ma'am, is an e-mail from yourself, Wednesday,

6 October 5 at 11:19 a.m. to Corporate

7 Directors, Corporate Division Managers and

8 there's a long list of people, including the

9 executive. And you write, "This week we have

10 been discussing an issue related to breast

11 cancer patients in the media. For your

12 information an article from today's Telegram

13 follows this message and an article from the

14 Sunday Independent is attached. We have been

15 receiving phone calls from patients and

16 relatives of patients today looking for more

17 information on this issue." This would be

18 Wednesday, I presume, is today. "It's

19 important that we do not miss direct calls

20 from patients. If you receive a call in your

21 office, please inform the individual that our

22 patient relations office is handling all

23 inquiries on this issue and forward the call

24 directly to 777-6500. And let the individual

25 know that they may have to leave a message,

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1 but that their call will be returned as

2 quickly as possible. Thanks for your

3 assistance. Please ensure that individuals in

4 your area who may receive calls from the

5 general public are informed of the process."

6 So ma'am was this the first kind of

7 institution-wide, corporate-wide notification

8 in this regard? And in relation to ER/PR and

9 -

10 MS. BONNELL:

11 A. Yes.

12 COFFEY, Q.C.:

13 Q. And why was it only Wednesday that this was

14 done?

15 MS. BONNELL:

16 A. Because I guess on Tuesday or Wednesday

17 morning, the fact that there were calls coming

18 in was raised to our attention, so we wanted

19 to inform people of how to handle the process.

20 COFFEY, Q.C.:

21 Q. I take it by this point in time there was no

22 publication of a 800 number?

23 MS. BONNELL:

24 A. No, just the 6500 which was an existing

25 number.

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1 COFFEY, Q.C.:

2 Q. And to be fair, the website posting did have

3 the reference to the 6500 number.

4 MS. BONNELL:

5 A. Yes, everything would have, I think in Dr.

6 Williams'--if you look at media pieces,

7 everything Dr. Williams ever did referenced

8 that number too, pretty much.

9 COFFEY, Q.C.:

10 Q. But in terms of out in the public, like in a

11 newspaper at this point there was no reference

12 to that number?

13 MS. BONNELL:

14 A. From what sense? You mean like an

15 advertisement placed?

16 COFFEY, Q.C.:

17 Q. Yes.

18 MS. BONNELL:

19 A. No, we placed advertisements in the middle of

20 the month. Now that number is well known,

21 that's a published number.

22 COFFEY, Q.C.:

23 Q. But I take it you were finding at times people

24 were getting, who you had not expected such a

25 phone call, like the general line?

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1 MS. BONNELL:
 2 A. I received phone calls.
 3 COFFEY, Q.C.:
 4 Q. There is a reference to -
 5 MS. BONNELL:
 6 A. An e-mail, I think.
 7 COFFEY, Q.C.:
 8 Q. To an e-mail certainly to yourself, so the
 9 fact that that might happen, that had not been
 10 kind of envisaged beforehand?
 11 MS. BONNELL:
 12 A. No.
 13 COFFEY, Q.C.:
 14 Q. Now the patient relations' office at this
 15 point, what, if anything was your
 16 understanding in terms of how prepared they
 17 were to deal with this?
 18 MS. BONNELL:
 19 A. There were no--well that's what she does for a
 20 living, that individual, so she's prepared to
 21 handle calls. Prior to this we had looked at
 22 scripts that had been prepared if we were so--
 23 they were certainly, Quality Department was
 24 certainly aware, in terms of what extra
 25 preparation they would have put in place, I

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1 guess you'd have to talk to them about.
 2 COFFEY, Q.C.:
 3 Q. So again, just so the Commissioner is clear,
 4 that wasn't really your -
 5 MS. BONNELL:
 6 A. No.
 7 COFFEY, Q.C.:
 8 Q. - bailiwick, the internal workings of that?
 9 MS. BONNELL:
 10 A. No. I know they had a 1-800 number in place
 11 or they knew how to go about putting a 1- 800
 12 number in place.
 13 COFFEY, Q.C.:
 14 Q. And again, just as an example, exhibit P- 0624
 15 please? This is--I'm just picking one of
 16 these as an example here. It's two e-mails,
 17 October 5, 2005, the first from Elizabeth
 18 Strange to yourself, attaching a particular
 19 story.
 20 MS. BONNELL:
 21 A. Uh-hm.
 22 COFFEY, Q.C.:
 23 Q. And then it's from her distributing the same
 24 story to a number of individuals in the
 25 organization. Was Ms. Strange's job then

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1 throughout this week and the following time
 2 period to keep track of the stories and -
 3 MS. BONNELL:
 4 A. That's her job all the time.
 5 COFFEY, Q.C.:
 6 Q. Okay.
 7 MS. BONNELL:
 8 A. The distribution, no, I would have asked her
 9 to do that on my behalf.
 10 COFFEY, Q.C.:
 11 Q. Having gotten the first one, from your
 12 perspective, people throughout the
 13 organization should know about it.
 14 MS. BONNELL:
 15 A. These individuals.
 16 COFFEY, Q.C.:
 17 Q. These individuals. And the distribution from
 18 your perspective is based upon what, what
 19 criteria?
 20 MS. BONNELL:
 21 A. Distribution of media stories you mean or -
 22 COFFEY, Q.C.:
 23 Q. Well yes, you're directing Ms. Strange to do
 24 this to a certain group.
 25 MS. BONNELL:

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1 A. Well that's the executive group that you're
 2 looking at there. After this time period, the
 3 department got into the habit of, well it
 4 wasn't a habit, I guess it was a practice of
 5 sending out regular Friday or Monday e-mails
 6 to all executives and senior managers with all
 7 media coverage, but at this point in time, it
 8 would have been issue related and usually the
 9 practice was, if there's a story about Child
 10 Youth and Family Services that it would go to
 11 the Director of Child Youth and Family
 12 Services, that kind of thing, and in this
 13 case, because of the, you know, the nature of
 14 the story, I said to send it to all the
 15 executive.
 16 COFFEY, Q.C.:
 17 Q. When you say "the department" you mean your
 18 department in time?
 19 MS. BONNELL:
 20 A. Yes, I'm sorry, not the Department of Health,
 21 the Department of Communications.
 22 COFFEY, Q.C.:
 23 Q. Exhibit P-0089 please? Now there are two e-
 24 mails, one of October 6th, '05, 8:47 from
 25 yourself to Mr. Tilley. The subject is

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1 "Message for Joan Dawe re: ER and PR."
 2 MS. BONNELL:
 3 A. Uh-hm.
 4 COFFEY, Q.C.:
 5 Q. And you say, "George, I thought I should run
 6 this by you before sending it to Joan." And
 7 then you've got a one paragraph description.
 8 MS. BONNELL:
 9 A. This would have been in preparation for our
 10 annual general meeting.
 11 COFFEY, Q.C.:
 12 Q. Okay, and then Mr. Tilley, a matter of minutes
 13 later responds and says, "Looks good, thanks."
 14 So this was being provided to Ms. Dawe
 15 prepared by you.
 16 MS. BONNELL:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. As what, kind of a message or talking point
 20 for her to be able to use during the annual
 21 meeting.
 22 MS. BONNELL:
 23 A. In case the issue should be raised, yes.
 24 COFFEY, Q.C.:
 25 Q. Did you attend the annual meeting?

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1 MS. BONNELL:
 2 A. Oh yes.
 3 COFFEY, Q.C.:
 4 Q. Was the issue raised?
 5 MS. BONNELL:
 6 A. No.
 7 COFFEY, Q.C.:
 8 Q. And have you attended annual meetings since?
 9 MS. BONNELL:
 10 A. I've attended all the annual meetings in the
 11 organization.
 12 COFFEY, Q.C.:
 13 Q. Has the ER/PR issue been raised from the
 14 floor?
 15 MS. BONNELL:
 16 A. No, I don't believe it ever has.
 17 COFFEY, Q.C.:
 18 Q. Exhibit P-0348. Now, this is a series of e-
 19 mails between yourself and Mr. Tilley, October
 20 6 and, in fact, the first one is from Mr.
 21 Dawe, Peter Dawe, to George Tilley on October
 22 6 at 914 hours, subject says, "CBC online
 23 article" and he writes, "George, CBC online
 24 news ran a story today that said the testing
 25 was for cancer and there was false negative

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1 results. This may cause more confusion
 2 obviously more media work will be required, no
 3 doubt, signed Peter". And then Mr. Tilley at
 4 9:18 a.m. sends that to yourself saying, with
 5 the comment, "any thoughts". And then you
 6 respond at 9:30 a.m. saying "George, I thought
 7 "The Globe" piece was accurate. Peter is
 8 referring to his own quote, which was very
 9 negative by the way. The best thing he could
 10 do at this point is to let go, but by the
 11 sounds of it, he's going to go to the media
 12 again. How informed is he"?
 13 MS. BONNELL:
 14 A. Um-hm.
 15 COFFEY, Q.C.:
 16 Q. And then Mr. Tilley responds at 9:38 a.m.
 17 saying, "Bob William and I met with Peter 4:30
 18 p.m. yesterday, it appears that he did the
 19 interview with "The Globe" before we met. In
 20 the meantime he is referring to the CBC
 21 story". And then at 9:47 a.m. you responded
 22 saying, "so he is. We can't try to correct
 23 past stories unless the inaccuracies are
 24 glaring and a major problem is created as a
 25 result. Although I thought the CBC news

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1 online piece is 'problematic', I don't think
 2 it's worth seeking a retraction. The more we
 3 drag this out, the worse it is for us". Now,
 4 ma'am, could you tell the Commissioner then
 5 what this was about? Obviously Mr. Dawe had
 6 brought to Mr. Tilley's attention what he
 7 thought might be or perceive to be an
 8 inaccuracy.
 9 MS. BONNELL:
 10 A. Right.
 11 COFFEY, Q.C.:
 12 Q. In terms of the issue of -
 13 MS. BONNELL:
 14 A. Mr. Dawe was right. I thought he was talking
 15 about "The Globe" piece which I thought was a
 16 fine piece in terms of accuracies. And then
 17 when Mr. Tilley pointed that out to me, we
 18 went back after this and had another look at
 19 it and we did get it retracted. So, the piece
 20 was changed. Mr. Dawe was right there.
 21 COFFEY, Q.C.:
 22 Q. So, who got this retracted?
 23 MS. BONNELL:
 24 A. Deborah would have called the CBC and had a
 25 conversation with them about the problems in

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1 the piece and they did change them for us.
 2 COFFEY, Q.C.:
 3 Q. Did Deborah tell you that?
 4 MS. BONNELL:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. Did she tell you that she contacted CBC
 8 directly?
 9 MS. BONNELL:
 10 A. I don't recall, Mr. Coffey, what it was, but I
 11 know that we did have the piece changed.
 12 COFFEY, Q.C.:
 13 Q. Okay. Now, ma'am, the reference to "the more
 14 we drag this out, the worse it is for us",
 15 other than the self evident as what it says,
 16 is there any explanation you can offer to the
 17 Commissioner other than what it self evidently
 18 says, "the more we drag this out, the worse it
 19 is".
 20 MS. BONNELL:
 21 A. Retractions are a problem. When you haven't
 22 had an input into a story that's been printed
 23 in the first place, it's very difficult to get
 24 retractions on a piece. So, coming out of
 25 that -

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1 COFFEY, Q.C.:
 2 Q. I take it, if you get a retraction, the point
 3 is the story is dealt with again in the media
 4 and it stays in the media.
 5 MS. BONNELL:
 6 A. That's right. It's just another story again
 7 and again and again and again. I don't know
 8 why I would have said that. Now, you also, at
 9 the bottom of the page there, in an earlier e-
 10 mail to Mr. Tilley said -
 11 MS. BONNELL:
 12 A. I was concerned about how informed Mr. Dawe
 13 was on the issue and it's unfortunate, you
 14 know, there's a number of things that--I think
 15 one of the tragic flaws in all of this is
 16 that, and it's surprising to me because I
 17 don't know how it transpired, but for some
 18 reason there was never a strategic plan done
 19 on this issue. And had there been one done,
 20 things like identifying the Canadian Cancer
 21 Society and ensuring that they were informed
 22 earlier would have been done. And -
 23 COFFEY, Q.C.:
 24 Q. Ensuring the doctors were informed -
 25 MS. BONNELL:

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1 A. Right.
 2 COFFEY, Q.C.:
 3 Q. - as a group earlier -
 4 MS. BONNELL:
 5 A. Yes, and the physician group and that's
 6 something that while I look back on the
 7 decision to try and notify patients and say, I
 8 wouldn't change a thing about that because
 9 even today I still feel that that's the right
 10 decision to make. The preparation work that
 11 went into this particular issue was definitely
 12 lacking.
 13 COFFEY, Q.C.:
 14 Q. Ma'am you did say that "the best thing you can
 15 do at this point is to let this go".
 16 MS. BONNELL:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. Best thing from whose perspective? Certainly
 20 not from the cancer patients' perspective.
 21 MS. BONNELL:
 22 A. I don't know why I said that
 23 COFFEY, Q.C.:
 24 Q. Now, having asked how informed is he -
 25 MS. BONNELL:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. - you are then advised a matter of minutes
 4 later -
 5 MS. BONNELL:
 6 A. I could tell from, I could tell from the
 7 comments that Mr. Dawe had not been spoken to.
 8 COFFEY, Q.C.:
 9 Q. Well, you're advised a matter of minutes
 10 later, at least by Mr. Tilley that he and Dr.
 11 Williams had met with Peter at 4:30 the day -
 12 MS. BONNELL:
 13 A. Yes, but in the story Mr. Dawe had clearly not
 14 been spoken to and, in fact, he hadn't because
 15 he indicated that he did this interview with
 16 "The Globe" before they met. It did seem to
 17 me that that was the case, that he had not
 18 been informed at that point. Because in
 19 subsequent interviews that Mr. Dawe did, it
 20 was clear that he had been informed.
 21 COFFEY, Q.C.:
 22 Q. Now, whose job was it, first of all, to come
 23 up with this strategic plan?
 24 MS. BONNELL:
 25 A. It would have been mine.

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1 COFFEY, Q.C.:

2 Q. Whose job was it to ensure that interested

3 parties such as the Canadian Cancer Society,

4 Mr. Dawe, was informed, whose job is that?

5 MS. BONNELL:

6 A. It would have been the job of other people.

7 COFFEY, Q.C.:

8 Q. Who is that?

9 MS. BONNELL:

10 A. Identified in the strategy, that's a non-

11 existent strategy.

12 COFFEY, Q.C.:

13 Q. So it -

14 MS. BONNELL:

15 A. It could have been anybody. If the strategy

16 had existed, it may say Canadian Cancer

17 Society is a stakeholder, the best person to

18 do that information may have been Sharon

19 Smith, Kara Laing, Pat Pilgrim.

20 COFFEY, Q.C.:

21 Q. Bob Williams, whomever?

22 MS. BONNELL:

23 A. Potentially, yes.

24 COFFEY, Q.C.:

25 Q. Yes. So in terms of this, then, looking back

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1 on it from your perspective, that's one thing

2 that with hindsight you have done?

3 MS. BONNELL:

4 A. Absolutely.

5 COFFEY, Q.C.:

6 Q. If we could, please, Exhibit P-0625? Ma'am,

7 this is an e-mail, some e-mails of October

8 6th, 2005. Actually, beginning October 5 with

9 that general one telling people it's important

10 to, you know, internally to direct the phone

11 calls correctly. And then you wrote to Nancy

12 Parsons and Heather Predham at 9:43 a. m. on

13 the 6th, "For your information. Have you got

14 the information on Clarenville you need?" And

15 then Ms. Predham says to you, "I am here with

16 Nancy waiting for a conference call and we're

17 wondering what this cryptic message means."

18 And then you do say, you do come back and

19 apologize for being cryptic. And then you say

20 that you were being contacted by Ms. Coish-

21 Snow from Clarenville and she was inquiring

22 about where the--where inquiries out in

23 Clarenville should be directed. Then you

24 conclude by saying, "In essence, Clarenville

25 has sent all of its results to Mount Sinai

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1 since 1998." You say "(I think would need to

2 verify, although I thought you guys would know

3 this better than I). However, patients prior

4 to this change were tested in St. John's. If

5 this is not something you are aware of,

6 perhaps you could contact--can contact Dr.

7 Williams or Dr. Cook for clarification." Ms.

8 Bonnell, was this the first you'd heard of the

9 issue involving Clarenville?

10 MS. BONNELL:

11 A. Yes.

12 COFFEY, Q.C.:

13 Q. So despite the meetings, the various detailed

14 meetings you had attended, no one had

15 identified Clarenville as being a different

16 case that you could recall?

17 MS. BONNELL:

18 A. No.

19 COMMISSIONER:

20 Q. Wherever you can find a space.

21 COFFEY, Q.C.:

22 Q. Thank you, Commissioner.

23 COMMISSIONER:

24 Q. We'll take a break.

25 COFFEY, Q.C.:

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1 Q. Ma'am, if we could, just before we leave it,

2 Exhibit P-0626. Now, ma'am, in terms of Dr.

3 Williams' letter, okay, this is an e-mail from

4 Lynn Barter, 11:05 a.m. to yourself, a letter

5 from Dr. Williams re screening. Now she there

6 refers to it as screening. "Now posted to our

7 website and will go to all members in an E

8 update later today."

9 MS. BONNELL:

10 A. So it was, in fact, sent.

11 COFFEY, Q.C.:

12 Q. So it was, in fact, sent out. And you then

13 forwarded that, the fact that Ms. Barter had

14 done so, or was advising you so, you sent it

15 on that morning. If we could, just one other

16 exhibit before we break, Exhibit P-0090,

17 please? Ma-am, this is an e-mail from Joan

18 Dawe to yourself October 6th, 2005 at 3:17

19 p.m. And she writes, "Many thanks. I hope

20 not to have to use this info., however, it is

21 better to be prepared." I take it this was

22 the response if it was raised at the board

23 meeting that you had provided to her and she

24 was advising you that--well, in the way she

25 does, "I hope not to have to use this info".

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1 If we could break, please, Commissioner.
 2 Thank you.
 3 THE COMMISSIONER:
 4 Q. Fine then, 15 minute break.
 5 (RECESS)
 6 THE COMMISSIONER:
 7 Q. Please be seated. Mr. Coffey?
 8 COFFEY, Q.C.:
 9 Q. Registrar, please, exhibit P-0642. This is an
 10 e-mail of October 14, 2005 from Deborah Thomas
 11 to Dr. Williams and Denise Dunn and it is
 12 forwarding "Eastern Health retest breast
 13 cancer samples story by Caroline Stokes". And
 14 Ms. Pennell writes, I'm sorry, Ms. Thomas
 15 writes, "the reporter should of have said the
 16 technology is more 'sensitive' instead of
 17 accurate. We can't put every word in their
 18 mouths, unfortunately". Now, Ms. Thomas was
 19 writing for you at the time, working for you
 20 at the time?
 21 MS. BONNELL:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. Were you aware that, from her perspective, I
 25 gather, that was the approach?

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1 MS. BONNELL:
 2 A. What -
 3 COFFEY, Q.C.:
 4 Q. To put every word in their mouths.
 5 MS. BONNELL:
 6 A. Oh my goodness, no, Mr. Coffey, that was
 7 never--that's just her phrasing there.
 8 COFFEY, Q.C.:
 9 Q. Okay.
 10 MS. BONNELL:
 11 A. No, we can't put any words in reports mouth,
 12 not even one.
 13 COFFEY, Q.C.:
 14 Q. If we could, please, Exhibit P-0308. It's an
 15 e-mail of October 18, 2005 from Heather
 16 Predham to Dr. Laing, Patrician Pilgrim, Dr.
 17 Williams and yourself. The subject is "a
 18 patient letter" and it says, "Hi. I've
 19 attached the draft letter with the suggested
 20 changes" and she talks about St. Pierre and
 21 certain things. "We need the following" and
 22 the third bullet is "will we send this letter
 23 out by via registered mail through one central
 24 area such as QSI and we can then monitor the
 25 undeliverable mail? And I guess we also have

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1 to remember that we will get a negative
 2 reaction from the letters, everything from
 3 timing of sending people with no information
 4 and, of course, we will send some
 5 unintentionally to people who have died. I
 6 guess we should compare the mailing list to
 7 the obituaries to ensure we don't send letters
 8 to the recently deceased. Finally, I think we
 9 should be aware that we will not be able to
 10 notify everyone, several on the list have
 11 moved and we have no other contact
 12 information. I'm going to send this on to Dan
 13 Boone as well. I'm not sure how HIROC will
 14 feel about notifying people at this point in
 15 time and whether the media attention will make
 16 any difference. Let me know what changes you
 17 want made. Signed, Heather".
 18 I take it that the idea then of sending a
 19 letter directly to the patients to notify them
 20 that they were being retested had surfaced
 21 again.
 22 MS. BONNELL:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Do you recall where the impetus for this had

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1 come from at this point?
 2 MS. BONNELL:
 3 A. No, I don't.
 4 COFFEY, Q.C.:
 5 Q. And the reference to registered mail, I take
 6 it, had your views in terms of using
 7 registered mail, if you're going to use a
 8 letter at all, had that changed?
 9 MS. BONNELL:
 10 A. No.
 11 COFFEY, Q.C.:
 12 Q. You were still of the view if you're going to
 13 send a letter, registered let's us keep track
 14 of it.
 15 MS. BONNELL:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Now, that was--I'm sorry, that was October 18,
 19 I believe, it is October 18, yes, at 1:12
 20 p.m., same day, exhibit P-0354 please. This
 21 an e-mail from yourself to Deborah Thomas on
 22 the same day, 1:59 p.m., "send the thing to
 23 Dr. W. and also George and maybe Heather P.,
 24 should also call Denise to let her know it's
 25 coming. I'll send this other stuff to him

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1 under separate cover". And below that there's
 2 an e-mail from Ms. Thomas to yourself, Ms.
 3 Bonnell. The subject is "ad scenarios" and I
 4 take it this was considering the pros and cons
 5 of different types of advertisements?
 6 MS. BONNELL:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. Electronically, electronic or print format.
 10 MS. BONNELL:
 11 A. Print, that's right.
 12 COFFEY, Q.C.:
 13 Q. So, by this point in time, in mid October,
 14 thought was being given to actually going with
 15 an advertisement.
 16 MS. BONNELL:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. Why was that? Where did the impetus for that
 20 come from?
 21 MS. BONNELL:
 22 A. From all the things that you've just alluded
 23 to in the last hour that some of the messages
 24 weren't clearly being reached and that we
 25 would want to promote the ability of

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1 individuals to call the patient relations
 2 office.
 3 COFFEY, Q.C.:
 4 Q. I take it simultaneously looked--the e-mail we
 5 just looked at a minute ago, as well, the idea
 6 of sending a letter to, even a registered
 7 letter perhaps to individual patients was also
 8 being considered.
 9 MS. BONNELL:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. If we could, please, Exhibit P-0358, page two.
 13 This is an e-mail from Mr. Tilley, the same
 14 day at 2:21 p.m. to Ms. Thomas saying
 15 "Deborah, I favour scenario two as well". And
 16 he asks, "have we kept the department in the
 17 loop on the plan? Signed George". I take it
 18 that that was in relation to the idea of
 19 keeping the Department of Health in the loop -
 20 MS. BONNELL:
 21 A. On the advertising.
 22 COFFEY, Q.C.:
 23 Q. And had they been kept -
 24 MS. BONNELL:
 25 A. I don't think so, not at this point, but

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1 following this, I think they were notified
 2 that we were looking at advertising. In fact,
 3 I think there are some e-mails there with some
 4 suggestions from them and it changed the way
 5 that we did our advertising, if I recall
 6 correctly. Because we were initially looking
 7 at using just the Telegram--there was a series
 8 of print, if you call up the thing, you can
 9 see--and there was--I was very much in favour
 10 of doing some television advertising.
 11 COFFEY, Q.C.:
 12 Q. Yes.
 13 MS. BONNELL:
 14 A. And after consulting with the Department, they
 15 indicated to us that they really felt that
 16 they made great use of the transcontinental
 17 papers, all the smaller provincial papers and
 18 really felt that that was a good idea. And I
 19 guess when we looked at it, we agreed that
 20 that was a valuable thing to do. But to do
 21 that, something had to give from a financial
 22 perspective. So, which option was finally
 23 chosen, do you recall?
 24 MS. BONNELL:
 25 A. We did--would it be possible, I wonder, to look

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1 at that -
 2 COFFEY, Q.C.:
 3 Q. Oh yes, ma'am, no problem at all, ma'am.
 4 There is a whole series of them actually.
 5 MS. BONNELL:
 6 A. Okay, any one of them. It's the same thing
 7 over and over, I think, isn't it?
 8 COFFEY, Q.C.:
 9 Q. Well, let me just see if I can get the last of
 10 them and perhaps will have the other rolled up
 11 in it. All right, I'm not sure if we have
 12 here the exchanges with the department, at
 13 least, I don't think I have them right--I'm
 14 not saying they're not there, but I don't
 15 think I have them right in front of me.
 16 MS. BONNELL:
 17 A. It's the actual scenarios that I was wondering
 18 if we -
 19 COFFEY, Q.C.:
 20 Q. Oh, okay, sorry, yes.
 21 MS. BONNELL:
 22 A. - could look at, not the e-mails.
 23 COFFEY, Q.C.:
 24 Q. Exhibit P-0354, page two, please, would that
 25 help? P-0354, I'm sorry.

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1 MS. BONNELL:
 2 A. Here we go. So, the second scenario that we
 3 were considering was "The Telegram", "The
 4 Western Star", "The Sunday Independent" and
 5 then NTV and we dropped NTV and went with the
 6 Transcontinental papers province wide which
 7 was, you see them listed up above, 9959 -
 8 COFFEY, Q.C.:
 9 Q. Yes.
 10 MS. BONNELL:
 11 A. - to do that.
 12 COFFEY, Q.C.:
 13 Q. So, you -
 14 MS. BONNELL:
 15 A. I believe that's what we did and I'm not sure
 16 if we did all province wide or not or if it
 17 was limited to the ones, the certain bigger
 18 ones, but we did do all the transcontinental
 19 papers, there's four within the Eastern Health
 20 region and I think we did a Labrador one and -
 21 COFFEY, Q.C.:
 22 Q. In fact, we have an e-mail where you actually
 23 set that out, okay.
 24 MS. BONNELL:
 25 A. Okay.

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1 COFFEY, Q.C.:
 2 Q. So, you were dealing with the senior people
 3 within your own department. When Mr. Tilley
 4 asked about the department, you did contact
 5 the Department of Health?
 6 MS. BONNELL:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. They had some input?
 10 MS. BONNELL:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. From your perspective, a helpful suggestion.
 14 MS. BONNELL:
 15 A. Um-hm.
 16 COFFEY, Q.C.:
 17 Q. And then it was a combination of what you, in
 18 scenario two, and a substitute for -
 19 MS. BONNELL:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. - the NTV news, the electronic, you went with
 23 the transcontinental -
 24 MS. BONNELL:
 25 A. The decision was made to go away from the

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1 television, radio and to concentrate on all
 2 the papers.
 3 COFFEY, Q.C.:
 4 Q. Okay. If we could, please, Exhibit P-0092.
 5 Now, this is--begins with an e-mail, the
 6 exhibit does, of October 19, 05 8:28 a.m. from
 7 Ms. Predham to Ms. Pilgrim, Dr. Williams and
 8 yourself regarding the patient letter and she
 9 says, "Hi, here's Dan's view on the feedback.
 10 Signed, Heather". And then there's an e-mail
 11 from Mr. Boone of October 18, 2005 at 2:05
 12 p.m. and the Commissioner has seen this
 13 before. Have you had a chance to review this
 14 before coming here today?
 15 MS. BONNELL:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Okay. And I think he summarizes it in the
 19 first sentence, he says "my initial reaction
 20 is I do not agree with sending this letter at
 21 this time" and he goes on about why. What do
 22 you recall about this?
 23 MS. BONNELL:
 24 A. I recall disagreeing with this.
 25 COFFEY, Q.C.:

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1 Q. Yes. And, in fact, you, I believe, even typed
 2 out an e-mail saying "I disagree".
 3 MS. BONNELL:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. And what happened with respect to that? First
 7 of all, why did you disagree with Mr. Boone
 8 and what happened?
 9 MS. BONNELL:
 10 A. I just disagreed that a letter was going to,
 11 in any way, expose us to liability which
 12 didn't exist at that point, but I'm not a
 13 lawyer either, so I don't understand the
 14 intricacies of the law and I just thought that
 15 in the interest of better communications with
 16 the patients that a letter was advisable.
 17 COFFEY, Q.C.:
 18 Q. And did you express that to anyone?
 19 MS. BONNELL:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. Do you recall who you told?
 23 MS. BONNELL:
 24 A. I certainly told Ms. Predham and I believe I
 25 also indicated that to the executive through

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1 Mr. Tilley and Dr. Williams.
 2 COFFEY, Q.C.:
 3 Q. And whose view prevailed, yours or Mr.
 4 Boone's?
 5 MS. BONNELL:
 6 A. Put it that way, it was Mr. Boone's.
 7 COFFEY, Q.C.:
 8 Q. The letter didn't get sent?
 9 MS. BONNELL:
 10 A. The letter did not get sent.
 11 COFFEY, Q.C.:
 12 Q. Anyone ever explain to you other than what Mr.
 13 Boone has written here as to why they did not
 14 send a letter at that time?
 15 MS. BONNELL:
 16 A. No.
 17 COFFEY, Q.C.:
 18 Q. No. So the only reason for not sending it
 19 that you are made aware of was the one spelled
 20 out by Mr. Boone here?
 21 MS. BONNELL:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. Exhibit P-0653, please. I think this is an e-
 25 mail from yourself of October 19th 2005, 2:42

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1 p.m., to people, I take it, within--who are
 2 Ms. Dower, Ms. Power and -
 3 MS. BONNELL:
 4 A. Ms. Simmons, Staeven Simmons actually.
 5 They're my colleagues across the province.
 6 They're the directors of communications for
 7 Labrador, Central and Western.
 8 COFFEY, Q.C.:
 9 Q. And you were giving them a heads up as to the
 10 fact that Eastern was going to be placing
 11 adverts in The Telegram, Western Star, Sunday
 12 Independent, and all the Transcontinental
 13 papers, as you describe?
 14 MS. BONNELL:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. This is the option that was finally decided
 18 upon, I take it?
 19 MS. BONNELL:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. You also go on to say "additionally, all
 23 patients who are being retested are going to
 24 be called by one of our Eastern Health's QI
 25 nurses"?

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1 MS. BONNELL:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. You believe that Heather Predham would be
 5 coordinating this effort, and Dr. Williams
 6 would be in touch with their VPs. So you end
 7 by saying "I just wanted to make sure that you
 8 guys are in the loop." Before this, had you
 9 had any communication with your counterparts?
 10 MS. BONNELL:
 11 A. I certainly had had communication with my
 12 counterparts. There was no formal
 13 communications, but we had certainly been in
 14 contact on this issue prior to this.
 15 COFFEY, Q.C.:
 16 Q. From a communications perspective, who, if
 17 anyone, which organization, if any, was taking
 18 the lead? Was that ever discussed?
 19 MS. BONNELL:
 20 A. From a communications perspective?
 21 COFFEY, Q.C.:
 22 Q. Yes.
 23 MS. BONNELL:
 24 A. Was it ever discussed? No, I think it was
 25 assumed that we were taking the lead.

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1 COFFEY, Q.C.:
 2 Q. And because the reference here to "all
 3 patients who are being retested are going to
 4 be called by one of our," which would be
 5 Eastern Health's QI?
 6 MS. BONNELL:
 7 A. Um-hm.
 8 COFFEY, Q.C.:
 9 Q. Which would be Eastern Health would be calling
 10 Western's patients?
 11 MS. BONNELL:
 12 A. Um-hm.
 13 COFFEY, Q.C.:
 14 Q. And do you recall any discussion about that or
 15 was it just decided and communicated?
 16 MS. BONNELL:
 17 A. I'm not the right person to ask about the
 18 coordination of that effort.
 19 COFFEY, Q.C.:
 20 Q. Sure, ma'am. If we could, please, Exhibit P-
 21 0093? This is an e-mail from Mr. Tilley to, I
 22 take it, the Board of the Health Care
 23 Corporation of October 20th 2005, 9:29 a.m.
 24 Does that look like the Board?
 25 MS. BONNELL:

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1 A. Yes.
 2 COFFEY, Q.C.:
 3 Q. Okay. With respect to this, he attaches a
 4 transcript of a CBC National newscast and
 5 concludes by saying "in the meantime, since we
 6 are having limited success in getting all of
 7 our key messages covered by the media, this
 8 weekend, we will be taking our newsprint ads
 9 to--taking out," it should be, "newsprint ads
 10 to review where we are with this. As well,
 11 today we will start calling all patients who
 12 are being retested to advise them of when the
 13 results can be expected. We are hoping we can
 14 conclude that next week."
 15 Ms. Bonnell, from your perspective, as
 16 communications director with Eastern Health,
 17 what was the problem, from your perspective,
 18 if any, with the key messages not being
 19 covered?
 20 MS. BONNELL:
 21 A. I'd have to go back and look at each one and
 22 compare them to the news stories, but I do
 23 recall feeling that some of the messages that
 24 we wanted to convey weren't being conveyed in
 25 the news stories, and so we felt it was

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1 important to take out advertisement to make
 2 sure that some of those things were being--
 3 that they were there. That people could read
 4 them.
 5 COFFEY, Q.C.:
 6 Q. So have any recollection of what it was that
 7 was not getting through?
 8 MS. BONNELL:
 9 A. No, but if you look at the ads that were
 10 placed at that time, those were the key
 11 messages that we wanted to ensure the public
 12 had received.
 13 COFFEY, Q.C.:
 14 Q. I take it your sense that the public was not
 15 receiving them was based upon the media
 16 coverage?
 17 MS. BONNELL:
 18 A. No, not entirely.
 19 COFFEY, Q.C.:
 20 Q. Okay.
 21 MS. BONNELL:
 22 A. You know, it was based on observing the media
 23 coverage, but also because we were being
 24 contacted as well.
 25 COFFEY, Q.C.:

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1 Q. Okay. The calls -
 2 MS. BONNELL:
 3 A. Sure.
 4 COFFEY, Q.C.:
 5 Q. - that you were getting and the questions
 6 being raised in the calls?
 7 MS. BONNELL:
 8 A. Yeah.
 9 COFFEY, Q.C.:
 10 Q. Okay.
 11 MS. BONNELL:
 12 A. That's not an unusual evolution that you
 13 would--this is the strategy. Is the strategy
 14 working? There are things that aren't working
 15 about it. Let's move to another approach.
 16 COFFEY, Q.C.:
 17 Q. Let's adjust.
 18 MS. BONNELL:
 19 A. Right.
 20 COFFEY, Q.C.:
 21 Q. Exhibit P-0361, please. Now this is an e-mail
 22 from yourself, October 20th, to Joan Dawe and
 23 George Tilley, a copy to Dr. Williams. The
 24 subject is CBC tomorrow, Radio Noon call-in
 25 show, and you note "Anne Kearney will be

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1 appearing on Crosstalk this afternoon. She
 2 has been assured by Anne Budgell that the
 3 focus will be her breast cancer research and
 4 breast screen, not ER and PR. We have
 5 prepared a few messages in the event that she
 6 gets calls regarding this issue. She will not
 7 be speaking as a spokesperson for the
 8 organization. Also, she will be talking with
 9 Peter, they are driving to the studio
 10 together, about her design to stay away from
 11 this issue. We talked about the possibility
 12 of pulling out of the interview, but I feel
 13 that if we do that, Peter and Anne Budgell
 14 will have no motivation to stay away from the
 15 issue. I think it's better that Anne Kearney
 16 is there redirecting the topic back to breast
 17 screening."
 18 And you had earlier said, in an e-mail at
 19 9:17 that morning to Ms. Dawe and George
 20 Tilley under the same topic, "Ms. Dawe: we are
 21 dealing with this now. If this is about ER and
 22 PR, Anne will not be going."
 23 MS. BONNELL:
 24 A. Right.
 25 COFFEY, Q.C.:

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1 Q. "I'll send you an update." So -
 2 MS. BONNELL:
 3 A. This was an important opportunity that Anne
 4 Kearney was eager to be part of, to talk about
 5 breast screening and breast cancer research.
 6 COFFEY, Q.C.:
 7 Q. Yes.
 8 MS. BONNELL:
 9 A. And it had been pre-arranged and she was
 10 unwilling to go there if the issue was going
 11 to become ER/PR, which is--that's fair. She's
 12 not a spokesperson on it and in no way related
 13 to the issue. But we understood that, you
 14 know, neither Mr. Dawe nor Ms. Budgell wanted
 15 to talk about ER/PR, that their focus was on
 16 breast screening. This was an important topic
 17 that they wanted to discuss and so after some
 18 to and fro, Anne continued to be in agreement
 19 on doing it, and she has a good working
 20 relationship, I understand, with Mr. Dawe and
 21 they talked that through.
 22 COFFEY, Q.C.:
 23 Q. With respect to that, you do though end by
 24 saying, in the 11:50 a.m. e-mail that "they'll
 25 have no motivation if Anne doesn't show up to

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1 stay away from the ER/PR issue."
 2 MS. BONNELL:
 3 A. Right.
 4 COFFEY, Q.C.:
 5 Q. So I take it, it was not, from your
 6 perspective, desirable to have that talked
 7 about?
 8 MS. BONNELL:
 9 A. No, that's not what I'm saying.
 10 COFFEY, Q.C.:
 11 Q. Okay.
 12 MS. BONNELL:
 13 A. What I'm saying is that if Mr. Dawe and Ms.
 14 Budgell were there on their own and calls were
 15 coming in about ER/PR, they'd have no reason
 16 to stay away from the issue. Whereas with Ms.
 17 Kearney there talking about breast cancer
 18 screening, that the topic would likely stay on
 19 breast cancer screening where all parties
 20 wanted it to stay. I'm not saying I don't
 21 think it's appropriate for us to be talking
 22 about ER/PR. In fact, had Ms. Budgell asked
 23 for Dr. Williams to do a piece on that, we
 24 might very well have considered that.
 25 COFFEY, Q.C.:

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1 Q. If we could, Exhibit P-0363?
 2 MS. BONNELL:
 3 A. Really, that particular e-mail, although the
 4 timing, it's sort of unrelated to the issue,
 5 in a sense.
 6 COFFEY, Q.C.:
 7 Q. This is an e-mail from Mr. Dawe to yourself,
 8 copied to Mr. Tilley and Dr. Williams.
 9 Subject is "media coverage." He says "Good
 10 day, Susan" and he speaks about "an interview
 11 that ran on the National last night" involving
 12 himself, having been taped Monday morning.
 13 MS. BONNELL:
 14 A. Unfortunately, I didn't receive this e-mail.
 15 COFFEY, Q.C.:
 16 Q. And was that your e-mail address?
 17 MS. BONNELL:
 18 A. No, if you look at the e-mail line, it's the
 19 wrong spelling of my name.
 20 COFFEY, Q.C.:
 21 Q. Okay, so it didn't come to you.
 22 MS. BONNELL:
 23 A. It didn't come to me and Mr. Tilley responded
 24 to it before I had an opportunity to clarify
 25 with Mr. Dawe, and so I didn't bother to,

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1 because George had e-mailed him.
 2 COFFEY, Q.C.:
 3 Q. And if we could, please, Exhibit P-0658? This
 4 is an e-mail from Sheena Goodyear, Friday,
 5 October 21st, 2005, 1:20 p.m., to Dr.
 6 Williams. Subject is The Muse, breast cancer.
 7 She says "I'm from MUN student newspaper and
 8 I'm wondering if we could talk about the
 9 problems with the breast cancer hormone
 10 receptor tests" and there's some handwriting
 11 there. Whose handwriting is that?
 12 MS. BONNELL:
 13 A. I don't know. Can you scroll it?
 14 COFFEY, Q.C.:
 15 Q. Sure.
 16 MS. BONNELL:
 17 A. I've never seen this before.
 18 COFFEY, Q.C.:
 19 Q. Okay. It says, best I can see, "Deborah said
 20 she wants to do an interview with you.
 21 Inclined to say no. Kind of nervous letting
 22 student do something, not professional
 23 journalists. Her deadline is Tuesday.
 24 Deborah said she'll talk to you Monday." Do
 25 you recall whether or not Deborah Thomas ever

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1 raised this with you?
 2 MS. BONNELL:
 3 A. No, I don't recognize that handwriting.
 4 COFFEY, Q.C.:
 5 Q. No, and the handwriting, I appreciate that,
 6 but the Deborah -
 7 MS. BONNELL:
 8 A. That's probably my Deborah, yes.
 9 COFFEY, Q.C.:
 10 Q. Yes, that's why I'm asking, okay.
 11 MS. BONNELL:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. Now in relation to that, were you aware of
 15 whether or not, in fact, information was
 16 provided to The Muse?
 17 MS. BONNELL:
 18 A. I'm not, unless it's in the record.
 19 COFFEY, Q.C.:
 20 Q. I won't refer you to it, but Commissioner, for
 21 your own benefit, it's P-0665, and there is, I
 22 gather, a response in writing to certain
 23 written questions and written answers. So you
 24 weren't aware of that, so I'll pass over that.
 25 Exhibit P-0385, please. This is an e-mail

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1 from Deborah Thomas, October 26th 2005, to a
 2 number of individuals at Eastern Health. Out
 3 of the Fog interview, and she says "Hi, Dr.
 4 Williams is tentatively scheduled to do a one-
 5 on-one interview with Out of the Fog at Dr.
 6 Williams' office at 12:15 p.m.-ish tomorrow.
 7 They'll bring the camera to him and will do a
 8 similar interview that he has already done
 9 with NTV and CBC, etcetera. Dr. Williams will
 10 NOT," in caps, "be going to the studio and
 11 sitting down with" there's a person, I gather
 12 is a patient.
 13 MS. BONNELL:
 14 A. I believe it was a patient, yes.
 15 COFFEY, Q.C.:
 16 Q. "and Peter Dawe. The producer is going to
 17 confirm the time with me later today or in the
 18 a.m., but that is 99 percent certain as of
 19 now," signed Deborah. Now were you aware of
 20 this?
 21 MS. BONNELL:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. And what was the concern about Dr. Williams
 25 sitting down with the patient and Peter Dawe?

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1 MS. BONNELL:
 2 A. Well, sitting down with a patient, I could see
 3 there would be some concerns there. Sitting
 4 with Peter Dawe wouldn't be a concern per se,
 5 but -
 6 COFFEY, Q.C.:
 7 Q. Why the patient? If the patient was willing
 8 to be interviewed, what would the concern be?
 9 MS. BONNELL:
 10 A. Well, I don't recall the specifics, but to sit
 11 down with a patient and talk about a patient
 12 issue with a physician being there, there may
 13 have been concerns about it going into issues
 14 of individual care and patient--you know, Dr.
 15 Williams finding himself in a position of
 16 having to discuss this patient's individual
 17 care with that person in an on-air way. It's
 18 not prudent, but I mean, the not looks very
 19 dramatic there, but I don't think it was just--
 20 I mean, he agreed to do an interview and he
 21 went in and he did an interview. He just
 22 didn't do it sitting down in a one-on-one or
 23 in a format like that.
 24 COFFEY, Q.C.:
 25 Q. Exhibit P-808.

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1 MS. BONNELL:
 2 A. You have to consider the comfort level of an
 3 individual too. He's willing to do the
 4 interview, but not to be on a panel.
 5 COFFEY, Q.C.:
 6 Q. I'm sorry, the comfort level of Dr. Williams
 7 in this context?
 8 MS. BONNELL:
 9 A. Sure.
 10 COFFEY, Q.C.:
 11 Q. Okay.
 12 THE COMMISSIONER:
 13 Q. That number again, please, Mr. Coffey?
 14 COFFEY, Q.C.:
 15 Q. P-808, I apologize, Commissioner. Now this is
 16 an e-mail of October 31st, 2005 from Tansy
 17 Mundon to senior people in the--well, she
 18 copies it to senior people in the Department
 19 of Health, but sends it to Deborah Thomas and
 20 yourself, and the subject is "Open Line breast
 21 cancer screening" and there's an attachment
 22 entitled "Open Line breast cancer screening,"
 23 but she writes in this, and she says this is--
 24 it has the flag high priority, and it says
 25 "Susan, Deborah: please see attached e-mail

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1 regarding a caller on Open Line regarding
 2 ER/PR testing. The host is asking other women
 3 to call in, so we should keep an eye on this.
 4 Thanks, Tansy."
 5 If you look at page two of this, the
 6 attachment is from Doris Walsh in the
 7 Government of Newfoundland and Labrador to a
 8 number of individuals, including Carolyn
 9 Chaplin, Josephine Cheeseman, and others, and
 10 it's copied to Tansy Mundon, amongst others,
 11 and it says "Mercedes, breast cancer
 12 screening, don't know at this point if it was
 13 human error or machine. Mentioned Dr.
 14 Williams appearance on Out of the Fog. Is one
 15 of the people who tested negative back in
 16 February and is still waiting to hear about
 17 the retesting. Has an aggressive cancer and
 18 needs those results. Who audited the labs to
 19 check on the standards? Worried that she did
 20 not get the proper treatment. Should probably
 21 be on Tamoxifen. Surprised that more women
 22 are not calling in. Host asks other women to
 23 call in."
 24 Now, the e-mail from Tansy Mundon to
 25 yourself and Deborah suggesting that--in

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1 relation to the Open Line caller, a transcript
 2 in fact of the Open Line caller's, apparently,
 3 comments and the host's comments. How
 4 frequently, in your career, did you get heads
 5 up from Carolyn Chaplin or Tansy Mundon to
 6 keep an eye on Open Line callers?
 7 MS. BONNELL:
 8 A. Not very frequently. I don't ever recall it
 9 really, before this point. This issue, there
 10 were many things about this period of time.
 11 There was a changing--you know, we talked
 12 about the changing nature of the relationship,
 13 but I'd be surprised if I ever got that kind
 14 of an e-mail.
 15 COFFEY, Q.C.:
 16 Q. Before this?
 17 MS. BONNELL:
 18 A. Before this point, yes.
 19 COFFEY, Q.C.:
 20 Q. Certainly you get this one now, or at that
 21 point in time. Having received it, what did
 22 you--from your perspective, what were you
 23 supposed to do about it?
 24 MS. BONNELL:
 25 A. We didn't do anything differently than we

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1 always do. We always monitor all the media,
 2 anyway.
 3 COFFEY, Q.C.:
 4 Q. Including the open line?
 5 MS. BONNELL:
 6 A. Sure.
 7 COFFEY, Q.C.:
 8 Q. So would you have, having gotten an e-mail
 9 that morning, would you have turned it on?
 10 MS. BONNELL:
 11 A. I could have been in Burin, I don't know. I
 12 can't see myself, all of us rushing to the
 13 radio and sitting and listening to it, no, we
 14 would have monitored transcripts.
 15 COFFEY, Q.C.:
 16 Q. In terms of keeping an eye on it, well, other
 17 than listening to it, what, if anything else
 18 from your perspective were you expected to do
 19 about it?
 20 MS. BONNELL:
 21 A. I don't know, sir. You'd have to ask Ms.
 22 Mundon.
 23 COFFEY, Q.C.:
 24 Q. And I appreciate that, and either myself or
 25 Ms. Chaytor will be doing that. But in your

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1 case, I'm asking you, as the director at
 2 Eastern Health, as the recipient of it, and
 3 you say probably for the first time, did you
 4 interpret it as get ready to do a media story
 5 or a media response or anything like that or -
 6 MS. BONNELL:
 7 A. No, I didn't interpret it that way.
 8 COFFEY, Q.C.:
 9 Q. And if we could, please, Exhibit P-0671? This
 10 is an e-mail of the same day at 12:26 p.m.
 11 from Deborah Thomas, she send it to yourself,
 12 Mr. Tilley, Dr. Williams and Heather Predham.
 13 MS. BONNELL:
 14 A. Clearly wasn't in the office that day.
 15 COFFEY, Q.C.:
 16 Q. And this is, I take it, to, forwarding the
 17 same, the same text. Now, the reference to
 18 "They aren't sure if this is machine error or
 19 human error," this is late October, 2005. I
 20 take it by that point in time you, yourself,
 21 at least, had reached the view that it wasn't
 22 machine error in this context? It wasn't
 23 attributable to the machinery?
 24 MS. BONNELL:

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1 A. Well, wasn't attributable to the change from
 2 one technology -
 3 COFFEY, Q.C.:
 4 Q. Yes, that's what I'm, yes.
 5 MS. BONNELL:
 6 A. - to another. But in terms of whether it was
 7 attributable to machine error, I mean, there's
 8 a system involved in the way that the test was
 9 done. I'm just concerned when you keep saying
 10 you were aware, you know, that we did believe
 11 it was--there were methodology issues that
 12 were at play and that the system that's used
 13 to extract, boil, all those sorts of things
 14 may have been impactful, so -
 15 COFFEY, Q.C.:
 16 Q. I take it you understood that if the DAKO was
 17 used properly, that it worked, that the
 18 proceed would work, that was your
 19 understanding, rightly or wrong?
 20 MS. BONNELL:
 21 A. Yes, I believe so, yes, yes.
 22 COFFEY, Q.C.:
 23 Q. Yes. And if the Ventana was used properly,
 24 that the test result, as much as was, as is
 25 physically possible would work?

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1 MS. BONNELL:
 2 A. I believe I was aware of that at that point in
 3 time. You know, my understanding has been
 4 very limited from a technical perspective all
 5 along. And I learned, the most I learned
 6 about all of this was in preparation for the
 7 media briefing in December. I mean, I learned
 8 the most I learned sitting in on media--a
 9 medical briefing that was done for medical
 10 staff in late November. I learned a lot that
 11 day that I wasn't aware of prior to that.
 12 COFFEY, Q.C.:
 13 Q. If we could, please, Exhibit P-0388? This is
 14 an e-mail from Mr. Tilley, November 17th,
 15 2005, 5:41 p.m. to yourself and Ms. Predham.
 16 He writes, "Dr. Williams and I met with the
 17 minister this afternoon to bring him the
 18 latest information on ER/PR issue. Thanks,
 19 Heather, for the information that you
 20 prepared. The minister's communications
 21 director will be e-mailing a few questions to
 22 Susan that they would like for us to put
 23 responses to by the end of the day tomorrow in
 24 anticipation of the house opening tomorrow.
 25 We will undoubtedly need everyone's help in

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1 ensuring key messages are getting across." So
 2 having perceived that, if we could look then,
 3 please, at Exhibit P-0153? This is an e-mail
 4 of early the next morning, 9:13 a.m. November
 5 18th from Tansy Mundon to both Ms. Thomas and
 6 yourself, "ER/PR Questions." And she says, "I
 7 attach the following questions that the
 8 minister would like answered in advance of the
 9 House of Assembly opening on Monday if that's
 10 possible." The second page had got a list of
 11 ER/PR questions. Had you ever been asked
 12 before this to actually respond to such
 13 questions?
 14 MS. BONNELL:
 15 A. No.
 16 COFFEY, Q.C.:
 17 Q. Were you ever subsequently asked to do so,
 18 that you can recall?
 19 MS. BONNELL:
 20 A. I don't recall being asked subsequently in
 21 this sort of a way. I have certainly since
 22 been party to providing information via an
 23 issues note or briefing note or something like
 24 that on other issues outside of ER/PR, but in
 25 terms of ER/PR, no.

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1 COFFEY, Q.C.:
 2 Q. And if we could, please, Exhibit P-0154? It's
 3 an e-mail from Deborah Thomas on November 21,
 4 '05, 9:21 a.m. to Tansy Mundon and copied to
 5 yourself. The subject is "ER/PR Questions"
 6 and the attachments are "Questions." It's
 7 labelled "Questions" but when we look at the
 8 actual attachment, there are the questions and
 9 the answers are in bold. Were you involved in
 10 preparing the answers?
 11 MS. BONNELL:
 12 A. I don't remember being involved. That's not
 13 to say that I wasn't, but I don't remember
 14 being involved. A lot of this information
 15 would have come from, would have come from the
 16 quality department. I just, this particular
 17 issue has slipped my mind. I don't remember
 18 being involved.
 19 COFFEY, Q.C.:
 20 Q. And I ask that because Deborah Thomas is the
 21 one who forwards it.
 22 MS. BONNELL:
 23 A. Yeah.
 24 COFFEY, Q.C.:
 25 Q. And she works for you.

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1 MS. BONNELL:
 2 A. Yes. It's entirely likely that I was
 3 involved, sir, but I just don't remember
 4 having my hands in it.
 5 COFFEY, Q.C.:
 6 Q. Would you have to have approved of it before
 7 it left?
 8 MS. BONNELL:
 9 A. No.
 10 COFFEY, Q.C.:
 11 Q. Ma'am, at this point, at that point in time
 12 had anyone actually told you what the reason
 13 for the problem was or/and why it had remained
 14 undetected for so long?
 15 MS. BONNELL:
 16 A. No.
 17 COFFEY, Q.C.:
 18 Q. At that point if you'd had--somebody had asked
 19 you, "Susan, look, go find out, will you,
 20 please?" who would you have gone to?
 21 MS. BONNELL:
 22 A. To find out the answer to this question?
 23 COFFEY, Q.C.:
 24 Q. Yes, those two questions, why it remained
 25 undetected for so long and why there was a

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1 problem at all, who would you have gone to?
 2 MS. BONNELL:
 3 A. I mean, those issues were in discussion,
 4 though.
 5 COFFEY, Q.C.:
 6 Q. Yes.
 7 MS. BONNELL:
 8 A. All through this period. I did not believe at
 9 this point in time that there was anybody who
 10 could answer those questions.
 11 COFFEY, Q.C.:
 12 Q. Did you know by this point in time that the
 13 first two external review reports were back or
 14 were in?
 15 MS. BONNELL:
 16 A. No, I don't think I did know they were back.
 17 I knew they were done, but I didn't know--were
 18 they back at this point? I still don't know.
 19 COFFEY, Q.C.:
 20 Q. By that point in the month, probably, yes.
 21 But the persons who would have had that were
 22 Dr. Williams, Heather Predham, Don Cook and
 23 Terry Gulliver?
 24 MS. BONNELL:
 25 A. Right.

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1 COFFEY, Q.C.:
 2 Q. Okay. And if you had to go find out, I take
 3 it, it would have been one of the four of
 4 them?
 5 MS. BONNELL:
 6 A. That's correct.
 7 COFFEY, Q.C.:
 8 Q. Exhibit P-0310, please? Now, in responding to
 9 the questions that the minister's office had
 10 asked, did you understand that the responses
 11 might be used to inform the people of
 12 Newfoundland?
 13 MS. BONNELL:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. This is, I should say, in Labrador, actually.
 17 Exhibit P-0310? This is an e-mail, a series
 18 of e-mails of December 1st, 2005. The bottom
 19 of the page here is from Deborah Thomas 1357
 20 hours that day to Tansy Mundon. She says, "Hi
 21 Tansy, Just for your information, Mark Quinn
 22 is doing a news story on the fact that ER/PR
 23 testing is taking longer than we thought. He
 24 talked to Peter Dawe and cancer survivor," the
 25 name is redacted. "Dr. Williams also did a

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1 quick telephone interview. Basically all he
 2 said is that we are getting the results back
 3 as fast as we can and we have issued a plea to
 4 Mount Sinai that they do what they can to
 5 hurry the procedure along. As soon as we are
 6 getting the results back, we are letting
 7 people know. There's not much more we can
 8 say. Just wanted to keep you in the loop. I
 9 managed to hold him off until today. That way
 10 the issue should be dead again by the time the
 11 house opens again next week." And signed,
 12 "Deborah." I appreciate you're not copied on
 13 this, but were you aware that Ms. Thomas
 14 apparently viewed, at least her role as in
 15 part to be to hold off Mr. Quinn for this
 16 purpose?
 17 MS. BONNELL:
 18 A. No. And I'm not sure that--I know for a fact
 19 that that role was never given to Ms. Thomas
 20 and that I'm not sure, in fact, if--you know,
 21 I've seen this e-mail in preparation for it
 22 today and I went back and looked through the
 23 inquiry and the trans--you know, how it all
 24 transpired and I don't see that we actually
 25 held him off, really.

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1 COFFEY, Q.C.:

2 Q. Well, I'm not saying anyone did, not at all.

3 MS. BONNELL:

4 A. I'm not sure why she said that.

5 COFFEY, Q.C.:

6 Q. It's the viewpoint that I'm asking about.

7 MS. BONNELL:

8 A. I know.

9 COFFEY, Q.C.:

10 Q. Yes.

11 MS. BONNELL:

12 A. It was--it's surprising to me because holding

13 him off until the house closes would be of no

14 benefit to me in any way, shape or form.

15 COFFEY, Q.C.:

16 Q. Exhibit P-0311, please? Page 2. Now this is

17 an e-mail from Tansy Mundon to a number of

18 individuals senior in the Department of

19 Health, but you were also copied on it.

20 MS. BONNELL:

21 A. Um-hm.

22 COFFEY, Q.C.:

23 Q. At 11:39 a.m., and the subject is "Cancer

24 Society says wait for results could have been

25 shorter." And it's an interview between Jeff

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1 Gilhooly and Peter Dawe on the same day,

2 December 5th. I take it, ma'am, that

3 certainly by the beginning of December, 2005

4 you were certainly still aware that this

5 matter was still getting attention in the

6 media?

7 MS. BONNELL:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. And what was--by this point, by the beginning

11 of December what was the Eastern Health's

12 position vis-a-vis dealing with the media?

13 MS. BONNELL:

14 A. There was very little that we could add, as we

15 had said that we were going to wait to talk

16 about it until all the test results came back.

17 COFFEY, Q.C.:

18 Q. When did you first say that?

19 MS. BONNELL:

20 A. So you will find in amongst this, like,

21 starting in this period and just extending for

22 a long period of time we said very little to

23 the media. Occasional things like it's still

24 ongoing, that sort of quote, but really no

25 interviews were done for almost a year.

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1 COFFEY, Q.C.:

2 Q. Why was that?

3 MS. BONNELL:

4 A. Various reasons.

5 COFFEY, Q.C.:

6 Q. In the beginning why was -

7 MS. BONNELL:

8 A. In the beginning because we were waiting for

9 the results to come back.

10 COFFEY, Q.C.:

11 Q. That was the explanation given to the media?

12 MS. BONNELL:

13 A. Yeah.

14 COFFEY, Q.C.:

15 Q. And then whose decision was that not to take

16 part in interviews any longer?

17 MS. BONNELL:

18 A. I guess we reached the point where Dr.

19 Williams felt that he was repeating the same

20 information over and over and over in the

21 month of October because there was nothing new

22 to add. As the inquiries came in, we looked

23 at each one independently and sometimes we

24 responded and sometimes it would be me making

25 the response and sometimes we would make no

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1 response. And as time went on other factors

2 came to complicate that, including, you know,

3 the talk of the class action lawsuit and that

4 became a complicating factor for us in

5 communications.

6 COFFEY, Q.C.:

7 Q. Now, the -

8 MS. BONNELL:

9 A. We did a bad job, Mr. Coffey, in this period

10 of time of communicating. And -

11 COFFEY, Q.C.:

12 Q. Yeah. Now, on that point, yourself as the

13 director, how were you feeling about it at the

14 time?

15 MS. BONNELL:

16 A. I felt we were doing a bad job.

17 COFFEY, Q.C.:

18 Q. Okay.

19 MS. BONNELL:

20 A. I felt -

21 COFFEY, Q.C.:

22 Q. Did you express that to anybody?

23 MS. BONNELL:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. Okay. Would you tell the Commissioner what
 2 you recall about that?
 3 MS. BONNELL:
 4 A. I remember talking about the fact that we
 5 should be talking about this, but it wasn't
 6 until, I would be honest and say to you that
 7 that didn't happen in December, that was an
 8 evolving feeling, and certainly by the summer
 9 of 2006 I was expressing that much more
 10 vocally than I had been at this period in
 11 time. I just sort of went with the flow and
 12 accepted the reasons why we wouldn't talk at
 13 this point or that point. I mean, it was very
 14 little to say at this point, I agree -
 15 COFFEY, Q.C.:
 16 Q. Because you were waiting for the results to
 17 come back -
 18 MS. BONNELL:
 19 A. Yeah.
 20 COFFEY, Q.C.:
 21 Q. - and had pressured Mount Sinai as much as you
 22 could and -
 23 MS. BONNELL:
 24 A. So, you know, there's nothing really that we
 25 can talk about. And it was unfortunate the

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1 way this all transpired, that they didn't--
 2 that the results didn't trickle in a way that
 3 was manageable, that they came in a big bunch
 4 at the end and then we had another big delay
 5 as we were waiting while those were looked at
 6 and people were panelled and all that kind of
 7 stuff was going on. So it was terribly
 8 delayed over what we had hoped and anticipated
 9 it would be. But certainly by the end of May
 10 and beginning of June I was starting to say
 11 and feel uncomfortable about the fact that we
 12 had been really saying nothing and, you know,
 13 it became, it became an issue that Eastern
 14 Health, it was an Eastern Health issue and we
 15 had nothing to do with it. It came to the
 16 point, actually, that when issues were raised
 17 about ER/PR, there were things that were
 18 talked about in the media that we weren't even
 19 contacted on. You know, the spokes people on
 20 the issue became people external to the
 21 organization.
 22 COFFEY, Q.C.:
 23 Q. So I take it that the media weren't even, from
 24 your perspective, even bothering to contact
 25 you any long because you had turned them down

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1 -
 2 MS. BONNELL:
 3 A. Sometimes, that's right.
 4 COFFEY, Q.C.:
 5 Q. that was your sense?
 6 MS. BONNELL:
 7 A. Yes.
 8 COFFEY, Q.C.:
 9 Q. So often before. If we could, exhibit P-0398
 10 please? This is an e-mail from yourself,
 11 January 30th, 2006, 3:40 p.m. to Dr. Williams,
 12 et al. "Key messages for potential media
 13 inquiries following Independent story, January
 14 29th" and there was a story apparently
 15 published in The Independent the day before,
 16 and the key messages here, all, I'm going to
 17 suggest to you, relate to where you were at
 18 that point with getting the results back and
 19 analysing them and communicating with
 20 patients.
 21 MS. BONNELL:
 22 A. Yes.
 23 COFFEY, Q.C.:
 24 Q. Was there in fact at this point any effort to
 25 communicate with the media using these key

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1 messages?
 2 MS. BONNELL:
 3 A. Proactively.
 4 COFFEY, Q.C.:
 5 Q. Yes.
 6 MS. BONNELL:
 7 A. No.
 8 COFFEY, Q.C.:
 9 Q. And whose decision was it not to do that?
 10 MS. BONNELL:
 11 A. It was the collective opinion that we weren't
 12 going to do anything proactive until the
 13 results came back. And I didn't argue for it
 14 either, Mr. Coffey, I mean, that's probably an
 15 error that I made in judgment, although, you
 16 know, just my arguing doesn't mean things
 17 happen either, but I probably should have been
 18 arguing to be more proactive at this point in
 19 time.
 20 COFFEY, Q.C.:
 21 Q. I take it you, though, certainly took the
 22 steps to prepare the key messages or ensure
 23 they were prepared?
 24 MS. BONNELL:
 25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. If someone wanted to go with them, you had

3 them there?

4 MS. BONNELL:

5 A. That's right.

6 COFFEY, Q.C.:

7 Q. And you distributed them. Ma'am, there is a,

8 if we could, exhibit P-0394, now were you ever

9 involved in responding in 2006 to any ATIPP

10 requests?

11 MS. BONNELL:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. In 2006, I'm sorry, I apologize, 2006.

15 MS. BONNELL:

16 A. I believe I was, yes.

17 COFFEY, Q.C.:

18 Q. This is one, now this is by the Department of

19 Health and Community Services to Mark Quinn.

20 MS. BONNELL:

21 A. I wouldn't have been involved in that one.

22 COFFEY, Q.C.:

23 Q. Okay, that's what I was going to ask you

24 about, okay, thank you. This is one where, if

25 we could please, I apologize, the better way

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1 to do this is look at exhibit P-0129, I

2 apologize, Registrar. If we could go to page

3 6, please. Now this is a response by the

4 department to a CBC ATIPP request. This is the

5 actions page, I'll refer to it, do you see

6 that right there, "actions"?

7 MS. BONNELL:

8 A. Uh-hm.

9 COFFEY, Q.C.:

10 Q. Of the July 20th briefing note.

11 MS. BONNELL:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. And there's a paragraph missing, that's

15 actually been redacted.

16 MS. BONNELL:

17 A. Uh-hm.

18 COFFEY, Q.C.:

19 Q. And it relates to, refers to Dr. Ejeckam and

20 Dr. Williams having asked to have an

21 investigation conducted into the 2003

22 stoppage.

23 MS. BONNELL:

24 A. Uh-hm.

25 COFFEY, Q.C.:

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1 Q. Were you aware that that was redacted?

2 MS. BONNELL:

3 A. No.

4 COFFEY, Q.C.:

5 Q. Okay, or was to be redacted by the department?

6 MS. BONNELL:

7 A. No.

8 COFFEY, Q.C.:

9 Q. The ATIPP response in 2006, did it involve

10 ER/PR? And it may help because I'll bring you

11 right to it, exhibit P-0403. This is an e-

12 mail and there are a series of e-mails about

13 this here, but this is one, March 15th, 2006,

14 3:42 to a number of individuals, including

15 yourself.

16 MS. BONNELL:

17 A. Uh-hm.

18 COFFEY, Q.C.:

19 Q. ATIPP request, "Hi, everyone, I just received

20 the ATIPP request from Mark Quinn for all

21 reports, et cetera between May 2005 and the

22 present regarding hormone receptor tests for

23 people with breast cancer. A couple of

24 things"--and it goes on from there. How

25 involved were you in the response to this?

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1 MS. BONNELL:

2 A. The response, as involved as anybody who would

3 have reports, memos, letters, briefing notes,

4 e-mails would be, in that we would be asked to

5 gather that sort of thing together.

6 COFFEY, Q.C.:

7 Q. Your response was as a supplier of

8 information, I take it?

9 MS. BONNELL:

10 A. Right, and then at the end of it, because it

11 was a media request, I would have had a look

12 at what went.

13 COFFEY, Q.C.:

14 Q. And were you involved in any of the editing as

15 to what went or redacting was to what went?

16 MS. BONNELL:

17 A. I don't think so, sir.

18 COFFEY, Q.C.:

19 Q. Do you recall who it was that actually did the

20 managing?

21 MS. BONNELL:

22 A. It would have been done by the ATIPP office,

23 I'm not sure if Ms. Crowley was in place at

24 this point yet or not--in our quality, I mean,

25 not the government's ATIPP. I guess it was

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1 Heather, was it, I don't see Ms. Crowley's
 2 name there, so this was yet another duty that
 3 she had.
 4 COFFEY, Q.C.:
 5 Q. If we could, please, exhibit P-1560? Now this
 6 is your help e-mail as it is entitled of
 7 August 2nd, 2006. What do you recall if
 8 anything about what transpired between March,
 9 February/March of '06 and August of '06
 10 involving ER/PR that involved yourself?
 11 MS. BONNELL:
 12 A. I wasn't--I wouldn't have been involved in the
 13 workings of the panel. I wouldn't have been
 14 involved in the review processes and action
 15 items that would flow from the quality
 16 reviews. My involvement in ER/PR at this
 17 point would have been strictly on the media
 18 side of things, not on the patient contact or,
 19 but strictly monitoring media, informing the
 20 organization when stories would emerge on this
 21 and having communications with the executive
 22 and the quality department and physicians as
 23 issues of ER/PR were raised from a
 24 communications/media perspective.
 25 COFFEY, Q.C.:

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1 Q. During this period, the kind of five to six
 2 month period, I take it -
 3 MS. BONNELL:
 4 A. Uh-hm.
 5 COFFEY, Q.C.:
 6 Q. You were growing dissatisfied with or
 7 concerned about the lack of interaction by
 8 Eastern Health or proactive action by Eastern
 9 Health?
 10 MS. BONNELL:
 11 A. I think how I would probably phrase it is that
 12 I had a growing concern and a growing worry
 13 that the--that the original reasons why we
 14 entered into this challenging process were
 15 being lost and that the criticisms that the
 16 organization were taking, many of which were
 17 fair in terms of lack of contact with the
 18 public, were resting with me. They were my
 19 issues, they were communications issues that I
 20 couldn't seem to grapple with and get control
 21 of. And I guess I was coming to a realization
 22 at this point as well that ER/PR was having a
 23 greater impact on the organization itself, on
 24 our relationships with the media and more over
 25 on the public opinion of the organization. I

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1 could see this emerging at this point,
 2 although it doesn't really, we talked about
 3 smouldering crisis, it didn't really ignite
 4 until a year later or six months later in May.
 5 COFFEY, Q.C.:
 6 Q. Ma'am if we could please, exhibit P-0170? I
 7 apologize because I want to put this in
 8 context for you, ma'am. P-0811, the easiest
 9 way to do that is to refer to this e-mail.
 10 Now this is an e-mail from Gary Cake to John
 11 Abbott and Marilyn McCormack, but the subject
 12 matter is, "Would you please have a briefing
 13 note prepared on the issue in the front page
 14 story in The Independent yesterday re: lawsuit
 15 being launched by breast cancer patients."
 16 MS. BONNELL:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. And do you recall if this was a lawsuit
 20 involving what? Would this be the class
 21 action -
 22 MS. BONNELL:
 23 A. This is the class action that had been sort of
 24 building all through the year, but the actual
 25 beginning of it was that summer, right.

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1 COFFEY, Q.C.:
 2 Q. Okay, and then if we could bring up again,
 3 please, exhibit P-0170. Now this is an e-mail
 4 from Tansy Mundon to senior people in the
 5 department and the Minister. The message is
 6 for The Current and it says, "For your
 7 information, The Current is running a story on
 8 ER/PR. Please see attached statement
 9 forwarded by Eastern Health. This story will
 10 air nationally on Monday. Thanks, Tansy."
 11 MS. BONNELL:
 12 A. Uh-hm.
 13 COFFEY, Q.C.:
 14 Q. When we look at the second page, this is on
 15 Eastern Health's letterhead, signed by Mr.
 16 Tilley and if we could bring up, please,
 17 exhibit P-0102. This is another version of
 18 the same message by Mr. Tilley, except this
 19 one has the bottom right hand side, "Message
 20 to The Current CBC Radio, August 4th, 2006",
 21 do you see that?
 22 MS. BONNELL:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Could you tell the Commissioner, please, about

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1 what you recall about this whole Current, The
 2 Current matter?
 3 MS. BONNELL:
 4 A. We already talked about that.
 5 COFFEY, Q.C.:
 6 Q. We did briefly, you did tell the Commissioner
 7 that, you know, this was something you wanted
 8 to take advantage of, from your perspective,
 9 because you thought they were doing it in a
 10 broader stroke's story.
 11 MS. BONNELL:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. Go ahead, if you would please? How were you
 15 contacted about it, about the fact that they
 16 wanted to do a story?
 17 MS. BONNELL:
 18 A. We had a phone call from a producer with CBC,
 19 local producer who was working for The
 20 Current. I think it was Heather Barrett,
 21 possibly, and they told us that they were
 22 doing a piece on the class action suit, they
 23 told us that they were doing a piece on--or
 24 that they were interviewing a particular
 25 client and they then told me about the fact

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1 that they would like to look at the story of
 2 ER/PR, the issue of ER/PR in that context, but
 3 then also looking at it nationally, it's a
 4 longer--it's not just a three-minute news
 5 story, you know, it's a twenty-minute show.
 6 So they were looking at it from the bigger
 7 national perspective and I wanted the
 8 organization to speak and I wanted us to start
 9 speaking and I attempted to get Mr. Tilley to
 10 agree to do the interview. He did not want to
 11 do it, but he did agree that a statement, he
 12 would agree to a statement, so we drafted the
 13 statement.
 14 COFFEY, Q.C.:
 15 Q. Who drafted the statement?
 16 MS. BONNELL:
 17 A. Myself and Leona Barrington drafted that
 18 statement, I believe.
 19 COFFEY, Q.C.:
 20 Q. And the sources for information in it were,
 21 who did you go to about that?
 22 MS. BONNELL:
 23 A. I don't, probably Heather.
 24 COFFEY, Q.C.:
 25 Q. In this, in relation to this, it begins by

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1 saying "Eastern Health originally began a
 2 review of all ER/PR receptor tests conducted
 3 by our laboratory since 1977, when we
 4 discovered inconsistencies in a small number
 5 of results." The third paragraph, the last
 6 sentence, "In the majority of cases, the
 7 patient's treatment was confirmed
 8 appropriate." The forth paragraph says, "As
 9 part of the review, we have identified a small
 10 number of cases that require further follow
 11 up."
 12 MS. BONNELL:
 13 A. Uh-hm.
 14 COFFEY, Q.C.:
 15 Q. "We are in the process of reviewing and
 16 addressing each of these cases individually."
 17 MS. BONNELL:
 18 A. Uh-hm, because my understanding in August of
 19 2006 that the majority of the tests had been
 20 dealt with, but that there were some
 21 individuals that they were still working on
 22 following up with.
 23 COFFEY, Q.C.:
 24 Q. Now when you read this overall, the actual
 25 number of patients whose treatment was changed

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1 is not spelled out here.
 2 MS. BONNELL:
 3 A. No, no.
 4 COFFEY, Q.C.:
 5 Q. Was that intentional, the omission of that?
 6 MS. BONNELL:
 7 A. Yes. I don't think we had the number because
 8 there were still a few cases that they had yet
 9 to -
 10 COFFEY, Q.C.:
 11 Q. There were still a couple, but were you aware
 12 that in the main the numbers had more or less
 13 solidified?
 14 MS. BONNELL:
 15 A. Yes, you know, there were still those small
 16 number of cases, so that's why there's not a
 17 number in there.
 18 COFFEY, Q.C.:
 19 Q. And you prepared, yourself and Ms. Barrington,
 20 you think prepared this for Mr. Tilley and ran
 21 it past him and he agreed to it going?
 22 MS. BONNELL:
 23 A. Uh-hm.
 24 COFFEY, Q.C.:
 25 Q. If we could, please exhibit P-0370. Now

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1 overall you were unhappy about his
 2 unwillingness to participate in an interview,
 3 but the statement was better than nothing.
 4 MS. BONNELL:
 5 A. Yes, and they read the entire statement in the
 6 piece which I was amazed that they would do.
 7 COFFEY, Q.C.:
 8 Q. They actually did read it.
 9 MS. BONNELL:
 10 A. They did, they read the entire thing.
 11 COFFEY, Q.C.:
 12 Q. Verbatim.
 13 MS. BONNELL:
 14 A. Yes.
 15 COFFEY, Q.C.:
 16 Q. Ma'am, this is an e-mail from yourself, August
 17 7th, 2006 to a number of individuals at
 18 Eastern Health. The subject is "Communication
 19 with family physicians." You say "Just to
 20 follow up on our conversation this morning, I
 21 just spoke with Lynn Barter, com director with
 22 the NLMA. She's going to speak to the head of
 23 their GP's group, re: communicating with
 24 family physicians. She agrees with me that
 25 the messages have really gotten mixed in

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1 general conversations and suspects that many
 2 family doctors may be hearing from their
 3 patients. She'll let us know if this is
 4 accurate. In the meantime, they will help us
 5 communicate with the GP's via letter when we
 6 are ready. It would be excellent if we were
 7 in position to communicate where we are on the
 8 review process and to clarify what the process
 9 was about. Some of the results we are
 10 finding, generally speaking, and to address
 11 what we are doing as an organization and to
 12 ensure quality control/confidence in the
 13 system. If you would like to get together in
 14 the next couple of days to strategize re ways
 15 to reach the various groups, let us know. I
 16 am very nervous about doing any disclosure
 17 this week, the timing is very bad, especially
 18 given that we do not have a spokesperson to
 19 address this. For your information, Mark
 20 Quinn has made contact with us this morning.
 21 He's the reporter that we did the FOI on ER/PR
 22 for and Leona had discussed with him setting
 23 up a briefing with our key players. I suspect
 24 he's looking for this now, we'll let you
 25 know." So I take it that this was to let the

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1 senior people know that the time had come, as
 2 it were, we have to address this?
 3 MS. BONNELL:
 4 A. No, it's specifically referring to family
 5 physicians, that there was some confusion with
 6 the family physicians, that the messages may
 7 be getting mixed with the family physicians,
 8 so we were trying to address that. The issue
 9 with Mark Quinn, in that Freedom of
 10 Information or ATIPPA request that we just
 11 talked about moments ago, when we sent that to
 12 him, when the organization sent that to him
 13 and there may be a letter to this effect or it
 14 may be in a media--we made contact with Mr.
 15 Quinn and we said, you know, there's a lot of
 16 information in there, Mark and we'd really
 17 like to sit down with you and give you some
 18 spokespeople from the organization to go over
 19 that information. And this is when he
 20 followed up on it.
 21 COFFEY, Q.C.:
 22 Q. Okay.
 23 MS. BONNELL:
 24 A. So that's not, that's not the public, that's
 25 just following up with him on his request and

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1 that did occur, that briefing for him. He had
 2 about two hours, I think, with Dr. Laing and--
 3 I think it was Dr. Laing and Dr. Williams, was
 4 he still there at this point or had he gone?
 5 COFFEY, Q.C.:
 6 Q. In August he would have still been there.
 7 MS. BONNELL:
 8 A. Right.
 9 COFFEY, Q.C.:
 10 Q. Into September.
 11 MS. BONNELL:
 12 A. Right.
 13 COFFEY, Q.C.:
 14 Q. But was that an interview for attribution, do
 15 you recall? It was an interview, yes, was he
 16 briefed or -
 17 MS. BONNELL:
 18 A. He was briefed and brought in so that somebody
 19 could go through all of that with him. He had
 20 a microphone with him, put the microphone on
 21 the desk and they talked for two hours.
 22 COFFEY, Q.C.:
 23 Q. Ma'am, what I was referring to was the second
 24 paragraph here, "It would be excellent if we
 25 were in a position to communicate."

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1 MS. BONNELL:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. So that, I take it, that paragraph articulates
 5 a plan, as it were, to move ahead?
 6 MS. BONNELL:
 7 A. Yes, except that I was referring to family
 8 physicians.
 9 COFFEY, Q.C.:
 10 Q. Yes, and it would be helpful for them to at
 11 least know or be able to be told that.
 12 MS. BONNELL:
 13 A. Yes.
 14 COFFEY, Q.C.:
 15 Q. Were you surprised at the time that the family
 16 physicians were apparently concerned, were
 17 getting mixed messages?
 18 MS. BONNELL:
 19 A. Yes, I was concerned, which is why we followed
 20 up in this way.
 21 COFFEY, Q.C.:
 22 Q. Well ma'am, if we could, please, exhibit P-
 23 1402. Now by this point in time, Dr. Oscar
 24 Howell is involved or is working and there's a
 25 series of e-mails, but the one at October

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1 26th, 2006 at 8:38 a.m. from Heather Predham
 2 to a number of individuals, including yourself
 3 and the subject is "Another issue with ER/PR."
 4 And this, I take it, deals with a particular
 5 patient who had been or had not been notified,
 6 I take it, would that be -
 7 MS. BONNELL:
 8 A. No.
 9 COFFEY, Q.C.:
 10 Q. I shouldn't--I apologize, not notified, who
 11 had been one of the retro converters.
 12 MS. BONNELL:
 13 A. Yes, it's another issue in the unfolding
 14 issues.
 15 COFFEY, Q.C.:
 16 Q. And the third paragraph here says, "The panel
 17 had much discussion and debate about how best
 18 to disclose this information to the client and
 19 the original intent was to meet with clinical
 20 chiefs and someone from QRM. A complicating
 21 factor at the time was the media coverage
 22 after the DCIS meetings." Now does that
 23 suggest that there was, you could only deal
 24 with so much out of this in the media at the
 25 time? Because that suggests that there was

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1 media coverage about or after the DCIS
 2 meetings, after people were told about -
 3 MS. BONNELL:
 4 A. Uh-hm.
 5 COFFEY, Q.C.:
 6 Q. - being DCIS.
 7 MS. BONNELL:
 8 A. I don't know how that would have complicated
 9 that. I guess you would have to ask Ms.
 10 Predham to explain.
 11 COFFEY, Q.C.:
 12 Q. "Upon further review, the panel identified
 13 that we had earlier discovered another retro
 14 converter who was contacted by the responsible
 15 physician, our usual process, therefore the
 16 day after the panel meeting, September 8th,
 17 Carolyn on behalf of the panel, wrote Dr.
 18 Blank to recommend that she remain off until
 19 September and not receive any further hormonal
 20 therapy. Yesterday Nancy received a phone
 21 call from blank, apparently the doctor sent
 22 the letter to another doctor, the family
 23 physician, the patient anyway was called and
 24 gave her the letter and someone contacted
 25 Nancy to get contact information on the group

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1 suing Eastern Health, which Nancy declined to
 2 give." And then there's a reference to, "I
 3 can only assume that Mr. Crosbie will now have
 4 another story." And it goes on to say,
 5 concludes with "This entire ER/PR review has
 6 been very difficult and drawn out, with
 7 constant hard and difficult decisions being
 8 made." And she concludes by saying,
 9 "Personally this, combined with the two
 10 situations involving Dr. Ganguly in the past
 11 two weeks, has left me totally and absolutely
 12 disheartened." So do you recall what was
 13 going on, like in September, October of '06
 14 concerning this matter?
 15 MS. BONNELL:
 16 A. Every time I re-read this e-mail, it makes me
 17 really sad because I remember everything
 18 Heather was going through. It was very
 19 difficult. It was just this constant
 20 unfolding of new things, new things all the
 21 time, new things and you know, when you go
 22 back and you look at a thousand test results,
 23 you're bound to find new things and I guess
 24 this was the latest new thing.
 25 COFFEY, Q.C.:

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1 Q. Now ma'am, were you involved in the ER/PR
 2 presentation for the executive or for the
 3 medical staff, technical staff at Eastern
 4 Health that occurred in November?
 5 MS. BONNELL:
 6 A. No.
 7 COFFEY, Q.C.:
 8 Q. When I say "involved" I take it you would have
 9 attended, probably?
 10 MS. BONNELL:
 11 A. Oh yes, I was more involved than that. Dr.
 12 Denic asked me to come and meet with some of
 13 the presenters and they were going to go over
 14 their presentation and so I sat and listened
 15 to it. I think he just wanted me to hear it,
 16 you know.
 17 COFFEY, Q.C.:
 18 Q. Before the actual presentation.
 19 MS. BONNELL:
 20 A. Right.
 21 COFFEY, Q.C.:
 22 Q. And did you have any input into it?
 23 MS. BONNELL:
 24 A. No.
 25 COFFEY, Q.C.:

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1 Q. I take it you sat, listened to the
 2 presentations and there was not much you could
 3 usefully add?
 4 MS. BONNELL:
 5 A. No.
 6 COFFEY, Q.C.:
 7 Q. If we could please, P-0176? Now this is an e-
 8 mail from Chris O'Neill-Yates to Tansy Mundon,
 9 November 22nd, 2006 and she writes, "I'm doing
 10 a story on the breast cancer screening test
 11 that went awry. I have been for weeks trying
 12 to get an interview with Eastern Health. They
 13 say they have nothing to say until the end of
 14 the month, even though for weeks they have had
 15 the results of the retesting from Mount Sinai.
 16 Experts I have spoke with have indicated they
 17 should be able to tell us what the rate of
 18 error was based that, but so far, no go. I
 19 have two people involved in this story. I am
 20 filing on it tomorrow. The questions I have
 21 been asked by individuals affected are why
 22 aren't they hearing from the Minister about
 23 what went wrong? Is this something the
 24 Minister could address? I've spoken to many
 25 people and there is great consternation about

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1 how this matter has been handled." Now that's
 2 on the 22nd at 1:06. If we could go, please,
 3 to exhibit P-0177? That same day at 3:55
 4 p.m., Ms. Mundon sends an e-mail to yourself
 5 and Ms. Barrington saying "The Minister
 6 doesn't need a briefing today, but we would
 7 like to set up a briefing for him ASAP. I
 8 will advise you once I discuss with John
 9 Abbott and we can find a time." And look down
 10 below, the first of these e-mails, it's from
 11 Tansy Mundon to Leona Barrington at 1:43. "In
 12 light of this request, can you please ask that
 13 a status report be sent to the Minister this
 14 week, thanks." And then you send an e-mail at
 15 2:54 p.m. asking Ms. Mundon "Can you call me,
 16 I'm talking to Dr. Howell on the phone now and
 17 he would like to know what the Minister would
 18 want." And you refer to "despite what Chris
 19 says, we're aren't in the position to give a
 20 detailed briefing this week, rate of error, et
 21 cetera." So what was going on at this point,
 22 Ma'am? I take it Ms. Yates was looking for -
 23 MS. BONNELL:
 24 A. We were in discussion about--she was trying to
 25 reach us for a couple of weeks. That's

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1 accurate. I think there's a log of requests
 2 from her that was several weeks before that
 3 and she and Leona going back and forth and
 4 back and forth on it, and -
 5 COFFEY, Q.C.:
 6 Q. She wasn't getting the interview during those
 7 weeks?
 8 MS. BONNELL:
 9 A. No, and the issue of rate of error, I was
 10 indicating here to Ms. Mundon that we weren't
 11 in a position to give a briefing yet because
 12 of the pulling together of the materials, and
 13 the issue of rate of error, well, I mean, you
 14 know that'll come up, I suppose, when we talk
 15 about all the detailed discussions of the
 16 preparation for that briefing, but Ms. Yates
 17 is saying in her e-mail that we should be in a
 18 position to give a rate of error and we did
 19 not feel we were in a position to give a rate
 20 of error.
 21 COFFEY, Q.C.:
 22 Q. If we could, please, Exhibit P-0178? I take
 23 it there was, looking at the 3:55 e-mail from
 24 Ms. Mundon to yourself and Ms. Barrington
 25 saying "the Minister doesn't need a briefing

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1 today. Would like to set up one for him
 2 ASAP." You would have passed that on to whom?
 3 Would you have done the briefing of the
 4 Minister?
 5 MS. BONNELL:
 6 A. Oh no.
 7 COFFEY, Q.C.:
 8 Q. Okay. Did you attend the briefing of the
 9 Minister? This apparently occurred at the
 10 House of Assembly or nearby.
 11 MS. BONNELL:
 12 A. Oh yes, I was there for that briefing, yes.
 13 COFFEY, Q.C.:
 14 Q. It would have been the next day. Before I
 15 just finish with that, this, at the top of the
 16 page, your e-mail at 4:18 p.m. to Tansy Mundon
 17 advises "we are going to brief Peter Dawe next
 18 Friday, December 1, and are going to arrange a
 19 media for December 11th. Oscar can make
 20 himself available whenever this week," saying
 21 that by then, I take it, December 11th had
 22 been chosen as the media briefing date.
 23 MS. BONNELL:
 24 A. Yes.
 25 COFFEY, Q.C.:

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1 Q. And you would brief Mr. Dawe -
 2 MS. BONNELL:
 3 A. In advance.
 4 COFFEY, Q.C.:
 5 Q. - in advance. The briefing of the Minister,
 6 November 23rd, the House of Assembly precinct,
 7 what do you recall about that?
 8 MS. BONNELL:
 9 A. It was an unusual circumstance. We were
 10 called to the briefing in a room outside of
 11 House of Assembly, where I had never been
 12 actually, and we waited outside for the
 13 Minister to make himself available from the
 14 House, and we went inside. It was a very tiny
 15 briefing room. We actually had to sort of
 16 layer back, you know. There's an inside layer
 17 and an outside layer. We had a briefing note
 18 for the Minister which was shared with him at
 19 that time, and I recall Mr. Tilley going down
 20 through that with him, and we told him of our
 21 plans to do a briefing shortly. I don't know
 22 if we would have indicated the 11th at that
 23 actual meeting or not, but that we were within
 24 a few weeks of being in a position to do a
 25 briefing to the media, and we talked about the

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1 issues of doing a media briefing while
 2 everything was ongoing, but that we felt it
 3 was an important thing to do and that we were
 4 going to do it.
 5 COFFEY, Q.C.:
 6 Q. What things on the go, were ongoing?
 7 MS. BONNELL:
 8 A. Well, we'd never--it was an unprecedented
 9 thing to do, to do that sort of a media
 10 briefing in the midst of ongoing legal action.
 11 COFFEY, Q.C.:
 12 Q. Okay. So it's in relation to that.
 13 MS. BONNELL:
 14 A. But I guess, the pressure to do so was more--
 15 it was greater than our ability to not do it
 16 because of that.
 17 COFFEY, Q.C.:
 18 Q. So this pressure was coming from where?
 19 MS. BONNELL:
 20 A. From the public, from the stakeholders, from
 21 the media, from the patients, from the Cancer
 22 Society, from all the stakeholders and
 23 certainly the media themselves were getting a
 24 little tired of waiting for us.
 25 COFFEY, Q.C.:

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1 Q. So on this point -
 2 MS. BONNELL:
 3 A. Internally, the pressure was coming from me,
 4 for sure.
 5 COFFEY, Q.C.:
 6 Q. Okay, that's what I was going to ask, okay.
 7 That was it. You were recognizing the
 8 pressure from the outside.
 9 MS. BONNELL:
 10 A. We were feeling it, yes.
 11 COFFEY, Q.C.:
 12 Q. And the pressure internally was being
 13 generated by yourself?
 14 MS. BONNELL:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. You're saying to people "we have to address
 18 this"?
 19 MS. BONNELL:
 20 A. Yes.
 21 COFFEY, Q.C.:
 22 Q. And when did you finally convince them that
 23 that was the case?
 24 MS. BONNELL:
 25 A. Prior to this point.

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1 COFFEY, Q.C.:

2 Q. Do you recall what kind of a--what -

3 MS. BONNELL:

4 A. I don't think there was any--convincing seems-

5 -I think everybody was in agreement that it

6 was a good idea to do a media briefing. It

7 was just a matter of timing, and the timing

8 just kept getting pushed off and pushed off

9 and pushed off, and I know you're probably

10 getting tired of me saying it, but the

11 organization was dealing with a lot of

12 significant issues through the summer and this

13 fall and while that may seem irrelevant, when

14 there's only so many people, it's hard to deal

15 with big issues as they come by. So it did

16 have an ability--it did have an impact on our

17 ability to handle the pressure of ER/PR as

18 well as the other things at the same time. It

19 did have an impact.

20 And there was delays in trying to get the

21 thing set up with all the doctors and there

22 were delays in getting everybody available,

23 even for this briefing. We originally

24 scheduled it for one day and then somebody

25 couldn't make them self available and you have

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1 to reschedule. So there were--you know, in

2 terms of convincing, I think that Dr. Howell

3 and Dr.--and Mr. Tilley and others, I'd be

4 surprised if any of them had said to you "we

5 weren't going to do that, and if it wasn't for

6 Susan, we wouldn't have." Because I think

7 there was a recognition that this had to be

8 done. It was just a matter of trying to find

9 the timing to do it. Regardless of the law

10 suit, regardless of any legal opinion to the

11 contrary, it had to be done. It was an

12 accountability issue and had to be done, to

13 the best of our ability.

14 THE COMMISSIONER:

15 Q. Mr. Coffey, wherever you can find a convenient

16 point.

17 COFFEY, Q.C.:

18 Q. Yes. If I could, just before we break for the

19 weekend, Exhibit P-0195 please? Now this is a

20 series of e-mails, November 27th. Tansy

21 Mundon writes "Betty, John asked that I talk

22 to you to arrange a time for a meeting with

23 George Tilley, Susan Bonnell, John and I. Can

24 you please let me know of a time that works?

25 Thanks." And then there's a discussion about

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1 people's availability, and Ms. Mundon says

2 "I'll be in Toronto on Friday, but Monday

3 should work," and Monday would be December

4 4th, I believe. "Can you please check both

5 George's and Susan's availability? The topic

6 is ER/PR and communications. Thanks."

7 If we could, please, Exhibit P-0195?

8 THE COMMISSIONER:

9 Q. P-0195 is the one that's there.

10 COFFEY, Q.C.:

11 Q. I apologize, page two. I apologize,

12 Commissioner. It's been a long afternoon.

13 This is--it says meeting with you at 1:22

14 p.m., "meeting with Tansy, meeting with you,

15 John, George Tilley and Susan Bonnell to

16 discuss ER/PR and communications is confirmed

17 for Monday, December 4th, 9:30 a.m. for one

18 hour. This will be held in our exec

19 boardroom." Do you recall that meeting?

20 MS. BONNELL:

21 A. Certainly, do.

22 COFFEY, Q.C.:

23 Q. Okay. Could you tell the Commissioner,

24 please, about that?

25 MS. BONNELL:

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1 A. This meeting arose from--well, I'm not sure

2 what side it started on, but certainly, I

3 expressed to Mr. Tilley some frustrations that

4 have nothing to do with ER/PR in the

5 relationship between us and the department

6 from a communications perspective. And I

7 mean, clearly from things that I've seen from

8 Ms. Mundon it was probably going the other way

9 too. And it was an opportunity for the four

10 of us to sit together and just talk about the

11 new normal, what was going to be the

12 relationship between the communications staffs

13 it he two offices. I've certainly alluded to,

14 before, the fact that we had a changing

15 relationship over this period of time that

16 from my early days at the Health Care

17 Corporation until this point there'd been a

18 real transition in the way that the

19 department, the expectations of the department

20 from the health authority, in terms of keeping

21 them apprised, keeping them aware, keeping

22 them up to date. It's not a problem, it's

23 just a new reality. And there were times

24 that, particularly around this time we were

25 doing other things unrelated to ER/PR in which

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1 we'd want to issue a press release. I'd send
 2 an advanced copy as a courtesy to the
 3 department and be told to hold on a press
 4 release that had nothing to do with the
 5 Department of Health because it was going
 6 through channels within the department that it
 7 just--before this point, never had.
 8 COFFEY, Q.C.:
 9 Q. You would send it to Tansy Mundon, I take it.
 10 MS. BONNELL:
 11 A. Right.
 12 COFFEY, Q.C.:
 13 Q. And you'd have to, kind of, wait and wait.
 14 MS. BONNELL:
 15 A. Might be asked to wait, yes, which was an
 16 unusual thing, never before -
 17 COFFEY, Q.C.:
 18 Q. So, what happened?
 19 MS. BONNELL:
 20 A. At this meeting?
 21 COFFEY, Q.C.:
 22 Q. Yes, the meeting was about that -
 23 MS. BONNELL:
 24 A. We talked a little bit about ER/PR and what
 25 was going on with the communications strategy,

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1 the briefing note, the media briefing, that
 2 sort of thing. And then we talked about what
 3 the expectations were from the department,
 4 what they were going to require from our
 5 communications office in the future.
 6 COFFEY, Q.C.:
 7 Q. What were you told?
 8 MS. BONNELL:
 9 A. That the department, in general, and that this
 10 minister in particular wanted a more hands on
 11 approach, wanted more involvement, wanted to
 12 be kept apprised of things more than was
 13 previously the case. And that the expectation
 14 would be that we would have to find a way to
 15 work more closely together and that's on both
 16 sides. There was an understanding from Mr.
 17 Abbott and Ms. Mundon that they would have to
 18 try to and be responsive to us as well, in a
 19 more timely fashion.
 20 COFFEY, Q.C.:
 21 Q. What was--I apologize.
 22 MS. BONNELL:
 23 A. It was a very pleasant meeting and it was just
 24 an opportunity for the four of us to sit and
 25 talk the issue out. There was no immediate

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1 action strategy coming out of the meeting. I
 2 guess it was just an opportunity to talk.
 3 COFFEY, Q.C.:
 4 Q. ER/PR, what was said about that, do you
 5 recall?
 6 MS. BONNELL:
 7 A. I recall talking about the plans for the
 8 briefing, media briefing.
 9 COFFEY, Q.C.:
 10 Q. What did you tell Mr. Abbott and Ms. Mundon
 11 about those?
 12 MS. BONNELL:
 13 A. What we were going to do, when they were going
 14 to come in, that we were going to--you know,
 15 it was just general stuff about the briefing.
 16 It wouldn't have been specific details of -
 17 COFFEY, Q.C.:
 18 Q. What you would and wouldn't say?
 19 MS. BONNELL:
 20 A. No, we wouldn't have gotten into that.
 21 COFFEY, Q.C.:
 22 Q. Okay.
 23 MS. BONNELL:
 24 A. To be honest with you, I don't believe it was
 25 known on December 4 what we were and weren't

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1 going to say anyway.
 2 COFFEY, Q.C.:
 3 Q. And if I could then, on Monday morning?
 4 THE COMMISSIONER:
 5 Q. All right. Could you give us--because we have
 6 another witness scheduled for Monday--a
 7 general idea of how long you're going to take?
 8 COFFEY, Q.C.:
 9 Q. Somewhere between 45 minutes and an hour,
 10 Commissioner.
 11 THE COMMISSIONER:
 12 Q. All right. Mr. Simmons, do you want to--I
 13 should wait for you, sorry, my apologies. Mr.
 14 Pritchard, just so we can given a rough
 15 estimate to our next witness.
 16 MR. PRITCHARD:
 17 Q. Ten or fifteen minutes.
 18 THE COMMISSIONER:
 19 Q. Okay. Ms. Hennebury?
 20 MS. HENNEBURY:
 21 Q. (Unintelligible) much of anything.
 22 THE COMMISSIONER:
 23 Q. All right. Ms. O'Dea.
 24 MS. O'DEA:
 25 Q. We won't have anything.

1 THE COMMISSIONER:
2 Q. Ms. Newbury?
3 MS. NEWBURY:
4 Q. Half an hour or so.
5 THE COMMISSIONER:
6 Q. All right. Mr. Crosbie?
7 CROSBIE, Q.C.:
8 Q. The same, thank you.
9 THE COMMISSIONER:
10 Q. All right. Mr. Simmons?
11 MR. SIMMONS:
12 Q. Within 30 to 45 minutes.
13 THE COMMISSIONER:
14 Q. Essentially, we're looking at the morning,
15 Monday morning for this witness. All right.
16 I'm afraid I'm going to have to ask you to
17 spend the morning with us on Monday.
18 MS. BONNELL:
19 A. It'll be my pleasure.
20 THE COMMISSIONER:
21 Q. In the meantime, have a good weekend and I
22 remind counsel that another one of our
23 friendly little envelopes is available for you
24 on your way out the door. Thank you.
25 Upon conclusion at 5:00.

1 CERTIFICATE
2 I, Judy Moss, hereby certify that the foregoing is
3 a true and correct transcript in the matter of the
4 Commission of Inquiry on Hormone Receptor Testing,
5 heard on the 30th day of May, A.D., 2008 before the
6 Honourable Justice Margaret A. Cameron,
7 Commissioner, at the Commission of Inquiry, St.
8 John's, Newfoundland and Labrador and was
9 transcribed by me to the best of my ability by
10 means of a sound apparatus.
11 Dated at St. John's, Newfoundland and Labrador
12 this 30th day of May, A.D., 2008
13 Judy Moss

Inquiry on Hormone Receptor Testing

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