COMMISSION OF INQUIRY
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

MARCH 26, 2008

Appearances:

Bernard Coffey, Q.C. . . . . Commission Co-counsel

Sandra Chaytor, Q.C. . . . . Commission Co-counsel

Rolf Pritchard . . . . Her Majesty in Right of NL

Daniel Simmons . . . . Eastern Regional Integrated
. . . . Health Authority

Chesley Crosbie, Q.C. . . . . Members of the Breast Cancer
. . . . Testing Class Action
Ms. Darlene Russell . . . . Co-counsel

Jennifer Newbury . . . . . Canadian Cancer Society (NL Division)
David Eaton, Q.C. . . . . Central, Western and Labrador-Grenfell
Regional Integrated Health Authorities

LIST OF EXHIBITS

EXHIBITS P-0018 THROUGH P-0020 . . . . Pg. 9

EXHIBITS P-0024 THROUGH P-0027 . . . . Pg. 9

EXHIBITS P-0032 THROUGH P-0116 . . . . Pg. 9

TABLE OF CONTENTS

MARCH 26, 2008

MS. JOAN DAWE - SWORN

Examination by Bernard Coffey, Q.C. . . . . Pgs. 1 - 237

Certificate

Page 4

1 THE COMMISSIONER:
2 Q. Good morning, please be seated. Mr. Coffey?
3 COFFEY, Q.C.:
4 Q. Yes, thank you, Commissioner. The next
5 witness is Joan Dawe. Registrar, please.
6 MS. JOAN DAWE, SWORN, EXAMINATION BY BERNARD COFFEY, Q.C.
7 REGISTRAR:
8 Q. Now would you please state and spell your
9 complete name for the Commission?
10 MS. DAWE:
11 A. Joan Dawe, J-0-A-N D-A-W-E.
12 REGISTRAR:
13 Q. Thank you, Ms. Dawe.
14 MS. DAWE:
15 A. Thank you.
16 COFFEY, Q.C.:
17 Q. Good morning, Ms. Dawe.
18 MS. DAWE:
19 A. Good morning, sir.
20 COFFEY, Q.C.:
21 Q. Ms. Dawe and Madame Commissioner, I was asked
22 by Daniel Simmons, counsel for Eastern Health,
23 if Ms. Dawe might be allowed to make a short,
24 brief statement. I considered the matter
25 fairly carefully because I don't want to set a

Page 5

1 precedent, but in the circumstances where it
2 does involve Eastern Health, its patients and
3 its employees, and where Ms. Dawe is Chair of
4 the Board of Trustees, I thought it
5 appropriate, in this one case, to have this
6 occur.
7 THE COMMISSIONER:
8 Q. All right then.
9 COFFEY, Q.C.:
10 Q. Go ahead.
11 MS. DAWE:
12 A. Thank you, sir. Commissioner, this Inquiry is
13 about breast cancer patients, some of whom did
14 not get the treatment that they might have had
15 they received a different original test
16 result. It was important for this Inquiry to
17 start by hearing stories and concerns of
18 patients and their families and that we keep
19 them in mind as we proceed.
20 As Chair of the Board of Trustees of
21 Eastern Health, I am deeply concerned when I
22 hear that even one person has been affected by
23 the results of ER/PR testing. I am very sorry
24 for the pain and anxiety -
25 (TECHNICAL PROBLEMS)

Page 6

1 THE COMMISSIONER:
2 Q. Thank you. Please be seated. Mr. Coffey, I'm
3 advised that our technical problems are solved
4 and they are not of a serious nature.
5 COFFEY, Q.C.:
6 Q. And Madame Commissioner, I'm going to ask that
7 Ms. Dawe start again, please, ma'am, if you
8 would please?
9 MS. DAWE:
10 A. Thank you. Commissioner, this Inquiry is
11 about breast cancer patients, some of whom did
12 not get the treatment that they might have had
13 they received a different original test
14 result. It was important for this Inquiry to
15 start by hearing stories and concerns of
16 patients and their families and that we keep
17 them in mind throughout this process.
18 As Chair of the Board of Eastern Health,
19 I am deeply concerned when I hear that even
20 one person has been affected as a result of
21 the ER/PR testing. I am very sorry for the
22 pain and anxiety that patients and their
23 families have endured. For this, Eastern
24 Health apologizes.
25 During the course of this Inquiry, many

Page 7

1 representatives from Eastern Health will give
2 evidence about their involvement in testing,
3 patient care, retesting and communicating the
4 results. We believe that those persons
5 carried out their responsibilities to the best
6 of their abilities. Their motivation was
7 first and foremost to provide the very best
8 possible patient care. That remains Eastern
9 Health's objective today. I can assure you
10 that Eastern Health is totally committed to
11 this Inquiry and is fully participating in the
12 process. We await the outcome of this
13 Commission, hoping that it will provide
14 resolutions for patients and their families
15 and to assist us to continue to make
16 improvements in our services.
17 Furthermore, we understand that Canadian
18 medical organizations and pathologists are
19 also calling for the development and
20 implementation of national standards and
21 regulations for immunohistochemistry. So we
22 are confident that learnings from this Inquiry
23 will be used not only to help Newfoundlanders
24 and Labradorians, but to benefit all
25 Canadians. Thank you very much.

Page 8

1 THE COMMISSIONER:
2 Q. Thank you. Mr. Coffey?
3 COFFEY, Q.C.:
4 Q. Thank you, Commissioner. Commissioner, at the
5 outset, I have a list of exhibits that I am
6 going to ask be entered, and Commissioner, the
7 numbering is as follows. It's P-0018 through,
8 let me see, right now, up to P-0116 with the
9 following exceptions, P-0021, P-0022, P-0023,
10 P-0028, P-0029, P-0030 and P-0031. The ones
11 that I've noted as exceptions are still in the
12 process of being edited, redacted, in relation
13 to irrelevant or matters that are not relevant
14 to this Inquiry. So with the exceptions of -
15 THE COMMISSIONER:
16 Q. So is that an indication that those exhibits
17 will appear at some point?
18 COFFEY, Q.C.:
19 Q. Oh yes. Yes, they certainly will,
20 Commissioner, but as of right now, they're
21 still in the process of being redacted
22 appropriately. So with the exception of P-
23 0021, P-0022, P-0023, P-0028, P-0029, P-0030
24 and P-0031, all of the others from P- 0018
25 through P-0116, I'd ask be entered. As well,

Page 9

1 I would note, and this is for the benefit of
2 my fellow counsel here, that numbers P-0117
3 through P-0127 are available, should at some
4 point, in relation--as of right now anyway, in
5 relation to this witness. They feel the need
6 or it appropriate to have certain exhibits
7 that are not yet entered, entered for their
8 purposes.
9 THE COMMISSIONER:
10 Q. Mr. Coffey, I just want to check and make sure
11 I got the numbers correct that are not
12 included in the range that you gave me. 21,
13 22, 23, 30 and 31?
14 COFFEY, Q.C.:
15 Q. 21, 22, 23, 28, 29, 30, and 31.
16 THE COMMISSIONER:
17 Q. 28, 29, 30 and 31. All right, so exhibits P-
18 0018 through to P-0116 exclusively entered,
19 with the exceptions of 21, 22, 23, 28, 29, 30
20 and 31. Thank you.
21 EXHIBITS ENTERED AND MARKED EXHIBITS P-0018 THROUGH P-
22 0020
23 EXHIBITS ENTERED AND MARKED EXHIBITS P-0024 THROUGH P-
24 0027
25 EXHIBITS ENTERED AND MARKED EXHIBITS P-0032 THROUGH P-

Page 10

1 0116
2 COFFEY, Q.C.:
3 Q. Thank you, Commissioner. Ms. Dawe, I'm going
4 to ask you, please, to in an overview fashion,
5 give us your background, your professional
6 background.
7 MS. DAWE:
8 A. I graduated from St. Clare's School of Nursing
9 in 1963, spent some time in nursing practice,
10 then nursing administration. In the mid 70s,
11 moved into hospital administration. In the
12 80s, to regional planning. In the 90s, to the
13 Provincial Government in the Department of
14 Health and Community Services as Assistant
15 Deputy Minister of Health. In the 95/96
16 period as Deputy Minister of Social Services.
17 I retired in, I believe, 97/98 and then went
18 back for one year as Deputy of the Department
19 of Health and Community Services and
20 officially retired from there. Since 2000, I
21 have been a volunteer in the system, first
22 from 2000 to 2004 as Chair of Health and
23 Community Services, St. John's, and since
24 2005, as Chair of Eastern Health as a trustee.
25 COFFEY, Q.C.:

Page 11

1 Q. Ma'am, Registrar, please, if I could have
2 opened P-0055? And this exhibit, ma'am, which
3 is on the screen there to your right is a
4 biography for Joan Dawe. Certain personal
5 information, address, I believe, and phone
6 number are redacted, but other than that, this
7 is a document that you provided to the
8 Commission which describes at least where you
9 have been and where you are now?
10 MS. DAWE:
11 A. Yes.
12 COFFEY, Q.C.:
13 Q. Okay. Could you tell us, please, how it, from
14 your perspective, has come about or came about
15 that you have ended up as Chair of the Board
16 of Trustees?
17 MS. DAWE:
18 A. I was asked by the then Minister of Health and
19 Community Services, Minister Ottenheimer, in
20 the latter part of December, I guess, of 2004
21 to assume the role as volunteer Chair of the
22 Board.
23 COFFEY, Q.C.:
24 Q. And I note that you use the word "volunteer."
25 I take it that you are a volunteer, as are all

Page 12

1 the other trustees?
2 MS. DAWE:
3 A. Absolutely.
4 COFFEY, Q.C.:
5 Q. Now at the time you were approached by Mr.
6 Ottenheimer, what was your understanding of
7 what you were getting yourself involved with?
8 MS. DAWE:
9 A. Well, by then, December of 2004, Government
10 had already announced its plan to further
11 regionalize health and community services in
12 this province. I think that announcement was
13 made in September of 2004 that the decision
14 was made to consolidate the 14 regional boards
15 that existed at that time into four regional
16 authorities. So that decision had been made,
17 so I was very much aware of the direction of
18 Government.
19 COFFEY, Q.C.:
20 Q. And with respect to the region now for which
21 Eastern Health is responsible now -
22 MS. DAWE:
23 A. Yes.
24 COFFEY, Q.C.:
25 Q. - how many of the earlier boards ended up in -

Page 13

1 MS. DAWE:
2 A. Seven.
3 COFFEY, Q.C.:
4 Q. Seven of them.
5 MS. DAWE:
6 A. Of the 14 then were merged to create Eastern
7 Health. Would you like me to name them?
8 COFFEY, Q.C.:
9 Q. If you would please, yes.
10 MS. DAWE:
11 A. The Health Care Corporation of St. John's, so
12 that's all the acute care facilities in St.
13 John's and Bell Island, of course, was
14 included; the St. John's Nursing Home for all
15 the nursing homes; Health and Community
16 Services, St. John's, which was the community-
17 based services of health; the Avalon
18 Institutions Board; the Peninsulas Board; and
19 the Newfoundland Cancer Treatment Research
20 Foundation. So direct services all, the full
21 continuum from the community, the public
22 health, right on through the continuum to
23 long-term care, all the services from St.
24 John's to Port Blandford. That was part of
25 the mandate and then the tertiary care and

Page 14

1 specialty services for the province are also
2 provided through this region. So
3 approximately, I think it's around 58 percent
4 of the population of the province would reside
5 in this region and we provide direct services.
6 COFFEY, Q.C.:
7 Q. Now before agreeing to assume the role of
8 Chair of the Board of Trustees of what was to
9 be Eastern Health or to become Eastern Health,
10 had you been involved with any of the
11 predecessor boards?
12 MS. DAWE:
13 A. Yes, I chaired the Health and Community
14 Services, St. John's.
15 COFFEY, Q.C.:
16 Q. And what was their mandate?
17 MS. DAWE:
18 A. To deliver all the community-based services,
19 so as I indicated earlier, beginning with the
20 public health services, the prevention,
21 promotion, all the continuing care, the home
22 care, home support services, and then in the
23 latter part of the 90s, I believe 1997/98,
24 services that were normally delivered or
25 historically delivered by the Department of

Page 15

1 Social Services, the Child Youth and Family
2 Services, Children's Rehabilitative Services,
3 Child Family Services and so on, they were
4 transferred from the Department of Social
5 Services to the Department of Health and
6 Community Services and then onward to the
7 responsibility of the community health boards.
8 So Health and Community Services, St. John's,
9 provided the full continuum of community-based
10 services.
11 THE COMMISSIONER:
12 Q. Just on that particular point, so I
13 understand, services such as Child Protection,
14 would that fall with that?
15 MS. DAWE:
16 A. Yes.
17 THE COMMISSIONER:
18 Q. But what about normal--what used to be called
19 social work services for people who need
20 assistance with living space or that kind of
21 stuff, would that be there?
22 MS. DAWE:
23 A. Not the income support piece.
24 THE COMMISSIONER:
25 Q. Okay.

Page 16

1 MS. DAWE:
2 A. But the services, the direct services, Child
3 Youth and Family Service, family
4 rehabilitative services, services for the
5 disabled population and so on.
6 THE COMMISSIONER:
7 Q. All right, thank you.
8 COFFEY, Q.C.:
9 Q. In terms of your own career, I'm going to take
10 you back a little bit. You indicated that you
11 got into hospital administration at one point.
12 MS. DAWE:
13 A. Yes.
14 COFFEY, Q.C.:
15 Q. And when was that?
16 MS. DAWE:
17 A. 1975.
18 COFFEY, Q.C.:
19 Q. And which hospital?
20 MS. DAWE:
21 A. St. Clare's Mercy Hospital.
22 COFFEY, Q.C.:
23 Q. And at that time, I understand St. Clare's
24 Mercy Hospital was a stand-alone institution?
25 MS. DAWE:

Page 17

1 A. Yes, yes.
2 COFFEY, Q.C.:
3 Q. What sort of roles did you have in the
4 hospital administration?
5 MS. DAWE:
6 A. I had responsibility for nursing services, and
7 some of the clinical services as well,
8 radiology and laboratory and EKG and so on,
9 these departments, I'm recalling.
10 COFFEY, Q.C.:
11 Q. Yes.
12 MS. DAWE:
13 A. But -
14 COFFEY, Q.C.:
15 Q. And I appreciate it's a number of years ago.
16 MS. DAWE:
17 A. Yes, it is.
18 COFFEY, Q.C.:
19 Q. But you had had some exposure, at least in an
20 earlier part of your career, to radiology
21 services?
22 MS. DAWE:
23 A. Yes, to other than nursing.
24 COFFEY, Q.C.:
25 Q. Yes, other than nursing.

Page 18

1 MS. DAWE:
2 A. To the clinical services, yes.
3 COFFEY, Q.C.:
4 Q. From hospital administration, you moved where?
5 MS. DAWE:
6 A. To the St. John's Hospital Council, which was
7 a planning agency for the acute care
8 facilities in St. John's.
9 COFFEY, Q.C.:
10 Q. And from there?
11 MS. DAWE:
12 A. To Assistant Deputy Minister of Health.
13 COFFEY, Q.C.:
14 Q. When were you Assistant Deputy Minister?
15 MS. DAWE:
16 A. I believe beginning December 1991 to, I think,
17 1995 when Premier Tobin assumed
18 responsibility, that was the period. I was
19 then asked to become Deputy Minister of Social
20 Services.
21 COFFEY, Q.C.:
22 Q. And you spent how long as the DM?
23 MS. DAWE:
24 A. I think it was almost two years.
25 COFFEY, Q.C.:

Page 19

1 Q. And as the ADM in the Department of Health, as
2 it then was -
3 MS. DAWE:
4 A. Yes.
5 COFFEY, Q.C.:
6 Q. - and then the Deputy Minister in the
7 Department of Social Services, you would have
8 been in the Confederation Building?
9 MS. DAWE:
10 A. Yes.
11 COFFEY, Q.C.:
12 Q. After your tenure as the Deputy Minister of
13 Social Services, I take it you initially
14 retired?
15 MS. DAWE:
16 A. Yes, I did.
17 COFFEY, Q.C.:
18 Q. And you stayed retired for?
19 MS. DAWE:
20 A. Three months.
21 COFFEY, Q.C.:
22 Q. And what happened then?
23 MS. DAWE:
24 A. I was called and asked if I would return to
25 the Department of Health and Community

Page 20

1 Services as Deputy for a period. The then
2 deputy had moved from that position to the
3 Health Care Corporation.
4 COFFEY, Q.C.:
5 Q. Who was the then deputy?
6 MS. DAWE:
7 A. Dr. Robert Williams.
8 COFFEY, Q.C.:
9 Q. Okay, and by the time you were asked to come
10 back, he had either moved or indicated he was
11 going to move?
12 MS. DAWE:
13 A. Absolutely, yes.
14 COFFEY, Q.C.:
15 Q. And you were prevailed upon, and did return?
16 MS. DAWE:
17 A. Yes.
18 COFFEY, Q.C.:
19 Q. And you were back for how long?
20 MS. DAWE:
21 A. At my determination, I returned for a year
22 through a transition period.
23 COFFEY, Q.C.:
24 Q. And who replaced you?
25 MS. DAWE:

Page 21

1 A. Deborah Fry.
2 COFFEY, Q.C.:
3 Q. And having done a year as the Deputy Minister
4 of Health, you then went to what? Returned to
5 retirement, as it were?
6 MS. DAWE:
7 A. I returned to retirement.
8 COFFEY, Q.C.:
9 Q. Yes, and then your--I appreciate that, or I
10 understand that you have remained involved as
11 a volunteer, both before and after that period
12 of time?
13 MS. DAWE:
14 A. Yes.
15 COFFEY, Q.C.:
16 Q. After retiring as the Deputy Minister of
17 Health, your next substantive position was
18 with whom?
19 MS. DAWE:
20 A. As the volunteer?
21 COFFEY, Q.C.:
22 Q. Yes.
23 MS. DAWE:
24 A. The chair of the Community Health Board.
25 COFFEY, Q.C.:

Page 22

1 Q. And that started?
2 MS. DAWE:
3 A. The spring of 2000, I believe.
4 COFFEY, Q.C.:
5 Q. Now in your capacity as that chair -
6 MS. DAWE:
7 A. Yes.
8 COFFEY, Q.C.:
9 Q. - did you have any dealings with the Health
10 Care Corporation of St. John's?
11 MS. DAWE:
12 A. I'm not sure of the exact time, but through,
13 it may have been two years after I assumed
14 that role, I became--I was asked to become a
15 cross representative on the Health Corporation
16 Board. Now I was not a full member, but more
17 or less a liaison, so as to ensure planning
18 and continuity and exchange of communication
19 and so on between the community aspects of the
20 system and the acute care institution. So it
21 was--we called it, we referred to it at that
22 time as a cross representative, but it was
23 this liaison role.
24 COFFEY, Q.C.:
25 Q. And so you were the Community Board's

Page 23

1 representative -
2 MS. DAWE:
3 A. On the -
4 COFFEY, Q.C.:
5 Q. - on the Health Care Corporation's Board?
6 MS. DAWE:
7 A. Yes, yes.
8 COFFEY, Q.C.:
9 Q. And you held that position for how long?
10 MS. DAWE:
11 A. Until the merger of all the organizations,
12 until I became Chair then of Eastern Health.
13 COFFEY, Q.C.:
14 Q. And was there a corresponding representative
15 of the Health Care Corporation of St. John's
16 on the Community Board?
17 MS. DAWE:
18 A. No, because I would fulfil the role as the
19 link between the two, but another--I should
20 say there was a representative from the Health
21 Corporation Board on the Nursing Home Board
22 for the same reason. So we started, you know,
23 so as to encourage and foster planning and
24 relationships and understanding of the impact
25 on each other of decisions that were made in

Page 24

1 any one part of the system.
2 COFFEY, Q.C.:
3 Q. I'm going to ask you about how you know
4 certain of the people whose names will come up
5 in the course of the Inquiry, because I
6 understand that, at least in relation to some
7 of them, that you've known them in different
8 capacities throughout the years. I'll start
9 with Bob Williams, whom you've referred to.
10 When would you have first met Dr. Bob
11 Williams?
12 MS. DAWE:
13 A. I think in the early 80s, following the Royal
14 Commission on Hospital and Nursing Home Costs.
15 I was involved in that from a system
16 perspective. I think Dr. Williams was--I'm
17 not sure of his title in the Department of
18 Health and Community Services at that time,
19 whether it was Assistant Deputy. I'm not
20 quite sure of that, but it would go back to
21 the 80s.
22 COFFEY, Q.C.:
23 Q. And then after that?
24 MS. DAWE:
25 A. So that's through the 80s and then actually, I

1 was called by Dr. Williams in the 1991 period
2 and invited into the position of Assistant
3 Deputy Minister of Health. So then I would
4 have worked with him as Assistant Deputy from
5 late '91 until I moved to Social Services, and
6 then I was Deputy of Social Services, he was
7 Deputy of Health.
8 COFFEY, Q.C.:
9 Q. And you moved in 1995?
10 MS. DAWE:
11 A. Yes, I believe it was--I think it was the
12 spring of '95.
13 COFFEY, Q.C.:
14 Q. So that it was Dr. Williams in his capacity as
15 then Deputy Minister of Health?
16 MS. DAWE:
17 A. During that period, yes.
18 COFFEY, Q.C.:
19 Q. Who asked you to come in as the ADM for
20 Health?
21 MS. DAWE:
22 A. Yes.
23 COFFEY, Q.C.:
24 Q. And as the Assistant Deputy Minister for
25 Health, which aspect of Health were you

1 responsible for?
2 MS. DAWE:
3 A. The community.
4 COFFEY, Q.C.:
5 Q. Community.
6 MS. DAWE:
7 A. The community, yes.
8 COFFEY, Q.C.:
9 Q. And so you then moved into, in 1995, would
10 have moved into a position lateral to his?
11 MS. DAWE:
12 A. Yes.
13 COFFEY, Q.C.:
14 Q. As a Deputy Minister, and continued in that
15 position for about a year?
16 MS. DAWE:
17 A. Almost two years.
18 COFFEY, Q.C.:
19 Q. Two years, I'm sorry, yes, two years yourself.
20 Retired for the first time. Was out of the
21 workforce, the paid workforce, for a while,
22 and then when you went back or were asked to
23 go back as Deputy Minister of Health, you were
24 replacing Bob Williams?
25 MS. DAWE:

1 A. Yes.
2 COFFEY, Q.C.:
3 Q. And Bob was going where?
4 MS. DAWE:
5 A. As Vice President of Medicine with the Health
6 Care Corporation.
7 COFFEY, Q.C.:
8 Q. And then after that, in terms of your
9 interaction with him? He's gone over to the--
10 probably to the General Hospital site,
11 probably. We'll ask him, but that's probably
12 where. And then -
13 MS. DAWE:
14 A. Not sure.
15 COFFEY, Q.C.:
16 Q. - and then you're in the Confederation
17 Building?
18 MS. DAWE:
19 A. Yes.
20 COFFEY, Q.C.:
21 Q. And then after that?
22 MS. DAWE:
23 A. I would not have had any direct--during the
24 period when I was Deputy of Health, my
25 relationship would be with the President and

1 CEO of the Health Care Corporation and at that
2 time, it was Sister Elizabeth.
3 COFFEY, Q.C.:
4 Q. Okay.
5 MS. DAWE:
6 A. And the protocol that, and I follow today, I
7 followed in my professional career was the
8 minister relates with the chair, the deputy
9 minister relates with the president/CEO, so
10 the employees of the system, so that my
11 relationship, professional relationship with
12 Dr. Williams after he moved to the Health
13 Corporation would be very limited. It would
14 be directly.
15 COFFEY, Q.C.:
16 Q. No.
17 MS. DAWE:
18 A. Like I wouldn't have occasion to ask to meet
19 with Dr. Williams. We don't work that way.
20 COFFEY, Q.C.:
21 Q. Your, if you wanted to contact, as deputy
22 minister of Social Service if you wanted to
23 contact--and then, I'm sorry, not social--of
24 health?
25 MS. DAWE:

Page 29

1 A. Yes.
2 COFFEY, Q.C.:
3 Q. You're DM of health. If you wanted to speak
4 to somebody at the then Health Care
5 Corporation, you'd call Sister Elizabeth?
6 MS. DAWE:
7 A. Sister Elizabeth.
8 COFFEY, Q.C.:
9 Q. The CEO?
10 MS. DAWE:
11 A. Yeah, that's -
12 COFFEY, Q.C.:
13 Q. Go ahead, then, what -
14 MS. DAWE:
15 A. Yes. Now following that period when I was
16 cross representative from the community to the
17 Health Corporation Board, Dr. Williams was
18 Vice-President of Medical Services of the
19 Health Corp so he would be at the table at
20 board meetings as a resource person for the
21 president, CEO. So but there would be very,
22 very limited reason to have any direct contact
23 with him.
24 COFFEY, Q.C.:
25 Q. And when you, or after you became chair of the

Page 30

1 Board of Trustees of Eastern Health.
2 MS. DAWE:
3 A. Yes.
4 COFFEY, Q.C.:
5 Q. How about then?
6 MS. DAWE:
7 A. Well, our direct, our only employee is the
8 president/CEO.
9 COFFEY, Q.C.:
10 Q. I see.
11 MS. DAWE:
12 A. So any interventions with anybody in the
13 organization, it would be directly with the
14 president/CEO. Dr. Williams was Vice-
15 President of Medical Services again with
16 Eastern Health, so he would be at the table in
17 the same capacity as I referred to earlier, as
18 a resource person for the president.
19 COFFEY, Q.C.:
20 Q. And I take it occasionally, and we'll be
21 getting to certain presentations I understand
22 he made to the board, he would be one of the
23 officials who at times would make
24 presentations to the board?
25 MS. DAWE:

Page 31

1 A. Yes, on matters of medical issues or medical
2 concern, yes, absolutely.
3 COFFEY, Q.C.:
4 Q. So that's Dr. Williams. I'll just pick
5 another individual. George Tilley?
6 MS. DAWE:
7 A. I'm not sure of the time period, but whether
8 it was the '70s or the '80, but well back, I
9 think at that time he worked in labour
10 relations with the Newfoundland Hospital
11 Association; I recall him from there. And
12 then in administration at the Janeway,
13 administration at Waterford Hospital, with the
14 Health Corporation as vice, senior vice-
15 president, I believe.
16 COFFEY, Q.C.:
17 Q. And in terms of your own interaction is what -
18 MS. DAWE:
19 A. And then, well, directly, my direct has been
20 since he was president/CEO of Eastern Health.
21 That's my only direct link with him.
22 COFFEY, Q.C.:
23 Q. And that would be beginning, just before April
24 -
25 MS. DAWE:

Page 32

1 A. Yeah, in early 2005.
2 COFFEY, Q.C.:
3 Q. 2005. You would have--you knew who he was?
4 MS. DAWE:
5 A. Yes.
6 COFFEY, Q.C.:
7 Q. And you presumably would have spoke to him at
8 various times but -
9 MS. DAWE:
10 A. Oh, yes.
11 COFFEY, Q.C.:
12 Q. But not in any kind of official capacity?
13 MS. DAWE:
14 A. Not in an employer/employee relationship until
15 2005.
16 COFFEY, Q.C.:
17 Q. I'm going to just take another individual,
18 Ross Wiseman?
19 MS. DAWE:
20 A. Mr. Wiseman was an employee of the board in
21 the Clarenville area. I'm not sure what it
22 was called at that time. But he was an
23 employee and I was, you know, I didn't know
24 him well, but I knew of him and I think we had
25 spoken maybe on a few occasions. But then

1 since he was appointed minister of health, of
2 course, I report directly to the minister.
3 COFFEY, Q.C.:
4 Q. I understand another name, John Abbott?
5 MS. DAWE:
6 A. I believe my first contact with John Abbott
7 would have been when he was in Treasury Board.
8 I'm not--and whether I was in health or the
9 system at that time, I'm really not sure, but
10 I think that was my first involvement, when he
11 was in Treasury Board. And then, of course,
12 when I moved in as assistant deputy minister
13 of health, I would have known him. I believe
14 he might have been in Treasury Board at that
15 time. And then he became deputy of several
16 departments during the period when I was in
17 health and social service, so I would, we
18 would have met on occasions as deputies. The
19 year that I went back to health as deputy
20 minister, John joined us in an associate
21 capacity for special projects for maybe ten
22 months to a year, so I would have known him
23 there.
24 COFFEY, Q.C.:
25 Q. So the year, this would be the mid '90s?

1 MS. DAWE:
2 A. No, no. That's when I went back.
3 COFFEY, Q.C.:
4 Q. Back, so -
5 MS. DAWE:
6 A. So that would be '99, maybe.
7 COFFEY, Q.C.:
8 Q. Okay.
9 MS. DAWE:
10 A. That period when I went back to health.
11 COFFEY, Q.C.:
12 Q. I'm sorry. In the late '90s?
13 MS. DAWE:
14 A. Yes.
15 COFFEY, Q.C.:
16 Q. And you were back there for a year and Mr.
17 Abbott worked in the department?
18 MS. DAWE:
19 A. Yes.
20 COFFEY, Q.C.:
21 Q. Under contract or term?
22 MS. DAWE:
23 A. Yes.
24 COFFEY, Q.C.:
25 Q. Fixed term?

1 MS. DAWE:
2 A. Yes.
3 COFFEY, Q.C.:
4 Q. And who retained or hired him to do that?
5 MS. DAWE:
6 A. I believe I did, actually, because--yes. For
7 special projects, it was during the transition
8 phase when services had moved from social
9 service to health. It was the new Department
10 of Health and Community Service, so the
11 department was in transition and he was
12 employed then to assist through that with a
13 focus on the structure of the department, I
14 believe.
15 COFFEY, Q.C.:
16 Q. And in that capacity he reported to yourself?
17 MS. DAWE:
18 A. Yes, yeah.
19 COFFEY, Q.C.:
20 Q. Go ahead then.
21 MS. DAWE:
22 A. And then I met him again, he chaired the
23 Health Corporation Board at the same time I
24 chaired Health and Community Services Board
25 and when I was the cross representative on the

1 Health Corporation Board, he was the chair.
2 COFFEY, Q.C.:
3 Q. Of the Health Care Corporation Board of
4 Trustees?
5 MS. DAWE:
6 A. Of the corporation board. And then laterally
7 he was deputy minister of Health and Community
8 Service. But in that capacity I would not
9 have the direct contact. Again, as I had
10 indicated earlier, my relationship would be
11 with the minister. So it would only be if I
12 were--if it was some matter that was very
13 urgent and I was not able to reach the
14 minister, in that case I may have made contact
15 with the deputy to say, "Please pass a
16 message," whatever, but the relationship would
17 not be board chair to the deputy minister.
18 COFFEY, Q.C.:
19 Q. John Ottenheimer, another, names that--and
20 they will, these individuals will, of course,
21 testify here, so.
22 MS. DAWE:
23 A. I knew of Mr. Ottenheimer when he was, I
24 guess, in a position. And my first contact
25 would have been he was the minister of Health

Page 37

1 and Community Services at the same--when I was
2 chair of the community board, that period. So
3 I would have-that's when I got to know the
4 gentleman. And then he was the person who
5 actually invited me to assume this role. So I
6 would have worked with him from 2005 until he
7 moved from his position as minister of health.
8 COFFEY, Q.C.:
9 Q. And when Mr. Ottenheimer--I'll put this to
10 you, I suppose, bluntly. Did you go looking
11 for the position to become chair of the Board
12 of Trustees or how did it come about? Because
13 I think it's, the Commissioner should
14 understand how you've ended up in the position
15 you did and why you took on the role.
16 MS. DAWE:
17 A. No, I certainly didn't go looking. I am a
18 very, very strong supporter of the system and
19 I'm very committed to the system but I did not
20 go looking for the position. I was called by
21 Minister Ottenheimer first and to explore the
22 possibility of assuming this role. And that
23 would have been, whether it was November or
24 December of 2004, I don't recall precisely,
25 but through that period. And initially I

Page 38

1 thanked him for his offer but declined because
2 I truly then had planned to retire and to
3 enjoy family life.
4 COFFEY, Q.C.:
5 Q. Yeah.
6 MS. DAWE:
7 A. So I declined initially. And within a few
8 weeks he made contact again. And I'm
9 recalling now, you will appreciate.
10 COFFEY, Q.C.:
11 Q. Yes.
12 MS. DAWE:
13 A. But I'm pretty sure I declined again. And
14 then we spoke again a third time. And so the
15 request was if I would assume the position for
16 an interim period, maybe 10 months to a year,
17 and so I said yes.
18 COFFEY, Q.C.:
19 Q. And here you are now in early 2008. The
20 trustees of, I'm referring to the organization
21 as Eastern Health, the trustees of Eastern
22 Health have what length term, the current
23 trustees?
24 MS. DAWE:
25 A. Three-year term.

Page 39

1 COFFEY, Q.C.:
2 Q. And yourself as chair, as well?
3 MS. DAWE:
4 A. Three-year term.
5 COFFEY, Q.C.:
6 Q. And that expires when?
7 MS. DAWE:
8 A. The end of March, within coming weeks.
9 COFFEY, Q.C.:
10 Q. Okay, March 31st, 2008?
11 MS. DAWE:
12 A. Yes.
13 COFFEY, Q.C.:
14 Q. Okay. Ms. Dawe, I do plan to take you through
15 a number of aspects of the involvement of the
16 Board of Trustees in the matter that the
17 Commissioner is investigating, but before I
18 really get into that, could you explain to the
19 Commissioner, please, what, I'll use the
20 phrase, what model of governance Eastern
21 Health has chosen to utilize or is required to
22 utilize?
23 MS. DAWE:
24 A. Well, if I could preface?
25 COFFEY, Q.C.:

Page 40

1 Q. Sure.
2 MS. DAWE:
3 A. Eastern Health is obviously operating within a
4 legislative framework. So there are really
5 three pieces at the moment that we are, I
6 can't say mandated because we're in
7 transition, as well, because not all the
8 legislation is fully proclaimed. But there is
9 a Hospitals Act.
10 COFFEY, Q.C.:
11 Q. That's currently in force?
12 MS. DAWE:
13 A. That is currently in force and it has been for
14 quite a period, but that deals with the system
15 prior to regionalization, so it's not as
16 precise as the reality under which we operate
17 today. When Eastern Health was created, there
18 was also transparency and accountability piece
19 of legislation which had been--no, it had been
20 assented to in, I think, 2004. And now we
21 have a Regional Health Authorities Act, which
22 has been assented to but not yet proclaimed.
23 So we're in a period of transition, so the way
24 each of the authorities operate is very much
25 leaning towards and following the intent, the

Page 41

1 spirit and intent of the Regional Authorities
2 Act, because it is appropriate to the reality
3 of today. The transparency and accountability
4 legislation, which is proclaimed, is very,
5 very much speaks to how boards operate and
6 accountabilities of boards and CEOs and
7 government, and it outlines in a very detailed
8 manner the strategic planning responsibility
9 of a board. And in that sense, it speaks to
10 outreach to the community, engaging the
11 community, determining needs and more detail
12 information on the role of the minister and
13 the authority. So with that as a backdrop,
14 when Eastern Health was created, one of the
15 very first things that the board engaged in
16 was its own retreat to talk about its mandate
17 and the accountabilities. We spent and
18 continue to spend a considerable amount of
19 time ensuring that trustees understand our
20 roles, the mandate, the legislative framework,
21 develop our strategic plan, our strategic
22 directions because it is at the governance
23 level that it is our responsibility and that's
24 the legislation. We do not operate at an
25 operation--we do not govern at an operational

Page 42

1 level. That is the responsibility of the
2 president/CEO and the staff, the executive
3 staff of the organization. And I might
4 indicate that Eastern Health is a large
5 complex organization with about 12,000
6 employees, so it's among the 20th largest in
7 the country in terms of academic, teaching
8 organizations. So we as trustees spent a
9 considerable amount of time in orientation, in
10 understanding roles. And the board consists
11 of 18 individuals, 12 of whom were new to the
12 health system. Six people had come from one
13 of the previous boards that were in place, but
14 12 were new to the system. So as chair I felt
15 a grave responsibility in making sure that we
16 embarked upon a board orientation program and
17 board development. Because of the
18 significance of our mandate and the fact that
19 there were so many new people that we spent
20 the first, first and second year on
21 orientation on our meetings, and I think there
22 were about 30 of our meetings, 15 only would
23 be held at St. John's. We travelled the full
24 region, met with community people, invited
25 people from communities to come and meet with

Page 43

1 us so we could talk about what Eastern Health
2 was, what our role was as a board, the role of
3 the executive and how we wanted to engage
4 community to assist us in fulfilling our
5 mandate. And as an aside, I would want to
6 note that within three months of our mandate
7 we moved pretty aggressively and quickly into
8 the Burin Peninsula area and undertook a first
9 comprehensive needs assessment process which
10 involved, in a significant way, consultations
11 with the community. That was the first time
12 that a process of this nature, using a
13 population health basis, was ever undertaken
14 here and which engaged the community partners
15 in a significant way. That report is on our
16 web site and I would refer you to the details
17 because it really speaks to our role as
18 trustees in engaging people in the community
19 to become partners with us. We've done the--
20 that was a very comprehensive process which
21 took about 10 months. We've done the same in
22 the southern Avalon area. And we--that
23 process engaged the board again where we went
24 to the community, released the--when the
25 report was complete, which was pretty

Page 44

1 comprehensive, we went as a full board, met
2 the community, met community leaders, mayors
3 of the municipalities and so on, shared the
4 information and committed to the communities
5 that we would be receiving every six months
6 from the organization an update on the status
7 of the recommendations from these reports and
8 that within two years we would go back to the
9 community, invite the people to come back with
10 us and talk to them about the status of the
11 recommendations, where we are, how many are
12 implemented and so on. So our model of
13 governance, I'm coming to -
14 COFFEY, Q.C.:
15 Q. Yes, yeah.
16 MS. DAWE:
17 A. - directly answer your question. Our model of
18 governance is sort of, it was guided by the
19 legislation as we saw it of the outreach to
20 the community, and I think it is most
21 appropriate that we engage then a facilitator
22 from outside the province, from Prince Edward
23 Island, a lady who had considerable experience
24 and who was a facilitator in policy governance
25 to come and meet with the board in the first

Page 45

1 summer of 2005 to talk about--we explored
2 various options for governance. And it was
3 after a retreat that the board had that we
4 choose a policy governance model as the best
5 one for us at this stage. Now, it's not a
6 pure policy governance model, we've modified
7 to meet our circumstance, but it's very much
8 geared to the appropriate role of governance
9 consistent with our legislative framework.
10 COFFEY, Q.C.:
11 Q. And this retreat was when?
12 MS. DAWE:
13 A. Well, we had a retreat in early 2005 and I
14 think that where were spoke about our
15 direction would have been the summer of 2005,
16 I believe. And then we had the lady come back
17 again in the fall and we've worked
18 continuously with her since then.
19 COFFEY, Q.C.:
20 Q. So and it's a, then, would it be fair to call
21 it a modified policy governance model?
22 MS. DAWE:
23 A. Yes, yes, yes.
24 COFFEY, Q.C.:
25 Q. Now, with respect to that, have you had any

Page 46

1 prior experience yourself with a policy
2 governance model, or a modified one, for that
3 matter?
4 MS. DAWE:
5 A. Not in a practical--well, we explored, we've
6 explored these possibilities for years.
7 COFFEY, Q.C.:
8 Q. In the earlier boards?
9 MS. DAWE:
10 A. In other--yes, yes.
11 COFFEY, Q.C.:
12 Q. You've been involved in?
13 MS. DAWE:
14 A. And spoke about it and talked about embarking
15 upon this. But it seemed to be the timing of
16 a brand new board with a new significant
17 mandate and we were exploring options to
18 ensure that we fulfilled our mandate and that
19 we felt, and I think it's proven, that this
20 form of governance that we choose has greater
21 accountabilities outlined than anything we've
22 worked with in the past. We have, we have our
23 legislative mandate, at Eastern Health we have
24 governance bylaws which delineate the role of
25 the board, the role of the executive director,

Page 47

1 we have a job description which does the same.
2 But we also now have a very comprehensive set
3 of governance policies which outline the
4 responsibilities in the executive limitation
5 form around the role of the executive
6 director, and we receive monitoring reports.
7 This is new, as well, and they're still
8 evolving; we're still at an early stage in
9 that. But I would also indicate to you, if
10 you haven't had the opportunity, a report was
11 released in Manitoba just last month following
12 ten years of regionalization in that province,
13 which it wasn't an evaluative report on
14 regionalization and the external reviewers
15 noted that these authorities use policy
16 governance and that it is very, very well
17 suited to regionalization and commended the
18 direction as appropriate and responsible for
19 the circumstances.
20 COFFEY, Q.C.:
21 Q. Ma'am, with respect to a policy governance
22 model or a modified such model, as this is
23 your first actual hands-on experience with it,
24 but you have earlier experience with boards,
25 including chairing.

Page 48

1 MS. DAWE:
2 A. Yes.
3 COFFEY, Q.C.:
4 Q. Certainly the Community Service is one in the
5 St. John's region, and Avalon region. What
6 words would they use to describe the other
7 models that you have worked in, the one in
8 contradistinction to a policy governance, what
9 other models are there?
10 MS. DAWE:
11 A. Well it's more management. It's not as--the
12 accountabilities are not as clearly defined as
13 the model that we use currently or that we're-
14 -it's still evolving, I might say we're still
15 at an early stage and we're adding as we
16 adjust and when we monitor. One of the other
17 very positive pieces of this model that we use
18 as well is with respect to the role of the
19 board, because the role of the board is very,
20 very clearly defined and we actually, at every
21 one of our board meetings, we monitor and
22 evaluate the functioning of the board. One
23 trustee is assigned at every meeting to
24 monitor processes, board processes throughout
25 our meetings. We have an in camera session at

Page 49

1 the end to review the evaluation. That's on
2 an ongoing basis. We have an annual
3 performance evaluation, a single one for each
4 board member to privately assess their
5 responsibilities and then we have a very
6 comprehensive annual performance review for
7 the board.
8 COFFEY, Q.C.:
9 Q. So, and as you have pointed out earlier, the
10 only employee of the Board of Trustees of
11 Eastern Health is the CEO?
12 MS. DAWE:
13 A. Absolutely, and that doesn't--that's not
14 exclusive to any one form of--that's a unified
15 principle for all models of governance.
16 COFFEY, Q.C.:
17 Q. Are there any disadvantages that you can see
18 to the Policy Governance Model?
19 MS. DAWE:
20 A. No, no. And actually this past fall we had
21 the facilitator come back and we evaluated the
22 status of our implementation and we have
23 reaffirmed that for us, this is appropriate.
24 I have to continue to say it is still evolving
25 because our policies were developed in the

Page 50

1 spring of 2006, I believe, and so we are
2 continuing to review and evaluate the
3 appropriateness of these and revise them.
4 COFFEY, Q.C.:
5 Q. So I take it that the board formulates policy.
6 MS. DAWE:
7 A. Yes.
8 COFFEY, Q.C.:
9 Q. And adopts it.
10 MS. DAWE:
11 A. Yes.
12 COFFEY, Q.C.:
13 Q. And then it's up to the management, the CEO
14 and the CEO's subordinates to implement it?
15 MS. DAWE:
16 A. Yes, and consistent with the transparency and
17 accountability legislation, for example, on
18 the strategic plan, the responsibility for the
19 development of the strategic plan rests with
20 the board. So we determine the strategic
21 directions of the organization. And if you
22 consider our first strategic plan was
23 developed in 2006, well 2005 we were working
24 on it, it was developed--for 2006 to 2008 and
25 the strategic directions were ours. And I

Page 51

1 would just cite one of the strategic
2 directions that we thought was of significant
3 importance was that we have an inventory of
4 all our buildings and infrastructure and an
5 inventory of all our capital equipment because
6 if we had to understand the environment in
7 which we were working, in order to ensure that
8 we could fulfil our mandate, we have over 80
9 facilities, as such, offices and hospitals and
10 nursing homes and the like, so that was within
11 the first few months we determined that we
12 needed to understand the state of the
13 buildings for which we are responsible. And
14 I'm sure, you heard about the infrastructure
15 report in the media recently. That was as a
16 result of one of our very first strategic
17 directions in 2005-6. So that's an example of
18 why I'm saying the board determines the policy
19 for the organization, the strategic
20 directions. The operationalization of these
21 then is carried on by the president, CEO and
22 his or her staff.
23 COFFEY, Q.C.:
24 Q. In what circumstances would the board
25 intervene to give direction to the CEO in

Page 52

1 relation to any particular type of matter?
2 What sort of circumstances?
3 MS. DAWE:
4 A. If there was--if we were made aware of any
5 variances in policies, for example, our
6 commitment and one of our strategic directions
7 and legislative responsibility is a balanced
8 budget, for example. So we have a Finance
9 Committee, we have monthly reports to the
10 board. We very carefully monitor our
11 financial stability. To ensure stability, we
12 had to make sure that we were on, you know,
13 for obvious reasons, we do not have variances
14 from the plan. So if there was something that
15 was brought to our attention through the
16 monitoring process and through the Finance
17 Committee, then we would intervene and provide
18 that kind of direction.
19 COFFEY, Q.C.:
20 Q. So that would be, if it was brought up from
21 the groups or individuals that report to the
22 board -
23 MS. DAWE:
24 A. Through the monitoring reports that we have,
25 sure.

Page 53

1 COFFEY, Q.C.:
2 Q. What sort of reports does the board receive on
3 a routine basis? A financial one is one.
4 MS. DAWE:
5 A. A very, very comprehensive financial report.
6 COFFEY, Q.C.:
7 Q. What other types of reports?
8 MS. DAWE:
9 A. We have a Planning Committee as well, so we
10 get--the Planning Committee meets regularly as
11 well, so every board meeting we have a report
12 of the Planning Committee and that covers a
13 number of elements. We also have a Safety and
14 Improvement Committee of the board, we receive
15 reports through that committee as well. And
16 then, separate and distinct or sometimes
17 through these processes, but it can be
18 separate, we have the monitoring reports that
19 are consistent with our executive limitations.
20 COFFEY, Q.C.:
21 Q. And for example, to use a concrete example
22 here, the ER/PR issue.
23 MS. DAWE:
24 A. Yes.
25 COFFEY, Q.C.:

Page 54

1 Q. How would that or an issue like that comes to
2 the board's attention?
3 MS. DAWE:
4 A. Well, it could come in any number of ways. It
5 could come through the vice-president of
6 medical services, which it did in the first
7 instance--through the president. It could
8 come through the Medical Advisory Committee,
9 it could come through the Safety and
10 Improvement Committee.
11 COFFEY, Q.C.:
12 Q. Now the Medical Advisory Committee, could you
13 tell the Commissioner, please, what the
14 relationship is of the Board of Trustees to
15 the, I'll refer to it as the MAC.
16 MS. DAWE:
17 A. The MAC is the governance piece of the medical
18 staff organization, the Medical Advisory
19 Committee. It consists of a chair who is
20 appointed by the board. The MAC reports
21 directly to the board and is responsible for
22 quality of medical services in the
23 organization. It consists of the clinical
24 chiefs, that's the medical chief for each of
25 the program areas. For example, here in the

Page 55

1 St. John's Acute Care Facility. It also
2 consists of the discipline chairs, these are
3 the University chairs of the medical, like
4 medicine, surgery and the like. I think there
5 are about thirty maybe, between 25 and 30
6 members of the MAC. There are executive or--
7 sorry, there are ex officio members of MAC and
8 that they would be the president, the vice-
9 president of medical services, one or two of
10 the chief operating officers who would be
11 involved in acute care and I think two other
12 employees of Eastern Health.
13 COFFEY, Q.C.:
14 Q. And the MAC then reports to the Board of
15 Trustees?
16 MS. DAWE:
17 A. Yes, directly and it is a significant
18 responsibility of MAC is also the
19 credentialing process.
20 COFFEY, Q.C.:
21 Q. Now how, in a practical way does the MAC
22 report to the Board of Trustees?
23 MS. DAWE:
24 A. Usually there is a monthly report. At each
25 board meeting we have a report from MAC. It

Page 56

1 may be, now I should indicate we are at a
2 transition phase as well with respect to
3 medical staff organization. In our region we
4 have a Medical Advisory Committee for the
5 acute care facilities in St. John's; a Medical
6 Advisory Committee for the long-care term
7 sector; one for the rural Avalon and one for
8 the Peninsulas. So we have four different
9 MACs reporting into the board. They report on
10 a regular basis. So they could report on
11 matters of concern related to quality, matters
12 of concern on recruitment and retention of
13 physicians, matters of concern dealing with
14 facilities or equipment and then they make the
15 recommendations to the board through a very
16 comprehensive process on the creditialing,
17 that is allowing physicians to work within the
18 facilities.
19 COFFEY, Q.C.:
20 Q. And what about a problem such as ER/PR,
21 apparently, certainly the problem that Eastern
22 Health encountered in 2005 and I appreciate
23 this is just after--and I understand the
24 evidence will show that in early April is
25 really when the index case was first dealt

Page 57

1 with, that of Peggy Deane. And it was early
2 on in Eastern Health's existence, corporate
3 existence.
4 MS. DAWE:
5 A. Within the first two months or so.
6 COFFEY, Q.C.:
7 Q. But is your understanding that if the MAC was
8 to deal with that issue, how would that end
9 up, their dealing with it and what, if
10 anything, they had to say or didn't say about
11 it, end up before the board? What's the
12 mechanism in place to do that?
13 MS. DAWE:
14 A. It could come as an official report because
15 the president, chair of the MAC reports,
16 provides a written report regularly to the
17 board.
18 COFFEY, Q.C.:
19 Q. All right, so that's that report.
20 MS. DAWE:
21 A. So that's one piece. But it would also, any
22 matters of concern on the medical side of the
23 system would come through the vice-president
24 of Medical Services. It could also come from
25 through the president, it depends. Sometimes

Page 58

1 it could be three of the entities reporting on
2 the same issue.
3 COFFEY, Q.C.:
4 Q. Now is the chair of the MAC for the acute care
5 hospitals in St. John's--I take it there is an
6 MAC for the acute care facilities in St.
7 John's area.
8 MS. DAWE:
9 A. Yes.
10 COFFEY, Q.C.:
11 Q. Throughout this time that you've been chair of
12 the Board of Trustees, that chair has been
13 whom of the MAC?
14 MS. DAWE:
15 A. Dr. Linda Inkpen.
16 COFFEY, Q.C.:
17 Q. Linda Inkpen, she was interim, I think at one
18 point and we'll see that and then she was
19 appointed -
20 MS. DAWE:
21 A. Yes.
22 COFFEY, Q.C.:
23 Q. Dr. Inkpen, is she actually a member of the
24 Board of Trustees?
25 MS. DAWE:

Page 59

1 A. No, no.
2 COFFEY, Q.C.:
3 Q. She's not of Eastern Health?
4 MS. DAWE:
5 A. No, no, no, she's the appointed chair--
6 appointed by the board to chair the Medical
7 Advisory Committee. She is responsible for
8 the functioning of the MAC reporting into the
9 board.
10 COFFEY, Q.C.:
11 Q. Is there anyone who is responsible for, on a
12 continuous basis, liaison between the Board of
13 Trustees of Eastern Health and the four MACs?
14 MS. DAWE:
15 A. Yes, the vice-president of Medical Services.
16 COFFEY, Q.C.:
17 Q. And in this context that would have been Dr.
18 Williams at one point?
19 MS. DAWE:
20 A. At that time.
21 COFFEY, Q.C.:
22 Q. And then Dr. Oscar Howell.
23 MS. DAWE:
24 A. Now Dr. Howell, uh-hm.
25 COFFEY, Q.C.:

Page 60

1 Q. Now try to at least round out the picture,
2 could you tell us, please or describe a
3 typical board meeting, how it would unfold?
4 MS. DAWE:
5 A. Well, we have an agenda and actually part of
6 the prototype, part of our model of governance
7 is we set an agenda for the year, which makes
8 sure that our meetings are held all around the
9 region, that we have opportunity to meet with
10 community groups, if appropriate. So we plan
11 pretty well the year, we were going to have
12 our meetings and what the general content
13 would be. But specifically in terms of an
14 agenda, we would have, you know, matters
15 arising--approval of the minutes, matters
16 arising from the minutes.
17 COFFEY, Q.C.:
18 Q. Who sets the agenda?
19 MS. DAWE:
20 A. I have with the president and CEO. We set a
21 prototype at the beginning and we have various
22 categories.
23 COFFEY, Q.C.:
24 Q. Sure.
25 MS. DAWE:

Page 61

1 A. And then we have a report from the three
2 standing committees: the Finance Committee,
3 the Planning Committee and the Quality and
4 Improvement Committee. We have a report that
5 comes from the executive, so that would be
6 reporting on operational matters. We have the
7 MAC reports from the four areas and then we
8 have a section that is educational information
9 and I guess that would be the highlights. And
10 then a section on correspondence, so if, you
11 know, if there were matters that were of an
12 importance to bring to the board, if this
13 communication, for example, from the minister
14 or from our partners, because we are a very
15 much--we see ourselves as engaging people in
16 working together, so, you know, that's the
17 kind of information that then would be
18 contained under correspondence, for example.
19 COFFEY, Q.C.:
20 Q. And board minutes are kept?
21 MS. DAWE:
22 A. Absolutely.
23 COFFEY, Q.C.:
24 Q. And how are they dealt with then by way of
25 approval or modification or approval?

Page 62

1 MS. DAWE:
2 A. Well at the following meeting, a section of
3 the agenda deals with minutes of the previous
4 meeting, so we--and they are very
5 comprehensive minutes, as you have seen. So
6 they are, there's a call for a motion to
7 accept the minutes and we review them and
8 approve them, or modify them if necessary.
9 COFFEY, Q.C.:
10 Q. And we are going to be looking at some of the
11 minutes. Would I be correct if I were to
12 suggest that they are reviewed fairly
13 carefully for accuracy?
14 MS. DAWE:
15 A. Absolutely. Well, we hope so, we hope so,
16 because you will note from time to time that
17 there are amendments to the minutes. Excuse
18 me, I forget to mention another important
19 component of our agenda is at the very outset
20 we have a conflict of interest statement and
21 actually we have a form at the beginning of
22 our board package, which allows each trustee
23 to declare an interest. Should they know in
24 advance of a meeting, you can declare or then
25 should a matter arise during the meeting, we

Page 63

1 have a policy dealing with conflict of
2 interest so that we're very, very conscious of
3 ensuring we deal appropriately, as trustees.
4 COFFEY, Q.C.:
5 Q. And you also earlier referred to the private
6 meeting, I believe, I don't know if that's the
7 phrase you used.
8 MS. DAWE:
9 A. An in camera?
10 COFFEY, Q.C.:
11 Q. In camera meeting, I'm sorry.
12 MS. DAWE:
13 A. Yes.
14 COFFEY, Q.C.:
15 Q. When did those first arise and how do they
16 work?
17 MS. DAWE:
18 A. We deal with the evaluation of the board,
19 process the meetings. I mean, obviously that
20 is only relevant to the board, how we function
21 and whether we want to make changes in the way
22 we function or so on. So there's a--we start
23 our in camera session with a review of the
24 evaluation of our meeting and the process and
25 outcomes and so on.

Page 64

1 COFFEY, Q.C.:
2 Q. The meeting that had just ended?
3 MS. DAWE:
4 A. Yes.
5 COFFEY, Q.C.:
6 Q. The one that's recorded in minutes?
7 MS. DAWE:
8 A. Absolutely, so that's the beginning of that
9 agenda. If it's the period where we are
10 evaluating the CEO, the president/CEO or
11 setting objectives, that kind of discussion
12 would occur there.
13 COFFEY, Q.C.:
14 Q. And there are no minutes kept of the in camera
15 meetings.
16 MS. DAWE:
17 A. No, no, because the record, the evaluation of
18 the meeting is really one of the major reasons
19 for that, and that report is actually then
20 included in the minutes the next time around,
21 or it's recorded and reported.
22 COFFEY, Q.C.:
23 Q. That's the report on the meeting -
24 MS. DAWE:
25 A. Previously, yes.

Discoveries Unlimited Inc., Ph: (709)437-5028

Page 65

1 COFFEY, Q.C.:
2 Q. The non in-camera meeting that just ended.
3 MS. DAWE:
4 A. Yes.
5 COFFEY, Q.C.:
6 Q. And the report on that, kind of your own self-
7 evaluation of that -
8 MS. DAWE:
9 A. Yes.
10 COFFEY, Q.C.:
11 Q. - gets filed on the next day.
12 MS. DAWE:
13 A. Yes.
14 COFFEY, Q.C.:
15 Q. But no minutes are kept of the in camera
16 meeting.
17 MS. DAWE:
18 A. No formal minutes, no, but if they were
19 setting objectives and so on, then they would
20 be translated into writing and then
21 incorporated at the next meeting or something,
22 but -
23 COFFEY, Q.C.:
24 Q. They'd be matters that might be raised during
25 the next meeting.

Page 66

1 MS. DAWE:
2 A. Yes, uh-hm.
3 THE COMMISSIONER:
4 Q. Mr. Coffey, it's a good time for the morning
5 point, is this okay?
6 COFFEY, Q.C.:
7 Q. It's a good point, thank you, Commissioner.
8 THE COMMISSIONER:
9 Q. All right, we'll take a break for fifteen
10 minutes, thank you.
11 (RECESS)
12 THE COMMISSIONER:
13 Q. Please be seated. Mr. Coffey?
14 COFFEY, Q.C.:
15 Q. Thank you, Commissioner. Ms. Dawe, we've had
16 an overview of Eastern Health and certain of
17 the entities that make it up. And you've
18 referred to in your testimony the fact that a
19 number of things are in a state of transition.
20 MS. DAWE:
21 A. Uh-hm.
22 COFFEY, Q.C.:
23 Q. Movement or flux. For example, the four MACs,
24 what is the plan with respect to--are you
25 going to continue with four or -

Page 67

1 MS. DAWE:
2 A. The Department of Health and Community
3 Services at, I believe it was 2005, had a plan
4 to develop a provincial set of medical staff
5 by-laws because to this point, each
6 organization had its own and they were of some
7 variances.
8 COFFEY, Q.C.:
9 Q. So each organization is each of the--not four
10 -
11 MS. DAWE:
12 A. Previously, previously, but each of the--
13 absolutely, the Health Care Corporation of St.
14 John's, the Rural, Avalon, the Peninsula. So
15 each board historically had its own set of
16 medical staff by-laws. So it was the intent
17 of the province to standardize medical staff
18 by-laws, so a prototype draft was developed
19 and that has been under discussion with the
20 various authorities and the Newfoundland and
21 Labrador Medical Association and with
22 physicians in general, for the last two years
23 with the objective of developing a standard
24 for the province. Now, I understand that they
25 may be resolved and that we may have a

Page 68

1 standard in the coming months.
2 COFFEY, Q.C.:
3 Q. From your perspective as chair of the Board of
4 Trustees -
5 MS. DAWE:
6 A. Yes.
7 COFFEY, Q.C.:
8 Q. - of Eastern Health, who is tasked with
9 addressing that issue--from your organization?
10 MS. DAWE:
11 A. Oh, just from our organization. The vice-
12 president of Medical Services is working with
13 the chairs of the Medical Advisory Committees
14 of the entity now, so the four Medical
15 Advisory Committees around the region. And
16 they have been reviewing the draft by-laws and
17 providing input and reaction.
18 COFFEY, Q.C.:
19 Q. What about the continued existence or non-
20 existence of the four MACs, is it--what's the
21 plan there?
22 MS. DAWE:
23 A. Well there will, I believe, there will be a
24 Regional Medical Advisory Committee, that's
25 the intent, but there'll be some form of local

1 involvement of the existing MACs. I don't
2 think we--we haven't seen a full
3 recommendation yet, that's part of the
4 transition that has not yet been complete, but
5 it's bigger than Eastern Health because it
6 involves the provincial prototype. One other,
7 I should say one other major piece of
8 transitioning as well is when you realize the
9 complexity of the mandate we have to take
10 seven organizations, which were large even as
11 they existed, with their own cultures and long
12 histories and then to merge them into the one
13 organization, create a new entity with a new
14 direction and standardize policies across the
15 full region, that's quite a significant
16 undertaking. And I think if you look at the
17 experiences in other provinces, it's taken
18 five to seven years before people have been
19 comfortable that they have reached the stage
20 of completion of the integration. To this
21 point, the first two years focussed on
22 integrating administrative, financial, human
23 resource components of the Eastern Health.
24 The next area for the integration is the
25 clinical services piece, okay, the

1 patient/resident care. And so standardizing
2 across the region all the policies related to
3 that aspect. That's one of our strategic
4 directions as we move into 2008.
5 COFFEY, Q.C.:
6 Q. So each of the Medical Advisory Committees is
7 responsible for the quality of medical care
8 provided?
9 MS. DAWE:
10 A. Yes, yes and that's stated in their by-laws.
11 COFFEY, Q.C.:
12 Q. Now each of those Medical Advisory Committees,
13 medical care provided by whom? By physicians?
14 MS. DAWE:
15 A. By physicians.
16 COFFEY, Q.C.:
17 Q. By physicians, okay. It doesn't extend to the
18 nursing staff?
19 MS. DAWE:
20 A. No, because there is a nursing entity and they
21 have their own policies and standards.
22 COFFEY, Q.C.:
23 Q. It doesn't extend to the technologists?
24 MS. DAWE:
25 Q. No, for medical care?

1 COFFEY, Q.C.:
2 Q. Medical in -
3 MS. DAWE:
4 A. Physician.
5 COFFEY, Q.C.:
6 Q. Physician. So -
7 MS. DAWE:
8 A. Excuse me, but obviously one can't exist
9 without the other, so there's the
10 interdependency and inter-relationship, if
11 you're providing a patient care services, it
12 involves every aspect of the organization,
13 including dietary and house-keeping. But the
14 component that is monitored by physicians and
15 for whom physicians are responsible, is the
16 medical component.
17 COFFEY, Q.C.:
18 Q. Who within Eastern Health, since its inception
19 in April of 2005, is responsible for, for
20 example the technologists and the quality of
21 service provided by technologists?
22 MS. DAWE:
23 A. So there would be in the St. John's--so the
24 former Health Care Corporation had a program
25 management model whereby, if you take the

1 laboratory, for example, there would be an
2 administrative manager, the program manager
3 responsible for the administrative aspects;
4 and then there's the clinical chief, the
5 physician responsible for medical matters
6 within that program. But they are--then
7 there's interdisciplinary connection and
8 inter-relationship, so they have a combined
9 responsibility for the appropriate functioning
10 of the lab in its totality.
11 COFFEY, Q.C.:
12 Q. Yes, and they would report to the vice-
13 president?
14 MS. DAWE:
15 A. Vice-president of Medical Services in that
16 case.
17 COFFEY, Q.C.:
18 Q. And it will--because it will come up
19 subsequently, the nursing staff and they will
20 figure in this at some point in terms of
21 certainly the operating room. Who is
22 responsible for them within the organization,
23 the quality of care that they give?
24 MS. DAWE:
25 A. Well there's a vice-president of the Acute

Page 73

1 Care Services who would be responsible for
2 ultimately at the vice-president level, but
3 within each of the programs, there's a program
4 person as well.
5 COFFEY, Q.C.:
6 Q. Okay, and during most of the time frame since
7 this matter became public anyway in 2005 up
8 through 2007, who was the vice-president
9 responsible for acute care?
10 MS. DAWE:
11 A. Well, let me say the way the organization is
12 structured, there are several vice-presidents.
13 COFFEY, Q.C.:
14 Q. Yes.
15 MS. DAWE:
16 A. So it depends on the program. There is a
17 vice-president for cancer care, children
18 services, long-term care and so on.
19 COFFEY, Q.C.:
20 Q. Okay.
21 MS. DAWE:
22 A. So they would ultimately, at the vice-
23 president level, be responsible.
24 COFFEY, Q.C.:
25 Q. Okay, and we can look at a chart and the

Page 74

1 charts may have even changed from time to
2 time.
3 MS. DAWE:
4 A. Yes, but in the acute care, it would be Louise
5 Jones for a period.
6 COFFEY, Q.C.:
7 Q. Yes.
8 MS. DAWE:
9 A. Now that's at the vice-president's level.
10 COFFEY, Q.C.:
11 Q. That's what I'm talking about, the very senior
12 level.
13 MS. DAWE:
14 A. Yes.
15 COFFEY, Q.C.:
16 Q. And I anticipate we'll hear from Ms. Jones and
17 her subordinates at that time in relation to
18 that. What about the relationship or
19 relationships between the Eastern Health Board
20 and the other three health authorities?
21 MS. DAWE:
22 A. There is a Newfoundland and Labrador Health
23 Boards Association which consists of the four
24 chairs of the authorities and they are the
25 members of the association and then the four

Page 75

1 president/CEO's are at the table as well, for-
2 -as resource people and so on. So, there's
3 that and that body meets three, four times a
4 year or more, if necessary. Actually every
5 second month it meets or more, if necessary.
6 Then down at the president/CEO level, there
7 are much more frequent meetings. You know, in
8 the early days they were meeting one or every
9 second week, the four of them with, I
10 understand the deputy minister of Health. So
11 there was--and the early stages, 2005/2006,
12 there were very frequent meetings, so as to
13 co-ordinate the efforts and standardize as
14 much as possible, practices across. Then as
15 you move down in the organizations, there are
16 meetings of various vice-presidents, like the
17 VPs of Medicine would meet regularly, the VPs
18 of the Community aspect would meet regularly
19 and so on.
20 COFFEY, Q.C.:
21 Q. Okay, you have referred to the fact that
22 Eastern Health does provide the tertiary care
23 services for the province. Could you just
24 tell us, please, in as simple of way as you
25 can, what is tertiary care?

Page 76

1 MS. DAWE:
2 A. The highest level of service, specialities
3 service, cardiac surgery, neurosurgery,
4 pediatric surgery and mental health. Those
5 that are very high level services that, with
6 specialists that are generally, as is the case
7 across the country, provided at a single site
8 or -
9 COFFEY, Q.C.:
10 Q. Is there any mechanism in place in an
11 institutional or organizational way that
12 handles the interaction between the tertiary
13 care services as a whole, provided by Eastern
14 Health, and the other boards or the other
15 authorities, I'm sorry, the other three
16 authorities? The point being, the four
17 authorities each have their own interests as
18 authorities.
19 MS. DAWE:
20 A. Yes.
21 COFFEY, Q.C.:
22 Q. Own interest and responsibilities to the
23 people they serve, but Eastern Health is
24 different in that it also has a tertiary care
25 function. Is there any particular

Page 77

1 organization or arrangement that addresses the
2 relationship involving the tertiary care
3 services that are provided to the other three
4 authorities?
5 MS. DAWE:
6 A. Well it would be part of the ongoing
7 relationship between, certainly starting at
8 the CEO level, but then down through the
9 organization, so if there's specialties, any
10 one, travelling clinics, cancer, it doesn't
11 matter, there would be ongoing, regular
12 ongoing relationships with the people at the
13 medical level, at various levels. That's an
14 acceptable way of practice, there would be
15 protocols for, you know, how these services
16 are provided. So yes, there would be, and one
17 of the benefits actually of fewer numbers of
18 boards is that you're dealing with fewer
19 people in ensuring continuity and
20 standardization and policy and co-ordination
21 and communication and all.
22 COFFEY, Q.C.:
23 Q. Immunohistochemical testing, IHC, services are
24 provided--I understand there will be evidence,
25 provided by Eastern Health to the other

Page 78

1 authorities. ER/PR are just two of quite a
2 number of IHC tests. If there were problems
3 or concerns raised about, within another
4 authority concerning an IHC test, the level of
5 service, the timeliness of service, the
6 quality of service, if there was such an issue
7 raised, is there any mechanism in place other
8 than, and we're at this lower level, to deal
9 with that or to routinely or periodically
10 visit issues such as that or to canvass those
11 around the table and ask, you know, it's been
12 six months since we've looked at this, has
13 anybody got any concerns about the clinical
14 laboratory services that we're providing as a
15 tertiary care facility?
16 MS. DAWE:
17 A. You know, you're asking me a very much on an
18 operational and technical. I'm not sure that
19 I would be the best one to answer that,
20 truthfully.
21 COFFEY, Q.C.:
22 Q. Okay, sure.
23 MS. DAWE:
24 A. Because I'm operating at a trustee level. I
25 would, I guess if you're asking me to

Page 79

1 speculate and that's all I could do -
2 COFFEY, Q.C.:
3 Q. Yes, who would I ask?
4 MS. DAWE:
5 A. Would then, you know, you'd go to the
6 president or the vice-president of Medical
7 Services is that's--because the vice-
8 presidents of Medical Services meet on a
9 regular basis, so if there's an issue
10 regarding a tertiary care or provincial
11 service and it impacts upon the other regions,
12 it would be, I assume it would be standard
13 practice that that would find its way on the
14 agenda of the VP of Medical Services. If it
15 became an issue that involved a higher level,
16 then it would work its way up to the president
17 and CEO. So the structures are there to deal
18 with such matters.
19 COFFEY, Q.C.:
20 Q. Ma'am, in relation to matters that--or any
21 matter that arises that is perceived to be
22 problematic in the sense of something has gone
23 wrong or potentially wrong, you know, there
24 was an investigation conducted and there were
25 conclusions reached that something has gone

Page 80

1 wrong or did go wrong, how--what is the
2 structure of Eastern Health in terms of how
3 people are held accountable; in particular,
4 vis-a-vis the board? Who, if anyone, in the
5 board is held accountable for a problem within
6 the organization?
7 MS. DAWE:
8 A. Well ultimately, for the operations, it's the
9 CEO, but then as, you know, you've indicated
10 earlier, we have 12,000 people, each person is
11 responsible for his or her own behaviour and
12 functioning and as, for professionals there's
13 a code of conduct and professional
14 responsibilities. So there are
15 accountabilities all along the chain. At the
16 end of the day in terms of the operations of
17 the organization, though, it's the
18 president/CEO.
19 THE COMMISSIONER:
20 Q. Can we go back for a moment to the business of
21 who makes the decisions and what's a board
22 decision and what's a decision on the
23 operation's side. And using the example that
24 Mr. Coffey has raised and that is in the
25 context of the institution with which you're

Page 81

1 involved, being a tertiary care institution,
2 which naturally enough therefore becomes, I
3 would think, of critical importance to health
4 care in the rest of the province. So, for
5 example, a decision as to whether--I know that
6 was made long before you got there, but
7 decisions such as whether the institution
8 becomes a tertiary care institution, would
9 that be a decision for the board?
10 MS. DAWE:
11 A. No, that would be the decision of government
12 where indeed services would be provided. We--
13 the minister and of course the legislation
14 clearly defines the role of the minister in
15 determining services and programs. Like, for
16 example, we would not have the ability or the
17 power to decide we are going to add or delete
18 a service. We wouldn't be able to do that on
19 our own.
20 THE COMMISSIONER:
21 Q. So you cannot--as a board, you are handed the
22 requirement to provide certain kinds of
23 expertise--expert services so that somewhere
24 in your system there has to be, presumably
25 orthopedic care and neurosurgery and all that

Page 82

1 kind of stuff. And if tomorrow there's this
2 great new branch of medicine, you don't get to
3 decide whether you provide that great new
4 branch of medicine, that's a decision for
5 government?
6 MS. DAWE:
7 A. Yes, in consultation with the board. So
8 obviously if it's a tertiary care service, we
9 would have the structures and the expertise,
10 but at the end of the day, it is government's
11 decision on where services and programs are
12 going to be provided and where the hospitals
13 are going to exist and so on.
14 THE COMMISSIONER:
15 Q. Okay. And as I understood your evidence, you
16 are saying the contacts between each of the
17 hospitals on the level of the services to be
18 provided, in the sense of we're sending you
19 "x" number of slides, can you accommodate "x"
20 number of slides or specimens, that kind of
21 thing would be done at an operational level?
22 MS. DAWE:
23 A. Absolutely.
24 THE COMMISSIONER:
25 Q. So where do you fit in between a government's

Page 83

1 determination that a particular kind of care
2 is to be offered and all those practical
3 decisions that have to be made on an
4 operation's level about how we actually do it,
5 does the board have a role in there?
6 MS. DAWE:
7 Q. The board has the role with government in
8 accepting the responsibility for the delivery
9 of service. Then we present a budget to
10 government to indicate what is required,
11 financially, to be able to deliver these
12 services. We can only deliver the service if
13 we have the approval of government to do so.
14 The financial area, obviously, is the most
15 determining factor, but once these decisions
16 are made by government that the general
17 hospital site, for example, is going to--with
18 us, now we are not left out of the discussion,
19 but you know, that would happen at an official
20 level between the organization and the
21 officials of the Department of Health and
22 Community Services. And then it works its way
23 through the board and through the minister and
24 then ultimately, Treasury Board.
25 THE COMMISSIONER:

Page 84

1 Q. Yes.
2 MS. DAWE:
3 A. So it's a very long chain of events, but I
4 guess at the end of the day, it's government
5 decides with us where services are going to be
6 delivered. We actually deliver them based on
7 an approved budget and all of this interaction
8 about how they're going to be delivered,
9 occurs at various levels within the
10 organization. It may start, if it's a new
11 service, it may start at the President/CEO
12 level.
13 THE COMMISSIONER:
14 Q. Uh-hm.
15 MS. DAWE:
16 A. And then involve clinicians and managers and
17 the like.
18 THE COMMISSIONER:
19 Q. Just to pursue that for a moment, I'm assuming
20 that also the suggestion to provide a
21 particular kind of care can come from you
22 directed to government?
23 MS. DAWE:
24 A. Absolutely. Now I referenced earlier the
25 needs assessment process that we embarked upon

Page 85

1 in the Burin Peninsula and Southern Avalon.
2 And this engaged the public so that they could
3 advise us, from a community perspective, on
4 what they felt their needs were. We have data
5 and statistics and the clinical expertise to
6 put this together then to say yes, this is a
7 real need, an identifiable need. There is
8 evidence there to support that. So then we
9 bring these recommendations together within
10 the organization as we did with the needs
11 assessment. It worked its way from the
12 community within the organization, to the
13 board. At the end of the day, we approved a
14 set of recommendations based on the input from
15 the community. If they required new
16 resources, then our business is to go to
17 government and outline that, which we did in
18 2006 on this matter.
19 THE COMMISSIONER:
20 Q. I'm trying to think just in terms of analogy
21 with the idea of how--what the board's role is
22 and it operates. And what is the difference
23 in how the board, as a group, operates and how
24 you operated when you were deputy minister?
25 MS. DAWE:

Page 86

1 A. The functioning, the responsibility of the
2 Board for the delivery of services based on
3 predetermined goals from Government and the
4 budget, that is not that--the delivery is not
5 that different. The difference is we're now
6 regionalized, but how the Board functions, if
7 your question is more related to our form of
8 governance, it's not that. That's not it.
9 That's not it. The responsibility of the
10 Board or an authority as defined in the
11 legislation has been pretty consistent. So
12 there's no--the only change is now we're
13 regionalized.
14 THE COMMISSIONER:
15 Q. Well, I suppose, what I'm sitting here
16 thinking as I listen to your description is
17 you have the worst of all worlds, as a member
18 of the Board, because the best you can--you
19 are not involved in operations. I'm not
20 particularly suggesting that that's a bad idea
21 for a board. You have the obligation to keep
22 to a budget.
23 MS. DAWE:
24 A. Um-hm, absolutely.
25 THE COMMISSIONER:

Page 87

1 Q. You seem to indicate that budget is a big part
2 of your operation, and I can see where that's
3 a difficult thing to do when you don't control
4 how many people come through your door.
5 MS. DAWE:
6 A. Absolutely.
7 THE COMMISSIONER:
8 Q. And you don't get to decide what it is the
9 services you require. The best you can do is
10 recommend.
11 MS. DAWE:
12 A. And present the implications of not having the
13 funding to provide the services.
14 THE COMMISSIONER:
15 Q. Okay.
16 MS. DAWE:
17 A. Okay, that's a very important piece. For
18 example, Eastern Health started the spring of
19 2005 with an accumulated debt of something
20 like 79 million dollars, and that's--these
21 were debts that had been accrued through the
22 previous, the legacy, seven organizations.
23 These deficits occurred over a period of years
24 with the approval of the various governments
25 because there was not sufficient money to

Page 88

1 provide the services. Yet, the organization
2 was mandated to do so.
3 So my own experience on that is we go
4 back to Government and say "here is our
5 mandate. Here are the demands for the
6 services. We do not have sufficient funds to
7 do that, so either as a Board, we have to
8 reduce services or we need the money to
9 provide the services." That's been a--and
10 through the 80s and through the 90s, in
11 particular, that's one of the most significant
12 challenges, I suppose not only in this
13 province, but across the country, but I can
14 only speak to my own experience there. The
15 direction after that kind of discussion with
16 Government is that Government was not prepared
17 to have services reduced, so therefore, we
18 were allowed to carry a deficit. But the
19 circumstances are today, well, 2005, that
20 Eastern Health has an accumulated debt of 79
21 million dollars. So hence, you can understand
22 the importance of a balanced budget in our
23 case, because now it's in legislation. It's in
24 our strategic plan and so on.
25 So fortunately, through very, very

Page 89

1 careful management at all levels in the
2 organization, the first year, we--of 900
3 million dollar budget, we had something like
4 two million dollar surplus. We were--that two
5 million dollar surplus had to go against that
6 accumulated debt. The same thing happened
7 last year. We had five--between five and six
8 million dollar surplus in over, you know, 950
9 million dollars. So it's like less than one
10 percent or thereabouts. But that money again
11 went towards the accumulated debt.
12 Now from an authority perspective, if we
13 didn't have that burden, and with cash flow
14 being able to invest our income, we may have
15 interest accrued of three or four million
16 dollars, if we didn't have, you know, that
17 burden that I refer to. So that would be
18 money that we could use much more
19 appropriately in an organization. So it is a
20 significant issue for this authority.
21 So Madame Commissioner, I guess I'm
22 saying I agree with you. It is a very
23 difficult position. We have to provide
24 service. We don't always have the resource.
25 We identify the resources, we don't always

Page 90

1 have these. But in the past, we operated on
2 the basis of an approved deficit so that
3 services would not be reduced. That's
4 history. That's not the way we operate today.
5 COFFEY, Q.C.:
6 Q. Commissioner and Ms. Dawe, if I could, and
7 perhaps to put--try and provide some
8 concreteness to, I think, what the
9 Commissioner's question was directed at, I
10 understand that in the Burin Peninsula area,
11 after Eastern Health was set up, a matter
12 arose publicly concerning CT scans and
13 dialysis equipment.
14 MS. DAWE:
15 A. Um-hm.
16 COFFEY, Q.C.:
17 Q. And I understand that--and as you pointed out,
18 there was an approach by Eastern Health in
19 that area, canvassing of the community as to
20 what--the assessment occurred, needs
21 assessment occurred. Report was forthcoming.
22 With respect to the--for example, putting a CT
23 machine on the Burin Peninsula or a dialysis
24 unit down there, I take it that involves such
25 things as well, having available facility?

Page 91

1 MS. DAWE:
2 A. Yes.
3 COFFEY, Q.C.:
4 Q. Having the money to buy the equipment and
5 having the money to retain the people required
6 to run it and to administer to the patients,
7 and if it's not already built into Eastern
8 Health's budget, to find the money from
9 Government?
10 MS. DAWE:
11 A. Yes.
12 COFFEY, Q.C.:
13 Q. Or find it elsewhere in your budget if you
14 don't-- can't otherwise find it, you have to
15 go to Government.
16 MS. DAWE:
17 A. But if it were a new service, the money would
18 have to come from Government, because it's not
19 built into our budget.
20 COFFEY, Q.C.:
21 Q. Now those two things were new, weren't they?
22 MS. DAWE:
23 A. Um-hm.
24 COFFEY, Q.C.:
25 Q. Yes. And the normal process, I take it, would

Page 92

1 be that the need would be assessed, would be
2 identified, assessed, the pros and cons of
3 fulfilling it and not fulfilling it would be
4 set out, it would come to the board, it would
5 be included in a submission to government?
6 MS. DAWE:
7 A. Um-hm.
8 COFFEY, Q.C.:
9 Q. And you're nodding yes. And then if it came
10 back approved in the budget, there was money
11 for it, then whoever within Eastern Health on
12 an operational level would have to go about
13 and actually order the equipment, hire people
14 and so on?
15 MS. DAWE:
16 A. Yes, yes.
17 COFFEY, Q.C.:
18 Q. In relation to those two pieces of equipment,
19 the CT scan and the dialysis unit, are there
20 are instances where such matters kind of jump
21 the queue, as it were, and got implemented
22 before they would in the normal routine, like
23 money was provided by government, government
24 would announce that a certain thing is going
25 to be done?

Page 93

1 MS. DAWE:
2 A. Yes.
3 COFFEY, Q.C.:
4 Q. Did that happen?
5 MS. DAWE:
6 A. I think it can certainly happen. It can
7 happen--you know, we may identify a need.
8 COFFEY, Q.C.:
9 Q. Yes.
10 MS. DAWE:
11 A. As well, between the time the budget is
12 approved and the next budget year and it may
13 be of such urgency that it can't wait until
14 the next budget cycle and, you know, the
15 details of that would be sorted out with
16 health and we may be provided them. So it can
17 happen both ways, yes, in between as an
18 unusual set of circumstance. It's not the
19 norm.
20 COFFEY, Q.C.:
21 Q. And can situations arise where a government or
22 the Department of Health intervenes and says,
23 you are going to do it, you know, you are
24 going to put a CT scan or a dialysis unit in a
25 particular spot, we the government will

Page 94

1 provide the money, but you're going to do it?
2 MS. DAWE:
3 A. At the end of the day government is
4 responsible for, ultimately responsible for
5 the provision of services. We are the
6 deliverers of that service. So that can
7 certainly happen provided the funding--our
8 responsibility in that case would be clearly
9 delineating the implications and what the
10 requirements would be for introducing a new
11 service. That's our responsibility. And for
12 example, if it required new technology or
13 physician resources and the physician
14 resources were not available, it's our
15 business to make sure government knows that
16 this can't happen because A, B, C, D or E.
17 COFFEY, Q.C.:
18 Q. So the idea of government, when I say
19 government, I mean the Department of Health
20 and Community Services, intervening in Eastern
21 Health's affairs in the sense of giving
22 direction is not an unknown?
23 MS. DAWE:
24 A. No, it's not an unknown.
25 COFFEY, Q.C.:

Page 95

1 Q. Yes.
2 MS. DAWE:
3 A. It's not -
4 COFFEY, Q.C.:
5 Q. It's not common?
6 MS. DAWE:
7 A. It's not an everyday occurrence, either.
8 COFFEY, Q.C.:
9 Q. But it does occasionally happen?
10 MS. DAWE:
11 A. Um.
12 THE COMMISSIONER:
13 Q. And I take it you see that as being entirely
14 appropriate?
15 MS. DAWE:
16 A. Well, it depends really on the circumstance.
17 THE COMMISSIONER:
18 Q. Um-hm.
19 MS. DAWE:
20 A. Because if the need, if there's a significant
21 need, if there's evidence for the need and if
22 the resources are provided in the
23 circumstances, then, yes, it would be
24 appropriate.
25 COFFEY, Q.C.:

Page 96

1 Q. Ma'am, I'm going to now ask you about estrogen
2 receptors and progesterone receptors in
3 relation to breast cancer. When did you first
4 become aware of, and henceforth I'll be using
5 the phrases ER and PR.
6 MS. DAWE:
7 A. Um-hm.
8 COFFEY, Q.C.:
9 Q. To refer to them. When did you first become
10 aware of that?
11 MS. DAWE:
12 A. In, I think it was the 20th of July,
13 precisely, 2005, by means of an e-mail from
14 Mr. Tilley.
15 COFFEY, Q.C.:
16 Q. Now, Mr. Tilley, George Tilley was the CEO of
17 Eastern Health?
18 MS. DAWE:
19 A. Yes.
20 COFFEY, Q.C.:
21 Q. Just by way of background at this point, how
22 did, from your perspective, Mr. Tilley end up
23 in the position he did as chair--as chair, as
24 CEO. I apologize.
25 MS. DAWE:

Page 97

1 A. Through public competition.
2 COFFEY, Q.C.:
3 Q. And did you have any involvement in that
4 process?
5 MS. DAWE:
6 A. Yes, it--yes. It was again, I think, December
7 when the process commenced, December of 2004,
8 actually before the board was properly
9 structured and it was after I accepted the
10 role. The Public Service Commission, with the
11 Department of Health and Community Service,
12 advertised for the position, so they took the
13 lead in that regard, and I was a member of the
14 search committee.
15 COFFEY, Q.C.:
16 Q. And how did it work itself out in terms of who
17 actually hired him, who made the decision to
18 actually hire him?
19 MS. DAWE:
20 A. There was a recommendation then from the
21 search committee to the minister.
22 COFFEY, Q.C.:
23 Q. That would have been Mr. Ottenheimer?
24 MS. DAWE:
25 A. Mr. Ottenheimer at that time. And then in

Page 98

1 accordance with the legislation, and I'm
2 referring more particularly to the Regional
3 Health Authorities Act which states that with
4 the approval of the minister the CEO is
5 appointed by the board and operates--and the
6 terms and conditions of a contract are
7 developed by the board. But at the end of the
8 day it's with the approval of the minister.
9 So the recommendation from the search
10 committee would have gone to the minister, so
11 there was approval of government, and then the
12 first contact was actually developed by the
13 beginnings of a board and the Department of
14 Health and Community Services. So it was a
15 joint effort.
16 COFFEY, Q.C.:
17 Q. Who actually signed the contract?
18 MS. DAWE:
19 A. The minister and the chair, I signed it.
20 COFFEY, Q.C.:
21 Q. And presumably Mr. Tilley, as well?
22 MS. DAWE:
23 A. Yes, yes, of course.
24 COFFEY, Q.C.:
25 Q. Okay. And with respect to that, at that point

Page 99

1 were there actually any other trustees of
2 Eastern Health?
3 MS. DAWE:
4 A. Yes. I believe, I believe the trustees were
5 appointed sometime in January.
6 COFFEY, Q.C.:
7 Q. Okay.
8 MS. DAWE:
9 A. Yeah. But the process was well under way
10 then.
11 COFFEY, Q.C.:
12 Q. So the Board of Trustees as a body?
13 MS. DAWE:
14 A. Yes.
15 COFFEY, Q.C.:
16 Q. Didn't have input into the hiring of Mr.
17 Tilley as the CEO, as a body, as a group?
18 MS. DAWE:
19 A. As a full--I would really have to check the
20 records on the timing.
21 COFFEY, Q.C.:
22 Q. Okay.
23 MS. DAWE:
24 A. Of the appointment of the board. If it were
25 the case today, for example, today a committee

Page 100

1 of the board, a search committee of the board
2 has undertaken the recruitment for a permanent
3 presidency with one person from the Department
4 of Health on the search committee. But
5 because the board is in place now the activity
6 is lead by the board. But we still have to
7 make a recommendation, it has to be with the
8 approval of the minister.
9 COFFEY, Q.C.:
10 Q. Well, Mr. Tilley's background, I take it,
11 would have been known to you at the time as
12 having been the president and CEO of the
13 Health Care Corporation of St. John's?
14 MS. DAWE:
15 A. Yes.
16 COFFEY, Q.C.:
17 Q. Okay. And to your knowledge his predecessor
18 in that position would have been?
19 MS. DAWE:
20 A. Sister Elizabeth Davis.
21 COFFEY, Q.C.:
22 Q. If I could, please, Registrar, Exhibit P-0074?
23 Now, Ms. Dawe, this is an e-mail, there's
24 actually two e-mails. It can be, when you
25 first look at it, a bit misleading. The first

Page 101

1 of them in point of time is from George Tilley
2 to yourself?
3 MS. DAWE:
4 A. Yes.
5 COFFEY, Q.C.:
6 Q. Carboned to, let me see.
7 MS. DAWE:
8 A. Dr. Williams.
9 COFFEY, Q.C.:
10 Q. Dr. Williams. And it's sent Wednesday, July
11 20th, 2005 at 9:11 a.m. The subject is
12 "Clinical issues and NLHBA activities." And I
13 take it that's the Newfoundland and Labrador
14 Hospital -
15 MS. DAWE:
16 A. Health Boards Association.
17 COFFEY, Q.C.:
18 Q. Health Boards, I'm sorry, Health Boards
19 Association activities. I'm more interested
20 in the clinical issue at this moment. And
21 then there's, that apparently was forwarded,
22 not forwarded, I'm sorry, was responded to by
23 yourself at the same day at 10:43 a.m.?
24 MS. DAWE:
25 A. Yes.

Page 102

1 COFFEY, Q.C.:
2 Q. And this is the e-mail you just referred to?
3 MS. DAWE:
4 A. Yes, it is.
5 COFFEY, Q.C.:
6 Q. So this is July 20th, Wednesday, mid week in
7 the middle of the summer. Up to this point in
8 time I gather that there would have been a
9 number of Board of Trustees meetings?
10 MS. DAWE:
11 A. There was one, I think, in June. Well, there
12 would have been, yes.
13 COFFEY, Q.C.:
14 Q. Some earlier than that and -
15 MS. DAWE:
16 A. Some earlier than that.
17 COFFEY, Q.C.:
18 Q. Sure.
19 MS. DAWE:
20 A. But if you're referring to the summer, I think
21 there was one in June.
22 COFFEY, Q.C.:
23 Q. Sure.
24 MS. DAWE:
25 A. But there would--there was probably one April,

Page 103

1 May and June. I'd have to check the records.
2 COFFEY, Q.C.:
3 Q. And this is an e-mail sent to yourself. What
4 do you use to obtain e-mails, use a
5 Blackberry, do you use a computer or both?
6 MS. DAWE:
7 A. No, this--right now I use both. At that time
8 it would have been my own desktop.
9 COFFEY, Q.C.:
10 Q. Okay. And in terms of--so certainly Mr.
11 Tilley had your e-mail address?
12 MS. DAWE:
13 A. Oh, yes.
14 COFFEY, Q.C.:
15 Q. He would have had that throughout the whole
16 time he was CEO of Eastern Health?
17 MS. DAWE:
18 A. Yes.
19 COFFEY, Q.C.:
20 Q. Your phone number?
21 MS. DAWE:
22 A. Yes.
23 COFFEY, Q.C.:
24 Q. And you were, I take it, readily reachable?
25 MS. DAWE:

Page 104

1 A. Yes.
2 COFFEY, Q.C.:
3 Q. Now, he does start out by saying "Welcome
4 back", see that?
5 MS. DAWE:
6 A. Yes, um-hm.
7 COFFEY, Q.C.:
8 Q. Do you recall where you'd been, had you been
9 away for any extended period of time or -
10 MS. DAWE:
11 A. I really have no idea.
12 COFFEY, Q.C.:
13 Q. Don't recall?
14 MS. DAWE:
15 A. I was obviously out of town. I would have to
16 check, go back into the records to see where I
17 was.
18 COFFEY, Q.C.:
19 Q. Okay. Now -
20 MS. DAWE:
21 A. However, I was always available.
22 COFFEY, Q.C.:
23 Q. Yes. And that was something I wanted to--
24 because I had understood from, you know, an
25 earlier interview that you'd certainly

Page 105

1 conveyed that to me and I wanted to insure
2 that the Commissioner was made aware that from
3 your perspective you were always available.
4 And you're nodding?
5 MS. DAWE:
6 A. Yes.
7 COFFEY, Q.C.:
8 Q. This reads, I'm going to read it out because I
9 think it's important that the Commissioner
10 appreciate what you were first--and this is
11 the first you've heard of this?
12 MS. DAWE:
13 A. Yes.
14 COFFEY, Q.C.:
15 Q. ER/PR. In fact, it doesn't--the heading is
16 not even ER/PR.
17 MS. DAWE:
18 A. No.
19 COFFEY, Q.C.:
20 Q. It's "Clinical issue."
21 MS. DAWE:
22 A. "Clinical issue."
23 COFFEY, Q.C.:
24 Q. "I will need to call you later today when I
25 learn more, but we potentially have a major

Page 106

1 clinical issue on our hands which pertains to
2 the accuracy of laboratory testing for women
3 who have been diagnosed with breast cancer and
4 get tested for the most appropriate treatment
5 option. In 2004 we automated this process so
6 the issue pertains to testing pre 2004. The
7 new process is said to be ten times more
8 sensitive than the former labour-intensive
9 process. The issue was drawn to our attention
10 when a lady who was originally tested in 2002
11 was retested in 2005 and found to have a
12 positive result. Since we still have the
13 specimens for those who were tested over the
14 years (from St. John's) we have done some
15 retesting of those done in 2002 and others
16 have tested positive. The majority of the
17 patients whose specimens we have retested and
18 have converted to positive have been in
19 contact with their oncologist. The challenge
20 now is to determine whether the new results
21 are a consequence of the more sensitive
22 technology we have acquired or an error in the
23 way it was handled these tests"--I'm reading
24 exactly what's there, "was handled these tests
25 in the past and if it is the latter, whether

Page 107

1 it has been an ongoing problem or isolated"
2 I'm sorry, "to a particular year. I have been
3 I touch with the minister who is edging us to
4 go public ASAP. No doubt about the need to do
5 that, but not until I know the size and shape
6 of it. For example, late yesterday the size
7 of the issue began to shrink as managers
8 compared the results of these tests with
9 national benchmark outcomes and found that in
10 2003 we were consistent. I am expecting a
11 briefing later this morning when the results
12 of this comparison are made for other years.
13 Bob Williams has been heavily involved and is
14 providing great leadership to the follow up.
15 I will keep you posted. We will be briefing
16 the minister early tomorrow." And then he
17 goes about the NLHBA issue. And he signs
18 "George." Now, I appreciate you have a
19 nursing background, but when you got this,
20 first got this on that Wednesday morning as
21 you had responded to it by 10:43 saying, "Hi,
22 thanks for the update. Very sorry to hear,"--
23 I'm going to bring that up a bit, I'm sorry.
24 "hear of the situation. I agree with making
25 this issue--this public ASAP when you have the

Page 108

1 details. Let's plan for briefing the board
2 via conference call before this info becomes
3 public." And that would be your response?
4 MS. DAWE:
5 A. Yes.
6 COFFEY, Q.C.:
7 Q. What was your initial understanding, based
8 upon this e-mail?
9 MS. DAWE:
10 A. That there were questions, issues surrounding
11 now the ER/PR testing.
12 COFFEY, Q.C.:
13 Q. In fact, I don't believe, and I stand to be
14 corrected -
15 MS. DAWE:
16 A. It's not identified there.
17 COFFEY, Q.C.:
18 Q. Yes.
19 MS. DAWE:
20 A. But as I said, as I know now.
21 COFFEY, Q.C.:
22 Q. Yes.
23 MS. DAWE:
24 A. But at that time it was a clinic issue and it
25 related to variances in results. The fact

Page 109

1 that new technology had been introduced which
2 is automated and identifies that it is ten
3 times more sensitive, that was an important
4 factor. Also that they, it appeared, really
5 weren't quite sure what the problem was
6 because there was a technology issue. And
7 then it speaks to the numbers have changed and
8 we look like we're at the national benchmark
9 outcomes for 2003. So there was--it wasn't a
10 clear cut identified problem at that stage.
11 And so you could see my response, as soon as--
12 and it indicated there that Mr. Tilley was
13 waiting for more information. And so my
14 response was really based on that as--and
15 concurring from the outset of the need to
16 inform people and the public as soon as the
17 details were available. And my reference to
18 engaging the board is because that's the way
19 we have functioned from the beginning of
20 insuring that board members are made aware of
21 issues that may become public and are of
22 significance. That's, that's been part of our
23 history from the very beginning until today.
24 COFFEY, Q.C.:
25 Q. You received this on the morning of the 20th

Page 110

1 of July and responded to it. Did you make any
2 phone calls about this or speak to anybody
3 about what this was all about?
4 MS. DAWE:
5 A. No more--now, I have no record. I probably
6 did but I really have no record other than
7 waiting for the details that I thought would
8 be forthcoming in accordance with my response.
9 I have no further record of what might have
10 happened.
11 COFFEY, Q.C.:
12 Q. Now, when one looks at that e-mail, it doesn't
13 identify when the problem was first
14 recognized?
15 MS. DAWE:
16 A. No.
17 COFFEY, Q.C.:
18 Q. Did it at the time cross your mind about how
19 long has this been going on or when did you
20 first--when did Mr. Tilley and company first
21 identify this?
22 MS. DAWE:
23 A. I guess--I guess my immediate impression would
24 have been this is something new, because I was
25 just being informed of that.

Page 111

1 COFFEY, Q.C.:
2 Q. The implication of that being that you--if it
3 was something of importance, you would expect
4 that certainly that you'd be informed that it
5 was ongoing?
6 MS. DAWE:
7 A. Now, understand that we were still in our
8 first few months as an organization so we
9 were, you know, quite busy. But I would have
10 assumed that if it was something of
11 significance, that--and that's the conclusion
12 I drew from this was this is something new and
13 I was awaiting then the further details.
14 COFFEY, Q.C.:
15 Q. He does make reference to "I have been" and
16 I'm sure the word should be "in touch with the
17 minister who is edging us to go public ASAP."
18 And then he concludes this part of the e-mail
19 by saying "We will be briefing the minister
20 early tomorrow." Were you surprised that the
21 minister apparently knew about this before you
22 did?
23 MS. DAWE:
24 A. Well, maybe, and I'm speculating, maybe the
25 fact that I was away was a factor, but

Page 112

1 depending on the issue. When it's a matter of
2 concern the Department of Health is engaged
3 very quickly in bringing matters to the
4 department's attention. So I can only
5 speculate here that maybe the fact that I was
6 away prior to this e-mail might have
7 influenced why the minister knew before I
8 knew. And that's pure speculation.
9 COFFEY, Q.C.:
10 Q. Why would, from your perspective, why would
11 the minister have to know or be informed?
12 MS. DAWE:
13 A. It really depends on the issue that is at
14 hand. And the first contact of the president
15 is with the deputy minister.
16 COFFEY, Q.C.:
17 Q. Yeah.
18 MS. DAWE:
19 A. For sure. And so whether it was the deputy
20 minister suggesting we want to brief the
21 minister, it might have happened that way.
22 COFFEY, Q.C.:
23 Q. Although it had gotten as far as, apparently,
24 the minister edging us to go public.
25 MS. DAWE:

Page 113

1 A. Yes.
2 COFFEY, Q.C.:
3 Q. ASAP, so it had gotten advanced by that point,
4 that morning, to that stage?
5 MS. DAWE:
6 A. Yes, yes.
7 COFFEY, Q.C.:
8 Q. You've indicate that the CEO's first point of
9 contact would be the DM?
10 MS. DAWE:
11 A. The deputy.
12 COFFEY, Q.C.:
13 Q. I appreciate that. That would be the first
14 point of contact in the Confederation
15 Building?
16 MS. DAWE:
17 A. Yes.
18 COFFEY, Q.C.:
19 Q. Okay.
20 MS. DAWE:
21 A. Oh, yes.
22 COFFEY, Q.C.:
23 Q. What about in terms of the matter of
24 potentially major public importance, what is
25 described as potentially a major clinical

Page 114

1 issue for Eastern Health, what about the CEO
2 telling you first?
3 MS. DAWE:
4 A. Yes.
5 COFFEY, Q.C.:
6 Q. Would you expect that -
7 MS. DAWE:
8 A. Yes.
9 COFFEY, Q.C.:
10 Q. When on the chain, what I'm trying to get at
11 is -
12 MS. DAWE:
13 A. Well, no, but that's the normal practice,
14 okay. And I can say that now. Again, in this
15 context it was early in the days of Eastern
16 Health. It's obvious that I was out of the
17 province. So I guess this was a judgment that
18 Mr. Tilley used at that time, and I'm only
19 speculating.
20 COFFEY, Q.C.:
21 Q. Yes. Have you ever asked or did you ever Mr.
22 Tilley when he first became aware of this? He
23 e-mailed you on July 20th.
24 MS. DAWE:
25 A. Yes.

Page 115

1 COFFEY, Q.C.:
2 Q. But have you ever spoken to him about when he
3 first became aware of ER/PR as an issue?
4 MS. DAWE:
5 A. Well, I understand from information now
6 through briefing notes and over time that
7 there was knowledge in the spring, so I am
8 assuming Mr. Tilley knew in the spring.
9 COFFEY, Q.C.:
10 Q. Have you ever spoken to him about it and said,
11 "George, when did you first know?" or words to
12 that effect?
13 MS. DAWE:
14 A. I may have done it that way, he may have
15 volunteered it. I can't tell you precisely.
16 COFFEY, Q.C.:
17 Q. Sure.
18 MS. DAWE:
19 A. But I'm sure we would, you know, I'm sure that
20 I knew subsequently that this goes back to the
21 spring.
22 COFFEY, Q.C.:
23 Q. Had you--did you discuss with him when you
24 learned that, did you ever discuss with him,
25 "Well, why did it take until July 20th for you

Page 116

1 to inform me?"
2 MS. DAWE:
3 A. I really can't truly recall what that might
4 have, you know -
5 COFFEY, Q.C.:
6 Q. I'm just asking -
7 MS. DAWE:
8 A. It wouldn't be--it wouldn't be unusual, but I
9 can't, I can't tell you precisely how that
10 would have occurred, I can't.
11 COFFEY, Q.C.:
12 Q. Well, has he ever offered you an explanation
13 as to why it was on July 20th that you were
14 told and not told earlier in July or in June
15 or May?
16 MS. DAWE:
17 A. No, because we had a board meeting, we've had
18 board meetings, so I have no explanation for
19 that. Mr. Tilley, I guess, will have to speak
20 to that.
21 COFFEY, Q.C.:
22 Q. And I'll certainly be asking him about it.
23 Ma'am, as you've just indicated, you've seen,
24 of course, and I appreciate at times it can be
25 difficult to try to filter out what you have

Page 117

1 learned since.
2 MS. DAWE:
3 A. Yes.
4 COFFEY, Q.C.:
5 Q. From what you knew at the time. And we
6 certainly have a lot of documentation here.
7 I'm going to ask, please, that Exhibit P-0075,
8 Registrar, please, be brought up? This is on
9 Eastern Health, and I keep using the phrase,
10 ma'am, I apologize for that, but it's an
11 ingrained habit. Eastern Health briefing
12 note, dash, ER/PR receptors. It's handwriting
13 appears to be "Meet with minister July 21,
14 2005." And on the--this is three pages long.
15 At the bottom of each of the pages on the
16 right-hand side is "Prepared July 20th, 2005."
17 See that. Just go through the three pages
18 there. This apparently was prepared by
19 Eastern Health personnel on July 20, 2005, the
20 same day that the e-mail exchange occurred
21 between yourself and George Tilley. And I
22 understand that it was given to the minister,
23 John Ottenheimer, on a meeting that occurred
24 on the morning of July 21st, 2005, but we'll
25 hear evidence about that. Ms. Dawe, this

Page 118

1 briefing note is three pages long.
2 MS. DAWE:
3 A. Um-hm.
4 COFFEY, Q.C.:
5 Q. It has dates in it. It has numbers,
6 descriptions of personnel and so on. When did
7 you first see this document?
8 MS. DAWE:
9 A. Could you just go to the last page?
10 COFFEY, Q.C.:
11 Q. Sure, I certainly can.
12 MS. DAWE:
13 A. If you could, please?
14 COFFEY, Q.C.:
15 Q. The last page is the one that actually has, it
16 begins with the word "Actions" in italics at
17 the top left-hand side. Just go to that. And
18 you can, as well, if it would help, because
19 from your own perspective, ma'am, that big
20 binder too has all these documents in the same
21 order.
22 MS. DAWE:
23 A. I believe this is the document that I first
24 saw when I was interviewed. By you.
25 COFFEY, Q.C.:

Page 119

1 Q. By myself and Ms. Chaytor?
2 MS. DAWE:
3 A. Yes.
4 COFFEY, Q.C.:
5 Q. And that occurred -
6 MS. DAWE:
7 A. I believe this was it.
8 COFFEY, Q.C.:
9 Q. Yes.
10 THE COMMISSIONER:
11 Q. If you'll just turn up the document there, it
12 may give you a better view of what you saw.
13 It's about in the middle of the binder and the
14 numbers at on the top of the page. So
15 there'll be "CIHRT Exhibit P," whatever.
16 MS. DAWE:
17 A. Yes.
18 THE COMMISSIONER:
19 Q. They're in order even though some of them are
20 missing, but they are in general order.
21 MS. DAWE:
22 A. Yes.
23 THE COMMISSIONER:
24 Q. So we're looking for 75.
25 COFFEY, Q.C.:

Page 120

1 Q. If you just kind of--it's about, actually,
2 about halfway through. Just continue on, you
3 can see the numbers keep changing at the top
4 of the page.
5 MS. DAWE:
6 A. Yes, I have it now.
7 COFFEY, Q.C.:
8 Q. You actually have it open right to it. And I
9 understand you were--not understand, I know
10 that you were interviewed over two different
11 periods, two different dates because of
12 scheduling, February 13th and February 28th of
13 this year. And it was during the second
14 interview -
15 MS. DAWE:
16 A. Yes.
17 COFFEY, Q.C.:
18 Q. So it was on February 28th, 2008, which is
19 about three and a half weeks ago that for the
20 first time you saw that -
21 MS. DAWE:
22 A. Um-hm.
23 COFFEY, Q.C.:
24 Q. - briefing note. And in particular I think
25 you were looking at the last page or wanted to

Page 121

1 look at the last page. Is there anything in
2 particular on the last page that you wanted to
3 look at to refresh you--you used it to refresh
4 your memory, in particular I'm going to
5 suggest to you the second-last paragraph.
6 MS. DAWE:
7 A. Second last, yes.
8 COFFEY, Q.C.:
9 Q. - paragraph, the one dealing with Dr. Ejeckam?
10 MS. DAWE:
11 A. Yes. You drew that to my attention in
12 particular and that's why I--this was new
13 information.
14 THE COMMISSIONER:
15 Q. So do I understand then that this is a
16 document that you did not see until Commission
17 counsel showed it to you, we understand, on
18 February the 28th? And in respect of the
19 content of the document, you did not know
20 about the matters referred to on the second-
21 last paragraph
22 MS. DAWE:
23 A. Um-hm, correct.
24 THE COMMISSIONER:
25 Q. Thank you.

Page 122

1 MS. DAWE:
2 A. To the best of my knowledge that was the very
3 first time that I had heard this.
4 COFFEY, Q.C.:
5 Q. Yes. Ms. Dawe, at the time, on July 20th, you
6 know, July 21st, 2005, and I appreciate it was
7 summertime, in the e-mail to yourself from Mr.
8 Tilley he advises you about the fact that he's
9 going to meet with the minister the next day.
10 You're not invited?
11 MS. DAWE:
12 A. (No audible response).
13 COFFEY, Q.C.:
14 Q. There's no actual invitation. Why is that?
15 MS. DAWE:
16 A. That would not be unusual on an operations
17 matter because the communication would be from
18 the organization to the deputy. And quite
19 often the deputy, depending on the issue, the
20 deputy can say, "I'd like the minister to be
21 here so that he hears at the same time.",
22 something of that nature. So it's not on
23 every occasion, for sure, where there may be a
24 briefing on an operational matter that the
25 chair would also be present.

Page 123

1 COFFEY, Q.C.:
2 Q. I'm going to suggest to you it might be
3 unusual.
4 MS. DAWE:
5 A. Yes, but because it's, you know, it's not
6 normal practice.
7 COFFEY, Q.C.:
8 Q. But the idea that the CEO of Eastern Health or
9 its predecessor corporation, the Health Care
10 Corporation, might be called upon to brief the
11 deputy minister and the minister at the same
12 time without the chair of the Board of
13 Trustees there would not be unusual?
14 MS. DAWE:
15 A. It wouldn't be unusual, no.
16 COFFEY, Q.C.:
17 Q. No. So that suggests that the minister, it's
18 not at all unusual for the minister to be
19 briefed on operational matters?
20 MS. DAWE:
21 A. I can't speak to that it's usual or unusual, I
22 -
23 COFFEY, Q.C.:
24 Q. Well, if there is felt to be of sufficient
25 importance?

Page 124

1 MS. DAWE:
2 A. Yes, yes.
3 COFFEY, Q.C.:
4 Q. The minister -
5 MS. DAWE:
6 A. I'm sure it would occur, yes.
7 COFFEY, Q.C.:
8 Q. And I'm going to ask you to think back to your
9 days as DM yourself. Was that the practice
10 when you were the Deputy Minister of Health
11 for the year you were? The idea that the CEO
12 from the Health Care Corporation, if it was
13 something of importance, would come over and
14 brief yourself and the Minister?
15 MS. DAWE:
16 A. I guess I have been very conscious over my
17 professional life and my volunteer role on
18 protocol, and the relationship between the
19 Chair and the Minister and at the Deputy and
20 the CEO level, so I would--I'm pretty sure
21 that's how I would function in that role as
22 Deputy, though it certainly wouldn't be common
23 place for me to bring the Minister in at an
24 operational level, unless it was something of
25 such significance, and then I recall making

Page 125

1 sure that the Board Chairs were involved.
2 COFFEY, Q.C.:
3 Q. Okay.
4 MS. DAWE:
5 A. But that would be my practice.
6 COFFEY, Q.C.:
7 Q. See, in terms of this, and again, I'm trying
8 to get some sense of, in a practical way, how
9 policies and relationships played themselves
10 out in this particular case. In this e-mail
11 to you of July 20th, Mr. Tilley is saying "the
12 Minister is edging us to go public ASAP. No
13 doubt about the need to do that, but not until
14 I know the size and shape of it," and I'll be
15 asking both the Minister, Mr. Ottenheimer,
16 about that and Mr. Tilley about it, but as the
17 Chair of the Board of Trustees, you've come
18 back and said "I agree with making this public
19 ASAP, when you have the details."
20 MS. DAWE:
21 A. Yes.
22 COFFEY, Q.C.:
23 Q. So what was your understanding about the
24 details?
25 MS. DAWE:

Page 126

1 A. The way it's presented here was there--it
2 appears -
3 COFFEY, Q.C.:
4 Q. Details as to what?
5 MS. DAWE:
6 A. - it appears that there is a problem.
7 However, I'm not sure of the extent. "I have
8 been in touch with the Minister," it's that
9 paragraph.
10 COFFEY, Q.C.:
11 Q. Yes.
12 MS. DAWE:
13 A. Which says, for example, "although I do not
14 know the size and shape of it." So it's a
15 doubt about the whole matter, and so it's--and
16 then the continuation of that, "late
17 yesterday, the size of the issue begin to
18 shrink," and so on and so, you know, "we're
19 more at the national benchmark outcome level."
20 So I would be interested in finding out the
21 details and the magnitude around the issue.
22 COFFEY, Q.C.:
23 Q. Details as to what? See, this is where I'm -
24 MS. DAWE:
25 A. Okay. Well, what is it? What is it? And

Page 127

1 then, what are we talking about? Because in
2 order to bring this matter to the Board, again
3 remember it's early days of our existence, I
4 would want more information than I see here to
5 bring to the attention of the Board. So it's
6 details surrounding the whole issue which is
7 identified as a clinical issue at that stage.
8 COFFEY, Q.C.:
9 Q. When you read the e-mail of July 20th, 2005
10 and then had, I suppose, you got back to Mr.
11 Tilley fairly promptly that morning, but even
12 then had time to reflect upon it afterward,
13 Mr. Tilley, in the first paragraph of his e-
14 mail, has indicated to you that "we have done
15 some retesting of those done in 2002 and
16 others have tested positive. The majority of
17 the patients -
18 MS. DAWE:
19 A. Yes.
20 COFFEY, Q.C.:
21 Q. - with specimens we have retested and have
22 converted to positive have been in contact
23 with their oncologist," suggesting that, in
24 fact, certainly a number of patients by that
25 point, an unspecified number, but a number of

Page 128

1 patients had already been told that they had
2 converted--their specimens had converted to
3 positive, and whatever else they were told.
4 So at the time, did it cross your mind, that
5 look, there's a number of people out there in
6 the public who actually know about this, the
7 patients who have been told about the
8 conversions, and how, if any--you know, what,
9 if any, implications does that have in terms
10 of it becoming public?
11 MS. DAWE:
12 A. And again, I have to speculate.
13 COFFEY, Q.C.:
14 Q. I take it, at the time, it didn't -
15 MS. DAWE:
16 A. Well, you know, you see my response.
17 COFFEY, Q.C.:
18 Q. Yes.
19 MS. DAWE:
20 A. If you could just roll it back?
21 COFFEY, Q.C.:
22 Q. Oh yes.
23 MS. DAWE:
24 A. As -
25 COFFEY, Q.C.:

Page 129

1 Q. There it is, ma'am.
2 MS. DAWE:
3 A. Okay, as "making this public as soon as
4 possible." That, for me, has always been an
5 issue of making sure that people who need to
6 know, know; patients and the public. So I'm
7 speculating that it's related to the question
8 that you ask.
9 COFFEY, Q.C.:
10 Q. Okay. Now ma'am, if you could return to then,
11 P-0075. Now I'm going to suggest to you that
12 you have since had the--since February 28th,
13 you had the opportunity to look through this,
14 since that day. I'm going to suggest to you
15 that it's fairly detailed, isn't it?
16 MS. DAWE:
17 A. Yes.
18 COFFEY, Q.C.:
19 Q. It's got, under background, May 11 2005, and
20 goes on at some length. May 17th 2005
21 meetings. June 13th, July 14th, July 25th.
22 Thank you, Registrar. And up to and including
23 on June 13th, at the top of the second page,
24 page two, Dr. Cook wrote to all laboratory
25 directors in the province to return all

Page 130

1 negative ER and PR specimens for the year 2002
2 for retesting on the new, more sensitive,
3 Ventana system. The point being that--I wish
4 to make with you right now is that apparently
5 the lab directors across the province had
6 known for more than a month before you did -
7 MS. DAWE:
8 A. Um-hm.
9 COFFEY, Q.C.:
10 Q. - that they were certainly going to
11 investigate the 2002 cases and send everything
12 in that they needed to. A week before you
13 were told, on July 14th 2005 or approximately
14 a week before you were told that this was
15 going on, this records that a decision had
16 already been made that all patients who are
17 ER/PR negative during a period '97 to 2004
18 would be retested.
19 MS. DAWE:
20 A. Um-hm.
21 COFFEY, Q.C.:
22 Q. Can you think of any reason why, on July 20th
23 2005, or within a reasonable period afterward,
24 days, a day or two, because apparently the
25 Minister had it within a day, that you would

Page 131

1 not have received a copy of this?
2 MS. DAWE:
3 A. No. No, I just want to clarify that although
4 I saw this document on February 28th,
5 obviously over the last--since then, or prior
6 to then, I should say, I knew some of this
7 information. So all of this information is
8 not new.
9 COFFEY, Q.C.:
10 Q. I appreciate that.
11 MS. DAWE:
12 A. Okay, I just want to clarify.
13 COFFEY, Q.C.:
14 Q. I appreciate the clarification, but in terms
15 of at the time, this was apparently thought to
16 be a fit snapshot for the Minister to get a
17 quick grasp on the origin of the problem and
18 what steps had been taken to that point in
19 time and its current status?
20 MS. DAWE:
21 A. Yes.
22 COFFEY, Q.C.:
23 Q. I appreciate that Mr. Tilley is no longer
24 there, but since February 28th, have you
25 inquired of anybody as to why I didn't see

Page 132

1 this in the summer of 2005?
2 MS. DAWE:
3 A. Well, I've indicated to--yes, I've indicated
4 to people that I haven't--that this was quite
5 a surprise to me, to see this, yes, within the
6 organization, yeah.
7 COFFEY, Q.C.:
8 Q. Who have you spoken with within the
9 organization about this?
10 MS. DAWE:
11 A. I'm pretty sure I spoke to Ms. Jones, Louise
12 Jones, and I've given an indication to the
13 Board that new information had come to light
14 to me during my interview with you. I'm not
15 sure -
16 COFFEY, Q.C.:
17 Q. I take it -
18 MS. DAWE:
19 A. Excuse me, I'm not sure if I said
20 specifically, you know, what's contained in
21 here, but I made a general reference to new
22 information being presented.
23 COFFEY, Q.C.:
24 Q. And I take it that that suggests that when you
25 meet the Board next, that are you going to let

Page 133

1 them know?
2 MS. DAWE:
3 A. Yes.
4 COFFEY, Q.C.:
5 Q. Not only you, but the other members of the
6 Board, in fact, did not receive that, and we
7 will be getting to the briefing that you
8 received in September -
9 MS. DAWE:
10 A. Yes.
11 COFFEY, Q.C.:
12 Q. - of 2005, an oral briefing.
13 MS. DAWE:
14 A. Yeah, I -
15 COFFEY, Q.C.:
16 Q. But in the meantime, this is a concrete record
17 at the time.
18 MS. DAWE:
19 A. Yes.
20 COFFEY, Q.C.:
21 Q. And you did not receive it.
22 MS. DAWE:
23 A. So the Board is aware that I, on February
24 28th, I was made aware of new information.
25 They would not have the detail yet.

Page 134

1 COFFEY, Q.C.:
2 Q. Looking at that, that is Exhibit P-0075, now
3 with respect to this matter, if I could just
4 go to the third page, there's a reference to,
5 midway down the page, H-I-R-O-C.
6 MS. DAWE:
7 A. Yes.
8 COFFEY, Q.C.:
9 Q. And what is that known as?
10 MS. DAWE:
11 A. HIROC.
12 COFFEY, Q.C.:
13 Q. HIROC?
14 MS. DAWE:
15 A. The insurers, yes.
16 COFFEY, Q.C.:
17 Q. And they are insurers for Eastern Health?
18 MS. DAWE:
19 A. Yes.
20 COFFEY, Q.C.:
21 Q. And there's an indication that they've been
22 contacted to determine if they are aware of
23 any other issues with a DAKO testing system
24 and other hospitals are being contacted to see
25 if there had been any inconsistencies reported

Page 135

1 with a DAKO system. With respect to HIROC, on
2 July 20th, 21st, 22nd in 2005, those three
3 days, were you ever advised by Mr. Tilley that
4 HIROC had been consulted about how, if the
5 patients should be contacted and how or what
6 concerns HIROC might have?
7 MS. DAWE:
8 A. Not to my knowledge at all.
9 COFFEY, Q.C.:
10 Q. That wasn't brought to your attention. And if
11 I could, Exhibit P-0073, just the page before
12 the e-mail, ma'am, and these are two e-mails,
13 one from a Heather Predham and the source of
14 these is Eastern Health, Tuesday, July 19th
15 2005 at 8:22 a.m. It's sent to Dr. Robert
16 Williams, Dr. Donald Cook, Terry Gulliver,
17 Susan Bonnell, Deborah Thomas, carboned to
18 Denise Dunn and Patricia Pilgrim. The subject
19 is information from HIROC. I'm just going to
20 read you this because then I have a question
21 about it afterward.
22 It says "I had a long conversation with
23 representatives from HIROC yesterday evening.
24 As a bit of background, they are currently
25 defending a class action law suit against

Page 136

1 Health Labrador re: the reprocessing of
2 equipment. Apparently the aspect of this law
3 suit on which they are most vulnerable was the
4 method that people were informed. Ches
5 Crosbie has alleged in the law suit that the
6 people suffered significant mental anguish
7 from the way they were told and that the risk
8 of disease from their exposure to not warrant
9 the stress and anxiety they suffered by being
10 told. The organization felt the need to
11 disclose publicly, ran it by their legal
12 counsel and then wrote letters to every person
13 affected and sent out a news release (sound
14 familiar)" three question marks. "Their
15 vulnerability comes from the lack of weighing
16 out the risks from the exposure versus the
17 anxiety of being told about it. In this case,
18 the risk from the exposure was very small.
19 This leads us to our situation. It's not that
20 they don't want us to disclose. They just
21 don't want us to disclose until we are sure of
22 our facts. I've had a quick voice mail from
23 Dan after my chat with HIROC. They contacted
24 him after they hung up from me, reiterating
25 this and that they will be in touch again in

Page 137

1 the morning. So I guess we will have to
2 reevaluate where we are before we plan to send
3 those letters, etcetera. Should we chat about
4 this face to face?" Signed Heather.
5 And then, about 14 minutes later, that
6 same morning, she also sent apparently this e-
7 mail to the people set out there, Ms. Parsons,
8 Emberley, David McCormick, Ms. King Jesso and
9 Janet Laidley. Thank you. And she prefaces
10 that word with the word "the plot thickens"
11 with a number of periods after it.
12 Now ma'am, this occurred, apparently, the
13 day before the e-mail from George Tilley to
14 yourself of July 20th. Were you ever made
15 aware, in the summer of 2005, about issues
16 about HIROC and concern about the method by
17 which patients might be notified?
18 MS. DAWE:
19 A. No, I have no recollection whatsoever. I
20 haven't seen this before.
21 COFFEY, Q.C.:
22 Q. And in fact, I'm showing it to you now for the
23 first time.
24 MS. DAWE:
25 A. Yes.

Page 138

1 COFFEY, Q.C.:
2 Q. Yes, and I apologize for not having been able
3 to show you everything before, because it's
4 just there's so much. But that is referred to
5 there. There is, as well, if I could--if I
6 could, please, Registrar, Exhibit P-0070.
7 It's an e-mail of February 15th 2005 at 2:01
8 p.m. from Deborah Thomas to Susan Bonnell.
9 Subject is an update, and she opens with "Hi,
10 Susan. Here's today's update from Heather
11 Predham. Nancy is thinking about how to
12 implement a hotline. Heather is providing an
13 overview synopsis for George. George wants to
14 disclose this info to the Board next week.
15 Dr. Williams is trying to talk him out of it.
16 The lab has pulled names and numbers and
17 thinks they may be able to do a retesting in-
18 house, completing in about two weeks. Terry
19 G. says he has documentation that shows
20 positive controls were done daily. Heather
21 yet to see it. Heather checking other
22 hospitals to see if they have any issues
23 pertaining to this. Hoping this could be just
24 a matter of a dramatic improvement in
25 technology, if indeed all controls were in

Page 139

1 place. Thinking we may need to release mid
2 late next week. Have a nice weekend," and
3 that's signed Deborah.
4 Now the idea, in particular--well, first
5 of all, I do understand you have seen this
6 before, but just on February 28th, 2008?
7 MS. DAWE:
8 A. Yes, February 28th, when you showed me.
9 That's the first time.
10 COFFEY, Q.C.:
11 Q. In particular, the third entry which indicates
12 "George wants to disclose this info to the
13 Board next week. Dr. Williams is trying to
14 talk him out of it," and that presumably the
15 info is that referred to in the second bullet,
16 "Heather is providing an overview synopsis for
17 George." So the idea that or the notion that
18 George wanted to disclose this information to
19 the Board, presumably the Board of Trustees,
20 in the week following Friday, July 15th, and
21 Dr. Williams trying to talk him out of it.
22 The idea that that kind of disagreement was
23 going on, when did you first become aware of
24 that?
25 MS. DAWE:

Page 140

1 A. When you showed me this information, February
2 28th, 2008. I'm assuming here, in looking at
3 July the 25th and the fact that it was July
4 the 20 when I had -
5 COFFEY, Q.C.:
6 Q. This is July 15th, this one.
7 MS. DAWE:
8 A. Yes, I'm sorry, but this is July the 15th and
9 I'm assuming that I received the e-mail from
10 George on the 20th of July.
11 COFFEY, Q.C.:
12 Q. You did, yes.
13 MS. DAWE:
14 A. It sounds like he wants to update the Board,
15 so it's a connection there.
16 COFFEY, Q.C.:
17 Q. That was certainly where George was going with
18 it.
19 MS. DAWE:
20 A. Yes, yeah.
21 COFFEY, Q.C.:
22 Q. But there is a note there that Doctor--at
23 least through the mouth of Deborah Thomas, the
24 views of Heather Predham, was at least--and we
25 will be asking him about that, that Dr.

Page 141

1 Williams was trying to talk George out of it.
2 When you got the e-mail on July 20th
3 2005, and you read it, and we've looked at it,
4 and you can go back to it. It's P-0074.
5 Would you have used the word "explosive" to
6 describe the information, at least your
7 understanding of it at the time?
8 MS. DAWE:
9 A. No.
10 COFFEY, Q.C.:
11 Q. I'm not suggesting you did or anything. I'm
12 just asking you from -
13 MS. DAWE:
14 A. Well, not with the information as described
15 there. I think I received, as is noted here, I
16 received the e-mail or at least it was sent on
17 9:11, 11 minutes after 9 on Wednesday, and I
18 responded 10:43. So I can only assume now I
19 was looking for more information, so that I
20 could advise the Board. And again, it's three
21 months or four months into our mandate, and
22 that's how--that's the way I operate.
23 COFFEY, Q.C.:
24 Q. If we could--and these are Exhibit P-0068,

Page 142

1 please.
2 THE COMMISSIONER:
3 Q. Mr. Coffey, can I ask whether this is a short
4 question or a long one, because we normally -
5 COFFEY, Q.C.:
6 Q. It'll be a short one.
7 THE COMMISSIONER:
8 Q. All right.
9 COFFEY, Q.C.:
10 Q. And then go to lunch, if I could.
11 THE COMMISSIONER:
12 Q. All right.
13 COFFEY, Q.C.:
14 Q. P-0068.
15 THE COMMISSIONER:
16 Q. So it's P-0068?
17 COFFEY, Q.C.:
18 Q. Yes.
19 THE COMMISSIONER:
20 Q. Thank you.
21 COFFEY, Q.C.:
22 Q. Now this is a--and it will be subsequently so
23 identified as a telephone log of George
24 Tilley, certainly during portions of this
25 excerpt from the telephone log of George

Page 143

1 Tilley pertaining to ER/PR and
2 pathologists/pathology. There's a reference
3 to July 7th and then July 19th, there's a
4 note, "John Ottenheimer, labs, briefing note,
5 explosive, sooner the better, Kara Laing," and
6 I will be asking Mr. Tilley about this, some
7 questions about this, but on July 20th, as the
8 Chair of the Board of Trustees, would it have
9 been of use to you, do you think, if you had
10 known that the day before apparently, Mr.
11 Tilley, in relation to his--at least the
12 mention of John Ottenheimer, he and this whole
13 area, this whole matter, was describing it,
14 whether Mr. Ottenheimer did or Mr. Tilley or
15 someone else, but Mr. Tilley wrote this.
16 Would you have liked to have known that the
17 day before he sent you that e-mail, in his
18 mind, or at least someone connected with him,
19 saw this as an explosive issue?
20 MS. DAWE:
21 A. Absolutely.
22 COFFEY, Q.C.:
23 Q. Okay. How do you feel about the fact that it
24 wasn't brought to you?
25 MS. DAWE:

Page 144

1 A. I would have expected. I would have expected
2 the information and if I--if it were presented
3 in this form, my response obviously would be
4 very different.
5 COFFEY, Q.C.:
6 Q. Lunch please, Commissioner.
7 THE COMMISSIONER:
8 Q. All right then. We'll break until two. Thank
9 you.
10 (LUNCH BREAK)
11 THE COMMISSIONER:
12 Q. Please be seated. Mr. Coffey.
13 COFFEY, Q.C.:
14 Q. Thank you, Commissioner. Now we had had--good
15 afternoon, Ms. Dawe.
16 MS. DAWE:
17 A. Good afternoon.
18 COFFEY, Q.C.:
19 Q. We had been looking at Exhibit P-0068 which
20 are telephone logs of George Tilley,
21 particularly the July 19th '05 one, and if I
22 could, please, Registrar, could you open,
23 please, Exhibit P-0069? Ms. Dawe, this is a
24 letter dated July 14th 2005. It's on Health
25 Care Corporation of St. John's letterhead. In

Page 145

1 fact, if I could, please, I'm just going to--
2 in fact, it's on the St. Clare's Mercy
3 Hospital letterhead, at the bottom of the
4 page, and of course, the Health Care
5 Corporation of St. John's, in the meantime,
6 had been amalgamated into Eastern Health,
7 become part of Eastern Health. While that is
8 on my mind, before dealing with the contents
9 of this letter, what was the practice of
10 Eastern Health in terms of the organizations
11 which were brought together in Eastern Health,
12 in terms of the individual organizations
13 continued usage of policies that they may have
14 had before the amalgamation on April 1, 2005?
15 How did that work? For example, if Health
16 Care Corporation had a particular policy -
17 MS. DAWE:
18 A. Yes.
19 COFFEY, Q.C.:
20 Q. - did that continue in force?
21 MS. DAWE:
22 A. Yes, until a regional policy then would be
23 established, and remember, that again is the
24 very early days and so, there's a significant
25 level of activity around integration.

Page 146

1 COFFEY, Q.C.:
2 Q. Yes.
3 THE COMMISSIONER:
4 Q. So would that mean if St. John's Health Care
5 had a policy respecting subject A in their
6 institution, they kept that, and would St.
7 Clare's similarly keep the one they had?
8 MS. DAWE:
9 A. Well, if it were the Health Care Corporation,
10 that's still the one entity.
11 COFFEY, Q.C.:
12 Q. That would be St. Clare's and the General.
13 MS. DAWE:
14 A. That's still the Health Care Corporation
15 because St. Clare's was part of -
16 THE COMMISSIONER:
17 Q. Was part of the St. John's?
18 MS. DAWE:
19 A. Yes.
20 THE COMMISSIONER:
21 Q. Okay.
22 MS. DAWE:
23 A. It may -
24 THE COMMISSIONER:
25 Q. So somebody got into the operation, such as

Page 147

1 Burin, would they have kept their own policies
2 until a new one came along?
3 MS. DAWE:
4 A. It may, until the regional policy were
5 established, yes.
6 THE COMMISSIONER:
7 Q. Thank you.
8 COFFEY, Q.C.:
9 Q. Now with respect to this July 14th letter,
10 it's a letter to Donald Cook, described there-
11 -Dr. Donald Cook is described as Clinical
12 Chief, Laboratory Medicine, Health Care
13 Corporation of St. John's. It's from Dr.
14 Beverley Carter, a breast pathologist, and
15 it's carboned to Dr. Bob Williams.
16 Now, ma'am, as of July 14th--well, first
17 of all, I should ask you, have you seen this
18 letter before?
19 MS. DAWE:
20 A. No.
21 COFFEY, Q.C.:
22 Q. You haven't, okay.
23 MS. DAWE:
24 A. No, and again, you know, at the governance
25 level, at the Board level.

Page 148

1 COFFEY, Q.C.:
2 Q. And I appreciate that, it wouldn't normally
3 come to your attention.
4 MS. DAWE:
5 A. No.
6 COFFEY, Q.C.:
7 Q. But there's certain things in it, certain
8 subject matters -
9 MS. DAWE:
10 A. Yes.
11 COFFEY, Q.C.:
12 Q. - I'm going to draw to your attention and then
13 I have a question or two about them. She
14 begins by noting "as per our many recent
15 discussions, I agree with you that our
16 estrogen receptor status reports prior to 2003
17 require immediate investigation," and "our
18 recent examples of 16 patients converting from
19 estrogen receptor negative to estrogen
20 receptor positive status is quite concerning.
21 Factors identified on those slides clearly
22 show problems with the technique of estrogen
23 receptor testing and the interpretation of
24 same. I have been unable to review paperwork
25 from 1997-2003 with regards to protocols,

Page 149

1 quality practice and controls. I am therefore
2 eager to review the estrogen receptor status
3 of all patients seen in our laboratory from
4 May 1997, when immunohistochemical staining
5 for estrogen receptor status first became
6 available, up until March 2004 when analysis
7 and readjustment of the estrogen receptor
8 status protocol was carried out by Dr. G.
9 Ejeckam. I think it is vital that we
10 expediently review these cases and let
11 patients know as quickly as possible of any
12 change in their estrogen receptor status."
13 And she goes on to say then, "as quickly
14 as possible, I'd like to know the estrogen
15 receptor status of every patient tested in our
16 laboratory between 1997 and 2004," and she
17 then, if you read on down through this,
18 there's quite a detailed suggestion set out
19 here or plan here for an approach to carrying
20 out an investigation, as you read through that
21 paragraph, and I'd just ask you to read
22 through it to yourself, and she talks about
23 examining many, many slides, blocks being
24 pulled, retests being done, notes "this test
25 should be carried out as quickly as possible.

Page 150

1 10 percent randomly selected for outside
2 quality assurance consultation." She's
3 identified Dr. Francis O'Malley at Mount Sinai
4 has agreed to help in this regard.
5 You turn to the next page, she is calling
6 for or requesting--she says "it'll be
7 necessary to have a computerized database for
8 this project" and certain information she sets
9 out there that she thinks would be required,
10 and she concludes by saying "as we have
11 discussed, in my opinion, the above suggestion
12 should be carried out as quickly as possible."
13 Now, ma'am, this is July 14th 2005, and
14 it's carboned to Doctor--carbon copied to Dr.
15 Bob Williams. The type of endeavour that's
16 described here, that Dr. Carter was suggesting
17 be carried out, and her suggestion of July
18 14th 2005, as of July 20th 2005, and in fact,
19 in the weeks afterward, did you have any sense
20 that that's what was going on or might be
21 required?
22 MS. DAWE:
23 A. No. Again, I'm sure to say, a similar
24 comment, at a operational level, this level of
25 detail in a very large organization, unless

Page 151

1 there was some reason that may require
2 significant resources or some other reason
3 would it come to the Board's attention.
4 COFFEY, Q.C.:
5 Q. Yes, and I appreciate the Board's attention
6 overall, but this is in relation to
7 apparently, this July 14th plan of attack, as
8 it were -
9 MS. DAWE:
10 A. Yes.
11 COFFEY, Q.C.:
12 Q. - but Dr. Carter, at least five days later in
13 that telephone log of George Tilley's in
14 relation to apparently a contact with Mr.
15 Ottenheimer, the word "explosive" is used.
16 MS. DAWE:
17 A. Yes.
18 COFFEY, Q.C.:
19 Q. So the subject matter that Dr. Carter was
20 going to--proposing to deal with, five days
21 later is described between the CEO and the
22 Minister as explosive. On July 20th, might
23 that have been of some assistance for you to
24 know that?
25 MS. DAWE:

Page 152

1 A. Yes.
2 COFFEY, Q.C.:
3 Q. Okay, and in terms--and then finally, if we
4 could, return to Exhibit P-0075 please,
5 Registrar, and turn to page three, please.
6 Thank you. And that second last paragraph
7 that we referred to, Ms. Dawe, earlier today,
8 it reads "Eastern Health, Vice President of
9 Quality Diagnostic and Medical Services, Dr.
10 Robert Williams, has also asked that an
11 investigation be conducted into the five-week
12 stoppage of immunoperoxidase staining for
13 ER/PR receptors in 2003 by Dr. Ejeckam." Now
14 those three lines suggest that there was some
15 kind of a matter or incident in 2003 involving
16 a stoppage of staining for ER/PR staining in
17 2003, and I appreciate the first time the fact
18 that there was such an investigation requested
19 to be carried out by Dr. Williams, the first
20 time you became aware of that was the end of
21 February of this year. The fact that there
22 had been such a stoppage of immunoperoxidase
23 staining for ER/PR receptors in 2003, when did
24 you first become aware of Dr. Ejeckam?
25 MS. DAWE:

Discoveries Unlimited Inc., Ph: (709)437-5028

Page 153

1 A. I believe May of 2007.
2 COFFEY, Q.C.:
3 Q. And in what context was it? I think you
4 remember the context, don't you.
5 MS. DAWE:
6 A. When the Premier used the letter in the House
7 of Assembly.
8 COFFEY, Q.C.:
9 Q. That was -
10 MS. DAWE:
11 A. That's the first time, May 2007. I'm not sure
12 of the date.
13 COFFEY, Q.C.:
14 Q. I don't want to be held to it. It's May 29th
15 or 30th, 2007 as it turns out. Hansard
16 reflects it, and that's, there's a reference.
17 There was a reference by Premier Williams at
18 the time to this matter of ER/PR dating back
19 to 2003, and that was the first you had heard
20 of that?
21 MS. DAWE:
22 A. That's my first--first time I heard the
23 gentleman's name actually.
24 COFFEY, Q.C.:
25 Q. And so the first time that you understood that

Page 154

1 ER/PR in the sense of involved in
2 investigation or a review or inquiry of some
3 sort, some attention by a gentleman named Dr.
4 Ejeckam or any inquiry at all about it in
5 2003, the first you learned of that was at the
6 end of May of 2007 when the Premier had the -
7 MS. DAWE:
8 A. That's to the very best of my knowledge,
9 because again this happened in one of the
10 previous organizations, so -
11 COFFEY, Q.C.:
12 Q. Oh yes.
13 MS. DAWE:
14 A. Yes.
15 COFFEY, Q.C.:
16 Q. Now in terms--and I appreciate that, it
17 happened in a previous organization, but by
18 May, and I think it's May 30th, 2007, the
19 Commission of Inquiry had been announced as of
20 May 22nd 2007. It had gotten that far, the
21 whole matter. Looking back on it, are you
22 surprised that it wasn't until the end of May
23 of 2007 that someone brought to your attention
24 the fact that this subject matter came up,
25 ER/PR came up in 2003? Were you surprised it

Page 155

1 had gotten that far, to the point where there
2 was an Inquiry called, and yet you had never
3 been told about 2003 and ER/PR stoppage?
4 MS. DAWE:
5 A. I'm doing my very best to recall all the
6 information, because you can appreciate, with
7 so much ongoing with a new board and then
8 knowing the circumstances as was exposed to
9 the Board in--to me personally in July and
10 then the first time it was discussed at the
11 Board was September, and I'm sure we'll come
12 to that.
13 COFFEY, Q.C.:
14 Q. Yes, we're going to get to that.
15 MS. DAWE:
16 A. So information, to varying degrees, that came
17 to the Board are documented in the minutes.
18 COFFEY, Q.C.:
19 Q. Sure.
20 MS. DAWE:
21 A. So the very best that I can do is I know for
22 100 percent sure what's in the minutes.
23 COFFEY, Q.C.:
24 Q. Yes.
25 MS. DAWE:

Page 156

1 A. And you're asking--unfortunately, I'm trying
2 to recall, did I ever hear of 2003, and to the
3 best of my knowledge, certainly any reference
4 to a Dr. Ejeckam was when I heard the Premier
5 use the letter.
6 COFFEY, Q.C.:
7 Q. Yes, and I appreciate that and I'm not
8 suggesting -
9 MS. DAWE:
10 A. I'm trying to recall, but -
11 COFFEY, Q.C.:
12 Q. - I'm not suggesting at all that it ever was
13 brought to your attention.
14 MS. DAWE:
15 A. Yes.
16 COFFEY, Q.C.:
17 Q. Just in terms of do you think that if it had
18 been, because you understood this was an '05
19 recognized problem, dating back from '05.
20 MS. DAWE:
21 A. Yes.
22 COFFEY, Q.C.:
23 Q. Do you think if someone had said to you
24 "listen, Joan or Ms. Dawe, now this came up in
25 2003," do you think that that would have stood

Discoveries Unlimited Inc., Ph: (709)437-5028

Page 157

1 out in your mind, in terms of "wait now, if it
2 came up in 2003, why didn't I learn about it
3 until 2005?" Do you think that it would stand
4 out?
5 MS. DAWE:
6 A. I feel sure, it would. Certainly, the name, I
7 didn't hear the name before. Now whether the
8 issue, I'm pretty confident in what I'm
9 telling you is completely accurate, but you
10 know, if somebody made a comment on the side,
11 it's very difficult at this stage, two or
12 three years after the fact to recall
13 precisely.
14 COFFEY, Q.C.:
15 Q. Ma'am, if we could, turn to P-0079, please.
16 This is a letter of August 2nd 2005. It's to
17 Dr. Donald Cook, again it's from Dr. Beverley
18 Carter. It's carboned to Dr. Bob Williams,
19 and she opens by saying "regretfully, I inform
20 you that I wish to withdraw from my
21 organizational role in the investigation of
22 the problems with ER/PR testing at HCCSJ from
23 '97 to 2004 and the planning solutions to the
24 current issues discovered with the Ventana
25 Automated System." And then she goes on to

Page 158

1 refer to a meeting with George Tilley on
2 August 1, 2005, showing, in her opinion, that
3 Messrs. Gulliver and Barry Dyer do not have a
4 good understanding of limitation of automated
5 immunohistochemistry.
6 This letter again goes on at some length,
7 okay. Now have you seen this letter before?
8 MS. DAWE:
9 A. No, I heard it referred to -
10 COFFEY, Q.C.:
11 Q. Yes.
12 MS. DAWE:
13 A. - recently, I guess, in the media.
14 COFFEY, Q.C.:
15 Q. And this apparently, and we'll be asking
16 Doctors Cook and Carter and Williams about it,
17 but based upon one's reading of it and the
18 letter of July 14th I just referred you to, it
19 appears that she was withdrawing from the
20 investigation that she had planned to
21 undertake. I take it that was never brought
22 to your attention at the time?
23 MS. DAWE:
24 A. No.
25 COFFEY, Q.C.:

Page 159

1 Q. In fact, the fact that that had occurred, when
2 did that first come to your attention?
3 MS. DAWE:
4 A. I'm pretty sure when I heard the reference to
5 this letter.
6 COFFEY, Q.C.:
7 Q. Okay. So that would be since the calling of
8 the Inquiry?
9 MS. DAWE:
10 A. Oh yes.
11 COFFEY, Q.C.:
12 Q. We've already referred, just now, several
13 minutes ago and earlier today, to the fact
14 that the Board as a whole was first briefed
15 about ER/PR in late September 2005.
16 MS. DAWE:
17 A. Yes.
18 COFFEY, Q.C.:
19 Q. I'm going to ask you about that now, but
20 before that briefing in September 2005, up to
21 the moment that briefing began, what was your
22 understanding of what had transpired from July
23 20th when you got your e-mail, the one we
24 looked at earlier today, from George Tilley
25 and you responded, what do you recall about

Page 160

1 what happened, your knowledge of what happened
2 at that time? What were you told as time went
3 on and what did you understand, throughout the
4 summer of '05 into September?
5 MS. DAWE:
6 A. I have no record of anything further about
7 this situation from the e-mail to our Board
8 package, which had documentation there prior
9 to the Board with a reference to it. So
10 there's no documentation that I can refer to.
11 Whether there was any discussion or reference
12 that Mr. Tilley and I would have had, I can't
13 recall, if it were, and I'm speculating again,
14 but if it were something--if it were of
15 significance, given the way I responded to the
16 first e-mail, which was I wanted to inform the
17 Board before this matter became public and so,
18 if I had received any information of
19 significance, I would have followed through on
20 having a conference call of the Board.
21 COFFEY, Q.C.:
22 Q. Okay, and there was no such conference call?
23 MS. DAWE:
24 A. No, no.
25 COFFEY, Q.C.:

Page 161

1 Q. Ma'am, throughout the end of July 2005, the
2 days subsequent to July 20, 2005 and that
3 month and then through August of 2005 and
4 early September 2005, I take it then that you
5 weren't aware of what I will refer to as a--
6 I'll use the phrase tug of war, in terms of
7 whether or not it should go public, the
8 organization should go public about this issue
9 or not, conversations between the Minister and
10 representatives of Eastern Health about the
11 pros and cons of it, different views being put
12 forward, discussions about it, you weren't
13 made aware of any of that?
14 MS. DAWE:
15 A. My understanding, again, about the Minister's
16 reaction, as is documented in that July the
17 20th e-mail, I have nothing further that I
18 could refer to. I certainly didn't understand
19 to be, as you've characterized, a tug of war
20 on this matter.
21 COFFEY, Q.C.:
22 Q. There's going to be evidence about it, and I
23 use that phrase advisedly, like differences of
24 opinion and different positions being put
25 forward and discussed and we'll hear some

Page 162

1 evidence on that.
2 MS. DAWE:
3 A. Well -
4 COFFEY, Q.C.:
5 Q. So what I'm getting at is that yourself, Mr.
6 Tilley would be the one--you would be the one
7 on the Board of Directors Mr. Tilley would
8 deal with?
9 MS. DAWE:
10 A. Would inform, yes.
11 COFFEY, Q.C.:
12 Q. Board of Directors, I should have Trustees.
13 He's the one you would deal--you're the one he
14 would deal with?
15 MS. DAWE:
16 A. Absolutely.
17 COFFEY, Q.C.:
18 Q. And yet, throughout that period between July
19 20th and the Board briefing in September,
20 whatever was going on between Eastern Health
21 and the Department, you weren't privy to?
22 MS. DAWE:
23 A. I have no record of that.
24 COFFEY, Q.C.:
25 Q. Yes.

Page 163

1 MS. DAWE:
2 A. But what I--I certainly recall that at the
3 September Board meeting, the information that
4 was presented and I knew that they were the
5 clinical advice on the matter, but I have no
6 personal record.
7 COFFEY, Q.C.:
8 Q. No, and I appreciate that, so I want to be
9 clear on this, if I can be. I understand that
10 at the Board briefing in September, you were
11 advised as to what the clinical advice had
12 been?
13 MS. DAWE:
14 A. Yes.
15 COFFEY, Q.C.:
16 Q. And we'll deal with that in a moment, but
17 while that clinical advice was being given,
18 like in an ongoing way during late July,
19 August, early September, they weren't keeping
20 you in the loop, as it were?
21 MS. DAWE:
22 A. I have no record of that.
23 COFFEY, Q.C.:
24 Q. And -
25 MS. DAWE:

Page 164

1 A. And if it--and my memory is fairly good.
2 COFFEY, Q.C.:
3 Q. Yes.
4 MS. DAWE:
5 A. And that's really--you know, I really don't
6 want to speculate whether there was a
7 conversation and what might have been said,
8 but I truly have no record or documentation of
9 any form.
10 COFFEY, Q.C.:
11 Q. Okay. If we could, please--just a moment,
12 please, Commissioner. If we could have, let
13 me see--could I have P-0018, please? Now
14 these are--now they're on the screen. They're
15 not in this, the big book we have.
16 MS. DAWE:
17 A. Yes.
18 COFFEY, Q.C.:
19 Q. These are minutes of the meeting of the Board
20 of Trustees of Eastern Health held September
21 21st, 2005 at 11:00 a.m. at Hotel Marystown,
22 Burin, Newfoundland.
23 MS. DAWE:
24 A. Yes.
25 COFFEY, Q.C.:

Page 165

1 Q. And as you said, you're as good as your word.
2 You were down on the Burin Peninsula with the
3 Board. Is this the meeting at which the
4 briefing occurred?
5 MS. DAWE:
6 A. Yes.
7 COFFEY, Q.C.:
8 Q. If I could--just a moment, please,
9 Commissioner. Now Commissioner, I would point
10 out, and I think it's apparent to anybody
11 looking at the screen, that there are portions
12 of this, in fact significant portions of
13 minutes redacted. They've been done so on the
14 basis that the material covered in the
15 redacted portions has no relevance to the
16 Terms of Reference.
17 THE COMMISSIONER:
18 Q. The work of the Commission, all right.
19 COFFEY, Q.C.:
20 Q. If I could, please--I would just note in
21 passing at page 3 of these minutes, and Ms.
22 Dawe, there's a reference there to "Business
23 arising. Policy governance. The board agreed
24 follow the policy governance education session
25 with Carol Gabanna."

Page 166

1 MS. DAWE:
2 A. Gabanna.
3 COFFEY, Q.C.:
4 Q. "Gabanna in June to continue with the
5 process." And that's your reference -
6 MS. DAWE:
7 A. What I said this morning.
8 COFFEY, Q.C.:
9 Q. This morning. And in terms of the financial
10 matters, I would bring your attention to the
11 following, this is at, Commissioner, at page
12 4, "Committee Reports, Finance Committee."
13 And it just notes, included in the board
14 package was a copy of the 2005/06 operating
15 budget summary. And there is a note that "The
16 trustees are cognisant that the financial
17 situation is critical. The finance committee
18 will take the lead in keeping the issue in the
19 foreground." And the next two sentences read,
20 "The organization is determined and committed
21 to achieving balanced budget over time. The
22 board does not want to destabilize the system
23 through the budgetary process." So in terms
24 of that, what was the board's plan at that
25 stage in terms of trying to achieve a balanced

Page 167

1 budget without destabilizing the system?
2 MS. DAWE:
3 A. Well, if you recall I had indicated this
4 morning the way this board started out with -
5 COFFEY, Q.C.:
6 Q. Yes.
7 MS. DAWE:
8 A. - a $79 million debt. And this was, this was
9 our very first year of operation. And there
10 were targeted savings as a result of the
11 creation and integration of the system. And
12 we had concerns, I think they were--that's
13 what's reflected here, there were concerns
14 whether or not we could achieve the targeted
15 savings. And I think the general consensus
16 both at the board and the executive level was,
17 well, we could not without reducing services.
18 We were not prepared to go down that road.
19 But remember again, we were, in the first few
20 months, with a very significant mandate of
21 integrating seven organizations and at the
22 same time as this integration was occurring,
23 we had a responsibility to provide services
24 and programs to the people of this province
25 and the region. So the destabilization refers

Page 168

1 to the need to deal with our budgetary
2 pressures, but the need to provide services
3 and programs while the system was being
4 regionalized. It was a significant concern to
5 the organization. And I remember the
6 discussion around there as far as, as far as
7 we were concerned at the board level, we had
8 to provide services. The public were not
9 interested in the fact that we had much work
10 to do to consolidate seven organizations into
11 one. The public is concerned about access to
12 services and programs. That's their priority,
13 and that's where we had to be focused, as
14 well.
15 COFFEY, Q.C.:
16 Q. Now, the medical staff bylaws are referenced
17 on page 6. And the first sentence just notes,
18 "The development of the medical staff
19 structure and bylaws is under way." So this
20 was the beginning of the process that you
21 described?
22 MS. DAWE:
23 A. Yes.
24 COFFEY, Q.C.:
25 Q. It's still going on right now?

Discoveries Unlimited Inc., Ph: (709)437-5028

Page 169

1 MS. DAWE:
2 A. Um-hm.
3 COFFEY, Q.C.:
4 Q. If we could turn then to page, scroll down to
5 page 9? And there's a section here entitled
6 "Review of System, ER/PR Testing for Breast
7 Screening." The next--and then they move on
8 into the executive report. So this paragraph
9 under 5.3 is the--at page 9 is the first, I
10 take it, mention in board minutes -
11 MS. DAWE:
12 A. Um-hm.
13 COFFEY, Q.C.:
14 Q. - of this issue or matter. Can you tell us,
15 please, tell the Commissioner, please, how
16 this unfolded in terms of you're all going
17 down to Burin and you have you--I take it you
18 all got your packages before?
19 MS. DAWE:
20 A. Yes. A week in advance.
21 COFFEY, Q.C.:
22 Q. And do you recall if there was anything in
23 particular in the package about ER/PR?
24 MS. DAWE:
25 A. I'm pretty sure that we--part of the board

Page 170

1 package is an executive report, and that's the
2 report, as I mentioned this morning, from the
3 president/CEO, and I think there was some
4 reference in that. So we would have received
5 that in the board package prior to the
6 meeting. What you see here are the minutes
7 arising from the September meeting.
8 COFFEY, Q.C.:
9 Q. So then it would have been on the agenda, you
10 understood that it was going to come up, were
11 you?
12 MS. DAWE:
13 A. Because of the information that would have
14 been in the--I'm not sure if it was an agenda
15 item, I'd have to refer back to the agenda.
16 COFFEY, Q.C.:
17 Q. Okay, sure.
18 MS. DAWE:
19 A. But the fact that it would have been in the
20 executive report would then, in that case the
21 president would be giving a verbal report at
22 the board table.
23 COFFEY, Q.C.:
24 Q. Yes.
25 MS. DAWE:

Page 171

1 A. In support of the documentation. That's how
2 it generally occurs.
3 COFFEY, Q.C.:
4 Q. And in respect to ER/PR on September 21st,
5 2005 in Burin, can you tell the Commissioner,
6 please, what you recall about what happened, I
7 mean, who spoke, generally what was said and
8 what you--you know, bering in mind that you
9 had the July 20th e-mail from Mr. Tilley, just
10 recall for the Commissioner, please, what
11 unfolded?
12 MS. DAWE:
13 A. I'm pretty sure -
14 COFFEY, Q.C.:
15 Q. I take it there was a big group of trustees
16 there?
17 MS. DAWE:
18 A. Um-hm. And the executive staff. I'm pretty
19 sure Mr. Tilley would have introduced the
20 topic and then the details of this were
21 provided by Dr. Williams as the lead person in
22 this case. So as reflected here it started--I
23 mean, I'm sure there was general discussion
24 around the ER/PR testing, but there was a
25 great deal of emphasis in the early stage

Page 172

1 about the change of the systems from a semi-
2 automated manual, very comprehensive process,
3 to a much more automated system, as is
4 referenced in Mr. Tilley's July e-mail to me.
5 So there was discussion around that, for sure.
6 I'm pretty sure at that time, although I don't
7 see the record, but I feel confident at that
8 time we were advised that the manufacturers of
9 the equipment had been brought in to the
10 organization. I see that there's a reference
11 to the pathologist and laboratory technologist
12 with experience who came to do an independent
13 review. I'm pretty sure that we were also
14 told at that time that contact had been made
15 with the Canadian Pathologists, Canadian
16 Association of Pathologists the Canadian
17 Association of Oncologists and Health Canada
18 and the Canadian Patient Safety Institute.
19 I'm pretty sure that we would have been told
20 that because that's my early recollection.
21 The level of confidence and comfort that the
22 board and I certainly would have had by
23 receiving that information in September would
24 have reflected a great deal of pro-activity on
25 behalf the staff who were dealing with this.

Page 173

1 And I recall, and I'm pretty sure again it was
2 in September and October meetings, the
3 reference to this being a national issue
4 because there were not national standards, and
5 again, the Canadian Patient Safety Institute
6 being brought in on this. And I can recall
7 following this meeting--I sit on a national
8 board, the Canadian Health Care Association,
9 and I know--I think we met in October, and I
10 would have brought this issue, because it was
11 public at that stage, in early October, I
12 brought it to my colleagues at the national
13 level because of what I was hearing from the
14 people at Eastern Health that this had
15 national significance because there lacked the
16 protocols and national standards. So I recall
17 to my colleagues saying, "You should go back
18 to your organizations and start to ask some
19 questions about this testing, because I don't
20 think we're unique in having identified this
21 issue." So I am pretty confident that at the
22 September board meeting there was a level of
23 comfort provided to the board that the
24 organization at the operational level had been
25 very active in dealing with this matter, to

Page 174

1 the degree that they could as the information
2 became available. That's my recollection.
3 COFFEY, Q.C.:
4 Q. Sure.
5 MS. DAWE:
6 A. And that, as you see--and we were advised,
7 yes, that the testing had stopped and it was--
8 that they had engaged Mount Sinai. So there
9 was a great deal of activity that had occurred
10 over time, over these few months.
11 COFFEY, Q.C.:
12 Q. Now, there is a note on the second paragraph
13 at page 9 about the--it indicates, "Dr.
14 Williams advised that the organization became
15 aware of this situation in the spring." Do
16 you have any recollection of, well,
17 Newfoundland spring can mean different things,
18 depending upon the particular year. But, what
19 was your understanding at the time about what
20 was meant by spring?
21 MS. DAWE:
22 A. I think we may have been told then that it was
23 April or so of 2005 when there was an index
24 case. I'm pretty confident we were given that
25 information at that board meeting by Dr.

Page 175

1 Williams.
2 COFFEY, Q.C.:
3 Q. Did--or was there any discussion at that time,
4 "Well, Dr. Williams, if it was April, 2005
5 when this first came to light" and Joan Dawe
6 is sitting there knowing, well, I didn't hear
7 about it until July 20th, I mean, why the
8 delay?
9 MS. DAWE:
10 A. I can't recall any detail surrounding that.
11 You know, what I do recall most vividly is the
12 action that had been taken.
13 COFFEY, Q.C.:
14 Q. Okay.
15 MS. DAWE:
16 A. And I recall that because the comfort level
17 that the board would have had in the proactive
18 stance.
19 COFFEY, Q.C.:
20 Q. In the third paragraph on page 9 under this
21 topic, the second sentence reads, "The
22 organization made a decision not to release
23 any information publicly until the results of
24 the tests were available. The minister of
25 Health and Community Services has been

Page 176

1 apprised of the situation." And goes on about
2 Mount Sinai. And with respect to the
3 statement, "The organization made a decision
4 not to release any information publicly until
5 the results of the retests were available",
6 who or what are the organization?
7 MS. DAWE:
8 A. Well, that would be seen as at the operational
9 level, the people who were engaged in dealing
10 with this matter. And my recollection of that
11 is that it was based on the clinical advice,
12 the advice from the clinicians at that time
13 was they wanted to have the results of the
14 retesting so as to inform the patients. And
15 as a board of trustees we accepted the
16 clinical advice.
17 COFFEY, Q.C.:
18 Q. And you were told about this clinical advice
19 by whom?
20 MS. DAWE:
21 A. Oh, guess through Dr. Williams' report, yes.
22 COFFEY, Q.C.:
23 Q. Now there's a reference to "The minister of
24 health has been apprised of the situation."
25 You know, speaking at least for yourself at

Page 177

1 the time, did you have any understanding about
2 whether the minister of health concurred in
3 the decision not to release the results until-
4 -not to release any information publicly until
5 the results of the tests--I'm sorry, the
6 retests were available, was the minister
7 approving of this or neutral or what?
8 MS. DAWE:
9 A. I understood he had concurred based on the
10 clinical advice, the same as the board.
11 COFFEY, Q.C.:
12 Q. What was the understanding at this time,
13 September 21st, 2005, at least your
14 understanding about the sheer magnitude of
15 this in terms of the number of patients that
16 were being retested, did you have any sense of
17 that?
18 MS. DAWE:
19 A. I don't think we understood at that stage the
20 complexity. And I think anybody who engaged
21 in this, it was unprecedented to have a look
22 back of this nature, I don't think any other
23 national or health board had ever any
24 experience with this. So I think this was in
25 the very early stage and we've learned a great

Page 178

1 deal since then. I certainly recall the
2 discussion, and it's always been an issue with
3 the board and with me personally that, and I
4 think you see it referenced, of the importance
5 of insuring the patients were notified.
6 COFFEY, Q.C.:
7 Q. The patients were notified when about what?
8 MS. DAWE:
9 A. That as soon as the information was available
10 to the patients consistent with the clinical
11 advice.
12 COFFEY, Q.C.:
13 Q. So information about what, the retest result?
14 MS. DAWE:
15 A. Retesting--well, based--yes, based on--you
16 recall in the e-mail previously.
17 COFFEY, Q.C.:
18 Q. Yes.
19 MS. DAWE:
20 A. The July there was some reference that
21 patients were notified.
22 COFFEY, Q.C.:
23 Q. Yes.
24 MS. DAWE:
25 A. Because the retest results were back. So on

Page 179

1 that basis and on the basis of the clinical
2 advice of informing patients when the retest
3 results were back. We were very conscious of
4 that issue and wanting to know when--how
5 quickly the patients would be retested, when
6 the results would be back. And I recall in
7 the earlier days the objective or the
8 information provided to us was they were
9 hoping through Mount Sinai to have the
10 retesting completed within six to eight weeks.
11 COFFEY, Q.C.:
12 Q. And this information in terms of that time
13 frame, whom would you have received that from?
14 MS. DAWE:
15 A. Well, I believe it again was through Dr.
16 Williams. Dr. Williams was the lead person in
17 this matter and spoke at length, provided
18 lengthy reports to the board.
19 COFFEY, Q.C.:
20 Q. Again, in terms of, if I could, just to
21 revisit it, as of September 21st, 2005 did you
22 have any sense of like just how many patients
23 are going to be retested, had anybody told
24 you, is it going to be 15, is it going to be
25 150, is it going to be 1500, like a number,

Page 180

1 did anybody give you any number?
2 MS. DAWE:
3 A. I would think we--although it's not recorded
4 and that's why I can't be precise, but I would
5 think that through Dr. Williams' presentation
6 he would have made reference to numbers. Now,
7 the best I can recall would be a 10 percent
8 number, that the expectation was that the
9 number of patients who would convert from
10 negative to positive were thought to be a low
11 number.
12 COFFEY, Q.C.:
13 Q. And the low number being?
14 MS. DAWE:
15 A. Ten percent. I recall that from the early
16 days. I can't tell you what we might have
17 been given at the September meeting if it's
18 not recorded in the minutes, I have nothing
19 that I can refer to personally.
20 COFFEY, Q.C.:
21 Q. And the sense that you had, and as you say,
22 this is from early days and you wouldn't be
23 able to pinpoint the actual source of the ten
24 percent figure, but was that ten percent of
25 all breast cancer patients or was it ten

Page 181

1 percent of the retests?
2 MS. DAWE:
3 A. I understand not, subsequent discussion, that
4 it was ten percent of those retested.
5 COFFEY, Q.C.:
6 Q. Ten percent of those -
7 MS. DAWE:
8 A. I think, I believe. I have to tell you that
9 in the early days I understood from the
10 literature and from the discussion that
11 approximately 75 percent of patients test ER
12 positive, so therefore, we're dealing with 25
13 percent of a total number.
14 COFFEY, Q.C.:
15 Q. To be retested?
16 MS. DAWE:
17 A. To be retested. And so I think there was some
18 confusion about whether that ten percent was
19 ten percent of the persons to be retested or
20 ten percent of the total number.
21 COFFEY, Q.C.:
22 Q. And your understanding at the time, in '05 and
23 '06, was it was ten percent of those to be
24 retested?
25 MS. DAWE:

Page 182

1 A. Of the retested.
2 COFFEY, Q.C.:
3 Q. Which if it's ten percent of 25 percent, it's
4 about 2.5 percent of the total?
5 MS. DAWE:
6 A. Of the total, yeah.
7 COFFEY, Q.C.:
8 Q. And again, I point out, rightly or wrongly,
9 that was your sense of it and understanding?
10 MS. DAWE:
11 A. At that time.
12 COFFEY, Q.C.:
13 Q. Yes.
14 MS. DAWE:
15 A. I understand, you know, from further
16 explanations that it may be ten percent of the
17 total.
18 COFFEY, Q.C.:
19 Q. And that understanding, I take it, more recent
20 understanding is one you've gotten since what
21 time frame, more recently?
22 MS. DAWE:
23 A. Yes.
24 COFFEY, Q.C.:
25 Q. Yes. For example, since the Inquiry has been

Page 183

1 called?
2 MS. DAWE:
3 A. Yes. But the numbers the board had thought to
4 be affected by retesting were thought to be
5 low numbers, a few people.
6 COFFEY, Q.C.:
7 Q. Was it, again, few would be?
8 MS. DAWE:
9 A. Like this ten percent of those retested.
10 COFFEY, Q.C.:
11 Q. Sure. Of those retested, but how many were
12 going to be retested, do you have any in terms
13 of--you had no sense at the time as to what,
14 whether it was 100 people or 500 people or
15 1000 or you just didn't have any sense at the
16 time?
17 MS. DAWE:
18 A. No, I think we were--and I can't be precise as
19 to when we were given numbers in the 900.
20 COFFEY, Q.C.:
21 Q. Yeah.
22 MS. DAWE:
23 A. Range, whether that was September or October,
24 but we knew that, generally that that was the
25 number.

Page 184

1 COFFEY, Q.C.:
2 Q. At the meeting on September 21st, 2005 was
3 there any consideration given or discussion
4 about, consideration given to or discussion
5 about how practically this was going to work?
6 Because you had potentially hundreds of people
7 being retested, they weren't all being
8 retested at the one time, it was going to
9 occur over a period of time, presumably the
10 results would come back over a period of time,
11 patients were to be notified, you understood
12 initially, anybody who had certainly a change
13 in result was to be notified about that, what,
14 right away or very quickly, that was your
15 understanding?
16 MS. DAWE:
17 A. Um-hm, um-hm.
18 COFFEY, Q.C.:
19 Q. So was there any discussion about, well, after
20 we tell the first 15 patients or the first 50
21 patients, this is going to become public and
22 how are we going to handle that or how are
23 you, the operational end of it, Mr. Tilley and
24 company going to handle that? Was there any
25 discussion about that?

Page 185

1 MS. DAWE:
2 A. I can't recall in depth discussion. The focus
3 of the board interest was to make sure that
4 patients were notified as quickly as possible,
5 as quickly as possible.
6 COFFEY, Q.C.:
7 Q. And the practical difficulties -
8 MS. DAWE:
9 A. I don't recall, it's not reflected again in
10 the minutes of September 2005, so I, you know,
11 I'd be speculating to tell you.
12 COFFEY, Q.C.:
13 Q. How about yourself, leaving aside the minutes,
14 just thinking back on it yourself now to
15 September 21st -
16 MS. DAWE:
17 A. No, I can't, no.
18 COFFEY, Q.C.:
19 Q. You just didn't, and you know, if it didn't,
20 it didn't, just the very pragmatic possibility
21 that once we tell the first 15 or 20 or 30 or
22 50 patients about the fact that their results
23 are different, that someone is going to report
24 this publicly and -
25 MS. DAWE:

Page 186

1 A. I can't, truly I can't recall a great
2 discussion around there, again, the board was
3 focussed on understanding the issue and
4 hearing that there were multiple steps taken
5 to determine what's going on here and the
6 contact, both provincially and nationally.
7 COFFEY, Q.C.:
8 Q. In respect of what's going on here, those four
9 words.
10 MS. DAWE:
11 A. Yes, that's the question, yes.
12 COFFEY, Q.C.:
13 Q. Those four words. Looking at the minutes, it
14 refers to the opening statement there on page
15 9 is--and that's at P-0018, "There's an
16 intensive investigation ongoing of the
17 relevant accuracies of two systems used to
18 detect estrogen and progesterone receptors in
19 breast cancer tissue." Now, Ms. Dawe, your
20 understanding then by the time the meeting of
21 September 21st, 2005 ended, briefing ended,
22 what was the nature of the problem?
23 MS. DAWE:
24 A. Clearly that we had changed from a semi-
25 automated, a very complex with multiple steps,

Page 187

1 to an automated system which was obviously
2 much more sensitive in detection of, for
3 diagnostic purposes, so I think we were all
4 focussed very much so on the change of
5 technology as a major factor.
6 COFFEY, Q.C.:
7 Q. Was what you understood.
8 MS. DAWE:
9 A. Absolutely.
10 COFFEY, Q.C.:
11 Q. The impression you got. And that impression
12 that the difference could be, if not wholly,
13 certainly primarily attributed to the change
14 in technology.
15 MS. DAWE:
16 A. Uh-hm.
17 COFFEY, Q.C.:
18 Q. How long--did that continue for a long period
19 of time?
20 MS. DAWE:
21 A. Yes. I can't give you a month or a specific
22 time when--because I think any briefing notes
23 that or press releases always referred to a
24 change in technology and a change of systems.
25 So I had no reason to eliminate that as a

Page 188

1 possible and I'm not even sure today, is it
2 completely ruled out as a factor.
3 COFFEY, Q.C.:
4 Q. Now there is, while we were on page 9, in the
5 middle paragraph that we've looked at, it
6 refers to "conversion of the test results
7 caused concern and subsequently resulted in
8 the organization bringing in external
9 expertise from the manufacturer's of
10 equipment, as well as a pathologist and a
11 laboratory technologist with extensive
12 knowledge in the area to provide an
13 independent review of the system." You're
14 being briefed and these minutes are meant to
15 capture, I take it, what you were being told
16 on September 21st. What was your
17 understanding at the time as to the nature of
18 this engagement of these external consultants
19 at that time?
20 MS. DAWE:
21 A. As a quality review, as part of continuous
22 quality improvement to help focus to identify
23 what was happening here.
24 COFFEY, Q.C.:
25 Q. And why did you believe that to be the case?

Page 189

1 MS. DAWE:
2 A. Because it wouldn't be unusual, continuous
3 quality improvement and peer reviews is a part
4 of ongoing practice within a health
5 organization.
6 COFFEY, Q.C.:
7 Q. And do you recall if at this September 21st,
8 2005 briefing of the Board of Trustees, the
9 words "Peer Review or Quality Assurance
10 Review" were used? Were they used or was that
11 your impression or assumption, or do you know?
12 MS. DAWE:
13 A. I really don't know. I would interpret, if I
14 were told of a review, I'd capture it under
15 the Quality Assurance framework.
16 COFFEY, Q.C.:
17 Q. Why is that?
18 MS. DAWE:
19 A. Why? Because that's the way we--that's the
20 normal practice of continuing to improve our
21 services and programs in the organization,
22 that's long-long standing practice in all
23 professionals. So it wouldn't be anything
24 very unusual.
25 COFFEY, Q.C.:

Page 190

1 Q. Now your understanding at that time in the
2 middle--late September of 2005 was what, in
3 relation to Peer Review Reports or Quality
4 Assurance Reports, in terms of whether they
5 were confidential or not?
6 MS. DAWE:
7 A. Well a standard would be that they are
8 confidential. If they are Peer Review, they
9 are confidential, so I wouldn't think beyond
10 there.
11 THE COMMISSIONER:
12 Q. Confidential to whom?
13 MS. DAWE:
14 A. To the people engaged in the review process,
15 that they would not, in other words, be
16 available to the board. We wouldn't pursue
17 having the detail report.
18 COFFEY, Q.C.:
19 Q. Well would you pursue having the executive
20 summary of the report, as it were, like.
21 MS. DAWE
22 A. No, but I think what we would generally be
23 looking for would be if there was something of
24 significance that would arise from a review,
25 then some level, at a high level of knowledge,

Page 191

1 so that the role of the board--well, first of
2 all, the role of the board is to ensure that
3 there are quality assurance initiatives, so
4 that's continuous quality improvement, and
5 that any outcomes from these reviews would be
6 implemented and monitored and so on. So we
7 are at the level of ensuring the processes are
8 in place.
9 COFFEY, Q.C.:
10 Q. If it's a matter of potentially explosive
11 public concern, might the board be interested
12 to know if there was an investigation as to--
13 if they concluded potentially as to why this
14 happened or what happened?
15 MS. DAWE:
16 A. In retrospect now that I know the outcome of
17 the review, yes.
18 COFFEY, Q.C.:
19 Q. That it would be useful for the board to have
20 -
21 MS. DAWE:
22 A. Yes, yes.
23 COFFEY, Q.C.:
24 Q. See, on September 21st, 2005, the board knew
25 that there were outside consultants being

Page 192

1 used.
2 MS. DAWE:
3 A. Yes.
4 COFFEY, Q.C.:
5 Q. You understood, based upon your own
6 experience, were of the understanding that
7 these were Peer Reviews, Quality Assurance
8 Reviews and therefore, were confidential in
9 the way you've described. That suggests,
10 doesn't it, that based upon at least what the
11 board had to that date been told, there was no
12 other investigation going on. That was it;
13 the external reviewers were the investigators?
14 MS. DAWE:
15 A. Uh-hm.
16 COFFEY, Q.C.:
17 Q. That would be correct, wouldn't it?
18 MS. DAWE:
19 A. Yes.
20 COFFEY, Q.C.:
21 Q. Yes. And at that point in time, again sitting
22 on the board, you would have understood that
23 if this is the only investigations going on or
24 investigations that are going on and I'm never
25 going to see the actual detailed results, the

Page 193

1 inference to be drawn from that is that you're
2 never going to know what happened.
3 MS. DAWE:
4 A. Well, no, I wouldn't necessarily characterize
5 it that way because again, it depends on the
6 outcome of that review and the significance of
7 that. I would expect to, at the board level,
8 if not received the recommendations, to
9 receive high level information to advise the
10 board of if there is a major issue, then we
11 have to be provided with information that is
12 relevant for the board operation. And I think
13 if you've had an opportunity to look at some
14 of our executive limitations, you would see
15 that that's covered about ensuring information
16 is provided to the board in a timely fashion.
17 COFFEY, Q.C.:
18 Q. Yes, oh yes, you certainly have policies to
19 that effect.
20 MS. DAWE:
21 A. Yes, so that's the understanding. I'm not in
22 any way suggesting the details of any qualify
23 assurance initiative, but information that
24 would be relevant for the board should be
25 provided to the board.

Page 194

1 COFFEY, Q.C.:
2 Q. The observations of the--at least the
3 pathologist reviewer and the technologist
4 reviewer, I take it the board never did
5 receive those?
6 MS. DAWE:
7 A. The board received those in recent months, the
8 same time as they were released publicly, you
9 know, a day, maybe a few days or a day or so
10 before, but around the same time as they would
11 have been released publicly, yes. What the
12 board actually did, the knowledge the board
13 had, as it--I'm sure you'll come to this, is
14 reflected in minutes, along the way referred
15 to the implementation of the recommendations
16 surrounding a point, you know, of no detail.
17 COFFEY, Q.C.:
18 Q. Generally general assurances that
19 recommendations had been forthcoming and were
20 being implemented.
21 MS. DAWE:
22 A. Been implemented. Absolutely and various
23 stages were almost complete or, you know, 70
24 percent complete and so on.
25 COFFEY, Q.C.:

Page 195

1 Q. At the time, Ms. Dawe, who did you understand
2 was going to receive those external reviews?
3 MS. DAWE:
4 A. Certainly the people in the laboratory, the
5 clinical team. I probably would have assumed
6 Dr. Williams.
7 COFFEY, Q.C.:
8 Q. Yes.
9 MS. DAWE:
10 A. But it would be contained within the people
11 who would be affected by this in the
12 laboratory to Dr. Williams.
13 COFFEY, Q.C.:
14 Q. What about the CEO, Mr. Tilley?
15 MS. DAWE:
16 A. It again--no, not normally unless, again, the
17 significance of the matter would warrant his
18 involvement because the CEO would not have
19 peer review information that occurs at the
20 operational down in--a department, for
21 example. That occurs at various--certainly at
22 lower levels, unless it had implications that
23 it should be brought to the attention of the
24 president/CEO.
25 COFFEY, Q.C.:

Page 196

1 Q. You have had a chance, for example, to look at
2 Dr. Banerjee's report of October, 2005?
3 MS. DAWE:
4 A. Yes.
5 COFFEY, Q.C.:
6 Q. And during the past month or so.
7 MS. DAWE:
8 A. Yes.
9 COFFEY, Q.C.:
10 Q. Do you think that what's contained in his
11 report should have been brought to your
12 attention at the time?
13 MS. DAWE:
14 A. I think we should have been aware, if not of
15 all of the recommendations, an indication of
16 inadequacies I'd say in quality control and in
17 documentation and these are the matters, yes,
18 I do.
19 COFFEY, Q.C.:
20 Q. Can you offer any explanation from your
21 perspective as to why those sort of matters
22 were not brought to your attention?
23 MS. DAWE:
24 A. Only on the principle of peer review, that the
25 people who were engaged in the process and who

Page 197

1 participated understood to be peer review and
2 so they would have been respected on that
3 basis. Now, you know, there's new information
4 through Judge Dymond which had a different
5 opinion and we respect that opinion and we've
6 moved on.
7 COFFEY, Q.C.:
8 Q. And to come then right to the nub of that, if
9 Judge Dymond's decision had not been what it
10 was, I'm going to suggest to you to this day,
11 you'd be in a position where you wouldn't know
12 what was contained in that report?
13 MS. DAWE:
14 A. Well I think because of the discussion then
15 that we would, I'm pretty confident that I
16 would or the board, we would have explored, we
17 would have questioned a bit further then, only
18 because of what's--needing to have further
19 information to understand why is this an
20 issue, why is there a controversy over this.
21 COFFEY, Q.C.:
22 Q. And so up until, that would be
23 January/February of 2008, without the court
24 proceedings, for example, I take it that you'd
25 never have inquired into it, as far as you

Page 198

1 know?
2 MS. DAWE:
3 A. Well, we've discussed, as reflected in the
4 minutes, the implementation of recommendations
5 to know that the recommendations are being
6 implemented, so that was our interest.
7 COFFEY, Q.C.:
8 Q. Has any thought been given based upon--and not
9 from what you know now, been given by yourself
10 or other members of the board, that you're
11 aware of, to the appropriateness of there
12 being only one investigative mechanism in
13 relation to an event, such as this?
14 MS. DAWE:
15 A. Well, -
16 COFFEY, Q.C.:
17 Q. Only the one that was used here, which was the
18 external reviewers, which you understood were
19 Peer or Quality Assurance Reviews.
20 MS. DAWE:
21 A. We've had this matter discussed since January
22 and I guess at our last board meeting and at a
23 committee, the Quality Committee as well, and
24 I think we, if--it hasn't come fully to the
25 board yet, but my understanding of the

Page 199

1 discussion at the committee level is that we,
2 and consistent with our executive limitations,
3 that we want recommendations presented to the
4 Quality Committee from any reviews, so that we
5 are aware. So we're not asking for the
6 details, okay, but recommendations. Because
7 if you have recommendations, you can ask
8 further questions, so that will be practice
9 hitherto.
10 COFFEY, Q.C.:
11 Q. And what advantage could there be to being
12 able to ask further questions if they don't
13 have to give you the answer?
14 MS. DAWE:
15 A. Well no, I think there are ways that you can
16 explore. If you have recommendations, you're
17 in a much better position, obviously.
18 COFFEY, Q.C.:
19 Q. Ma'am, if we could turn to Exhibit P-0085?
20 Thank you, Registrar.
21 MS. DAWE:
22 A. Do I have this?
23 COFFEY, Q.C.:
24 Q. Yes, you do, ma'am. It's about, again,
25 midway, just midway past the middle of the

Page 200

1 book.
2 MS. DAWE:
3 A. Uh-hm.
4 COFFEY, Q.C.:
5 Q. This is an e-mail from George Tilley dated
6 Friday, September 30th at 4:19 p.m.. It's to
7 a number of people, I gather they are board
8 members?
9 MS. DAWE:
10 A. Yes.
11 COFFEY, Q.C.:
12 Q. And the subject is "Estrogen and progesterone
13 receptors for patients with breast cancer."
14 And Mr. Tilley notes, "Good afternoon,
15 everyone. You will recall the briefing that
16 was provided by Dr. Williams at the Board of
17 Trustees' meeting in Marystown pertaining to
18 the estrogen, progesterone receptors. Just to
19 inform you that we have responded today to
20 some media inquiries regarding this issue, so
21 you may see reference to it over the next
22 couple of days." Signed "George". So did you
23 receive any other communication, other than
24 this e-mail from Mr. Tilley or anyone else at
25 Eastern Health about the fact that this was

Page 201

1 about to go public?
2 MS. DAWE:
3 A. Not to my knowledge, I have no other
4 information.
5 COFFEY, Q.C.:
6 Q. Just the e-mail, there was no phone call or -
7 MS. DAWE:
8 A. I can't recall, but I have the record here.
9 COFFEY, Q.C.:
10 Q. Having received that, and this would be late
11 on a Friday--late on a Friday afternoon, yes.
12 From your perspective, was there any thought
13 given to, well does the minister know? Did
14 the other board chairs know or other health
15 authorities?
16 MS. DAWE:
17 A. I would assume the minister would--the deputy
18 would have been advised of this as well.
19 COFFEY, Q.C.:
20 Q. But there was no--you assumed that at the
21 time?
22 MS. DAWE:
23 A. I have no written--I'm assuming that because
24 that would be the practice.
25 COFFEY, Q.C.:

Page 202

1 Q. Okay, but in terms of to ensure that the
2 minister was advised or the DM and the
3 minister were advised of the informational
4 content of this, they were given a heads up,
5 that would be left to George Tilley and his
6 staff and it wouldn't have involved yourself?
7 MS. DAWE:
8 A. No, it would be, it would really be between
9 the president/CEO and the deputy minister and
10 then the deputy minister would advise the
11 minister.
12 COFFEY, Q.C.:
13 Q. That would be, you, yourself to advise the
14 minister?
15 MS. DAWE:
16 A. If, no, well I didn't in this case, no, it
17 would happen at the operational level.
18 COFFEY, Q.C.:
19 Q. Did you have any knowledge at the time,
20 September 30th, October 1st and 2nd, 2005,
21 that Eastern Health or at least some personnel
22 from Eastern Health were participating in
23 being interviewed by "The Independent
24 Newspaper"?
25 MS. DAWE:

Page 203

1 A. What I have is the information here. I have
2 no e-mail to suggest that there was anything
3 further, no other documentation.
4 COFFEY, Q.C.:
5 Q. And this e-mail of September 30th was your
6 first heads up -
7 MS. DAWE:
8 A. Since the board meeting.
9 COFFEY, Q.C.:
10 Q. Since the board meeting. The first heads up
11 that this was going public.
12 MS. DAWE:
13 A. Uh-hm.
14 COFFEY, Q.C.:
15 Q. Okay. At that time you became aware of that,
16 were you aware of whether or not any retest
17 results were back?
18 MS. DAWE:
19 A. No, I can't--well, retest results that had
20 come back as referenced in the July e-mail,
21 because there was reference then. I can't
22 tell you of subsequent to that if there were
23 any, no.
24 COFFEY, Q.C.:
25 Q. And in terms of the July reference and it is

Page 204

1 there in the July 20th e-mail to yourself.
2 MS. DAWE:
3 A. Yes.
4 COFFEY, Q.C.:
5 Q. Your understanding was those retests occurred
6 where?
7 MS. DAWE:
8 A. In St. John's.
9 COFFEY, Q.C.:
10 Q. St. John's, okay, those results were back.
11 MS. DAWE:
12 A. Yes.
13 COFFEY, Q.C.:
14 Q. But all the retest results now in August and
15 September were going to happen in Mount Sinai,
16 I take it?
17 MS. DAWE:
18 A. Yes, yes.
19 COFFEY, Q.C.:
20 Q. So as of September 30th, you had no idea of
21 whether or not they were back.
22 MS. DAWE:
23 A. Whether they were back, no.
24 COFFEY, Q.C.:
25 Q. And certainly if they had been back by

Page 205

1 September 21st, at least some of them, you
2 would have expected to be told or would you?
3 MS. DAWE:
4 A. You know, I had indicated earlier that Dr.
5 Williams would have been, through is
6 presentation, speaking about numbers being
7 retested. Whether he provided us with
8 information on any that had returned, if it's
9 not documented now in either of the minutes or
10 some other fashion, I really can't recall.
11 I'd be truly speculating and I'm sorry.
12 COFFEY, Q.C.:
13 Q. The matter is and we look at, if I could,
14 Exhibit P-0086, this is a copy of a story
15 published on October 2nd, 2005 in "The
16 Independent Newspaper". As of that day, it
17 was a Sunday, other than the few patients that
18 had been notified in July, relatively few,
19 about retest results, it was your
20 understanding that no other patients had been
21 told that they were being retested, nor that
22 they, in some instances, had been retested?
23 MS. DAWE:
24 A. The information that I would have had, as all
25 board members, would be the September board

Page 206

1 meeting and that is based on the clinical
2 advice and I think it's here in this article
3 as well, it's the same understanding that the
4 clinicians wanted to have the information from
5 retesting before they contacted patients.
6 That's my understanding.
7 COFFEY, Q.C.:
8 Q. So the newspaper gets published and in fact,
9 other media did pick up the story as that week
10 progressed. Did you or to your knowledge any
11 other member of the Board of Trustees have any
12 involvement in making any decisions about
13 well, who now should be told what?
14 MS. DAWE:
15 A. No, we would--the board would not have been
16 engaged in any of that discussion. I'm, you
17 know, I didn't and I'm sure if I didn't, the
18 board would not have.
19 COFFEY, Q.C.:
20 Q. So then whether or not patients were going to
21 be individually notified about the fact that
22 they were being retested, that would be left
23 to George Tilley and his people?
24 MS. DAWE:
25 A. To the organization and the clinicians, yes,

Page 207

1 absolutely, it's an operational manner (sic).
2 THE COMMISSIONER:
3 Q. Ms. Dawe, what made this a board matter? I
4 don't mean the story, I meant the ER/PR issue,
5 because you've had discussion about what's an
6 operational matter and what's a board matter.
7 For example, if there is in some department of
8 medicine in the hospital, an error, and a
9 patient, through that error, receives
10 incorrect treatment or does not receive
11 treatment that that patient should have had or
12 whatever the circumstances are, but somehow
13 the error is reflected in the patient care,
14 does that become a board matter?
15 MS. DAWE:
16 A. No, no, it's the size, the significance -
17 THE COMMISSIONER:
18 Q. Well that was my next question, is it a case
19 of how big this was?
20 MS. DAWE:
21 A. And the fact that it was, it was truly, it was
22 the magnitude and the uncertainty about this
23 and the engagement of people out of the
24 organization; namely, you know, the national
25 organizations and so on. So it had a

Page 208

1 different level of significance and I,
2 certainly in the early days, you know, we have
3 lots of information today, additional
4 information that we certainly didn't have in
5 2005, but as this became significant issue for
6 patients and the organization and involved
7 other authorities as well, and would be
8 public, then it would be--it would come to the
9 board.
10 THE COMMISSIONER:
11 Q. That changes its characterization from
12 something that belongs to an operational to
13 the board.
14 MS. DAWE:
15 A. It does, that it is a single incident,
16 absolutely. We would not be engaged at that
17 level, but it was the significance and beyond
18 our organization engaging others and a public
19 issue and--it was unchartered, an unchartered
20 course from the beginning.
21 COFFEY, Q.C.:
22 Q. When you got the e-mail on September 30th,
23 from Mr. Tilley, did you make any inquiries as
24 to whether or not anyone was going to contact
25 or even going to attempt to contact patients

Page 209

1 before the media broke the story?
2 MS. DAWE:
3 A. I don't recall, I don't recall.
4 COFFEY, Q.C.:
5 Q. Were you concerned that people would be, you
6 know, picking up a newspaper and learning
7 about this?
8 MS. DAWE:
9 A. Yes, because as I had indicated earlier, our
10 prime concern was early notification of
11 patients, so for patients to hear this
12 information through any other source, other
13 than the appropriate source, would be a
14 concern.
15 COFFEY, Q.C.:
16 Q. So it was a concern, was any thought given to
17 how you might address it before, you know, it
18 comes to fruition and actually happens?
19 MS. DAWE:
20 A. I think I had indicated to you earlier that
21 that level of discussion did not occur.
22 THE COMMISSIONER:
23 Q. Mr. Coffey, it's about time for the afternoon
24 break, so if it's a convenient place for you?
25 COFFEY, Q.C.:

Page 210

1 Q. Just one or two other, if I could,
2 Commissioner, before we break -
3 THE COMMISSIONER:
4 Q. Yes, sure, complete the thought.
5 COFFEY, Q.C.:
6 Q. Thank you. So you would have understood then
7 as of September 30th, 2005, that the patients,
8 and there could be hundreds, maybe thousands
9 of patients had not been told up to that point
10 or were not being contacted about the fact
11 that their tissue samples were being retested?
12 It was still -
13 MS. DAWE:
14 A. Correct, uh-hm, up to that point.
15 COFFEY, Q.C.:
16 Q. And in terms of that, was it your
17 understanding that there was any board
18 responsibility to set policy in respect of
19 disclosure to patients?
20 MS. DAWE:
21 A. There is and has been a policy on disclosure,
22 both at the Health Corporation level and, you
23 know, we were dealing with this overlapping
24 period and the policy that Eastern Health has
25 incorporated the Health Corporation policy, as

Page 211

1 well as the guidelines from the Canadian
2 Patient Safety Institute. So, you know, we
3 understood that there were--there are
4 protocols for disclosure.
5 COFFEY, Q.C.:
6 Q. So as of September 30th, 2005, what was your
7 understanding about the then existing patient
8 notification policy in respect of, what I'll
9 refer to as an adverse event?
10 MS. DAWE:
11 A. That there were protocols at the Health
12 Corporation, that they existed.
13 COFFEY, Q.C.:
14 Q. Were they discussed by the board at the time,
15 like people kind of circulate the -
16 MS. DAWE:
17 A. I recall the discussion on disclosure because
18 of the linkage with the Canadian Patient
19 Safety Institute. I can't precisely tell you
20 which month that was, but I was certainly
21 aware that there were disclosure policies in
22 the Health Corporation.
23 COFFEY, Q.C.:
24 Q. Thank you, Commissioner.
25 THE COMMISSIONER:

Page 212

1 Q. Afternoon break. All right, fifteen minutes.
2 Thank you.
3 (RECESS)
4 THE COMMISSIONER:
5 Q. Mr. Coffey?
6 COFFEY, Q.C:
7 Q. Thank you, Commissioner. If we could, please
8 Registrar, Exhibit P-0017 again please? I
9 apologize, not P-0017, P-0018, I apologize.
10 THE COMMISSIONER:
11 Q. P-0018?
12 COFFEY, Q.C.:
13 Q. P-0018, Board of Trustees' Minutes, yes.
14 THE COMMISSIONER:
15 Q. Oh, that's the one we don't have in the
16 binder.
17 COFFEY, Q.C.:
18 Q. Yes, just look through this and we go down
19 through to and I just note on this before I
20 pass on to the next month, that there are
21 actually here fourteen typed pages for the
22 minutes of the September 21st, 2005 meeting.
23 There's a space for both your signature and
24 Mr. Tilley's?
25 MS. DAWE:

Page 213

1 A. Yes.
2 COFFEY, Q.C.:
3 Q. Although this particular copy is not signed, I
4 take it that upon their approval subsequently,
5 there would be a signed copy?
6 MS. DAWE:
7 A. Absolutely, there's a minute book with--all
8 the minutes are appropriately signed.
9 COFFEY, Q.C.:
10 Q. And the idea of having up to fourteen pages or
11 so or thereabouts of typed minutes would not
12 be unusual?
13 MS. DAWE:
14 A. No, actually there are more than that in some
15 cases.
16 COFFEY, Q.C.:
17 Q. Yes, yes. Now, the next minutes we have of
18 the Board of Trustees of Eastern Health is for
19 a meeting held Friday, the 28th of October,
20 2005 at noon at the Holiday Inn, St. John's.
21 THE COMMISSIONER:
22 Q. And the number?
23 COFFEY, Q.C.:
24 Q. It's the same exhibit number, Commissioner.
25 THE COMMISSIONER:

Page 214

1 Q. Oh, just further on.
2 COFFEY, Q.C.:
3 Q. Yes, just further on into it, and of course
4 there's a number of things redacted, but in
5 particular I'm going to refer you to the
6 bottom of page 3, you see that there? It's
7 paragraph 3, "Business Arising", Ms. Dawe.
8 And this is the ER/PR testing for breast
9 screening/update. Now I noticed, while it
10 didn't comment upon it in the September 21st
11 minutes that it's also referred to as breast
12 screening in the minutes and it's referred to
13 here on page 3 of the October 28th, 2005
14 minutes as breast screening. I take it that
15 that's incorrect.
16 MS. DAWE:
17 A. Incorrect, thank you.
18 COFFEY, Q.C.:
19 Q. And I just note in passing and we will see
20 some commentary, the Commission will, as we
21 proceed at various times that certain people
22 within Eastern Health, on an operational
23 level, took issue with the way the media were
24 reporting at times in referring to this matter
25 as screening and took issue with it.

Page 215

1 MS. DAWE:
2 A. Yes, yes.
3 COFFEY, Q.C.:
4 Q. So the media weren't alone in getting it
5 wrong, at least initially.
6 MS. DAWE:
7 A. Correct.
8 COFFEY, Q.C.:
9 Q. Now this one begins at page 3 and continues
10 right to the bottom in fact of page 4, page 5
11 goes on about committee reports, so this
12 appears to be a more detailed minutes and I
13 won't say it was a more detailed briefing, but
14 a more detailed minutes of a briefing. Do you
15 recall who gave this briefing? I think it
16 begins, if you want to go back -
17 MS. DAWE:
18 A. Dr. Williams again.
19 COFFEY, Q.C.:
20 Q. There's a reference right in the beginning to
21 "a Review Panel of Physicians, three
22 oncologists and two surgeons, involved in care
23 of these patients has been established to
24 review any test results that have changed as a
25 result of the second testing at Mount Sinai

Page 216

1 and to recommend any changes to treatment."
2 And if you look on to the next page, just
3 scroll down a bit, this Review Panel of
4 Physicians described here as three oncologists
5 and two surgeons, did the board or what was
6 your understanding from, based upon Dr.
7 Williams' briefing to the board on this day as
8 to what the role of this panel was?
9 MS. DAWE:
10 A. To review the retest results and if there were
11 treatment changes required, they would
12 recommend these to their appropriate
13 physician, certainly dealing with retest
14 results.
15 COFFEY, Q.C.:
16 Q. Yes. Now, was there any discussion at this
17 meeting about the propriety of having such a
18 Review Panel of Physicians?
19 MS. DAWE:
20 A. No.
21 COFFEY, Q.C.:
22 Q. Was there any discussion about the potential
23 for delay in the retest results being
24 communicated to a patient or the patient's
25 attending physician if it had the first--the

Page 217

1 results had to first be reviewed by a Review
2 Panel of Physicians?
3 MS. DAWE:
4 A. No, my understanding was that this was--the
5 oncologists and surgeons had made themselves
6 available and they were meeting regularly, I
7 thought weekly or even more frequently, so as
8 to receive the results and make their
9 appropriate recommendations. So I don't think
10 anybody saw it as causing any delay. I don't
11 recall any discussion around that.
12 COFFEY, Q.C.:
13 Q. And if there was delay associated with it, it
14 wasn't brought to the board's attention?
15 MS. DAWE:
16 A. No, no.
17 COFFEY, Q.C.:
18 Q. And the board did not, there was no discussion
19 that you recall by the board members about the
20 potential for delay?
21 MS. DAWE:
22 A. No, I have no recall.
23 COFFEY, Q.C.:
24 Q. Was the board, was it made known to the board
25 that in fact as well, apparently, there was

Page 218

1 one or more pathologists who sat as a member
2 of this Review Panel of Physicians?
3 MS. DAWE:
4 A. I think in the later, in later minutes the
5 Review Panel contains oncologists, surgeons
6 and pathologists or if not in the minutes, I
7 recall that in a briefing note.
8 COFFEY, Q.C.:
9 Q. At least initially you didn't understand that
10 there were pathologists involved?
11 MS. DAWE:
12 A. Not at, well the minutes are recorded as they
13 are.
14 COFFEY, Q.C.:
15 Q. How about the involvement of people from the
16 quality initiative's field, somebody like
17 Heather Predham, did you have any
18 understanding about whether she was involved?
19 MS. DAWE:
20 A. I understand that she was involved, you know,
21 subsequently. I'm not sure at what point we
22 knew that there were others on the panel as
23 well, but I certainly, I knew at some point
24 that quality people were involved.
25 COFFEY, Q.C.:

Page 219

1 Q. And ma'am, by this point in time, this is say
2 about 26 days after the "Independence" story,
3 there's a reference in the second paragraph on
4 page 4, just scroll down a bit, to a decision
5 was made not to send written correspondence in
6 favour of the direct contact to allow for
7 dialogue and to ensure understanding.
8 MS. DAWE:
9 A. Yes, uh-hm.
10 COFFEY, Q.C.:
11 Q. And "administration has had meetings with a
12 few individuals who expressed concern
13 regarding the timing and process of
14 notification." And a reference is also made
15 to a media campaign having been undertaken
16 locally and throughout the region. This
17 decision not to send written correspondence in
18 favour of the direct contact, what was that in
19 relation to? Direct contact about what?
20 MS. DAWE:
21 A. Talking to the patients directly so that there
22 could be dialogue in answering concerns or
23 questions only, as opposed to sending a
24 letter. An opportunity for dialogue.
25 COFFEY, Q.C.:

Page 220

1 Q. Sending a letter to advise them of what?
2 MS. DAWE:
3 A. Well the results would have been--this is a
4 period when the results are back, correct?
5 COFFEY, Q.C.:
6 Q. Yes, they're coming back, yes.
7 MS. DAWE:
8 A. So I'm relating it to that, but this was
9 clearly and which would--and I'm sure as a
10 board we would understand this to be much more
11 appropriate to have dialogue with a person.
12 COFFEY, Q.C.:
13 Q. The first paragraph on page 4 notes that "The
14 Quality Initiative's Department has been
15 involved in making personal contact with
16 affected patients via telephone, advising of
17 the status of their test results." So was
18 your understanding by the end of October,
19 2005, what was the status of their test
20 results?
21 MS. DAWE:
22 A. Whether they were back or not and then
23 referring them to their attending physician or
24 the oncologist or whomever, but I think I'm
25 correct at this stage, patients had been

Page 221

1 contacted that they were being retested, so
2 there was dialogue ongoing on the status of is
3 the result back yet. That's the way I'm
4 interpreting that discussion.
5 THE COMMISSIONER:
6 Q. I'm sorry, I wasn't sure I understood the
7 answer to the question. Are you saying that
8 you understood that all of the patients at
9 some point had been told that they were being
10 tested or the ones that were going to be
11 tested were told that in fact, they were?
12 MS. DAWE:
13 A. I understood that in September month and prior
14 to that, the decision had been made to wait
15 for the test results to return before patients
16 were contacted.
17 THE COMMISSIONER:
18 Q. Uh-hm.
19 MS. DAWE:
20 A. And then when this became public, a public
21 issue in early October and thereafter patients
22 were contacted and told that their test was
23 being rechecked. And so -
24 THE COMMISSIONER:
25 Q. So after it became public knowledge -

Page 222

1 MS. DAWE:
2 A. Yes, yes.
3 THE COMMISSIONER:
4 Q. What was told to a patient depended on whether
5 or not in fact their test results had either
6 gone, were not back or had been back and the
7 results were then known, et cetera.
8 MS. DAWE:
9 A. That's my understanding, that's October.
10 COFFEY, Q.C.:
11 Q. And this contact with the patients to inform
12 them of whichever of one or more of the above
13 you just referred to, was being done by phone?
14 MS. DAWE:
15 A. Well, it ways--I'm not sure whether it was all
16 by phone or whether there was direct contact
17 with people. The concern again of the board
18 would be that people were contacted.
19 COFFEY, Q.C.:
20 Q. Yes, well the first three lines on page 4
21 indicate that the Quality Initiative's
22 Department has been involved in making
23 personal with affected patients, via
24 telephone, advising of the status of their
25 test results, which presumably is whether or

Page 223

1 not they are back or not and if they're not
2 back, whether or not they're even sent off yet
3 or will be sent off. And then the third line
4 says, "Some physicians will be involved in
5 phoning their own patients."
6 MS. DAWE:
7 A. Yes, and that was a decision of, I understand
8 of the clinicians because of, it was their
9 choice to make contact with, maybe they were
10 seeing their patients early and so it was a
11 more appropriate approach, but it was the
12 physician's choice.
13 COFFEY, Q.C.:
14 Q. And a decision was made then, it was referred
15 to in the second paragraph of page 4 not to
16 send written correspondence. And it's
17 described here as "the rationale is in favour
18 of the direct contact," which presumably would
19 be in person or by phone, "to allow for
20 dialogue and to ensure understanding." Was
21 there any discussion at that Board meeting on
22 October 28th 2005 about the potential for
23 misunderstanding by a patient during a phone
24 call?
25 MS. DAWE:

Page 224

1 A. No, not that I recall.
2 COFFEY, Q.C.:
3 Q. So what was your understanding then with
4 respect to how this was being handled? I
5 appreciate somebody, you know, whose retest
6 results are not back. You'd phone them and
7 say, "you are being retested. Ms. so-and-so,
8 you are being retested and we will be in touch
9 when we get the results" and try to answer any
10 questions. What about test results that had
11 come back, they'd fallen into two categories
12 presumably, unchanged results or changed
13 results. What was your understanding about
14 how that was being handled? If a person, a
15 patient's results came back and Mount Sinai's
16 results confirmed the original results, what
17 was your understanding about what was
18 happening?
19 MS. DAWE:
20 A. That that would--the patients would be
21 notified through their physicians if there
22 were a change.
23 COFFEY, Q.C.:
24 Q. Now if there was no change?
25 MS. DAWE:

Page 225

1 A. I'm trying to--I have to assume that the
2 patients were called and were notified there
3 would be no change, and I am assuming.
4 COFFEY, Q.C.:
5 Q. That there had been no change?
6 MS. DAWE:
7 A. Yes, that there had been no change. I would
8 assume that, because you don't--you know, why
9 leave people wondering?
10 COFFEY, Q.C.:
11 Q. And then for those patients whose results
12 changed, your understanding was what was being
13 done with respect to them?
14 MS. DAWE:
15 A. That contact was made with these people and
16 then a follow up with either an oncologist or
17 the appropriate physician.
18 COFFEY, Q.C.:
19 Q. And the people whose results had not changed,
20 say for example a person who is negative, ER
21 negative, PR zero, ER zero, PR originally and
22 Mount Sinai came back and said zero/zero, same
23 results, your understanding was that that
24 person was going to be contacted by Eastern
25 Health and told that the results were back,

Page 226

1 retest results were back and there'd been no
2 change?
3 MS. DAWE:
4 A. Well, I'm speculating here.
5 COFFEY, Q.C.:
6 Q. Sure.
7 MS. DAWE:
8 A. Because I--in order to answer your question.
9 If a person was called and told their--that
10 the test was--that their specimen was being
11 retested, it seems very logical that the
12 person would--that there would be a follow-up
13 contact with the person to say either there
14 are no changes or there are changes and "we
15 want you to be in touch with," whomever is the
16 most appropriate person. That would be
17 logical for me.
18 COFFEY, Q.C.:
19 Q. Who did--in terms of--and I appreciate that,
20 and then in terms of if that phone call is
21 made, a heads-up that you are being retested
22 as it were?
23 MS. DAWE:
24 A. Yes, yes.
25 COFFEY, Q.C.:

Page 227

1 Q. Then you understood that that phone call would
2 be made by what sort of person?
3 MS. DAWE:
4 A. The first contact, through the Quality
5 department.
6 COFFEY, Q.C.:
7 Q. Okay, which would not be a physician?
8 MS. DAWE:
9 A. No.
10 COFFEY, Q.C.:
11 Q. Then the sub--I'm sorry, go ahead, ma'am.
12 MS. DAWE:
13 A. Or as is carried on there, some physicians
14 wanted to be involved themselves.
15 COFFEY, Q.C.:
16 Q. And then when the retest results were reported
17 by Mount Sinai to Eastern Health, for those
18 patients whose retest results were the same as
19 the original, no change, your understanding
20 was is that they would be contacted again by
21 Eastern Health?
22 MS. DAWE:
23 A. I'm not sure by whom, whether it's Quality or
24 the physician, but I'm suggesting to you that
25 it appears very logical to me that the person

Page 228

1 would be contacted.
2 COFFEY, Q.C.:
3 Q. Now your understanding, I guess, I gather
4 based upon again the minutes of that meeting
5 or that briefing of October 28th 2005 was that
6 this was done on the basis of to allow--in
7 favour of direct contact, to allow for
8 dialogue and to ensure understanding?
9 MS. DAWE:
10 A. Yes.
11 COFFEY, Q.C.:
12 Q. If we could see, please, Exhibit P-0092? Now
13 this is--actually there are two e-mails. The
14 first one is from Heather Predham to Patricia
15 Pilgrim, Dr. Robert Williams and Susan
16 Bonnell. The subject is patient letter. It's
17 sent Wednesday, October 19th 2005 at 8:28
18 a.m., and Heather writes "Hi. Here's Dan's
19 view on the feedback." Signed Heather.
20 And then the original message below it is
21 from Dan Boone and he's a lawyer with Stewart
22 McKelvey Sterling Scales, I think it is.
23 That's the SMSS. Sent Tuesday, October 18th
24 2005 at 2:05 p.m. to Heather Predham. It's
25 carboned to D. Hawkins at HIROC, and an M.

Page 229

1 Boyce at HIROC, and the subject is a patient
2 letter, and it's signed off by Mr. Boone at
3 the bottom of the page.
4 And this refers to--and he says "Heather,
5 my initial reaction is that I do not agree
6 with sending this letter at this time. There
7 are a significant number of people whose
8 results will not be changed. Notifying these
9 people may be seen as raising their hopes for
10 treatment possibilities. In most cases, these
11 expectations or hopes will not be satisfied.
12 There is a possibility that we could be sued
13 in a class action by those people who received
14 this proposed correspondence whose test
15 results do not change. Otherwise these people
16 would not have a cause of action, so sending
17 the letter actually exposes us to a liability
18 which does not now exist. I have not given
19 significant thought to the issue from the
20 perspective as to whether it is appropriate to
21 test these specimens without advising the
22 patients. However, again, my initial thought
23 is that the original consent would be broad
24 enough to cover retesting. With the media
25 coverage and the information already

Page 230

1 disseminated by you, I would think that most
2 of the people who have tested negative would
3 have enough information to consider whether
4 they would like to be retested, if they have
5 not, and to inquire whether they have been
6 retested. Therefore, I do not see how the
7 letter advances the health care of the
8 affected patients and it increases our
9 exposure to claims for damages. I would
10 recommend against sending it." Signed Daniel
11 Boone.
12 Now, ma'am, in October of 2005, or even
13 subsequent to that, were you made aware, and
14 to your knowledge, were other members of the
15 Board of Trustees of Eastern Health made
16 aware, of the contents of--the informational
17 content of that e-mail?
18 MS. DAWE:
19 A. No.
20 COFFEY, Q.C.:
21 Q. Did you have any idea, in the fall of 2005,
22 that apparently--well, we'll hear from Ms.
23 Predham and Ms. Pilgrim and Dr. Williams and
24 Susan Bonnell as to what part, if any, it
25 played in the decision not to send the patient

Page 231

1 letter, but the sentiments expressed there and
2 the thoughts expressed there, did that -
3 MS. DAWE:
4 A. No.
5 COFFEY, Q.C.:
6 Q. - come before the Board at all?
7 MS. DAWE:
8 A. No. The understanding of the Board is what I
9 referred to earlier as noted in the minutes.
10 COFFEY, Q.C.:
11 Q. The idea of potentially creating a cause of
12 action, and you're nodding your head no?
13 MS. DAWE:
14 A. No, absolutely not.
15 COFFEY, Q.C.:
16 Q. He does--that is Mr. Boone does refer to, he
17 acknowledges he has not given significant
18 thought to the issue of whether it would be
19 appropriate to test the specimens without
20 advising the patients, that is retest
21 presumably the original tissue samples. Did
22 that ever arise before the Board?
23 MS. DAWE:
24 A. No.
25 COFFEY, Q.C.:

Page 232

1 Q. I take it the Board assumed that it would be--
2 it was not inappropriate to have the retesting
3 done?
4 MS. DAWE:
5 A. It was not discussed.
6 COFFEY, Q.C.:
7 Q. At all?
8 MS. DAWE:
9 A. You know, either or.
10 COFFEY, Q.C.:
11 Q. If I could return then, please, to--it's P-
12 0018, thank you, and it's page four. I'm
13 sorry, I apologize, actually page four it
14 should be. I'm sorry, it wasn't page four.
15 Page four of the memo would be about -
16 THE COMMISSIONER:
17 Q. Page four of the memo, which would be the
18 October memo?
19 COFFEY, Q.C.:
20 Q. Yes, it would be about page 18 or so. Have to
21 scroll down. Thank you.
22 MR. SIMMONS:
23 Q. Page 19.
24 COFFEY, Q.C.:
25 Q. Page 19. Thank you, Mr. Simmons, appreciate

Page 233

1 it. My addition is not what it once was.
2 Thank you, sir. In the second paragraph, the
3 last two lines, there's a reference to "the
4 administration has had meetings with a few
5 individuals who expressed concern regarding
6 the timing and process of notification." Do
7 you recall what that was about?
8 MS. DAWE:
9 A. I recall that I think some people had made
10 contact, I believe with Mr. Tilley, if I'm
11 correct, wanting to meet with him to discuss,
12 as is noted there, the concerns about how the
13 notification process had been undertaken.
14 That's my recall. I really can't tell you any
15 more than that.
16 COFFEY, Q.C.:
17 Q. Now ma'am, looking again, as we go further
18 down this page, the middle of the page,
19 there's a paragraph and we have some numbers
20 recorded here from 1997 to 2000, and at least
21 that's what's written here. There has been
22 2485 ER/PR tests performed and it goes on to
23 say "at a future date, there will be a
24 discussion regarding retesting of test results
25 on deceased patients." So what was your

Page 234

1 understanding as a member of the Board at that
2 time, the thought process or view within
3 Eastern Health about deceased patients and
4 retesting? What was your understanding?
5 MS. DAWE:
6 A. Nothing more than identified there, that there
7 would be consideration given regarding
8 retesting.
9 COFFEY, Q.C.:
10 Q. And there's a reference, it goes on then to
11 say "Mount Sinai was chosen as a site to
12 repeat the testing on those who originally
13 showed a negative result, as they have an
14 international quality program."
15 MS. DAWE:
16 A. Um-hm.
17 COFFEY, Q.C.:
18 Q. And it goes on to explain that Mount Sinai is
19 doing this in combination with their normal
20 workload. In respect of Mount Sinai, what
21 were you given to understand about their
22 status? Not in terms of their workload, but
23 in terms of why Mount Sinai was chosen?
24 MS. DAWE:
25 A. It was seen as sort of the gold standard.

Page 235

1 They had the quality--they were--I'm not sure
2 if the word, it's appropriate to use
3 accredited in this case, but they had a
4 quality--appropriate quality assurance and
5 they were recognized as a leader in this area.
6 COFFEY, Q.C.:
7 Q. In 2005, and in fact subsequently, in 2006
8 through the first half of 2007, did anyone
9 ever tell you what type of equipment Mount
10 Sinai was using to do the retests?
11 MS. DAWE:
12 A. No, not during that period. I learned
13 subsequently.
14 COFFEY, Q.C.:
15 Q. And what have you learned? What do you
16 understand subsequently?
17 MS. DAWE:
18 A. That they use the DAKO system.
19 COFFEY, Q.C.:
20 Q. Which is the one of the 40 steps?
21 MS. DAWE:
22 A. Yes, the system that was in place from 1997 to
23 2004.
24 COFFEY, Q.C.:
25 Q. At the General Hospital?

Page 236

1 MS. DAWE:
2 A. Yes. I've learned that in the last few
3 months.
4 COFFEY, Q.C.:
5 Q. If you had been told in late 2005, early 2006,
6 that Mount Sinai, which is held to be or
7 thought to be an excellent lab or to have an
8 excellent laboratory, that they were using
9 DAKO equipment or at least a portion of their
10 usage, retesting was going on in DAKO
11 equipment, would that have--if you'd been told
12 that at the time, would that have caused you
13 to ask any questions here?
14 MS. DAWE:
15 A. Well, the logical question would be why.
16 COFFEY, Q.C.:
17 Q. And why -
18 MS. DAWE:
19 A. Why, you know, if we've advanced to an
20 automated system -
21 COFFEY, Q.C.:
22 Q. The Ventana system.
23 MS. DAWE:
24 A. - the Ventana, feeling that it was much
25 better, much more sensitive, you know, in

Page 237

1 diagnoses and so on, I would have asked the
2 question. That again, seems to be a logical
3 question to ask.
4 COFFEY, Q.C.:
5 Q. If we could look at Exhibit P-0046, please?
6 It won't be in that.
7 MS. DAWE:
8 A. Oh, okay.
9 COFFEY, Q.C.:
10 Q. I'm sorry, ma'am. It's in a separate binder
11 here. Ms. Dawe, this is, I gather, a document
12 that you've only seen recently. This is a
13 covering letter itself, on the BC Cancer
14 Agency letterhead, of October 17th 2005
15 addressed to Dr. Donald Cook, Clinical Chief,
16 St. Clare's Mercy Hospital, St. John's. The
17 subject matter is re: external quality review
18 of the immunohistochemistry service. It's
19 signed by a D. Banerjee, an MD, and he's
20 described as the Provincial Program Leader
21 Cancer Pathology, Director, Department of
22 Pathology and Laboratory Medicine, and this
23 would be of the BC Cancer Agency.
24 He notes, and before I go on to the
25 report itself, in the second paragraph--well,

Page 238

1 the first paragraph, he begins by saying
2 "please find enclosed my report as requested,"
3 and he says he'd be happy to clarify any
4 issues that may arise, and he says "in
5 addition, please convey to Dr. Robert
6 Williams, Vice President Medical Services,
7 that beyond the specifics of my report, there
8 should be recognition of the following issues
9 that have bearing on the sustainability of a
10 quality laboratory program," and he refers to
11 pathologist compensation should be competitive
12 with that elsewhere, and he goes on to say in
13 the second bullet that "your department must
14 invest in subspecialization, continuing
15 education and central pathology review for the
16 entire province," and he concludes by saying
17 "with the two recommendations implemented, you
18 will be able to attract and retain the best
19 pathologists."
20 Now I will subsequently be asking you
21 about the whole issue about pathologist
22 compensation. We will canvas that, but that
23 particular letter of October 17th 2005 from
24 Dr. Banerjee to Dr. Donald Cook, when did you-
25 -well, first of all, have you ever seen it?

Page 239

1 MS. DAWE:
2 A. I saw it when we accessed the Peer Review
3 Report.
4 COFFEY, Q.C.:
5 Q. Okay, and that would be during February of
6 2008?
7 MS. DAWE:
8 A. 2008, yes.
9 COFFEY, Q.C.:
10 Q. Page two of Exhibit P-0046--just before I go
11 to that now, I'm just going to go back a bit.
12 The two recommendations there, can you think
13 of any reason why the text of those could not
14 have been made known to you in the fall of
15 2005?
16 MS. DAWE:
17 A. No. The issue of pathologist compensation was
18 well known to the Board and we had actually
19 taken action. I became involved in a
20 discussion with two Ministers actually on this
21 very issue.
22 COFFEY, Q.C.:
23 Q. And we will be talking about that.
24 MS. DAWE:
25 A. Yes, so that's--no, absolutely not.

Page 240

1 COFFEY, Q.C.:
2 Q. The idea of investing in subspecialization,
3 continuing education, central pathology
4 review?
5 MS. DAWE:
6 A. No.
7 COFFEY, Q.C.:
8 Q. Any -
9 MS. DAWE:
10 A. No, because--I don't--this is ongoing
11 continuous quality improvement initiative.
12 COFFEY, Q.C.:
13 Q. Now the last sentence of the second bullet
14 does say, "accurate pathology diagnosis,
15 grading and staging, are essential for
16 clinical decision making and these activities
17 cannot be compromised."
18 MS. DAWE:
19 A. Um-hm.
20 COFFEY, Q.C.:
21 Q. Now up until October 28th, including October
22 28th 2005, had anyone suggested to you that
23 there might be some question about whether or
24 not the pathology diagnosis, grading and
25 staging, might be an issue here?

Page 241

1 MS. DAWE:
2 A. No, no.
3 COFFEY, Q.C.:
4 Q. If we could turn then to the report itself,
5 it's page two, and I'll just bring it up here.
6 It is--sorry, if I could, thank you. It's
7 entitled Confidential, External Quality Review
8 of the Health Care Corporation of St. John's
9 Laboratory Medicine Programs,
10 Immunohistochemistry Service, October 17th,
11 2005, and Dr. Banerjee describes himself, and
12 at the bottom--he's signed it in the middle of
13 the page and at the bottom of the page, it's
14 copy five of eight, and that is dated May 23rd
15 '07, and there's some initials there.
16 Ma'am, when you did have the opportunity,
17 in February of 2008, to review this and the
18 report itself, I just want to--I'll just
19 scroll down through it, if I could, for just a
20 moment. Okay, it is six pages long, because
21 if you look at the bottom, that six right
22 there is the page numbering in the document,
23 and the sixth page in fact is entirely taken
24 up with a footnote. So the actual document
25 itself is five and a half pages long, and in

Page 242

1 fact, the first page, if you look at the
2 numbering system, is included as page one,
3 because the text begins at page two, under
4 background. So the document is--just want to
5 get this right. It's 1-2-3-4 pages long of
6 text, actual text, including about a third of
7 a page of footnotes, and so it is a short
8 document, isn't it?
9 MS. DAWE:
10 A. Yes.
11 COFFEY, Q.C.:
12 Q. When you read this in February of 2008, I'm
13 going to ask you, what, if anything, stood out
14 to you? Take your time, if you wish, and -
15 MS. DAWE:
16 A. Could you just scroll down?
17 COFFEY, Q.C.:
18 Q. Sure, I certainly will, ma'am. I'll go right
19 back up to the beginning, I apologize, and
20 we'll go right up to the--there we--well,
21 that's right. There is the beginning, and
22 ma'am, you now have control.
23 THE COMMISSIONER:
24 Q. In fact, you have in front of you -
25 MS. DAWE:

Page 243

1 A. Is it in this?
2 COFFEY, Q.C.:
3 Q. No.
4 THE COMMISSIONER:
5 Q. No, you have there, there's a mouse.
6 COFFEY, Q.C.:
7 Q. I'll do that.
8 THE COMMISSIONER:
9 Q. Right in front of there. So if you want to
10 scroll down through it at your own rate -
11 MS. DAWE:
12 A. Yes, okay. That would be great.
13 THE COMMISSIONER:
14 Q. - to control what it is you're reading, you
15 can do that.
16 MS. DAWE:
17 A. Thank you.
18 COFFEY, Q.C.:
19 Q. And Ms. Dawe, I'll point out, you now have
20 control, okay, with the document.
21 MS. DAWE:
22 A. Thank you. So the first flag would be poor
23 fixation, negative internal controls. These
24 things would draw my attention.
25 COFFEY, Q.C.:

Page 244

1 Q. The absent internal controls, you're nodding
2 yes. So the text under review of cases, that
3 heading?
4 MS. DAWE:
5 A. Yes.
6 COFFEY, Q.C.:
7 Q. That caught your attention?
8 MS. DAWE:
9 A. Sure.
10 COFFEY, Q.C.:
11 Q. And why is that?
12 MS. DAWE:
13 A. Because it obviously shows some inadequacy.
14 COFFEY, Q.C.:
15 Q. And this is inadequacy, at least based upon--
16 was there inadequacy on the part of what type
17 of individuals?
18 MS. DAWE:
19 A. More the technical. Well, I guess it could
20 be--it would be combined, but technical maybe.
21 I'd rather say for the lab services, because
22 I--you know, I'm not at a technical level and
23 for me to try to be precise here would be most
24 inappropriate. So I'd rather keep it to
25 inadequacies in laboratory service.

Page 245

1 COFFEY, Q.C.:
2 Q. And whether physicians or technologists or
3 surgeons, whomever is responsible or could be
4 said to be responsible for poor fixation -
5 MS. DAWE:
6 A. Yes.
7 COFFEY, Q.C.:
8 Q. - you're not in a position to say yourself?
9 MS. DAWE:
10 A. I'm not in a position to say. It would be -
11 COFFEY, Q.C.:
12 Q. I appreciate that.
13 MS. DAWE:
14 A. - you know, it would be inappropriate and, you
15 know, I continue to remind us, I'm speaking as
16 a trustee here and -
17 COFFEY, Q.C.:
18 Q. In terms of the negative internal controls
19 reference there, when you read this in
20 February of 2008, or since that time, have you
21 made any inquiries as to who is responsible
22 for the issue of internal controls in respect
23 of ER/PR?
24 MS. DAWE:
25 A. Well, it would be a combination of the

Page 246

1 Clinical Chief and the program--ultimately of
2 the program director of the laboratory
3 service.
4 COFFEY, Q.C.:
5 Q. Is it internal controls done or read by
6 pathologists? Is that your understanding or do
7 you know?
8 MS. DAWE:
9 A. I would be speculating. I would say the
10 technical, the program person, but I'm sure
11 there's a role for the pathologist. I would
12 be speculating here, and I think it would be
13 inappropriate.
14 COFFEY, Q.C.:
15 Q. But having read this in February, you have not
16 asked -
17 MS. DAWE:
18 A. I'm saying -
19 COFFEY, Q.C.:
20 Q. You haven't asked -
21 MS. DAWE:
22 A. Well, information that flowed then from the
23 second peer review sort of clarifies roles in
24 this, as well.
25 COFFEY, Q.C.:

Page 247

1 Q. And as you indicated, I take it, that this
2 involves or this issue of fixation, internal
3 controls, too much reliance being placed on
4 external positive controls with no attention
5 paid to internal controls, you understood, I
6 take it, that that was a human activity as
7 opposed to a machinery issue?
8 MS. DAWE:
9 A. Yes.
10 COFFEY, Q.C.:
11 Q. And did that cause you -
12 MS. DAWE:
13 A. A flag, it's--yes.
14 COFFEY, Q.C.:
15 Q. Okay. And why is that at the time? Because
16 up to the time you'd read this, you'd
17 understood what?
18 MS. DAWE:
19 A. That not exclusively.
20 COFFEY, Q.C.:
21 Q. Yes.
22 MS. DAWE:
23 A. That it was--it could be caused by a change of
24 technology from the DAKO system to the Ventana
25 system.

Page 248

1 COFFEY, Q.C.:
2 Q. Okay.
3 MS. DAWE:
4 A. But I have to say there was a heavy reliance
5 in that area as opposed to other matters.
6 COFFEY, Q.C.:
7 Q. I'm sorry, go ahead, ma'am.
8 MS. DAWE:
9 A. So the rest is really all about fixations.
10 COFFEY, Q.C.:
11 Q. Yes, it's fixation and choice of antibodies.
12 MS. DAWE:
13 A. Choice of antibodies.
14 COFFEY, Q.C.:
15 Q. And to the third page.
16 MS. DAWE:
17 A. I guess the next would be under the
18 "Conclusion" section.
19 COFFEY, Q.C.:
20 Q. About the reasons for test failure?
21 MS. DAWE:
22 A. For--yes.
23 COFFEY, Q.C.:
24 Q. And what about -
25 MS. DAWE:

Page 249

1 A. And the reference to the DAKO system as being
2 unlikely. There are many other organizations
3 using the system successfully.
4 COFFEY, Q.C.:
5 Q. So, one, is the DAKO system faulty?
6 MS. DAWE:
7 A. Um-hm.
8 COFFEY, Q.C.:
9 Q. Dr. Paul (phonetic) says that and he says,
10 "This is unlikely as there are many other
11 laboratories using the DAKO system
12 successfully." So when you read that for the
13 first time, what were your thoughts?
14 MS. DAWE:
15 A. It wasn't what I understood for a long period
16 of time. And the same can be said then, the
17 next question, "Is the Ventana system too
18 sensitive?" and there's no evidence of that.
19 But this is, this is an opinion, and -
20 COFFEY, Q.C.:
21 Q. Yes, I appreciate that.
22 MS. DAWE:
23 A. - whether, in fact, the technology is a factor
24 or not, I'm not sure that--I guess that's a
25 question to be determined through this

Page 250

1 process.
2 COFFEY, Q.C.:
3 Q. Sure. And I understand that. Is there
4 anything else under the "Conclusions" that
5 kind of caught your eye at the time, because
6 it goes on? You take your time, run through
7 it. Caught your eye or caught your attention?
8 MS. DAWE:
9 A. Well, again, the fixation and the reference
10 now to the reporting pathologist to the status
11 of the internal controls.
12 COFFEY, Q.C.:
13 Q. The doctor Banerjee asserts, number four,
14 "Inadequate or no attention is being paid by
15 the reporting pathologist to the status of
16 internal controls."
17 MS. DAWE:
18 A. Um-hm.
19 COFFEY, Q.C.:
20 Q. "With inappropriately exclusive reliance on
21 external positive controls."
22 MS. DAWE:
23 A. Yeah.
24 COFFEY, Q.C.:
25 Q. So you understood when you read this that that

Page 251

1 was directed at the pathologist?
2 MS. DAWE:
3 A. Um-hm. That's--yes. And number six deals
4 with quality again and number seven with
5 education, yeah. And all the other matters,
6 again, referred to the organization of the
7 laboratory services and standing operating
8 procedures and so on. So, yes, you know, they
9 all caught my eye, I guess, because that's
10 what I had categorized earlier as inadequacies
11 with respect to quality control measures and
12 documentation and so on. I wasn't at all
13 surprised with the reference to recruitment
14 and retention because I'm very much aware of
15 that.
16 COFFEY, Q.C.:
17 Q. On the page you're on right now on the screen
18 there, "Other System Flaws Observed", number
19 five refers to a disconnect between laboratory
20 program director, division manager, clinical
21 site chief and laboratory director in decision
22 making. And Dr. Banerjee goes on to make
23 observations about the organizational charts
24 and did a complete separation of reporting
25 structures into technical and clinical streams

Page 252

1 with no matrices cross-reporting between
2 technical and medical leadership. "This leads
3 to frustration and resentment on both sides, a
4 lack of communication, lack of accountability
5 and lack of buy-in. And he goes on to say
6 that the division manager and program director
7 appear enthusiastic and keen to modernize the
8 lab. "But their efforts have not been
9 appreciated by the pathologist and work flow
10 changes have not been mapped out and
11 implemented." Those, that information, that
12 sort of thing, you learned, I take it, this
13 for the first in February, 2008?
14 MS. DAWE:
15 A. Yes.
16 COFFEY, Q.C.:
17 Q. Do you think you should have been told this?
18 MS. DAWE:
19 A. I don't think necessarily at a very detailed
20 level, okay. Again, I have to remind myself
21 that we're dealing at a board level and the
22 policy level. But, it would have been
23 appropriate to have understood at a very high
24 level that we're dealing with quality issues
25 and organizational issues. I don't expect--it

Page 253

1 would be inappropriate, again, for the Board
2 to be into the operations. Again, in the
3 context, the timing and the responsibility of
4 the Board in this early stage, you can
5 appreciate, well, not only would it not, would
6 not have been appropriate, but the Board was
7 engaged in a major, major restructuring
8 program in this province. But, I would expect
9 at a very high level to have an indication.
10 COFFEY, Q.C.:
11 Q. And when you say a high level, what do you
12 mean by that?
13 MS. DAWE:
14 A. Well, that indeed, you know, if indeed as the
15 problem was identified as the new technology
16 was identified as a problem or potential
17 problem, then the same level of understanding
18 around quality issues or organizational
19 matter, you know.
20 COFFEY, Q.C.:
21 Q. Can you think of any reason why, rational
22 reason why you were not so advised?
23 MS. DAWE:
24 A. No,no. Again, not the detail.
25 COFFEY, Q.C.:

Page 254

1 Q. I appreciate that.
2 MS. DAWE:
3 A. But just a general understanding that there
4 are deficient--or inefficiencies or
5 deficiencies that are being dealt with. That
6 would be adequate for the Board.
7 COFFEY, Q.C.:
8 Q. If we could return to Exhibit P-0018, please?
9 And again, on this page, if I could, I'm just
10 going to--yes, it's page 19. Ma'am, one thing
11 I do want to direct your attention to is in
12 the middle paragraph, the last five lines, it
13 reads "Since Mount Sinai is performing the
14 test in combination with a normal workload, we
15 anticipate that it will be at least another
16 six weeks before all the retesting is
17 complete. It was stressed that this is not a
18 financial issue, but rather a capacity issue
19 in terms of expediting the process." Now, in
20 relation to that was it ever a consideration
21 by the Board of Trustees in terms of how they
22 handled this or how the organization handled
23 it, the cost, the money factor?
24 MS. DAWE:
25 A. No. I think the--clearly what I'm sure the

Page 255

1 Board's response would have been whatever the
2 cost that has to be incurred to complete this
3 as quickly as possible would be incurred. So
4 the reference is the--it's not a financial
5 with Eastern Health.
6 COFFEY, Q.C.:
7 Q. Yes.
8 MS. DAWE:
9 A. The issue is the capacity of Mount Sinai.
10 COFFEY, Q.C.:
11 Q. Yes. The third-last paragraph says, "The
12 organizations insurers, HIROC, have been
13 involved in this file from the onset." Why
14 was it felt relevant to tell the Board of
15 Trustees that?
16 MS. DAWE:
17 A. Only in as much as it was perceived, I guess,
18 to be an incident and so it would be normal to
19 involve the insurer, to advise, I think we
20 have a responsibility to advise the insurer of
21 potential.
22 COFFEY, Q.C.:
23 Q. At that point, in late October, or by that
24 point, on October 28th, 2005, do you know if
25 there had been any thought given, at least

Page 256

1 that you were aware of, by any of the Board of
2 Trustees, to the idea that perhaps, perhaps
3 HIROC's interests would not necessarily be ad
4 idem with Eastern Health's in this regard?
5 MS. DAWE:
6 A. I don't recall.
7 COFFEY, Q.C.:
8 Q. That they might have--there might be a slight
9 divergence of interest, potentially?
10 MS. DAWE:
11 A. I don't recall any discussion along these
12 lines at all.
13 COFFEY, Q.C.:
14 Q. And up to that point and how about afterward?
15 MS. DAWE:
16 A. Nothing comes to mind immediately, not at all.
17 COFFEY, Q.C.:
18 Q. Okay. At that point in time, as of October
19 28th, 2005, did Eastern Health have its own
20 lawyers?
21 MS. DAWE:
22 A. You mean on staff?
23 COFFEY, Q.C.:
24 Q. Or elsewhere, yeah.
25 MS. DAWE:

Page 257

1 A. But the organization would always have its
2 solicitors for various, various reasons.
3 COFFEY, Q.C.:
4 Q. Okay.
5 MS. DAWE:
6 A. It may not be the same. Yes. So we would
7 have had our own solicitor, surely.
8 COFFEY, Q.C.:
9 Q. Do you know whether or not, and again, I don't
10 want to know any, if any legal advice was
11 gotten, but do you know if Eastern Health ever
12 used its own lawyers in relation to ER/PR?
13 And I appreciate Mr. Simmons is here now and
14 I'm not asking about Mr. Simmons. But before
15 the Commission of Inquiry was called, and I
16 appreciate HIROC was--HIROC and its lawyer or
17 lawyers were involved. But other than HIROC
18 and its lawyers, do you know if Eastern Health
19 ever used any -
20 MS. DAWE:
21 A. I don't recall any--well, for sure there's
22 nothing recorded in our minutes.
23 COFFEY, Q.C.:
24 Q. Sure.
25 MS. DAWE:

Page 258

1 A. And if something, I think, of that
2 significance, it would have--if it had been
3 brought to the Board's attention, I believe it
4 would have been reflected in the minutes.
5 COFFEY, Q.C.:
6 Q. Okay. Now, in the second-last paragraph
7 yourself on behalf of the Board expressed
8 appreciation to Dr. Williams and George Tilley
9 and the staff involved in the ER/PR situation.
10 And this is October 28th, 2005 and you've just
11 been briefed by Dr. Williams. Dr. Banerjee's
12 report is dated October 17th, 2005. And there
13 will be evidence that this report was in St.
14 John's in at the Health Care--I'm sorry, in at
15 Eastern Health before the board meeting of
16 October 28th, 2005 and that Dr. Williams,
17 certainly Dr. Cook and I suspect Dr. Williams,
18 as well, had it at the time Dr. Williams
19 briefed you. Knowing what you do now would
20 you have to expect to have been told more than
21 you were on October 28th about what's in this
22 report?
23 MS. DAWE:
24 A. Yes, I think I indicated that by saying at a
25 high level.

Page 259

1 COFFEY, Q.C.:
2 Q. Sure, and -
3 MS. DAWE:
4 A. That there may be inadequacies in these areas,
5 yes.
6 COFFEY, Q.C.:
7 Q. How do you feel about the fact that you
8 weren't so advised, and in fact you weren't so
9 advised, I gather, up until you read the
10 report in February of this year, how do you
11 feel about that?
12 MS. DAWE:
13 A. I've indicated that I believe the Board should
14 have been advised.
15 COFFEY, Q.C.:
16 Q. Sure. I understand that.
17 MS. DAWE:
18 A. And that -
19 COFFEY, Q.C.:
20 Q. I'm asking how do you feel about it, yourself?
21 MS. DAWE:
22 A. I'm disappointed.
23 COFFEY, Q.C.:
24 Q. If we could, I'm going to just continue on
25 down here. Again to P-0018, Commissioner,

Page 260

1 page--okay. Just a second now. If I could,
2 please, I'm just going to try and locate the
3 page. I apologize, Commissioner, I'm just--
4 back up. There's a reference there to
5 appointment of auditors, and it's, it is
6 redacted. But in terms of auditors and
7 audited financial statements, I take it
8 Eastern Health does have audited financial
9 statements?
10 MS. DAWE:
11 A. Yes.
12 COFFEY, Q.C.:
13 Q. Do you know if in any of the audited financial
14 statements from 2005 through the most recent
15 that there's any reference to, in those
16 audited financial statements or the notes
17 appended there to, to ER/PR in terms of
18 potential costs to your organization?
19 MS. DAWE:
20 A. I'm sorry, I would have to check.
21 COFFEY, Q.C.:
22 Q. Okay.
23 MS. DAWE:
24 A. I really would. I'd be happy to check on that,
25 but I couldn't answer -

Page 261

1 COFFEY, Q.C.:
2 Q. If you could perhaps over the evening you
3 could -
4 MS. DAWE:
5 A. Sure, I certainly will.
6 COFFEY, Q.C.:
7 Q. - do that, I'd appreciate it.
8 MS. DAWE:
9 A. Yeah.
10 COFFEY, Q.C.:
11 Q. On page, Exhibit P-0018, page 29.
12 Commissioner, it's page 14 of the actual
13 document itself. There's a note there that,
14 toward the middle of the page, Dr. Robert
15 Williams' resignation. "Dr. Robert Williams,
16 Vice-President, has submitted his resignation
17 effective the spring of 2006. Recruitment for
18 his replacement will commence immediately."
19 So I take it that by the end of October, 2005
20 Dr. Williams had announced and advised that he
21 was going?
22 MS. DAWE:
23 A. Yes.
24 COFFEY, Q.C.:
25 Q. Now, I understand that he did stay on?

Page 262

1 MS. DAWE:
2 A. Yes.
3 COFFEY, Q.C.:
4 Q. Until the fall of '06?
5 MS. DAWE:
6 A. Oh, '06.
7 COFFEY, Q.C.:
8 Q. Late summer or -
9 MS. DAWE:
10 A. Yes.
11 COFFEY, Q.C.:
12 Q. Of '06. Do you know if he continued on
13 afterwards in any capacity?
14 MS. DAWE:
15 A. Yes, I believe he did. Dr. Howell, I think,
16 joined us in September, maybe, September,
17 October and Dr. Williams stayed for a period,
18 an overlapping period, yes, I believe until
19 December, maybe, of 2006.
20 COFFEY, Q.C.:
21 Q. Okay. Just a moment, please, Commissioner?
22 If we could--I'm just going to scroll quickly
23 through this. The next minutes, just going to
24 back up here, are at Exhibit P-0018, page 34.
25 They're for November 25, 2005. And in

Page 263

1 particular to refer you to paragraph 4.2. And
2 again, this is Dr. Williams providing an
3 update. The second bullet, which is at the
4 top of page 5 of the actual document notes,
5 "We have been successful in making this a
6 national issue."
7 MS. DAWE:
8 A. Yes.
9 COFFEY, Q.C.:
10 Q. "As an agenda item for the Canadian
11 Association of Pathologists and the Canadian
12 Association of Oncologists at their upcoming
13 meetings." It goes on to say then, "Reports
14 are being prepared by the two external
15 consultants we invited to undertake an
16 assessment. The reports will outline
17 recommendations and a plan of action." And
18 "The organization has been in contact with
19 Mount Sinai on a weekly basis with respect to
20 expediting the retesting." I take it that the
21 last comment is in relation to public pressure
22 at the time to get this done?
23 MS. DAWE:
24 A. Yes.
25 COFFEY, Q.C.:

Page 264

1 Q. And I take it the Board was concerned about
2 that?
3 MS. DAWE:
4 A. Not only public pressure, but pressure from
5 the whole organization.
6 COFFEY, Q.C.:
7 Q. The Board itself, sure.
8 MS. DAWE:
9 A. And the Board, certainly, right from the
10 beginning.
11 COFFEY, Q.C.:
12 Q. Now, the second-last bullet on that page, I'm
13 referring to "Reports are being prepared by
14 the two external consultants we invited to
15 undertake an assessment." Certainly one of
16 those was Dr. Banerjee?
17 MS. DAWE:
18 A. Um-hm.
19 COFFEY, Q.C.:
20 Q. Doctor Banerjee's report is dated October 17,
21 2005. This is now November 25, 2005. Do you
22 have any explanation or can you offer any
23 explanation as to why there's a reference to
24 "are being prepared" when, without a doubt,
25 Doctor Banerjee's report had been prepared?

Page 265

1 MS. DAWE:
2 A. I can only refer to the minutes. The minutes
3 speak for the discussion and are reflective of
4 the discussion and unless, in the next set of
5 minutes there was modification to that, I
6 can't explain why that's the information the
7 Board was given.
8 COFFEY, Q.C.:
9 Q. Okay. Ma'am, with respect to the other health
10 authorities throughout the fall of 2005, what
11 was your understanding, if any, about how they
12 were handling it, this ER/PR issue?
13 MS. DAWE:
14 A. There was at each of the health boards
15 association meetings that I referred to
16 earlier, there was discussion at that level
17 about the co-ordinated effort. And my
18 understanding again, as reflected in, I think,
19 a previous set of minutes was that there was
20 an understanding between the authorities that
21 the other, where appropriate, the other
22 authorities would make contact with the
23 patients. I think that's reflected in our
24 minutes, that would be my understanding.
25 COFFEY, Q.C.:

Page 266

1 Q. If we could look, please, at Exhibit P-0090?
2 This is two e-mails of October 6, 2005, one
3 from Susan Bonnell to yourself, the one at the
4 bottom of the page at 1003 hours. And then
5 your response at 3:17 p.m. saying, "many
6 thanks. I hope not to have to use this info.
7 However, it is better to be prepared". Now,
8 Ms. Bonnell, at the bottom of the page, under
9 subject, has "ER/PR Information for you".
10 MS. DAWE:
11 A. Um-hm.
12 COFFEY, Q.C.:
13 Q. And there's a text there. Now, what was the
14 purpose of this?
15 MS. DAWE:
16 A. Sure, you certainly can, ma'am. I don't
17 recall even receiving this, but in reading it,
18 I'm gathering that it's just an update
19 information. It's October the 6th.
20 COFFEY, Q.C.:
21 Q. Yes, and October 2 is The Independent
22 newspaper story. So, it's been in the media
23 for a couple of days at this point.
24 MS. DAWE:
25 A. Okay, yeah. So, this would be an update.

Page 267

1 COFFEY, Q.C.:
2 Q. In your response you say, "I hope not to have
3 to use this info."
4 MS. DAWE:
5 A. Because of the Board has every confidence that
6 all necessary steps are being taken and that
7 would be, as I think I indicated to you in
8 September, because of proactive measures that
9 were taken by the organization and comments
10 from the Board with respect to ensuring
11 patients were notified. I think it would all
12 be in the context. I see no other reason. I
13 don't understand the context here.
14 COFFEY, Q.C.:
15 Q. It is provided to you by Ms. Bonnell that
16 morning. And your response is "Many thanks.
17 I hope not to have to use this info. However
18 it is better to be prepared". Does that
19 suggest that, in fact, this was some, I'll
20 use, speaking points or potential comment by
21 you, if you were asked by media?
22 MS. DAWE:
23 A. Maybe it was just to give me a heads up, so of
24 info. I really can't recall. That's why I
25 had to read it carefully. So, it must have

Page 268

1 been as a result of the board meeting in
2 September, the notice from Mr. Tilley the end
3 of September that there was going to be--there
4 were some media requests and that then it had
5 become a public debate. And so this was
6 providing additional advice or additional
7 information.
8 THE COMMISSIONER:
9 Q. Ms. Dawe, does the Board have its own staff?
10 MS. DAWE:
11 A. The only staff would be Mr. Tilley. No, it
12 has no other. So, it would be unusual for me
13 to receive a communication. That's why I had
14 to read this carefully. So, it must have--I
15 would assume it was directed by Mr. Tilley to
16 Susan to communicate an update with me.
17 That's all I can determine on this.
18 COFFEY, Q.C.:
19 Q. Registrar, Exhibit P-0093, please. This is an
20 e-mail, Ms. Dawe, from George Tilley, sent
21 Thursday, October 20, 2005 at 9:29 a.m. It's
22 to the Trustees of Eastern Health. The
23 subject matter is on CBC website and this
24 aired on The National last night, "unreliable
25 tests gives lessons to all labs", October 19.

Page 269

1 In this, Mr. Tilley, of course, addresses this
2 to the trustees, it's attaching a transcript
3 of the CBC National newscast, which is
4 attached, by the way, at page 2. I shouldn't
5 say that's attached; presumably it would have
6 been attached. I don't have it attached here.
7 The particulars of that particular -
8 THE COMMISSIONER:
9 Q. You mean you don't have which attached?
10 COFFEY, Q.C:
11 Q. He says, "I am attaching a transcript of the
12 item".
13 THE COMMISSIONER:
14 Q. "Unreliable test gives lesson to all labs".
15 COFFEY, Q.C.:
16 Q. Yes, and that is there at page 2, whether he
17 means that is the transcript or that's the web
18 story. My point being, here's my point, I
19 don't propose to go with you, minute by minute
20 through each piece of information you received
21 from Mr. Tilley about media coverage. But the
22 point being that I take it, Mr. Tilley was
23 keeping the Board apprised of media coverage.
24 MS. DAWE:
25 A. Yes, well, and that would be standard

Page 270

1 practice. As I indicated from the beginning,
2 we wanted to ensure the Board was apprised of
3 matters that were in public discussion. So,
4 this--now, it is to today that we receive
5 ongoing updates of matters affecting Eastern
6 Health or Eastern Health is referenced.
7 COFFEY, Q.C.:
8 Q. He ends with a paragraph, "In the meantime,
9 since we are having limited success in getting
10 all of our key messages covered by the media,
11 this weekend we'll be taking our newsprint ads
12 to review"--should be presumably--"out
13 newsprint ads to review where we are with
14 this. As well today, we will start calling
15 all patients who are being retested to advise
16 them of when their results can be expected.
17 We are we can conclude that next week. I have
18 talked to the CEO of Mt. Sinai Hospital which
19 is doing the retesting for us to see if there
20 is any possible way we can move the retests
21 any faster". Signed, George.
22 Now, in relation to that, what did you
23 understand were the key messages?
24 MS. DAWE:
25 A. Providing information on the ER/PR, the

Page 271

1 circumstances surrounding that with respect to
2 Eastern Health, and that there were
3 inconsistencies in results and there was the
4 look back, information on Mt. Sinai being
5 engaged. And I think the component that was
6 always of importance to the Board, again, and
7 where I would reference we're not getting our
8 key messages out is from an early stage, our
9 concentration on ensuring patients were
10 notified. Now, whether that meant at the
11 early stage, notified that their test results
12 were back or notified that their samples were
13 gone for retesting. It was the contact with
14 the patients that we were concerned about.
15 And so on one hand we were seeing and hearing
16 in the organization that patients were not
17 being contacted and quite often, through the
18 media, we were hearing another story. And so,
19 if I said, getting my--my focus, if I said
20 that, getting our key message out, it was
21 primarily related to what I was hearing in the
22 media versus what I was hearing in the
23 organization on notification of patients.
24 COFFEY, Q.C.:
25 Q. And to be fair, this is George saying we are

Page 272

1 having limited success in getting all of our
2 key message covered by the media.
3 MS. DAWE:
4 A. Yes.
5 COFFEY, Q.C.:
6 Q. In this context, because he notes in the
7 second line, the end of it, "as well, today we
8 will start calling all patients who are being
9 retested to advise them of when their results
10 can be expected", suggesting that Thursday,
11 October 20 is the day that Eastern Health
12 started to call all patients who are being
13 retested to advise them of when their results
14 can be expected, ie. that you are being
15 retested and when you might expect your
16 results. Suggesting that before this time,
17 and the trustees are just being told of this
18 now on October 20. So, what I wanted to ask
19 about is this, were you asked--to your
20 knowledge, were any of the trustees asked
21 about, for input into the decision to now
22 start calling patients?
23 MS. DAWE:
24 A. Well, I'm pretty sure that the subject of
25 calling patients, contacting patients would

Page 273

1 have come up at our September meeting. I'm
2 not sure, if you go back to the September
3 meeting, if that's identified, but I tell you
4 again, it was a concern of ours from the
5 beginning.
6 COFFEY, Q.C.:
7 Q. Because when you go on then to the look at the
8 third last line, if I could, Commissioner, I
9 would like to finish this point. "We are
10 hoping we can conclude that next week".
11 Presumably, meaning can conclude calling all
12 patients.
13 MS. DAWE:
14 A. Yes.
15 COFFEY, Q.C.:
16 Q. So, if it was going to take a week, a week and
17 a half, at least to Mr. Tilley's
18 understanding, to do that--when you received
19 that on October 20, 2005, did you give any
20 thought to the idea that, look, well, if it's
21 going to take a week, a week and a bit to do
22 this, why hasn't it been done or why wasn't it
23 done in September or in early October, after
24 it went public? I mean, why now?
25 MS. DAWE:

Page 274

1 A. My understanding, that that had occurred
2 before October, had commenced before October
3 20.
4 COFFEY, Q.C.:
5 Q. So, this is -
6 MS. DAWE:
7 A. But this says, I know, this says "we are
8 starting".
9 COFFEY, Q.C.:
10 Q. Yes.
11 MS. DAWE:
12 A. I'm telling you my understanding -
13 COFFEY, Q.C.:
14 Q. Oh yes.
15 MS. DAWE:
16 A. - is that that had started prior to.
17 COFFEY, Q.C.:
18 Q. Thank you, Commissioner. If we could, it's -
19 THE COMMISSIONER:
20 Q. Want to break for the day?
21 COFFEY, Q.C.:
22 Q. Well, it's -
23 THE COMMISSIONER:
24 Q. Yes, all right, then. We'll reconvene at 9:30
25 in the morning.

Page 275

1 COFFEY, Q.C.:
2 Q. Thank you.
3 THE COMMISSIONER:
4 Q. Thank you.
5 Upon conclusion at 4:48 p.m.

Page 276

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 26th day of March, A.D., 2008 before
6 the Honourable Justice Margaret A. Cameron,
7 Commissioner, at the Commission of Inquiry, St.
8 John's, Newfoundland and Labrador and was
9 transcribed by me to the best of my ability by
10 means of a sound apparatus.
11 Dated at St. John's, Newfoundland and Labrador
12 this 26th day of March, A.D., 2008
13 Judy Moss

-$-
$79 [1] 167:8

-'-
'05 [5] 144:21 156:18,19 160:4 181:22
'06 [4] 181:23 262:4,6,12
'07 [1] 241:15
'70s [1] 31:8
'80 [1] 31:8
'90s [2] 33:25 34:12
'91 [1] 25:5
'95 [1] 25:12
'97 [2] 130:17 157:23
'99 [1] 34:6

-as [1] 75:2
-Dr [1] 147:11
-it's [1] 48:14
-not [1] 177:4
-well [1] 238:25

-0-
0018 [2] 9:18 232:12
0020 [1] 9:22
0021 [1] 8:23
0027 [1] 9:24
0116 [1] 10:1

-1-
1 [3] 2:4 145:14 158:2
1-2-3-4 [1] 242:5
10 [4] 38:16 43:21 150:1 180:7
100 [2] 155:22 183:14
1000 [1] 183:15
1003 [1] 266:4
10:43 [3] 101:23 107:21 141:18
11 [2] 129:19 141:17
11:00 [1] 164:21
12 [2] 42:11,14
12,000 [2] 42:5 80:10
13th [3] 120:12 129:21 129:23
14 [4] 12:14 13:6 137:5 261:12
14th [9] 129:21 130:13 144:24 147:9,16 150:13 150:18 151:7 158:18
15 [4] 42:22 179:24 184:20 185:21
150 [1] 179:25
1500 [1] 179:25
15th [4] 138:7 139:20 140:6,8
16 [1] 148:18
17 [1] 264:20
17th [5] 129:20 237:14 238:23 241:10 258:12
18 [2] 42:11 232:20
18th [1] 228:23
19 [4] 232:23,25 254:10 268:25
1963 [1] 10:9
1975 [1] 16:17
1991 [2] 18:16 25:1
1995 [3] 18:17 25:9 26:9
1997 [4] 149:4,16 233:20 235:22
1997-2003 [1] 148:25
1997/98 [1] 14:23
19th [4] 135:14 143:3 144:21 228:17
1st [1] 202:20

-2-
2 [3] 266:21 269:4,16
2.5 [1] 182:4
20 [9] 117:19 140:4 161:2 185:21 268:21 272:11,18 273:19 274:3
2000 [4] 10:20,22 22:3 233:20
2002 [5] 106:10,15 127:15 130:1,11
2003 [14] 107:10 109:9 148:16 152:13,15,17,23 153:19 154:5,25 155:3 156:2,25 157:2
2004 [14] 10:22 11:20 12:9,13 37:24 40:20 97:7 106:5,6 130:17 149:6,16 157:23 235:23
2005 [98] 10:24 32:1,3 32:15 37:6 45:1,13,15 50:23 56:22 67:3 71:19 73:7 87:19 88:19 96:13 101:11 106:11 117:14,16 117:19,24 122:6 127:9 129:19,20 130:13,23 132:1 133:12 135:2,15 137:15 138:7 141:3 144:24 145:14 150:13,18 150:18 157:3,16 158:2 159:15,20 161:1,2,3,4 164:21 171:5 174:23 175:4 177:13 179:21 184:2 185:10 186:21 189:8 190:2 191:24 196:2 202:20 205:15 208:5 210:7 211:6 212:22 213:20 214:13 220:19 223:22 228:5,17,24 230:12,21 235:7 236:5 237:14 238:23 239:15 240:22 241:11 255:24 256:19 258:10,12,16 260:14 261:19 262:25 264:21,21 265:10 266:2 268:21 273:19
2005-6 [1] 51:17
2005/06 [1] 166:14
2005/2006 [1] 75:11
2006 [8] 50:1,23,24 85:18 235:7 236:5 261:17 262:19
2007 [9] 73:8 153:1,11 153:15 154:6,18,20,23 235:8
2008 [18] 1:4 2:2 38:19 39:10 50:24 70:4 120:18 139:6 140:2 197:23 239:6 239:8 241:17 242:12 245:20 252:13 276:5,12
20th [26] 42:6 96:12 101:11 102:6 109:25 114:23 115:25 116:13 117:16 122:5 125:11 127:9 130:22 135:2 137:14 140:10 141:2 143:7 150:18 151:22 159:23 161:17 162:19 171:9 175:7 204:1
21 [4] 9:12,15,19 117:13
21st [16] 117:24 122:6 135:2 164:21 171:4 177:13 179:21 184:2 185:15 186:21 188:16 189:7 191:24 205:1 212:22 214:10
22 [3] 9:13,15,19
22nd [2] 135:2 154:20
23 [3] 9:13,15,19
237 [1] 2:4
23rd [1] 241:14
2485 [1] 233:22
25 [5] 55:5 181:12 182:3 262:25 264:21
25th [2] 129:21 140:3
26 [3] 1:4 2:2 219:2
26th [2] 276:5,12
28 [3] 9:15,17,19
28th [21] 120:12,18 121:18 129:12 131:4,24 133:24 139:6,8 140:2 213:19 214:13 223:22 228:5 240:21,22 255:24 256:19 258:10,16,21
29 [4] 9:15,17,19 261:11
29th [1] 153:14
2:01 [1] 138:7
2:05 [1] 228:24
2nd [3] 157:16 202:20 205:15

-3-
3 [5] 165:21 214:6,7,13 215:9
30 [7] 9:13,15,17,19 42:22 55:5 185:21
30th [9] 153:15 154:18 200:6 202:20 203:5 204:20 208:22 210:7 211:6
31 [4] 9:13,15,17,20
31st [1] 39:10
34 [1] 262:24
3:17 [1] 266:5

-4-
4 [6] 166:12 215:10 219:4 220:13 222:20 223:15
4.2 [1] 263:1
40 [1] 235:20
4:19 [1] 200:6
4:48 [1] 275:5

-5-
5 [2] 215:10 263:4
5.3 [1] 169:9
50 [2] 184:20 185:22
500 [1] 183:14
58 [1] 14:3

-6-
6 [2] 168:17 266:2
6th [1] 266:19

-7-
70 [1] 194:23
70s [1] 10:10
75 [2] 119:24 181:11
79 [2] 87:20 88:20
7th [1] 143:3

-8-
80 [1] 51:8
80s [5] 10:12 24:13,21,25 88:10
8:22 [1] 135:15
8:28 [1] 228:17

-9-
9 [10] 3:2,3,4 141:17 169:5,9 174:13 175:20 186:15 188:4
900 [2] 89:2 183:19
90s [3] 10:12 14:23 88:10
95/96 [1] 10:15
950 [1] 89:8
97/98 [1] 10:17
9:11 [2] 101:11 141:17
9:29 [1] 268:21
9:30 [1] 274:24

-A-
A.D [2] 276:5,12
a.m [5] 101:11 135:15 164:21 228:18 268:21
a.m. [1] 101:23
Abbott [3] 33:4,6 34:17
abilities [1] 7:6
ability [2] 81:16 276:9
able [9] 36:13 81:18 83:11 89:14 138:2,17 180:23 199:12 238:18
above [2] 150:11 222:12
absent [1] 244:1
absolutely [21] 12:3 20:13 31:2 49:13 61:22 62:15 64:8 67:13 82:23 84:24 86:24 87:6 143:21 162:16 187:9 194:22 207:1 208:16 213:7 231:14 239:25
academic [1] 42:7
accept [1] 62:7
acceptable [1] 77:14
accepted [2] 97:9 176:15
accepting [1] 83:8
access [1] 168:11
accessed [1] 239:2
accommodate [1] 82:19
accordance [2] 98:1 110:8
accountabilities [5] 41:6,17 46:21 48:12 80:15
accountability [4] 40:18 41:3 50:17 252:4
accountable [2] 80:3,5
accredited [1] 235:3
accrued [2] 87:21 89:15
accumulated [4] 87:19 88:20 89:6,11
accuracies [1] 186:17
accuracy [2] 62:13 106:2
accurate [2] 157:9 240:14
achieve [2] 166:25 167:14
achieving [1] 166:21
acknowledges [1] 231:17
acquired [1] 106:22
Act [4] 40:9,21 41:2 98:3
action [8] 1:12 135:25 175:12 229:13,16 231:12 239:19 263:17
Actions [1] 118:16
active [1] 173:25
activities [3] 101:12,19 240:16
activity [4] 100:5 145:25 174:9 247:6
actual [8] 47:23 122:14 180:23 192:25 241:24 242:6 261:12 263:4
acute [11] 13:12 18:7 22:20 55:1,11 56:5 58:4 58:6 72:25 73:9 74:4
ad [1] 256:3
add [1] 81:17
adding [1] 48:15
addition [2] 233:1 238:5
additional [3] 208:3 268:6,6
address [3] 11:5 103:11

209:17
addressed [1] 237:15
addresses [2] 77:1 269:1
addressing [1] 68:9
adequate [1] 254:6
adjust [1] 48:16
ADM [2] 19:1 25:19
administer [1] 91:6
administration [9] 10:10,11 16:11 17:4 18:4 31:12,13 219:11 233:4
administrative [3] 69:22 72:2,3
adopts [1] 50:9
ads [2] 270:11,13
advance [2] 62:24 169:20
advanced [2] 113:3 236:19
advances [1] 230:7
advantage [1] 199:11
adverse [1] 211:9
advertised [1] 97:12
advice [13] 163:5,11,17 176:11,12,16,18 177:10 178:11 179:2 206:2 257:10 268:6
advise [11] 85:3 141:20 193:9 202:10,13 220:1 255:19,20 270:15 272:9 272:13
advised [14] 6:3 135:3 163:11 172:8 174:6,14 201:18 202:2,3 253:22 259:8,9,14 261:20
advisedly [1] 161:23
advises [1] 122:8
advising [4] 220:16 222:24 229:21 231:20
Advisory [11] 54:8,12 54:18 56:4,6 59:7 68:13 68:15,24 70:6,12
affairs [1] 94:21
affected [8] 5:22 6:20 136:13 183:4 195:11 220:16 222:23 230:8
affecting [1] 270:5
afternoon [6] 144:15,17 200:14 201:11 209:23 212:1
afterward [5] 127:12 130:23 135:21 150:19 256:14
afterwards [1] 262:13
again [61] 6:7 30:15 35:22 36:9 38:8,13,14 43:23 45:17 89:10 97:6 114:14 125:7 127:2 128:12 136:25 141:20 145:23 147:24 150:23 154:9 157:17 158:6 160:13 161:15 167:19 173:1,5 179:15,20 182:8 183:7 185:9 186:2 192:21 193:5 195:16,16 199:24 212:8 215:18 222:17 227:20 228:4 229:22 233:17 237:2 250:9 251:4 251:6 252:20 253:1,2,24 254:9 257:9 259:25 263:2 265:18 271:6 273:4
against [3] 89:5 135:25 230:10
agency [3] 18:7 237:14 237:23
agenda [12] 60:5,7,14 60:18 62:3,19 64:9 79:14 170:9,14,15 263:10
aggressively [1] 43:7
ago [3] 17:15 120:19 159:13
agree [5] 89:22 107:24 125:18 148:15 229:5
agreed [2] 150:4 165:23
agreeing [1] 14:7
ahead [5] 5:10 29:13 35:20 227:11 248:7
aired [1] 268:24
alleged [1] 136:5
allow [4] 219:6 223:19 228:6,7
allowed [2] 4:23 88:18
allowing [1] 56:17
allows [1] 62:22
almost [3] 18:24 26:17 194:23
alone [1] 215:4
along [4] 80:15 147:2 194:14 256:11
always [9] 89:24,25 104:21 105:3 129:4 178:2 187:23 257:1 271:6
amalgamated [1] 145:6
amalgamation [1] 145:14
amendments [1] 62:17
among [1] 42:6
amount [2] 41:18 42:9
analogy [1] 85:20
analysis [1] 149:6
anguish [1] 136:6
announce [1] 92:24
announced [3] 12:10 154:19 261:20
announcement [1] 12:12
annual [2] 49:2,6
answer [7] 44:17 78:19 199:13 221:7 224:9 226:8 260:25
answering [1] 219:22
antibodies [2] 248:11 248:13
anticipate [2] 74:16 254:15
anxiety [4] 5:24 6:22 136:9,17
anyway [2] 9:4 73:7
apologize [8] 96:24 117:10 138:2 212:9,9 232:13 242:19 260:3
apologizes [1] 6:24
apparatus [1] 276:10
apparent [1] 165:10
appear [2] 8:17 252:7
Appearances [1] 1:5
appeared [1] 109:4
appended [1] 260:17
appointed [7] 33:1 54:20 58:19 59:5,6 98:5 99:5
appointment [2] 99:24 260:5
appreciate [29] 17:15 21:9 38:9 56:22 105:10 107:18 113:13 116:24 122:6 131:10,14,23 148:2 151:5 152:17 154:16 155:6 156:7 163:8 224:5 226:19 232:25 245:12 249:21 253:5 254:1 257:13,16 261:7
appreciated [1] 252:9
appreciation [1] 258:8
apprised [4] 176:1,24 269:23 270:2
approach [3] 90:18 149:19 223:11
approached [1] 12:5
appropriate [26] 5:5 9:6 41:2 44:21 45:8 47:18 49:23 60:10 72:9 95:14 95:24 106:4 209:13 216:12 217:9 220:11 223:11 225:17 226:16 229:20 231:19 235:2,4 252:23 253:6 265:21
appropriately [4] 8:22 63:3 89:19 213:8
appropriateness [2] 50:3 198:11
approval [10] 60:15 61:25,25 83:13 87:24 98:4,8,11 100:8 213:4
approve [1] 62:8
approved [5] 84:7 85:13 90:2 92:10 93:12
approving [1] 177:7
April [7] 31:23 56:24 71:19 102:25 145:14 174:23 175:4
area [12] 32:21 43:8,22 58:7 69:24 83:14 90:10 90:19 143:13 188:12 235:5 248:5
areas [3] 54:25 61:7 259:4
arise [6] 62:25 63:15 93:21 190:24 231:22 238:4
arises [1] 79:21
arising [5] 60:15,16 165:23 170:7 214:7
arose [1] 90:12
arrangement [1] 77:1
article [1] 206:2
ASAP [6] 107:4,25 111:17 113:3 125:12,19
aside [2] 43:5 185:13
aspect [5] 25:25 70:3 71:12 75:18 136:2
aspects [3] 22:19 39:15 72:3
Assembly [1] 153:7
assented [2] 40:20,22
asserts [1] 250:13
assess [1] 49:4
assessed [2] 92:1,2
assessment [7] 43:9 84:25 85:11 90:20,21 263:16 264:15
assigned [1] 48:23
assist [3] 7:15 35:12 43:4
assistance [2] 15:20 151:23
assistant [8] 10:14 18:12 18:14 24:19 25:2,4,24 33:12
associate [1] 33:20
associated [1] 217:13
association [12] 31:11 67:21 74:23,25 101:16 101:19 172:16,17 173:8 263:11,12 265:15
assume [10] 11:21 14:7 37:5 38:15 79:12 141:18 201:17 225:1,8 268:15
assumed [6] 18:17 22:13 111:10 195:5 201:20 232:1
assuming [7] 37:22 84:19 115:8 140:2,9 201:23 225:3
assumption [1] 189:11
assurance [9] 150:2 189:9,15 190:4 191:3 192:7 193:23 198:19 235:4
assurances [1] 194:18
assure [1] 7:9
attached [5] 269:4,5,6,6 269:9
attaching [2] 269:2,11
attack [1] 151:7
attempt [1] 208:25
attending [2] 216:25 220:23
attention [28] 52:15 54:2 106:9 112:4 121:11 127:5 135:10 148:3,12 151:3,5 154:3,23 156:13 158:22 159:2 166:10 195:23 196:12,22 217:14 243:24 244:7 247:4 250:7,14 254:11 258:3
attract [1] 238:18
attributed [1] 187:13
audible [1] 122:12
audited [4] 260:7,8,13 260:16
auditors [2] 260:5,6
August [5] 157:16 158:2 161:3 163:19 204:14
authorities [21] 1:16 12:16 40:21,24 41:1 47:15 67:20 74:20,24 76:15,16,17,18 77:4 78:1 98:3 201:15 208:7 265:10 265:20,22
authority [6] 1:10 41:13 78:4 86:10 89:12,20
automated [9] 106:5 109:2 157:25 158:4 172:2 172:3 186:25 187:1 236:20
available [14] 9:3 90:25 94:14 104:21 105:3 109:17 149:6 174:2 175:24 176:5 177:6 178:9 190:16 217:6
Avalon [6] 13:17 43:22 48:5 56:7 67:14 85:1
await [1] 7:12
awaiting [1] 111:13
aware [28] 12:17 52:4 96:4,10 105:2 109:20 114:22 115:3 133:23,24 134:22 137:15 139:23 152:20,24 161:5,13 174:15 196:14 198:11 199:5 203:15,16 211:21 230:13,16 251:14 256:1
away [4] 104:9 111:25 112:6 184:14

-B-

b [2] 94:16 241:9
backdrop [1] 41:13
background [8] 10:5,6 96:21 100:10 107:19 129:19 135:24 242:4
bad [1] 86:20
balanced [4] 52:7 88:22 166:21,25
Banerjee [6] 237:19 238:24 241:11 250:13 251:22 264:16
Banerjee's [4] 196:2 258:11 264:20,25
Barry [1] 158:3
based [18] 13:17 84:6 85:14 86:2 108:7 109:14 158:17 176:11 177:9 178:15,15 192:5,10 198:8 206:1 216:6 228:4 244:15
basis [13] 43:13 49:2 53:3 56:10 59:12 79:9 90:2 165:14 179:1,1 197:3 228:6 263:19
BC [2] 237:13,23
bearing [1] 238:9
became [18] 22:14 23:12 29:25 33:15 73:7 79:15 114:22 115:3 149:5

152:20 160:17 174:2,14 203:15 208:5 221:20,25 239:19
become [14] 14:9 18:19 22:14 37:11 43:19 96:4 96:9 109:21 139:23 145:7 152:24 184:21 207:14 268:5
becomes [3] 81:2,8 108:2
becoming [1] 128:10
began [2] 107:7 159:21
begin [1] 126:17
beginning [16] 14:19 18:16 31:23 60:21 62:21 64:8 109:19,23 168:20 208:20 215:20 242:19,21 264:10 270:1 273:5
beginnings [1] 98:13
begins [6] 118:16 148:14 215:9,16 238:1 242:3
behalf [2] 172:25 258:7
behaviour [1] 80:11
Bell [1] 13:13
belongs [1] 208:12
below [1] 228:20
benchmark [3] 107:9 109:8 126:19
benefit [2] 7:24 9:1
benefits [1] 77:17
bering [1] 171:8
Bernard [3] 1:6 2:4 4:6
best [14] 7:5,7 45:4 78:19 86:18 87:9 122:2 154:8 155:5,21 156:3 180:7 238:18 276:9
better [6] 119:12 143:5 199:17 236:25 266:7 267:18
between [24] 22:19 23:19 55:5 59:12 74:19 76:12 77:7 82:16,25 83:20 89:7 93:11,17 117:21 124:18 149:16 151:21 161:9 162:18,20 202:8 251:19 252:1 265:20
Beverley [2] 147:14 157:17
beyond [3] 190:9 208:17 238:7
big [5] 87:1 118:19 164:15 171:15 207:19
bigger [1] 69:5
binder [4] 118:20 119:13 212:16 237:10
biography [1] 11:4
bit [9] 16:10 100:25 107:23 135:24 197:17 216:3 219:4 239:11 273:21
Blackberry [1] 103:5
Blandford [1] 13:24
blocks [1] 149:23
bluntly [1] 37:10
board [257] 5:4,20 6:18 11:15,22 13:18,18 14:8 21:24 22:16 23:5,16,21 23:21 29:17,20 30:1,22 30:24 32:20 33:7,11,14 35:23,24 36:1,3,6,17 37:2,11 39:16 41:9,15 42:10,16,17 43:2,23 44:1 44:25 45:3 46:16,25 48:19,19,21,22,24 49:4 49:7,10 50:5,20 51:18 51:24 52:10,22 53:2,11 53:14 54:14,20,21 55:14 55:22,25 56:9,15 57:11 57:17 58:12,24 59:6,9 59:12 60:3 61:12,20 62:22 63:18,20 67:15 68:3 74:19 80:4,5,21 81:9,21 82:7 83:5,7,23 83:24 85:13,23 86:2,6 86:10,18,21 88:7 92:4 97:8 98:5,7,13 99:12,24 100:1,1,5,6 102:9 108:1 109:18,20 116:17,18 123:12 125:1,17 127:2,5 132:13,25 133:6,23 138:14 139:13,19,19 140:14 141:20 143:8 147:25 155:7,9,11,17 159:14 160:7,9,17,20 162:7,12,19 163:3,10 164:19 165:3,23 166:13 166:22 167:4,16 168:7 169:10,25 170:5,22 172:22 173:8,22,23 174:25 175:17 176:15 177:10,23 178:3 179:18 183:3 185:3 186:2 189:8 190:16 191:1,2,11,19,24 192:11,22 193:7,10,12 193:16,24,25 194:4,7,12 194:12 197:16 198:10,22 198:25 200:7,16 201:14 203:8,10 205:25,25 206:11,15,18 207:3,6,14 208:9,13 210:17 211:14 212:13 213:18 216:5,7 217:18,19,24,24 220:10 222:17 223:21 230:15 231:6,8,22 232:1 234:1 239:18 252:21 253:1,4,6 254:6,21 255:14 256:1 258:7,15 259:13 264:1,7 264:9 265:7 267:5,10 268:1,9 269:23 270:2 271:6
board's [9] 22:25 54:2 85:21 151:3,5 166:24 217:14 255:1 258:3
boards [16] 12:14,25 14:11 15:7 41:5,6 42:13 46:8 47:24 74:23 76:14 77:18 101:16,18,18 265:14
Bob [8] 24:9,10 26:24 27:3 107:13 147:15 150:15 157:18
body [3] 75:3 99:12,17
Bonnell [7] 135:17 138:8 228:16 230:24 266:3,8 267:15
book [3] 164:15 200:1 213:7
Boone [4] 228:21 229:2 230:11 231:16
bottom [10] 117:15 145:3 214:6 215:10 229:3 241:12,13,21 266:4,8
Boyce [1] 229:1
branch [2] 82:2,4
brand [1] 46:16
break [7] 66:9 144:8,10 209:24 210:2 212:1 274:20
breast [13] 1:11 5:13 6:11 96:3 106:3 147:14 169:6 180:25 186:19 200:13 214:8,11,14
brief [4] 4:24 112:20 123:10 124:14
briefed [5] 123:19 159:14 188:14 258:11,19
briefing [27] 107:11,15 108:1 111:19 115:6 117:11 118:1 120:24 122:24 133:7,12 143:4 159:20,21 162:19 163:10 165:4 186:21 187:22 189:8 200:15 215:13,14 215:15 216:7 218:7 228:5
bring [8] 61:12 85:9 107:23 124:23 127:2,5 166:10 241:5
bringing [2] 112:3 188:8
broad [1] 229:23
broke [1] 209:1
brought [18] 52:15,20 117:8 135:10 143:24 145:11 154:23 156:13 158:21 172:9 173:6,10 173:12 195:23 196:11,22 217:14 258:3
budget [18] 52:8 83:9 84:7 86:4,22 87:1 88:22 89:3 91:8,13,19 92:10 93:11,12,14 166:15,21 167:1
budgetary [2] 166:23 168:1
Building [3] 19:8 27:17 113:15
buildings [2] 51:4,13
built [2] 91:7,19
bullet [5] 139:15 238:13 240:13 263:3 264:12
burden [2] 89:13,17
Burin [9] 43:8 85:1 90:10 90:23 147:1 164:22 165:2 169:17 171:5
business [5] 80:20 85:16 94:15 165:22 214:7
busy [1] 111:9
buy [1] 91:4
buy-in [1] 252:5
by-laws [5] 67:5,16,18 68:16 70:10
bylaws [3] 46:24 168:16 168:19

-C-

c [2] 94:16 241:9
calls [1] 110:2
camera [6] 48:25 63:9 63:11,23 64:14 65:15
Cameron [2] 1:3 276:6
campaign [1] 219:15
Canada [1] 172:17
Canadian [12] 1:14 7:17 172:15,15,16,18 173:5,8 211:1,18 263:10,11
Canadians [1] 7:25
cancer [15] 1:11,14 5:13 6:11 13:19 73:17 77:10 96:3 106:3 180:25 186:19 200:13 237:13,21,23
cannot [2] 81:21 240:17
canvas [1] 238:22
canvass [1] 78:10
canvassing [1] 90:19
capacities [1] 24:8
capacity [10] 22:5 25:14 30:17 32:12 33:21 35:16 36:8 254:18 255:9 262:13
capital [1] 51:5
capture [2] 188:15 189:14
carbon [1] 150:14
carboned [6] 101:6 135:17 147:15 150:14 157:18 228:25
cardiac [1] 76:3
care [66] 7:3,8 13:11,12 13:23,25 14:21,22 18:7 20:3 22:10,20 23:5,15 27:6 28:1 29:4 36:3 55:1 55:11 56:5 58:4,6 67:13 70:1,7,13,25 71:11,24 72:23 73:1,9,17,18 74:4 75:22,25 76:13,24 77:2 78:15 79:10 81:1,4,8,25 82:8 83:1 84:21 100:13 123:9 124:12 144:25 145:4,16 146:4,9,14 147:12 173:8 207:13 215:22 230:7 241:8 258:14
career [3] 16:9 17:20 28:7
careful [1] 89:1
carefully [5] 4:25 52:10 62:13 267:25 268:14
Carol [1] 165:25
carried [8] 7:5 51:21 149:8,25 150:12,17 152:19 227:13
carry [1] 88:18
carrying [1] 149:19
Carter [6] 147:14 150:16 151:12,19 157:18 158:16
case [17] 5:5 36:14 56:25 72:16 76:6 88:23 94:8 99:25 125:10 136:17 170:20 171:22 174:24 188:25 202:16 207:18 235:3
cases [5] 130:11 149:10 213:15 229:10 244:2
cash [1] 89:13
categories [2] 60:22 224:11
categorized [1] 251:10
caught [5] 244:7 250:5,7 250:7 251:9
caused [3] 188:7 236:12 247:23
causing [1] 217:10
CBC [2] 268:23 269:3
central [3] 1:15 238:15 240:3
CEO [26] 28:1 29:9,21 49:11 50:13 51:21,25 60:20 64:10 77:8 79:17 80:9 96:16,24 98:4 99:17 100:12 103:16 114:1 123:8 124:11,20 151:21 195:14,18 270:18
CEO's [2] 50:14 113:8
CEOs [1] 41:6
certain [11] 9:6 11:4 24:4 30:21 66:16 81:22 92:24 148:7,7 150:8 214:21
certainly [42] 8:19 37:17 48:4 56:21 72:21 77:7 93:6 94:7 103:10 104:25 111:4 116:22 117:6 118:11 124:22 127:24 130:10 140:17 142:24 156:3 157:6 161:18 163:2 172:22 178:1 184:12 187:13 193:18 195:4,21 204:25 208:2,4 211:20 216:13 218:23 242:18 258:17 261:5 264:9,15 266:16
Certificate [2] 2:5 276:1
certify [1] 276:2
cetera [1] 222:7
chain [3] 80:15 84:3 114:10
chair [35] 5:3,20 6:18 10:22,24 11:15,21 14:8 21:24 22:5 23:12 28:8 29:25 36:1,17 37:2,11 39:2 42:14 54:19 57:15 58:4,11,12 59:5,6 68:3 96:23,23 98:19 122:25 123:12 124:19 125:17 143:8
chaired [3] 14:13 35:22 35:24
chairing [1] 47:25
chairs [6] 55:2,3 68:13 74:24 125:1 201:14
challenge [1] 106:19
challenges [1] 88:12
chance [1] 196:1
change [17] 86:12 149:12 172:1 184:12 187:4,13 187:24,24 224:22,24

225:3,5,7 226:2 227:19 229:15 247:23
changed [8] 74:1 109:7 186:24 215:24 224:12 225:12,19 229:8
changes [7] 63:21 208:11 216:1,11 226:14,14 252:10
changing [1] 120:3
characterization [1] 208:11
characterize [1] 193:4
characterized [1] 161:19
chart [1] 73:25
charts [2] 74:1 251:23
chat [2] 136:23 137:3
Chaytor [2] 1:7 119:1
check [6] 9:10 99:19 103:1 104:16 260:20,24
checking [1] 138:21
Ches [1] 136:4
Chesley [1] 1:11
chief [7] 54:24 55:10 72:4 147:12 237:15 246:1 251:21
chiefs [1] 54:24
Child [4] 15:1,3,13 16:2
children [1] 73:17
Children's [1] 15:2
choice [4] 223:9,12 248:11,13
choose [2] 45:4 46:20
chosen [3] 39:21 234:11 234:23
CIHRT [1] 119:15
circulate [1] 211:15
circumstance [3] 45:7 93:18 95:16
circumstances [9] 5:1 47:19 51:24 52:2 88:19 95:23 155:8 207:12 271:1
cite [1] 51:1
claims [1] 230:9
Clare's [8] 10:8 16:21 16:23 145:2 146:7,12,15 237:16
Clarenville [1] 32:21
clarification [1] 131:14
clarifies [1] 246:23
clarify [3] 131:3,12 238:3
class [3] 1:12 135:25 229:13
clear [2] 109:10 163:9
clearly [8] 48:12,20 81:14 94:8 148:21 186:24 220:9 254:25
clinic [1] 108:24
clinical [31] 17:7 18:2 54:23 69:25 72:4 78:13 85:5 101:12,20 105:20 105:22 106:1 113:25 127:7 147:11 163:5,11 163:17 176:11,16,18 177:10 178:10 179:1 195:5 206:1 237:15 240:16 246:1 251:20,25
clinicians [5] 84:16 176:12 206:4,25 223:8
clinics [1] 77:10
Co-counsel [3] 1:6,7,13
co-ordinate [1] 75:13
co-ordinated [1] 265:17
co-ordination [1] 77:20
code [1] 80:13
Coffey [668] 1:6 2:4 4:2 4:3,6,16,20 5:9 6:2,5 8:2 8:3,18 9:10,14 10:2,25 11:12,23 12:4,19,24 13:3 13:8 14:6,15 16:8,14,18 16:22 17:2,10,14,18,24 18:3,9,13,21,25 19:5,11 19:17,21 20:4,8,14,18 20:23 21:2,8,15,21,25 22:4,8,24 23:4,8,13 24:2 24:22 25:8,13,18,23 26:4 26:8,13,18 27:2,7,15,20 28:3,15,20 29:2,8,12,24 30:4,9,19 31:3,16,22 32:2,6,11,16 33:3,24 34:3,7,11,15,20,24 35:3 35:15,19 36:2,18 37:8 38:4,10,18 39:1,5,9,13 39:25 40:10 44:14 45:10 45:19,24 46:7,11 47:20 48:3 49:8,16 50:4,8,12 51:23 52:19 53:1,6,20 53:25 54:11 55:13,20 56:19 57:6,18 58:3,10 58:16,22 59:2,10,16,21 59:25 60:17,23 61:19,23 62:9 63:4,10,14 64:1,5 64:13,22 65:1,5,10,14 65:23 66:4,6,13,14,22 67:8 68:2,7,18 70:5,11 70:16,22 71:1,5,17 72:11 72:17 73:5,13,19,24 74:6 74:10,15 75:20 76:9,21 77:22 78:21 79:2,19 80:24 90:5,16 91:3,12 91:20,24 92:8,17 93:3,8 93:20 94:17,25 95:4,8 95:25 96:8,15,20 97:2 97:15,22 98:16,20,24 99:6,11,15,21 100:9,16 100:21 101:5,9,17 102:1 102:5,13,17,22 103:2,9 103:14,19,23 104:2,7,12 104:18,22 105:7,14,19 105:23 108:6,12,17,21 109:24 110:11,17 111:1 111:14 112:9,16,22 113:2 113:7,12,18,22 114:5,9 114:20 115:1,9,16,22 116:5,11,21 117:4 118:4 118:10,14,25 119:4,8,25 120:7,17,23 121:8 122:4 122:13 123:1,7,16,23 124:3,7 125:2,6,22 126:3 126:10,22 127:8,20 128:13,17,21,25 129:9 129:18 130:9,21 131:9 131:13,22 132:7,16,23 133:4,11,15,20 134:1,8 134:12,16,20 135:9 137:21 138:1 139:10 140:5,11,16,21 141:10 141:23 142:3,5,9,13,17 142:21 143:22 144:5,12 144:13,18 145:19 146:1 146:11 147:8,21 148:1,6 148:11 151:4,11,18 152:2 153:2,8,13,24 154:11,15 155:13,18,23 156:6,11 156:16,22 157:14 158:10 158:14,25 159:6,11,18 160:21,25 161:21 162:4 162:11,17,24 163:7,15 163:23 164:2,10,18,25 165:7,19 166:3,8 167:5 168:15,24 169:3,13,21 170:8,16,23 171:3,14 174:3,11 175:2,13,19 176:17,22 177:11 178:6 178:12,17,22 179:11,19 180:12,20 181:5,14,21 182:2,7,12,18,24 183:6 183:10,20 184:1,18 185:6 185:12,18 186:7,12 187:6 187:10,17 188:3,24 189:6 189:16,25 190:18 191:9 191:18,23 192:4,16,20 193:17 194:1,17,25 195:7 195:13,25 196:5,9,19 197:7,21 198:7,16 199:10 199:18,23 200:4,11 201:5 201:9,19,25 202:12,18 203:4,9,14,24 204:4,9 204:13,19,24 205:12 206:7,19 208:21 209:4 209:15,23,25 210:5,15 211:5,13,23 212:5,6,12 212:17 213:2,9,16,23 214:2,18 215:3,8,19 216:15,21 217:12,17,23 218:8,14,25 219:10,25 220:5,12 222:10,19 223:13 224:2,23 225:4 225:10,18 226:5,18,25 227:6,10,15 228:2,11 230:20 231:5,10,15,25 232:6,10,19,24 233:16 234:9,17 235:6,14,19,24 236:4,16,21 237:4,9 239:4,9,22 240:1,7,12 240:20 241:3 242:11,17 243:2,6,18,25 244:6,10 244:14 245:1,7,11,17 246:4,14,19,25 247:10 247:14,20 248:1,6,10,14 248:19,23 249:4,8,20 250:2,12,19,24 251:16 252:16 253:10,20,25 254:7 255:6,10,22 256:7 256:13,17,23 257:3,8,23 258:5 259:1,6,15,19,23 260:12,21 261:1,6,10,24 262:3,7,11,20 263:9,25 264:6,11,19 265:8,25 266:12,20 267:1,14 268:18 269:10,15 270:7 271:24 272:5 273:6,15 274:4,9,13,17,21 275:1
cognisant [1] 166:16
colleagues [2] 173:12 173:17
combination [3] 234:19 245:25 254:14
combined [2] 72:8 244:20
comfort [3] 172:21 173:23 175:16
comfortable [1] 69:19
coming [4] 39:8 44:13 68:1 220:6
commence [1] 261:18
commenced [2] 97:7 274:2
commended [1] 47:17
comment [5] 150:24 157:10 214:10 263:21 267:20
commentary [1] 214:20
comments [1] 267:9
Commission [15] 1:1,6 1:7 4:9 7:13 11:8 24:14 97:10 121:16 154:19 165:18 214:20 257:15 276:4,7
Commissioner [114] 1:3 4:1,4,21 5:7,12 6:1,6,10 8:1,4,4,6,15,20 9:9,16 10:3 15:11,17,24 16:6 37:13 39:17,19 54:13 66:3,7,8,12,15 80:19 81:20 82:14,24 83:25 84:13,18 85:19 86:14,25 87:7,14 89:21 90:6 95:12 95:17 105:2,9 119:10,18 119:23 121:14,24 142:2 142:7,11,15,19 144:6,7 144:11,14 146:3,16,20 146:24 147:6 164:12 165:9,9,17 166:11 169:15 171:5,10 190:11 207:2 207:17 208:10 209:22 210:2,3 211:24,25 212:4 212:7,10,14 213:21,24 213:25 221:5,17,24 222:3 232:16 242:23 243:4,8 243:13 259:25 260:3 261:12 262:21 268:8 269:8,13 273:8 274:18 274:19,23 275:3 276:7
Commissioner's [1] 90:9
commitment [1] 52:6
committed [4] 7:10 37:19 44:4 166:20
committee [32] 52:9,17 53:9,10,12,14,15 54:8 54:10,12,19 56:4,6 59:7 61:2,3,4 68:24 97:14,21 98:10 99:25 100:1,4 166:12,12,17 198:23,23 199:1,4 215:11
committees [5] 61:2 68:13,15 70:6,12
common [2] 95:5 124:22
communicate [1] 268:16
communicated [1] 216:24
communicating [1] 7:3
communication [7] 22:18 61:13 77:21 122:17 200:23 252:4 268:13
communities [2] 42:25 44:4
community [52] 10:14 10:19,23 11:19 12:11 13:15,16,21 14:13 15:6 15:7,8 19:25 21:24 22:19 22:25 23:16 24:18 26:3 26:5,7 29:16 35:10,24 36:7 37:1,2 41:10,11 42:24 43:4,11,14,18,24 44:2,2,9,20 48:4 60:10 67:2 75:18 83:22 85:3 85:12,15 90:19 94:20 97:11 98:14 175:25
community-based [2] 14:18 15:9
company [2] 110:20 184:24
compared [1] 107:8
comparison [1] 107:12
compensation [3] 238:11,22 239:17
competition [1] 97:1
competitive [1] 238:11
complete [9] 4:9 43:25 69:4 194:23,24 210:4 251:24 254:17 255:2
completed [1] 179:10
completely [2] 157:9 188:2
completing [1] 138:18
completion [1] 69:20
complex [2] 42:5 186:25
complexity [2] 69:9 177:20
component [4] 62:19 71:14,16 271:5
components [1] 69:23
comprehensive [9] 43:9 43:20 44:1 47:2 49:6 53:5 56:16 62:5 172:2
compromised [1] 240:17
computer [1] 103:5
computerized [1] 150:7
concentration [1] 271:9
concern [17] 31:2 56:11 56:12,13 57:22 112:2 137:16 168:4 188:7 191:11 209:10,14,16 219:12 222:17 233:5 273:4
concerned [7] 5:21 6:19 168:7,11 209:5 264:1 271:14
concerning [3] 78:4 90:12 148:20
concerns [9] 5:17 6:15 78:3,13 135:6 167:12,13 219:22 233:12
conclude [3] 270:17 273:10,11

concluded [1] 191:13
concludes [3] 111:18 150:10 238:16
conclusion [3] 111:11 248:18 275:5
conclusions [2] 79:25 250:4
concrete [2] 53:21 133:16
concreteness [1] 90:8
concurred [2] 177:2,9
concurring [1] 109:15
conditions [1] 98:6
conduct [1] 80:13
conducted [2] 79:24 152:11
Confederation [3] 19:8 27:16 113:14
conference [3] 108:2 160:20,22
confidence [2] 172:21 267:5
confident [6] 7:22 157:8 172:7 173:21 174:24 197:15
confidential [6] 190:5,8 190:9,12 192:8 241:7
confirmed [1] 224:16
conflict [2] 62:20 63:1
confusion [1] 181:18
connected [1] 143:18
connection [2] 72:7 140:15
cons [2] 92:2 161:11
conscious [3] 63:2 124:16 179:3
consensus [1] 167:15
consent [1] 229:23
consequence [1] 106:21
consider [2] 50:22 230:3
considerable [3] 41:18 42:9 44:23
consideration [4] 184:3 184:4 234:7 254:20
considered [1] 4:24
consistent [7] 45:9 50:16 53:19 86:11 107:10 178:10 199:2
consists [5] 42:10 54:19 54:23 55:2 74:23
consolidate [2] 12:14 168:10
consultants [4] 188:18 191:25 263:15 264:14
consultation [2] 82:7 150:2
consultations [1] 43:10
consulted [1] 135:4
contact [35] 28:21,23 29:22 33:6 36:9,14,24 38:8 98:12 106:19 112:14 113:9,14 127:22 151:14 172:14 186:6 208:24,25 219:6,18,19 220:15 222:11,16 223:9,18 225:15 226:13 227:4 228:7 233:10 263:18 265:22 271:13
contacted [14] 134:22 134:24 135:5 136:23 206:5 210:10 221:1,16 221:22 222:18 225:24 227:20 228:1 271:17
contacting [1] 272:25
contacts [1] 82:16
contained [5] 61:18 132:20 195:10 196:10 197:12
contains [1] 218:5
content [4] 60:12 121:19 202:4 230:17
contents [3] 2:1 145:8 230:16
context [9] 59:17 80:25 114:15 153:3,4 253:3 267:12,13 272:6
continuation [1] 126:16
continue [10] 7:15 41:18 49:24 66:25 120:2 145:20 166:4 187:18 245:15 259:24
continued [4] 26:14 68:19 145:13 262:12
continues [1] 215:9
continuing [5] 14:21 50:2 189:20 238:14 240:3
continuity [2] 22:18 77:19
continuous [5] 59:12 188:21 189:2 191:4 240:11
continuously [1] 45:18
continuum [3] 13:21,22 15:9
contract [3] 34:21 98:6 98:17
contradistinction [1] 48:8
control [6] 87:3 196:16 242:22 243:14,20 251:11
controls [14] 138:20,25 149:1 243:23 244:1 245:18,22 246:5 247:3,4 247:5 250:11,16,21
controversy [1] 197:20
convenient [1] 209:24
conversation [2] 135:22 164:7
conversations [1] 161:9
conversion [1] 188:6
conversions [1] 128:8
convert [1] 180:9
converted [4] 106:18 127:22 128:2,2
converting [1] 148:18
convey [1] 238:5
conveyed [1] 105:1
Cook [9] 129:24 135:16 147:10,11 157:17 158:16 237:15 238:24 258:17
copied [1] 150:14
copy [6] 131:1 166:14 205:14 213:3,5 241:14
Corp [1] 29:19
corporate [1] 57:2
corporation [33] 13:11 20:3 22:10,15 23:15,21 27:6 28:1,13 29:5,17 31:14 35:23 36:1,3,6 67:13 71:24 100:13 123:9 123:10 124:12 144:25 145:5,16 146:9,14 147:13 210:22,25 211:12,22 241:8
Corporation's [1] 23:5
correct [10] 9:11 62:11 121:23 192:17 210:14 215:7 220:4,25 233:11 276:3
corrected [1] 108:14
correspondence [6] 61:10,18 219:5,17 223:16 229:14
corresponding [1] 23:14
cost [2] 254:23 255:2
costs [2] 24:14 260:18
Council [1] 18:6
counsel [4] 4:22 9:2 121:17 136:12
country [3] 42:7 76:7 88:13
couple [2] 200:22 266:23
course [13] 6:25 13:13 24:5 33:2,11 36:20 81:13 98:23 116:24 145:4 208:20 214:3 269:1
court [1] 197:23
cover [1] 229:24
coverage [3] 229:25 269:21,23
covered [4] 165:14 193:15 270:10 272:2
covering [1] 237:13
covers [1] 53:12
create [2] 13:6 69:13
created [2] 40:17 41:14
creating [1] 231:11
creation [1] 167:11
credentialing [1] 55:19
creditialing [1] 56:16
critical [2] 81:3 166:17
Crosbie [2] 1:11 136:5
cross [6] 22:15,22 29:16 35:25 110:18 128:4
cross-reporting [1] 252:1
CT [4] 90:12,22 92:19 93:24
cultures [1] 69:11
current [3] 38:22 131:19 157:24
cut [1] 109:10
cycle [1] 93:14

-D-

d [4] 94:16 228:25 237:19 241:9
D-A-W-E [1] 4:11
daily [1] 138:20
DAKO [9] 134:23 135:1 235:18 236:9,10 247:24 249:1,5,11
damages [1] 230:9
Dan [2] 136:23 228:21
Dan's [1] 228:18
Daniel [3] 1:9 4:22 230:10
Darlene [1] 1:13
dash [1] 117:12
data [1] 85:4
database [1] 150:7
date [3] 153:12 192:11 233:23
dated [6] 144:24 200:5 241:14 258:12 264:20 276:11
dates [2] 118:5 120:11
dating [2] 153:18 156:19
David [2] 1:15 137:8
Davis [1] 100:20
Dawe [694] 2:3 4:5,6,10 4:11,13,14,17,18,21,23 5:3,11 6:7,9 10:3,7 11:4 11:10,17 12:2,8,22 13:1 13:5,10 14:12,17 15:15 15:22 16:1,12,16,20,25 17:5,12,16,22 18:1,5,11 18:15,23 19:3,9,15,19 19:23 20:6,12,16,20,25 21:6,13,19,23 22:2,6,11 23:2,6,10,17 24:12,24 25:10,16,21 26:2,6,11 26:16,25 27:4,13,18,22 28:5,17,25 29:6,10,14 30:2,6,11,25 31:6,18,25 32:4,9,13,19 33:5 34:1,5 34:9,13,18,22 35:1,5,17 35:21 36:5,22 37:16 38:6 38:12,24 39:3,7,11,14 39:23 40:2,12 44:16 45:12,22 46:4,9,13 48:1 48:10 49:12,19 50:6,10 50:15 52:3,23 53:4,8,23 54:3,16 55:16,23 57:4 57:13,20 58:8,14,20,25 59:4,14,19,23 60:4,19 60:25 61:21 62:1,14 63:8 63:12,17 64:3,7,16,24 65:3,8,12,17 66:1,15,20 67:1,11 68:5,10,22 70:9 70:14,19,24 71:3,7,22 72:14,24 73:10,15,21 74:3,8,13,21 76:1,19 77:5 78:16,23 79:4 80:7 81:10 82:6,22 83:6 84:2 84:15,23 85:25 86:23 87:5,11,16 90:6,14 91:1 91:10,16,22 92:6,15 93:1 93:5,10 94:2,23 95:2,6 95:10,15,19 96:6,11,18 96:25 97:5,19,24 98:18 98:22 99:3,8,13,18,23 100:14,19,23 101:3,7,15 101:24 102:3,10,15,19 102:24 103:6,12,17,21 103:25 104:5,10,14,20 105:5,12,17,21 108:4,9 108:15,19,23 110:4,15 110:22 111:6,23 112:12 112:18,25 113:5,10,16 113:20 114:3,7,12,24 115:4,13,18 116:2,7,16 117:2,25 118:2,8,12,22 119:2,6,16,21 120:5,15 120:21 121:6,10,22 122:1 122:5,11,15 123:4,14,20 124:1,5,15 125:4,20,25 126:5,12,24 127:18 128:11,15,19,23 129:2 129:16 130:7,19 131:2 131:11,20 132:2,10,18 133:2,9,13,18,22 134:6 134:10,14,18 135:7 137:18,24 139:7,25 140:7 140:13,19 141:8,13 143:20,25 144:15,16,23 145:17,21 146:8,13,18 146:22 147:3,19,23 148:4 148:9 150:22 151:9,16 151:25 152:7,25 153:5 153:10,21 154:7,13 155:4 155:15,20,25 156:9,14 156:20,24 157:5 158:8 158:12,23 159:3,9,16 160:5,23 161:14 162:2,9 162:15,22 163:1,13,21 163:25 164:4,16,23 165:5 165:22 166:1,6 167:2,7 168:22 169:1,11,19,24 170:12,18,25 171:12,17 174:5,21 175:5,9,15 176:7,20 177:8,18 178:8 178:14,19,24 179:14 180:2,14 181:2,7,16,25 182:5,10,14,22 183:2,8 183:17,22 184:16 185:1 185:8,16,25 186:10,19 186:23 187:8,15,20 188:20 189:1,12,18 190:6 190:13,21 191:15,21 192:2,14,18 193:3,20 194:6,21 195:1,3,9,15 196:3,7,13,23 197:13 198:2,14,20 199:14,21 200:2,9 201:2,7,16,22 202:7,15,25 203:7,12,18 204:2,7,11,17,22 205:3 205:23 206:14,24 207:3 207:15,20 208:14 209:2 209:8,19 210:13,20 211:10,16 212:25 213:6 213:13 214:7,16 215:1,6 215:17 216:9,19 217:3 217:15,21 218:3,11,19 219:8,20 220:2,7,21 221:12,19 222:1,8,14 223:6,25 224:19,25 225:6 225:14 226:3,7,23 227:3 227:8,12,22 228:9 230:18 231:3,7,13,23 232:4,8 233:8 234:5,15,24 235:11 235:17,21 236:1,14,18

236:23 237:7,11 239:1,7 239:16,24 240:5,9,18 241:1 242:9,15,25 243:11 243:16,19,21 244:4,8,12 244:18 245:5,9,13,24 246:8,17,21 247:8,12,18 247:22 248:3,8,12,16,21 248:25 249:6,14,22 250:8 250:17,22 251:2 252:14 252:18 253:13,23 254:2 254:24 255:8,16 256:5 256:10,15,21,25 257:5 257:20,25 258:23 259:3 259:12,17,21 260:10,19 260:23 261:4,8,22 262:1 262:5,9,14 263:7,23 264:3,8,17 265:1,13 266:10,15,24 267:4,22 268:9,10,20 269:24 270:24 272:3,23 273:13 273:25 274:6,11,15
days [19] 75:8 114:15 124:9 127:3 130:24 135:3 145:24 151:12,20 161:2 179:7 180:16,22 181:9 194:9 200:22 208:2 219:2 266:23
deal [15] 57:8 63:3,18 78:8 79:17 151:20 162:8 162:13,14 163:16 168:1 171:25 172:24 174:9 178:1
dealing [14] 56:13 57:9 63:1 77:18 121:9 145:8 172:25 173:25 176:9 181:12 210:23 216:13 252:21,24
dealings [1] 22:9
deals [3] 40:14 62:3 251:3
dealt [3] 56:25 61:24 254:5
Deane [1] 57:1
debate [1] 268:5
Deborah [5] 21:1 135:17 138:8 139:3 140:23
debt [5] 87:19 88:20 89:6 89:11 167:8
debts [1] 87:21
deceased [2] 233:25 234:3
December [7] 11:20 12:9 18:16 37:24 97:6,7 262:19
decide [3] 81:17 82:3 87:8
decides [1] 84:5
decision [24] 12:13,16 80:22,22 81:5,9,11 82:4 82:11 97:17 130:15 175:22 176:3 177:3 197:9 219:4,17 221:14 223:7 223:14 230:25 240:16 251:21 272:21
decisions [6] 23:25 80:21 81:7 83:3,15 206:12
declare [2] 62:23,24
declined [3] 38:1,7,13
deeply [2] 5:21 6:19
defending [1] 135:25
deficiencies [1] 254:5
deficient [1] 254:4
deficit [2] 88:18 90:2
deficits [1] 87:23
defined [3] 48:12,20 86:10
defines [1] 81:14
degree [1] 174:1
degrees [1] 155:16
delay [5] 175:8 216:23 217:10,13,20
delete [1] 81:17
delineate [1] 46:24
delineating [1] 94:9
deliver [4] 14:18 83:11 83:12 84:6
delivered [4] 14:24,25 84:6,8
deliverers [1] 94:6
delivery [3] 83:8 86:2,4
demands [1] 88:5
Denise [1] 135:18
department [29] 10:13 10:18 14:25 15:4,5 19:1 19:7,25 24:17 34:17 35:9 35:11,13 67:2 83:21 93:22 94:19 97:11 98:13 100:3 112:2 162:21 195:20 207:7 220:14 222:22 227:5 237:21 238:13
department's [1] 112:4
departments [2] 17:9 33:16
depended [1] 222:4
depending [3] 112:1 122:19 174:18
depth [1] 185:2
deputies [1] 33:18
deputy [46] 10:15,16,18 18:12,14,19 19:6,12 20:1 20:2,5 21:3,16 24:19 25:3,4,6,7,15,24 26:14 26:23 27:24 28:8,21 33:12,15,19 36:7,15,17 75:10 85:24 112:15,19 113:11 122:18,19,20 123:11 124:10,19,22 201:17 202:9,10
describe [3] 48:6 60:2 141:6
described [11] 113:25 141:14 147:10,11 150:16 151:21 168:21 192:9 216:4 223:17 237:20
describes [2] 11:8 241:11
describing [1] 143:13
description [2] 47:1 86:16
descriptions [1] 118:6
desktop [1] 103:8
destabilization [1] 167:25
destabilize [1] 166:22
destabilizing [1] 167:1
detail [7] 41:11 133:25 150:25 175:10 190:17 194:16 253:24
detailed [8] 41:7 129:15 149:18 192:25 215:12,13 215:14 252:19
details [15] 43:16 93:15 108:1 109:17 110:7 111:13 125:19,24 126:4 126:21,23 127:6 171:20 193:22 199:6
detect [1] 186:18
detection [1] 187:2
determination [2] 20:21 83:1
determine [5] 50:20 106:20 134:22 186:5 268:17
determined [3] 51:11 166:20 249:25
determines [1] 51:18
determining [3] 41:11 81:15 83:15
develop [2] 41:21 67:4
developed [6] 49:25 50:23,24 67:18 98:7,12
developing [1] 67:23
development [4] 7:19 42:17 50:19 168:18
diagnosed [1] 106:3
diagnoses [1] 237:1
diagnosis [2] 240:14,24
diagnostic [2] 152:9 187:3
dialogue [7] 219:7,22 219:24 220:11 221:2 223:20 228:8
dialysis [4] 90:13,23 92:19 93:24
dietary [1] 71:13
difference [3] 85:22 86:5 187:12
differences [1] 161:23
different [15] 5:15 6:13 24:7 56:8 76:24 86:5 120:10,11 144:4 161:11 161:24 174:17 185:23 197:4 208:1
difficult [4] 87:3 89:23 116:25 157:11
difficulties [1] 185:7
direct [16] 13:20 14:5 16:2 27:23 29:22 30:7 31:19,21 36:9 219:6,18 219:19 222:16 223:18 228:7 254:11
directed [4] 84:22 90:9 251:1 268:15
direction [8] 12:17 45:15 47:18 51:25 52:18 69:14 88:15 94:22
directions [8] 41:22 50:21,25 51:2,17,20 52:6 70:4
directly [8] 28:14 30:13 31:19 33:2 44:17 54:21 55:17 219:21
director [7] 46:25 47:6 237:21 246:2 251:20,21 252:6
directors [4] 129:25 130:5 162:7,12
disabled [1] 16:5
disadvantages [1] 49:17
disagreement [1] 139:22
disappointed [1] 259:22
discipline [1] 55:2
disclose [6] 136:11,20 136:21 138:14 139:12,18
disclosure [5] 210:19,21 211:4,17,21
disconnect [1] 251:19
discovered [1] 157:24
discuss [3] 115:23,24 233:11
discussed [7] 150:11 155:10 161:25 198:3,21 211:14 232:5
discussion [37] 64:11 67:19 83:18 88:15 160:11 168:6 171:23 172:5 175:3 178:2 181:3,10 184:3,4 184:19,25 185:2 186:2 197:14 199:1 206:16 207:5 209:21 211:17 216:16,22 217:11,18 221:4 223:21 233:24 239:20 256:11 265:3,4 265:16 270:3
discussions [2] 148:15 161:12
disease [1] 136:8
disseminated [1] 230:1
distinct [1] 53:16
divergence [1] 256:9
division [3] 1:14 251:20 252:6
DM [5] 18:22 29:3 113:9 124:9 202:2
doctor [5] 140:22 150:14 250:13 264:20,25
Doctors [1] 158:16
document [15] 11:7 118:7,23 119:11 121:16 121:19 131:4 237:11 241:22,24 242:4,8 243:20 261:13 263:4
documentation [9] 117:6 138:19 160:8,10 164:8 171:1 196:17 203:3 251:12
documented [3] 155:17 161:16 205:9
documents [1] 118:20
doesn't [7] 49:13 70:17 70:23 77:10 105:15
110:12 192:10
dollar [4] 89:3,4,5,8
dollars [4] 87:20 88:21 89:9,16
Donald [6] 135:16 147:10,11 157:17 237:15 238:24
done [21] 21:3 43:19,21 82:21 92:25 106:14,15 115:14 127:14,15 138:20 149:24 165:13 222:13 225:13 228:6 232:3 246:5 263:22 273:22,23
door [1] 87:4
doubt [4] 107:4 125:13 126:15 264:24
down [20] 75:6,15 77:8 90:24 134:5 149:17 165:2 167:18 169:4,17 195:20 212:18 216:3 219:4 232:21 233:18 241:19 242:16 243:10 259:25
Dr [80] 20:7 24:10,16 25:1,14 28:12,19 29:17 30:14 31:4 58:15,23 59:17,22,24 101:8,10 121:9 129:24 135:15,16 138:15 139:13,21 140:25 147:13,15 149:8 150:3 150:14,16 151:12,19 152:9,13,19,24 154:3 156:4 157:17,17,18 171:21 174:13,25 175:4 176:21 179:15,16 180:5 195:6,12 196:2 200:16 205:4 215:18 216:6 228:15 230:23 237:15 238:5,24,24 241:11 249:9 251:22 258:8,11,11,16 258:17,17,18 261:14,15 261:20 262:15,17 263:2 264:16
draft [2] 67:18 68:16
dramatic [1] 138:24
draw [2] 148:12 243:24
drawn [2] 106:9 193:1
drew [2] 111:12 121:11
Dunn [1] 135:18
during [17] 6:25 25:17 27:23 33:16 35:7 62:25 65:24 73:6 120:13 130:17 132:14 142:24 163:18 196:6 223:23 235:12 239:5
Dyer [1] 158:3
Dymond [1] 197:4
Dymond's [1] 197:9

-E-

e [5] 94:16 127:13 137:6 241:9,9
e-mail [37] 96:13 100:23 102:2 103:3,11 108:8 110:12 111:18 112:6 117:20 122:7 125:10 127:9 135:12 137:13 138:7 140:9 141:2,16

143:17 159:23 160:7,16 161:17 171:9 172:4 178:16 200:5,24 201:6 203:2,5,20 204:1 208:22 230:17 268:20
e-mailed [1] 114:23
e-mails [5] 100:24 103:4 135:12 228:13 266:2
eager [1] 149:2
early [33] 24:13 32:1 38:19 45:13 47:8 48:15 56:24 57:1 75:8,11 107:16 111:20 114:15 127:3 145:24 161:4 163:19 171:25 172:20 173:11 177:25 180:15,22 181:9 208:2 209:10 221:21 223:10 236:5 253:4 271:8,11 273:23
Eastern [94] 1:9 4:22 5:2 5:21 6:18,23 7:1,8,10 10:24 12:21 13:6 14:9,9 23:12 30:1,16 31:20 38:21,21 39:20 40:3,17 41:14 42:4 43:1 46:23 49:11 55:12 56:21 57:2 59:3,13 66:16 68:8 69:5 69:23 71:18 74:19 75:22 76:13,23 77:25 80:2 87:18 88:20 90:11,18 91:7 92:11 94:20 96:17 99:2 103:16 114:1,15 117:9,11,19 123:8 134:17 135:14 145:6,7,10,11 152:8 161:10 162:20 164:20 173:14 200:25 202:21,22 210:24 213:18 214:22 225:24 227:17,21 230:15 234:3 255:5 256:4 256:19 257:11,18 258:15 260:8 268:22 270:5,6 271:2 272:11
Eaton [1] 1:15
edging [4] 107:3 111:17 112:24 125:12
edited [1] 8:12
education [4] 165:24 238:15 240:3 251:5
educational [1] 61:8
Edward [1] 44:22
effect [2] 115:12 193:19
effective [1] 261:17
effort [2] 98:15 265:17
efforts [2] 75:13 252:8
eight [2] 179:10 241:14
either [8] 20:10 88:7 95:7 205:9 222:5 225:16 226:13 232:9
Ejeckam [6] 121:9 149:9 152:13,24 154:4 156:4
EKG [1] 17:8
elements [1] 53:13
eliminate [1] 187:25
Elizabeth [4] 28:2 29:5 29:7 100:20
elsewhere [3] 91:13 238:12 256:24
embarked [2] 42:16 84:25
embarking [1] 46:14
Emberley [1] 137:8
emphasis [1] 171:25
employed [1] 35:12
employee [4] 30:7 32:20 32:23 49:10
employees [4] 5:3 28:10 42:6 55:12
employer/employee [1] 32:14
enclosed [1] 238:2
encountered [1] 56:22
encourage [1] 23:23
end [20] 39:8 49:1 57:8 57:11 80:16 82:10 84:4 85:13 94:3 96:22 98:7 152:20 154:6,22 161:1 184:23 220:18 261:19 268:2 272:7
endeavour [1] 150:15
ended [7] 11:15 12:25 37:14 64:2 65:2 186:21 186:21
ends [1] 270:8
endured [1] 6:23
engage [2] 43:3 44:21
engaged [14] 41:15 43:14 43:23 85:2 112:2 174:8 176:9 177:20 190:14 196:25 206:16 208:16 253:7 271:5
engagement [2] 188:18 207:23
engaging [5] 41:10 43:18 61:15 109:18 208:18
enjoy [1] 38:3
ensure [10] 22:17 46:18 51:7 52:11 191:2 202:1 219:7 223:20 228:8 270:2
ensuring [7] 41:19 63:3 77:19 191:7 193:15 267:10 271:9
entered [8] 8:6,25 9:7,7 9:18,21,23,25
enthusiastic [1] 252:7
entire [1] 238:16
entirely [2] 95:13 241:23
entities [2] 58:1 66:17
entitled [2] 169:5 241:7
entity [4] 68:14 69:13 70:20 146:10
entry [1] 139:11
environment [1] 51:6
equipment [12] 51:5 56:14 90:13 91:4 92:13 92:18 136:2 172:9 188:10 235:9 236:9,11
ER [5] 96:5 130:1 181:11 225:20,21
ER/PR [35] 5:23 6:21 53:22 56:20 78:1 105:15 105:16 108:11 115:3 117:12 130:17 143:1 152:13,16,23 153:18 154:1,25 155:3 157:22 159:15 169:6,23 171:4 171:24 207:4 214:8 233:22 245:23 257:12 258:9 260:17 265:12 266:9 270:25
error [4] 106:22 207:8,9 207:13
essential [1] 240:15
established [3] 145:23 147:5 215:23
estrogen [13] 96:1 148:16,19,19,22 149:2,5 149:7,12,14 186:18 200:12,18
et [1] 222:7
etcetera [1] 137:3
evaluate [2] 48:22 50:2
evaluated [1] 49:21
evaluating [1] 64:10
evaluation [6] 49:1,3 63:18,24 64:17 65:7
evaluative [1] 47:13
evening [2] 135:23 261:2
event [2] 198:13 211:9
events [1] 84:3
everyday [1] 95:7
evidence [11] 7:2 56:24 77:24 82:15 85:8 95:21 117:25 161:22 162:1 249:18 258:13
evolving [3] 47:8 48:14 49:24
ex [1] 55:7
exact [1] 22:12
exactly [1] 106:24
Examination [2] 2:4 4:6
examining [1] 149:23
example [29] 50:17 51:17 52:5,8 53:21,21 54:25 61:13,18 66:23 71:20 72:1 80:23 81:5 81:16 83:17 87:18 90:22 94:12 99:25 107:6 126:13 145:15 182:25 195:21 196:1 197:24 207:7 225:20
examples [1] 148:18
excellent [2] 236:7,8
exception [1] 8:22
exceptions [4] 8:9,11,14 9:19
excerpt [1] 142:25
exchange [2] 22:18 117:20
exclusive [2] 49:14 250:20
exclusively [2] 9:18 247:19
Excuse [3] 62:17 71:8 132:19
executive [16] 42:2 43:3 46:25 47:4,5 53:19 55:6 61:5 167:16 169:8 170:1 170:20 171:18 190:19 193:14 199:2
exhibit [23] 11:2 100:22 117:7 119:15 134:2 135:11 138:6 141:24 144:19,23 152:4 199:19 205:14 212:8 213:24 228:12 237:5 239:10 254:8 261:11 262:24 266:1 268:19
exhibits [14] 3:1,2,3,4 8:5,16 9:6,17,21,21,23 9:23,25,25
exist [3] 71:8 82:13 229:18
existed [3] 12:15 69:11 211:12
existence [5] 57:2,3 68:19,20 127:3
existing [2] 69:1 211:7
expect [7] 111:3 114:6 193:7 252:25 253:8 258:20 272:15
expectation [1] 180:8
expectations [1] 229:11
expected [6] 144:1,1 205:2 270:16 272:10,14
expecting [1] 107:10
expediently [1] 149:10
expediting [2] 254:19 263:20
experience [9] 44:23 46:1 47:23,24 88:3,14 172:12 177:24 192:6
experiences [1] 69:17
expert [1] 81:23
expertise [4] 81:23 82:9 85:5 188:9
expires [1] 39:6
explain [3] 39:18 234:18 265:6
explanation [5] 116:12 116:18 196:20 264:22,23
explanations [1] 182:16
explore [2] 37:21 199:16
explored [4] 45:1 46:5,6 197:16
exploring [1] 46:17
explosive [6] 141:5 143:5,19 151:15,22 191:10
exposed [1] 155:8
exposes [1] 229:17
exposure [5] 17:19 136:8 136:16,18 230:9
expressed [5] 219:12 231:1,2 233:5 258:7
extend [2] 70:17,23
extended [1] 104:9
extensive [1] 188:11
extent [1] 126:7
external [12] 47:14 188:8 188:18 192:13 195:2 198:18 237:17 241:7 247:4 250:21 263:14 264:14
eye [3] 250:5,7 251:9

-F-

face [2] 137:4,4
facilitator [3] 44:21,24 49:21
facilities [7] 13:12 18:8 51:9 56:5,14,18 58:6
facility [3] 55:1 78:15 90:25
fact [45] 42:18 66:18 75:21 105:15 108:13,25 111:25 112:5 122:8 127:24 133:6 137:22 140:3 143:23 145:1,2 150:18 152:17,21 154:24 157:12 159:1,1,13 165:12 168:9 170:19 185:22 200:25 206:8,21 207:21 210:10 215:10 217:25 221:11 222:5 235:7 241:23 242:1,24 249:23 259:7,8 267:19
factor [7] 83:15 109:4 111:25 187:5 188:2 249:23 254:23
Factors [1] 148:21
facts [1] 136:22
failure [1] 248:20
fair [2] 45:20 271:25
fairly [5] 4:25 62:12 127:11 129:15 164:1
fall [7] 15:14 45:17 49:20 230:21 239:14 262:4 265:10
fallen [1] 224:11
familiar [1] 136:14
families [4] 5:18 6:16 6:23 7:14
family [5] 15:1,3 16:3,3 38:3
far [6] 112:23 154:20 155:1 168:6,6 197:25
fashion [3] 10:4 193:16 205:10
faster [1] 270:21
faulty [1] 249:5
favour [4] 219:6,18 223:17 228:7
February [20] 120:12 120:12,18 121:18 129:12 131:4,24 133:23 138:7 139:6,8 140:1 152:21 239:5 241:17 242:12 245:20 246:15 252:13 259:10
feedback [1] 228:19
feeling [1] 236:24
fellow [1] 9:2
felt [6] 42:14 46:19 85:4 123:24 136:10 255:14
few [14] 32:25 38:7 51:11

111:8 167:19 174:10 183:5,7 194:9 205:17,18 219:12 233:4 236:2
fewer [2] 77:17,18
field [1] 218:16
fifteen [2] 66:9 212:1
figure [2] 72:20 180:24
file [1] 255:13
filed [1] 65:11
filter [1] 116:25
finally [1] 152:3
finance [5] 52:8,16 61:2 166:12,17
financial [13] 52:11 53:3 53:5 69:22 83:14 166:9 166:16 254:18 255:4 260:7,8,13,16
financially [1] 83:11
finding [1] 126:20
finish [1] 273:9
first [91] 7:7 10:21 24:10 26:20 33:6,10 36:24 37:21 41:15 42:20,20 43:8,11 44:25 47:23 50:22 51:11,16 54:6 56:25 57:5 63:15 69:21 89:2 96:3,9 98:12 100:25 100:25 105:10,11 107:20 110:13,20,20 111:8 112:14 113:8,13 114:2 114:22 115:3,11 118:7 118:23 120:20 122:3 127:13 137:23 139:4,9 139:23 147:16 149:5 152:17,19,24 153:11,19 153:22,22,25 154:5 155:10 159:2,14 160:16 167:9,19 168:17 169:9 175:5 184:20,20 185:21 191:1 203:6,10 216:25 217:1 220:13 222:20 227:4 228:14 235:8 238:1 238:25 242:1 243:22 249:13 252:13
fit [2] 82:25 131:16
five [9] 69:18 89:7,7 151:12,20 241:14,25 251:19 254:12
five-week [1] 152:11
fixation [5] 243:23 245:4 247:2 248:11 250:9
fixations [1] 248:9
Fixed [1] 34:25
flag [2] 243:22 247:13
Flaws [1] 251:18
flow [2] 89:13 252:9
flowed [1] 246:22
flux [1] 66:23
focus [4] 35:13 185:2 188:22 271:19
focused [1] 168:13
focussed [3] 69:21 186:3 187:4
follow [4] 28:6 107:14 165:24 225:16
follow-up [1] 226:12
followed [2] 28:7 160:19
following [10] 8:9 24:13 29:15 40:25 47:11 62:2 139:20 166:11 173:7 238:8
follows [1] 8:7
footnote [1] 241:24
footnotes [1] 242:7
force [3] 40:11,13 145:20
foregoing [1] 276:2
foreground [1] 166:19
foremost [1] 7:7
forget [1] 62:18
form [8] 46:20 47:5 49:14 62:21 68:25 86:7 144:3 164:9
formal [1] 65:18
former [2] 71:24 106:8
formulates [1] 50:5
forthcoming [3] 90:21 110:8 194:19
fortunately [1] 88:25
forward [2] 161:12,25
forwarded [2] 101:21 101:22
foster [1] 23:23
found [2] 106:11 107:9
Foundation [1] 13:20
four [24] 12:15 56:8 59:13 61:7 66:23,25 67:9 68:14,20 74:23,25 75:3 75:9 76:16 89:15 141:21 186:8,13 232:12,13,14 232:15,17 250:13
fourteen [2] 212:21 213:10
frame [3] 73:6 179:13 182:21
framework [4] 40:4 41:20 45:9 189:15
Francis [1] 150:3
frequent [2] 75:7,12
frequently [1] 217:7
Friday [5] 139:20 200:6 201:11,11 213:19
front [2] 242:24 243:9
fruition [1] 209:18
frustration [1] 252:3
Fry [1] 21:1
fulfil [2] 23:18 51:8
fulfilled [1] 46:18
fulfilling [3] 43:4 92:3,3
full [8] 13:20 15:9 22:16 42:23 44:1 69:2,15 99:19
fully [3] 7:11 40:8 198:24
function [4] 63:20,22 76:25 124:21
functioned [1] 109:19
functioning [5] 48:22 59:8 72:9 80:12 86:1
functions [1] 86:6
funding [2] 87:13 94:7
funds [1] 88:6
Furthermore [1] 7:17
future [1] 233:23

-G-

g [3] 138:19 149:8 241:9
Gabanna [3] 165:25 166:2,4
gather [5] 102:8 200:7 228:3 237:11 259:9
gathering [1] 266:18
geared [1] 45:8
general [12] 27:10 60:12 67:22 83:16 119:20 132:21 146:12 167:15 171:23 194:18 235:25 254:3
generally [6] 76:6 171:2 171:7 183:24 190:22 194:18
gentleman [2] 37:4 154:3
gentleman's [1] 153:23
George [29] 31:5 96:16 101:1 107:18 115:11 117:21 137:13 138:13,13 139:12,17,18 140:10,17 141:1 142:23,25 144:20 151:13 158:1 159:24 200:5,22 202:5 206:23 258:8 268:20 270:21 271:25
given [20] 117:22 132:12 160:15 163:17 174:24 180:17 183:19 184:3,4 198:8,9 201:13 202:4 209:16 229:18 231:17 234:7,21 255:25 265:7
giving [2] 94:21 170:21
goals [1] 86:3
goes [16] 107:17 115:20 129:20 149:13 157:25 158:6 176:1 215:11 233:22 234:10,18 238:12 250:6 251:22 252:5 263:13
gold [1] 234:25
gone [6] 27:9 79:22,25 98:10 222:6 271:13
good [11] 4:2,17,19 66:4 66:7 144:14,17 158:4 164:1 165:1 200:14
govern [1] 41:25
governance [25] 39:20 41:22 44:13,18,24 45:2 45:4,6,8,21 46:2,20,24 47:3,16,21 48:8 49:15 49:18 54:17 60:6 86:8 147:24 165:23,24
government [30] 10:13 12:9,18 41:7 81:11 82:5 83:7,10,13,16 84:4,22 85:17 86:3 88:4,16,16 91:9,15,18 92:5,23,23 93:21,25 94:3,15,18,19 98:11
government's [2] 82:10 82:25
governments [1] 87:24
grading [2] 240:15,24
graduated [1] 10:8
grasp [1] 131:17
grave [1] 42:15
great [9] 82:2,3 107:14 171:25 172:24 174:9 177:25 186:1 243:12
greater [1] 46:20
group [3] 85:23 99:17 171:15
groups [2] 52:21 60:10
guess [21] 11:20 36:24 61:9 78:25 84:4 89:21 110:23,23 114:17 116:19 124:16 137:1 158:13 176:21 198:22 228:3 244:19 248:17 249:24 251:9 255:17
guided [1] 44:18
guidelines [1] 211:1
Gulliver [2] 135:16 158:3

-H-

H-I-R-O-C [1] 134:5
habit [1] 117:11
half [4] 120:19 235:8 241:25 273:17
halfway [1] 120:2
hand [2] 112:14 271:15
handed [1] 81:21
handle [2] 184:22,24
handled [6] 106:23,24 224:4,14 254:22,22
handles [1] 76:12
handling [1] 265:12
hands [1] 106:1
hands-on [1] 47:23
handwriting [1] 117:12
Hansard [1] 153:15
happening [2] 188:23 224:18
happy [2] 238:3 260:24
have-that's [1] 37:3
Hawkins [1] 228:25
HCCSJ [1] 157:22
he'd [1] 238:3
head [1] 231:12
heading [2] 105:15 244:3
heads [4] 202:4 203:6,10 267:23
heads-up [1] 226:21
health [202] 1:10,16 4:22 5:2,21 6:18,24 7:1,10 10:14,15,19,22,24 11:18 12:11,21 13:7,11,15,17 13:22 14:9,9,13,20 15:5 15:7,8 18:12 19:1,25 20:3 21:4,17,24 22:9,15 23:5,12,15,20 24:18 25:3 25:7,15,20,25,25 26:23 27:5,24 28:1,12,24 29:3 29:4,17,19 30:1,16 31:14 31:20 33:1,8,13,17,19 34:10 35:9,10,23,24 36:1 36:3,7,25 37:7 38:21,22 39:21 40:3,17,21 41:14 42:4,12 43:1,13 46:23 49:11 55:12 56:22 59:3 59:13 66:16 67:2,13 68:8 69:5,23 71:18,24 74:19 74:20,22 75:10,22 76:4 76:14,23 77:25 80:2 81:3 83:21 87:18 88:20 90:11 90:18 92:11 93:16,22 94:19 96:17 97:11 98:3 98:14 99:2 100:4,13 101:16,18,18 103:16 112:2 114:1,16 117:9,11 117:19 123:8,9 124:10 124:12 134:17 135:14 136:1 144:24 145:4,6,7 145:10,11,15 146:4,9,14 147:12 152:8 161:10 162:20 164:20 172:17 173:8,14 175:25 176:24 177:2,23 189:4 200:25 201:14 202:21,22 210:22 210:24,25 211:11,22 213:18 214:22 225:25 227:17,21 230:7,15 234:3 241:8 255:5 256:19 257:11,18 258:14,15 260:8 265:9,14 268:22 270:6,6 271:2 272:11
Health's [5] 7:9 57:2 91:8 94:21 256:4
hear [12] 5:22 6:19 74:16 107:22,24 117:25 156:2 157:7 161:25 175:6 209:11 230:22
heard [9] 51:14 105:11 122:3 153:19,22 156:4 158:9 159:4 276:5
hearing [8] 5:17 6:15 173:13 186:4 271:15,18 271:21,22
hears [1] 122:21
Heather [14] 135:13 137:4 138:10,12,20,21 139:16 140:24 218:17 228:14,18,19,24 229:4
heavily [1] 107:13
heavy [1] 248:4
held [9] 23:9 42:23 60:8 80:3,5 153:14 164:20 213:19 236:6
help [4] 7:23 118:18 150:4 188:22
hence [1] 88:21
henceforth [1] 96:4
hereby [1] 276:2
Hi [3] 107:21 138:9 228:18
high [7] 76:5 190:25 193:9 252:23 253:9,11 258:25

higher [1] 79:15
highest [1] 76:2
highlights [1] 61:9
himself [1] 241:11
hire [2] 92:13 97:18
hired [2] 35:4 97:17
hiring [1] 99:16
HIROC [15] 134:11,13 135:1,4,6,19,23 136:23 137:16 228:25 229:1 255:12 257:16,16,17
HIROC's [1] 256:3
historically [2] 14:25 67:15
histories [1] 69:12
history [2] 90:4 109:23
hitherto [1] 199:9
Holiday [1] 213:20
home [5] 13:14 14:21,22 23:21 24:14
homes [2] 13:15 51:10
Honourable [2] 1:3 276:6
hope [5] 62:15,15 266:6 267:2,17
hopes [2] 229:9,11
hoping [4] 7:13 138:23 179:9 273:10
Hormone [2] 1:2 276:4
hospital [19] 10:11 16:11 16:19,21,24 17:4 18:4,6 24:14 27:10 31:10,13 83:17 101:14 145:3 207:8 235:25 237:16 270:18
hospitals [7] 40:9 51:9 58:5 82:12,17 134:24 138:22
Hotel [1] 164:21
hotline [1] 138:12
hours [1] 266:4
house [2] 138:18 153:6
house-keeping [1] 71:13
Howell [3] 59:22,24 262:15
human [2] 69:22 247:6
hundreds [2] 184:6 210:8
hung [1] 136:24

-I-

idea [16] 85:21 86:20 94:18 104:11 123:8 124:11 139:4,17,22 204:20 213:10 230:21 231:11 240:2 256:2 273:20
idem [1] 256:4
identifiable [1] 85:7
identified [12] 92:2 108:16 109:10 127:7 142:23 148:21 150:3 173:20 234:6 253:15,16 273:3
identifies [1] 109:2
identify [5] 89:25 93:7 110:13,21 188:22
IHC [3] 77:23 78:2,4
immediate [2] 110:23 148:17
immediately [2] 256:16 261:18
immunohistochemical [2] 77:23 149:4
immunohistochemistry [4] 7:21 158:5 237:18 241:10
immunoperoxidase [2] 152:12,22
impact [1] 23:24
impacts [1] 79:11
implement [2] 50:14 138:12
implementation [4] 7:20 49:22 194:15 198:4
implemented [8] 44:12 92:21 191:6 194:20,22 198:6 238:17 252:11
implication [1] 111:2
implications [4] 87:12 94:9 128:9 195:22
importance [10] 51:3 61:12 81:3 88:22 111:3 113:24 123:25 124:13 178:4 271:6
important [6] 5:16 6:14 62:18 87:17 105:9 109:3
impression [4] 110:23 187:11,11 189:11
improve [1] 189:20
improvement [8] 53:14 54:10 61:4 138:24 188:22 189:3 191:4 240:11
improvements [1] 7:16
in-camera [1] 65:2
inadequacies [4] 196:16 244:25 251:10 259:4
inadequacy [3] 244:13 244:15,16
Inadequate [1] 250:14
inappropriate [5] 232:2 244:24 245:14 246:13 253:1
inappropriately [1] 250:20
inception [1] 71:18
incident [3] 152:15 208:15 255:18
included [6] 9:12 13:14 64:20 92:5 166:13 242:2
including [5] 47:25 71:13 129:22 240:21 242:6
income [2] 15:23 89:14
inconsistencies [2] 134:25 271:3
incorporated [2] 65:21 210:25
incorrect [3] 207:10 214:15,17
increases [1] 230:8
incurred [2] 255:2,3
indeed [4] 81:12 138:25 253:14,14
Independence [1] 219:2
independent [5] 172:12 188:13 202:23 205:16 266:21
index [2] 56:25 174:23
indicate [7] 42:4 47:9 56:1 83:10 87:1 113:8 222:21
indicated [19] 14:19 16:10 20:10 36:10 80:9 109:12 116:23 127:14 132:3,3 167:3 205:4 209:9,20 247:1 258:24 259:13 267:7 270:1
indicates [2] 139:11 174:13
indication [5] 8:16 132:12 134:21 196:15 253:9
individual [3] 31:5 32:17 145:12
individually [1] 206:21
individuals [6] 36:20 42:11 52:21 219:12 233:5 244:17
inefficiencies [1] 254:4
inference [1] 193:1
influenced [1] 112:7
info [8] 108:2 138:14 139:12,15 266:6 267:3 267:17,24
inform [8] 109:16 116:1 157:19 160:16 162:10 176:14 200:19 222:11
information [63] 11:5 41:12 44:4 61:8,17 109:13 115:5 121:13 127:4 131:7,7 132:13,22 133:24 135:19 139:18 140:1 141:6,14,19 144:2 150:8 155:6,16 160:18 163:3 170:13 172:23 174:1,25 175:23 176:4 177:4 178:9,13 179:8,12 193:9,11,15,23 195:19 197:3,19 201:4 203:1 205:8,24 206:4 208:3,4 209:12 229:25 230:3 246:22 252:11 265:6 266:9,19 268:7 269:20 270:25 271:4
informational [2] 202:3 230:16
informed [4] 110:25 111:4 112:11 136:4
informing [1] 179:2
infrastructure [2] 51:4 51:14
ingrained [1] 117:11
initial [3] 108:7 229:5,22
initials [1] 241:15
initiative [2] 193:23 240:11
initiative's [3] 218:16 220:14 222:21
initiatives [1] 191:3
Inkpen [3] 58:15,17,23
Inn [1] 213:20
input [4] 68:17 85:14 99:16 272:21
inquire [1] 230:5
inquired [2] 131:25 197:25
inquiries [3] 200:20 208:23 245:21
inquiry [19] 1:1 5:12,16 6:10,14,25 7:11,22 8:14 24:5 154:2,4,19 155:2 159:8 182:25 257:15 276:4,7
instance [1] 54:7
instances [2] 92:20 205:22
Institute [4] 172:18 173:5 211:2,19
institution [7] 16:24 22:20 80:25 81:1,7,8 146:6
institutional [1] 76:11
Institutions [1] 13:18
insure [1] 105:1
insurer [2] 255:19,20
insurers [3] 134:15,17 255:12
insuring [2] 109:20 178:5
Integrated [2] 1:9,16
integrating [2] 69:22 167:21
integration [5] 69:20 69:24 145:25 167:11,22
intensive [1] 186:16
intent [4] 40:25 41:1 67:16 68:25
inter-relationship [2] 71:10 72:8
interaction [4] 27:9 31:17 76:12 84:7
interdependency [1] 71:10
interdisciplinary [1] 72:7
interest [8] 62:20,23 63:2 76:22 89:15 185:3 198:6 256:9
interested [4] 101:19 126:20 168:9 191:11
interests [2] 76:17 256:3
interim [2] 38:16 58:17
internal [9] 243:23 244:1 245:18,22 246:5 247:2,5 250:11,16
international [1] 234:14
interpret [1] 189:13
interpretation [1] 148:23
interpreting [1] 221:4
intervene [2] 51:25 52:17
intervenes [1] 93:22
intervening [1] 94:20
interventions [1] 30:12
interview [3] 104:25 120:14 132:14
interviewed [3] 118:24 120:10 202:23
introduced [2] 109:1 171:19
introducing [1] 94:10
inventory [2] 51:3,5
invest [2] 89:14 238:14
investigate [1] 130:11
investigating [1] 39:17
investigation [11] 79:24 148:17 149:20 152:11,18 154:2 157:21 158:20 186:16 191:12 192:12
investigations [2] 192:23,24
investigative [1] 198:12
investigators [1] 192:13
investing [1] 240:2
invitation [1] 122:14
invite [1] 44:9
invited [6] 25:2 37:5 42:24 122:10 263:15 264:14
involve [3] 5:2 84:16 255:19
involved [28] 12:7 14:10 21:10 24:15 43:10 46:12 55:11 79:15 81:1 86:19 107:13 125:1 154:1 202:6 208:6 215:22 218:10,18 218:20,24 220:15 222:22 223:4 227:14 239:19 255:13 257:17 258:9
involvement [8] 7:2 33:10 39:15 69:1 97:3 195:18 206:12 218:15
involves [4] 69:6 71:12 90:24 247:2
involving [2] 77:2 152:15
irrelevant [1] 8:13
Island [2] 13:13 44:23
isolated [1] 107:1
issue [64] 53:22 54:1 57:8 58:2 68:9 78:6 79:9,15 89:20 101:20 105:20,22 106:1,6,9 107:7,17,25 108:24 109:6 112:1,13 114:1 115:3 122:19 126:17,21 127:6,7 129:5 143:19 157:8 161:8 166:18 169:14 173:3,10 173:21 178:2 179:4 186:3 193:10 197:20 200:20

207:4 208:5,19 214:23 214:25 221:21 229:19 231:18 238:21 239:17,21 240:25 245:22 247:2,7 254:18,18 255:9 263:6 265:12
issues [14] 31:1 78:10 101:12 108:10 109:21 134:23 137:15 138:22 157:24 238:4,8 252:24 252:25 253:18
it'll [2] 142:6 150:6
italics [1] 118:16
item [3] 170:15 263:10 269:12
itself [8] 97:16 237:13,25 241:4,18,25 261:13 264:7

-J-

J-0-A-N [1] 4:11
Janet [1] 137:9
Janeway [1] 31:12
January [2] 99:5 198:21
January/February [1] 197:23
Jennifer [1] 1:14
Jesso [1] 137:8
Joan [7] 2:3 4:5,6,11 11:4 156:24 175:5
job [1] 47:1
John [7] 33:4,6,20 36:19 117:23 143:4,12
John's [35] 10:23 13:11 13:13,14,16,24 14:14 15:8 18:6,8 22:10 23:15 42:23 48:5 55:1 56:5 58:5,7 67:14 71:23 100:13 106:14 144:25 145:5 146:4,17 147:13 204:8,10 213:20 237:16 241:8 258:14 276:8,11
joined [2] 33:20 262:16
joint [1] 98:15
Jones [4] 74:5,16 132:11 132:12
Judge [2] 197:4,9
judgment [1] 114:17
Judy [2] 276:2,13
July [58] 96:12 101:10 102:6 110:1 114:23 115:25 116:13,14 117:13 117:16,19,24 122:5,6 125:11 127:9 129:21,21 130:13,22 135:2,14 137:14 139:20 140:3,3,6 140:8,10 141:2 143:3,3 143:7 144:21,24 147:9 147:16 150:13,17,18 151:7,22 155:9 158:18 159:22 161:1,2,16 162:18 163:18 171:9 172:4 175:7 178:20 203:20,25 204:1 205:18
jump [1] 92:20
June [7] 102:11,21 103:1 116:14 129:21,23 166:4
Justice [2] 1:3 276:6

-K-

Kara [1] 143:5
keen [1] 252:7
keep [8] 5:18 6:16 86:21 107:15 117:9 120:3 146:7 244:24
keeping [3] 163:19 166:18 269:23
kept [5] 61:20 64:14 65:15 146:6 147:1
key [5] 270:10,23 271:8 271:20 272:2
kind [17] 15:20 32:12 52:18 61:17 64:11 65:6 82:1,20 83:1 84:21 88:15 92:20 120:1 139:22 152:15 211:15 250:5
kinds [1] 81:22
King [1] 137:8
knew [15] 32:3,24 36:23 111:21 112:7,8 115:8,20 117:5 131:6 163:4 183:24 191:24 218:22,23
knowing [3] 155:8 175:6 258:19
knowledge [16] 100:17 115:7 122:2 135:8 154:8 156:3 160:1 188:12 190:25 194:12 201:3 202:19 206:10 221:25 230:14 272:20
known [12] 24:7 33:13 33:22 100:11 130:6 134:9 143:10,16 217:24 222:7 239:14,18
knows [1] 94:15

-L-

L [1] 241:9
lab [6] 72:10 130:5 138:16 236:7 244:21 252:8
laboratories [1] 249:11
laboratory [20] 17:8 72:1 78:14 106:2 129:24 147:12 149:3,16 172:11 188:11 195:4,12 236:8 237:22 238:10 244:25 246:2 251:7,19,21
labour [1] 31:9
labour-intensive [1] 106:8
Labrador [6] 67:21 74:22 101:13 136:1 276:8 276:11
Labrador-Grenfell [1] 1:15
Labradorians [1] 7:24
labs [3] 143:4 268:25 269:14
lack [4] 136:15 252:4,4,5
lacked [1] 173:15
lady [3] 44:23 45:16 106:10
Laidley [1] 137:9
Laing [1] 143:5
large [3] 42:4 69:10 150:25
largest [1] 42:6
last [20] 47:11 67:22 89:7 118:9,15 120:25 121:1,2 121:7,21 131:5 152:6 198:22 233:3 236:2 240:13 254:12 263:21 268:24 273:8
late [13] 25:5 34:12 107:6 126:16 139:2 159:15 163:18 190:2 201:10,11 236:5 255:23 262:8
lateral [1] 26:10
laterally [1] 36:6
latter [3] 11:20 14:23 106:25
law [3] 135:25 136:2,5
lawyer [2] 228:21 257:16
lawyers [4] 256:20 257:12,17,18
lead [5] 97:13 100:6 166:18 171:21 179:16
leader [2] 235:5 237:20
leaders [1] 44:2
leadership [2] 107:14 252:2
leads [2] 136:19 252:2
leaning [1] 40:25
learn [2] 105:25 157:2
learned [8] 115:24 117:1 154:5 177:25 235:12,15 236:2 252:12
learning [1] 209:6
learnings [1] 7:22
least [25] 11:8 17:19 24:6 60:1 140:23,24 141:6,16 143:11,18 151:12 176:25 177:13 192:10 194:2 202:21 205:1 215:5 218:9 233:20 236:9 244:15 254:15 255:25 273:17
leave [1] 225:9
leaving [1] 185:13
left [3] 83:18 202:5 206:22
left-hand [1] 118:17
legacy [1] 87:22
legal [2] 136:11 257:10
legislation [10] 40:8,19 41:4,24 44:19 50:17 81:13 86:11 88:23 98:1
legislative [5] 40:4 41:20 45:9 46:23 52:7
length [4] 38:22 129:20 158:6 179:17
lengthy [1] 179:18
less [2] 22:17 89:9
lesson [1] 269:14
lessons [1] 268:25
letter [22] 144:24 145:9 147:9,10,18 153:6 156:5 157:16 158:6,7,18 159:5 219:24 220:1 228:16 229:2,6,17 230:7 231:1 237:13 238:23
letterhead [3] 144:25 145:3 237:14
letters [2] 136:12 137:3
level [59] 41:23 42:1 73:2 73:23 74:9,12 75:6 76:2 76:5 77:8,13 78:4,8,24 79:15 82:17,21 83:4,20 84:12 92:12 124:20,24 126:19 145:25 147:25,25 150:24,24 167:16 168:7 172:21 173:13,22,24 175:16 176:9 190:25,25 191:7 193:7,9 199:1 202:17 208:1,17 209:21 210:22 214:23 244:22 252:20,21,22,24 253:9 253:11,17 258:25 265:16
levels [4] 77:13 84:9 89:1 195:22
liability [1] 229:17
liaison [3] 22:17,23 59:12
life [2] 38:3 124:17
light [2] 132:13 175:5
liked [1] 143:16
limitation [2] 47:4 158:4
limitations [3] 53:19 193:14 199:2
limited [4] 28:13 29:22 270:9 272:1
Linda [2] 58:15,17
line [3] 223:3 272:7 273:8
lines [5] 152:14 222:20 233:3 254:12 256:12
link [2] 23:19 31:21
linkage [1] 211:18
list [2] 3:1 8:5
listen [2] 86:16 156:24
literature [1] 181:10
living [1] 15:20
local [1] 68:25
locally [1] 219:16
locate [1] 260:2
log [3] 142:23,25 151:13
logical [5] 226:11,17 227:25 236:15 237:2
logs [1] 144:20
long-care [1] 56:6
long-long [1] 189:22
long-term [2] 13:23 73:18
longer [1] 131:23
look [21] 69:16 73:25 100:25 109:8 121:1,3 128:5 129:13 177:21 193:13 196:1 205:13 212:18 216:2 237:5 241:21 242:1 266:1 271:4 273:7,20
looked [4] 78:12 141:3 159:24 188:5
looking [15] 37:10,17,20 62:10 119:24 120:25 134:2 140:2 141:19 144:19 154:21 165:11 186:13 190:23 233:17
looks [1] 110:12
loop [1] 163:20
lots [1] 208:3
Louise [2] 74:4 132:11
low [3] 180:10,13 183:5
lower [2] 78:8 195:22
lunch [3] 142:10 144:6 144:10

-M-

m [3] 228:25 241:9,9
ma'am [31] 6:7 11:1,2 47:21 79:20 96:1 116:23 117:10 118:19 129:1,10 135:12 137:12 147:16 150:13 157:15 161:1 199:19,24 219:1 227:11 230:12 233:17 237:10 241:16 242:18,22 248:7 254:10 265:9 266:16
MAC [16] 54:15,17,20 55:6,7,14,18,21,25 57:7 57:15 58:4,6,13 59:8 61:7
machine [1] 90:23
machinery [1] 247:7
MACs [5] 56:9 59:13 66:23 68:20 69:1
Madame [3] 4:21 6:6 89:21
magnitude [3] 126:21 177:14 207:22
mail [3] 127:14 136:22 137:7
Majesty [1] 1:8
major [9] 64:18 69:7 105:25 113:24,25 187:5 193:10 253:7,7
majority [2] 106:16 127:16
makes [2] 60:7 80:21
management [4] 48:11 50:13 71:25 89:1
manager [4] 72:2,2 251:20 252:6
managers [2] 84:16 107:7
mandate [15] 13:25 14:16 41:16,20 42:18 43:5,6 46:17,18,23 51:8 69:9 88:5 141:21 167:20
mandated [2] 40:6 88:2
Manitoba [1] 47:11
manner [2] 41:8 207:1
manual [1] 172:2
manufacturer's [1] 188:9
manufacturers [1]

172:8
mapped [1] 252:10
March [7] 1:4 2:2 39:8 39:10 149:6 276:5,12
Margaret [1] 276:6
MARKED [3] 9:21,23 9:25
marks [1] 136:14
Marystown [2] 164:21 200:17
material [1] 165:14
matrices [1] 252:1
matter [45] 4:24 36:12 39:16 46:3 52:1 62:25 73:7 77:11 79:21 85:18 90:11 112:1 113:23 122:17,24 126:15 127:2 134:3 138:24 143:13 151:19 152:15 153:18 154:21,24 160:17 161:20 163:5 169:14 173:25 176:10 179:17 191:10 195:17 198:21 205:13 207:3,6,6,14 214:24 237:17 253:19 268:23 276:3
matters [26] 8:13 31:1 56:11,11,13 57:22 60:14 60:15 61:6,11 65:24 72:5 79:18,20 92:20 112:3 121:20 123:19 148:8 166:10 196:17,21 248:5 251:5 270:3,5
may [44] 22:13 36:14 56:1 67:25,25 74:1 84:10 84:11 89:14 93:7,12,16 103:1 109:21 115:14,14 116:15 119:12 122:23 129:19,20 138:17 139:1 145:13 146:23 147:4 149:4 151:1 153:1,11,14 154:6,18,18,20,22 174:22 182:16 200:21 229:9 238:4 241:14 257:6 259:4
mayors [1] 44:2
McCormick [1] 137:8
McKelvey [1] 228:22
MD [1] 237:19
mean [12] 63:19 94:19 146:4 171:7,23 174:17 175:7 207:4 253:12 256:22 269:9 273:24
meaning [1] 273:11
means [3] 96:13 269:17 276:10
meant [4] 174:20 188:14 207:4 271:10
meantime [3] 133:16 145:5 270:8
measures [2] 251:11 267:8
mechanism [4] 57:12 76:10 78:7 198:12
media [18] 51:15 158:13 200:20 206:9 209:1 214:23 215:4 219:15 229:24 266:22 267:21 268:4 269:21,23 270:10 271:18,22 272:2
medical [47] 7:18 29:18 30:15 31:1,1 54:6,8,12 54:17,18,22,24 55:3,9 56:3,4,5 57:22,24 59:6 59:15 67:4,16,17,21 68:12,13,14,24 70:6,7 70:12,13,25 71:2,16 72:5 72:15 77:13 79:6,8,14 152:9 168:16,18 238:6 252:2
medicine [8] 27:5 55:4 75:17 82:2,4 147:12 207:8 237:22
meet [12] 28:18 42:25 44:25 45:7 60:9 75:17 75:18 79:8 117:13 122:9 132:25 233:11
meeting [48] 48:23 53:11 55:25 60:3 62:2,4,24,25 63:6,11,24 64:2,18,23 65:2,16,21,25 75:8 116:17 117:23 158:1 163:3 164:19 165:3 170:6 170:7 173:7,22 174:25 180:17 184:2 186:20 198:22 200:17 203:8,10 206:1 212:22 213:19 216:17 217:6 223:21 228:4 258:15 268:1 273:1 273:3
meetings [20] 29:20 42:21,22 48:21,25 60:8 60:12 63:19 64:15 75:7 75:12,16 102:9 116:18 129:21 173:2 219:11 233:4 263:13 265:15
meets [3] 53:10 75:3,5
member [8] 22:16 49:4 58:23 86:17 97:13 206:11 218:1 234:1
members [11] 1:11 55:6 55:7 74:25 109:20 133:5 198:10 200:8 205:25 217:19 230:14
memo [3] 232:15,17,18
memory [2] 121:4 164:1
mental [2] 76:4 136:6
mention [3] 62:18 143:12 169:10
mentioned [1] 170:2
Mercy [4] 16:21,24 145:2 237:16
merge [1] 69:12
merged [1] 13:6
merger [1] 23:11
message [4] 36:16 228:20 271:20 272:2
messages [3] 270:10,23 271:8
Messrs [1] 158:3
met [7] 24:10 33:18 35:22 42:24 44:1,2 173:9
method [2] 136:4 137:16
mid [4] 10:10 33:25 102:6 139:1
middle [9] 102:7 119:13 188:5 190:2 199:25 233:18 241:12 254:12 261:14
midway [3] 134:5 199:25 199:25
might [26] 4:23 5:14 6:12 33:14 42:3 48:14 65:24 110:9 112:6,21 116:3 123:2,10 135:6 137:17 150:20 151:22 164:7 180:16 191:11 209:17 240:23,25 256:8,8 272:15
million [9] 87:20 88:21 89:3,4,5,8,9,15 167:8
mind [9] 5:19 6:17 110:18 128:4 143:18 145:8 157:1 171:8 256:16
minister [86] 10:15,16 11:18,19 18:12,14,19 19:6,12 21:3,16 25:3,15 25:24 26:14,23 28:8,9 28:22 33:1,2,12,20 36:7 36:11,14,17,25 37:7,21 41:12 61:13 75:10 81:13 81:14 83:23 85:24 97:21 98:4,8,10,19 100:8 107:3 107:16 111:17,19,21 112:7,11,15,20,21,24 117:13,22 122:9,20 123:11,11,17,18 124:4 124:10,14,19,23 125:12 125:15 126:8 130:25 131:16 151:22 161:9 175:24 176:23 177:2,6 201:13,17 202:2,3,9,10 202:11,14
Minister's [1] 161:15
Ministers [1] 239:20
minute [3] 213:7 269:19 269:19
minutes [56] 60:15,16 61:20 62:3,5,7,11,17 64:6,14,20 65:15,18 66:10 137:5 141:17 155:17,22 159:13 164:19 165:13,21 169:10 170:6 180:18 185:10,13 186:13 188:14 194:14 198:4 205:9 212:1,13,22 213:8 213:11,17 214:11,12,14 215:12,14 218:4,6,12 228:4 231:9 257:22 258:4 262:23 265:2,2,5,19,24
misleading [1] 100:25
missing [1] 119:20
misunderstanding [1] 223:23
model [14] 39:20 44:12 44:17 45:4,6,21 46:2 47:22,22 48:13,17 49:18 60:6 71:25
models [3] 48:7,9 49:15
modernize [1] 252:7
modification [2] 61:25 265:5
modified [4] 45:6,21 46:2 47:22
modify [1] 62:8
moment [10] 40:5 80:20 84:19 101:20 159:21 163:16 164:11 165:8 241:20 262:21
money [12] 87:25 88:8 89:10,18 91:4,5,8,17 92:10,23 94:1 254:23
monitor [4] 48:16,21,24 52:10
monitored [2] 71:14 191:6
monitoring [4] 47:6 52:16,24 53:18
month [9] 47:11 75:5 130:6 161:3 187:21 196:6 211:20 212:20 221:13
monthly [2] 52:9 55:24
months [17] 19:20 33:22 38:16 43:6,21 44:5 51:11 57:5 68:1 78:12 111:8 141:21,21 167:20 174:10 194:7 236:3
morning [18] 4:2,17,19 66:4 107:11,20 109:25 113:4 117:24 127:11 137:1,6 166:7,9 167:4 170:2 267:16 274:25
Moss [2] 276:2,13
most [12] 44:20 73:6 83:14 88:11 106:4 136:3 175:11 226:16 229:10 230:1 244:23 260:14
motion [1] 62:6
motivation [1] 7:6
Mount [18] 150:3 174:8 176:2 179:9 204:15 215:25 224:15 225:22 227:17 234:11,18,20,23 235:9 236:6 254:13 255:9 263:19
mouse [1] 243:5
mouth [1] 140:23
move [5] 20:11 70:4 75:15 169:7 270:20
moved [14] 10:11 18:4 20:2,10 25:5,9 26:9,10 28:12 33:12 35:8 37:7 43:7 197:6
Movement [1] 66:23
Ms [701] 1:13 2:3 4:6,10 4:13,14,17,18,21,23 5:3 5:11 6:7,9 10:3,7 11:10 11:17 12:2,8,22 13:1,5 13:10 14:12,17 15:15,22 16:1,12,16,20,25 17:5 17:12,16,22 18:1,5,11 18:15,23 19:3,9,15,19 19:23 20:6,12,16,20,25 21:6,13,19,23 22:2,6,11 23:2,6,10,17 24:12,24 25:10,16,21 26:2,6,11 26:16,25 27:4,13,18,22 28:5,17,25 29:6,10,14 30:2,6,11,25 31:6,18,25 32:4,9,13,19 33:5 34:1,5 34:9,13,18,22 35:1,5,17 35:21 36:5,22 37:16 38:6 38:12,24 39:3,7,11,14 39:23 40:2,12 44:16 45:12,22 46:4,9,13 48:1 48:10 49:12,19 50:6,10 50:15 52:3,23 53:4,8,23 54:3,16 55:16,23 57:4 57:13,20 58:8,14,20,25 59:4,14,19,23 60:4,19 60:25 61:21 62:1,14 63:8 63:12,17 64:3,7,16,24 65:3,8,12,17 66:1,15,20 67:1,11 68:5,10,22 70:9 70:14,19,24 71:3,7,22 72:14,24 73:10,15,21 74:3,8,13,16,21 76:1,19 77:5 78:16,23 79:4 80:7 81:10 82:6,22 83:6 84:2 84:15,23 85:25 86:23 87:5,11,16 90:6,14 91:1 91:10,16,22 92:6,15 93:1 93:5,10 94:2,23 95:2,6 95:10,15,19 96:6,11,18 96:25 97:5,19,24 98:18 98:22 99:3,8,13,18,23 100:14,19,23 101:3,7,15 101:24 102:3,10,15,19 102:24 103:6,12,17,21 103:25 104:5,10,14,20 105:5,12,17,21 108:4,9 108:15,19,23 110:4,15 110:22 111:6,23 112:12 112:18,25 113:5,10,16 113:20 114:3,7,12,24 115:4,13,18 116:2,7,16 117:2,25 118:2,8,12,22 119:1,2,6,16,21 120:5 120:15,21 121:6,10,22 122:1,5,11,15 123:4,14 123:20 124:1,5,15 125:4 125:20,25 126:5,12,24 127:18 128:11,15,19,23 129:2,16 130:7,19 131:2 131:11,20 132:2,10,11 132:18 133:2,9,13,18,22 134:6,10,14,18 135:7 137:7,8,18,24 139:7,25 140:7,13,19 141:8,13 143:20,25 144:15,16,23 145:17,21 146:8,13,18 146:22 147:3,19,23 148:4 148:9 150:22 151:9,16 151:25 152:7,25 153:5 153:10,21 154:7,13 155:4 155:15,20,25 156:9,14 156:20,24 157:5 158:8 158:12,23 159:3,9,16 160:5,23 161:14 162:2,9 162:15,22 163:1,13,21 163:25 164:4,16,23 165:5 165:21 166:1,6 167:2,7 168:22 169:1,11,19,24 170:12,18,25 171:12,17 174:5,21 175:9,15 176:7 176:20 177:8,18 178:8 178:14,19,24 179:14 180:2,14 181:2,7,16,25 182:5,10,14,22 183:2,8 183:17,22 184:16 185:1 185:8,16,25 186:10,19 186:23 187:8,15,20 188:20 189:1,12,18 190:6 190:13,21 191:15,21 192:2,14,18 193:3,20

194:6,21 195:1,3,9,15 196:3,7,13,23 197:13 198:2,14,20 199:14,21 200:2,9 201:2,7,16,22 202:7,15,25 203:7,12,18 204:2,7,11,17,22 205:3 205:23 206:14,24 207:3 207:15,20 208:14 209:2 209:8,19 210:13,20 211:10,16 212:25 213:6 213:13 214:7,16 215:1,6 215:17 216:9,19 217:3 217:15,21 218:3,11,19 219:8,20 220:2,7,21 221:12,19 222:1,8,14 223:6,25 224:7,19,25 225:6,14 226:3,7,23 227:3,8,12,22 228:9 230:18,22,23 231:3,7,13 231:23 232:4,8 233:8 234:5,15,24 235:11,17 235:21 236:1,14,18,23 237:7,11 239:1,7,16,24 240:5,9,18 241:1 242:9 242:15,25 243:11,16,19 243:21 244:4,8,12,18 245:5,9,13,24 246:8,17 246:21 247:8,12,18,22 248:3,8,12,16,21,25 249:6,14,22 250:8,17,22 251:2 252:14,18 253:13 253:23 254:2,24 255:8 255:16 256:5,10,15,21 256:25 257:5,20,25 258:23 259:3,12,17,21 260:10,19,23 261:4,8,22 262:1,5,9,14 263:7,23 264:3,8,17 265:1,13 266:8,10,15,24 267:4,15 267:22 268:9,10,20 269:24 270:24 272:3,23 273:13,25 274:6,11,15

Mt [2] 270:18 271:4
multiple [2] 186:4,25
municipalities [1] 44:3
must [3] 238:13 267:25 268:14

-N-

n [1] 241:9
name [6] 4:9 13:7 33:4 153:23 157:6,7
named [1] 154:3
namely [1] 207:24
names [3] 24:4 36:19 138:16
Nancy [1] 138:11
national [15] 7:20 107:9 109:8 126:19 173:3,4,7 173:12,15,16 177:23 207:24 263:6 268:24 269:3
nationally [1] 186:6
naturally [1] 81:2
nature [6] 6:4 43:12 122:22 177:22 186:22 188:17
necessarily [3] 193:4 252:19 256:3
necessary [5] 62:8 75:4 75:5 150:7 267:6
need [19] 9:5 15:19 85:7 85:7 88:8 92:1 93:7 95:20,21,21 105:24 107:4 109:15 125:13 129:5 136:10 139:1 168:1,2
needed [2] 51:12 130:12
needing [1] 197:18
needs [6] 41:11 43:9 84:25 85:4,10 90:20
negative [10] 130:1,17 148:19 180:10 225:20,21 230:2 234:13 243:23 245:18
neurosurgery [2] 76:3 81:25
neutral [1] 177:7
never [6] 155:2 158:21 192:24 193:2 194:4 197:25
new [32] 35:9 42:11,14 42:19 46:16,16 47:7 69:13,13 82:2,3 84:10 85:15 91:17,21 94:10,12 106:7,20 109:1 110:24 111:12 121:12 130:2 131:8 132:13,21 133:24 147:2 155:7 197:3 253:15
Newbury [1] 1:14
Newfoundland [9] 13:19 31:10 67:20 74:22 101:13 164:22 174:17 276:8,11
Newfoundlanders [1] 7:23
news [1] 136:13
newscast [1] 269:3
newspaper [5] 202:24 205:16 206:8 209:6 266:22
newsprint [2] 270:11,13
next [28] 4:4 21:17 64:20 65:11,21,25 69:24 93:12 93:14 122:9 132:25 138:14 139:2,13 150:5 166:19 169:7 200:21 207:18 212:20 213:17 216:2 248:17 249:17 262:23 265:4 270:17 273:10
nice [1] 139:2
night [1] 268:24
NL [2] 1:8,14
NLHBA [2] 101:12 107:17
non [2] 65:2 68:19
noon [1] 213:20
nor [1] 205:21
norm [1] 93:19
normal [9] 15:18 91:25 92:22 114:13 123:6 189:20 234:19 254:14 255:18
normally [4] 14:24 142:4 148:2 195:16
note [17] 9:1 11:24 43:6 62:16 117:12 118:1 120:24 140:22 143:4,4 165:20 166:15 174:12 212:19 214:19 218:7 261:13
noted [5] 8:11 47:15 141:15 231:9 233:12
notes [11] 115:6 149:24 166:13 168:17 187:22 200:14 220:13 237:24 260:16 263:4 272:6
nothing [5] 161:17 180:18 234:6 256:16 257:22
notice [1] 268:2
noticed [1] 214:9
notification [6] 209:10 211:8 219:14 233:6,13 271:23
notified [15] 137:17 178:5,7,21 184:11,13 185:4 205:18 206:21 224:21 225:2 267:11 271:10,11,12
Notifying [1] 229:8
noting [1] 148:14
notion [1] 139:17
November [3] 37:23 262:25 264:21
now [125] 4:8 8:8,20 9:4 11:9 12:5,20,21 14:7 22:5,16 29:15 38:9,19 40:20 45:5,25 47:2 54:12 55:21 56:1 58:4 59:24 60:1 67:24 68:14 70:12 74:9 83:18 84:24 86:5 86:12 88:23 89:12 91:21 96:1,16 100:5,23 103:7 104:3,19 106:20 107:18 108:11,20 110:5,12 111:7 114:14 115:5 120:6 129:10,11 130:4 134:2 137:12,22 139:4 141:18 142:22 144:14 147:9,16 150:13 152:13 154:16 156:24 157:1,7 158:7 159:12,19 164:13,14 165:9 168:16,25 174:12 176:23 180:6 185:14 186:19 188:4 190:1 191:16 197:3 198:9 204:14 205:9 206:13 213:17 214:9 215:9 216:16 224:24 228:3,12 229:18 230:12 233:17 238:20 239:11 240:13,21 242:22 243:19 250:10 251:17 254:19 257:13 258:6,19 260:1 261:25 264:12,21 266:7,13 270:4 270:22 271:10 272:18,21 273:24
nub [1] 197:8
number [35] 11:6 17:15 39:15 53:13 54:4 66:19 78:2 82:19,20 102:9 103:20 127:24,25,25 128:5 137:11 177:15 179:25 180:1,8,9,11,13 181:13,20 183:25 200:7 213:22,24 214:4 229:7 250:13 251:3,4,18
numbering [3] 8:7 241:22 242:2
numbers [14] 9:2,11 77:17 109:7 118:5 119:14 120:3 138:16 180:6 183:3 183:5,19 205:6 233:19
nursing [15] 10:8,9,10 13:14,15 17:6,23,25 23:21 24:14 51:10 70:18 70:20 72:19 107:19

-O-

o [3] 241:9,9,9
O'Malley [1] 150:3
objective [3] 7:9 67:23 179:7
objectives [2] 64:11 65:19
obligation [1] 86:21
observations [2] 194:2 251:23
Observed [1] 251:18
obtain [1] 103:4
obvious [2] 52:13 114:16
obviously [11] 40:3 63:19 71:8 82:8 83:14 104:15 131:5 144:3 187:1 199:17 244:13
occasion [2] 28:18 122:23
occasionally [2] 30:20 95:9
occasions [2] 32:25 33:18
occur [5] 5:6 64:12 124:6 184:9 209:21
occurred [13] 87:23 90:20,21 116:10 117:20 117:23 119:5 137:12 159:1 165:4 174:9 204:5 274:1
occurrence [1] 95:7
occurring [1] 167:22
occurs [4] 84:9 171:2 195:19,21
October [44] 173:2,9,11 183:23 196:2 202:20 205:15 213:19 214:13 220:18 221:21 222:9 223:22 228:5,17,23 230:12 232:18 237:14 238:23 240:21,21 241:10 255:23,24 256:18 258:10 258:12,16,21 261:19 262:17 264:20 266:2,19 266:21 268:21,25 272:11 272:18 273:19,23 274:2 274:2
off [3] 223:2,3 229:2
offer [3] 38:1 196:20 264:22
offered [2] 83:2 116:12
officers [1] 55:10
offices [1] 51:9
official [3] 32:12 57:14 83:19
officially [1] 10:20
officials [2] 30:23 83:21
officio [1] 55:7
often [2] 122:19 271:17
once [3] 83:15 185:21 233:1
oncologist [4] 106:19 127:23 220:24 225:16
oncologists [6] 172:17 215:22 216:4 217:5 218:5 263:12
one [82] 5:5,22 6:20 10:18 16:11 24:1 30:22 41:14 42:12 45:5 46:2 48:4,7 48:16,21,22 49:3,14 51:1 51:16 52:6 53:3,3 55:9 56:7,7 57:21 58:17 59:18 64:6,18 69:6,7,12 70:3 71:8 75:8 77:10,16 78:19 88:11 89:9 100:3 102:11 102:21,25 110:12 118:15 121:9 135:13 140:6 142:4 142:6 144:21 146:7,10 147:2 154:9 159:23 162:6 162:6,13,13 168:11 182:20 184:8 198:12,17 210:1 212:15 215:9 218:1 222:12 228:14 235:20 242:2 249:5 254:10 264:15 266:2,3 271:15
one's [1] 158:17
ones [2] 8:10 221:10
ongoing [13] 49:2 77:6 77:11,12 107:1 111:5 155:7 163:18 186:16 189:4 221:2 240:10 270:5
onset [1] 255:13
onward [1] 15:6
open [2] 120:8 144:22
opened [1] 11:2
opening [1] 186:14
opens [2] 138:9 157:19
operate [6] 40:16,24 41:5,24 90:4 141:22
operated [2] 85:24 90:1
operates [3] 85:22,23 98:5
operating [6] 40:3 55:10 72:21 78:24 166:14 251:7
operation [5] 41:25 87:2 146:25 167:9 193:12
operation's [2] 80:23 83:4
operational [18] 41:25 61:6 78:18 82:21 92:12 122:24 123:19 124:24 150:24 173:24 176:8 184:23 195:20 202:17 207:1,6 208:12 214:22
operationalization [1] 51:20

operations [5] 80:8,16 86:19 122:16 253:2
opinion [6] 150:11 158:2 161:24 197:5,5 249:19
opportunity [6] 47:10 60:9 129:13 193:13 219:24 241:16
opposed [3] 219:23 247:7 248:5
option [1] 106:5
options [2] 45:2 46:17
oral [1] 133:12
order [7] 51:7 92:13 118:21 119:19,20 127:2 226:8
organization [61] 30:13 38:20 42:3,5 44:6 50:21 51:19 54:18,23 56:3 67:6 67:9 68:9,11 69:13 71:12 72:22 73:11 77:1,9 80:6 80:17 83:20 84:10 85:10 85:12 88:1 89:2,19 111:8 122:18 132:6,9 136:10 150:25 154:17 161:8 166:20 168:5 172:10 173:24 174:14 175:22 176:3,6 188:8 189:5,21 206:25 207:24 208:6,18 251:6 254:22 257:1 260:18 263:18 264:5 267:9 271:16,23
organizational [5] 76:11 157:21 251:23 252:25 253:18
organizations [15] 7:18 23:11 42:8 69:10 75:15 87:22 145:10,12 154:10 167:21 168:10 173:18 207:25 249:2 255:12
orientation [3] 42:9,16 42:21
origin [1] 131:17
original [7] 5:15 6:13 224:16 227:19 228:20 229:23 231:21
originally [3] 106:10 225:21 234:12
orthopedic [1] 81:25
Oscar [1] 59:22
otherwise [2] 91:14 229:15
Ottenheimer [14] 11:19 12:6 36:19,23 37:9,21 97:23,25 117:23 125:15 143:4,12,14 151:15
ours [2] 50:25 273:4
ourselves [1] 61:15
outcome [4] 7:12 126:19 191:16 193:6
outcomes [4] 63:25 107:9 109:9 191:5
outline [3] 47:3 85:17 263:16
outlined [1] 46:21
outlines [1] 41:7
outreach [2] 41:10 44:19
outset [3] 8:5 62:19 109:15
outside [3] 44:22 150:1 191:25
overall [1] 151:6
overlapping [2] 210:23 262:18
overview [4] 10:4 66:16 138:13 139:16
own [24] 16:9 31:17 41:16 65:6 67:6,15 69:11 70:21 76:17,22 80:11 81:19 88:3,14 103:8 118:19 147:1 192:5 223:5 243:10 256:19 257:7,12 268:9

-P-

P [8] 8:22 9:17,21,23,25 119:15 232:11 241:9
P-0017 [2] 212:8,9
P-0018 [13] 3:2 8:7,24 9:21 164:13 186:15 212:9 212:11,13 254:8 259:25 261:11 262:24
P-0020 [1] 3:2
P-0021 [1] 8:9
P-0022 [2] 8:9,23
P-0023 [2] 8:9,23
P-0024 [2] 3:3 9:23
P-0027 [1] 3:3
P-0028 [2] 8:10,23
P-0029 [2] 8:10,23
P-0030 [2] 8:10,23
P-0031 [2] 8:10,24
P-0032 [2] 3:4 9:25
P-0046 [2] 237:5 239:10
P-0055 [1] 11:2
P-0068 [4] 141:24 142:14 142:16 144:19
P-0069 [1] 144:23
P-0070 [1] 138:6
P-0073 [1] 135:11
P-0074 [2] 100:22 141:4
P-0075 [4] 117:7 129:11 134:2 152:4
P-0079 [1] 157:15
P-0085 [1] 199:19
P-0086 [1] 205:14
P-0090 [1] 266:1
P-0092 [1] 228:12
P-0093 [1] 268:19
P-0116 [4] 3:4 8:8,25 9:18
P-0117 [1] 9:2
P-0127 [1] 9:3
p.m [5] 138:8 200:6 228:24 266:5 275:5
package [6] 62:22 160:8 166:14 169:23 170:1,5
packages [1] 169:18
page [73] 118:9,15 119:14 120:4,25 121:1,2 129:23 129:24 134:4,5 135:11 145:4 150:5 152:5 165:21 166:11 168:17 169:4,5,9 174:13 175:20 186:14 188:4 214:6,13 215:9,10 215:10 216:2 219:4 220:13 222:20 223:15 229:3 232:12,13,14,15 232:17,20,23,25 233:18 233:18 239:10 241:5,13 241:13,22,23 242:1,2,3 242:7 248:15 251:17 254:9,10 260:1,3 261:11 261:11,12,14 262:24 263:4 264:12 266:4,8 269:4,16
pages [9] 117:14,15,17 118:1 212:21 213:10 241:20,25 242:5
paid [3] 26:21 247:5 250:14
pain [2] 5:24 6:22
panel [8] 215:21 216:3,8 216:18 217:2 218:2,5,22
paperwork [1] 148:24
paragraph [24] 121:5,9 121:21 126:9 127:13 149:21 152:6 169:8 174:12 175:20 188:5 214:7 219:3 220:13 223:15 233:2,19 237:25 238:1 254:12 255:11 258:6 263:1 270:8
Parsons [1] 137:7
part [20] 11:20 13:24 14:23 17:20 24:1 60:5,6 69:3 77:6 87:1 109:22 111:18 145:7 146:15,17 169:25 188:21 189:3 230:24 244:16
participated [1] 197:1
participating [2] 7:11 202:22
particular [24] 15:12 52:1 76:25 80:3 83:1 84:21 88:11 93:25 107:2 120:24 121:2,4,12 125:10 139:4,11 145:16 169:23 174:18 213:3 214:5 238:23 263:1 269:7
particularly [3] 86:20 98:2 144:21
particulars [1] 269:7
partners [3] 43:14,19 61:14
pass [2] 36:15 212:20
passing [2] 165:21 214:19
past [6] 46:22 49:20 90:1 106:25 196:6 199:25
pathologist [12] 147:14 172:11 188:10 194:3 238:11,21 239:17 246:11 250:10,15 251:1 252:9
pathologists [9] 7:18 172:15,16 218:1,6,10 238:19 246:6 263:11
pathologists/pathology [1] 143:2
pathology [6] 237:21,22 238:15 240:3,14,24
patient [18] 7:3,8 71:11 149:15 172:18 173:5 207:9,11,13 211:2,7,18 216:24 222:4 223:23 228:16 229:1 230:25
patient's [2] 216:24 224:15
patient/resident [1] 70:1
patients [82] 5:2,13,18 6:11,16,22 7:14 91:6 106:17 127:17,24 128:1 128:7 129:6 130:16 135:5 137:17 148:18 149:3,11 176:14 177:15 178:5,7 178:10,21 179:2,5,22 180:9,25 181:11 184:11 184:20,21 185:4,22 200:13 205:17,20 206:5 206:20 208:6,25 209:11 209:11 210:7,9,19 215:23 219:21 220:16,25 221:8 221:15,21 222:11,23 223:5,10 224:20 225:2 225:11 227:18 229:22 230:8 231:20 233:25 234:3 265:23 267:11 270:15 271:9,14,16,23 272:8,12,22,25,25 273:12
Patricia [2] 135:18 228:14
Paul [1] 249:9
pediatric [1] 76:4
peer [11] 189:3,9 190:3,8 192:7 195:19 196:24 197:1 198:19 239:2 246:23
Peggy [1] 57:1
Peninsula [6] 43:8 67:14 85:1 90:10,23 165:2
Peninsulas [2] 13:18 56:8
people [56] 15:19 24:4 42:12,19,24,25 43:18 44:9 61:15 69:18 75:2 76:23 77:12,19 80:3,10 87:4 91:5 92:13 109:16 128:5 129:5 132:4 136:4 136:6 137:7 167:24 173:14 176:9 183:5,14 183:14 184:6 190:14 195:4,10 196:25 200:7 206:23 207:23 209:5 211:15 214:21 218:15,24 222:17,18 225:9,15,19 229:7,9,13,15 230:2 233:9
per [1] 148:14
perceived [2] 79:21 255:17
percent [23] 14:3 89:10 150:1 155:22 180:7,15 180:24,24 181:1,4,6,11 181:13,18,19,20,23 182:3 182:3,4,16 183:9 194:24
performance [2] 49:3,6
performed [1] 233:22
performing [1] 254:13
perhaps [4] 90:7 256:2 256:2 261:2
period [33] 10:16 18:18 20:1,22 21:11 25:1,17 27:24 29:15 31:7 33:16 34:10 37:2,25 38:16 40:14,23 64:9 74:5 87:23 104:9 130:17,23 162:18 184:9,10 187:18 210:24 220:4 235:12 249:15 262:17,18
periodically [1] 78:9
periods [2] 120:11 137:11
permanent [1] 100:2
person [23] 5:22 6:20 29:20 30:18 37:4 73:4 80:10 100:3 136:12 171:21 179:16 220:11 223:19 224:14 225:20,24 226:9,12,13,16 227:2,25 246:10
personal [4] 11:4 163:6 220:15 222:23
personally [3] 155:9 178:3 180:19
personnel [3] 117:19 118:6 202:21
persons [2] 7:4 181:19
perspective [12] 11:14 24:16 68:3 85:3 89:12 96:22 105:3 112:10 118:19 196:21 201:12 229:20
pertaining [3] 138:23 143:1 200:17
pertains [2] 106:1,6
Pg [3] 3:2,3,4
Pgs [1] 2:4
phase [2] 35:8 56:2
phone [11] 11:5 103:20 110:2 201:6 222:13,16 223:19,23 224:6 226:20 227:1
phonetic [1] 249:9
phoning [1] 223:5
phrase [5] 39:20 63:7 117:9 161:6,23
phrases [1] 96:5
physician [11] 71:4,6 72:5 94:13,13 216:13,25 220:23 225:17 227:7,24
physician's [1] 223:12
physicians [17] 56:13 56:17 67:22 70:13,15,17 71:14,15 215:21 216:4 216:18 217:2 218:2 223:4 224:21 227:13 245:2
pick [2] 31:4 206:9
picking [1] 209:6
picture [1] 60:1
piece [8] 15:23 40:18

54:17 57:21 69:7,25 87:17 269:20
pieces [3] 40:5 48:17 92:18
Pilgrim [3] 135:18 228:15 230:23
pinpoint [1] 180:23
place [10] 42:13 57:12 76:10 78:7 100:5 124:23 139:1 191:8 209:24 235:22
placed [1] 247:3
plan [18] 12:10 39:14 41:21 50:18,19,22 52:14 60:10 66:24 67:3 68:21 88:24 108:1 137:2 149:19 151:7 166:24 263:17
planned [2] 38:2 158:20
planning [10] 10:12 18:7 22:17 23:23 41:8 53:9 53:10,12 61:3 157:23
played [2] 125:9 230:25
plot [1] 137:10
point [43] 8:17 9:4 15:12 16:11 58:18 59:18 66:5 66:7 67:5 69:21 72:20 76:16 96:21 98:25 101:1 102:7 113:3,8,14 127:25 130:3 131:18 155:1 165:9 182:8 192:21 194:16 210:9,14 218:21,23 219:1 221:9 243:19 255:23,24 256:14,18 266:23 269:18 269:18,22 273:9
pointed [2] 49:9 90:17
points [1] 267:20
policies [11] 47:3 49:25 52:5 69:14 70:2,21 125:9 145:13 147:1 193:18 211:21
policy [25] 44:24 45:4,6 45:21 46:1 47:15,21 48:8 49:18 50:5 51:18 63:1 77:20 145:16,22 146:5 147:4 165:23,24 210:18 210:21,24,25 211:8 252:22
poor [2] 243:22 245:4
population [3] 14:4 16:5 43:13
Port [1] 13:24
portion [1] 236:9
portions [4] 142:24 165:11,12,15
position [20] 20:2 21:17 23:9 25:2 26:10,15 36:24 37:7,11,14,20 38:15 89:23 96:23 97:12 100:18 197:11 199:17 245:8,10
positions [1] 161:24
positive [13] 48:17 106:12,16,18 127:16,22 128:3 138:20 148:20 180:10 181:12 247:4 250:21
possibilities [2] 46:6 229:10
possibility [3] 37:22 185:20 229:12
possible [12] 7:8 75:14 129:4 149:11,14,25 150:12 185:4,5 188:1 255:3 270:20
posted [1] 107:15
potential [7] 216:22 217:20 223:22 253:16 255:21 260:18 267:20
potentially [9] 79:23 105:25 113:24,25 184:6 191:10,13 231:11 256:9
power [1] 81:17
PR [4] 96:5 130:1 225:21 225:21
practical [5] 46:5 55:21 83:2 125:8 185:7
practically [1] 184:5
practice [15] 10:9 77:14 79:13 114:13 123:6 124:9 125:5 145:9 149:1 189:4 189:20,22 199:8 201:24 270:1
practices [1] 75:14
pragmatic [1] 185:20
pre [1] 106:6
precedent [1] 5:1
precise [4] 40:16 180:4 183:18 244:23
precisely [6] 37:24 96:13 115:15 116:9 157:13 211:19
predecessor [3] 14:11 100:17 123:9
predetermined [1] 86:3
Predham [7] 135:13 138:11 140:24 218:17 228:14,24 230:23
preface [1] 39:24
prefaces [1] 137:9
Premier [5] 18:17 153:6 153:17 154:6 156:4
prepared [10] 88:16 117:16,18 167:18 263:14 264:13,24,25 266:7 267:18
present [3] 83:9 87:12 122:25
presentation [2] 180:5 205:6
presentations [2] 30:21 30:24
presented [5] 126:1 132:22 144:2 163:4 199:3
presidency [1] 100:3
president [23] 27:5,25 29:21 30:15,18 31:15 51:21 54:7 55:8,9 57:15 57:25 60:20 68:12 72:13 73:23 79:6,16 100:12 112:14 152:8 170:21 238:6
president/CEO [12] 28:9 30:8,14 31:20 42:2 64:10 75:6 80:18 84:11 170:3 195:24 202:9
president/CEO's [1] 75:1
presidents [1] 79:8
press [1] 187:23
pressure [3] 263:21 264:4,4
pressures [1] 168:2
presumably [13] 32:7 81:24 98:21 139:14,19 184:9 222:25 223:18 224:12 231:21 269:5 270:12 273:11
pretty [20] 38:13 43:7,25 60:11 86:11 124:20 132:11 157:8 159:4 169:25 171:13,18 172:6 172:13,19 173:1,21 174:24 197:15 272:24
prevailed [1] 20:15
prevention [1] 14:20
previous [6] 42:13 62:3 87:22 154:10,17 265:19
previously [4] 64:25 67:12,12 178:16
primarily [2] 187:13 271:21
prime [1] 209:10
Prince [1] 44:22
principle [2] 49:15 196:24
priority [1] 168:12
Pritchard [1] 1:8
private [1] 63:5
privately [1] 49:4
privy [1] 162:21
pro-activity [1] 172:24
proactive [2] 175:17 267:8
problem [14] 56:20,21 80:5 107:1 109:5,10 110:13 126:6 131:17 156:19 186:22 253:15,16 253:17
problematic [1] 79:22
problems [5] 5:25 6:3 78:2 148:22 157:22
procedures [1] 251:8
proceed [2] 5:19 214:21
proceedings [1] 197:24
process [33] 6:17 7:12 8:12,21 43:9,12,20,23 52:16 55:19 56:16 63:19 63:24 84:25 91:25 97:4 97:7 99:9 106:5,7,9 166:5,23 168:20 172:2 190:14 196:25 219:13 233:6,13 234:2 250:1 254:19
processes [4] 48:24,24 53:17 191:7
proclaimed [3] 40:8,22 41:4
professional [5] 10:5 28:7,11 80:13 124:17
professionals [2] 80:12 189:23
progesterone [4] 96:2 186:18 200:12,18
program [16] 42:16 54:25 71:24 72:2,6 73:3 73:16 234:14 237:20 238:10 246:1,2,10 251:20 252:6 253:8
programs [7] 73:3 81:15 82:11 167:24 168:3,12 189:21
progressed [1] 206:10
project [1] 150:8
projects [2] 33:21 35:7
promotion [1] 14:21
promptly [1] 127:11
properly [1] 97:8
propose [1] 269:19
proposed [1] 229:14
proposing [1] 151:20
propriety [1] 216:17
pros [2] 92:2 161:11
Protection [1] 15:13
protocol [3] 28:6 124:18 149:8
protocols [5] 77:15 148:25 173:16 211:4,11
prototype [4] 60:6,21 67:18 69:6
proven [1] 46:19
provide [18] 7:7,13 14:5 52:17 75:22 81:22 82:3 84:20 87:13 88:1,9 89:23 90:7 94:1 167:23 168:2 168:8 188:12
provided [29] 11:7 14:2 15:9 70:8,13 71:21 76:7 76:13 77:3,16,24,25 81:12 82:12,18 92:23 93:16 94:7 95:22 171:21 173:23 179:8,17 193:11 193:16,25 200:16 205:7 267:15
provides [1] 57:16
providing [9] 68:17 71:11 78:14 107:14 138:12 139:16 263:2 268:6 270:25
province [16] 12:12 14:1 14:4 44:22 47:12 67:17 67:24 75:23 81:4 88:13 114:17 129:25 130:5 167:24 238:16 253:8
provinces [1] 69:17
provincial [5] 10:13 67:4 69:6 79:10 237:20
provincially [1] 186:6
provision [1] 94:5
public [40] 13:21 14:20 73:7 85:2 97:1,10 107:4 107:25 108:3 109:16,21 111:17 112:24 113:24 125:12,18 128:6,10 129:3 129:6 160:17 161:7,8 168:8,11 173:11 184:21 191:11 201:1 203:11 208:8,18 221:20,20,25 263:21 264:4 268:5 270:3 273:24
publicly [8] 90:12 136:11 175:23 176:4 177:4 185:24 194:8,11
published [2] 205:15 206:8
pulled [2] 138:16 149:24
pure [2] 45:6 112:8
purpose [1] 266:14
purposes [2] 9:8 187:3
pursue [3] 84:19 190:16 190:19
put [6] 37:9 85:6 90:7 93:24 161:11,24
putting [1] 90:22

-Q-

Q.C [660] 1:6,7,11,15 2:4 4:3,6,16,20 5:9 6:5 8:3 8:18 9:14 10:2,25 11:12 11:23 12:4,19,24 13:3,8 14:6,15 16:8,14,18,22 17:2,10,14,18,24 18:3,9 18:13,21,25 19:5,11,17 19:21 20:4,8,14,18,23 21:2,8,15,21,25 22:4,8 22:24 23:4,8,13 24:2,22 25:8,13,18,23 26:4,8,13 26:18 27:2,7,15,20 28:3 28:15,20 29:2,8,12,24 30:4,9,19 31:3,16,22 32:2,6,11,16 33:3,24 34:3,7,11,15,20,24 35:3 35:15,19 36:2,18 37:8 38:4,10,18 39:1,5,9,13 39:25 40:10 44:14 45:10 45:19,24 46:7,11 47:20 48:3 49:8,16 50:4,8,12 51:23 52:19 53:1,6,20 53:25 54:11 55:13,20 56:19 57:6,18 58:3,10 58:16,22 59:2,10,16,21 59:25 60:17,23 61:19,23 62:9 63:4,10,14 64:1,5 64:13,22 65:1,5,10,14 65:23 66:6,14,22 67:8 68:2,7,18 70:5,11,16,22 71:1,5,17 72:11,17 73:5 73:13,19,24 74:6,10,15 75:20 76:9,21 77:22 78:21 79:2,19 90:5,16 91:3,12,20,24 92:8,17 93:3,8,20 94:17,25 95:4 95:8,25 96:8,15,20 97:2 97:15,22 98:16,20,24 99:6,11,15,21 100:9,16 100:21 101:5,9,17 102:1 102:5,13,17,22 103:2,9 103:14,19,23 104:2,7,12 104:18,22 105:7,14,19 105:23 108:6,12,17,21 109:24 110:11,17 111:1 111:14 112:9,16,22 113:2 113:7,12,18,22 114:5,9 114:20 115:1,9,16,22 116:5,11,21 117:4 118:4 118:10,14,25 119:4,8,25

120:7,17,23 121:8 122:4 122:13 123:1,7,16,23 124:3,7 125:2,6,22 126:3 126:10,22 127:8,20 128:13,17,21,25 129:9 129:18 130:9,21 131:9 131:13,22 132:7,16,23 133:4,11,15,20 134:1,8 134:12,16,20 135:9 137:21 138:1 139:10 140:5,11,16,21 141:10 141:23 142:5,9,13,17,21 143:22 144:5,13,18 145:19 146:1,11 147:8 147:21 148:1,6,11 151:4 151:11,18 152:2 153:2,8 153:13,24 154:11,15 155:13,18,23 156:6,11 156:16,22 157:14 158:10 158:14,25 159:6,11,18 160:21,25 161:21 162:4 162:11,17,24 163:7,15 163:23 164:2,10,18,25 165:7,19 166:3,8 167:5 168:15,24 169:3,13,21 170:8,16,23 171:3,14 174:3,11 175:2,13,19 176:17,22 177:11 178:6 178:12,17,22 179:11,19 180:12,20 181:5,14,21 182:2,7,12,18,24 183:6 183:10,20 184:1,18 185:6 185:12,18 186:7,12 187:6 187:10,17 188:3,24 189:6 189:16,25 190:18 191:9 191:18,23 192:4,16,20 193:17 194:1,17,25 195:7 195:13,25 196:5,9,19 197:7,21 198:7,16 199:10 199:18,23 200:4,11 201:5 201:9,19,25 202:12,18 203:4,9,14,24 204:4,9 204:13,19,24 205:12 206:7,19 208:21 209:4 209:15,25 210:5,15 211:5 211:13,23 212:6,12,17 213:2,9,16,23 214:2,18 215:3,8,19 216:15,21 217:12,17,23 218:8,14 218:25 219:10,25 220:5 220:12 222:10,19 223:13 224:2,23 225:4,10,18 226:5,18,25 227:6,10,15 228:2,11 230:20 231:5 231:10,15,25 232:6,10 232:19,24 233:16 234:9 234:17 235:6,14,19,24 236:4,16,21 237:4,9 239:4,9,22 240:1,7,12 240:20 241:3 242:11,17 243:2,6,18,25 244:6,10 244:14 245:1,7,11,17 246:4,14,19,25 247:10 247:14,20 248:1,6,10,14 248:19,23 249:4,8,20 250:2,12,19,24 251:16 252:16 253:10,20,25 254:7 255:6,10,22 256:7 256:13,17,23 257:3,8,23 258:5 259:1,6,15,19,23 260:12,21 261:1,6,10,24 262:3,7,11,20 263:9,25 264:6,11,19 265:8,25 266:12,20 267:1,14 268:18 269:10,15 270:7 271:24 272:5 273:6,15 274:4,9,13,17,21 275:1

qualify [1] 193:22
quality [41] 54:22 56:11 61:3 70:7 71:20 72:23 78:6 149:1 150:2 152:9 188:21,22 189:3,9,15 190:3 191:3,4 192:7 196:16 198:19,23 199:4 218:16,24 220:14 222:21 227:4,23 234:14 235:1,4 235:4 237:17 238:10 240:11 241:7 251:4,11 252:24 253:18
questioned [1] 197:17
questions [8] 108:10 143:7 173:19 199:8,12 219:23 224:10 236:13
queue [1] 92:21
quick [2] 131:17 136:22
quickly [12] 43:7 112:3 149:11,13,25 150:12 179:5 184:14 185:4,5 255:3 262:22
quite [11] 24:20 40:14 69:15 78:1 109:5 111:9 122:18 132:4 148:20 149:18 271:17

-R-

r [4] 241:9,9,9,9
radiology [2] 17:8,20
raised [4] 65:24 78:3,7 80:24
raising [1] 229:9
ran [1] 136:11
randomly [1] 150:1
range [2] 9:12 183:23
rate [1] 243:10
rather [3] 244:21,24 254:18
rational [1] 253:21
rationale [1] 223:17
re [2] 136:1 237:17
reach [1] 36:13
reachable [1] 103:24
reached [2] 69:19 79:25
reaction [3] 68:17 161:16 229:5
read [18] 105:8 127:9 135:20 141:3 149:17,20 149:21 166:19 242:12 245:19 246:5,15 247:16 249:12 250:25 259:9 267:25 268:14
readily [1] 103:24
reading [4] 106:23 158:17 243:14 266:17
readjustment [1] 149:7
reads [4] 105:8 152:8 175:21 254:13
reaffirmed [1] 49:23
real [1] 85:7
reality [2] 40:16 41:2
realize [1] 69:8
really [23] 33:9 39:18 40:4 43:17 56:25 64:18 95:16 99:19 104:11 109:4 109:14 110:6 112:13 116:3 164:5,5 189:13 202:8 205:10 233:14 248:9 260:24 267:24
reason [10] 23:22 29:22 130:22 151:1,2 187:25 239:13 253:21,22 267:12
reasonable [1] 130:23
reasons [4] 52:13 64:18 248:20 257:2
recalling [2] 17:9 38:9
receive [13] 47:6 53:2,14 133:6,21 193:9 194:5 195:2 200:23 207:10 217:8 268:13 270:4
received [17] 5:15 6:13 109:25 131:1 133:8 140:9 141:15,16 160:18 170:4 179:13 193:8 194:7 201:10 229:13 269:20 273:18
receives [1] 207:9
receiving [3] 44:5 172:23 266:17
recent [5] 148:14,18 182:19 194:7 260:14
recently [4] 51:15 158:13 182:21 237:12
receptor [11] 1:2 148:16 148:19,20,23 149:2,5,7 149:12,15 276:4
receptors [8] 96:2,2 117:12 152:13,23 186:18 200:13,18
RECESS [2] 66:11 212:3
rechecked [1] 221:23
recognition [1] 238:8
recognized [3] 110:14 156:19 235:5
recollection [5] 137:19 172:20 174:2,16 176:10
recommend [4] 87:10 216:1,12 230:10
recommendation [4] 69:3 97:20 98:9 100:7
recommendations [19] 44:7,11 56:15 85:9,14 193:8 194:15,19 196:15 198:4,5 199:3,6,7,16 217:9 238:17 239:12 263:17
reconvene [1] 274:24
record [12] 64:17 110:5 110:6,9 133:16 160:6 162:23 163:6,22 164:8 172:7 201:8
recorded [7] 64:6,21 180:3,18 218:12 233:20 257:22
records [4] 99:20 103:1 104:16 130:15
recruitment [4] 56:12 100:2 251:13 261:17
redacted [7] 8:12,21 11:6 165:13,15 214:4 260:6
reduce [1] 88:8
reduced [2] 88:17 90:3
reducing [1] 167:17
reevaluate [1] 137:2
refer [15] 43:16 54:15 89:17 96:9 158:1 160:10 161:5,18 170:15 180:19 211:9 214:5 231:16 263:1 265:2
reference [37] 109:17 111:15 132:21 134:4 143:2 153:16,17 156:3 159:4 160:9,11 165:16 165:22 166:5 170:4 172:10 173:3 176:23 178:20 180:6 200:21 203:21,25 215:20 219:3 219:14 233:3 234:10 245:19 249:1 250:9 251:13 255:4 260:4,15 264:23 271:7
referenced [6] 84:24 168:16 172:4 178:4 203:20 270:6
referred [23] 22:21 24:9 30:17 63:5 66:18 75:21 102:2 121:20 138:4 139:15 152:7 158:9,18 159:12 187:23 194:14 214:11,12 222:13 223:14 231:9 251:6 265:15
referring [6] 38:20 98:2 102:20 214:24 220:23 264:13
refers [6] 167:25 186:14 188:6 229:4 238:10 251:19
reflect [1] 127:12
reflected [10] 167:13 171:22 172:24 185:9 194:14 198:3 207:13 258:4 265:18,23
reflective [1] 265:3
reflects [1] 153:16
refresh [2] 121:3,3
regard [3] 97:13 150:4 256:4
regarding [6] 79:10 200:20 219:13 233:5,24 234:7
regards [1] 148:25
region [13] 12:20 14:2,5 42:24 48:5,5 56:3 60:9 68:15 69:15 70:2 167:25 219:16
regional [11] 1:9,16 10:12 12:14,15 40:21 41:1 68:24 98:2 145:22 147:4
regionalization [4] 40:15 47:12,14,17
regionalize [1] 12:11
regionalized [3] 86:6 86:13 168:4
regions [1] 79:11
Registrar [13] 4:5,7,12 11:1 100:22 117:8 129:22 138:6 144:22 152:5 199:20 212:8 268:19
regretfully [1] 157:19
regular [3] 56:10 77:11 79:9
regularly [5] 53:10 57:16 75:17,18 217:6
regulations [1] 7:21
rehabilitative [2] 15:2 16:4
reiterating [1] 136:24
related [6] 56:11 70:2 86:7 108:25 129:7 271:21
relates [2] 28:8,9
relating [1] 220:8
relation [19] 8:12 9:4,5 24:6 52:1 74:17 79:20 92:18 96:3 143:11 151:6 151:14 190:3 198:13 219:19 254:20 257:12 263:21 270:22
relations [1] 31:10
relationship [11] 27:25 28:11,11 32:14 36:10,16 54:14 74:18 77:2,7 124:18
relationships [4] 23:24 74:19 77:12 125:9
relatively [1] 205:18
release [6] 136:13 139:1 175:22 176:4 177:3,4
released [4] 43:24 47:11 194:8,11
releases [1] 187:23
relevance [1] 165:15
relevant [6] 8:13 63:20 186:17 193:12,24 255:14
reliance [3] 247:3 248:4 250:20
remained [1] 21:10
remains [1] 7:8
remember [5] 127:3 145:23 153:4 167:19 168:5
remind [2] 245:15 252:20
repeat [1] 234:12
replaced [1] 20:24
replacement [1] 261:18
replacing [1] 26:24
report [48] 33:2 43:15 43:25 47:10,13 51:15 52:21 53:5,11 55:22,24 55:25 56:9,10 57:14,16 57:19 61:1,4 64:19,23 65:6 72:12 90:21 169:8 170:1,2,20,21 176:21 185:23 190:17,20 196:2 196:11 197:12 237:25

238:2,7 239:3 241:4,18 258:12,13,22 259:10 264:20,25
reported [4] 35:16 64:21 134:25 227:16
reporting [8] 56:9 58:1 59:8 61:6 214:24 250:10 250:15 251:24
reports [21] 44:7 47:6 52:9,24 53:2,7,15,18 54:20 55:14 57:15 61:7 148:16 166:12 179:18 190:3,4 215:11 263:13 263:16 264:13
representative [7] 22:15,22 23:1,14,20 29:16 35:25
representatives [3] 7:1 135:23 161:10
reprocessing [1] 136:1
request [1] 38:15
requested [2] 152:18 238:2
requesting [1] 150:6
requests [1] 268:4
require [3] 87:9 148:17 151:1
required [8] 39:21 83:10 85:15 91:5 94:12 150:9 150:21 216:11
requirement [1] 81:22
requirements [1] 94:10
Research [1] 13:19
resentment [1] 252:3
reside [1] 14:4
resignation [2] 261:15 261:16
resolutions [1] 7:14
resolved [1] 67:25
resource [5] 29:20 30:18 69:23 75:2 89:24
resources [6] 85:16 89:25 94:13,14 95:22 151:2
respect [27] 12:20 45:25 47:21 48:18 56:2 66:24 90:22 98:25 121:18 134:3 135:1 147:9 171:4 176:2 186:8 197:5 210:18 211:8 224:4 225:13 234:20 245:22 251:11 263:19 265:9 267:10 271:1
respected [1] 197:2
respecting [1] 146:5
responded [7] 101:22 107:21 110:1 141:18 159:25 160:15 200:19
response [11] 108:3 109:11,14 110:8 122:12 128:16 144:3 255:1 266:5 267:2,16
responsibilities [5] 7:5 47:4 49:5 76:22 80:14
responsibility [20] 15:7 17:6 18:18 41:8,23 42:1 42:15 50:18 52:7 55:18 72:9 83:8 86:1,9 94:8,11 167:23 210:18 253:3 255:20
responsible [22] 12:21 26:1 47:18 51:13 54:21 59:7,11 70:7 71:15,19 72:3,5,22 73:1,9,23 80:11 94:4,4 245:3,4,21
rest [2] 81:4 248:9
restructuring [1] 253:7
rests [1] 50:19
result [12] 5:16 6:14,20 51:16 106:12 167:10 178:13 184:13 215:25 221:3 234:13 268:1
resulted [1] 188:7
results [61] 5:23 7:4 106:20 107:8,11 108:25 175:23 176:5,13 177:3,5 178:25 179:3,6 184:10 185:22 188:6 192:25 203:17,19 204:10,14 205:19 215:24 216:10,14 216:23 217:1,8 220:3,4 220:17,20 221:15 222:5 222:7,25 224:6,9,10,12 224:13,15,16,16 225:11 225:19,23,25 226:1 227:16,18 229:8,15 233:24 270:16 271:3,11 272:9,13,16
retain [2] 91:5 238:18
retained [1] 35:4
retention [2] 56:12 251:14
retest [15] 178:13,25 179:2 203:16,19 204:14 205:19 216:10,13,23 224:5 226:1 227:16,18 231:20
retested [34] 106:11,17 127:21 130:18 177:16 179:5,23 181:4,15,17,19 181:24 182:1 183:9,11 183:12 184:7,8 205:7,21 205:22 206:22 210:11 221:1 224:7,8 226:11,21 230:4,6 270:15 272:9,13 272:15
retesting [20] 7:3 106:15 127:15 130:2 138:17 176:14 178:15 179:10 183:4 206:5 229:24 232:2 233:24 234:4,8 236:10 254:16 263:20 270:19 271:13
retests [7] 149:24 176:5 177:6 181:1 204:5 235:10 270:20
retire [1] 38:2
retired [5] 10:17,20 19:14,18 26:20
retirement [2] 21:5,7
retiring [1] 21:16
retreat [4] 41:16 45:3,11 45:13
retrospect [1] 191:16
return [8] 19:24 20:15 129:10,25 152:4 221:15 232:11 254:8
returned [4] 20:21 21:4 21:7 205:8
review [43] 49:1,6 50:2 62:7 63:23 148:24 149:2 149:10 154:2 169:6 172:13 188:13,21 189:9 189:10,14 190:3,8,14,24 191:17 193:6 195:19 196:24 197:1 215:21,24 216:3,10,18 217:1 218:2 218:5 237:17 238:15 239:2 240:4 241:7,17 244:2 246:23 270:12,13
reviewed [2] 62:12 217:1
reviewer [2] 194:3,4
reviewers [3] 47:14 192:13 198:18
reviewing [1] 68:16
reviews [7] 189:3 191:5 192:7,8 195:2 198:19 199:4
revise [1] 50:3
revisit [1] 179:21
right [33] 1:8 5:8 8:8,20 9:4,17 11:3 13:22 16:7 57:19 66:9 103:7 120:8 130:4 142:8,12 144:8 165:18 168:25 184:14 197:8 212:1 215:10,20 241:21 242:5,18,20,21 243:9 251:17 264:9 274:24
right-hand [1] 117:16
rightly [1] 182:8
risk [2] 136:7,18
risks [1] 136:16
road [1] 167:18
Robert [7] 20:7 135:15 152:10 228:15 238:5 261:14,15
role [30] 11:21 14:7 22:14 22:23 23:18 37:5,15,22 41:12 43:2,2,17 45:8 46:24,25 47:5 48:18,19 81:14 83:5,7 85:21 97:10 124:17,21 157:21 191:1 191:2 216:8 246:11
roles [4] 17:3 41:20 42:10 246:23
Rolf [1] 1:8
roll [1] 128:20
room [1] 72:21
Ross [1] 32:18
round [1] 60:1
routine [2] 53:3 92:22
routinely [1] 78:9
Royal [1] 24:13
ruled [1] 188:2
run [2] 91:6 250:6
rural [2] 56:7 67:14
Russell [1] 1:13

-S-

s [1] 241:9
Safety [6] 53:13 54:9 172:18 173:5 211:2,19
samples [3] 210:11 231:21 271:12
Sandra [1] 1:7
sat [1] 218:1
satisfied [1] 229:11
savings [2] 167:10,15
saw [8] 44:19 118:24 119:12 120:20 131:4 143:19 217:10 239:2
says [15] 93:22 126:13 135:22 138:19 150:6 223:4 229:4 238:3,4 249:9,9 255:11 269:11 274:7,7
Scales [1] 228:22
scan [2] 92:19 93:24
scans [1] 90:12
scheduling [1] 120:12
School [1] 10:8
screen [4] 11:3 164:14 165:11 251:17
screening [4] 169:7 214:12,14,25
screening/update [1] 214:9
scroll [8] 169:4 216:3 219:4 232:21 241:19 242:16 243:10 262:22
search [5] 97:14,21 98:9 100:1,4
seated [4] 4:2 6:2 66:13 144:12
second [22] 42:20 75:5,9 120:13 121:7,20 129:23 139:15 152:6 174:12 175:21 215:25 219:3 223:15 233:2 237:25 238:13 240:13 246:23 260:1 263:3 272:7
second-last [3] 121:5 258:6 264:12
section [5] 61:8,10 62:2 169:5 248:18
sector [1] 56:7
see [40] 8:8 30:10 49:17 58:18 61:15 87:2 95:13 101:6 104:4,16 109:11 117:17 118:7 120:3 121:16 125:7 126:23 127:4 128:16 131:25 132:5 134:24 138:21,22 164:13 170:6 172:7,10 174:6 178:4 191:24 192:25 193:14 200:21 214:6,19 228:12 230:6 267:12 270:19
seeing [2] 223:10 271:15
seem [1] 87:1
selected [1] 150:1
self [1] 65:6
semi [2] 172:1 186:24
send [6] 130:11 137:2 219:5,17 223:16 230:25
sending [6] 82:18 219:23 220:1 229:6,16 230:10
senior [2] 31:14 74:11
sense [13] 41:9 79:22 82:18 94:21 125:8 150:19 154:1 177:16 179:22 180:21 182:9 183:13,15
sensitive [7] 106:8,21 109:3 130:2 187:2 236:25 249:18
sent [12] 101:10 103:3 135:15 136:13 137:6 141:16 143:17 223:2,3 228:17,23 268:20
sentence [3] 168:17 175:21 240:13
sentences [1] 166:19
sentiments [1] 231:1
separate [3] 53:16,18 237:10
separation [1] 251:24
September [50] 12:13 133:8 155:11 159:15,20 160:4 161:4 162:19 163:3 163:10,19 164:20 170:7 171:4 172:23 173:2,22 177:13 179:21 180:17 183:23 184:2 185:10,15 186:21 188:16 189:7 190:2 191:24 200:6 202:20 203:5 204:15,20 205:1,25 208:22 210:7 211:6 212:22 214:10 221:13 262:16,16 267:8 268:2,3 273:1,2,23
serious [1] 6:4
serve [1] 76:23
service [29] 16:3 28:22 33:17 35:9,10 36:8 48:4 71:21 76:2,3 78:5,5,6 79:11 81:18 82:8 83:9 83:12 84:11 89:24 91:17 94:6,11 97:10,11 237:18 241:10 244:25 246:3
services [101] 7:16 10:14 10:16,19,23 11:19 12:11 13:16,17,20,23 14:1,5 14:14,18,20,22,24 15:1 15:2,2,3,5,6,8,10,13,19 16:2,2,4,4 17:6,7,21 18:2 18:20 19:7,13 20:1 24:18 25:5,6 29:18 30:15 35:8 35:24 37:1 54:6,22 55:9 57:24 59:15 67:3 68:12 69:25 71:11 72:15 73:1 73:18 75:23 76:5,13 77:3 77:15,23 78:14 79:7,8 79:14 81:12,15,23 82:11 82:17 83:12,22 84:5 86:2 87:9,13 88:1,6,8,9,17 90:3 94:5,20 98:14 152:9 167:17,23 168:2,8,12 175:25 189:21 238:6 244:21 251:7
session [3] 48:25 63:23 165:24
set [15] 4:25 47:2 60:7,20 67:4,15 85:14 90:11 92:4

93:18 137:7 149:18 210:18 265:4,19
sets [2] 60:18 150:8
setting [2] 64:11 65:19
seven [8] 13:2,4 69:10 69:18 87:22 167:21 168:10 251:4
several [3] 33:15 73:12 159:12
shape [3] 107:5 125:14 126:14
shared [1] 44:3
sheer [1] 177:14
short [4] 4:23 142:3,6 242:7
show [3] 56:24 138:3 148:22
showed [4] 121:17 139:8 140:1 234:13
showing [2] 137:22 158:2
shows [2] 138:19 244:13
shrink [2] 107:7 126:18
sic [1] 207:1
side [5] 57:22 80:23 117:16 118:17 157:10
sides [1] 252:3
signature [1] 212:23
signed [14] 98:17,19 137:4 139:3 200:22 213:3 213:5,8 228:19 229:2 230:10 237:19 241:12 270:21
significance [14] 42:18 109:22 111:11 124:25 160:15,19 173:15 190:24 193:6 195:17 207:16 208:1,17 258:2
significant [19] 43:10 43:15 46:16 51:2 55:17 69:15 88:11 89:20 95:20 136:6 145:24 151:2 165:12 167:20 168:4 208:5 229:7,19 231:17
signs [1] 107:17
similar [1] 150:23
similarly [1] 146:7
Simmons [6] 1:9 4:22 232:22,25 257:13,14
simple [1] 75:24
Sinai [19] 150:3 174:8 176:2 179:9 204:15 215:25 225:22 227:17 234:11,18,20,23 235:10 236:6 254:13 255:9 263:19 270:18 271:4
Sinai's [1] 224:15
single [3] 49:3 76:7 208:15
Sister [4] 28:2 29:5,7 100:20
sit [1] 173:7
site [6] 27:10 43:16 76:7 83:17 234:11 251:21
sitting [3] 86:15 175:6
192:21
situation [8] 107:24 136:19 160:7 166:17 174:15 176:1,24 258:9
situations [1] 93:21
six [9] 42:12 44:5 78:12 89:7 179:10 241:20,21 251:3 254:16
sixth [1] 241:23
size [6] 107:5,6 125:14 126:14,17 207:16
slides [4] 82:19,20 148:21 149:23
slight [1] 256:8
small [1] 136:18
SMSS [1] 228:23
snapshot [1] 131:16
so-and-so [1] 224:7
social [13] 10:16 15:1,4 15:19 18:19 19:7,13 25:5 25:6 28:22,23 33:17 35:8
Society [1] 1:14
solicitor [1] 257:7
solicitors [1] 257:2
solutions [1] 157:23
solved [1] 6:3
someone [5] 143:15,18 154:23 156:23 185:23
sometime [1] 99:5
sometimes [2] 53:16 57:25
somewhere [1] 81:23
soon [4] 109:11,16 129:3 178:9
sooner [1] 143:5
sorry [25] 5:23 6:21 26:19 28:23 34:12 55:7 63:11 76:15 101:18,22 107:2,22,23 140:8 177:5 205:11 221:6 227:11 232:13,14 237:10 241:6 248:7 258:14 260:20
sort [10] 17:3 44:18 52:2 53:2 154:3 196:21 227:2 234:25 246:23 252:12
sorted [1] 93:15
sound [2] 136:13 276:10
sounds [1] 140:14
source [4] 135:13 180:23 209:12,13
southern [2] 43:22 85:1
space [2] 15:20 212:23
speak [6] 29:3 88:14 110:2 116:19 123:21 265:3
speaking [4] 176:25 205:6 245:15 267:20
speaks [4] 41:5,9 43:17 109:7
special [2] 33:21 35:7
specialists [1] 76:6
specialities [1] 76:2
specialties [1] 77:9
specialty [1] 14:1
specific [1] 187:21
specifically [2] 60:13 132:20
specifics [1] 238:7
specimen [1] 226:10
specimens [8] 82:20 106:13,17 127:21 128:2 130:1 229:21 231:19
speculate [4] 79:1 112:5 128:12 164:6
speculating [9] 111:24 114:19 129:7 160:13 185:11 205:11 226:4 246:9,12
speculation [1] 112:8
spell [1] 4:8
spend [1] 41:18
spent [5] 10:9 18:22 41:17 42:8,19
spirit [1] 41:1
spoke [7] 32:7 38:14 45:14 46:14 132:11 171:7 179:17
spoken [4] 32:25 115:2 115:10 132:8
spot [1] 93:25
spring [11] 22:3 25:12 50:1 87:18 115:7,8,21 174:15,17,20 261:17
St [43] 10:8,23 13:11,12 13:14,16,23 14:14 15:8 16:21,23 18:6,8 22:10 23:15 42:23 48:5 55:1 56:5 58:5,6 67:13 71:23 100:13 106:14 144:25 145:2,5 146:4,6,12,15 146:17 147:13 204:8,10 213:20 237:16,16 241:8 258:13 276:7,11
stability [2] 52:11,11
staff [19] 42:2,3 51:22 54:18 56:3 67:4,16,17 70:18 72:19 168:16,18 171:18 172:25 202:6 256:22 258:9 268:9,11
stage [17] 45:5 47:8 48:15 69:19 109:10 113:4 127:7 157:11 166:25 171:25 173:11 177:19,25 220:25 253:4 271:8,11
stages [2] 75:11 194:23
staging [2] 240:15,25
staining [5] 149:4 152:12 152:16,16,23
stance [1] 175:18
stand [2] 108:13 157:3
stand-alone [1] 16:24
standard [6] 67:23 68:1 79:12 190:7 234:25 269:25
standardization [1] 77:20
standardize [3] 67:17 69:14 75:13
standardizing [1] 70:1
standards [4] 7:20 70:21 173:4,16
standing [3] 61:2 189:22 251:7
start [12] 5:17 6:7,15 24:8 63:22 84:10,11 104:3 173:18 270:14 272:8,22
started [7] 22:1 23:22 87:18 167:4 171:22 272:12 274:16
starting [2] 77:7 274:8
state [3] 4:8 51:12 66:19
statement [4] 4:24 62:20 176:3 186:14
statements [4] 260:7,9 260:14,16
states [1] 98:3
statistics [1] 85:5
status [18] 44:6,10 49:22 131:19 148:16,20 149:2 149:5,8,12,15 220:17,19 221:2 222:24 234:22 250:10,15
stay [1] 261:25
stayed [2] 19:18 262:17
steps [5] 131:18 186:4,25 235:20 267:6
Sterling [1] 228:22
Stewart [1] 228:21
still [14] 8:11,21 47:7,8 48:14,14 49:24 100:6 106:12 111:7 146:10,14 168:25 210:12
stood [2] 156:25 242:13
stoppage [4] 152:12,16 152:22 155:3
stopped [1] 174:7
stories [2] 5:17 6:15
story [8] 205:14 206:9 207:4 209:1 219:2 266:22 269:18 271:18
strategic [14] 41:8,21,21 50:18,19,20,22,25 51:1 51:16,19 52:6 70:3 88:24
streams [1] 251:25
stress [1] 136:9
stressed [1] 254:17
strong [1] 37:18
structure [3] 35:13 80:2 168:19
structured [2] 73:12 97:9
structures [3] 79:17 82:9 251:25
stuff [2] 15:21 82:1
sub [1] 227:11
subject [14] 101:11 135:18 138:9 146:5 148:8 151:19 154:24 200:12 228:16 229:1 237:17 266:9 268:23 272:24
submission [1] 92:5
submitted [1] 261:16
subordinates [2] 50:14 74:17
subsequent [4] 161:2 181:3 203:22 230:13
subsequently [10] 72:19 115:20 142:22 188:7 213:4 218:21 235:7,13 235:16 238:20
subspecialization [2] 238:14 240:2
substantive [1] 21:17
success [2] 270:9 272:1
successful [1] 263:5
successfully [2] 249:3 249:12
such [18] 15:13 47:22 51:9 56:20 78:6,10 79:18 81:7 90:24 92:20 93:13 124:25 146:25 152:18,22 160:22 198:13 216:17
sued [1] 229:12
suffered [2] 136:6,9
sufficient [3] 87:25 88:6 123:24
suggest [9] 62:12 121:5 123:2 129:11,14 152:14 197:10 203:2 267:19
suggested [1] 240:22
suggesting [11] 86:20 112:20 127:23 141:11 150:16 156:8,12 193:22 227:24 272:10,16
suggestion [4] 84:20 149:18 150:11,17
suggests [3] 123:17 132:24 192:9
suit [3] 135:25 136:3,5
suited [1] 47:17
summary [2] 166:15 190:20
summer [8] 45:1,15 102:7,20 132:1 137:15 160:4 262:8
summertime [1] 122:7
Sunday [1] 205:17
support [4] 14:22 15:23 85:8 171:1
supporter [1] 37:18
suppose [4] 37:10 86:15 88:12 127:10
surely [1] 257:7
surgeons [5] 215:22 216:5 217:5 218:5 245:3
surgery [3] 55:4 76:3,4
surplus [3] 89:4,5,8
surprise [1] 132:5
surprised [4] 111:20 154:22,25 251:13
surrounding [5] 108:10 127:6 175:10 194:16 271:1
Susan [7] 135:17 138:8 138:10 228:15 230:24

266:3 268:16
suspect [1] 258:17
sustainability [1] 238:9
SWORN [2] 2:3 4:6
synopsis [2] 138:13 139:16
system [38] 10:21 22:20 24:1,15 28:10 33:9 37:18 37:19 40:14 42:12,14 57:23 81:24 130:3 134:23 135:1 157:25 166:22 167:1,11 168:3 169:6 172:3 187:1 188:13 235:18,22 236:20,22 242:2 247:24,25 249:1,3 249:5,11,17 251:18
systems [3] 172:1 186:17 187:24

-T-

t [1] 241:9
table [6] 2:1 29:19 30:16 75:1 78:11 170:22
taking [1] 270:11
talks [1] 149:22
targeted [2] 167:10,14
tasked [1] 68:8
teaching [1] 42:7
team [1] 195:5
technical [9] 5:25 6:3 78:18 244:19,20,22 246:10 251:25 252:2
technique [1] 148:22
technologist [3] 172:11 188:11 194:3
technologists [4] 70:23 71:20,21 245:2
technology [11] 94:12 106:22 109:1,6 138:25 187:5,14,24 247:24 249:23 253:15
telephone [6] 142:23,25 144:20 151:13 220:16 222:24
telling [3] 114:2 157:9 274:12
ten [17] 33:21 47:12 106:7 109:2 180:15,23,24,25 181:4,6,18,19,20,23 182:3,16 183:9
tenure [1] 19:12
term [6] 34:21,25 38:22 38:25 39:4 56:6
terms [45] 16:9 27:8 31:17 42:7 60:13 72:20 80:2,16 85:20 97:16 98:6 103:10 113:23 125:7 128:9 131:14 145:10,12 152:3 154:16 156:17 157:1 161:6 165:16 166:9 166:23,25 169:16 177:15 179:12,20 183:12 190:4 202:1 203:25 210:16 226:19,20 234:22,23 245:18 254:19,21 260:6 260:17
Terry [2] 135:16 138:18
tertiary [11] 13:25 75:22 75:25 76:12,24 77:2 78:15 79:10 81:1,8 82:8
test [23] 5:15 6:13 78:4 149:24 181:11 188:6 215:24 220:17,19 221:15 221:22 222:5,25 224:10 226:10 229:14,21 231:19 233:24 248:20 254:14 269:14 271:11
tested [9] 106:4,10,13,16 127:16 149:15 221:10,11 230:2
testify [1] 36:21
testimony [1] 66:18
testing [20] 1:2,12 5:23 6:21 7:2 77:23 106:2,6 108:11 134:23 148:23 157:22 169:6 171:24 173:19 174:7 214:8 215:25 234:12 276:4
tests [8] 78:2 106:23,24 107:8 175:24 177:5 233:22 268:25
text [6] 239:13 242:3,6,6 244:2 266:13
thank [39] 4:4,13,15 5:12 6:2,10 7:25 8:2,4 9:20 10:3 16:7 66:7,10,15 121:25 129:22 137:9 142:20 144:8,14 147:7 152:6 199:20 210:6 211:24 212:2,7 214:17 232:12,21,25 233:2 241:6 243:17,22 274:18 275:2 275:4
thanked [1] 38:1
thanks [3] 107:22 266:6 267:16
themselves [3] 125:9 217:5 227:14
there'd [1] 226:1
there'll [2] 68:25 119:15
thereabouts [2] 89:10 213:11
thereafter [1] 221:21
therefore [6] 81:2 88:17 149:1 181:12 192:8 230:6
they've [2] 134:21 165:13
thickens [1] 137:10
thinking [4] 86:16 138:11 139:1 185:14
thinks [2] 138:17 150:9
third [8] 38:14 134:4 139:11 175:20 223:3 242:6 248:15 273:8
third-last [1] 255:11
thirty [1] 55:5
Thomas [3] 135:17 138:8 140:23
thought [19] 5:4 51:2 110:7 131:15 180:10 183:3,4 198:8 201:12 209:16 210:4 217:7
229:19,22 231:18 234:2 236:7 255:25 273:20
thoughts [2] 231:2 249:13
thousands [1] 210:8
three [23] 19:20 40:5 43:6 58:1 61:1 74:20 75:3 76:15 77:3 89:15 117:14 117:17 118:1 120:19 135:2 136:14 141:20 152:5,14 157:12 215:21 216:4 222:20
Three-year [2] 38:25 39:4
through [72] 3:2,3,4 8:7 8:25 9:3,18,21,23,25 13:22 14:2 20:22 22:12 24:25 35:12 37:25 39:14 52:15,16,24 53:15,17 54:5,7,8,9 56:15 57:23 57:25 73:8 77:8 83:23 83:23 87:4,21 88:10,10 88:25 97:1 115:6 117:17 120:2 129:13 140:23 149:17,20,22 160:19 161:3 166:23 176:21 179:9,15 180:5 197:4 205:5 207:9 209:12 212:18,19 224:21 227:4 235:8 241:19 243:10 249:25 250:6 260:14 262:23 269:20 271:17
throughout [10] 6:17 24:8 48:24 58:11 103:15 160:3 161:1 162:18 219:16 265:10
Thursday [2] 268:21 272:10
Tilley [55] 31:5 96:14,16 96:16,22 98:21 99:17 101:1 103:11 109:12 110:20 114:18,22 115:8 116:19 117:21 122:8 125:11,16 127:11,13 131:23 135:3 137:13 142:24 143:1,6,11,14,15 144:20 158:1 159:24 160:12 162:6,7 171:9,19 184:23 195:14 200:5,14 200:24 202:5 206:23 208:23 233:10 258:8 268:2,11,15,20 269:1,21 269:22
Tilley's [5] 100:10 151:13 172:4 212:24 273:17
timeliness [1] 78:5
timely [1] 193:16
times [8] 30:23 32:8 75:3 106:7 109:3 116:24 214:21,24
timing [5] 46:15 99:20 219:13 233:6 253:3
tissue [3] 186:19 210:11 231:21
title [1] 24:17
Tobin [1] 18:17
today [19] 7:9 28:6 40:17 41:3 88:19 90:4 99:25
99:25 105:24 109:23 152:7 159:13,24 188:1 200:19 208:3 270:4,14 272:7
today's [1] 138:10
together [4] 61:16 85:6 85:9 145:11
tomorrow [3] 82:1 107:16 111:20
too [3] 118:20 247:3 249:17
took [5] 37:15 43:21 97:12 214:23,25
top [5] 118:17 119:14 120:3 129:23 263:4
topic [2] 171:20 175:21
total [5] 181:13,20 182:4 182:6,17
totality [1] 72:10
totally [1] 7:10
touch [6] 107:3 111:16 126:8 136:25 224:8 226:15
toward [1] 261:14
towards [2] 40:25 89:11
town [1] 104:15
transcribed [1] 276:9
transcript [4] 269:2,11 269:17 276:3
transferred [1] 15:4
transition [8] 20:22 35:7 35:11 40:7,23 56:2 66:19 69:4
transitioning [1] 69:8
translated [1] 65:20
transparency [3] 40:18 41:3 50:16
transpired [1] 159:22
travelled [1] 42:23
travelling [1] 77:10
Treasury [4] 33:7,11,14 83:24
treatment [9] 5:14 6:12 13:19 106:4 207:10,11 216:1,11 229:10
true [1] 276:3
truly [6] 38:2 116:3 164:8 186:1 205:11 207:21
trustee [5] 10:24 48:23 62:22 78:24 245:16
trustees [48] 5:4,20 11:16 12:1 14:8 30:1 36:4 37:12 38:20,21,23 39:16 41:19 42:8 43:18 49:10 54:14 55:15,22 58:12,24 59:13 63:3 68:4 99:1,4,12 102:9 123:13 125:17 139:19 143:8 162:12 164:20 166:16 171:15 176:15 189:8 206:11 213:18 230:15 254:21 255:15 256:2 268:22 269:2 272:17,20
Trustees' [2] 200:17 212:13
truthfully [1] 78:20
try [6] 60:1 90:7 116:25 224:9 244:23 260:2
trying [11] 85:20 114:10 125:7 138:15 139:13,21 141:1 156:1,10 166:25 225:1
Tuesday [2] 135:14 228:23
tug [2] 161:6,19
turn [7] 119:11 150:5 152:5 157:15 169:4 199:19 241:4
turns [1] 153:15
two [44] 18:24 22:13 23:19 26:17,19,19 44:8 55:9,11 57:5 67:22 69:21 78:1 89:4,4 91:21 92:18 100:24 120:10,11 129:24 130:24 135:12 138:18 144:8 148:13 157:11 166:19 186:17 210:1 215:22 216:5 224:11 228:13 233:3 238:17 239:10,12,20 241:5 242:3 263:14 264:14 266:2
type [4] 52:1 150:15 235:9 244:16
typed [2] 212:21 213:11
types [1] 53:7
typical [1] 60:3

-U-

uh-hm [11] 59:24 66:2 66:21 84:14 187:16 192:15 200:3 203:13 210:14 219:9 221:18
ultimately [6] 73:2,22 80:8 83:24 94:4 246:1
um-hm [24] 86:24 90:15 91:23 92:7 95:18 96:7 104:6 118:3 120:22 121:23 130:8,20 169:2 169:12 171:18 184:17,17 234:16 240:19 249:7 250:18 251:3 264:18 266:11
unable [1] 148:24
uncertainty [1] 207:22
unchanged [1] 224:12
unchartered [2] 208:19 208:19
under [15] 34:21 40:16 61:18 67:19 99:9 129:19 168:19 169:9 175:20 189:14 242:3 244:2 248:17 250:4 266:8
understand [44] 7:17 15:13 16:23 21:10 24:6 30:21 33:4 37:14 41:19 51:6,12 56:23 67:24 75:10 77:24 88:21 90:10 90:17 111:7 115:5 117:22 120:9,9 121:15,17 139:5 160:3 161:18 163:9 181:3 182:15 195:1 197:19 218:9,20 220:10 223:7

234:21 235:16 250:3 259:16 261:25 267:13 270:23
understood [25] 82:15 104:24 153:25 156:18 170:10 177:9,19 181:9 184:11 187:7 192:5,22 197:1 198:18 210:6 211:3 221:6,8,13 227:1 247:5 247:17 249:15 250:25 252:23
undertake [3] 158:21 263:15 264:15
undertaken [4] 43:13 100:2 219:15 233:13
undertaking [1] 69:16
undertook [1] 43:8
unfold [1] 60:3
unfolded [2] 169:16 171:11
unfortunately [1] 156:1
unified [1] 49:14
unique [1] 173:20
unit [3] 90:24 92:19 93:24
University [1] 55:3
unknown [2] 94:22,24
unless [5] 124:24 150:25 195:16,22 265:4
unlikely [2] 249:2,10
unprecedented [1] 177:21
unreliable [2] 268:24 269:14
unspecified [1] 127:25
unusual [12] 93:18 116:8 122:16 123:3,13,15,18 123:21 189:2,24 213:12 268:12
up [51] 8:8 11:15 12:25 24:4 37:14 50:13 52:20 57:9,11 66:17 72:18 73:7 79:16 90:11 96:22 102:7 107:14,23 117:8 119:11 129:22 136:24 149:6 154:24,25 156:24 157:2 159:20 170:10 197:22 202:4 203:6,10 206:9 209:6 210:9,14 213:10 225:16 240:21 241:5,24 242:19,20 247:16 256:14 259:9 260:4 262:24 267:23 273:1
upcoming [1] 263:12
update [9] 44:6 107:22 138:9,10 140:14 263:3 266:18,25 268:16
updates [1] 270:5
urgency [1] 93:13
urgent [1] 36:13
usage [2] 145:13 236:10
used [15] 7:23 15:18 63:7 114:18 121:3 141:5 151:15 153:6 186:17 189:10,10 192:1 198:17 257:12,19
useful [1] 191:19
using [8] 43:12 80:23 96:4 117:9 235:10 236:8 249:3,11
usual [1] 123:21
Usually [1] 55:24
utilize [2] 39:21,22

-V-

variances [4] 52:5,13 67:7 108:25
various [13] 32:8 45:2 60:21 67:20 75:16 77:13 84:9 87:24 194:22 195:21 214:21 257:2,2
varying [1] 155:16
Ventana [6] 130:3 157:24 236:22,24 247:24 249:17
verbal [1] 170:21
versus [2] 136:16 271:22
via [3] 108:2 220:16 222:23
vice [11] 27:5 30:14 31:14 31:14 55:8 68:11 72:12 73:22 79:7 152:8 238:6
vice-president [11] 29:18 54:5 57:23 59:15 72:15,25 73:2,8,17 79:6 261:16
vice-president's [1] 74:9
vice-presidents [2] 73:12 75:16
view [3] 119:12 228:19 234:2
views [2] 140:24 161:11
vis-a-vis [1] 80:4
visit [1] 78:10
vital [1] 149:9
vividly [1] 175:11
voice [1] 136:22
volunteer [7] 10:21 11:21,24,25 21:11,20 124:17
volunteered [1] 115:15
VP [1] 79:14
VPs [2] 75:17,17
vulnerability [1] 136:15
vulnerable [1] 136:3

-W-

wait [3] 93:13 157:1 221:14
waiting [2] 109:13 110:7
wanting [2] 179:4 233:11
wants [3] 138:13 139:12 140:14
war [2] 161:6,19
warrant [2] 136:8 195:17
Waterford [1] 31:13
ways [4] 54:4 93:17 199:15 222:15
web [2] 43:16 269:17
website [1] 268:23
Wednesday [5] 101:10 102:6 107:20 141:17 228:17
week [16] 75:9 102:6 130:12,14 138:14 139:2 139:13,20 169:20 206:9 270:17 273:10,16,16,21 273:21
weekend [2] 139:2 270:11
weekly [2] 217:7 263:19
weeks [7] 38:8 39:8 120:19 138:18 150:19 179:10 254:16
weighing [1] 136:15
Welcome [1] 104:3
Western [1] 1:15
whatsoever [1] 137:19
whereby [1] 71:25
whichever [1] 222:12
whole [10] 76:13 103:15 126:15 127:6 143:12,13 154:21 159:14 238:21 264:5
wholly [1] 187:12
Williams [51] 20:7 24:9 24:11,16 25:1,14 26:24 28:12,19 29:17 30:14 31:4 59:18 101:8,10 107:13 135:16 138:15 139:13,21 141:1 147:15 150:15 152:10,19 153:17 157:18 158:16 171:21 174:14 175:1,4 179:16 179:16 195:6,12 200:16 205:5 215:18 228:15 230:23 238:6 258:8,11 258:16,17,18 261:15,20 262:17 263:2
Williams' [4] 176:21 180:5 216:7 261:15
Wiseman [2] 32:18,20
wish [3] 130:3 157:20 242:14
withdraw [1] 157:20
withdrawing [1] 158:19
within [27] 38:7 39:8 40:3 43:6 44:8 51:10 56:17 57:5 71:18 72:6 72:22 73:3 78:3 80:5 84:9 85:9,12 92:11 130:23,25 132:5,8 179:10 189:4 195:10 214:22 234:2
without [8] 71:9 123:12 167:1,17 197:23 229:21 231:19 264:24
witness [2] 4:5 9:5
women [1] 106:2
wondering [1] 225:9
word [9] 11:24 111:16 118:16 137:10,10 141:5 151:15 165:1 235:2
words [6] 48:6 115:11 186:9,13 189:9 190:15
worked [8] 25:4 31:9 34:17 37:6 45:17 46:22 48:7 85:11
workforce [2] 26:21,21
workload [3] 234:20,22 254:14
works [1] 83:22
worlds [1] 86:17
worst [1] 86:17
writes [1] 228:18
writing [1] 65:20
written [6] 57:16 201:23 219:5,17 223:16 233:21
wrong [5] 79:23,23 80:1 80:1 215:5
wrongly [1] 182:8
wrote [3] 129:24 136:12 143:15

-X-

x [2] 82:19,19

-Y-

y [1] 241:9
year [24] 10:18 20:21 21:3 26:15 33:19,22,25 34:16 38:16 42:20 60:7 60:11 75:4 89:2,7 93:12 107:2 120:13 124:11 130:1 152:21 167:9 174:18 259:10
years [17] 17:15 18:24 22:13 24:8 26:17,19,19 44:8 46:6 47:12 67:22 69:18,21 87:23 106:14 107:12 157:12
yesterday [3] 107:6 126:17 135:23
yet [12] 9:7 40:22 69:3,4 88:1 133:25 138:21 155:2 162:18 198:25 221:3 223:2
yourself [26] 12:7 26:19 35:16 39:2 46:1 101:2 101:23 103:3 117:21 122:7 124:9,14 137:14 149:22 162:5 176:25 185:13,14 198:9 202:6 202:13 204:1 245:8 258:7 259:20 266:3
Youth [2] 15:1 16:3

-Z-

zero [2] 225:21,21
zero/zero [1] 225:22