

COMMISSION OF INQUIRY
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

MAY 26, 2008

Appearances:

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

Rolf Pritchard/
Megan Collins/Steve Mills Her Majesty in Right of NL

Peter Browne Doctors Kara Laing et al
Daniel Simmons Eastern Regional Integrated
. Health Authority
Janet Grant Healthcare Insurance Reciprocal of Canada
Darlene Russell Members of the Breast Cancer
. Testing Class Action
Mark Pike NL Medical Association
Jennifer Newbury Canadian Cancer Society (NL Division)
David Eaton, Q.C./
Stacey O’Dea. Central, Western and Labrador-Grenfell
Regional Integrated Health Authorities

THIS PAGE ONLY REVISED ON NOVEMBER 18, 2008

LIST OF EXHIBITS

EXHIBIT P-1428 Pg. 105
EXHIBIT P-1430 THROUGH P-1459, INCLUSIVE Pg. 177
EXHIBIT P-1461 THROUGH P-1464, INCLUSIVE Pg. 177
EXHIBIT P-1466 Pg. 177
EXHIBIT P-1467 Pg. 177
EXHIBIT P-1469 THROUGH P-1477, INCLUSIVE Pg. 178

TABLE OF CONTENTS

DR. OSCAR HOWELL - RESUMES THE STAND

Examination by Sandra Chaytor, Q.C. - Cont’d . . . Pgs. 4 - 103
Examination by Peter Browne Pgs. 103 - 113
Examination by Jennifer Newbury Pgs. 113 - 168
Examination by Daniel Simmons Pgs. 168 - 175

MS. MOIRA HENNESSEY - SWORN

Examination by Sandra Chaytor, Q.C. Pgs. 176 - 380

1 COMMISSIONER:
2 Q. Please be seated. Ms. Chaytor.
3 DR. OSCAR HOWELL, EXAMINATION-IN-CHIEF BY SANDRA CHAYTOR,
4 Q.C.
5 CHAYTOR, Q.C.:
6 Q. Good morning, Commissioner, good morning, Dr.
7 Howell.
8 DR. HOWELL:
9 A. Good morning, Ms. Chaytor.
10 CHAYTOR, Q.C.:
11 Q. Registrar, if we could have, please, P-0114?
12 Now, Dr. Howell, this document is titled
13 "Feedback from immunohistochemistry
14 technologists, May 29th, 2007." Are those
15 your notes?
16 DR. HOWELL:
17 A. No. Those are the notes from Ms. Predham who
18 had had a meeting with the technologists and
19 came to my office subsequently after that and
20 we had a discussion and I asked if she would
21 just highlight some of the messages that she
22 had heard from them in that meeting.
23 CHAYTOR, Q.C.:
24 Q. Okay.
25 DR. HOWELL:

Page 5

1 A. I'm not sure -
 2 CHAYTOR, Q.C.:
 3 Q. Perhaps you can tell us, why did Ms. Predham
 4 meet with the technologists in May of 2007,
 5 what was the purpose of her meeting?
 6 DR. HOWELL:
 7 A. I'm not sure of the origin of how that may
 8 have evolved. It may well have been that we
 9 were again just making sure that the
 10 technologists were comfortable with all that
 11 was going on. Again, we were looking for
 12 constant feedback from all parties.
 13 CHAYTOR, Q.C.:
 14 Q. You hadn't asked her to meet with them?
 15 DR. HOWELL:
 16 A. I am uncertain whether I initiated that visit
 17 or not.
 18 CHAYTOR, Q.C.:
 19 Q. Okay. And what did Ms. Predham tell you, what
 20 was the outcome of her meeting?
 21 DR. HOWELL:
 22 A. Basically, it's summarized in those bullets.
 23 CHAYTOR, Q.C.:
 24 Q. Okay. So this indicates that the
 25 technologists had expressed concerns related

Page 6

1 to coordination of quality assurance
 2 activities for the entire immunohistochemical
 3 service. "The vast majority of IHC SOPs not
 4 signed off. ER have been completed." They're
 5 indicating they had no knowledge or feedback
 6 re the external proficiency testing. What do
 7 you understand that complaint to be?
 8 DR. HOWELL:
 9 A. I think while external proficiency testing was
 10 continuing and results were coming in, it was
 11 not being shared with them.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. And has that now changed?
 14 DR. HOWELL:
 15 A. It is my understanding that has changed.
 16 CHAYTOR, Q.C.:
 17 Q. And who do you have that understanding from?
 18 DR. HOWELL:
 19 A. That would be from Dr. Denic, Mr. Gulliver and
 20 Ms. Wade.
 21 CHAYTOR, Q.C.:
 22 Q. And then it also says, "No knowledge or
 23 feedback re external proficiency testing."
 24 Were they aware that external proficiency
 25 testing was now taking place?

Page 7

1 DR. HOWELL:
 2 A. It was my understanding the knew that.
 3 CHAYTOR, Q.C.:
 4 Q. They were aware of it but they weren't aware
 5 of the outcome?
 6 DR. HOWELL:
 7 A. They weren't getting the results.
 8 CHAYTOR, Q.C.:
 9 Q. Okay. "No knowledge of overall action plan or
 10 status of same." What does that refer to?
 11 DR. HOWELL:
 12 A. I think they were indicating that the overall
 13 direction of where we were going, some of the
 14 changes they were making, it wasn't being
 15 shared with them.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. And then "Recommended training for
 18 technologists re controls has not occurred."
 19 Has that now occurred?
 20 DR. HOWELL:
 21 A. It is my understanding that that has occurred,
 22 but I would have to defer to Mr. Gulliver and
 23 Dr. Denic.
 24 CHAYTOR, Q.C.:
 25 Q. So that would have been one of the

Page 8

1 recommendations coming out of the external
 2 reviews in 2005?
 3 DR. HOWELL:
 4 A. That's correct. And it was my understanding
 5 that they had received additional training.
 6 CHAYTOR, Q.C.:
 7 Q. But as of May 29th, 2007 the technologists are
 8 saying that they had not received that
 9 training?
 10 DR. HOWELL:
 11 A. That's correct, from, that's what Ms. Predham
 12 outlined to me.
 13 CHAYTOR, Q.C.:
 14 Q. Yes. And so they have subsequently now
 15 received the training, to your knowledge?
 16 DR. HOWELL:
 17 A. To my knowledge, but again, I would have to go
 18 back to the parties responsible for that and
 19 clarify.
 20 CHAYTOR, Q.C.:
 21 Q. So have you followed up with anyone on this to
 22 ask, well, what is now the status?
 23 DR. HOWELL:
 24 A. I've gone back, once again, and reviewed all
 25 the recommendations to see where they were and

Page 9

1 I understood that all but one had been
 2 completed. I -
 3 CHAYTOR, Q.C.:
 4 Q. Yes, but with respect--I'm sorry. With
 5 respect specifically to the feedback that the
 6 technologists gave last May, have you gone
 7 back to find out where--what the status of
 8 those complaints?
 9 DR. HOWELL:
 10 A. What I have done is I subsequent to this had,
 11 I would say, very general meetings with the--
 12 if you remember I said I did a town hall with
 13 the technologists alone--this predates this
 14 now.
 15 CHAYTOR, Q.C.:
 16 Q. Yes.
 17 DR. HOWELL:
 18 A. Technologists alone, pathologists alone, and
 19 then I did it with technologists and
 20 pathologists both at the General site and at
 21 the St. Clare's site. I also had a,
 22 subsequent to this, and again, I can't say the
 23 exact date, I had a meeting with the
 24 immunohistochemistry technologists in a
 25 meeting room off my office, invited them for

Page 10

1 coffee and muffins and said, "Okay, you know,
 2 here's your opportunity, if you have concerns,
 3 if there are areas still where we're not where
 4 you think we should be, I need to know about
 5 that."
 6 CHAYTOR, Q.C.:
 7 Q. And who did you meet with?
 8 DR. HOWELL:
 9 A. That would have been the--trying to think of
 10 who. The immunohistochemistry technologists.
 11 CHAYTOR, Q.C.:
 12 Q. Yes.
 13 DR. HOWELL:
 14 A. And I'm not sure who else was in the room.
 15 I'm unsure if Mr. Gulliver and Dr. Denic were
 16 there. I think Dr. Denic was there, as well.
 17 CHAYTOR, Q.C.:
 18 Q. Was Mr. Dyer there?
 19 DR. HOWELL:
 20 A. He was not.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. And why wouldn't he be there?
 23 DR. HOWELL:
 24 A. I think he was on sick leave.
 25 CHAYTOR, Q.C.:

Page 11

1 Q. Okay. So when did this meeting take place?
 2 DR. HOWELL:
 3 A. I don't know the date, I don't know the date.
 4 CHAYTOR, Q.C.:
 5 Q. So sometime, though, after May 29th, 2007?
 6 DR. HOWELL:
 7 A. It would be subsequent, it would be subsequent
 8 to that meeting.
 9 CHAYTOR, Q.C.:
 10 Q. And whether it's a month or six months
 11 subsequent, you're not able to say?
 12 DR. HOWELL:
 13 A. I cannot say.
 14 CHAYTOR, Q.C.:
 15 Q. And can you say who was in the room?
 16 DR. HOWELL:
 17 A. Only as I've just stated, the
 18 immunohistochemistry technologists. And I'm
 19 trying to think -
 20 CHAYTOR, Q.C.:
 21 Q. Do you know who they are?
 22 DR. HOWELL:
 23 A. I can't, I can't relate their names.
 24 CHAYTOR, Q.C.:
 25 Q. Okay. And so the purpose was for them to

Page 12

1 outline to you if had any further concerns?
 2 DR. HOWELL:
 3 A. It was to give them the opportunity to share--
 4 if they shared--there were two things. One,
 5 from the quality and risk management point of
 6 view, Ms. Predham was meeting with them to get
 7 feedback from them. And if you remember back
 8 sometime before that, I had asked her to do
 9 some follow-up on the recommendations as sort
 10 of another view of it from not only the
 11 information I was getting from our own
 12 laboratory people, but from quality. I think
 13 she had this meeting, spoke to me, I asked her
 14 to put it in writing. I subsequently followed
 15 up with them, gave them the opportunity to
 16 talk about some of these things with me. And
 17 I'm pretty certain that Dr. Denic was there
 18 and it would be my expectation that he would
 19 be following up from there.
 20 CHAYTOR, Q.C.:
 21 Q. Okay. And did they voice--what was the
 22 outcome, what did they tell you?
 23 DR. HOWELL:
 24 A. Well, I don't recall the exact detail. I
 25 think my general feeling coming out of that

Page 13

1 meeting that I was not getting a great level
 2 of concern from them at all, that they felt we
 3 were progressing.
 4 CHAYTOR, Q.C.:
 5 Q. Did they still have any concerns?
 6 DR. HOWELL:
 7 A. I don't remember them bringing anything that
 8 sort of really rang a bell with me that
 9 there's an issue here that we really need to
 10 jump on.
 11 CHAYTOR, Q.C.:
 12 Q. So no concerns?
 13 DR. HOWELL:
 14 A. I didn't not, out of that meeting, walk out
 15 thinking there's a continuing problem here
 16 that I need to get to the bottom of, I did not
 17 get that impression coming out of that
 18 meeting.
 19 CHAYTOR, Q.C.:
 20 Q. But did they have any concerns whatsoever?
 21 DR. HOWELL:
 22 A. There was no specific thing that was brought
 23 to my attention that I said is a major issue
 24 that's not under control. That was their
 25 opportunity, certainly -

Page 14

1 CHAYTOR, Q.C.:
 2 Q. So what about a minor issue.
 3 DR. HOWELL:
 4 A. - to talk. The other part of that meeting was
 5 to be supportive to them.
 6 CHAYTOR, Q.C.:
 7 Q. Yes, okay. I'm just wondering if there was
 8 any issue whatsoever expressed?
 9 DR. HOWELL:
 10 A. There is nothing that I recall, nor do I think
 11 there's anything in my notes. And normally my
 12 process would be if there was an action item
 13 arising from that, that I would have it in my
 14 notes to follow up.
 15 CHAYTOR, Q.C.:
 16 Q. So you have notes, you would have notes of
 17 that meeting?
 18 DR. HOWELL:
 19 A. I, no, I don't think I could find anything in
 20 my journals on that particular meeting.
 21 CHAYTOR, Q.C.:
 22 Q. And this meeting--or perhaps we'll just look
 23 at the May 29th, 2007 notes for now. At this
 24 point in time had the new structure come into
 25 place in the lab so that now the reporting is

Page 15

1 going through Dr. Denic, had your changes
 2 already been implemented?
 3 DR. HOWELL:
 4 A. Dr. Denic had functionally taken the role in
 5 December -
 6 CHAYTOR, Q.C.:
 7 Q. December of 2007?
 8 DR. HOWELL:
 9 A. 2007. So no, that, again, the dates are hard
 10 to remember how that all evolved. But Dr.
 11 Denic, at that point, would have still been
 12 the clinical chief and Mr. Gulliver would have
 13 been the program director.
 14 CHAYTOR, Q.C.:
 15 Q. Okay. This also goes on then, the May 29th,
 16 2007 document, the fifth bullet is, "Overall
 17 feeling that QA activities for ER/PR are in
 18 place, but not for the remaining IHC service."
 19 Do you know if there's been follow up on that
 20 from the technologists' point of view?
 21 DR. HOWELL:
 22 A. I don't know from the technologists' point of
 23 view, but I know for, for example, in prostate
 24 we have QA activities in place and have an
 25 arrangement with Calgary for proficiency

Page 16

1 testing.
 2 CHAYTOR, Q.C.:
 3 Q. And that's on a go-forward basis?
 4 DR. HOWELL:
 5 A. That's correct.
 6 CHAYTOR, Q.C.:
 7 Q. There's been on retrospective review of
 8 prostate?
 9 DR. HOWELL:
 10 A. That's correct.
 11 CHAYTOR, Q.C.:
 12 Q. Then the next bolded area expressed is
 13 "Expressed concerns regarding communication."
 14 So the first, I take it, related to
 15 coordination of quality assurance activities.
 16 And then the next area of concern was
 17 "Concerns regarding communication." And the
 18 first bullet under that heading is "Requests
 19 for project-type work are coming from numerous
 20 sources, ie, clinical chief, IHC chief,
 21 without explanation or knowledge of manager."
 22 What did you understand that to be referring
 23 to?
 24 DR. HOWELL:
 25 A. I think it's one of the issues where there are

Page 17

1 many demands coming in to people from multiple
 2 sources. And again, it was an issue where I
 3 think as part of my idea of having Dr. Denic,
 4 who having the ultimate authority both on the
 5 pathology and the technology side so that we
 6 can streamline that better. So obviously they
 7 were--they felt that there were demands coming
 8 from multiple sources that had not been
 9 properly distilled down through a central
 10 source.
 11 CHAYTOR, Q.C.:
 12 Q. And without the knowledge of the manager, who
 13 would the manager be in that context?
 14 DR. HOWELL:
 15 A. Well, the manager of pathology was Mr. Dyer.
 16 CHAYTOR, Q.C.:
 17 Q. And -
 18 DR. HOWELL:
 19 A. But there would have been a challenge at that
 20 point in time, I'm not sure when he went off
 21 on sick leave, but, you know, we had a period
 22 of time where Mr. Dyer had gone on sick leave
 23 and we had had to promote a senior
 24 technologist with a lot of experience out of
 25 Carbonear in to St. John's to try to fill in

Page 18

1 that role.
 2 CHAYTOR, Q.C.:
 3 Q. I think, unless there was another period that
 4 we're not aware of, but Mr. Dyer certainly
 5 would have been around on May 29th, 2007.
 6 DR. HOWELL:
 7 A. And that may be correct.
 8 CHAYTOR, Q.C.:
 9 Q. It'd be much later -
 10 DR. HOWELL:
 11 A. I don't know what the date was.
 12 CHAYTOR, Q.C.:
 13 Q. The idea, though, of the IHC, it's referred to
 14 IHC chief here, or I guess that's referring to
 15 Dr. Elm's role, is that right?
 16 DR. HOWELL:
 17 A. Correct.
 18 CHAYTOR, Q.C.:
 19 Q. Okay. And the idea expressed here that
 20 "Requests for project-type work are coming
 21 from numerous sources," then, "the clinical
 22 chief, IHC chief without explanation or
 23 knowledge of manager." Do you know
 24 specifically what that's referring to?
 25 DR. HOWELL:

Page 19

1 A. I don't.
 2 CHAYTOR, Q.C.:
 3 Q. And that's not something that you requested
 4 clarification from Mr. Predham concerning?
 5 DR. HOWELL:
 6 A. I think my discussions subsequent to that
 7 would have been with Dr. Denic and Mr.
 8 Gulliver.
 9 CHAYTOR, Q.C.:
 10 Q. And what did you learn from those discussions?
 11 DR. HOWELL:
 12 A. It would have been more to understand that and
 13 to, for them to deal with that. Again, one of
 14 the things that disturbed me with all of this
 15 is that Dr. Elms' office was actually in St.
 16 Clare's and the immunohistochemistry lab was
 17 in the General Hospital, and I wanted that
 18 brought together. That was part of our move to
 19 bring all pathologists to one site. That
 20 would improve the communication and have him
 21 in daily contact with the technologists.
 22 CHAYTOR, Q.C.:
 23 Q. The next is "Requests for documentation are
 24 coming in without knowledge of manager." And
 25 again, what then in the new structure, what

Page 20

1 would be the role of Mr. Dyer or the person
 2 holding that position?
 3 DR. HOWELL:
 4 A. As I had explained in earlier testimony, that
 5 is in evolution. Right at this moment the
 6 manager of pathology reports to Mr. Gulliver,
 7 as the director, and Mr. Gulliver reports to
 8 Dr. Denic. What I had asked Dr. Denic and Mr.
 9 Gulliver to go away and look at, looking at
 10 other jurisdictions and looking for best
 11 practice is should the pathology area be
 12 reorganized into some other structure that
 13 would improve the communication and would also
 14 again focus on the end product coming out of
 15 each area.
 16 CHAYTOR, Q.C.:
 17 Q. So would the communication flow directly from
 18 Dr. Elms or Dr. Denic to the IHC technologists
 19 or would they communication through the
 20 manager?
 21 DR. HOWELL:
 22 A. No, it was my understanding that--and again, I
 23 can't be certain to that level of detail as to
 24 how the medical director related to the
 25 pathology manager, related to the

Page 21

1 technologists. I am not certain how that flow
2 of information went.
3 CHAYTOR, Q.C.:
4 Q. And at this point in time, of course, May of
5 2007, where would Doctors Cook, Carter and
6 Denic's offices be located?
7 DR. HOWELL:
8 A. At St. Clare's.
9 CHAYTOR, Q.C.:
10 Q. And where would the IHC technologists be?
11 DR. HOWELL:
12 A. At the General Hospital site.
13 CHAYTOR, Q.C.:
14 Q. Then the third bullet says, "ER/PR retesting
15 restarted without knowledge of manager
16 (manager informed by technologists after the
17 fact)." Were you aware of that, that the
18 testing, ER/PR testing had restarted without
19 Mr. Dyer knowing?
20 DR. HOWELL:
21 A. That is--that was very much a surprise to me.
22 CHAYTOR, Q.C.:
23 Q. Okay. And is it something then that you
24 followed up on?
25 DR. HOWELL:

Page 22

1 A. Other than discussions with Mr. Gulliver and
2 Dr. Denic, I would--I did not take it any
3 further than that.
4 CHAYTOR, Q.C.:
5 Q. And whose responsibility would it have been to
6 let Mr. Dyer know that the retesting or that--
7 it says retesting here, but I take it it means
8 testing had resumed? I take it that's what
9 that means, is it, ER/PR testing restarted?
10 DR. HOWELL:
11 A. Right. I think the reasonable expectation
12 would be that all of those individuals would
13 have been making that decision together.
14 CHAYTOR, Q.C.:
15 Q. And was Mr. Gulliver able to confirm that
16 that, in fact, was the case, that Mr. Dyer had
17 not been in the loop?
18 DR. HOWELL:
19 A. I don't know the answer. Mr. Gulliver and Mr.
20 Dyer are in regular daily contact. Their
21 offices are in very close proximity to each
22 other.
23 CHAYTOR, Q.C.:
24 Q. So has there been any changes made to
25 strengthen the lines of communication vis-a-

Page 23

1 vis the manager of the lab?
2 DR. HOWELL:
3 A. I can't specifically answer the question.
4 CHAYTOR, Q.C.:
5 Q. Because it appears that certainly under the
6 communication concerns expressed it has to do
7 with the manager not being part of the line of
8 communication?
9 DR. HOWELL:
10 A. Part of--you know, having Dr. Denic assume
11 that full leadership role for the entire
12 laboratory, part of that mandate will be to
13 improve those lines of communication.
14 CHAYTOR, Q.C.:
15 Q. And this third bullet, it does, I take it,
16 mean ER/PR test restarted as oppose to
17 retesting, is that correct?
18 DR. HOWELL:
19 A. Testing.
20 CHAYTOR, Q.C.:
21 Q. That should be testing?
22 DR. HOWELL:
23 A. I believe so.
24 CHAYTOR, Q.C.:
25 Q. Okay. In your town hall meeting with the

Page 24

1 technologists or any other meeting with the
2 technologists were they ever informed of the
3 findings of the external reviewers?
4 DR. HOWELL:
5 A. It was not discussed in the town hall.
6 CHAYTOR, Q.C.:
7 Q. Do you know whether or not the technologists,
8 prior to the reports become public, were ever
9 informed of the findings of the external
10 reviews?
11 DR. HOWELL:
12 A. I don't know specifically that they were.
13 CHAYTOR, Q.C.:
14 Q. Okay. And do you know specifically that they
15 weren't?
16 DR. HOWELL:
17 A. I don't.
18 CHAYTOR, Q.C.:
19 Q. If we could look at, please, 1418? This is an
20 e-mail exchange. And we'll start down perhaps
21 at the bottom, so you can see the flow here.
22 And it appears that it originates from Janie
23 Bussey to Heather Predham, June 20th, 2007
24 where she's forwarding interrogatories to
25 Heather Predham. And then Heather Predham

Page 25

1 sends an e-mail, same date, to a number of
 2 people, Pat Pilgrim, Pam Elliott, yourself,
 3 Dr. Denic, Terry Gulliver and copies Sharon
 4 Smith, Dr. Cook, Dr. Laing and Mr. Dyer. And
 5 she's indicating, "As you can see when you
 6 read the attachment, I am going to need some
 7 assistance in answering these interrogatories.
 8 There is a ten day time frame to respond. How
 9 would you suggest we proceed?" Do you recall
 10 what this was about, Dr. Howell?
 11 DR. HOWELL:
 12 A. Very vaguely I remember her indicating that
 13 she had this list of questions that had to be
 14 answered and that she, in order to complete
 15 this affidavit, again, some of this is vague -
 16 CHAYTOR, Q.C.:
 17 Q. Is this an affidavit or answer to
 18 interrogatories?
 19 DR. HOWELL:
 20 A. I'm not, you know, I'm not sure of all the
 21 legal terms that are associated with those
 22 statements. But there was information that
 23 she needed that had to be filed and she was
 24 asking for all of those individuals who might
 25 have some knowledge to help her complete the

Page 26

1 answers.
 2 CHAYTOR, Q.C.:
 3 Q. And I take it this was with respect to the
 4 class action?
 5 DR. HOWELL:
 6 A. I believe that to be so.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And what assistance, given what you've
 9 told us in terms of the limitations of your
 10 background knowledge and your own discomfort
 11 in being able to sign an affidavit, what
 12 assistance would you be able to render to Ms.
 13 Predham in that context?
 14 DR. HOWELL:
 15 A. To the best of my knowledge I was able to help
 16 her very little, if at all.
 17 CHAYTOR, Q.C.:
 18 Q. Okay. And your response then to Ms. Predham
 19 about an hour later is--and to the rest of the
 20 group, "Heather, I suggest a conference call
 21 or meeting with Nash, Don, Terry and Kara to
 22 consistently answer the questions. This must
 23 be a priority for all to meet then 10-day
 24 deadline. On another note, have we sent the
 25 deceased's specimens to Mount Sinai yet for

Page 27

1 retesting?" So your answer in terms of the
 2 assistance for the interrogatories is to have
 3 a meeting of the individuals noted to
 4 consistently answer the questions. And what
 5 did you mean by "to consistently answer the
 6 questions"?
 7 DR. HOWELL:
 8 A. Well, merely to make sure that all the parties
 9 that had information shared it. And I think
 10 the purpose of my e-mail there more was to
 11 make sure that all those individuals
 12 understood that this was a priority.
 13 CHAYTOR, Q.C.:
 14 Q. And why would there be concern that their
 15 answers wouldn't be consistent?
 16 DR. HOWELL:
 17 A. There wasn't a concern, it was, it was that
 18 all the people need to get together and share
 19 the information. It was again an attempt to
 20 ensure the accuracy of the answers.
 21 CHAYTOR, Q.C.:
 22 Q. The conference that you were suggesting, do
 23 you know if that took place?
 24 DR. HOWELL:
 25 A. I don't recall.

Page 28

1 CHAYTOR, Q.C.:
 2 Q. Were you part of any further follow up in
 3 drafting the answers to interrogatories?
 4 DR. HOWELL:
 5 A. I don't remember being present for that, but I
 6 may well have been.
 7 CHAYTOR, Q.C.:
 8 Q. Now this would be less than a year ago?
 9 DR. HOWELL:
 10 A. Yeah.
 11 CHAYTOR, Q.C.:
 12 Q. And I take it you hadn't been involved in such
 13 an exercise previously or it would be an
 14 uncommon exercise if you had been?
 15 DR. HOWELL:
 16 A. That's true.
 17 CHAYTOR, Q.C.:
 18 Q. Okay. So do you think that would stick in
 19 your memory?
 20 DR. HOWELL:
 21 A. There--my life is one meeting after another
 22 and they all blend together. I can only tell
 23 you that I don't remember specifically being
 24 in the room discussing those answers, but it
 25 is possible.

Page 29

1 CHAYTOR, Q.C.:

2 Q. Okay. And then with respect to the question,

3 because I'm going to ask you about the testing

4 of the deceased's specimens, and you raise

5 this as a point in this e-mail. And Ms.

6 Predham's response to you very shortly

7 thereafter is that, well, "Do you want me to

8 coordinate the conference call?" And then she

9 says "I'm double checking the list at this

10 moment to get it over to the lab. I've been a

11 bit delayed with the other issues going on.

12 One thing I did discover was that someone

13 called last December about retesting their

14 family member. It was not a name on our list

15 and the block and report had to be obtained

16 from Western as it had not been sent in for

17 the review. I'm not sure if this was someone

18 who was overlooked or did the regions not send

19 in their own deceased's. Terry, Nash, Don, do

20 you know?" Do you recall what that was about,

21 Dr. Howell?

22 DR. HOWELL:

23 A. I think there was--and again, unsure of the

24 dates, but there was now the, I guess,

25 knowledge evolving that there may be other--

Page 30

1 while they had thought they had contacted all

2 patients and had all patients on their list,

3 that there were other patients out there that

4 they had not identified and contacted and

5 followed up on.

6 CHAYTOR, Q.C.:

7 Q. Okay. And with respect to this particular

8 person that's being referred to, the family

9 appeared to have made a request some six month

10 previous, last December they had received a

11 call. It said they did discover someone

12 called last December about retesting their

13 family member. Did you understand that that

14 person, that person's specimen had still not

15 been retested as of June 20th, 2007?

16 DR. HOWELL:

17 A. Again, this was being managed by Ms. Predham

18 and within quality and risk management and I

19 was not staying close to that at all. I was

20 interested only in, further down in the e-mail

21 as an aside to say, you know, we had committed

22 to retesting the rest of the deceased's

23 specimens, had that been done.

24 CHAYTOR, Q.C.:

25 Q. Yes, you're certainly involved enough or

Page 31

1 cognisant enough with the issue to raise this

2 as an issue as to basically where are the

3 status of the deceased's specimens, you're the

4 person raised the issue here. And I'm just

5 wondering, you say Ms. Predham was the person

6 responsible for the management and

7 coordination of the issue, but she herself

8 doesn't appear to be sure of the status, based

9 on this e-mail. She writes, "I'm not sure if

10 this was someone who was overlooked or did the

11 regions not send in their known deceased?"

12 And she's asking Mr. Gulliver, Doctors Cook

13 and Doctors Denic whether they know. So it

14 appeared from reading this that perhaps Ms.

15 Predham didn't know the status, at least with

16 respect to that person, and also the regions

17 external to Eastern Health. Do you know any--

18 can you shed any light on that as to the

19 answer to the question that's being posed by

20 Ms. Predham?

21 DR. HOWELL:

22 A. I can't shed any light. You would have to ask

23 her and the other individuals.

24 CHAYTOR, Q.C.:

25 Q. And we don't appear to have, or at least in

Page 32

1 this series, I don't have a follow-up e-mail

2 from you on that, and you have no further

3 recollection on it?

4 DR. HOWELL:

5 A. No, because as I explained, I was busy enough

6 trying to do my part in this.

7 CHAYTOR, Q.C.:

8 Q. If we could look at 1421, please. This

9 document is entitled "Eastern Health

10 Authority: Crisis Communications Briefing

11 Note" and it's a two-page document. The first

12 bullet is a media challenge, and then if you

13 scroll down, there's goals, target audiences

14 and recommended immediate tactics. Was this

15 prepared--who was this prepared by?

16 DR. HOWELL:

17 A. I believe it was prepared by Bristols

18 Communications?

19 CHAYTOR, Q.C.:

20 Q. And did you receive a copy of this document?

21 DR. HOWELL:

22 A. I think, yes, that's true, I did.

23 CHAYTOR, Q.C.:

24 Q. And were you part of the focus group or group

25 of individuals who would have worked towards

Page 33

1 putting this document together?
 2 DR. HOWELL:
 3 A. I believe the document was prepared by Bristol
 4 and I'm not sure of the date of that document.
 5 CHAYTOR, Q.C.:
 6 Q. No, it's not--I don't have a date.
 7 DR. HOWELL:
 8 A. I would expect that that would be somewhere
 9 around the May time frame of the press
 10 conference that Mr. Tilley conducted, but
 11 again, that's -
 12 CHAYTOR, Q.C.:
 13 Q. That's when they were first brought in to
 14 assist, you'd indicated in your evidence?
 15 DR. HOWELL:
 16 A. That was the first time that I had any
 17 dealings with Bristol.
 18 CHAYTOR, Q.C.:
 19 Q. And do you know what was the purpose of this
 20 crisis communication strategic or this
 21 briefing note?
 22 DR. HOWELL:
 23 A. I guess it was to help the organization
 24 communicate better in what was a very
 25 important and public issue.

Page 34

1 CHAYTOR, Q.C.:
 2 Q. It speaks here about "information on the ER/PR
 3 issue continues to be misrepresented in the
 4 media. Inaccurate coverage continues to
 5 dominate news cycles provincially and
 6 nationally. The ER/PR issue has now evolved
 7 to a broader issue of public confidence in the
 8 health care system," and then the next
 9 paragraph, "the lines have now been blurred
 10 for the public and they are viewing the
 11 coverage collectively and questioning the
 12 integrity of the health care system and it's
 13 governing authorities versus looking at an
 14 isolated occurrence. Consequently the public
 15 is not open to hear positive messaging about
 16 Eastern Health Authority. The health
 17 authority cannot begin to rebuild its image or
 18 restore public faith in the system until the
 19 immediate crisis has been stabilized."
 20 So does that give you some--assist in
 21 your memory as to what was trying to be
 22 achieved here, and then the goals are listed:
 23 "to move from crisis to stability, correct
 24 inaccurate reporting misinformation
 25 disseminated to the public, restore public

Page 35

1 confidence in the health care system" and the
 2 target audiences were going to be the media
 3 and health care users across the province.
 4 DR. HOWELL:
 5 A. It was a proposed process from people with
 6 expertise in communications of this type. It
 7 was recognized that it was a very active issue
 8 in the media. It was felt sometimes that not
 9 all the facts were getting out. It was felt
 10 that public confidence in health care was
 11 severely impacted and how should an
 12 organization of the size of Eastern Health,
 13 with all the issues before it, manage its
 14 relationship with the media and communicate
 15 with the public.
 16 CHAYTOR, Q.C.:
 17 Q. Now under recommended immediate tactics, the
 18 second bullet appears to involve you. It says
 19 "request a meeting with CBC's regional
 20 producers and executive producers of TV and
 21 radio (to be held tomorrow) to discuss the
 22 ramifications of media inaccuracies. The
 23 meeting's discussion should not focus on bias
 24 reporting. It should discuss the media's
 25 ethical obligations to report accurately and

Page 36

1 how their recent coverage has created a public
 2 frenzy. Recommended attendees include Susan
 3 Bonnell, Dr. Howell and Steve Dodge."
 4 Did that meeting take place, and did you
 5 attend?
 6 DR. HOWELL:
 7 A. To the best--I did not attend, and to the best
 8 of my knowledge, it did not happen.
 9 CHAYTOR, Q.C.:
 10 Q. And do you know why it didn't happen?
 11 DR. HOWELL:
 12 A. I don't know why.
 13 CHAYTOR, Q.C.:
 14 Q. So that is not the meeting -
 15 DR. HOWELL:
 16 A. These were all recommendations, not all of
 17 which were enacted and -
 18 CHAYTOR, Q.C.:
 19 Q. Yes, but this appeared to be something that
 20 had been planned because it says, in brackets,
 21 "to be held tomorrow." So would have thought
 22 that if you're going to have a meeting
 23 tomorrow, it would have already been set up,
 24 but that didn't happen?
 25 DR. HOWELL:

Page 37

1 A. It did not happen.
 2 CHAYTOR, Q.C.:
 3 Q. And that's not the meeting we referred to last
 4 day where CBC was met with and given all of
 5 Dr. Ejeckam's memos?
 6 DR. HOWELL:
 7 A. No.
 8 CHAYTOR, Q.C.:
 9 Q. So that's a different meeting altogether?
 10 DR. HOWELL:
 11 A. Totally different meeting.
 12 CHAYTOR, Q.C.:
 13 Q. If we could have 0488, please, page 100, and
 14 Doctor, these are minutes again from the
 15 executive management committee meeting of
 16 November 14th, 2007, and on the bottom is an
 17 issue that, I believe you're tasked with
 18 following up on, under 3.13, ER/PR. "With
 19 respect to the retesting of ER/PR, Eastern
 20 Health (St. John's unilaterally decided i.e.
 21 director and manager) to go back to January
 22 1997 when the first testing was carried out.
 23 However, in correspondence from the clinical
 24 chief (Dr. Don Cook) to the other boards, it
 25 referenced May 1997. Pat Pilgrim and Oscar

Page 38

1 Howell are following up on the reasons why
 2 Eastern Health managers retested back to
 3 January 1997."
 4 Doctor, what were you--did you, in fact,
 5 make further inquiries on that issue, and what
 6 were you able to ascertain?
 7 DR. HOWELL:
 8 A. If I might just take a second to read this and
 9 -
 10 CHAYTOR, Q.C.:
 11 Q. Sure.
 12 DR. HOWELL:
 13 A. I know that there was a discussion about this
 14 and the discrepancy between the dates January
 15 to May, but I honestly cannot recall what the
 16 reason given for that four or five month
 17 difference in the dates. I would have to go
 18 back and try to reconstruct that.
 19 CHAYTOR, Q.C.:
 20 Q. Okay, so you don't--it's the only issue at all
 21 under ER/PR that appears in this set of
 22 minutes, and it seems to be a specific issue
 23 that St. John's had started the retesting
 24 process January 1997, whereas the other
 25 authorities were asked to send in their

Page 39

1 samples as of May 1997. So there's that four
 2 or five month discrepancy. But that doesn't
 3 ring any bells as to -
 4 DR. HOWELL:
 5 A. No, I think Ms. Pilgrim may be able to shed
 6 more on it. Dr. Cook certainly will be able
 7 to shed more light on it.
 8 CHAYTOR, Q.C.:
 9 Q. I take it there's no concern left outstanding
 10 that there could be a group of patients from
 11 outside Eastern Health who were tested
 12 originally from January to May 1997 and have
 13 not been retested? That's not a concern?
 14 DR. HOWELL:
 15 A. Well, certainly evolving through this period
 16 of time, we're becoming aware--and again, time
 17 lines I can't speak to--that there were
 18 patients from--and I think in my journal
 19 notes, there are some reference -
 20 CHAYTOR, Q.C.:
 21 Q. To missed patients?
 22 DR. HOWELL:
 23 A. Yes, to patients in Western, several patients
 24 in Western and several in Central and some
 25 from Carbonear that had not been identified in

Page 40

1 Ms. Predham's database or spreadsheet.
 2 CHAYTOR, Q.C.:
 3 Q. So right now, in terms of any follow up on
 4 this, you're saying you don't recall, but we
 5 should ask Ms. Predham or Dr. Cook?
 6 DR. HOWELL:
 7 A. Well, only--yes, because I think it was
 8 principally being followed up within Quality
 9 and Risk Management.
 10 CHAYTOR, Q.C.:
 11 Q. All right, if we could look then--well,
 12 perhaps you could tell me then what you do
 13 recall about any discussions you've had
 14 regarding the issue of what I'll call missed
 15 patients or patients who were not identified
 16 in the original group who were retested
 17 through the original process in 2005 and 2006?
 18 DR. HOWELL:
 19 A. Really, the sum total of my knowledge of that
 20 is as I've just enunciated to you, that in my
 21 discussions with Ms. Pilgrim and with--
 22 probably with Ms. Predham, was the fact that
 23 these other patients--we were becoming aware
 24 of these other patients that had not
 25 previously been identified.

Page 41

1 CHAYTOR, Q.C.:

2 Q. And when was that first brought to your

3 attention?

4 DR. HOWELL:

5 A. I can't tell you the date.

6 CHAYTOR, Q.C.:

7 Q. Was it in the first three or four months of

8 being on the job or later than that?

9 DR. HOWELL:

10 A. Oh my, no, it would be more towards maybe the

11 fall of 2007. It would be -

12 CHAYTOR, Q.C.:

13 Q. So quite late?

14 DR. HOWELL:

15 A. And again, I'm very much stretching to give

16 you dates, but it would have been, no, much

17 more recent than that.

18 CHAYTOR, Q.C.:

19 Q. So the fall of 2007 would be in the past six

20 months?

21 DR. HOWELL:

22 A. Right, I'm guessing.

23 CHAYTOR, Q.C.:

24 Q. Okay, and was there a particular group of

25 patients from a particular area within Eastern

Page 42

1 Health's jurisdiction that were brought to

2 your attention?

3 DR. HOWELL:

4 A. Carbonear.

5 CHAYTOR, Q.C.:

6 Q. And did you have discussions around that

7 issue, that patients from Carbonear who had

8 been missed?

9 DR. HOWELL:

10 A. I had a phone call from the pathologist in

11 Carbonear, Dr. Baker, who outlined to me that

12 he had returned from vacation and he had found

13 a number of patients that had not been

14 previously identified. I asked him to contact

15 Mr. Gulliver and make sure that Mr. Gulliver--

16 Mr. Gulliver was working on those lists of

17 patients. I said "you must let Dr. Gulliver

18 know about that." I also then followed up and

19 spoke to Dr.--or Mr. Gulliver and to Ms.

20 Pilgrim.

21 CHAYTOR, Q.C.:

22 Q. And were you able to determine, from your

23 discussions with Dr. Baker, as to how the

24 patients had been missed?

25 DR. HOWELL:

Page 43

1 A. I didn't really get a clear understanding from

2 him as to why those patients had been missed.

3 I vaguely remember the discussion and saying

4 so, "Gary, how do you think that happened?"

5 and when he received his initial request to

6 identify patients, I think he said he had

7 asked his secretary to pull the names and

8 again, I'm very much stretching now, that

9 perhaps as NLCHI was building their database,

10 he had gone back to look, on coming back from

11 vacation, and had found those additional

12 patients. But again, that's a telephone

13 discussion that occurred quite some time ago.

14 CHAYTOR, Q.C.:

15 Q. I guess though, it'd be important though to

16 ascertain the reason, in case that reason

17 might pertain to other areas.

18 DR. HOWELL:

19 A. That's correct, and my way of dealing with

20 that was to make sure that that was connected

21 into the Quality and Risk Management people

22 who were managing that particular area of this

23 problem.

24 CHAYTOR, Q.C.:

25 Q. So what does that mean? You asked them to

Page 44

1 follow up on it?

2 DR. HOWELL:

3 A. Right, I asked Dr. Baker to talk to Mr.

4 Gulliver first off, who I knew was working the

5 database with Ms. Predham, and I think at that

6 time he was working also with Dr. Reza and

7 NLCHI. Again, I hope these dates sort of come

8 together. And then I subsequently, as I said,

9 had a discussion with Mr. Gulliver and with

10 Ms. Pilgrim.

11 CHAYTOR, Q.C.:

12 Q. And in terms of knowing though what the issue

13 was and whether it was a systemic issue, in

14 terms of communication that went out from the

15 lab as to what samples needed to be retested?

16 DR. HOWELL:

17 A. I left that to them to follow up.

18 CHAYTOR, Q.C.:

19 Q. So if there's an answer to that question or

20 follow up, we should follow up with Mr.

21 Gulliver or Ms. Pilgrim?

22 DR. HOWELL:

23 A. It would come from there.

24 CHAYTOR, Q.C.:

25 Q. So do you recall any discussions with Dr.

Page 45

1 Baker around cut offs, whether it's 30 percent
 2 at a certain time period, 10 percent at a
 3 certain time period, whether or not that may
 4 have been an issue in terms of identifying
 5 patients?
 6 DR. HOWELL:
 7 A. I asked him some questions about the nature of
 8 the patients and their status, and I think we
 9 did very briefly talk about cut offs and I
 10 guess the more important thing to me was did
 11 he anticipate that there would be--that those
 12 patients would need any additional treatment
 13 intervention, and it was a very quick phone
 14 call in the midst of many other things going
 15 on.
 16 CHAYTOR, Q.C.:
 17 Q. So do you know whether or not other patients
 18 from other areas were then identified as a
 19 result of the issue coming forward out of
 20 Carbonear?
 21 DR. HOWELL:
 22 A. I don't know that the other patients came
 23 about because of Carbonear. I think that
 24 there may have been a combination of things,
 25 of patients calling in and of the building of

Page 46

1 the NLCHI database.
 2 CHAYTOR, Q.C.:
 3 Q. If we could look at 1423, please, page 42, and
 4 to your knowledge, the issue that I mentioned
 5 to you arising out of the executive management
 6 meetings, the minutes of November 14th 2007
 7 that I pointed you to, the January to May
 8 discrepancy, that wasn't an issue out of
 9 Carbonear, I take it?
 10 DR. HOWELL:
 11 A. Sorry, could you repeat that question again?
 12 CHAYTOR, Q.C.:
 13 Q. The issue that was raised in the November
 14 14th, 2007, that wasn't the issue that came
 15 out of Carbonear? Remember the issue being
 16 that St. John's had started back in January
 17 2007 (sic.) to request samples, whereas other
 18 areas had been -
 19 DR. HOWELL:
 20 A. No, to the best of my knowledge, those two are
 21 not connected.
 22 CHAYTOR, Q.C.:
 23 Q. All right. If we could look at then this
 24 page. It appears to be--it's from your
 25 handwritten notes. Actually, it's 42, please,

Page 47

1 and this appears to be a discussion that you
 2 had with Dr. Baker, September 11th, 2007.
 3 DR. HOWELL:
 4 A. Correct.
 5 CHAYTOR, Q.C.:
 6 Q. So this is the discussion we were just
 7 referring to? Is that right?
 8 DR. HOWELL:
 9 A. Can we scroll down?
 10 CHAYTOR, Q.C.:
 11 Q. Sure, yes, and you can control that too,
 12 Doctor, if you wish, the mouse.
 13 DR. HOWELL:
 14 A. Oh yes, right.
 15 CHAYTOR, Q.C.:
 16 Q. So it indicates initial request and arrow,
 17 tabulation results by, and the thought's not
 18 finished. "Classification and supporting,
 19 request for all ER/PR tests. On return from
 20 vacation, quick search. Positives prior to
 21 2000 less than 30 percent (20 to 30 percent).
 22 Ten haven't been sent, three December" is that
 23 2005?
 24 DR. HOWELL:
 25 A. I think that's three deceased.

Page 48

1 CHAYTOR, Q.C.:
 2 Q. Three deceased, okay.
 3 DR. HOWELL:
 4 A. I believe.
 5 CHAYTOR, Q.C.:
 6 Q. Four, 80 to 90, do you know what that
 7 references?
 8 DR. HOWELL:
 9 A. I believe that means of these ten patients
 10 that he has identified, three have since died,
 11 four are in the 80 to 90 year of age and three
 12 need follow up. They are in the 60 to 65
 13 years of age.
 14 CHAYTOR, Q.C.:
 15 Q. Okay, and the four elderly patients were not
 16 to be followed up?
 17 DR. HOWELL:
 18 A. Again, this would have been my trying to
 19 understand--again, my focus was: okay, are
 20 these patients that we could still be helping
 21 here? And let's try to get down and
 22 immediately get on that.
 23 CHAYTOR, Q.C.:
 24 Q. And do you know whether or not the four
 25 indicated to be in the age of 80 to 90, was

Page 49

1 there any follow up or retesting of their
 2 samples?
 3 DR. HOWELL:
 4 A. I don't know the answer.
 5 CHAYTOR, Q.C.:
 6 Q. And who would be able to tell us that?
 7 DR. HOWELL:
 8 A. That would be Quality Risk Management.
 9 CHAYTOR, Q.C.:
 10 Q. And then you've indicated, "I will speak to
 11 Terry."
 12 DR. HOWELL:
 13 A. Correct.
 14 CHAYTOR, Q.C.:
 15 Q. So you were going to follow up with Mr.
 16 Gulliver on this?
 17 DR. HOWELL:
 18 A. But I did also ask Dr. Baker to speak to Mr.
 19 Gulliver.
 20 CHAYTOR, Q.C.:
 21 Q. And when you spoke to Mr. Gulliver yourself,
 22 what were you able to ascertain on this issue?
 23 DR. HOWELL:
 24 A. My recall of that is I alerted him that Dr.
 25 Baker had additional patients. They should be

Page 50

1 added to the list, and then I basically handed
 2 that over to Quality and Risk Management to do
 3 the--who were doing the look back and the
 4 follow up.
 5 CHAYTOR, Q.C.:
 6 Q. Were you involved with respect to the
 7 identification and/or retesting of any other
 8 patients who had been missed in the original
 9 identification process?
 10 DR. HOWELL:
 11 A. My only involvement would have been attempting
 12 to facilitate getting testing done if there
 13 were delays in getting results back from Mount
 14 Sinai, either through myself or Dr. Denic
 15 making phone calls to the appropriate parties
 16 to attempt to move it along as quickly as
 17 possible.
 18 CHAYTOR, Q.C.:
 19 Q. And then the next page is a lab leadership
 20 meeting, which appears to be a week later, the
 21 18th of September. It's cut off here, but I
 22 understand it's '07. And this, I take it, is
 23 the lab leadership team in St. John's. That's
 24 correct?
 25 DR. HOWELL:

Page 51

1 A. That's correct, sorry.
 2 CHAYTOR, Q.C.:
 3 Q. And there's indication here "quality
 4 initiatives, need to develop summary. Lynn,"
 5 and I take it that's Lynn Wade, "to check" is
 6 that work group?
 7 DR. HOWELL:
 8 A. Work of.
 9 CHAYTOR, Q.C.:
 10 Q. And Catherine Parnell, can you read that? Re:
 11 Ontario policy, is it?
 12 DR. HOWELL:
 13 A. No, re: quality assurance policies.
 14 CHAYTOR, Q.C.:
 15 Q. Quality assurance policies, per Nash's
 16 request. What does that reference? What's
 17 that about?
 18 DR. HOWELL:
 19 A. So Dr. Denic is asking me to talk to Ms. Wade
 20 and have her review Ms. Parnell and the work
 21 that she's doing on some of the policies and
 22 to move that along.
 23 CHAYTOR, Q.C.:
 24 Q. And the accreditation focus group, so I take
 25 it that's in preparation for the accreditation

Page 52

1 that's coming up shortly?
 2 DR. HOWELL:
 3 A. That's correct.
 4 CHAYTOR, Q.C.:
 5 Q. And then number nine, you have "summary of
 6 action for COI, Commission of Inquiry, Terry
 7 and Nash working on." What is that in
 8 reference to?
 9 DR. HOWELL:
 10 A. That's again referring to the recommendations
 11 and my ensuring that all the recommendations
 12 from the external reviews were actively being
 13 pursued.
 14 CHAYTOR, Q.C.:
 15 Q. And this is September 18th, 2007?
 16 DR. HOWELL:
 17 A. Correct.
 18 CHAYTOR, Q.C.:
 19 Q. And what does--why is that under the heading
 20 though summary of actions for the Inquiry?
 21 DR. HOWELL:
 22 A. You know, the heading is not really correct.
 23 The summary of actions was an ongoing process.
 24 CHAYTOR, Q.C.:
 25 Q. And then number 11, we have the Tumor Board

Page 53

1 round.
 2 DR. HOWELL:
 3 A. Correct.
 4 CHAYTOR, Q.C.:
 5 Q. "Nash to get me copy all rounds pathologists
 6 attend."
 7 DR. HOWELL:
 8 A. Um-hm.
 9 CHAYTOR, Q.C.:
 10 Q. And did you, in fact, receive that
 11 documentation?
 12 DR. HOWELL:
 13 A. No, I have not. He and I have had a
 14 discussion about that and he's talked to me
 15 somewhat about the rounds and that was an
 16 issue that I alluded to earlier that I was
 17 pressuring him again in the purpose of the
 18 knowledge transfer of pathologists and
 19 oncologists and surgeons, etcetera, to make
 20 sure that what the other specialties were
 21 learning when they went off of their
 22 conferences and their meetings was being
 23 shared with pathologists and what pathologists
 24 were learning when they went to their meetings
 25 that there was a common sharing of that. I

Page 54

1 saw the place for that to be happening was in
 2 the Rounds situation and so I was putting some
 3 pressure on him to get his pathologists out to
 4 attend those rounds, and he's pushing back and
 5 saying "but you need the work done as well,"
 6 and so I said well, you know, I want to
 7 understand how they--which rounds they're
 8 attending and who's attending and put some
 9 structure around that and, you know, while
 10 we've had discussions about it, I still have
 11 not seen the document that I'm looking for,
 12 and remembering that we're having a flux of
 13 pathologists at that period of time, you know,
 14 the pathologists are under -
 15 CHAYTOR, Q.C.:
 16 Q. In September '07?
 17 DR. HOWELL:
 18 A. Yes, pathologists are under some strain.
 19 Pathologists are preparing for this particular
 20 inquiry and there was a lot of things
 21 happening. The document has not been
 22 delivered to me to this point.
 23 CHAYTOR, Q.C.:
 24 Q. Are they attending the rounds?
 25 DR. HOWELL:

Page 55

1 A. They are participating in rounds to a degree
 2 that I can't speak to, but Dr. Denic can
 3 probably share with you further to that. I
 4 know that they are attending Tumor Board
 5 rounds and they have their own breast rounds
 6 and they do participate in a number of rounds.
 7 CHAYTOR, Q.C.:
 8 Q. And then under 13, "pathology manpower" it
 9 says "missing two," can you help me with your
 10 writing here?
 11 DR. HOWELL:
 12 A. Sorry, missing two university appointment
 13 pathologists and one hospital. Dr. Carter was
 14 moving to a university position, return of
 15 service agreements in England. This is a
 16 pathologist that we had away doing a
 17 fellowship in breast pathology in England and
 18 that individual was to return in June.
 19 Current count is 16 out of 19, and we have two
 20 locums in place.
 21 CHAYTOR, Q.C.:
 22 Q. Two locums coming or two locums in place?
 23 DR. HOWELL:
 24 A. Good point. I'm not sure.
 25 CHAYTOR, Q.C.:

Page 56

1 Q. And the idea of Dr. Carter moving to--there
 2 were two university positions open, I take it,
 3 and the plan at that point in time, September,
 4 was that she was going to move to a university
 5 position?
 6 DR. HOWELL:
 7 A. Correct. The significance of that for us, it
 8 has--always has pluses and minuses. When they
 9 move to a university position, then they
 10 assume a teaching commitment which eats into
 11 the amount of time they have available to us
 12 for actual day-to-day pathology work.
 13 CHAYTOR, Q.C.:
 14 Q. So she would have still carried on though her
 15 work in particular with respect to the -
 16 DR. HOWELL:
 17 A. She would have.
 18 CHAYTOR, Q.C.:
 19 Q. - the ER/PR work?
 20 DR. HOWELL:
 21 A. Correct, but she would have assumed at least a
 22 20 percent and some of them have a higher
 23 percent, at least 20 percent of her time would
 24 now involve teaching.
 25 CHAYTOR, Q.C.:

Page 57

1 Q. Okay, and in terms of the person you were
 2 expecting back or to come back next month,
 3 June of 2008, the person coming back from
 4 England, will that person be returning?
 5 DR. HOWELL:
 6 A. It is my understanding that person will be.
 7 CHAYTOR, Q.C.:
 8 Q. This appears to be then a meeting of
 9 oncologists, pathologists at 1423, page 47,
 10 December 10th '07. Is that correct?
 11 DR. HOWELL:
 12 A. I believe that to be correct.
 13 CHAYTOR, Q.C.:
 14 Q. And the topic is ER/PR update, and what's
 15 written over in your margin, Doctor?
 16 DR. HOWELL:
 17 A. Sorry, I can't even read my own writing there.
 18 CHAYTOR, Q.C.:
 19 Q. Looks something like "public January -
 20 DR. HOWELL:
 21 A. It looks like -
 22 CHAYTOR, Q.C.:
 23 Q. - 23rd?
 24 DR. HOWELL:
 25 A. Public 23rd, but I don't know what it means.

Page 58

1 CHAYTOR, Q.C.:
 2 Q. Okay, and then there's two or at least two
 3 items enumerated, "need for internal
 4 communication, monthly meeting, next is second
 5 week of January. Perhaps that was what this
 6 date might refer to. Have Dan Simmons there.
 7 Have communications person there," and the
 8 second item is "need to consider other
 9 groups." So what's being referred to with the
 10 oncologists, pathologists in this meeting?
 11 DR. HOWELL:
 12 A. At this point in time, the oncologists and
 13 pathologists are under considerable workloads,
 14 certainly feeling the weight of Commission of
 15 Inquiry coming up and their role and the
 16 gathering of information and all of the public
 17 things that are going on, and it was an
 18 attempt to bring them together to, I guess,
 19 debrief them, to hear from them, to support
 20 them in any way that we could, and I guess we
 21 were looking at ways to improve the whole
 22 internal communication piece, help them
 23 understand what was going on, answer any of
 24 their questions, and it's always a challenge.
 25 These people are working flat out all the

Page 59

1 time, getting them together for meetings is a
 2 challenge at the best of times, but we were
 3 trying to find a way to do that effectively.
 4 CHAYTOR, Q.C.:
 5 Q. So the need for internal communications and
 6 having them meet monthly, the oncologists and
 7 pathologists, that's with respect to -
 8 DR. HOWELL:
 9 A. Support through the process that we're
 10 currently engaged in.
 11 CHAYTOR, Q.C.:
 12 Q. The Inquiry, as opposed to the sharing--
 13 finding time for the sharing of information to
 14 be able to do their jobs?
 15 DR. HOWELL:
 16 A. No, no, this was specific to the Inquiry and
 17 support for them.
 18 CHAYTOR, Q.C.:
 19 Q. So that was the purpose, and then has that
 20 taken place, that there has been monthly
 21 meetings?
 22 DR. HOWELL:
 23 A. There are meetings happening, but I would say
 24 they're more ad-hoc. I can't remember--I've
 25 had meetings with oncologists separately.

Page 60

1 I've had meetings with pathologists
 2 separately. I know Ms. Pilgrim has had some
 3 of those. They've had some of their own.
 4 There is a group that gets together on Fridays
 5 to talk about any ongoing issues and to
 6 support each other. At this point in time, it
 7 was to have Mr. Simmons help answer any
 8 questions from the legal point of view and the
 9 communications people to talk about some of
 10 the communications issues. Again, to get that
 11 flow of information going back and forth. But
 12 it was more specific to what we're currently
 13 experiencing.
 14 CHAYTOR, Q.C.:
 15 Q. Did it have anything to do with the sharing
 16 with the Commission of the external review
 17 reports?
 18 DR. HOWELL:
 19 A. No, that was not part of -
 20 CHAYTOR, Q.C.:
 21 Q. That wasn't discussed?
 22 DR. HOWELL:
 23 A. That was not the, what this was about.
 24 CHAYTOR, Q.C.:
 25 Q. The need to consider other groups. What other

Page 61

1 groups are being considered?
 2 DR. HOWELL:
 3 A. Well I think this was a note to self more than
 4 anything, is that we were doing this for
 5 oncologists and pathologists, you know, were
 6 there other groups that we should be
 7 considering similar such updates for.
 8 CHAYTOR, Q.C.:
 9 Q. And what was the ultimate answer to that? Was
 10 there a similar thing arranged for the
 11 technologists?
 12 DR. HOWELL:
 13 A. There is not an ongoing regular meeting
 14 established for technologists?
 15 CHAYTOR, Q.C.:
 16 Q. And why is that?
 17 DR. HOWELL:
 18 A. Although I know that--you know, within the lab
 19 itself, Dr. Denic has certainly had meeting
 20 with managers and I think has made sure that
 21 he is showing a presence regularly throughout
 22 the laboratory. I, myself, have done multiple
 23 walk-about in the laboratory and again,
 24 trying to show support. But there wasn't a
 25 meeting set up on a regular basis.

Page 62

1 CHAYTOR, Q.C.:
 2 Q. If I could then go to page--or I'm sorry, it's
 3 exhibit P-1424, page one. And I take it the
 4 meeting that was scheduled to take place then,
 5 again in mid January with the oncologists and
 6 pathologists, you don't have noted of that
 7 meeting?
 8 DR. HOWELL:
 9 A. No, I don't.
 10 CHAYTOR, Q.C.:
 11 Q. This is then, looks to be a meeting with
 12 Robert Thompson, January 25th, 2008, is that
 13 correct?
 14 DR. HOWELL:
 15 A. Correct.
 16 CHAYTOR, Q.C.:
 17 Q. And what was the purpose of this meeting?
 18 DR. HOWELL:
 19 A. As you're aware, Mr. Thompson had initiated,
 20 had engaged NLCHI to do their own database and
 21 review, and this would have been a meeting
 22 with him and others, and in this case, I
 23 haven't listed, I think, the others who would
 24 have participated in that. I don't know, only
 25 because, again, this was not a project that I

Page 63

1 was intimately involved in. I was very much
 2 on the periphery of it and so this would have
 3 been very rough notes taken through this that,
 4 again, I must admit I was leaving to others to
 5 process through.
 6 CHAYTOR, Q.C.:
 7 Q. So do you recall who else attended the
 8 meeting?
 9 DR. HOWELL:
 10 A. I do not.
 11 CHAYTOR, Q.C.:
 12 Q. But it certainly was more than just you and
 13 Mr. Thompson?
 14 DR. HOWELL:
 15 A. Oh, absolutely and there were several meetings
 16 where there were--Mr. Thompson would have been
 17 there, representatives from NLCHI would have
 18 been there, Debbie Gregory who was doing work
 19 for Mr. Thompson, and Ms. Pilgrim would have
 20 been present for all of these.
 21 CHAYTOR, Q.C.:
 22 Q. And was this meeting done at Mr. Thompson's
 23 request?
 24 DR. HOWELL:
 25 A. I believe that is the case.

Page 64

1 CHAYTOR, Q.C.:
 2 Q. And we see a bunch of numbers written here on
 3 your page. Do you recall what was discussed
 4 in the meeting?
 5 DR. HOWELL:
 6 A. These are random numbers, even last evening I
 7 had a look at this again in anticipation and I
 8 really cannot speak eloquently to any of these
 9 numbers. As I say, it was not a project that
 10 I was working on and I think at that point
 11 they were just coming to the conclusion and
 12 close to finishing their database, but even at
 13 that point, I had the impression that there
 14 was still some final work that needed to be
 15 done.
 16 CHAYTOR, Q.C.:
 17 Q. The first one is numbered one, "total number
 18 of patients to Mount Sinai" and there's the
 19 number 998. And over on the side in brackets
 20 (939), we've certainly seen that number.
 21 DR. HOWELL:
 22 A. Correct.
 23 CHAYTOR, Q.C.:
 24 Q. In a lot of documentation and then number two,
 25 add in positives and it equals, you've got

Page 65

1 1016, in brackets (sent in error), I take it
 2 that means the positives being sent in error?
 3 DR. HOWELL:
 4 A. Correct.
 5 CHAYTOR, Q.C.:
 6 Q. And then three, number of deceased equals, and
 7 there's two numbers, you're not able to say
 8 where those two numbers come from?
 9 DR. HOWELL:
 10 A. No, I'm not sure of the difference.
 11 CHAYTOR, Q.C.:
 12 Q. Okay, and then in brackets, of course the 176
 13 number.
 14 DR. HOWELL:
 15 A. Correct.
 16 CHAYTOR, Q.C.:
 17 Q. That we've seen in the historical data from
 18 Eastern Health.
 19 DR. HOWELL:
 20 A. That's correct.
 21 CHAYTOR, Q.C.:
 22 Q. Then four, "ER/PR tests for a total of 2,760"
 23 and DCIS, is that a fifty?
 24 DR. HOWELL:
 25 A. That's a fifty.

Page 66

1 CHAYTOR, Q.C.:
 2 Q. And then we have some more numbers here and
 3 five, "variance between labs (study) twenty
 4 percent", do you recall what that was
 5 referring to?
 6 DR. HOWELL:
 7 A. I think there was some discussion about, they
 8 had done a literature review and looked at
 9 some of the information about false negatives
 10 and false positives and I think, I believe
 11 that that twenty percent represented some
 12 consensus in the literature about twenty
 13 percent, but again, I can't speak for certain
 14 what I--it would have been something I heard
 15 in that meeting.
 16 CHAYTOR, Q.C.:
 17 Q. And the numbers just above there, it looks
 18 like 998 patients?
 19 DR. HOWELL:
 20 A. Correct.
 21 CHAYTOR, Q.C.:
 22 Q. Equals 1091 tests, removed DCIS equals 1000
 23 tests and then you've got numerator. Was this
 24 an attempt or was there discussion in the
 25 meeting as to trying to figure out a

Page 67

1 conversion rate?
 2 DR. HOWELL:
 3 A. I don't recall, the big thing I recall from
 4 that particular point was again, always trying
 5 to make the distinction between talking about
 6 numbers of patients and numbers of tests and
 7 that, you know, those were not the same thing.
 8 CHAYTOR, Q.C.:
 9 Q. Because some of the patients had more than one
 10 sample sent?
 11 DR. HOWELL:
 12 A. Correct.
 13 CHAYTOR, Q.C.:
 14 Q. So there's some variance there.
 15 DR. HOWELL:
 16 A. Right.
 17 CHAYTOR, Q.C.:
 18 Q. And number six, "Why not test positives" and
 19 what does this say?
 20 DR. HOWELL:
 21 A. "False positive test."
 22 CHAYTOR, Q.C.:
 23 Q. "Should be twenty to thirty, query answer."
 24 What's that about?
 25 DR. HOWELL:

Page 68

1 A. I'm not certain what that referred to, again,
 2 it would have been--someone would have made
 3 the comment or the question would have been
 4 raised, why not test the positives and what
 5 would be the false positive test rate for such
 6 a test. What did the literature show and I
 7 think Ms. Gregory had been gathering some of
 8 that data.
 9 CHAYTOR, Q.C.:
 10 Q. And it says, "Package on communications" is
 11 that right?
 12 DR. HOWELL:
 13 A. Right.
 14 CHAYTOR, Q.C.:
 15 Q. And what was that, was there a package given
 16 to you?
 17 DR. HOWELL:
 18 A. I'm not sure, again they are random comments,
 19 package on communications and changes in the
 20 lab, I'm not sure what those two notes mean.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. And then it appears if we go to the
 23 next page, that there's another meeting with
 24 Mr. Thompson and others from the department,
 25 the CEOs and Department of Health, February 6,

Page 69

1 2008, Mr. Thompson, Mr. Keats, CEOs, and we
 2 have Karen McGrath from Central, I'm sorry,
 3 what does the rest of this say?
 4 DR. HOWELL:
 5 A. CEO from Labrador and I'm not sure who Devon
 6 is and Ms. Jones, myself and John Peddle, this
 7 was, as I recall that was a, I think this was
 8 a conference call, we were having an executive
 9 meeting in Whitbourne. Ms. Jones left the
 10 meeting to go and take the conference call and
 11 came back in the room and said you should be
 12 in on this call as well. And so I left the
 13 meeting and joined them on the conference
 14 call.
 15 CHAYTOR, Q.C.:
 16 Q. So this meeting that's referred to here, this
 17 was not a face-to-face meeting, this was done
 18 by conference call?
 19 DR. HOWELL:
 20 A. My recollection is this was a conference call
 21 and we were in Whitbourne at the time. I
 22 think we can confirm that if we looked at the
 23 dates of executive meetings.
 24 CHAYTOR, Q.C.:
 25 Q. And you left your meeting in Whitbourne and

Page 70

1 joined Ms. Jones in a conference call.
 2 DR. HOWELL:
 3 A. We just went to a separate room and joined the
 4 conference call.
 5 CHAYTOR, Q.C.:
 6 Q. And why did Ms. Jones think you should be in
 7 on this conference call?
 8 DR. HOWELL:
 9 A. I think once she got on the call she realized
 10 that Dr. Jenkins, who is my counterpart from
 11 Western, was on the call.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, his name is not listed here, I don't
 14 think.
 15 DR. HOWELL:
 16 A. No, no, but I believe that is so.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, and do you recall then you have--you do
 19 have a fairly detailed two pages of notes on
 20 this conference call, so perhaps you could
 21 just take us through. Number one is self-
 22 explanatory; number two, "What have we
 23 learned?" There's an arrow then and "actions,
 24 robust database/integrated skilled resource
 25 and decision support" is that what this says?

Page 71

1 And document management, enterprise
 2 management, so who's putting this forward
 3 "What have we learned?" Is this somebody
 4 speaking and you're just taking the notes?
 5 DR. HOWELL:
 6 A. I think that this was multiple people
 7 participating in this discussion and this is
 8 finally getting to the heart of some of the
 9 most troubling issues that bothered me and I
 10 was finally feeling that it was being heard
 11 and may get some action at the level that it
 12 needed to happen. So number two refers to
 13 "What have we learned?" and one of those
 14 things was that we need a robust database that
 15 is fully integrated, so certainly it needs to
 16 be integrated across the region in Eastern
 17 Health, but the realization that there needed
 18 to be better communications through the region
 19 and good integration really throughout all the
 20 four health authorities. The second bullet
 21 there refers to the need for a skilled
 22 resource that no longer, when we have major
 23 events with such impact on people that require
 24 in depth actions that we can no longer assign
 25 that to somebody who already has a full case

Page 72

1 load, so there needed to be a dedicated
 2 resource available to take up such activities
 3 and run with them, and that that individual
 4 needed to have project management skills that
 5 enabled one to manage it in the level of
 6 detail that it was necessary. And if you
 7 could marry the integrated database with that
 8 quality of person, then you could do a much
 9 more accurate job.
 10 CHAYTOR, Q.C.:
 11 Q. Should a similar situation arise in the
 12 future. So this was looking at should
 13 something like this happen down the road.
 14 DR. HOWELL:
 15 A. That's correct. And the document management
 16 piece -
 17 CHAYTOR, Q.C.:
 18 Q. That speaks for itself.
 19 DR. HOWELL:
 20 A. - marries into that as well.
 21 CHAYTOR, Q.C.:
 22 Q. Right, what about enterprise management, what
 23 does that mean?
 24 DR. HOWELL:
 25 A. Well it's all part of the document management

Page 73

1 piece, it's the integration of documents and
 2 being able to do appropriate searches in an
 3 accurate manner.
 4 CHAYTOR, Q.C.:
 5 Q. So again the enterprise management meaning in
 6 the event of an adverse event?
 7 DR. HOWELL:
 8 A. Correct, this was all arising, I think, out of
 9 Mr. Thompson's guidance on the task force on
 10 adverse events.
 11 CHAYTOR, Q.C.:
 12 Q. And then number there, "quality assurance", it
 13 talks about "in Ontario all labs being
 14 accredited, must be province wide, arranged by
 15 all"?
 16 DR. HOWELL:
 17 A. "Accepted by all".
 18 CHAYTOR, Q.C.:
 19 Q. "Accepted", thank you. "Standardization and"-
 20 -is that a question mark?
 21 DR. HOWELL:
 22 A. "And interpretation".
 23 CHAYTOR, Q.C.:
 24 Q. "And interpretation. Issue where many sites
 25 interact should single site have authority

Page 74

1 lead", is that what that says?
 2 DR. HOWELL:
 3 A. Correct.
 4 CHAYTOR, Q.C.:
 5 Q. And does this say "policy" over here?
 6 DR. HOWELL:
 7 A. That's says "politic".
 8 CHAYTOR, Q.C.:
 9 Q. "Politic", what's that about?
 10 DR. HOWELL:
 11 A. It's the issue whereby when you have many
 12 sites involved and they're all doing work and
 13 some things are sent to one site to have part
 14 of it done and then sent back for
 15 interpretation et cetera, maybe in order to
 16 get the best end product we need to
 17 consolidate that into a particular site for it
 18 to be done in that area. And recognizing that
 19 in many of these very complex procedures,
 20 having a smaller number of people doing it and
 21 for some of these things, and I think we've
 22 heard that in the whole ER/PR situation, the
 23 minimum number to maintain proficiency is 250.
 24 For other things like Paps smear screening, et
 25 cetera, you know, I've heard numbers of

Page 75

1 minimum number of 5,000, et cetera. Yet
 2 throughout the province we have different
 3 areas doing different things and have so, done
 4 so for many years and there are other
 5 influencing factors such as employment in the
 6 regions that are also part of the decision
 7 making of what will stay in a region and what
 8 will be moved. So any time you are looking at
 9 making a change where you are consolidating to
 10 another site, then obviously there will be
 11 concerns raised if that's going to impact
 12 employment in that area, for example, so
 13 that's where the politic piece comes in.
 14 CHAYTOR, Q.C.:
 15 Q. And was there any consensus in the group or
 16 the people on the call around this issue?
 17 DR. HOWELL:
 18 A. It was a question and required further work.
 19 I don't think that there was any great
 20 consensus on where that was.
 21 CHAYTOR, Q.C.:
 22 Q. Number five, "TOR" what does that stand for?
 23 DR. HOWELL:
 24 A. Terms of Reference.
 25 CHAYTOR, Q.C.:

Page 76

1 Q. Terms of Reference for the Task Force?
 2 DR. HOWELL:
 3 A. I believe that to be so.
 4 CHAYTOR, Q.C.:
 5 Q. "Should it include what tests should be
 6 doing".
 7 DR. HOWELL:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. And then can you read your writing there?
 11 DR. HOWELL:
 12 A. "? benchmarks, ? national standards", so as we
 13 look at the size of our province and the type
 14 of, you know, the quantity of work we would
 15 have and the complexity, as we look at this
 16 issue should we be considering what tests we
 17 do and are capable of doing the best practice,
 18 and are there benchmarks out there and
 19 national standards for any given test, we
 20 should look for those and we should
 21 incorporate them and if we can't, we probably
 22 should be looking at outsourcing.
 23 CHAYTOR, Q.C.:
 24 Q. And then number six talks about communication
 25 protocols?

Page 77

1 DR. HOWELL:
 2 A. Correct.
 3 CHAYTOR, Q.C.:
 4 Q. "Patients' right to know, patients' right to
 5 participate."
 6 DR. HOWELL:
 7 A. To participate.
 8 CHAYTOR, Q.C.:
 9 Q. And again are these comments in the group or -
 10 DR. HOWELL:
 11 A. These are the search for some general
 12 principles to look at how better to be
 13 communicating on a large public disclosure
 14 format.
 15 CHAYTOR, Q.C.:
 16 Q. Okay, and was there consensus in the group
 17 with respect to those points that you've
 18 listed?
 19 DR. HOWELL:
 20 A. I don't believe this discussion was as much
 21 about achieving consensus as putting the
 22 information out there as to some of the things
 23 that we need to search and find answers for.
 24 CHAYTOR, Q.C.:
 25 Q. So it was sort of a brain-storming exercise

Page 78

1 where anybody could come up with a suggestion.
 2 DR. HOWELL:
 3 A. That is correct.
 4 CHAYTOR, Q.C.:
 5 Q. And then it says "advise media 'early' allows
 6 patients to self identify"?
 7 DR. HOWELL:
 8 A. Correct.
 9 CHAYTOR, Q.C.:
 10 Q. And what's the -
 11 DR. HOWELL:
 12 A. "Marries to database", so if we build a
 13 database internally by, we're looking at the
 14 advantages of that, if you go out early and
 15 you let people know, one of the advantages,
 16 the data that patients coming forward helps
 17 marry into your own database and helps again
 18 build the accuracy.
 19 CHAYTOR, Q.C.:
 20 Q. And do you recall who, out of those on the
 21 call was suggesting this as a positive thing,
 22 to advise the media early?
 23 DR. HOWELL:
 24 A. There may have been multiple people talking
 25 this line. I couldn't say if there's any one

Page 79

1 person.
 2 CHAYTOR, Q.C.:
 3 Q. Did you agree with that suggestion?
 4 DR. HOWELL:
 5 A. Absolutely, but I think you need to keep going
 6 down through the bullets now to understand
 7 some of the other points.
 8 CHAYTOR, Q.C.:
 9 Q. Yes, okay. The balance then is the next one,
 10 "balance against privacy and doctor patient
 11 relationship."
 12 DR. HOWELL:
 13 A. Patient relationship, correct.
 14 CHAYTOR, Q.C.:
 15 Q. Okay, and then "priority of individual verses
 16 group notification."
 17 DR. HOWELL:
 18 A. Correct.
 19 CHAYTOR, Q.C.:
 20 Q. So I take it that's self-explanatory?
 21 DR. HOWELL:
 22 A. Well I hope it is, obviously you know, part of
 23 that discussion is when you have an event do
 24 you want patients to first hear about it on a
 25 newscast or do you want patients to first hear

Page 80

1 about it individually where you can deal with
 2 their concerns.
 3 CHAYTOR, Q.C.:
 4 Q. And was there any consensus of the group on
 5 that question?
 6 DR. HOWELL:
 7 A. There was not at that point.
 8 CHAYTOR, Q.C.:
 9 Q. And what's your own person view on that?
 10 DR. HOWELL:
 11 A. My personal point is if it were my wife that
 12 was getting bad news, I don't want to hear it
 13 on CBC first.
 14 CHAYTOR, Q.C.:
 15 Q. And define large group, what are you referring
 16 to there?
 17 DR. HOWELL:
 18 A. Was part of the discussion was we need to get
 19 our heads around when this is a major issue
 20 that you have to go public, is it five people,
 21 twenty people, a hundred people, two hundred
 22 people? How--when do you decide that we must
 23 now go public with this?
 24 CHAYTOR, Q.C.:
 25 Q. And defining adverse event, I take it there

Page 81

1 was discussion around a definition of adverse
 2 event and when an event occurs, here are
 3 questions to ask. So was it people trying to
 4 come up with questions, almost like a template
 5 of what you would need to have addressed or
 6 asked at that point in time?
 7 DR. HOWELL:
 8 A. It was the understanding that we would move--
 9 that when an event happened, that we don't
 10 start from scratch, that we learn, very much
 11 learn from what we've been through and that
 12 there will be a template, there will be an
 13 algorithm that will follow that will help us
 14 make those difficult questions--or answer
 15 those difficult questions.
 16 CHAYTOR, Q.C.:
 17 Q. And do you understand that that's what the
 18 task force is working on?
 19 DR. HOWELL:
 20 A. I believe that will be part of the outcome.
 21 CHAYTOR, Q.C.:
 22 Q. "Need further work on defining obligations of
 23 CEOs. Where does the board of directors fit
 24 in?" And "Need common bylaws."
 25 DR. HOWELL:

Page 82

1 A. Correct.
 2 CHAYTOR, Q.C.:
 3 Q. And is that the medical bylaws, medical staff
 4 bylaws?
 5 DR. HOWELL:
 6 A. That is correct.
 7 CHAYTOR, Q.C.:
 8 Q. The next meeting then that you have here is, I
 9 take it, oncologists and pathologists again.
 10 And they're meeting February 12th, 2008. And
 11 they are joined by Robert Thompson, Dr. Reza
 12 and Debbie Gregory, Tracy and Don. Don being
 13 Don MacDonald, I take it, from NLCHI.
 14 DR. HOWELL:
 15 A. I believe so.
 16 CHAYTOR, Q.C.:
 17 Q. And you were also in attendance, I take it?
 18 DR. HOWELL:
 19 A. I was.
 20 CHAYTOR, Q.C.:
 21 Q. Is this a list of names on the side of people
 22 who attended?
 23 DR. HOWELL:
 24 A. I believe that to be so.
 25 CHAYTOR, Q.C.:

Page 83

1 Q. Okay, it's cut off. And can't really--there's
 2 some that we could probably figure out. Maybe
 3 Sharon Smith was there, Heather Predham. Do
 4 you recall who was in attendance?
 5 DR. HOWELL:
 6 A. I think that says "Kara."
 7 CHAYTOR, Q.C.:
 8 Q. Kara Laing. Are you able to remember,
 9 identify who else was in attendance?
 10 DR. HOWELL:
 11 A. I have my books with me, if you need me to get
 12 that, I can get it for you.
 13 CHAYTOR, Q.C.:
 14 Q. Okay. Well, then, perhaps that's what I--
 15 we'll get you to check that for us afterwards.
 16 DR. HOWELL:
 17 A. Okay.
 18 CHAYTOR, Q.C.:
 19 Q. And what was the purpose then, who asked for
 20 this meeting?
 21 DR. HOWELL:
 22 A. I don't know. It may have been, it may have
 23 been at the requests of Mr. Thompson or we may
 24 have been aware that he wished to share some
 25 information with this group and get feedback,

Page 84

1 but I don't who initiated the meeting.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. And what was the purpose then of the
 4 meeting?
 5 DR. HOWELL:
 6 A. I'd need to skim down through the notes, if I
 7 could?
 8 CHAYTOR, Q.C.:
 9 Q. Sure, go right ahead, yes. I think it's just
 10 that one page.
 11 DR. HOWELL:
 12 A. I believe this to be, again, they have the
 13 database, they have data. I think Mr.
 14 Thompson wished to discuss it with the
 15 clinicians, the oncologists, pathologists in
 16 particular and to get feedback for further
 17 understanding and was there any other analysis
 18 of the data that needed to be pursued.
 19 CHAYTOR, Q.C.:
 20 Q. Okay. And do you recall any suggestions being
 21 put forward as to other analysis that needed
 22 to be done?
 23 DR. HOWELL:
 24 A. I'm not sure if this is the meeting the whole
 25 issue of the role--while all the focus at that

Page 85

1 point in time, and I'm not certain this is the
 2 meeting, but I believe it may be, that to that
 3 point the whole focus had been more on ER
 4 receptor, and I think that the oncologists
 5 pointed out that PR receptor was also
 6 important and it governed part of their
 7 decision making, and so that to focus totally
 8 on ER was not appropriate, that you needed
 9 that other information. I believe that came
 10 up in that particular meeting or it could have
 11 been an earlier meeting, as a result of that
 12 caused them to do some further analysis.
 13 CHAYTOR, Q.C.:
 14 Q. So in terms of it being extremely rare,
 15 perhaps as low as two percent, for example, to
 16 have PR positive but ER negative, so that kind
 17 of a discussion around that, is that what was
 18 being discussed?
 19 DR. HOWELL:
 20 A. Right. And the fact that there were cases
 21 where a patient might be ER negative and PR
 22 positive that would have caused the
 23 oncologists to decide that they were going to
 24 initiate hormone treatment. But I am now in
 25 over my head and would defer that to the

Page 86

1 oncologists to answer.
 2 CHAYTOR, Q.C.:
 3 Q. So they treat it on the basis of the PR
 4 positivity rate knowing that it would be rare
 5 to have PR positive and ER negative?
 6 DR. HOWELL:
 7 A. Again, I'm over my head here in discussing
 8 this.
 9 CHAYTOR, Q.C.:
 10 Q. Was there any discussion about whether or not
 11 those trends were being tracked by anyone at
 12 Eastern Health?
 13 DR. HOWELL:
 14 A. No, I think that that was new information that
 15 caused them to go back and do further analysis
 16 on the database?
 17 CHAYTOR, Q.C.:
 18 Q. And was there then discussion in terms of the
 19 analysis on the database, was there a
 20 discussion as to figuring out how many
 21 patients fit in that category, that they were
 22 PR positive but ER negative and doing any
 23 analysis around those figures?
 24 DR. HOWELL:
 25 A. There was a broad ranging discussion and it

Page 87

1 was identified that there did need to be
 2 further analysis. And beyond that, I could
 3 not, with any accuracy, tell you where it went
 4 from there.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. Certainly then the top of your page
 7 here says that it's ER/PR that's being
 8 discussed and equal status of the receptor.
 9 And it comes on down to some numbers here,
 10 "One percent ER, St. John's; 460 NLCHI versus
 11 351 Eastern Health." I take it there was some
 12 discrepancy in the numbers determined by NLCHI
 13 versus those of Eastern Health?
 14 DR. HOWELL:
 15 A. I believe that to be so.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. But NLCHI then, it says, "NLCHI used ER
 18 only. Likely 100 patients ER negative." And
 19 what does that say?
 20 DR. HOWELL:
 21 A. "PR positive."
 22 CHAYTOR, Q.C.:
 23 Q. And is there something in between there,
 24 though, in between the "ER negative" something
 25 "PR positive"?

Page 88

1 DR. HOWELL:
 2 A. No.
 3 CHAYTOR, Q.C.:
 4 Q. No, okay.
 5 DR. HOWELL:
 6 A. It's just a comma.
 7 CHAYTOR, Q.C.:
 8 Q. "1998 is a concern. May have to exclude."
 9 What was the concern regarding 1998?
 10 DR. HOWELL:
 11 A. Again, it seemed that the data from 1998
 12 seemed out of--didn't seem in line with the
 13 rest of the data, and I think they were trying
 14 to understand why. But I really, beyond that,
 15 I wasn't really focused heavily on this
 16 database and there'll be others who can speak
 17 much better to it than I.
 18 CHAYTOR, Q.C.:
 19 Q. Positivity rate expectation is indicated to be
 20 70 to 80 percent. And then "Age and stage
 21 factors." And what's this word?
 22 DR. HOWELL:
 23 A. I don't know.
 24 CHAYTOR, Q.C.:
 25 Q. Okay.

Page 89

1 DR. HOWELL:
 2 A. I'm sorry.
 3 CHAYTOR, Q.C.:
 4 Q. Okay. And then "Numerator," if we come down,
 5 "Numerator, number of changes. Denominator,
 6 negatives (depends on cutoff)." So I take it
 7 this was trying to figure out a conversion
 8 rate?
 9 DR. HOWELL:
 10 A. Correct.
 11 CHAYTOR, Q.C.:
 12 Q. Okay. And then "Number of changes" and "total
 13 tests" is the denominator?
 14 DR. HOWELL:
 15 A. Correct.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. Was somebody putting forward, were
 18 there two different things being put forward
 19 here in terms of how to figure out a
 20 conversion rate?
 21 DR. HOWELL:
 22 A. I think it was a discussion about how to best
 23 understand the numbers, but--and come up with
 24 a rate.
 25 CHAYTOR, Q.C.:

Page 90

1 Q. And do you recall who would have been putting
 2 forward the calculation on the basis of number
 3 of changes?
 4 DR. HOWELL:
 5 A. No. There would have been many people talking
 6 at this point in time. NLCHI folks would have
 7 had input here, Mr. Thompson, the clinicians
 8 who were present, but I don't know who
 9 specifically in all of that was -
 10 CHAYTOR, Q.C.:
 11 Q. You don't remember who would have been
 12 suggesting one way or the other?
 13 DR. HOWELL:
 14 A. No, I do not.
 15 CHAYTOR, Q.C.:
 16 Q. But certainly you've written both down, so I
 17 take it both were being proposed by somebody
 18 in the room?
 19 DR. HOWELL:
 20 A. There was a discussion.
 21 CHAYTOR, Q.C.:
 22 Q. 1998, is that what this is, and then "60/40,
 23 2007, 75 to 80 percent." And perhaps is this--
 24 --does this shed any light on what the problem
 25 might be with 1998, was it that the--is that

Page 91

1 any indication of positivity rates or anything
 2 like that?
 3 DR. HOWELL:
 4 A. I don't know what the 60/40 was referring to.
 5 CHAYTOR, Q.C.:
 6 Q. You indicated that one of the things in this
 7 or purposes for the meeting was to identify
 8 whether or not further analysis might need to
 9 be done or any suggestions for further
 10 analysis based on the database information.
 11 Did anyone express any concern as to purposes
 12 for which they did not want the information to
 13 be used?
 14 DR. HOWELL:
 15 A. No, not that I recall. You know, as I recall
 16 this meeting was we've finally gotten this
 17 database very close, we are doing analysis and
 18 now we're going to share some of the data and
 19 give people the opportunity to input to that,
 20 to challenge some of any assumptions that
 21 we've made and to, if there are other ways to
 22 do analysis on the data, then we should be
 23 doing it.
 24 CHAYTOR, Q.C.:
 25 Q. Okay. And no concerns or cautions expressed

Page 92

1 in terms of interpreting the data?
 2 DR. HOWELL:
 3 A. I think there were concerns expressed from the
 4 oncologists, perhaps, that you, you know,
 5 you're ignoring the PR, I believe that part
 6 came up.
 7 CHAYTOR, Q.C.:
 8 Q. That point, yes, which we discussed.
 9 DR. HOWELL:
 10 A. Beyond that, were there other arguments about
 11 the -
 12 CHAYTOR, Q.C.:
 13 Q. No, not necessarily arguments, but just any--
 14 wondering if there were any concerns or
 15 cautions noted as to how the data should be
 16 interpreted?
 17 DR. HOWELL:
 18 A. You know, I seem to believe that the clinical
 19 people in the room really felt that there were
 20 people up doing this database and number
 21 crunching who did not maybe understand the
 22 science of the whole management of breast
 23 cancer and the ER/PR issue. And but, beyond
 24 that to any specific items, I don't recall
 25 that being the case, I think -

Page 93

1 CHAYTOR, Q.C.:

2 Q. Okay. And, Doctor, then my final area of

3 questioning for you then, I'd just like to

4 speak about the deceased patients' results. I

5 understand that in February then of 2008, this

6 year, Eastern Health made its public

7 announcement that retest results were

8 available for the patients who were deceased.

9 Were you involved at all in that decision

10 making?

11 DR. HOWELL:

12 A. Could you be a little clearer about the

13 decision making to -

14 CHAYTOR, Q.C.:

15 Q. The decision making in terms of to, well,

16 first of all, go back and have the deceased,

17 all of the deceased retested and then how that

18 would be communicated to the families

19 affected?

20 DR. HOWELL:

21 A. The decision to do the remaining deceased

22 patients was, as I remember, a decision of Mr.

23 Tilley's as announced in the news conference

24 in May and from there Ms. Pilgrim and quality

25 risk management took on that project.

Page 94

1 CHAYTOR, Q.C.:

2 Q. And who has been handling the contact with the

3 families?

4 DR. HOWELL:

5 A. That has, to the best of my knowledge that has

6 been handled through quality risk management

7 and through the Cancer Care Program. I know

8 that the program director in cancer care has

9 been talking to a great many patients and I

10 think some of the folks in quality and risk

11 management have, as well.

12 CHAYTOR, Q.C.:

13 Q. Okay. Did you encounter any difficulty in

14 having physicians agree to participate in that

15 process?

16 DR. HOWELL:

17 A. I did. That probably was the area in which I

18 was involved. It was the primarily from the

19 oncologists, the oncologists were reluctant to

20 go back to look at the deceased's files. We

21 had discussions about running a tumor board

22 for those files. And we--a lot of that

23 discussion, as I remember, came to going back

24 to that same point again, why did we do this.

25 It was to find the patients that we could

Page 95

1 help. And, you know, I was referred back to

2 the ethics review that was done. And then the

3 other dilemma that we were facing was the

4 whole resourcing piece in that the oncologists

5 were already feeling the strain of the

6 workload, plus all the meetings and issues

7 that we were having as we prepared for this

8 Inquiry. And so if you looked at why this was

9 done, you looked at ethics review, you looked

10 at resourcing to do any tumor panels or to

11 meet with the families of deceased patients,

12 that was a challenge for them. And the final

13 thing, and I had some very heart-to-heart

14 discussions with Dr. Laing about this, was

15 that if we take those files and we review

16 those files and we then sit down with a

17 patient to try to--or to the family to try to

18 answer the question of what difference it

19 might have made if they took Tamoxifen, that

20 it would be impossible to answer that question

21 with any surety. And in addition to that,

22 that you could have two different oncologists

23 review a file and that they may come back with

24 a different opinion. So -

25 CHAYTOR, Q.C.:

Page 96

1 Q. Different opinion on that one issue, one

2 question?

3 DR. HOWELL:

4 A. On what the outcome might be.

5 CHAYTOR, Q.C.:

6 Q. And I guess generalities could be given,

7 though, to the family in terms of what the

8 general outcomes are and additional benefits

9 of Tamoxifen, that kind of discussion could

10 take place?

11 DR. HOWELL:

12 A. Very general discussion could ensue.

13 CHAYTOR, Q.C.:

14 Q. I take it that -

15 DR. HOWELL:

16 A. I'm just sharing with you -

17 CHAYTOR, Q.C.:

18 Q. - the oncologists -

19 DR. HOWELL:

20 A. - the gist of the discussion.

21 CHAYTOR, Q.C.:

22 Q. Yes, sorry. Right. And I want to get an

23 understanding of what you understood the

24 concerns was. I take it, though, that the

25 oncologists had no difficulty meeting with

Page 97

1 families of their own actual patients?
 2 DR. HOWELL:
 3 A. My understanding is they were already doing
 4 that, that there had been contact and
 5 discussions had with their own patients, but -
 6 CHAYTOR, Q.C.:
 7 Q. And so they were able to have that discussion
 8 and answer questions for their own patients'
 9 families?
 10 DR. HOWELL:
 11 A. And my understanding is they were prepared to
 12 continue to do that. But to go back to
 13 patients that had been looked after by another
 14 oncologists who was no longer in this
 15 jurisdiction and to give opinion, that they
 16 were very reluctant to do that.
 17 CHAYTOR, Q.C.:
 18 Q. And to give an opinion may be one thing, but I
 19 mean, to give information to the family is
 20 really what the families, I take it, would be
 21 looking mostly for, their family member's
 22 information. How has it been resolved, what's
 23 happening with respect to families of patients
 24 who no longer have an oncologist with Eastern
 25 Health?

Page 98

1 DR. HOWELL:
 2 A. I am not entirely certain of where that is at
 3 this point because I've been out of the
 4 country for a month and I haven't -
 5 CHAYTOR, Q.C.:
 6 Q. And it wasn't resolved when you--as of a month
 7 ago?
 8 DR. HOWELL:
 9 A. They were continuing to attempt to resolve it
 10 and I think my understanding is that we did
 11 multiple media approaches and have made
 12 families aware that they can call. There has
 13 been an identified number to call. And I
 14 believe that some of that is being handled
 15 through quality, but as I said, I believe that
 16 the program director in cancer care has
 17 fielded some of those calls and each of them
 18 is really being handled in an ad hoc manner to
 19 find, trying to find solutions and to help
 20 families as best we can.
 21 CHAYTOR, Q.C.:
 22 Q. So if the family calls in and a physician can
 23 be identified for that patient still within
 24 Eastern Health, they get a doctor's meeting?
 25 DR. HOWELL:

Page 99

1 A. I believe that they are trying to do that on
 2 an ad hoc basis, but I have not been close to
 3 that for some time.
 4 CHAYTOR, Q.C.:
 5 Q. And if they don't still have their physician
 6 within Eastern Health, you don't know how
 7 that's being handled?
 8 DR. HOWELL:
 9 A. I don't know how that's currently proceeding.
 10 CHAYTOR, Q.C.:
 11 Q. If we could look at 1426, please? Actually,
 12 perhaps 1427 first. These are a couple of new
 13 documents we received last week, Doctor. E-
 14 mails, an e-mail from Heather Predham, October
 15 4th, 2007. And it's follow up to October 1st
 16 meeting, disclosure options. And she writes,
 17 "Hi Everyone" and again, this goes to Diane
 18 Smith, to Dan Simmons, number of people,
 19 including yourself, Louise Jones, yourself,
 20 Pat Pilgrim, Susan Bonnell, Terry Gulliver and
 21 others. "Hi Everyone, As promised at the last
 22 meeting and for discussion at the meeting on
 23 the 15th I am circulating to you two options
 24 of a possible letter for communicating the
 25 results of the deceased." So at that point in

Page 100

1 time it appears, Doctor, and the two options
 2 are attached here. And option 1 being, "And
 3 the results are available. If you would like
 4 to have them, please contact the undersigned
 5 at your earliest convenience and arrangements
 6 will be made to get this information to you."
 7 And then option 2 would actually state in the
 8 letter, "Your relatives original results" and
 9 what those original results were and upon
 10 retesting at Mount Sinai what they were. So
 11 the two options being that a letter would go
 12 out, one would identify the--option 2 would
 13 give the actual results and option 1 would
 14 give the family, if they wished to receive the
 15 results, a contact for them to be able to get
 16 the information. Do you recall this and the
 17 discussion around those letters?
 18 DR. HOWELL:
 19 A. I do.
 20 CHAYTOR, Q.C.:
 21 Q. Okay. And what can you tell us about that?
 22 DR. HOWELL:
 23 A. I recall there being a discussion as to what
 24 is the best way to communicate with the
 25 families of these patients and some discussion

Page 101

1 as to what is the best and the most humane way
 2 to do that. And the discussion being that
 3 some families would wish to have the detailed
 4 information and there may be those families
 5 out there who have moved on, have experienced
 6 great pain at the loss of a family member and
 7 that they may choose to not wish to go back to
 8 that pain again. And so we--one would say,
 9 like, be hard core, deliver the data, let them
 10 make their mind up and the other way would be
 11 to make them aware that the information is
 12 there if they wish it, put the control in
 13 their hands and then provide it.

14 CHAYTOR, Q.C.:
 15 Q. And if we could look at 1426, please? And you
 16 indicate that you had favoured option 1 in
 17 your reply, being not to spell out the
 18 information in the letter, but to give the
 19 family the option of calling?

20 DR. HOWELL:
 21 A. I put myself in the position and thought about
 22 if it applied to me, and I receiving a form
 23 letter with that kind of information in it,
 24 would not be what I wished, so I favoured
 25 option 1.

Page 102

1 CHAYTOR, Q.C.:
 2 Q. Could we go back, please, to 1427, page 3?
 3 Actually, page 2, this is fine. This is the
 4 draft letter, and it's "Dear," whoever, "As
 5 you may be aware, Eastern Health has been
 6 investigating the hormone receptor tests used
 7 after a person is diagnosed with breast
 8 cancer. As part of that investigation it was
 9 necessary to retest tissue samples of breast
 10 cancer patients originally tested between 1997
 11 and 2005 and whose results indicated that they
 12 were negative for estrogen receptors. The
 13 definition of negative that was used to
 14 identify those retested was less than 30
 15 percent for tests done from 1997 to 2000 and
 16 less than 10 percent for tests done from 2001
 17 to 2005." Why was it necessary to spell that
 18 out in the letter to the families of the
 19 deceased, the issue of what the cutoff may
 20 have been?

21 DR. HOWELL:
 22 A. I don't know. I didn't write the letter, I
 23 didn't participate in deciding what would go
 24 in it. The only thing I was asked to do is
 25 give my opinion on option 1 or option 2.

Page 103

1 CHAYTOR, Q.C.:
 2 Q. And, Doctor, those are all my questions unless
 3 there's anything else that you would like to
 4 share with the Commissioner that you think
 5 would be helpful to her?

6 DR. HOWELL:
 7 A. No, I think I've shared as much as I know.
 8 Thank you.

9 CHAYTOR, Q.C.:
 10 Q. Thank you.

11 COMMISSIONER:
 12 Q. Why don't we take the morning break before we
 13 begin cross-examination? Fifteen minutes.

14 (RECESS)

15 COMMISSIONER:
 16 Q. Please be seated. Mr. Pritchard.

17 MR. PRITCHARD:
 18 Q. Commissioner, thank you, I don't have any
 19 questions for this witness. Thank you.

20 COMMISSIONER:
 21 Q. Thank you. Mr. Browne?

22 MR. BROWNE:
 23 Q. Thank you, Commissioner.

24 DR. OSCAR HOWELL, EXAMINATION BY MR. PETER BROWNE
 25 MR. BROWNE:

Page 104

1 Q. Good morning, Dr. Howell.
 2 DR. HOWELL:
 3 A. Good morning, Mr. Browne.

4 MR. BROWNE:
 5 Q. I'd like just to cover a couple of areas with
 6 you. If we could bring up exhibit P-0046
 7 please? Doctor, this is Dr. Banerjee's report
 8 of October, 2005, the first report that he
 9 prepared upon review of the
 10 immunohistochemistry lab at the Health
 11 Sciences, and I believe you were questioned on
 12 this document and specifically in relation to
 13 a number of the recommendations that were--
 14 this document and his subsequent report, a
 15 number of the recommendations that have been
 16 followed through on. And if I can take you
 17 through, just bear with me--here we go. See
 18 the paragraph there on the screen, "The choice
 19 of antibody"?

20 DR. HOWELL:
 21 A. Correct.

22 MR. BROWNE:
 23 Q. Registrar, if we could please, enter exhibit
 24 P-1428.

25 THE COMMISSIONER:

Page 105

1 Q. It's one to be entered, is it or has been -
 2 MR. BROWNE:
 3 Q. Yes, please, if we could enter -
 4 THE COMMISSIONER:
 5 Q. Yes, entered.
 6 EXHIBIT P-1428 ENTERED.
 7 MR. BROWNE:
 8 Q. Now, Doctor, I'm going to switch back and
 9 forth there, but you'll see if you recall in
 10 Dr. Banerjee's report there's a reference in
 11 there to the use of a new antibody, the
 12 antibody SP1, which is a rabbit monoclonal
 13 antibody. Do you recall any discussion about
 14 that while you were in your position as VP
 15 Medical and that antibody being brought into
 16 service at the immunohistochemistry lab?
 17 DR. HOWELL:
 18 A. I was aware that they were looking at it and
 19 looking for it, but beyond that, I would be
 20 relying on the pathologists to -
 21 MR. BROWNE:
 22 Q. Sure. Sorry, Registrar, if we could go back
 23 to P-0046 please? Now you'll see in that
 24 paragraph, just take a moment and read that.
 25 The SP1 antibody is discussed there. And in

Page 106

1 particular, it's sort of the last couple of
 2 comments there, "the SP1 antibody results
 3 correlate better with patient response to
 4 Tamoxifen than a mouse monoclonal antibody
 5 results." And then it references a personal
 6 communication there with David Huntsman, who I
 7 understand is a physician in British Columbia.
 8 Now, just bearing that in mind, Doctor, this
 9 is written in October of 2005 by Dr. Banerjee
 10 and if we go back to--again, Registrar, if we
 11 could, 1428, you'll see this is an article
 12 discussing the same antibody and you'll see
 13 among the authors there, David Huntsmen, you
 14 see the second line there?
 15 DR. HOWELL:
 16 A. I do.
 17 MR. BROWNE:
 18 Q. And if we look at the side bar there for a
 19 minute, you'll see that this was first
 20 submitted in December of 2005 and accepted for
 21 publication in August of 2006, and then the
 22 publication itself, if you look up at the top,
 23 is not until December of 2006. So can you
 24 infer from there that this notion of and the
 25 recommendations that are in Dr. Banerjee's

Page 107

1 report about bringing this in, this rabbit
 2 monoclonal, the SP1 into use at the
 3 immunohistochemistry lab was fairly new, it
 4 was novel at that time, it wasn't even
 5 published, as we can see from this article.
 6 DR. HOWELL:
 7 A. That would appear to be so.
 8 MR. BROWNE:
 9 Q. Okay. Now as well, Doctor, if we could just
 10 go to page 5, and you'll see this paragraph
 11 where I have the cursor there, do you see
 12 that?
 13 DR. HOWELL:
 14 A. I do.
 15 MR. BROWNE:
 16 Q. What he seemed to be saying, what the author
 17 seems to be saying here is that this, they
 18 have discovered, at least from their research,
 19 that the SP1 antibody is superior to the ID5,
 20 which I think was in current use at the time,
 21 and that it helps differentiate and locate
 22 approximately six percent more of breast
 23 cancer patients who respond to Tamoxifen, is
 24 that a fair representation?
 25 DR. HOWELL:

Page 108

1 A. That quick read of, I can only read what
 2 you're reading, sir.
 3 MR. BROWNE:
 4 Q. Okay. So can I suggest to you, doctor, that
 5 what is being highlighted here in this article
 6 and the recommendations of Dr. Banerjee were
 7 somewhat before their time, this is an article
 8 that's in 2006 and the recommendation at least
 9 as what is pointed out with regard to the
 10 rabbit monoclonal was well in advanced of it
 11 being recognized in the literature?
 12 DR. HOWELL:
 13 A. I presume that's why he said consideration of
 14 using that antibody.
 15 MR. BROWNE:
 16 Q. Right. Now, if we go back to P-0046 for a
 17 minute, please, page 4, item No. 5, the
 18 disconnect between the laboratory program
 19 director and the divisional manager and
 20 clinical chief and laboratory director, in
 21 that there's an example of Sakura Express
 22 being one item that was failed to be
 23 implemented due to lack of planning. Are you
 24 aware whether or not there was any concern by
 25 pathologists about the type of fixative agent

Page 109

1 that was being used with the Sakura Express?
 2 DR. HOWELL:
 3 A. The specifics I was not aware of, I knew that
 4 there was something about that particular
 5 piece of machinery that they had discomfort
 6 with.
 7 MR. BROWNE:
 8 Q. Okay, and that would be the level of your
 9 knowledge?
 10 DR. HOWELL:
 11 A. That would be the level of my knowledge.
 12 MR. BROWNE:
 13 Q. Thank you. Under the current--and you were
 14 asked about this by Ms. Chaytor, under the
 15 current structure for the laboratory medicine
 16 program, Dr. Elms is director for IHC, is that
 17 correct?
 18 DR. HOWELL:
 19 A. That's correct.
 20 MR. BROWNE:
 21 Q. Does he have a--is there a particular job
 22 description for his role as director of IHC?
 23 DR. HOWELL:
 24 A. I have not seen it.
 25 MR. BROWNE:

Page 110

1 Q. Who would be charged with preparing that job
 2 description, if one exists?
 3 DR. HOWELL:
 4 A. The clinical chief, ultimately.
 5 MR. BROWNE:
 6 Q. What about, I understand as well that the lab
 7 manager and the program director's jobs have
 8 changed as well. Are there new job
 9 descriptions for their functions as well?
 10 DR. HOWELL:
 11 A. No, it's a process that we are working on.
 12 MR. BROWNE:
 13 Q. Going back to Dr. Elms for a minute, does the
 14 position of the director of IHC carry with it
 15 protected time for to pursue academic and
 16 administrative responsibilities, do you know?
 17 Would that again be another question to ask
 18 the clinical chief?
 19 DR. HOWELL:
 20 A. It would be better to ask the clinical chief.
 21 MR. BROWNE:
 22 Q. Likewise what about for the technologists,
 23 would they have protected time to pursue
 24 educational and academic pursuits?
 25 DR. HOWELL:

Page 111

1 A. Question to put to Mr. Gulliver.
 2 MR. BROWNE:
 3 Q. Thank you. Now, lastly you were asked about
 4 the quality assurance in the IHC lab and two
 5 individuals were mentioned, Ms. Parnell who is
 6 responsible, I understand, to Ms. Pilgrim?
 7 DR. HOWELL:
 8 A. No, no, Ms. Parnell is a senior technologist
 9 who would, works within the pathology
 10 laboratory.
 11 MR. BROWNE:
 12 Q. Ms. Wade then, does she report -
 13 DR. HOWELL:
 14 A. She reports to me.
 15 MR. BROWNE:
 16 Q. To you. Can I just get clarification in terms
 17 of the interaction between Ms. Parnell and Ms.
 18 Wade? I understand one person is charged with
 19 responsibility for policy and is the other
 20 charged with implementation of policies and
 21 quality assurance within the lab itself?
 22 DR. HOWELL:
 23 A. No, Ms. Parnell's job was much more focused in
 24 the area of pathology and helping ensure that
 25 all the policies and the standard operating

Page 112

1 procedures and things from a quality point of
 2 view were being enacted within that area of
 3 the lab. Ms. Wade's role is much broader and
 4 in fact, is aimed at all the areas that I have
 5 responsibility for, but I have her focused now
 6 totally on the lab. So her role would be much
 7 more one of monitor, audit, educate, a much
 8 more global role than focused in any one area,
 9 so she might relate to Ms. Parnell and assist
 10 her in some ways, but ensure that things were
 11 being done and that she was reporting directly
 12 to me, not to the chief of laboratory medicine
 13 or the program director.
 14 MR. BROWNE:
 15 Q. Is there one person charged in particular with
 16 implementing quality assurance and auditing
 17 quality assurance within the lab itself, is
 18 that -
 19 DR. HOWELL:
 20 A. That would fall to two people, actually, Dr.
 21 Maurice Larkin, the pathologist and to Ms.
 22 Parnell.
 23 MR. BROWNE:
 24 Q. So there is a pathologist who is also charged
 25 with that responsibility in addition to Ms.

Page 113

1 Parnell?

2 DR. HOWELL:

3 A. That is correct.

4 MR. BROWNE:

5 Q. Thank you. That's all the questions I have,

6 thank you, Doctor.

7 THE COMMISSIONER:

8 Q. Thank you Mr. Browne. Mr. Eaton?

9 MR. EATON:

10 Q. No questions.

11 THE COMMISSIONER:

12 Q. Ms. Newbury?

13 DOCTOR OSCAR HOWELL, EXAMINATION BY MS. JENNIFER NEWBURY

14 MS. NEWBURY:

15 Q. Good morning, Doctor Howell.

16 DR. HOWELL:

17 A. Good morning, Ms. Newbury.

18 MS. NEWBURY:

19 Q. Jennifer Newbury appearing for the Canadian

20 Cancer Society, Newfoundland and Labrador

21 Division. I have a few topics to cover with

22 you this morning. First of all, I wanted to

23 ask you what you know about national standards

24 and that is an issue, I understand, was raised

25 with you, certainly by the November 20th, 2006

Page 114

1 presentation. Do you recall the reference to

2 the absence of national and worldwide

3 standards?

4 DR. HOWELL:

5 A. I know there's been concern expressed about

6 that.

7 MS. NEWBURY:

8 Q. Okay, and that's in relation to the

9 immunohistochemical testing in general?

10 DR. HOWELL:

11 A. Correct.

12 MS. NEWBURY:

13 Q. And were you aware that other individuals at

14 Eastern Health had been concerned about the

15 absence of national standards prior to you

16 commencing with your role at Eastern Health?

17 DR. HOWELL:

18 A. Prior to my commencing my role?

19 MS. NEWBURY:

20 Q. Yes, is that a new issue as of the

21 presentation that you were at?

22 DR. HOWELL:

23 A. Well that was part of my education in coming

24 on board.

25 MS. NEWBURY:

Page 115

1 Q. Okay. And do you know if any steps have been

2 taken by anyone at Eastern Health to address

3 concerns about the absence of national

4 standards?

5 DR. HOWELL:

6 A. I vaguely recall having a discussion with Dr.

7 Denic and I think Dr. Cook and I do believe

8 and could stand to be corrected that the

9 Canadian Pathology group does have a specific

10 committee that's now looking at that and it

11 may well be that Dr. Don Cook does in fact sit

12 on that group.

13 MS. NEWBURY:

14 Q. And you personally haven't taken any steps in

15 relation to that issue?

16 DR. HOWELL:

17 A. I have left that with the experts in that

18 area.

19 MS. NEWBURY:

20 Q. And what is your understanding as to what role

21 national standards would play with

22 immunohistochemical testing?

23 DR. HOWELL:

24 A. My understanding in the reading that I do,

25 when you talk about patient safety that if

Page 116

1 there are two very key important elements, it

2 is standardization and automation that will

3 help you get there.

4 MS. NEWBURY:

5 Q. And what do you envision if there were such

6 standards in place, what do you envision would

7 happen in the laboratory in Eastern Health,

8 how would that be implemented?

9 DR. HOWELL:

10 A. Well that would take us along the line to best

11 practice and it would ensure that, well it

12 would be a number of things, it would allow a

13 consensus across the country, maybe across the

14 world, that we are all doing the same thing

15 and learning from each other, so that

16 standardization really narrows it down to the

17 best practice. And also by having that

18 standardization, in most of those cases you

19 have defined groups of people, they may just

20 be consensus groups that are constantly

21 working on that and communicating that out to

22 those areas. And I think also if you happen

23 to be a referral area from other regions and

24 areas and you are doing work for them, and

25 they have a role to play in that

Page 117

1 standardization, they have a part i.e.
 2 fixation, then by having standardization well
 3 communicated, all the professionals aware of
 4 it, that allows us to get to the best product
 5 at the end.
 6 MS. NEWBURY:
 7 Q. Okay, and would the national standards be
 8 something that's regulated by some sort of
 9 national body or is it more reaching an
 10 agreement or a consensus as to what the best
 11 practices would be?
 12 DR. HOWELL:
 13 A. I think both things happen, sometimes the
 14 science is strong enough that you get a
 15 standard that's solidly built on science and
 16 other times you get a standard that is more
 17 consensus driven, it is based on the consensus
 18 of a group of experts that they set a
 19 direction.
 20 MS. NEWBURY:
 21 Q. And what other areas of medicine at Eastern
 22 Health operate under a set of national
 23 standards?
 24 DR. HOWELL:
 25 A. Wow, I--I would have to go--I couldn't answer

Page 118

1 that just right off the top of my head, that
 2 would require a little bit of a think, I'm
 3 sorry.
 4 MS. NEWBURY:
 5 Q. Okay. Can you say whether or not it's a
 6 common practice to have national standards in
 7 place for clinical procedures -
 8 DR. HOWELL:
 9 A. Again, there are national standards for some
 10 things and there's probably more consensus
 11 statements and approaches than there are
 12 standards.
 13 MS. NEWBURY:
 14 Q. Okay, and so the consensus statement, would
 15 that give more leeway to physicians in various
 16 regions across the country how to practice a
 17 certain technique or procedure or--how do you
 18 distinguish between the two?
 19 DR. HOWELL:
 20 A. Well if you were to look at the management of
 21 hypertension in Canada, there would be, if not
 22 annually every other year a Canadian consensus
 23 statement on the management of hypertension
 24 and so that would be a group of experts that's
 25 gotten together and reviewed the literature,

Page 119

1 debated it amongst themselves and then put out
 2 a consensus statement that would be a guidance
 3 to those of us managing patients with
 4 hypertension.
 5 MS. NEWBURY:
 6 Q. And perhaps reflecting back on your own
 7 experience in medicine, you know, what
 8 frequency would there be national standards
 9 for different types of procedures or practices
 10 in medicine?
 11 DR. HOWELL:
 12 A. The problem is that it is constantly changing.
 13 I guess if I were to use an example from my
 14 own practice, as I reflect back on the years I
 15 spent in general practice, the number of
 16 ladies that I convinced to take hormone
 17 replacement therapy, based on the science of
 18 the day and the consensus statements that said
 19 it reduced the incidents of heart disease, and
 20 then subsequently, through further larger
 21 studies, I'm then told, no, that's wrong; in
 22 fact, it's probably the reverse, that is
 23 always a problem for us in medicine. And I
 24 guess it's, it's one of those dilemmas you
 25 have, you are trying to stay up with the

Page 120

1 literature and you're trying to provide the
 2 best care to your patient possible, but that
 3 ground is changing under your feet constantly
 4 and there are large volumes of studies that
 5 are coming out, some of which are very, very
 6 good; and some of which are not very good and
 7 so, you know, I guess that's the best analogy
 8 I can use to answer your question.
 9 MS. NEWBURY:
 10 Q. Okay, and what I'm trying to find out from you
 11 is what does it mean to not have national
 12 standards for this type of IHC testing, and
 13 I'm trying to extrapolate, perhaps look at
 14 other areas of medicine to see how a physician
 15 might operate in another area and perhaps, you
 16 know, using your example of hormone
 17 replacement therapy, you said you would
 18 routinely get studies and then they would
 19 change their mind and your practice would have
 20 to change accordingly, is that done by a
 21 national standards body or is it up to
 22 physicians, you know, either collectively in a
 23 region or individually to review literature
 24 and to make their own decisions?
 25 DR. HOWELL:

Page 121

1 A. You know, it comes through consensus
 2 statements more than anything and a lot of it
 3 relates to the need for these physicians to be
 4 constantly going to high quality international
 5 meetings to maintain their knowledge base and
 6 to be dealing with the current science of the
 7 day.
 8 MS. NEWBURY:
 9 Q. And who delivers the consensus statements?
 10 DR. HOWELL:
 11 A. It usually is a group of recognized experts in
 12 the field who get together on a periodic basis
 13 and produce these consensus statements.
 14 MS. NEWBURY:
 15 Q. And is that what you would envision then if
 16 there were national standards to be put in
 17 place for IHC testing, that you would have
 18 that sort of structure or would you expect
 19 something more formalized?
 20 DR. HOWELL:
 21 A. No, for a national standard I would expect it
 22 to be much more formalized. It would be--it
 23 would truly be based on the science of the
 24 day.
 25 MS. NEWBURY:

Page 122

1 Q. Are there any other areas of laboratory
 2 medicine that have national standards in
 3 place, other than IHC testing?
 4 DR. HOWELL:
 5 A. I would have to defer to the experts in the
 6 laboratory.
 7 MS. NEWBURY:
 8 Q. And is there anything unique about the
 9 laboratory medicine program in terms of a need
 10 for a national standards verses relying upon
 11 consensus statements that are delivered by
 12 various experts?
 13 DR. HOWELL:
 14 A. As I mentioned earlier, to my reading the two
 15 key elements are standardization and
 16 automation. As much as we can automate and
 17 take out the potential for human error, then
 18 we may take it even closer and closer to that
 19 result that's repeatable.
 20 MS. NEWBURY:
 21 Q. And that would be from moving, from say the
 22 DAKO semi-automated or manual semi-automated
 23 system to the Ventana, which is more automated
 24 -
 25 DR. HOWELL:

Page 123

1 A. As I understand it, while DAKO is well used in
 2 other areas, the move to the more automated
 3 system of Ventana would be viewed as a move in
 4 the right direction. And my understanding is
 5 when the accreditors came in from CCHSA, one
 6 of the things that they were--they spoke very
 7 favourably about, not to me, this is second
 8 hand information, was that they felt that our,
 9 the automation in the lab at the Health
 10 Science Centre was very, very good; and in
 11 fact, I think a couple of them remarked that
 12 it was better from the areas in which they
 13 worked.
 14 MS. NEWBURY:
 15 Q. Do you know what progress is being made in
 16 terms of the group that you mentioned, the
 17 Canadian Association of Pathologists in terms
 18 of getting national standards in place, is
 19 that something that's going to be in the next
 20 year or two or a decade? Do you have any idea
 21 about the timeframe for that?
 22 DR. HOWELL:
 23 A. I do not. Dr. Cook, I bet, could give you
 24 some good knowledge and feedback on that.
 25 MS. NEWBURY:

Page 124

1 Q. And in the meantime while operating without
 2 the benefit of national standards, what is
 3 being done by the lab at Eastern Health to
 4 make sure that it keeps up with the constant
 5 evolution?
 6 DR. HOWELL:
 7 A. This is a very important point for me, and I'm
 8 very glad that you asked me that. I have
 9 talked to it earlier but it--somehow we need,
 10 the cancer patients in this province and their
 11 families, to get a confidence in the work
 12 we're doing. So again, if I could refer to how
 13 I think about it, the skin of the onion and
 14 the multiple layers of the onion and what we
 15 have attempted to do, so if we take it back,
 16 and I guess I think about the onion and then I
 17 think in three categories. I think in terms
 18 of people, process and proficiency.
 19 And if you look on the people side, in
 20 the immunohistochemistry lab now, we have--and
 21 I'm sort of working out of the core of the
 22 onion, if you like. We have a dedicated
 23 medical director for whom we've invested
 24 additional training. We have dedicated
 25 technologists, which is not what we had

Page 125

1 before, who have received additional training.
 2 We have moved to instead of all pathologists
 3 reading these tests, we've moved down to a
 4 dedicated core group of individuals who spend
 5 considerable time doing this and also are
 6 involved in extra training, one of whom is, in
 7 particular, has a subspecialty in that area.
 8 Then also within that pathology group, we've
 9 added in a senior technologist in a quality
 10 assurance role.
 11 And then, as you step outside that, we've
 12 added another layer which is Ms. Wade's role,
 13 which is the quality and safety manager
 14 overlooking at all the function in the
 15 laboratory and not reporting to the chief
 16 laboratory officer, reporting directly to me.
 17 In addition, we have started the
 18 reorganization of the laboratory and we have
 19 put in place a chief laboratory officer who
 20 has the responsibility and the accountability
 21 and the authority to focus on the end product
 22 that comes out of our laboratory. So on that
 23 people side, we have done a great deal.
 24 On the process side, we have had those
 25 two external reviews done. We've had the

Page 126

1 recommendations from those. We have worked
 2 through all of those recommendations, and to
 3 the best of my knowledge, all but one has been
 4 enacted. We are in the process of taking our-
 5 bringing all our pathologists together on one
 6 site to allow better collaboration, to bring
 7 them closer to the medical school, to bring
 8 them closer to the cancer care program and the
 9 oncologists. We've encouraged much more
 10 interaction from a round point of view of
 11 those two special groups of people. And if we
 12 now have the opportunity with the assistance
 13 of government and the recent announcements,
 14 which I haven't had a chance to really get
 15 into at this point, with that investment, if
 16 we can only stabilize that group of
 17 individuals with that expertise, then we
 18 really, really will have gone a long way. And
 19 then if we look at the whole, as part of the
 20 recommendations, getting in place standard
 21 operating procedures, documenting those very
 22 carefully and we're moving through that
 23 process.
 24 And then if you get down into the
 25 proficiency testing, if you look, we are now

Page 127

1 into the outside layers of that onion, the
 2 proficiency testing. We have proficiency
 3 testing going on in the UK which is viewed as
 4 a worldwide authority. We have proficiency
 5 testing, and this is both on the quality of
 6 our staining and on interpretation. We have
 7 the same thing going on with the College of
 8 American Pathologists, viewed as major experts
 9 in this area. We are sending ten percent of
 10 our ER/PR cases to Mount Sinai, from a
 11 proficiency point of view and for correlation
 12 in how we are reading. We have set up
 13 proficiency testing with Calgary on prostate.
 14 What am I missing here? We have increased our
 15 peer-to-peer review, so that in those cases
 16 that are more questionable and difficult
 17 cases, two pathologists--like in the low
 18 expressers, the one to ten percent group in
 19 ER/PR, two pathologists must review that
 20 together and reach a consensus on that. There
 21 are others.
 22 And then if you step even further afield
 23 of that, we have had the CCHSA come in and do
 24 their accreditation. Voluntarily we put
 25 forward our laboratory and had it reviewed.

Page 128

1 We've received further recommendations from
 2 there, 35 in number, not an unexpected event.
 3 We have full teams working on those and
 4 working on those from a priority basis.
 5 And finally, in December, we brought in
 6 QM-PLS who does the accreditation for Ontario
 7 and we had them do a review of the
 8 immunohistochemistry lab, and when I did the
 9 exit interview with Dr. Flynn, his one most
 10 reassuring comment to me was "I would be proud
 11 to work in this laboratory." And finally,
 12 next week or the week after, I am in Toronto
 13 visiting a multitude of hospitals and
 14 laboratories. Dr. Denic will be accompanying
 15 me. I will be meeting with Dr. Flynn, looking
 16 at moving to a full ongoing permanent
 17 accreditation process for our laboratory and
 18 hopefully for all the other regional health
 19 authorities with whom we work.
 20 MS. NEWBURY:
 21 Q. Okay. Now those various steps that have been
 22 taken, would the focus of that be to ensure
 23 that what Eastern Health is doing currently is
 24 being done well, in accordance with standards?
 25 DR. HOWELL:

Page 129

1 A. To best practice, that's my goal, best
 2 practice.
 3 MS. NEWBURY:
 4 Q. What steps--and perhaps some of these might
 5 address it, but what steps are taken to ensure
 6 that the lab keeps pace with the evolution of
 7 change down the road? Are any of these
 8 looking proactively at making sure that if
 9 there's a change in some technique or some
 10 method of interpretation or some type of
 11 staining that's used, that Eastern Health will
 12 keep pace with that?
 13 DR. HOWELL:
 14 A. Within and without. Within would be that our
 15 own health professionals are regularly
 16 participating in international and national
 17 meetings and keeping their knowledge base up
 18 and you know, I guess the other protection in
 19 that, in order to maintain your Royal College
 20 certification and your College and Family
 21 Practice certification and your license, there
 22 is a minimum amount of continuing medical
 23 education that you must participate in. In
 24 addition to that, as you heard in my earlier
 25 testimony, we are strengthening the annual

Page 130

1 evaluation of physicians and part of that
 2 annual evaluation is a whole section on what
 3 continuing medical education activities have
 4 you participated in in the last year.
 5 MS. NEWBURY:
 6 Q. Now on the Royal College certification, that's
 7 something that's been in place? That's not a
 8 new development?
 9 DR. HOWELL:
 10 A. That is not a new piece.
 11 MS. NEWBURY:
 12 Q. And I understand what you said earlier about
 13 the strengthening of the annual evaluations
 14 for physicians. Does that apply to
 15 technologists as well?
 16 DR. HOWELL:
 17 A. It does not now, and technologists up to now
 18 have not been a regulated profession, but I
 19 understand there may be some move to make that
 20 happen, and -
 21 MS. NEWBURY:
 22 Q. But what about the--I'm talking about the
 23 annual evaluation. That's something that
 24 Eastern Health is doing itself?
 25 DR. HOWELL:

Page 131

1 A. Yes.
 2 MS. NEWBURY:
 3 Q. Would that apply whether or not a technologist
 4 or -
 5 DR. HOWELL:
 6 A. Managers within the laboratory are expected to
 7 do evaluations of their employees, but I--to
 8 be honest, I'm not sure to what degree that
 9 permeates down through the organization.
 10 MS. NEWBURY:
 11 Q. And in terms of the various continuing medical
 12 education programs that are participated or
 13 that pathologists and technologists
 14 participate in or might participate in, do you
 15 know if there's a procedure in place by the
 16 lab to ensure that all bases are covered and
 17 that you have someone attending any key
 18 scientific conference or educational seminar?
 19 DR. HOWELL:
 20 A. Well, one of our recruiting strategies for
 21 physicians in general, this is not just for
 22 oncologists or pathologists, as I came into
 23 this job and looked at the challenges of
 24 recruiting physicians to our province, you
 25 know, we will always have great difficulty

Page 132

1 with recruitment and, you know, where we live
 2 and the distance away from some of the larger
 3 centres and so on, but one of the key ways is--
 4 -and I've had many meetings with the Dean of
 5 Medicine, so that on the go forward that we
 6 would look at jointly recruiting people that
 7 maybe we can offer a bit of a competitive
 8 advantage by offering people the combined
 9 position of the clinical piece, the academic
 10 or teaching piece and the research piece, and
 11 we can mix up the percentages of that. But
 12 the beauty for that, and the other beauty by
 13 having our own teaching program, for example,
 14 in pathology is that it forces the
 15 pathologists to be very much up to date,
 16 because their residents within their program
 17 are ultimately going to sit a national exam,
 18 and if the medical school is going to continue
 19 to receive its accreditation, then you better
 20 have a pretty high pass rate. So there's many
 21 interacting pieces there that ensure that
 22 people are staying up to date.
 23 MS. NEWBURY:
 24 Q. So there's no formal method in place, but
 25 you're thinking that because you've got

Page 133

1 combined activities with the medical school
 2 and a residency program, that that in itself
 3 would hopefully ensure that pathologists are
 4 kept up to date on their training?
 5 DR. HOWELL:
 6 A. And you've got some of your pathologists who
 7 have university appointments and major
 8 teaching appointments and so they've got that
 9 affiliation with the medical school and the
 10 quality of teaching which is itself an
 11 accredited area, and they are part of your
 12 pathology department, sort of forces that
 13 everyone is--and if I can bring them together
 14 with even a greater level of collaboration and
 15 tighter to that medical school.
 16 MS. NEWBURY:
 17 Q. How long has the medical school had a
 18 residency program in pathology?
 19 DR. HOWELL:
 20 A. I do not know.
 21 MS. NEWBURY:
 22 Q. That's nothing new though since you started?
 23 DR. HOWELL:
 24 A. Oh no, that's there prior to my arriving.
 25 MS. NEWBURY:

Page 134

1 Q. Do you think it's back as far as the 90s?
 2 DR. HOWELL:
 3 A. I don't know the answer.
 4 MS. NEWBURY:
 5 Q. Are there any, I guess, consultations or
 6 collaboration with other labs, perhaps
 7 comparable size or comparable types of labs
 8 across the country to develop your own best
 9 practices or to, you know, analyze best
 10 practices that are implemented at these
 11 various places?
 12 DR. HOWELL:
 13 A. Well, we currently are--either have in process
 14 or are putting in process, outsourcing
 15 arrangements to help with our turnaround times
 16 and I guess help in collaboration with other
 17 large institutions. I mentioned Calgary and
 18 Mount Sinai, and we're looking at a possible
 19 arrangement now with Sunnybrook in Toronto as
 20 well, and you know, one of the things that Dr.
 21 Denic and I have been talking about is, you
 22 know, attracting subspecialties here will be a
 23 major challenge for us, but perhaps we can
 24 have, as close to as good as having those
 25 people on the ground, if I could set up

Page 135

1 relationships with some of those individuals
 2 and have them coming in here on a quarterly
 3 basis for a couple of days, doing
 4 consultations, but also knowledge transfer
 5 with our own people, then that might take us
 6 along the next step. So that's an area that
 7 we're exploring now as another option.
 8 MS. NEWBURY:
 9 Q. Okay. So I understand that the absence of the
 10 national standards has been a challenge, but
 11 has anyone ever indicated that prior to this
 12 problem being discovered in 2005 that an
 13 effort had been made to search out appropriate
 14 testing standards, but they either found wrong
 15 ones or couldn't find any standards at all?
 16 DR. HOWELL:
 17 A. You would have to ask the people who were
 18 around and lived through this.
 19 MS. NEWBURY:
 20 Q. That's not something that's been communicated
 21 to you though, has it?
 22 DR. HOWELL:
 23 A. Not that I'm aware, no.
 24 MS. NEWBURY:
 25 Q. Dr. Howell, just a point here on the clinical

Page 136

1 chiefs meetings and the medical advisory
 2 committee meetings. You'd indicated in one of
 3 your notes that there was some concern about
 4 duplication of topics, I guess, discussed
 5 first at the clinical chiefs meeting and then
 6 repeated at the medical advisory committee
 7 meeting and I think you'd indicated that
 8 clinical chief meetings were dealing primarily
 9 with operational issues, and there was some
 10 effort to avoid duplication of effort and lost
 11 time by going through the same issues again at
 12 the medical advisory committee. But I'm
 13 wondering if there's any--if there is ever an
 14 appropriate case to discuss again at a medical
 15 advisory committee something that was raised
 16 at the clinical chiefs meeting?
 17 DR. HOWELL:
 18 A. Oh absolutely. There will always be the need
 19 to take that. But you have to look at who
 20 else sits at the medical advisory committee.
 21 So that would be your discipline chairs in the
 22 medical school. So you know, you've got--
 23 everyone is so busy that you don't want
 24 clinical chiefs to have to go through this
 25 once and then have to repeat it again at the

Page 137

1 medical advisory committee level so the
 2 discipline chairs can hear it. And often,
 3 within the programs themselves, for example,
 4 within the medicine program, the clinical
 5 chief and the discipline chair for medicine
 6 would be regularly talking to each other and
 7 communicating and working in similar areas.
 8 So we have to find a way to streamline that a
 9 little bit and maybe have less duplication.
 10 That was my point.
 11 MS. NEWBURY:
 12 Q. Okay. So you don't think people are left with
 13 the impression that if something has been
 14 raised at the clinical chiefs meeting, it
 15 shouldn't be raised now at the medical
 16 advisory committee meeting. It's more a
 17 method of how you do it?
 18 DR. HOWELL:
 19 A. Anyone can bring anything up they want at
 20 either of those meetings and I assure you,
 21 there are very strong opinions held and great
 22 discussion and debate at times.
 23 MS. NEWBURY:
 24 Q. Are there any clear guidelines in place as to
 25 what can be brought forward at, for example, a

Page 138

1 medical advisory committee meeting?
 2 DR. HOWELL:
 3 A. There are not, but I think we will move--and
 4 maybe there are and I haven't seen them yet,
 5 but both Dr. Inkpen, who chairs that medical
 6 advisory committee, and myself have had a
 7 discussion and we feel that the meeting needs
 8 to get a little bit more focused and we think
 9 that it will be a more productive meeting if
 10 we can strengthen that a little bit and narrow
 11 that down as to what--we would like to get the
 12 medical advisory committee more focused on
 13 quality.
 14 MS. NEWBURY:
 15 Q. But you wouldn't necessarily say don't bring
 16 operational issues forward if you've already
 17 discussed it at clinical chiefs meeting?
 18 DR. HOWELL:
 19 A. It wouldn't matter what I said. If they want
 20 to bring it up, they'll bring it up.
 21 MS. NEWBURY:
 22 Q. Okay. So they're just not listening to you
 23 anyway?
 24 DR. HOWELL:
 25 A. Well, they have their own views of how the

Page 139

1 world should operate.
 2 MS. NEWBURY:
 3 Q. And in terms of board structure, is it your
 4 understanding or what is your understanding of
 5 how the Board of Trustees is structured, what
 6 types of policies they follow, whether it's
 7 operational or policy management style?
 8 DR. HOWELL:
 9 A. That too has been a bit of a learning for me
 10 in that I continue to try to understand it.
 11 It's is a--my understanding is it's a
 12 governance model. What I was told when I went
 13 there, it's a governance model. The Board of
 14 Trustees has one employee. That's how it was
 15 put to me, that is the CEO. That they do not
 16 get involved in operational issues, and there
 17 are a number of executive limitations and what
 18 they call ends and I am by no more--I really
 19 am not an expert in this area, I assure you.
 20 When I attend board meetings, I do not speak
 21 unless the CEO asks me to speak or the Chair
 22 of the Board asks something from me.
 23 MS. NEWBURY:
 24 Q. And I guess coming from joining Eastern Health
 25 when you did and being involved with this

Page 140

1 issue with ER/PR testing, what would your view
 2 be now as to when it might be appropriate, if
 3 ever, for the Board to intervene in an adverse
 4 event of some magnitude?
 5 DR. HOWELL:
 6 A. I guess you really are coming to that
 7 interface that I personally am struggling with
 8 myself, of that clear distinction between
 9 operational and governance, and you know,
 10 governance model seems to be something that is
 11 used many areas and is very popular in boards
 12 of trustees as such, so I've been told.
 13 MS. NEWBURY:
 14 Q. But does it work, in your view?
 15 DR. HOWELL:
 16 A. You know, I ask myself if I sat on the Board,
 17 what would I want to know, I guess as probably
 18 has come out in my testimony, I'm the kind of
 19 a bread and butter guy who's got to understand
 20 a little bit of--I need a feel for what's
 21 really going on and you know, what are the
 22 issues that need to be brought to the
 23 attention of the Board. I mean, on a daily
 24 basis, I have concerns from my colleagues that
 25 are brought to me. They are brought up at MAC

Page 141

1 and other areas. So at what point does the
 2 Board get engaged in that and what point is
 3 that really an operational issue to be dealt
 4 with within the leadership team of Eastern
 5 Health?
 6 After a year and a half in the job, I
 7 would tell you, I still have some struggle
 8 with governance versus operational at the
 9 Board of Trustees level.
 10 MS. NEWBURY:
 11 Q. Just leaving aside the model and what those
 12 different types of models are meant to do,
 13 just leaving that aside and just looking at
 14 practically speaking what could the Board
 15 possibly have brought to this to help Eastern
 16 Health in responding to it? Do you think that
 17 there would have been a role here for the
 18 Board to play?
 19 DR. HOWELL:
 20 A. I think where we would need the Board, once it
 21 has understanding and recognizing that, to my
 22 thinking, they represent the interests of the
 23 public, is that they need to hear major issues
 24 that are going on and areas of concern for
 25 health care and that they would have a strong

Page 142

1 advocacy role with government along those
 2 lines. That would--you know, as I look at
 3 that I report to a CEO who reports to a Board
 4 of Trustees who I presume reports to the
 5 Minister. So I would see they need a good
 6 understanding and would act in an advocacy
 7 role. That's my thinking anyway.
 8 MS NEWBURY:
 9 Q. Dr. Howell, at the November 20 presentation in
 10 2006, shortly after your arrival, there was a
 11 reference to the probabilistic nature of the
 12 test that was, I think, on one of the slides
 13 that you were shown during the presentation.
 14 Was that a factor already well known to the
 15 pathologists, technologists and oncologists or
 16 is that a new piece of information at about
 17 that time, or I guess since 2005.
 18 DR. HOWELL:
 19 A. The impression that I was given, you know, as
 20 I started to become more acquainted with this
 21 towards the end of October and into November
 22 was that they knew this test was not the
 23 perfect test that, it's false/positive,
 24 false/negative rate was high, but I really
 25 think that question is better put to those who

Page 143

1 are experts in that area.
 2 MS NEWBURY:
 3 Q. Sure. I was just curious what your
 4 impressions were as of that time.
 5 DR. HOWELL:
 6 A. Yes.
 7 MS NEWBURY:
 8 Q. Would you agree that in light of the
 9 probabilistic nature of the test and I guess
 10 the possibility for false positives and false
 11 negatives that this would make quality
 12 assurance and quality monitoring particularly
 13 important. I guess it's always important, but
 14 would it make it particularly important?
 15 DR. HOWELL:
 16 A. You know, I think what's important is the
 17 health professionals that are having to make a
 18 decision about treating the patient are fully
 19 aware of the challenges of the test or the
 20 false/negative, false/positive rate of the
 21 test. What they need as clinicians trying to
 22 make a decision about what treatment they are
 23 going to institute, as they're getting
 24 information streamed into them, they need to
 25 have a good understanding of the frailties of

Page 144

1 that information.
 2 MS NEWBURY:
 3 Q. Sure, that's from the oncologists perspective
 4 and I understand that, but I'm just wondering,
 5 when you have pathologists and technologists
 6 who are actually implementing the test in the
 7 lab and recognizing that it is probabilistic,
 8 would there be a particular emphasis on
 9 quality assurance and quality monitoring, in
 10 your view?
 11 DR. HOWELL:
 12 A. I believe that needs to be there anyway; it
 13 needs to be strengthened and draw it back to
 14 your earlier conversation with me about
 15 standardization. You know, when you think
 16 that there isn't any national standardization
 17 protocol for it, it just goes to show you the
 18 problems around this test.
 19 MS NEWBURY:
 20 Q. But are you aware that whether or not there
 21 were standards out there as to quality
 22 assurance, quality monitoring type things that
 23 could be available for this type of test?
 24 DR. HOWELL:
 25 A. I can't speak to it.

Page 145

1 MS NEWBURY:
 2 Q. Okay, you can't speak to whether external
 3 proficiency -
 4 DR. HOWELL:
 5 A. No.
 6 MS NEWBURY:
 7 Q. - testing, for example, would be automatically
 8 thought of in a lab setting, regards of the
 9 type of test that's being used.
 10 DR. HOWELL:
 11 A. You'd have to ask laboratory professionals
 12 about, you know, where that existed in other
 13 areas. You know, certainly I guess in
 14 provinces like Ontario and Alberta and so on
 15 that have accreditation processes, you know,
 16 formal accreditation processes in place,
 17 proficiency testing probably was--but again,
 18 as we get further testimony from those close
 19 to this, I think they can give you a better
 20 view.
 21 MS NEWBURY:
 22 Q. Okay. So, you weren't necessarily surprised
 23 when you read the external review reports and
 24 noted that there were some deficiencies in
 25 quality control and quality monitoring, that

Page 146

1 didn't tweak anything in your mind?
 2 DR. HOWELL:
 3 A. I don't think surprise would be the word that
 4 I would use. Again, not being a laboratory
 5 professional, you know, as I read that report,
 6 I thought there is so many things here that
 7 need to be improved, but I remember thinking
 8 to myself, I wonder if the same was done with
 9 similar labs throughout Atlantic Canada, how
 10 would they fare?
 11 MS NEWBURY:
 12 Q. And you've not taken any steps personally or
 13 spoken to anyone who's spoken to other labs,
 14 not the labs that have the mandatory
 15 accreditation process in place, but other labs
 16 from other jurisdictions, just to see what do
 17 they happen to be doing.
 18 DR. HOWELL:
 19 A. No, it's on my radar screen to do that, but I
 20 have not had the opportunity as yet.
 21 MS NEWBURY:
 22 Q. Dr. Howell, are you familiar with the concept
 23 of blame free culture?
 24 DR. HOWELL:
 25 A. As I joined the organization, it was a concept

Page 147

1 that I heard about and I think when I attended
 2 the patient safety conference in Halifax, it
 3 was discussed.
 4 MS NEWBURY:
 5 Q. And is this something that you considered to
 6 have been in place, at Eastern Health, when
 7 you joined either informally or formally, in
 8 place?
 9 DR. HOWELL:
 10 A. I believe it was a concept that was being
 11 discussed and was in its infancy of advancing
 12 through the organization.
 13 MS NEWBURY:
 14 Q. And I believe you'd indicated last week that
 15 reported had asked a question of you, whether
 16 or not anyone had lost their job. And I think
 17 your answer is that you weren't aware of that.
 18 DR. HOWELL:
 19 A. That's correct.
 20 MS NEWBURY:
 21 Q. And is that because of the blame free culture
 22 or were there other reasons why there weren't
 23 any -
 24 DR. HOWELL:
 25 A. No, no, I do not like that term blame free

Page 148

1 culture.
 2 MS NEWBURY:
 3 Q. And why is that?
 4 DR. HOWELL:
 5 A. And it's because to my thinking, it almost
 6 implies that you are not accountable.
 7 MS NEWBURY:
 8 Q. Um-hm.
 9 DR. HOWELL:
 10 A. And that's not what it's about. You know, if
 11 I could go back to the comment that I made
 12 about how would we know when we arrived and it
 13 would be when I could walk up to that person
 14 sweeping the floor and say, what do you do?
 15 And they would say, I look after patients.
 16 It's that every one of us should constantly
 17 have our eyes and ears open looking for places
 18 where things may be going wrong and we should
 19 feel very comfortable to come forward with
 20 that and that it will be viewed in a positive
 21 light, not a negative light. So, it's not
 22 that that person who may be not doing work at
 23 an acceptable level is not accountable. It's
 24 that everyone has to feel very--everyone of us
 25 bears a responsibility for the care of that

Page 149

1 patient and we should feel very open and free
 2 to be constantly looking for ways to provide
 3 better patient care, and if we make a mistake
 4 or if we identify a close call, then we should
 5 be documenting that because the learning from
 6 that may enable us to prevent a similar such
 7 episode.
 8 MS NEWBURY:
 9 Q. And I guess regardless of the fact that you
 10 might be uncomfortable with the word and
 11 perhaps, you know, what people might perceive
 12 from hearing the word blame free culture and
 13 perhaps people might think that there's no
 14 accountability, but do you know if there was a
 15 reluctance--because of this new concept, that
 16 people had spoken about at Eastern Health, was
 17 there a reluctance for people to take any
 18 action against anyone involved in the ER/PR
 19 testing as a result--not losing job
 20 necessarily, but to have some sort of more
 21 formal accountability in a manner consistent
 22 with what might have been done under the more
 23 traditional approach?
 24 DR. HOWELL:
 25 A. No.

Page 150

1 MS NEWBURY:
 2 Q. Okay, so you don't know if that's the case?
 3 DR. HOWELL:
 4 A. No.
 5 MS NEWBURY:
 6 Q. Would you see any drawbacks in Eastern Health
 7 adopting such a culture without having, for
 8 example, performance evaluations of employees
 9 clearly in place? I know that is something
 10 that you've talked about moving towards your
 11 annual evaluations, but while you do not yet
 12 have that in place, are there disadvantages in
 13 your mind to having a blame free culture?
 14 DR. HOWELL:
 15 A. I mean, it's a package, isn't it? It needs to
 16 be there in its entirety and it isn't that you
 17 can wave the magic wand and suddenly it will
 18 be there, and when you're talking about a
 19 culture, a culture is not something that you
 20 can demand that today we've switched to a new
 21 culture. So you have to raise the awareness
 22 of people and you want people to be
 23 documenting these adverse events, and we can't
 24 wait until all the rest is in place. We need
 25 to start that process now, and it will be stop

Page 151

1 and go and we will make some errors along the
 2 way. But we've got to start to shift the
 3 culture to that way of thinking and so, both
 4 need to be happening, and it has risks, but
 5 there's a lot of risk on the other side as
 6 well.
 7 MS NEWBURY:
 8 Q. So basically to address the concern that you
 9 have that blame free culture might be seen as
 10 a lack of accountability, you would want to
 11 make sure, I take it, that all of these other
 12 things are in place, such as the performance
 13 evaluations and would you agree quality
 14 assurance, quality control would be necessary?
 15 DR. HOWELL:
 16 A. We are moving forward in all of those areas at
 17 the same time.
 18 MS NEWBURY:
 19 Q. And how about clear procedures for responding
 20 to adverse events?
 21 DR. HOWELL:
 22 A. It's a work in progress. As you saw from one
 23 of my notes from Mr. Thompson's work, even the
 24 definition of adverse event needs further work
 25 to get there.

Page 152

1 MS NEWBURY:
 2 Q. I wonder if I could bring up Exhibit 1402, P-
 3 1402, please? This is an e-mail that you were
 4 shown earlier. The originating e-mail is on
 5 the second page here. That was from Heather
 6 Predham, October 26, 2006, and I just want to
 7 show you one reference there, and you're one
 8 of the recipients of this e-mail. The fifth
 9 paragraph there of that e-mail, "I can only
 10 assume that Mr. Crosbie will now have another
 11 story. I anticipate that he will call for a
 12 total retest of all ER/PR results. We did
 13 discuss that at the panel level, but there is
 14 a documented false positive rate with this
 15 test and five out of 962 falls well within
 16 that range. Of course, we can revisit this
 17 decision."
 18 Do you have any idea what those numbers,
 19 five out of 962, refers to?
 20 DR. HOWELL:
 21 A. I do not.
 22 MS. NEWBURY:
 23 Q. I think 962 is close to the 939 tests that
 24 were believed to have been done at that time.
 25 That doesn't jog your memory at all, does it?

Page 153

1 DR. HOWELL:
 2 A. No, I think Ms. Predham could probably best
 3 answer.
 4 MS. NEWBURY:
 5 Q. And you can't recall wondering about this at
 6 the time that you received this e-mail?
 7 DR. HOWELL:
 8 A. No.
 9 MS. NEWBURY:
 10 Q. And you were asked a little earlier this
 11 morning, I believe, about the false positive
 12 rates. There were some notes that you had in
 13 your journal and there's some reference to
 14 literature and did I take it from those notes
 15 that the false positive rate would be in the
 16 range of 20 percent? Is that what you took
 17 from the meeting?
 18 DR. HOWELL:
 19 A. I don't recall. That may be. I don't recall--
 20 I don't have in my brain a number for what
 21 the literature was saying about the false
 22 positive rate.
 23 MS. NEWBURY:
 24 Q. Okay.
 25 DR. HOWELL:

Page 154

1 A. But some of the others may have some knowledge
 2 of that.
 3 MS. NEWBURY:
 4 Q. Okay, and that hasn't been a concern of yours
 5 about the positive--ER positive testing and
 6 whether or not there should be any
 7 consideration or has been any consideration
 8 given to retesting those patient samples?
 9 DR. HOWELL:
 10 A. You know, again, I take advice from those
 11 people who are expert in treating these
 12 patients and as I came on board, my
 13 understanding was the goal was to find those
 14 patients who might benefit from a treatment
 15 change and that was the total focus, and
 16 that's really what I hammered into my soul.
 17 MS. NEWBURY:
 18 Q. Okay, but do you know if anyone has actually
 19 turned their mind to this issue?
 20 DR. HOWELL:
 21 A. To the false positive -
 22 MS. NEWBURY:
 23 Q. Yes, and I guess -
 24 DR. HOWELL:
 25 A. - rate for the test?

Page 155

1 MS. NEWBURY:
 2 Q. - and as an example, you know, assuming that
 3 Ms. Predham, and I don't know that's the case
 4 and hopefully we'll get a chance to ask this,
 5 but if she's referring to five out of 962 as
 6 being the rate of false positives, then I
 7 wonder if the math is correct there, and I'm
 8 wondering if anyone's really focused their
 9 mind on this issue.
 10 DR. HOWELL:
 11 A. The math was never working for me, but Ms.
 12 Pilgrim has been, I think, working on this and
 13 talking to the oncologists and pathologists
 14 and others about this, so that I think she'll
 15 be able to maybe talk to you a little bit more
 16 about those patients who are labelled as
 17 positive and what they're considering on that
 18 retrospective view, but I have not been
 19 involved in that, no.
 20 MS. NEWBURY:
 21 Q. And in terms of literature review, to find out
 22 what rates are out there and what rates there
 23 should be or could be expected, do you know if
 24 any of the literature focuses on the rates
 25 where best practices are in place at

Page 156

1 particular labs or is it just sort of a
 2 commentary that, listen, we've got a whole
 3 range of lab--some are getting it wrong;
 4 others are doing it well. But in terms of
 5 relying on whatever rate might be out there in
 6 the literature, has there been a focus on
 7 relying on the rate from literature from labs
 8 that actually have best practices in place?
 9 DR. HOWELL:
 10 A. My understanding is that it is, again, a
 11 changing process because the technology is
 12 changing. The move from the mouse antibody to
 13 the rabbit antibody, you know, has improved
 14 the results. So one would always have to be
 15 very careful if you're doing lab to lab
 16 comparisons that you're comparing apples and
 17 apples, but you know, I think the--in talking
 18 to the pathologists, my understanding is Dr.
 19 Gowan's lab in the United States is considered
 20 one of the best in the world, and he's now
 21 talking about accuracy, I understand, in the
 22 area of 95 percent. But what exactly is his
 23 false negative false positive rate out of his
 24 laboratory, I don't know.
 25 MS. NEWBURY:

Page 157

1 Q. But in terms of deciding whether to retest or
 2 not, would you expect that the decision should
 3 be based on not the false positive rate for
 4 labs that don't have proper procedures in
 5 place or would it be better to rely upon the
 6 false positive rate of labs that have best
 7 practices in place?
 8 DR. HOWELL:
 9 A. Our goal would be to determine what is best
 10 practice and for a centre like ourselves aim
 11 to be in the best practice category. Now, you
 12 know, would we ever be able to achieve the
 13 level that, you know, the wealthiest
 14 laboratory, you know, in the United States can
 15 achieve with its resources and things, I don't
 16 know the answer to that. I think ours is to
 17 make sure that we understand the science and
 18 put in place all the protective mechanisms to
 19 get it to be as good as it can be, but there
 20 always will be a false negative and a false
 21 positive rate.
 22 MS. NEWBURY:
 23 Q. But in terms of the decision about retesting,
 24 if you were to look at that now, would you
 25 think it appropriate to rely upon the false

Page 158

1 positive rate for labs with best practices,
 2 versus an overall commentary of what the rates
 3 happen to be, which might include a lot of
 4 labs that don't have proper standards?
 5 DR. HOWELL:
 6 A. You know, I think we need to make sure we're
 7 tracking that, but where I took a lot of my
 8 comfort level was--more recently, back in
 9 February when Dr. Denic finally said go, I
 10 relied very heavily on those professionals
 11 that they felt that they were at a point now
 12 where they were comfortable, recognizing that
 13 Dr. Banerjee, when he came back six months
 14 after, said it was okay to go, and you know,
 15 we'd gone until February 2007. But the most
 16 important thing to me was when Dr. Flynn came
 17 in and made the statement to me that he felt
 18 that the lab was now operating at a level of
 19 others in the country. That was as far as
 20 I've gone to that detail.
 21 MS. NEWBURY:
 22 Q. But Dr. Flynn wasn't asked to look into your
 23 situation with the tests done for patients
 24 between '97 and 2005?
 25 DR. HOWELL:

Page 159

1 A. Absolutely not. He was to look at the
 2 function of our immunohistochemistry lab and
 3 was it at a standard now that was acceptable.
 4 MS. NEWBURY:
 5 Q. I wonder if I could bring up Exhibit 1425,
 6 please, page 117. This is the slide
 7 presentation from the November 20th 2006
 8 meeting, and the second bullet there, there's
 9 a reference to a large turnover of
 10 oncologists, difficult to monitor, correlate
 11 and clinically validate ER results. Do you
 12 know what efforts had been made to monitor,
 13 correlate and clinically validate ER results?
 14 DR. HOWELL:
 15 A. You'd best speak to those who were around when
 16 that happened.
 17 MS. NEWBURY:
 18 Q. So no one ever mentioned that they had
 19 attempted to put a system in place to do this,
 20 but because oncologists were not, you know,
 21 staying on for long periods of time that it
 22 didn't get off the ground or wasn't being
 23 maintained.
 24 DR. HOWELL:
 25 A. The information shared with me was as general

Page 160

1 as you see it there.
 2 MS. NEWBURY:
 3 Q. Okay, and are you aware of any potential role
 4 for the cancer registry to assist with any of
 5 this, if it's possible or if it's ever been
 6 considered?
 7 DR. HOWELL:
 8 A. It is all about the quality of the database,
 9 the robustness of the database and the
 10 integration, absolutely, that all should be
 11 tied into one source.
 12 MS. NEWBURY:
 13 Q. So do you think the cancer registry then would
 14 have a role?
 15 DR. HOWELL:
 16 A. Absolutely, it would.
 17 MS. NEWBURY:
 18 Q. So this is not something that you would think
 19 would be left to the oncologists themselves
 20 within their own department or they would do
 21 this, integrate into the cancer registry and
 22 rely upon that? I understand sometimes
 23 oncologists might--they might have their own
 24 internal department method of evaluating
 25 results as opposed to going necessarily to the

Page 161

1 cancer registry. I'm just wondering if you
 2 have any knowledge of how that might work?
 3 DR. HOWELL:
 4 A. I don't have any in-depth knowledge of the
 5 cancer registry, no.
 6 MS. NEWBURY:
 7 Q. Okay. Are you aware of any deficiencies in
 8 the cancer registry?
 9 DR. HOWELL:
 10 A. I couldn't--I can't speak to the cancer
 11 registry at all.
 12 MS. NEWBURY:
 13 Q. Dr. Howell, you've indicated, I guess over the
 14 past couple of days, the sources of
 15 information that you've had since assuming the
 16 role of VP of Medical Services and I take it
 17 from your evidence that you've relied upon a
 18 lot of verbal meetings. You've had slide
 19 presentations such as this, for example, and I
 20 think you were--by the time that you were
 21 asked to participate in the media or the
 22 technical briefing in December of 2006, you
 23 were struggling with that. You were a little
 24 bit uncomfortable with it because you had to,
 25 I guess, understand and synthesize and then

Page 162

1 explain or potentially explain a lot of
 2 information there, and I'm wondering, say, at
 3 about that time, December of 2006, were you
 4 satisfied then with the level of detail and
 5 the completeness of the information that had
 6 been provided to you as of that date or was it
 7 simply your ability to digest the information?
 8 DR. HOWELL:
 9 A. It was both. The whole discussion about the
 10 numbers and the varying opinions of the
 11 numbers and I just didn't have a good feeling
 12 that they were solid, and that coupled with my
 13 own lack of history and that coupled with a
 14 science that was foreign to me, the laboratory
 15 medicine area, made it a challenge.
 16 MS. NEWBURY:
 17 Q. Would it have assisted you at that time, and
 18 subsequently, for that matter, to have had a
 19 comprehensive up-to-date official report
 20 provided to you that had, for example,
 21 everything about the discovery and the nature
 22 of the ER/PR testing problem, everything that
 23 was done in response, in terms of the
 24 retesting, the groups that were retested, you
 25 know, what steps were taken to do that, the

Page 163

1 technical response, in terms of the external
 2 review reports and the recommendations and
 3 what steps were taken by Eastern Health to
 4 implement the recommendations, as well as the
 5 communication and disclosure issues. Do you
 6 think that you would have been in a better
 7 position in December of 2006 if you had that
 8 type of a comprehensive official report?
 9 DR. HOWELL:
 10 A. I think most assuredly, if I could have seen
 11 that there existed a comprehensive database
 12 from which people had great confidence in
 13 extracting the data from that and that there
 14 had been a very competent project manager who
 15 had nothing else to do and had skills in
 16 managing projects like this, was very skilled
 17 in extracting data out of databases, oh, that,
 18 okay, now we--but instead, I'm looking at
 19 people who are doing this off the corner of
 20 their desk. They're doing it and doing all
 21 the other things, and I'm seeing handwritten
 22 notes and sticky notes on spreadsheets and
 23 just that the world I came out of didn't work
 24 that way.
 25 THE COMMISSIONER:

Page 164

1 Q. Ms. Newbury, did that answer your question?
 2 MS. NEWBURY:
 3 Q. It's getting there.
 4 THE COMMISSIONER:
 5 Q. Oh, okay. I thought the answer was to a
 6 different question.
 7 MS. NEWBURY:
 8 Q. Yes, I'm going to follow up with a couple more
 9 points on that. Do you think then--now you
 10 mentioned that you had sticky notes and notes
 11 and what have you. Did you have a concern
 12 about the source of the information, you know,
 13 was the sticky note accurate from this
 14 individual? Was that the person with the best
 15 source of information?
 16 DR. HOWELL:
 17 A. I thought that these were very hard-working
 18 people who did have knowledge in their areas,
 19 but--and I mean, there were a multitude of
 20 them, but I don't know if I totally get--first
 21 of all, these people were all relatively new
 22 to me and I was still getting a feel for who
 23 they were and what they did and how they did
 24 their job.
 25 MS. NEWBURY:

Page 165

1 Q. Perhaps what I'll do is ask for Exhibit 104,
 2 P-104, please. I'm not necessarily talking
 3 about the--you know, whether the person would
 4 make best efforts to give you information, but
 5 whether the person's actually in the best
 6 position to know information that's being
 7 relayed to you, and if I could have page 28 of
 8 that exhibit, please?
 9 And as an example here, this is a media
 10 technical briefing that you were shown the
 11 other day, and in your evidence, I think you
 12 indicated that you wouldn't necessarily answer
 13 the questions that were posed here. These were
 14 questions that were put together and answers
 15 put together by a communications person and
 16 someone who you don't even know if that person
 17 had read the external review reports. So I'm
 18 wondering whether you think an official report
 19 that had the best information known to Eastern
 20 Health, so for example, whoever is providing
 21 information about the technical issues
 22 actually has all of the information at his or
 23 her hands to provide accurate information to
 24 you, would that have assisted you in December
 25 of 2006 and subsequent to that in your role as

Page 166

1 VP of Medical Services in responding to this?
 2 DR. HOWELL:
 3 A. Yes.
 4 MS. NEWBURY:
 5 Q. Okay, and there really is no--even if it's
 6 less than an official report, there's nothing
 7 that really pulls everything together and has
 8 all of the sources of information, the
 9 chronology of events, not just the data, but
 10 the chronology of events, the time lines into
 11 a package so that you will know precisely what
 12 has happened on technical issues,
 13 communications disclosure, and you don't know
 14 who to go to to verify parts of the
 15 information because it's being relayed to you,
 16 for example, in a Q and A technical briefing
 17 from someone who doesn't necessarily have the
 18 best source of information?
 19 DR. HOWELL:
 20 A. I believe that to be accurate.
 21 MS. NEWBURY:
 22 Q. Did you ever consider requesting an official
 23 report or some other type of comprehensive
 24 report to assist you in your role?
 25 DR. HOWELL:

Page 167

1 A. I didn't.
 2 MS. NEWBURY:
 3 Q. Thank you, those are all the questions that I
 4 have.
 5 THE COMMISSIONER:
 6 Q. Thank you.
 7 MS. NEWBURY:
 8 Q. Thank you, Dr. Howell.
 9 DR. HOWELL:
 10 A. Thank you.
 11 THE COMMISSIONER:
 12 Q. Ms. Russell?
 13 MS. RUSSELL:
 14 Q. No, I have no questions. My questions have
 15 been answered this morning.
 16 THE COMMISSIONER:
 17 Q. All right then. Mr. Pike?
 18 MR. PIKE:
 19 Q. No questions for Dr. Howell, Commissioner.
 20 THE COMMISSIONER:
 21 Q. Ms. Grant?
 22 MS. GRANT:
 23 Q. We have nothing arising with respect to Part
 24 II.
 25 THE COMMISSIONER:

Page 168

1 Q. All right, thank you. Mr. Simmons?
 2 DR. OSCAR HOWELL, EXAMINATION BY MR. DANIEL SIMMONS
 3 MR. SIMMONS:
 4 Q. Good morning, Dr. Howell.
 5 DR. HOWELL:
 6 A. Good morning.
 7 MR. SIMMONS:
 8 Q. And I guess you're glad no one will be saying
 9 good afternoon to you here in this room.
 10 DR. HOWELL:
 11 A. I hope so.
 12 MR. SIMMONS:
 13 Q. I won't be very long. I just have a couple
 14 questions, two or three things I want to ask
 15 you about. A few minutes ago, you reviewed
 16 many of the changes that had been made in the
 17 laboratory medicine program in response to the
 18 discoveries regarding the ER/PR testing, and
 19 you went through a number of the positions
 20 that have been created and changes that have
 21 been made in the organization of the people.
 22 DR. HOWELL:
 23 A. Um-hm.
 24 MR. SIMMONS:
 25 Q. You described that there is a position

Page 169

1 occupied now by Ms. Parnell, which is a
 2 quality assurance position, a hands on
 3 documentation, standard operating procedure
 4 writing position, I believe, and you also
 5 described Ms. Wade's position, which is the
 6 quality and safety manager position for your
 7 portfolio, correct?
 8 DR. HOWELL:
 9 A. Correct.
 10 MR. SIMMONS:
 11 Q. Are you aware as to whether or not there's a
 12 plan in place to create another technical
 13 position within the immunohistochemistry
 14 laboratory?
 15 DR. HOWELL:
 16 A. Yes, Dr. Denic, prior to my going on vacation,
 17 was meeting with a PhD with expertise in that
 18 area and was very close to looking at an
 19 employment opportunity for that individual.
 20 MR. SIMMONS:
 21 Q. Okay, and where would that person fit in in
 22 the structure and operations of the IHC lab,
 23 as far as you know?
 24 DR. HOWELL:
 25 A. It would fit directly within the

Page 170

1 immunohistochemistry lab. And the exact job
 2 description had not been written, but I think
 3 would be assisting in that whole quality
 4 assurance, quality control area.
 5 MR. SIMMONS:
 6 Q. Okay. I'll tell you what it's been, it's been
 7 described to me, and you call tell me if you
 8 recollect this or not, it's been described to
 9 me as a position between that of a pathologist
 10 and technologist so that someone with a
 11 science background would become involved in
 12 supervising the technical aspects of the work
 13 in the lab. Does that sound -
 14 DR. HOWELL:
 15 A. That sounds very familiar.
 16 MR. SIMMONS:
 17 Q. Okay, good. I had a question or two about the
 18 preparation for the technical media briefing
 19 of December 11th, 2006. You had mentioned a
 20 couple of times that the retesting process had
 21 not been a scientific research project?
 22 DR. HOWELL:
 23 A. That's correct.
 24 MR. SIMMONS:
 25 Q. And I think you had mentioned that at one

Page 171

1 point in relation to the debate that took
 2 place prior to December 11th, '06 about how to
 3 interpret the retesting results, the numbers
 4 for the retesting results that were available.
 5 And can you tell me what difference it made in
 6 that debate whether this project had been done
 7 as a scientific research project or as a
 8 patient-care project, where did that fit in?
 9 DR. HOWELL:
 10 A. Well, if it had been a research project aimed
 11 at specifically looking at the error rate of
 12 the test, a totally different approach would
 13 have been taken and there would have been an
 14 examination of the full cohort of patients,
 15 all patients -
 16 MR. SIMMONS:
 17 Q. What's a cohort?
 18 DR. HOWELL:
 19 A. Cohort is the total group of patients.
 20 MR. SIMMONS:
 21 Q. Um-hm.
 22 DR. HOWELL:
 23 A. Involved in that particular piece of research
 24 and study and would have come out with the--it
 25 would have been a scientific approach to that

Page 172

1 analysis.
 2 MR. SIMMONS:
 3 Q. So the scientific approach would have required
 4 retesting all the ER/PR samples, including
 5 those which had originally tested positive in
 6 order to determine what an accurate rate of
 7 change was in the retesting process, is that
 8 what you're suggesting?
 9 DR. HOWELL:
 10 A. That's correct, that's correct.
 11 MR. SIMMONS:
 12 Q. And we know that that wasn't done, there was a
 13 subset of the total population that was
 14 retested and that were those that were
 15 determined to be clinically negative that was
 16 retested?
 17 DR. HOWELL:
 18 A. That's correct.
 19 MR. SIMMONS:
 20 Q. And did that debate actually take place among
 21 the people who were planning for the December
 22 11th technical briefing, that type of
 23 consideration, was that discussed?
 24 DR. HOWELL:
 25 A. The only debate was that this was not a

Page 173

1 scientific study, this was not a research
 2 project.
 3 MR. SIMMONS:
 4 Q. Right.
 5 DR. HOWELL:
 6 A. And that contributed to the discussion about
 7 talking about error rates.
 8 MR. SIMMONS:
 9 Q. Okay. Now, I'm not going to show you the
 10 numbers again that were available with him,
 11 because we've seen them a number of times.
 12 But would you agree with me that using those
 13 numbers, they could be used in different ways
 14 to come up with different rates of change,
 15 depending on which ones you choose to compare?
 16 DR. HOWELL:
 17 A. Correct.
 18 MR. SIMMONS:
 19 Q. And that the most favourable rate, if you
 20 determine a low rate to be favourable for
 21 the--to the impression of the organization,
 22 the most favourable rate would be to take a
 23 low number of changes and compare it to a
 24 large number of total tests? So, that would
 25 be an approach to do it.

Page 174

1 DR. HOWELL:
 2 A. That's correct.
 3 MR. SIMMONS:
 4 Q. Was there ever any discussion or anything put
 5 forward by anyone in that process to say that
 6 we should select a method that portrays things
 7 favourably for us and communicate that to the
 8 public?
 9 DR. HOWELL:
 10 A. No, definitely not.
 11 MR. SIMMONS:
 12 Q. One of the terms of reference that this
 13 Commission of Inquiry has is to look into
 14 whether the ER and PR testing systems and
 15 processes and the quality assurance around
 16 that that's in place now are reflective of
 17 best practices, and you've just gone back and
 18 had some discussion of best practices with Ms.
 19 Newbury so I won't go through all that with
 20 you again. I have only one question in
 21 relation to that. And that is that has there
 22 been any, to your knowledge, any approach from
 23 the Commission to bring someone in and do any
 24 further independent evaluation of the
 25 laboratory and the ER/PR testing processes and

Page 175

1 the quality assurance processes that are in
 2 place now at Eastern Health?
 3 DR. HOWELL:
 4 A. Not of which I'm aware.
 5 MR. SIMMONS:
 6 Q. Okay. Were such a request to be made, would
 7 there be any objection or any concern about
 8 allowing that to happen?
 9 DR. HOWELL:
 10 A. Absolutely not. It would be welcomed.
 11 MR. SIMMONS:
 12 Q. Good. Thank you, very much, Dr. Howell.
 13 DR. HOWELL:
 14 A. Thank you.
 15 COMMISSIONER:
 16 Q. Anything arising, Ms. Chaytor.
 17 CHAYTOR, Q.C.:
 18 Q. No, nothing arising.
 19 COMMISSIONER:
 20 Q. Thank you. Thank you, Dr. Howell. Mr.
 21 Simmon's promise is there, you won't be seeing
 22 us after lunch. I do appreciate your
 23 contribution to this process. May I suggest
 24 we break for lunch and meet again at 2 when
 25 we'll start with the next witness?

Page 176

1 (LUNCH BREAK)
 2 COMMISSIONER:
 3 Q. Ms. Chaytor.
 4 CHAYTOR, Q.C.:
 5 Q. Good afternoon, Commissioner. And good
 6 afternoon, Ms. Hennessey. Our next witness is
 7 Moira Hennessey. I would ask, please, if Ms.
 8 Hennessey could be sworn or affirmed?
 9 COMMISSIONER:
 10 Q. All right, then.
 11 MS. MOIRA HENNESSEY (SWORN) EXAMINATION-IN-CHIEF BY
 12 SANDRA CHAYTOR, Q.C.
 13 REGISTRAR:
 14 Q. And would you please state and spell your
 15 complete name for the Commission?
 16 MS. HENNESSEY:
 17 A. Moira Hennessey, and it's spelled M-O-I-R-A,
 18 H-E-N-N-E-S-S-E-Y.
 19 REGISTRAR:
 20 Q. Thank you.
 21 COMMISSIONER:
 22 Q. Now, Ms. Hennessey, the documents which will
 23 be referred to will pop up on that screen in
 24 front of you and you have your own mouse if
 25 you need to look further down. It should be

Page 177

1 just--there you go. So if you need to look
 2 further down a document that's been provided
 3 or in front of you, that mouse can control it.
 4 And you should also have paper copies of some
 5 of the exhibits there in a file. And if you
 6 need to see anything further, you just let us
 7 know and we'll make sure you can have a look
 8 at it, all right. Now, Ms. Chaytor.
 9 CHAYTOR, Q.C.:
 10 Q. Thank you. Commissioner, we have a number of
 11 new exhibits to enter this afternoon or I
 12 would ask to have entered please? It's P-1430
 13 through to 1459; 1561 through to 1464,
 14 inclusive; 1466, 1467 and then 1469 through to
 15 1477, inclusive.
 16 COMMISSIONER:
 17 Q. All right. Entered.
 18 EXHIBIT P-1430 THROUGH P-1459, INCLUSIVE, ENTERED INTO
 19 EVIDENCE.
 20 EXHIBIT P-1461 THROUGH P-1464, INCLUSIVE, ENTERED INTO
 21 EVIDENCE.
 22 EXHIBIT P-1466 ENTERED INTO EVIDENCE.
 23 EXHIBIT P-1467 ENTERED INTO EVIDENCE.
 24 EXHIBIT P-1469 THROUGH P-1477, INCLUSIVE, ENTERED INTO
 25 EVIDENCE.

Page 178

1 CHAYTOR, Q.C.:
 2 Q. Thank you. Ms. Hennessey, perhaps we can
 3 begin with you telling us a bit about your
 4 background, your educational background and
 5 your professional career up into your current
 6 position?
 7 MS. HENNESSEY:
 8 A. Okay. I have a background in business
 9 administration. I'm a graduate of Memorial
 10 University back in the mid '70s. Since then
 11 I've done a two-year program in health
 12 services management, that was a correspondence
 13 program with some intersessions. And I've
 14 done a total quality management program, which
 15 was about a year in duration.
 16 CHAYTOR, Q.C.:
 17 Q. Okay.
 18 MS. HENNESSEY:
 19 A. That's really my academic preparation. I've
 20 done some professional development since then.
 21 CHAYTOR, Q.C.:
 22 Q. Okay.
 23 MS. HENNESSEY:
 24 A. But that's the--my academic preparation.
 25 CHAYTOR, Q.C.:

Page 179

1 Q. Okay. And you did two years, you say, in
 2 health services?
 3 MS. HENNESSEY:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. And what was done by way of correspondence?
 7 MS. HENNESSEY:
 8 A. Yes, it was.
 9 CHAYTOR, Q.C.:
 10 Q. Okay. And through which institution was that?
 11 MS. HENNESSEY:
 12 A. That was the Canadian Hospital Association.
 13 CHAYTOR, Q.C.:
 14 Q. Canadian Hospital Association, okay. And, I'm
 15 sorry, you were at Memorial in the mid 1970s?
 16 MS. HENNESSEY:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. And what was your degree?
 20 MS. HENNESSEY:
 21 A. My degree was bachelor of commerce.
 22 CHAYTOR, Q.C.:
 23 Q. Okay. And then take us through your career
 24 path?
 25 MS. HENNESSEY:

Page 180

1 A. Okay.
 2 CHAYTOR, Q.C.:
 3 Q. And perhaps just the highlights leading up to
 4 where you are now?
 5 MS. HENNESSEY:
 6 A. Okay. I started my career with the Provincial
 7 Government in 1975, I went to work with the
 8 former Department of Health at that time as a
 9 management analyst and the primarily
 10 responsibilities then was in the area of
 11 budgeting as it related to hospitals. At that
 12 point we didn't have the responsibility for
 13 nursing homes. I moved from there to a health
 14 care consultant position within the Board
 15 Services Division or was the former Hospital
 16 Services Division. In that capacity I did
 17 some work with staffing and operational
 18 reviews in our hospitals. I did have
 19 responsibility for the former Central
 20 Institutional Board and my primary areas of
 21 responsibility were housekeeping, dietetics,
 22 materials management, that was a support
 23 function, some business administration. I
 24 then left the government in 1984 and went to
 25 the St. John's Hospital Council, that was the

Page 181

1 organization tasked with reorganization of the
 2 hospitals in St. John's at that time. After
 3 that I went to, became administrator of St.
 4 John's Home Care Program for about a one-year
 5 period when the administrator was on leave.
 6 Subsequent to that I left the Provincial
 7 Government and went into the private sector
 8 for a short period of time. I did some
 9 consulting work with a home support agency in
 10 St. John's. And I also did some work on the
 11 Burin Peninsula when we were opening the new
 12 hospital down there. I was sort of the
 13 transition manager between the old facility
 14 and the new.

15 CHAYTOR, Q.C.:

16 Q. Okay. And then eventually you found your way
 17 back to the Provincial Government, I take it?

18 MS. HENNESSEY:

19 A. Yes, I did. I've been there ever since. I did
 20 go back -

21 CHAYTOR, Q.C.:

22 Q. Okay. And do you remember which year was that
 23 you went back with the Provincial Government?

24 MS. HENNESSEY:

25 A. I went back to the Provincial Government in, I

Page 182

1 think, around '92.

2 CHAYTOR, Q.C.:

3 Q. Okay. And what was your position at that
 4 point in time?

5 MS. HENNESSEY:

6 A. I went back initially, as a health care
 7 consultant. Then I moved into the position as
 8 director of--what was director of hospital
 9 services, it became the director of acute and
 10 long-term institutional services. And in that
 11 capacity, you know, I oversaw the group of
 12 consultants, I guess I was one of them at that
 13 point in time with respect to, you know,
 14 staffing reviews, operational reviews, handing
 15 inquiries from the public with respect to
 16 issues or concerns that may have been raised
 17 by the health--you know, as it related to the
 18 services that they received in the health
 19 system.

20 CHAYTOR, Q.C.:

21 Q. Okay. Was that the director for service
 22 quality improvement, was that your title at
 23 that point?

24 MS. HENNESSEY:

25 A. No, I was still the director of acute and

Page 183

1 long-terms care institutional services. When
 2 I moved into the position of director of
 3 service quality improvement, that was a new
 4 division established within the department at
 5 that time. The intent was to have a focus on
 6 quality, you know, and establish a quality
 7 framework within the health system. What
 8 actually happened during that time period was
 9 that the individual who was the director of
 10 board services, I forget what the title--yes,
 11 director of board services, she did not have a
 12 background in the area of the institutional
 13 health boards or in our capital program, so I
 14 really became a second director. That
 15 position and the division did not develop as
 16 the department saw that it would at that point
 17 in time.

18 CHAYTOR, Q.C.:

19 Q. Okay.

20 MS. HENNESSEY:

21 A. And then subsequent when that individual
 22 retired, I was appointed, well, I guess I was
 23 successful in getting the job as the director
 24 of board services.

25 CHAYTOR, Q.C.:

Page 184

1 Q. Okay. And when was that?

2 MS. HENNESSEY:

3 A. That was in April, 2001. And I was in that
 4 position for about two years.

5 CHAYTOR, Q.C.:

6 Q. Um-hm, yes.

7 MS. HENNESSEY:

8 A. And then I moved on in April, 2003, I was
 9 appointed as assistant deputy minister for
 10 board services at that time. And that
 11 particular position is, as you know, an
 12 executive position within the department
 13 responsible for a number of program areas
 14 within the institutions and within the
 15 community health sector.

16 CHAYTOR, Q.C.:

17 Q. Okay.

18 MS. HENNESSEY:

19 A. I have responsibility for the capital
 20 infrastructure program and -

21 CHAYTOR, Q.C.:

22 Q. And I'll ask you a little more detail about
 23 that.

24 MS. HENNESSEY:

25 A. Sure, go ahead.

Page 185

1 CHAYTOR, Q.C.:

2 Q. I just wanted to ask you a few questions about

3 your background. You certainly have extensive

4 background in health services. Your role as

5 the--well, I guess your most immediate past

6 position was director of board services?

7 MS. HENNESSEY:

8 A. Yes.

9 CHAYTOR, Q.C.:

10 Q. And you held that two years, from 2001 to

11 2003?

12 MS. HENNESSEY:

13 A. Correct.

14 CHAYTOR, Q.C.:

15 Q. What did that involve?

16 MS. HENNESSEY:

17 A. That involved, back then we were still under a

18 14 board structure, so I had responsibility

19 for, I guess, from the provincial department's

20 perspective in proving leadership to a number

21 of program areas within the 14 health boards

22 at that point in time. I also had -

23 CHAYTOR, Q.C.:

24 Q. So you were liaison with all 14 boards?

25 MS. HENNESSEY:

Page 186

1 A. Yes, I was.

2 CHAYTOR, Q.C.:

3 Q. Okay.

4 MS. HENNESSEY:

5 A. And I also had responsibility for the capital,

6 what we call our capital program which

7 includes our equipment, our repairs and

8 renovations and our infrastructure program.

9 CHAYTOR, Q.C.:

10 Q. And at that level as director of board

11 services, if you were to liaise with the

12 boards, who would be your point of contact?

13 MS. HENNESSEY:

14 A. It varied. It could have--may have been a CEO

15 in some situations, in others it would have

16 been at the what was called assistant

17 executive director level because it was when

18 we moved to the four board--to the four

19 regional health authorities that they adopted

20 a more corporate structure.

21 CHAYTOR, Q.C.:

22 Q. And prior to that your position that you

23 indicated director of board service quality

24 improvement, that position, what did that

25 involve exactly?

Page 187

1 MS. HENNESSEY:

2 A. Well, what the intent of the position was to

3 work with the health boards at that time to

4 develop a provincial service quality

5 framework. It was also, the position had

6 responsibility for what we call our service

7 inquiry, or our client inquiries officer, and

8 that was the, I guess, the single--it was

9 supposed to be the single point of entry for

10 inquiries coming into the minister's office,

11 whether they be coming from clients who were

12 using the health system or from MHAs or from

13 family members, so there was a single point of

14 contact. So that position did exist and, in

15 fact, while it doesn't report to me now, it

16 does still exist within the department.

17 CHAYTOR, Q.C.:

18 Q. So there is an equivalent position now?

19 MS. HENNESSEY:

20 A. Yes, there is.

21 CHAYTOR, Q.C.:

22 Q. And who holds that position in the department

23 now?

24 MS. HENNESSEY:

25 A. Elaine Cleary is the -

Page 188

1 CHAYTOR, Q.C.:

2 Q. I'm sorry?

3 MS. HENNESSEY:

4 A. Elaine Cleary is the individual who is the

5 client service inquiries officer.

6 CHAYTOR, Q.C.:

7 Q. And so if someone were to have an issue or

8 complaint with services they're receiving with

9 a health authority, they could phone this

10 person, they could phone the -

11 MS. HENNESSEY:

12 A. As I do recall, that is the number that is

13 listed in the telephone directory for the

14 client service inquiries. I mean, I guess I

15 want to add that there are other staff within

16 the department who also handle inquiries.

17 While the intent was that that was single

18 point of entry, inquiries do come in from

19 various sources through the minister's office

20 and through his political staff.

21 CHAYTOR, Q.C.:

22 Q. Okay. Do you know whether or not the

23 department received any inquiries from

24 patients or the public on the ER/PR issue?

25 MS. HENNESSEY:

Page 189

1 A. I don't recall specifically.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. And if there had been such calls
 4 received, do you expect that you would have
 5 been notified?
 6 MS. HENNESSEY:
 7 A. I may not have been personally notified. One
 8 of the staff who would be working within the
 9 division or within my branch would have been
 10 the point of contact because under our current
 11 structure we have regional consultants and
 12 there is one for the eastern region so more
 13 than likely that individual, I may not have
 14 been aware myself if there was individual
 15 inquiries came to the department.
 16 CHAYTOR, Q.C.:
 17 Q. So that person doesn't report directly to you?
 18 MS. HENNESSEY:
 19 A. That person reports to the director of board
 20 services, who reports to me.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. And you have not been advised that any
 23 such calls were received?
 24 MS. HENNESSEY:
 25 A. I don't recall being advised, but I wouldn't

Page 190

1 say that I would necessarily be advised.
 2 CHAYTOR, Q.C.:
 3 Q. Right.
 4 MS. HENNESSEY:
 5 A. You know, because the individuals in the
 6 regional consultant positions handle inquiries
 7 regularly on many files and they would not
 8 necessarily be brought to my attention.
 9 CHAYTOR, Q.C.:
 10 Q. Okay. So there may have been calls, but you
 11 haven't been advised?
 12 MS. HENNESSEY:
 13 A. No. That's correct.
 14 CHAYTOR, Q.C.:
 15 Q. All right. And then your current position,
 16 you took up in April, 2003, is that correct?
 17 MS. HENNESSEY:
 18 A. Yes, I did.
 19 CHAYTOR, Q.C.:
 20 Q. Okay. And so perhaps--and you're the ADM of
 21 board services?
 22 MS. HENNESSEY:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. So perhaps you could tell us what are your

Page 191

1 responsibilities?
 2 MS. HENNESSEY:
 3 A. Okay. I guess my key responsibilities
 4 continue to be a liaison between the--with the
 5 health authorities on operational matters.
 6 There are certain program areas that fall
 7 within my jurisdiction. There's others that
 8 don't. I don't know which way is the easiest
 9 to explain to you now, whether to tell you the
 10 ones that are excluded or to tell you what is
 11 included. I don't--I have responsibility for,
 12 you know, the hospitals, the nursing homes and
 13 some of our community health programs. I
 14 don't have responsibility for services such as
 15 child, youth and family services or public
 16 health and wellness. They fall within another
 17 assistant deputy -
 18 CHAYTOR, Q.C.:
 19 Q. And we'll concentrate on the ones, the
 20 responsibilities which are relevant to what
 21 we're doing, so.
 22 MS. HENNESSEY:
 23 A. There were some additional ones. Our
 24 organizational structure did change in July,
 25 2005, so there were some additional services

Page 192

1 that came within my area of responsibility at
 2 that time.
 3 CHAYTOR, Q.C.:
 4 Q. Okay.
 5 MS. HENNESSEY:
 6 A. They would have included mental health and
 7 addictions, they would have included what we
 8 call our grants to community agencies.
 9 CHAYTOR, Q.C.:
 10 Q. I'm sorry, what was that?
 11 MS. HENNESSEY:
 12 A. Our grants to community agencies, linkages -
 13 CHAYTOR, Q.C.:
 14 Q. Grants to community -
 15 MS. HENNESSEY:
 16 A. Where the department provides annual grants to
 17 a number of community agencies. So that would
 18 have been assigned to me at that point in
 19 time.
 20 CHAYTOR, Q.C.:
 21 Q. Okay.
 22 MS. HENNESSEY:
 23 A. And the other area is our files with respect
 24 to adults with disabilities. That would have
 25 been added at that point in time. And the

Page 193

1 other thing I might note is it was at that
 2 point in time that the, when we restructured,
 3 the division of service quality was deleted
 4 from the department's organization chart.
 5 CHAYTOR, Q.C.:
 6 Q. I'm sorry, which was the?
 7 MS. HENNESSEY:
 8 A. Division of service quality, when you asked me
 9 about that, that that division, the director's
 10 position was taken and the funding used for
 11 another director's division within the
 12 department. So while there had been a
 13 division established, it was in -
 14 CHAYTOR, Q.C.:
 15 Q. And what happened--I'm sorry. So the duties
 16 of that person then were assigned to someone
 17 else?
 18 MS. HENNESSEY:
 19 A. Well, again, the duties as it related to
 20 developing a service quality framework, they
 21 have not been--that has not been advanced.
 22 CHAYTOR, Q.C.:
 23 Q. Okay, hasn't been reassigned, okay, hasn't
 24 been advanced, okay. All right. And what can
 25 you say about your position in terms of

Page 194

1 currently, how much contact--obviously we know
 2 that we've now gone from 14 boards to four
 3 boards. What changes have you seen in terms
 4 of the frequency or type of contact that you
 5 now have with the health authorities?
 6 MS. HENNESSEY:
 7 A. When we first moved from 14 to four boards, I
 8 saw initially a decrease in, I guess, because
 9 I was now dealing with four structures instead
 10 of 14, that it seemed to have streamlined the
 11 process initially. Right now if I look back
 12 on the past year or two, I find that the--
 13 while there might have been some streamlining,
 14 that there hasn't really been a reduction in
 15 the amount of liaison with the health
 16 authorities or in the requests that come to
 17 the department's attention. I can't say that
 18 I've seen a difference.
 19 CHAYTOR, Q.C.:
 20 Q. Okay. So in terms of maybe you could just
 21 give the Commissioner some idea on a day-to-
 22 day basis what does it mean, like, how much
 23 contact would you have with the boards as the
 24 liaison for the boards and who it is that you
 25 would be in contact with?

Page 195

1 MS. HENNESSEY:
 2 A. My contacts, it does vary. Sometimes it is
 3 the CEO and other times it is the vice
 4 presidents, and sorry, Ms. Chaytor, would you
 5 mind repeating the question?
 6 CHAYTOR, Q.C.:
 7 Q. Sure, no trouble. What I'm just wondering is
 8 if we could--we want to try and understand
 9 your job position in a practical way.
 10 MS. HENNESSEY:
 11 A. Okay.
 12 CHAYTOR, Q.C.:
 13 Q. So I'm just wondering in terms of dealing with
 14 health authorities, how much contact would you
 15 have in the run of a normal working day with a
 16 health authority, and who it is that you would
 17 normally have that contact with?
 18 MS. HENNESSEY:
 19 A. My normal contacts would vary, depending upon
 20 the health authority. For Eastern Health, it
 21 tends to be at the vice president level and
 22 occasionally at the director level, but more
 23 so at the vice president level. For the other
 24 three health authorities, I think, because
 25 they're smaller, I hear from the CEO as

Page 196

1 regularly as I do from the vice president
 2 level.
 3 My contacts, it can vary on a weekly
 4 basis. It could be a few, and depending upon
 5 the issue, it could be more than that. I find
 6 that in the past few years, I don't have the
 7 amount of time to provide the support to the
 8 regional health authorities that I have had in
 9 the past.
 10 CHAYTOR, Q.C.:
 11 Q. And why is that?
 12 MS. HENNESSEY:
 13 A. I think because there's been a greater shift
 14 to providing support to the government.
 15 CHAYTOR, Q.C.:
 16 Q. Okay. So your internal, the internal nature
 17 of your job is taking more of your time?
 18 MS. HENNESSEY:
 19 A. Yes, it is, yeah, I have to be honest with you
 20 that that is the case and if you ask any of
 21 the staff that work with me, I think they
 22 would find--they would tell you the same
 23 thing, that the internal demands on us now,
 24 there has been a shift to greater internal
 25 demands that I feel I'm not able to provide

Page 197

1 the support to the health authorities that
 2 perhaps I should be doing.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, and internally then, what are your
 5 duties within the department?
 6 MS. HENNESSEY:
 7 A. Within the Department, it would be--directly,
 8 it would be providing support to the Deputy
 9 Minister. It would be providing support to
 10 the Minister, and also there's a fair amount
 11 of time spent providing support to the
 12 political staff within the Department.
 13 CHAYTOR, Q.C.:
 14 Q. So currently, you said with Eastern Health you
 15 tend to have more of a contact at the VP level
 16 and with the other three authorities, it's
 17 more with the CEO.
 18 MS. HENNESSEY:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. So I take it then currently, if you were
 22 dealing with a medical issue at Eastern
 23 Health, your current contact would be Dr.
 24 Howell? Is that right?
 25 MS. HENNESSEY:

Page 198

1 A. Yes, it would be.
 2 CHAYTOR, Q.C.:
 3 Q. And before that, Dr. Williams?
 4 MS. HENNESSEY:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. And I take it Dr. Williams is somebody that
 8 you knew--did you work with him, by the way,
 9 at the Department?
 10 MS. HENNESSEY:
 11 A. Yes, I did work with -
 12 CHAYTOR, Q.C.:
 13 Q. You overlapped there.
 14 MS. HENNESSEY:
 15 A. I was a director in the Department. I guess I
 16 started as a health care consultant and then a
 17 director when Dr. Williams was our associate
 18 deputy and then became deputy.
 19 CHAYTOR, Q.C.:
 20 Q. Okay. So did you actually report to Dr.
 21 Williams at some point in your career?
 22 MS. HENNESSEY:
 23 A. No, I didn't. No, I reported to an assistant
 24 deputy minister who would report -
 25 CHAYTOR, Q.C.:

Page 199

1 Q. Who then reported to -
 2 MS. HENNESSEY:
 3 A. - to Dr. Williams.
 4 CHAYTOR, Q.C.:
 5 Q. While he was deputy minister?
 6 MS. HENNESSEY:
 7 A. Deputy, yes.
 8 CHAYTOR, Q.C.:
 9 Q. Okay, and currently then, within the
 10 Department as ADM, who do you report to?
 11 MS. HENNESSEY:
 12 A. I report to the Deputy Minister, currently Don
 13 Keats.
 14 CHAYTOR, Q.C.:
 15 Q. And before Mr. Keats, I take it it was Mr.
 16 Abbott?
 17 MS. HENNESSEY:
 18 A. It was Mr. Thompson for a short while.
 19 CHAYTOR, Q.C.:
 20 Q. Oh yes.
 21 MS. HENNESSEY:
 22 A. And then before that it was Mr. Abbott.
 23 CHAYTOR, Q.C.:
 24 Q. Okay.
 25 THE COMMISSIONER:

Page 200

1 Q. Ms. Chaytor, can you go back to a little more
 2 about the nature of the kind of things that
 3 the witness deals with?
 4 CHAYTOR, Q.C.:
 5 Q. Sure.
 6 THE COMMISSIONER:
 7 Q. Ms. Hennessey, I think you said you deal with
 8 financial matters, do you, or is it just that
 9 because you deal with things like equipment
 10 and capital, I'm just thinking of the fact
 11 that they all cost money.
 12 MS. HENNESSEY:
 13 A. I don't have responsibility for the financial
 14 affairs, as it relates to the regional health
 15 authorities. That falls--there is a branch, a
 16 corporate services branch within the
 17 Department and the liaison with the health
 18 authorities with respect to finances, as it
 19 relates to the operational arm, is through
 20 that. I do have the relationship from a
 21 financial perspective with respect to the
 22 capital program, because that reports within
 23 my portfolio.
 24 THE COMMISSIONER:
 25 Q. Okay.

Page 201

1 CHAYTOR, Q.C.:

2 Q. So are you involved in assisting the

3 authorities with the budgetary process?

4 MS. HENNESSEY:

5 A. Yes, I would be, and certainly the staff that

6 work with me, because when the annual budget

7 requests come into the Department, you know,

8 there is requests that comes from each of the

9 health authorities and it is reviewed by--I

10 guess it's jointly reviewed by Finance staff

11 and staff that work in my branch, with respect

12 to assessing the requests that come forward.

13 CHAYTOR, Q.C.:

14 Q. And would you give direction to the health

15 authorities in terms of priorities that the

16 government would have, from a budgetary point

17 of view?

18 MS. HENNESSEY:

19 A. When the budget submissions come into the

20 Department, each of the health authorities is

21 asked to prioritize their requests. Then when

22 the four health authority budgets are

23 reviewed, there are--the Department brings

24 forward a number of priorities to the

25 Government. Many of them are from the health

Page 202

1 authorities, but then there would be other

2 priorities that the Minister would deem

3 important and that they would collectively

4 become the Department's submission to the

5 government.

6 CHAYTOR, Q.C.:

7 Q. And outside the budgetary process itself, if

8 an authority had a need or a request that came

9 up during the year for funding in a particular

10 area, would that come through you?

11 MS. HENNESSEY:

12 A. For the program areas that I have

13 responsibility for, it should come through my

14 branch. So if one of the health authorities

15 wanted to introduce a new program during the

16 year, if it was one that fell within my

17 portfolio, the request would certainly come to

18 me. It would be reviewed by staff who work

19 with me and that we would put forward a

20 recommendation with respect to that request,

21 and then that decision, if it is a new program

22 or service, we are required to seek Treasury

23 Board authority for new programs and services,

24 but if it's something that--it may be just an

25 enhancement to an existing service, if the

Page 203

1 Department has the flexibility within its own

2 budget to make a decision, it certainly would.

3 THE COMMISSIONER:

4 Q. And Ms. Hennessey, just in terms of your role,

5 are you--do you see yourself as an advocate on

6 behalf of an authority? Are you the

7 independent assessment by the Department?

8 Where are you sort of placed in terms of--on a

9 request, for example, for an extension to a

10 program or for a new program, does the

11 authority feel that you're the first face of

12 the department who they have to convince or do

13 they look at you as their advocate within the

14 Department to get what they're looking for in

15 terms of programs?

16 MS. HENNESSEY:

17 A. I think that they would see me as the face

18 where they would bring forth a proposal and

19 that we would assess the proposal, and if it

20 was something that we felt that we want to

21 move forward, we would at that point in time.

22 I don't see myself as an advocate on behalf of

23 the -

24 THE COMMISSIONER:

25 Q. Okay. So you're the first one they have to

Page 204

1 convince? If they really want to get forward

2 with a program, first they have to convince

3 you that it's worth proceeding on with, in

4 terms of the Department? Is that fair?

5 MS. HENNESSEY:

6 A. For the programs that I have responsibility

7 for, the proposal would come--more than

8 likely, the proposal would come in addressed

9 to the Deputy Minister, but the Deputy

10 Minister, if it's one of my program areas,

11 would send the proposal to me for review and I

12 would ask the staff, some of the staff who

13 work with me, to review it and if we feel that

14 we should move it forward part way through a

15 budget year, we would certainly prepare a

16 paper to government.

17 THE COMMISSIONER:

18 Q. All right, thank you.

19 CHAYTOR, Q.C.:

20 Q. And which staff would report directly to you

21 then?

22 MS. HENNESSEY:

23 A. Right now there are two directors, the

24 Director of Board Services reports to me and

25 the Director of Mental Health and Addictions.

Page 205

1 CHAYTOR, Q.C.:

2 Q. And who is the Director of Board Services?

3 MS. HENNESSEY:

4 A. John Rumboldt.

5 CHAYTOR, Q.C.:

6 Q. And how about Beverly Griffiths, where does

7 she fit?

8 MS. HENNESSEY:

9 A. She is one of our regional consultants. She

10 reports to John Rumboldt.

11 CHAYTOR, Q.C.:

12 Q. Okay.

13 MS. HENNESSEY:

14 A. She's the regional consultant who has

15 responsibility for Eastern.

16 CHAYTOR, Q.C.:

17 Q. And she reports to Mr. Rumboldt, who reports

18 directly to you?

19 MS. HENNESSEY:

20 A. Yes.

21 CHAYTOR, Q.C.:

22 Q. Okay, and what is the role of the Director of

23 Communications and what interaction would you

24 have with that person?

25 MS. HENNESSEY:

Page 206

1 A. The Director of Communications reports to the

2 Deputy Minister. My relationship with the

3 Director of Communications would be in the

4 areas of when we are preparing our briefing

5 notes for the House of Assembly that the

6 Director of Communications certainly assists

7 with the key messages in these briefing notes.

8 I would also be linked with the Director of

9 Communications when the Minister has speaking

10 engagements outside that may be in the program

11 areas that I have responsibility for. There

12 would certainly be a link there, and if the

13 Department was issuing news releases with

14 respect to new programs or services, if it was

15 one that fell within my area, I would

16 certainly--I wouldn't--she would certainly

17 develop the draft news releases and I would

18 have input. They would be there for review.

19 Then subsequent to my review, the press

20 releases go on to the Deputy Minister and then

21 on to the Minister.

22 CHAYTOR, Q.C.:

23 Q. And whose responsibility is it to ensure that

24 there are updated briefing notes on issues

25 which would relate to your program area? Who

Page 207

1 undertakes that? I hear what you're saying,

2 you would consult the Director of

3 Communications for input on key messages, but

4 who actually has to initiate that the--to make

5 sure that the briefing note is either created

6 the first time or updated?

7 MS. HENNESSEY:

8 A. Okay. Initially it would be one of the staff

9 who works with me who would create the initial

10 briefing note. I guess there's different sets

11 of briefing notes, because there are briefing

12 notes done for the House of Assembly and then

13 there are briefing--our general briefing notes

14 that are done on issues. So with respect to

15 the general issues notes, if there is a

16 request for a briefing note, the note would be

17 prepared by one of the staff who works with

18 me, depending upon which region of the

19 province it is. The note should go through

20 the Director of Board Services for review and

21 then onto me for review and then it goes onto

22 the Deputy Minister and to the Minister.

23 With respect to our briefing notes for

24 the House of Assembly, the notes again would

25 be prepared by one of the staff who works with

Page 208

1 me. It would go through the Director of Board

2 Services to me. The notes would then go to

3 our Director of Communications or one of our

4 communications staff to assist with the

5 anticipated questions and the key messaging

6 and then the notes go on to the Deputy

7 Minister and then to the Minister.

8 CHAYTOR, Q.C.:

9 Q. Okay, and who would request a--say it's a

10 general issues briefing note, who would

11 request that?

12 MS. HENNESSEY:

13 A. The note could be requested by the Minister.

14 It could be requested by the Deputy Minister.

15 CHAYTOR, Q.C.:

16 Q. And would you ever request a note be prepared?

17 MS. HENNESSEY:

18 A. I may have, if it's an issue that's in the

19 public that--I don't recall a lot of occasions

20 where I initiate.

21 CHAYTOR, Q.C.:

22 Q. So usually it comes from the Minister or the

23 Deputy Minister?

24 MS. HENNESSEY:

25 A. Yes, yeah.

Page 209

1 CHAYTOR, Q.C.:

2 Q. And what circumstances would normally prompt a

3 briefing note being created?

4 MS. HENNESSEY:

5 A. It could be an issue that's in the public. It

6 could be an issue that's raised by one of the

7 health authorities. I think they would be the

8 two primary reasons why we would be creating

9 notes.

10 CHAYTOR, Q.C.:

11 Q. And is the Director of Communications only

12 involved with respect to the House of Assembly

13 briefing notes or is there a role for the

14 Director of Communications in all of the

15 briefing notes?

16 MS. HENNESSEY:

17 A. There's not a role for the Director of

18 Communications in all of our notes.

19 CHAYTOR, Q.C.:

20 Q. It's just the House of Assembly?

21 MS. HENNESSEY:

22 A. Yes. I do do notes that go directly from me

23 onto the Deputy.

24 CHAYTOR, Q.C.:

25 Q. But any that are for the House of Assembly go

Page 210

1 through the Director of Communications first?

2 MS. HENNESSEY:

3 A. Yes, they do.

4 CHAYTOR, Q.C.:

5 Q. And I'll come back and ask you some more about

6 that, because we understand there's been some

7 change in practice in terms of signing off on

8 briefing notes.

9 MS. HENNESSEY:

10 A. Yes.

11 CHAYTOR, Q.C.:

12 Q. And of course, there are a number of briefing

13 notes that I'll be reviewing with you.

14 MS. HENNESSEY:

15 A. Okay.

16 CHAYTOR, Q.C.:

17 Q. Perhaps we can turn now then, and you could

18 tell us when did you first become aware of the

19 ER/PR issue?

20 MS. HENNESSEY:

21 A. I became aware of the ER/PR issue in July

22 2005.

23 CHAYTOR, Q.C.:

24 Q. Okay, and you've been in your position and

25 your prior position going back to Director of

Page 211

1 Board Services, 2001-2003, and then your

2 current position and I believe you said you

3 took up in April 2003?

4 MS. HENNESSEY:

5 A. Correct.

6 CHAYTOR, Q.C.:

7 Q. Yes. Did you ever hear of anything similar to

8 this ER/PR issue or hormone receptor testing

9 or any issue regarding that back in 2003?

10 MS. HENNESSEY:

11 A. No, I didn't.

12 CHAYTOR, Q.C.:

13 Q. And of course, you're aware now, no doubt,

14 about the issues that were raised back then by

15 Dr. Ejeckam?

16 MS. HENNESSEY:

17 A. Yes.

18 CHAYTOR, Q.C.:

19 Q. That didn't come to your attention?

20 MS. HENNESSEY:

21 A. No, it did not.

22 CHAYTOR, Q.C.:

23 Q. Okay. So you learned of ER/PR in July of

24 2005?

25 MS. HENNESSEY:

Page 212

1 A. Yes.

2 CHAYTOR, Q.C.:

3 Q. And was that the first time that you had ever

4 heard of such a thing as ER/PR or hormone

5 receptor testing?

6 MS. HENNESSEY:

7 A. Yes, it is, and as you know from my

8 background, I don't have a medical or clinical

9 background, so the terminology was certainly

10 all new to me.

11 CHAYTOR, Q.C.:

12 Q. And Ms. Hennessey, can you give us some

13 indication when in July you first heard of the

14 issue?

15 MS. HENNESSEY:

16 A. I don't recall specifically. I do recall the

17 Deputy Minister telling me about the issue.

18 CHAYTOR, Q.C.:

19 Q. So the first you heard of it was through Mr.

20 Abbott?

21 MS. HENNESSEY:

22 A. Yes, it was.

23 CHAYTOR, Q.C.:

24 Q. And you're not sure what point in July that

25 would have been?

Page 213

1 MS. HENNESSEY:
 2 A. I'm thinking around mid July, but I can't say
 3 with certainty.
 4 CHAYTOR, Q.C.:
 5 Q. Okay. What do you recall Mr. Abbott telling
 6 you?
 7 MS. HENNESSEY:
 8 A. It was a conversation--it wasn't in a meeting.
 9 It was sort of in a conversation in the
 10 Minister's office area, and all I can recall
 11 at that point in time was that there was a
 12 problem with the testing.
 13 CHAYTOR, Q.C.:
 14 Q. And who else was present when Mr. Abbott was
 15 telling you this?
 16 MS. HENNESSEY:
 17 A. What I recall is that there was no one else
 18 present at that time.
 19 CHAYTOR, Q.C.:
 20 Q. So it was just you and Mr. Abbott?
 21 MS. HENNESSEY:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. But you're in the Minister's meeting -
 25 MS. HENNESSEY:

Page 214

1 A. I don't--I seem to remember that it was out in
 2 the Minister's office area, and if you know--
 3 you probably don't know our department, but if
 4 you go into the Minister's suite, the Deputy's
 5 office is on one side and the Minister's is on
 6 another. It was in the outside area that I
 7 seem to recall.
 8 CHAYTOR, Q.C.:
 9 Q. Okay, and he told you there was a problem with
 10 the testing.
 11 MS. HENNESSEY:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. And did you ask him, well what kind of
 15 testing? What is this all about? How did the
 16 conversation go from there?
 17 MS. HENNESSEY:
 18 A. I don't recall a lot about it, I think that
 19 initial was just sort of giving me a heads up
 20 that there was an issue.
 21 CHAYTOR, Q.C.:
 22 Q. And where did you understand Mr. Abbott had
 23 learned this information?
 24 MS. HENNESSEY:
 25 A. I don't know where he would have learned it.

Page 215

1 I would think that he would have learned it
 2 from the CEO, but I really don't know where he
 3 got that information.
 4 CHAYTOR, Q.C.:
 5 Q. He didn't tell you that.
 6 MS. HENNESSEY:
 7 A. No.
 8 CHAYTOR, Q.C.:
 9 Q. And did you know at that point in time whether
 10 or not the Minister was advised of the issue?
 11 Did the Minister already know about it prior
 12 to you being told?
 13 MS. HENNESSEY:
 14 A. I don't recall.
 15 CHAYTOR, Q.C.:
 16 Q. And were you present at any point when the
 17 Minister was informed of the issue?
 18 MS. HENNESSEY:
 19 A. The first meeting that I did with the Minister
 20 on it was on the 5th of August.
 21 CHAYTOR, Q.C.:
 22 Q. So that's quite some time later?
 23 MS. HENNESSEY:
 24 A. Yeah.
 25 CHAYTOR, Q.C.:

Page 216

1 Q. Were you ever, before the 5th of August, in
 2 the presence of the Minister when the issue
 3 was discussed?
 4 MS. HENNESSEY:
 5 A. I don't recall, but I won't say for sure
 6 because I just don't recall. I can recall my
 7 first meeting on it was on the 5th. I did two
 8 meetings in August, one on the 5th of August
 9 and the second one on the 15th of August.
 10 CHAYTOR, Q.C.:
 11 Q. Okay, so you're told very briefly about the
 12 issue sometime you think about the mid July?
 13 MS. HENNESSEY:
 14 A. Yes.
 15 CHAYTOR, Q.C.:
 16 Q. And that's by Mr. Abbott?
 17 MS. HENNESSEY:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. And he said there's a problem with the
 21 testing.
 22 MS. HENNESSEY:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. Do you have any more involvement then in the

Page 217

1 issue up until August 5th?
 2 MS. HENNESSEY:
 3 A. I don't recall having any more involvement up
 4 to the 5th. I know I did take a few days off,
 5 but it wasn't an extended period in July at
 6 that time, it was just a short period of time.
 7 CHAYTOR, Q.C.:
 8 Q. When Mr. Abbott told you about the issue and
 9 of course, you're the ADM of Board Services.
 10 MS. HENNESSEY:
 11 A. Yes.
 12 CHAYTOR, Q.C.:
 13 Q. Did he ask you to do anything?
 14 MS. HENNESSEY:
 15 A. No, not at that time. When he initially told
 16 me, I don't recall being asked to do anything
 17 at that time.
 18 CHAYTOR, Q.C.:
 19 Q. And what did he tell you was the plan in terms
 20 of anything else that might have to be done on
 21 the issue?
 22 MS. HENNESSEY:
 23 A. I think at that time he may have been waiting
 24 for some additional information to come from
 25 Eastern Health.

Page 218

1 CHAYTOR, Q.C.:
 2 Q. And did he tell you who else in the department
 3 may be aware of the issue?
 4 MS. HENNESSEY:
 5 A. No, he did not at that time.
 6 CHAYTOR, Q.C.:
 7 Q. And did you then convey the information to
 8 anyone else in the department?
 9 MS. HENNESSEY:
 10 A. I don't recall having a discussion with anyone
 11 else in the department. My first real recall
 12 of it is the August 5th meeting. I may have
 13 mentioned it to the director of Board
 14 Services, but I don't recall.
 15 CHAYTOR, Q.C.:
 16 Q. And that would be Mr. Rumboldt then?
 17 MS. HENNESSEY:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. Did you contact Eastern Health or any of the
 21 other health authorities?
 22 MS. HENNESSEY:
 23 A. No, I did not.
 24 CHAYTOR, Q.C.:
 25 Q. Did you have the sense from your brief chat

Page 219

1 with Mr. Abbott that this was confidential
 2 information?
 3 MS. HENNESSEY:
 4 A. No, I can't say that I had that sense.
 5 CHAYTOR, Q.C.:
 6 Q. So it wasn't that he's just giving you a heads
 7 up on an issue, but you're keeping it quite at
 8 that point in time, it wasn't that sense?
 9 MS. HENNESSEY:
 10 A. No, I didn't have that sense.
 11 CHAYTOR, Q.C.:
 12 Q. But you don't recall then any further
 13 discussions on the issue until the meeting of
 14 August 5th?
 15 MS. HENNESSEY:
 16 A. No, I don't.
 17 CHAYTOR, Q.C.:
 18 Q. Okay. And I take it at that point in time you
 19 didn't understand that you would be in charge
 20 of the issue?
 21 MS. HENNESSEY:
 22 A. No, I didn't understand that, it wasn't
 23 assigned to me per se, but because it involved
 24 the lab at Eastern Health, I certainly would
 25 have had a role with it.

Page 220

1 CHAYTOR, Q.C.:
 2 Q. So you understood it involved lab testing.
 3 MS. HENNESSEY:
 4 A. Yes, I did.
 5 CHAYTOR, Q.C.:
 6 Q. Did he tell you that it was involving breast
 7 cancer? Did you understand that, that it was
 8 breast cancer patients that would be affected?
 9 MS. HENNESSEY:
 10 A. Yes, I think I probably would have understood
 11 that.
 12 CHAYTOR, Q.C.:
 13 Q. And did he give you any sense as to the
 14 magnitude of the problem?
 15 MS. HENNESSEY:
 16 A. No, I don't recall. I do recall in the first
 17 meeting that--I understood in the first
 18 meeting that I was in on, that it was in the
 19 range of 4 or 500 patients.
 20 CHAYTOR, Q.C.:
 21 Q. But at that first discussion with Mr. Abbott,
 22 you didn't have a sense of how many people
 23 could potentially be affected?
 24 MS. HENNESSEY:
 25 A. No, I don't recall.

Page 221

1 CHAYTOR, Q.C.:

2 Q. Okay. If we could look at P-0300 please? Ms.

3 Hennessey, this will come up on your screen,

4 this particular exhibit I don't believe is in

5 your book.

6 MS. HENNESSEY:

7 A. Right.

8 CHAYTOR, Q.C.:

9 Q. Now, Ms. Hennessey, I'm not sure if you've

10 ever seen this e-mail exchange, but perhaps

11 you can tell us, it's from Heather Predham.

12 MS. HENNESSEY:

13 A. Yes.

14 CHAYTOR, Q.C.:

15 Q. Who, of course, you would know.

16 MS. HENNESSEY:

17 A. Yes.

18 CHAYTOR, Q.C.:

19 Q. And it's sent July 18th, 2005.

20 MS. HENNESSEY:

21 A. Right.

22 CHAYTOR, Q.C.:

23 Q. At 12:29 p.m. and it's sent to Dr. Robert

24 Williams and she copies Denise Dunn, Dr. Cook,

25 Terry Gulliver and her subject is "ER/PR

Page 222

1 receptor letter".

2 MS. HENNESSEY:

3 A. Right.

4 CHAYTOR, Q.C.:

5 Q. And there's an attachment called "Update on

6 ER/PR.doc."

7 MS. HENNESSEY:

8 A. Okay.

9 CHAYTOR, Q.C.:

10 Q. "Hi Dr. Williams, I've heard back from Dr.

11 Cook an Terry Gulliver re: the letter and the

12 changes have been made. Both agree that it

13 should come from you. I was speaking to

14 Deborah Thomas today and the Department of

15 Health has been notified and is now involved.

16 They would like a letter sent to each woman

17 outlining the problem and the steps we are

18 taking to address it. That draft letter will

19 have to be seen by our lawyer first, of

20 course, I guess we'll have to decide tomorrow

21 or the next day re: advising the public."

22 Signed Heather.

23 MS. HENNESSEY:

24 A. Right.

25 CHAYTOR, Q.C.:

Page 223

1 Q. Ms. Hennessey, were you aware as of July 18th,

2 2005 that the department was asking for

3 letters to be sent?

4 MS. HENNESSEY:

5 A. I don't recall this specifically. I do

6 recall, you know, some discussion in August on

7 this point.

8 CHAYTOR, Q.C.:

9 Q. But nothing in mid July?

10 MS. HENNESSEY:

11 A. There's nothing that I can recall.

12 CHAYTOR, Q.C.:

13 Q. Would you expect if there had been contact

14 with the department on this issue and with

15 respect to the department giving direction

16 back regarding letters, would you expect that

17 you would know about that?

18 MS. HENNESSEY:

19 A. I wouldn't necessarily know that, even though

20 I'm involved in the file, know at different

21 points, in various files I'm not necessarily

22 involved.

23 CHAYTOR, Q.C.:

24 Q. Who from the department would be able to give

25 direction or express what the department would

Page 224

1 like done in terms of communication? Who

2 would you expect that--what level in the

3 department would that come from?

4 MS. HENNESSEY:

5 A. I would be inclined to think that it could

6 possibly come from the Ministerial level or

7 the Deputy Minister. I certainly didn't give

8 any direction.

9 CHAYTOR, Q.C.:

10 Q. It wasn't you?

11 MS. HENNESSEY:

12 A. No, it wasn't.

13 CHAYTOR, Q.C.:

14 Q. And you would expect it to be someone higher

15 in the hierarchy than you?

16 MS. HENNESSEY:

17 A. Yes.

18 CHAYTOR, Q.C.:

19 Q. At the time in mid July when Mr. Abbott first

20 spoke to you about the matter, was there any

21 indication to you that Cabinet Secretariat or

22 the Premier's office may have been contacted

23 on the issue?

24 MS. HENNESSEY:

25 A. No, there was no indication.

Page 225

1 CHAYTOR, Q.C.:

2 Q. Did you learn that in the August 5th meeting?

3 MS. HENNESSEY:

4 A. No, I did not.

5 CHAYTOR, Q.C.:

6 Q. When did you learn that there had been some

7 contact with Cabinet Secretariat and the

8 Premier's office on this issue? When did you

9 learn that that had happened?

10 MS. HENNESSEY:

11 A. I learned that a few weeks ago.

12 CHAYTOR, Q.C.:

13 Q. And that's the first time you became aware of

14 that?

15 MS. HENNESSEY:

16 A. Yes.

17 CHAYTOR, Q.C.:

18 Q. That there had been contact July 19th with the

19 Cabinet Secretariat and personnel from the

20 Premier's office.

21 MS. HENNESSEY:

22 A. Yeah.

23 CHAYTOR, Q.C.:

24 Q. And you weren't aware of that until a few

25 weeks ago?

Page 226

1 MS. HENNESSEY:

2 A. That's correct.

3 CHAYTOR, Q.C.:

4 Q. So I take it around the same time that

5 Commissioner counsel learned about it.

6 MS. HENNESSEY:

7 A. Yeah, I understood that, you know, from where

8 I sat, the first communication with central

9 government was our briefing note on October

10 3rd.

11 CHAYTOR, Q.C.:

12 Q. That was your understanding up until a few

13 weeks ago?

14 MS. HENNESSEY:

15 A. Yes.

16 CHAYTOR, Q.C.:

17 Q. And a few weeks ago when you learned the

18 difference, who communicated that to you?

19 MS. HENNESSEY:

20 A. I heard Mr. Thompson's testimony.

21 CHAYTOR, Q.C.:

22 Q. Okay. When Mr. Abbott in mid July, you had

23 your discussion sometime in mid July with Mr.

24 Abbott, did you have any discussions around

25 that time with Carolyn Chaplin?

Page 227

1 MS. HENNESSEY:

2 A. I don't recall that I personally had any

3 discussions with Carolyn Chaplin.

4 CHAYTOR, Q.C.:

5 Q. And in terms of, Carolyn, of course, was the

6 director of communications in the department

7 at the time.

8 MS. HENNESSEY:

9 A. Yes.

10 CHAYTOR, Q.C.:

11 Q. Would she be somebody that you would be

12 speaking with on a daily basis?

13 MS. HENNESSEY:

14 A. I don't know if I would be speaking to her on

15 a daily basis, but I would certainly be

16 speaking to her regularly. Her office was

17 just a few doors away from mine.

18 CHAYTOR, Q.C.:

19 Q. And did you have a close working relationship

20 with her, in terms of, you know, a colleague -

21 MS. HENNESSEY:

22 A. With respect to some of our materials, our

23 communication materials, yes, I would have had

24 a close working relationship with her and with

25 those who have since followed her.

Page 228

1 CHAYTOR, Q.C.:

2 Q. And did you find her to be someone who kept

3 you in the loop, you know, talked to you, did

4 you feel that you had a fairly receptive

5 relationship with one another?

6 MS. HENNESSEY:

7 A. Yes, I felt I had a collegial relationship

8 with Carolyn.

9 CHAYTOR, Q.C.:

10 Q. And so you heard for the first time during Mr.

11 Thompson's evidence about the July 19th

12 contact with Cabinet Secretariat and others.

13 MS. HENNESSEY:

14 A. Yes, I did.

15 CHAYTOR, Q.C.:

16 Q. And were you surprised by that?

17 MS. HENNESSEY:

18 A. Yes, I was.

19 CHAYTOR, Q.C.:

20 Q. And were you surprised that you hadn't been

21 informed of that prior to?

22 MS. HENNESSEY:

23 A. Yes, I was because I didn't know anything

24 about the request for a communication plan or

25 an evaluation. I didn't have any of that

Page 229

1 knowledge until I heard it during Mr.
 2 Thompson's testimony.
 3 CHAYTOR, Q.C.:
 4 Q. And if we could look then please at P-0312?
 5 And this is the series of e-mail
 6 communications which would have went--this
 7 first one, page one is from Gary Cake to Mr.
 8 Thompson and it's major health matter, July
 9 19th, 2005. And Mr. Cake writes to Mr.
 10 Thompson saying that "Carolyn Chaplin just
 11 called from HCS"--so that's Health and
 12 Community Services, I take it.
 13 MS. HENNESSEY:
 14 A. Yes, it is.
 15 CHAYTOR, Q.C.:
 16 Q. "To provide a heads up that a major story will
 17 break from the Eastern Health Board as early
 18 as this Thursday, but more likely next Monday.
 19 The Eastern Health Board has recently
 20 discovered errors in its breast cancer testing
 21 program. This matter affects clients who were
 22 subject to breast cancer testing from 1997 to
 23 April, 2004. I understand that an estimated
 24 1200 to 1500 clients will need to be retested.
 25 The Eastern Health Board is currently working

Page 230

1 on a strategy for communicating this news to
 2 affected clients and the public at large.
 3 Legal advice is being engaged in this process.
 4 Health and Community Services will be advised
 5 of the communication strategy, a briefing note
 6 is currently being prepared. Carolyn has also
 7 alerted Elizabeth"--and we've heard that's
 8 Elizabeth Matthews--"to this matter." Now,
 9 Ms. Hennessey, in terms of what you were told
 10 by Mr. Abbott in mid July, 2005 and how it
 11 compares with what we have here, do you recall
 12 Mr. Abbott telling you that you do recall that
 13 it involved breast cancer patients?
 14 MS. HENNESSEY:
 15 A. Yes, I do.
 16 CHAYTOR, Q.C.:
 17 Q. Were you told the time period, 1997 to April
 18 2004? Do you remember that?
 19 MS. HENNESSEY:
 20 A. I don't recall being told that specifically.
 21 CHAYTOR, Q.C.:
 22 Q. But do you remember it being over a lengthy
 23 period of time, testing -
 24 MS. HENNESSEY:
 25 A. Yes, I do recall.

Page 231

1 CHAYTOR, Q.C.:
 2 Q. - for a number of years.
 3 MS. HENNESSEY:
 4 A. Yes, yes.
 5 CHAYTOR, Q.C.:
 6 Q. So that was told to you?
 7 MS. HENNESSEY:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. So you did understand it was for a number of
 11 years and that it involved breast cancer
 12 patients.
 13 MS. HENNESSEY:
 14 A. Yes.
 15 CHAYTOR, Q.C.:
 16 Q. And according to what Mr. Cake is summarizing,
 17 he's saying he understands an estimated 1200
 18 to 1500 clients will need to be retested.
 19 MS. HENNESSEY:
 20 A. Right.
 21 CHAYTOR, Q.C.:
 22 Q. Did you understand that this problem with the
 23 testing would involve retesting?
 24 MS. HENNESSEY:
 25 A. Yes, I think I did, it meant sending the

Page 232

1 specimens -
 2 CHAYTOR, Q.C.:
 3 Q. Yes, this is now when you're first told of
 4 that?
 5 MS. HENNESSEY:
 6 A. Oh, when I was first told, no.
 7 CHAYTOR, Q.C.:
 8 Q. When you were first told about it by Mr.
 9 Abbott, did he--he told you there was a
 10 problem with the lab.
 11 MS. HENNESSEY:
 12 A. Right.
 13 CHAYTOR, Q.C.:
 14 Q. It involved breast cancer patients and you're
 15 saying you did understand it was a number of
 16 years.
 17 MS. HENNESSEY:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. Did you understand there was going to be a
 21 retesting?
 22 MS. HENNESSEY:
 23 A. Ms. Chaytor, I have to be honest with you, I
 24 don't think I was given a lot of information
 25 at the start, so my recall in mid July of it,

Page 233

1 is not good. I mean, my better recall is the
 2 early part of August.
 3 CHAYTOR, Q.C.:
 4 Q. All right, so I'm just trying to understand in
 5 terms of what information you had in mid July.
 6 MS. HENNESSEY:
 7 A. I certainly didn't have the 12 to 1500.
 8 CHAYTOR, Q.C.:
 9 Q. You didn't hear that number?
 10 MS. HENNESSEY:
 11 A. No.
 12 CHAYTOR, Q.C.:
 13 Q. Did you ever hear numbers in that magnitude?
 14 MS. HENNESSEY:
 15 A. No, I didn't.
 16 CHAYTOR, Q.C.:
 17 Q. And you're not sure, you can't recall whether
 18 or not you were aware that a retesting was
 19 being contemplated?
 20 MS. HENNESSEY:
 21 A. I don't know if I was aware at that point in
 22 time. I certainly became aware that it was,
 23 that it would be retesting of existing
 24 specimens. People didn't have more specimens
 25 taken, it was retesting of existing specimens,

Page 234

1 but when I became knowledgeable about the
 2 retesting, I don't recall.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, and this idea of a communication
 5 strategy or anything along those lines, were
 6 you made aware of that?
 7 MS. HENNESSEY:
 8 A. I certainly wasn't aware of that. I've
 9 learned that when Mr. Thompson gave his
 10 testimony.
 11 CHAYTOR, Q.C.:
 12 Q. Just a few weeks ago.
 13 MS. HENNESSEY:
 14 A. Yes.
 15 CHAYTOR, Q.C.:
 16 Q. And the idea that a briefing note is currently
 17 being prepared, were you aware that there was
 18 anything in the way of a briefing note being
 19 prepared in mid July?
 20 MS. HENNESSEY:
 21 A. I wasn't--our branch wasn't preparing a
 22 briefing note.
 23 CHAYTOR, Q.C.:
 24 Q. And were you aware of whether or not Eastern
 25 Health may be preparing a briefing note?

Page 235

1 MS. HENNESSEY:
 2 A. I have seen a briefing note that was done in
 3 mid July.
 4 CHAYTOR, Q.C.:
 5 Q. Yes. And when did you first see that briefing
 6 note?
 7 MS. HENNESSEY:
 8 A. I seem to recall that it was sometime after
 9 the August meetings.
 10 CHAYTOR, Q.C.:
 11 Q. So Ms. Hennessey, did you, yourself, have any
 12 discussions with any one at Cabinet
 13 Secretariat, the Premier's office or Central
 14 Communications on this issue in July, 2005?
 15 MS. HENNESSEY:
 16 A. No, I didn't.
 17 CHAYTOR, Q.C.:
 18 Q. And what about August 2005?
 19 MS. HENNESSEY:
 20 A. No.
 21 CHAYTOR, Q.C.:
 22 Q. September, 2005?
 23 MS. HENNESSEY:
 24 A. Not that I can recall. It seems to me, my
 25 recall is that the request for the first

Page 236

1 briefing note to the department, that I'm
 2 aware of, was the note that was done October
 3 3rd.
 4 CHAYTOR, Q.C.:
 5 Q. 2005.
 6 MS. HENNESSEY:
 7 A. 2005.
 8 CHAYTOR, Q.C.:
 9 Q. After the matter broke in the media?
 10 MS. HENNESSEY:
 11 A. Yes.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. Now, we've heard that there was a
 14 briefing of the minister on July 21, 2005 on
 15 this issue.
 16 MS. HENNESSEY:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. Did you attend that briefing?
 20 MS. HENNESSEY:
 21 A. No, I did not.
 22 CHAYTOR, Q.C.:
 23 Q. Okay. And were you aware that the briefing
 24 was going to take place?
 25 MS. HENNESSEY:

Page 237

1 A. I took a few days off around that time, so I'm
 2 not sure if I knew that the briefing was
 3 taking place or whether I heard about the
 4 briefing after it took place. I was certainly
 5 aware that there was a meeting on July 21.
 6 CHAYTOR, Q.C.:
 7 Q. Okay. You were aware there was a meeting?
 8 MS. HENNESSEY:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And whether you knew it beforehand or learned
 12 about it after.
 13 MS. HENNESSEY:
 14 A. Yes.
 15 CHAYTOR, Q.C.:
 16 Q. You knew about it around that time period, I
 17 take it?
 18 MS. HENNESSEY:
 19 A. Yes, I certainly knew that there was a meeting
 20 before, you know, the August 5--I knew the
 21 August 5 meeting was the second meeting, that
 22 I would have been aware of with the minister.
 23 CHAYTOR, Q.C.:
 24 Q. Okay. Do you know if you were in the office
 25 on July 21? Have you had occasion to check

Page 238

1 your calendar?
 2 MS. HENNESSEY:
 3 A. I was in the office -
 4 CHAYTOR, Q.C.:
 5 Q. You were.
 6 MS. HENNESSEY:
 7 A. - on July 21.
 8 CHAYTOR, Q.C.:
 9 Q. Okay. And do you know -
 10 MS. HENNESSEY:
 11 A. Because I did an outside meeting that
 12 afternoon at the College of the North
 13 Atlantic.
 14 CHAYTOR, Q.C.:
 15 Q. Okay. And you were in the office other than
 16 that meeting in the afternoon.
 17 MS. HENNESSEY:
 18 A. Yeah.
 19 CHAYTOR, Q.C.:
 20 Q. Yes. And do you know why you did not attend
 21 the briefing of the minister on the issue?
 22 MS. HENNESSEY:
 23 A. No, I do not. I was not in--between July 2005
 24 and March 2007 I did not do every meeting with
 25 the minister. I did the meetings on August 5,

Page 239

1 2005, August 15, 2005 and the next meeting
 2 with the minister was May 15, 2007.
 3 CHAYTOR, Q.C.:
 4 Q. Okay. And has anyone explained to you why in
 5 your role as the director of board services
 6 you would not be included in all the meetings
 7 dealing with the issue?
 8 MS. HENNESSEY:
 9 A. No. Ms. Chaytor, I'm assuming in my role as
 10 assistant deputy minister that -
 11 CHAYTOR, Q.C.:
 12 Q. Yes, oh, I'm sorry, yes.
 13 MS. HENNESSEY:
 14 A. No, that's okay, I just to be sure that I'm
 15 clear on the question.
 16 CHAYTOR, Q.C.:
 17 Q. I'm sorry, thank you, yes, absolutely, thank
 18 you, no, you're right.
 19 MS. HENNESSEY:
 20 A. In some and some meetings that the deputy
 21 minister did himself just because we're
 22 responsible for files doesn't necessarily
 23 mean that we attend every meeting.
 24 CHAYTOR, Q.C.:
 25 Q. Okay. And you would attend, I would take it,

Page 240

1 at the request of either the deputy minister
 2 or the meeting?
 3 MS. HENNESSEY:
 4 A. I would, more than likely, be attending
 5 meetings at the request of the deputy
 6 minister.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And do you recall being asked to attend
 9 the July 21 meeting?
 10 MS. HENNESSEY:
 11 A. No, I do not recall being asked to attend that
 12 one.
 13 CHAYTOR, Q.C.:
 14 Q. Okay. And were you advised--after the
 15 meeting, were you advised of the outcome? Did
 16 anyone talk to you about the meeting and what
 17 had happened in the meeting?
 18 MS. HENNESSEY:
 19 A. I may have been, but I don't recall.
 20 CHAYTOR, Q.C.:
 21 Q. You have no recollection around that?
 22 MS. HENNESSEY:
 23 A. I don't, no.
 24 CHAYTOR, Q.C.:
 25 Q. And you thought you had received a copy of the

Page 241

1 July 20, 2005 briefing note at some point.
 2 MS. HENNESSEY:
 3 A. I received a copy of that note at some point.
 4 CHAYTOR, Q.C.:
 5 Q. And was that shortly after that meeting? It's
 6 before you went into your August 5th meeting,
 7 I take it, was it?
 8 MS. HENNESSEY:
 9 A. I'm not convinced of that because there's
 10 something in my recall that when it came to
 11 me, I seem to recall thinking why is this
 12 coming to me in September, when it had a July
 13 date on it. There's something in the back of
 14 my mind, but I can't say for certain whether I
 15 had it in August.
 16 CHAYTOR, Q.C.:
 17 Q. So you're thinking you only received it for
 18 the first time in September?
 19 MS. HENNESSEY:
 20 A. Yeah, that's what I seem to recall thinking
 21 when I saw July 20th note, why is it only
 22 coming to me now, right, but I don't have a
 23 clear memory on it.
 24 CHAYTOR, Q.C.:
 25 Q. And would that be--if you received it in

Page 242

1 September, would that be in preparation for
 2 doing the briefing note then in October, the
 3 beginning of October?
 4 MS. HENNESSEY:
 5 A. I wouldn't have used that note. I believe I
 6 used a note, the September 30th briefing note
 7 from Eastern Health.
 8 CHAYTOR, Q.C.:
 9 Q. Okay. But you do recall getting the July 20th
 10 briefing note at some point in time.
 11 MS. HENNESSEY:
 12 A. I do.
 13 CHAYTOR, Q.C.:
 14 Q. Do you recall who gave it to you?
 15 MS. HENNESSEY:
 16 A. I seem to recall that it just came into my
 17 basket one day, that it wasn't, you know,
 18 given to me. That it just came through the
 19 internal mail circulation.
 20 CHAYTOR, Q.C.:
 21 Q. In your basket?
 22 MS. HENNESSEY:
 23 A. Yeah.
 24 CHAYTOR, Q.C.:
 25 Q. And that wouldn't have on it anything which

Page 243

1 would indicate where it originated?
 2 MS. HENNESSEY:
 3 A. Not necessarily.
 4 CHAYTOR, Q.C.:
 5 Q. Do you know, were you asked then to forward
 6 that briefing note anywhere else or to
 7 distribute it to anyone?
 8 MS. HENNESSEY:
 9 A. No, I wasn't.
 10 CHAYTOR, Q.C.:
 11 Q. Okay, and do you know whether or not that
 12 briefing note was distributed to anyone else
 13 beyond the Department?
 14 MS. HENNESSEY:
 15 A. I'm not aware whether it was distributed or
 16 not.
 17 CHAYTOR, Q.C.:
 18 Q. What's the normal procedure if a briefing note
 19 is done in the Department, and we'll see in
 20 some of these e-mails that I've brought up
 21 there, 0312, page one, and we'll just go on
 22 and you'll see where there's another e-mail
 23 later on from--just show it to you, from Ms.
 24 Chaplin. Then later on that same afternoon,
 25 July 19th, and she writes to Mr. Cake and she

Page 244

1 copies Mr. Abbott.
 2 MS. HENNESSEY:
 3 A. Right.
 4 CHAYTOR, Q.C.:
 5 Q. And she says "further to this morning and
 6 incoming information this afternoon, no action
 7 is required at this time. We have arranged a
 8 briefing with the health authority for the
 9 latter part of this week and will be in a
 10 better position to forward relevant briefing
 11 materials at that time." So in terms of
 12 forwarding relevant briefing materials on then
 13 to Cabinet Secretariat, in this instance, how
 14 would that normally happen?
 15 MS. HENNESSEY:
 16 A. Normally -
 17 CHAYTOR, Q.C.:
 18 Q. In a matter, now again, dealing with a health
 19 authority.
 20 MS. HENNESSEY:
 21 A. Okay. Normally if briefing materials come in
 22 from a health authority, it's our
 23 responsibility to create a briefing note.
 24 CHAYTOR, Q.C.:
 25 Q. And who is our?

Page 245

1 MS. HENNESSEY:
 2 A. It would be--if some briefing materials came
 3 in on a file, you know, to my branch, normally
 4 we would take the materials, review it and
 5 prepare a briefing note for Cabinet
 6 Secretariat. That's what would happened on
 7 October the 3rd, that the September 30th
 8 briefing note would have come from Eastern
 9 Health. We would have created a briefing note
 10 and it would have--with that particular note,
 11 the September 30th one, if I recall correctly,
 12 I created the note and it went to Mr. Abbott
 13 for approval and then the note would go to
 14 Cabinet Secretariat. That's the normal
 15 process.
 16 CHAYTOR, Q.C.:
 17 Q. Yes, okay, and I believe a similar situation
 18 happened then in August of 2006, where you
 19 were involved initially with preparing a note
 20 and you worked with Ms. McCormack on that.
 21 MS. HENNESSEY:
 22 A. With that particular situation, the actual--I
 23 used the materials that Eastern Health
 24 provided to me.
 25 CHAYTOR, Q.C.:

Page 246

1 Q. Yes.
 2 MS. HENNESSEY:
 3 A. I prepared some information that was inserted
 4 into a note that was being prepared at Cabinet
 5 Secretariat.
 6 CHAYTOR, Q.C.:
 7 Q. Yes, and we'll come to that note a little
 8 later on, and again, the September 30th note,
 9 which we'll review, you received material then
 10 as well from Eastern Health?
 11 MS. HENNESSEY:
 12 A. Yes, the September 30th note.
 13 CHAYTOR, Q.C.:
 14 Q. And you used that to prepare your briefing
 15 note?
 16 MS. HENNESSEY:
 17 A. I used that to prepare the note on October the
 18 3rd.
 19 CHAYTOR, Q.C.:
 20 Q. Yes, and then that got forwarded on after
 21 being vetted through Mr. Abbott, then it got
 22 forwarded on to Cabinet Secretariat?
 23 MS. HENNESSEY:
 24 A. Yes, yeah.
 25 CHAYTOR, Q.C.:

Page 247

1 Q. So in terms of this email here of Ms. Chaplin,
 2 at 0312, page five, she's indicating that
 3 relevant briefing materials, they'd be in a
 4 better position to forward relevant briefing
 5 materials later on in the week. We know that
 6 the meeting took place then on July 21st with
 7 Eastern Health and the Minister, and Mr.
 8 Abbott certainly, and there was the July 20th
 9 briefing note from Eastern Health was
 10 provided. Were you or anyone else in the
 11 Department asked to take Eastern Health's
 12 briefing note and turn that into a suitable
 13 briefing note for the Cabinet Secretariat?
 14 MS. HENNESSEY:
 15 A. The July 20th note?
 16 CHAYTOR, Q.C.:
 17 Q. Yes.
 18 MS. HENNESSEY:
 19 A. No.
 20 CHAYTOR, Q.C.:
 21 Q. And do you know why not?
 22 MS. HENNESSEY:
 23 A. No, I don't, no.
 24 CHAYTOR, Q.C.:
 25 Q. And do you know whether or not the July 20

Page 248

1 briefing note or any other briefing note
 2 dealing with the content of that note ever was
 3 forwarded on to Cabinet Secretariat at that
 4 time?
 5 MS. HENNESSEY:
 6 A. No, I'm not aware of the note being forwarded
 7 on. I understood that the first note that
 8 Cabinet Secretariat had on this topic was the
 9 one that I prepared on October 3.
 10 CHAYTOR, Q.C.:
 11 Q. Yes, okay. And likewise to the premier's
 12 office, I take it. You're not aware of any
 13 note going prior to then to the Premier's
 14 office?
 15 MS. HENNESSEY:
 16 A. No, I'm not aware of any note going prior to
 17 that.
 18 CHAYTOR, Q.C.:
 19 Q. And the normal procedure again for that to
 20 happen would have been for you to turn it into
 21 a suitable, you or the people who work for
 22 you, to turn it into a suitable note to be
 23 forwarded.
 24 MS. HENNESSEY:
 25 A. That is the normal process.

Page 249

1 CHAYTOR, Q.C.:

2 Q. And when you received the note then at some

3 point and you're thinking that it may have

4 been September when you received it, did you

5 make an inquiries at that time as to whether

6 the information had been forwarded anywhere

7 else?

8 MS. HENNESSEY:

9 A. No, I didn't. I wouldn't have had any reason

10 to make any inquiries at that time?

11 CHAYTOR, Q.C.:

12 Q. Because you weren't aware of this e-mail

13 exchange involving Cabinet Secretariat.

14 MS. HENNESSEY:

15 A. No, I wasn't.

16 CHAYTOR, Q.C.:

17 Q. If we look at P-0071 please? Ms. Hennessey,

18 this is a--I'll take you to--this is

19 documentation which we have received from

20 Eastern Health.

21 MS. HENNESSEY:

22 A. Okay.

23 CHAYTOR, Q.C.:

24 Q. And it's a draft of a briefing note here.

25 MS. HENNESSEY:

Page 250

1 A. Right.

2 CHAYTOR, Q.C.:

3 Q. And then on the next page there's a draft

4 media release and you can see the date here,

5 July 18, 2005.

6 MS. HENNESSEY:

7 A. Yes.

8 CHAYTOR, Q.C.:

9 Q. And Deborah Thomas, corporate communications

10 is the contact person. And again, another

11 draft for immediate release July XX, 2005

12 retesting due to improved technology.

13 MS. HENNESSEY:

14 A. Right.

15 CHAYTOR, Q.C.:

16 Q. Eastern Health reviews ER and PR test results

17 and again it's a draft media release and key

18 messages. And I'm just wondering now, Ms.

19 Hennessey--and that's the extent of the

20 document there--have you ever seen this

21 documentation before?

22 MS. HENNESSEY:

23 A. I do not recall seeing this documentation

24 before.

25 CHAYTOR, Q.C.:

Page 251

1 Q. Okay. And were you aware in July of 2005 that

2 there were such drafts prepared by Eastern

3 Health?

4 MS. HENNESSEY:

5 A. I don't recall being aware.

6 CHAYTOR, Q.C.:

7 Q. And do you recall any discussion in the

8 department about Eastern Health looking at

9 doing any kind of a press release or media

10 release at that point in time?

11 MS. HENNESSEY:

12 A. I don't recall any discussion in July.

13 CHAYTOR, Q.C.:

14 Q. And when did you first hear about the

15 potential for a media release or release to

16 the public on the issue? When did that first

17 become an issue?

18 MS. HENNESSEY:

19 A. I'm just trying to think whether I had any

20 knowledge in August. I don't recall--I seem

21 to recall the deputy minister making some

22 referenced to a public release in one of the

23 two meetings that I did in August. I do have

24 some recollection of a discussion of a press

25 release. If I recall correctly we did a

Page 252

1 meeting with some officials from Eastern

2 Health on the morning of October 3, 2005.

3 CHAYTOR, Q.C.:

4 Q. Okay. So, that's much further.

5 MS. HENNESSEY:

6 A. Yes.

7 CHAYTOR, Q.C.:

8 Q. Okay, all right.

9 MS. HENNESSEY:

10 A. But I do recall the deputy minister making a

11 comment at one point in time about a press

12 release.

13 CHAYTOR, Q.C.:

14 Q. In one of the two August meetings?

15 MS. HENNESSEY:

16 A. Yes, it would have been in one of the two.

17 And, in fact, I think it would have been in

18 the first August meeting because the second

19 August--the meeting on August 15th. I don't

20 believe he was there.

21 CHAYTOR, Q.C.:

22 Q. Okay. You don't think Mr. Abbott attended

23 that meeting.

24 MS. HENNESSEY:

25 A. Yes, right.

Page 253

1 CHAYTOR, Q.C.:

2 Q. Okay, all right. So then you do recall that

3 you did attend the meeting of August .

4 MS. HENNESSEY:

5 A. Yes, I did.

6 CHAYTOR, Q.C.:

7 Q. And after being briefly informed of the issue

8 by Mr. Abbott in mid July, I understand from

9 what you're telling the Commissioner you have

10 no recollection of any other dealings on the

11 issue until the August 5 meeting, is that

12 correct?

13 MS. HENNESSEY:

14 A. Well, I do recall being--I was copied on an e-

15 mail, I think it was around the 25th or 26th

16 of July that the deputy minister, I think, had

17 inquired of Mr. Tilley about an update, that's

18 on the file.

19 CHAYTOR, Q.C.:

20 Q. That's right. Okay. And so you were copied

21 on that e-mail, that's correct. And did you

22 have any follow-up discussion then with Mr.

23 Abbott or anyone else in the department after

24 receiving the copy of that e-mail?

25 MS. HENNESSEY:

Page 254

1 A. I don't recall having a follow-up discussion

2 after that.

3 CHAYTOR, Q.C.:

4 Q. Okay. Tell us then, what you remember about

5 the August 5th, 2005 meeting, who attended and

6 what was discussed?

7 MS. HENNESSEY:

8 A. On August 5 I seem to recall that it was the

9 minister and the deputy minister, Mr. Tilley,

10 Dr. Williams and I think that was the meeting

11 where our communications specialist attended.

12 She was in one of the meetings because I know

13 Ms. Chaplin was on vacation for part of the

14 time.

15 CHAYTOR, Q.C.:

16 Q. Who would that have been?

17 MS. HENNESSEY:

18 A. I think it was--well, at the time the

19 individual who was working with us was

20 Stephanie Power.

21 CHAYTOR, Q.C.:

22 Q. Stephanie Power?

23 MS. HENNESSEY:

24 A. Right.

25 CHAYTOR, Q.C.:

Page 255

1 Q. Okay. And I take it you knew Mr. Tilley

2 before this?

3 MS. HENNESSEY:

4 A. Yes, I've known Mr. Tilley for many years.

5 CHAYTOR, Q.C.:

6 Q. Yes, okay. And so the minister, deputy

7 minister, Mr. Tilley, Dr. Williams, yourself

8 and Stephanie Power?

9 MS. HENNESSEY:

10 A. Yes.

11 CHAYTOR, Q.C.:

12 Q. Is that it?

13 MS. HENNESSEY:

14 A. That's what I seem to recall. It seems to me

15 that it was the meeting on August 15 that

16 there was a couple of physicians from Eastern

17 Health there.

18 CHAYTOR, Q.C.:

19 Q. Okay. And where did this meeting take place?

20 MS. HENNESSEY:

21 A. It took place in the executive boardroom in

22 the department.

23 CHAYTOR, Q.C.:

24 Q. And what was discussed?

25 MS. HENNESSEY:

Page 256

1 A. The purpose of the meeting, if I recall

2 correctly, was to provide an update to the

3 minister on ER/PR. What I seem to recall at

4 that point in time was that Eastern Health had

5 brought in the manufacturer of the Ventana

6 equipment to do an assessment and that they

7 had determined that the equipment appeared to

8 be working fine; that the--I think there was

9 some recommendation with respect to some

10 additional preventative maintenance to be done

11 on the equipment. That the Eastern Health

12 advised us at that time that they had ceased

13 testing in St. John's, that they were sending--

14 they would be getting the retesting done at

15 Mount Sinai and they had ceased testing in St.

16 John's. I seem to have some recollection that

17 they were sending some tests to Montreal that

18 they were running on their own system and

19 running, having some work done in Montreal to

20 see if they were getting similar results.

21 CHAYTOR, Q.C.:

22 Q. Okay. And do you recall anything being

23 discussed in terms of contact with the patient

24 or disclosing the information to the public?

25 MS. HENNESSEY:

Page 257

1 A. I see to recall some discussion at that time
 2 with respect to patient notification. Now, do
 3 you mind if I refer to my notes.
 4 CHAYTOR, Q.C.:
 5 Q. Sure, I was just trying to see what you may--
 6 but that's fine if you want to look at your
 7 notes. They're at P-1430, please, Registrar.
 8 MS. HENNESSEY:
 9 A. Sorry?
 10 CHAYTOR, Q.C.:
 11 Q. 1430, they'll come up on the screen or if you
 12 have your own copy, that's fine too.
 13 MS. HENNESSEY:
 14 A. No, that's okay, I'll use the screen.
 15 CHAYTOR, Q.C.:
 16 Q. No, no, you're welcome to look at your own
 17 copy. This is -
 18 THE COMMISSIONER:
 19 Q. No, sorry, the part of the book that we
 20 provided for you right there. There's a list
 21 at the beginning and then there should be--the
 22 first exhibit there should be, I presume, your
 23 notes. Okay, thank you.
 24 CHAYTOR, Q.C.:
 25 Q. Okay. These are your handwritten notes that

Page 258

1 we've bene provided. Ms. Hennessey, by the
 2 way, we have notes of this meeting that you
 3 took.
 4 MS. HENNESSEY:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. And notes of the August 15 -
 8 MS. HENNESSEY:
 9 A. Right.
 10 CHAYTOR, Q.C.:
 11 Q. And then we have a handwritten page when
 12 you're drafting the briefing note on October
 13 3, 2005.
 14 MS. HENNESSEY:
 15 A. Right.
 16 CHAYTOR, Q.C.:
 17 Q. And that's it, we have those three handwritten
 18 notes from you, that's all you have regarding
 19 the ER/PR issue?
 20 MS. HENNESSEY:
 21 A. I went back after we last met to see if I had
 22 any notes on the May 15, 2007 meeting -
 23 CHAYTOR, Q.C.:
 24 Q. Yes and you have no notes of that, okay.
 25 MS. HENNESSEY:

Page 259

1 A. No.
 2 CHAYTOR, Q.C.:
 3 Q. Okay, all right. And are you -
 4 MS. HENNESSEY:
 5 A. That's not to say I wouldn't have had some
 6 handwritten notes and then once we created
 7 briefing notes that I wouldn't have kept -
 8 CHAYTOR, Q.C.:
 9 Q. Okay, I understand. Now, Mr. Abbott has
 10 described you as someone who uses the black
 11 books from the department, that you are
 12 someone who--you're a bit of a note taker, is
 13 that a fair assessment?
 14 MS. HENNESSEY:
 15 A. Yes, that's a fair assessment.
 16 CHAYTOR, Q.C.:
 17 Q. Okay.
 18 MS. HENNESSEY:
 19 A. I do keep some notes.
 20 CHAYTOR, Q.C.:
 21 Q. And so the fact that we only have notes from
 22 you on those three dates -
 23 MS. HENNESSEY:
 24 A. Right.
 25 CHAYTOR, Q.C.:

Page 260

1 Q. - can we read anything into that? Is that the
 2 extent of any times in which you had any
 3 involvement in the matter?
 4 MS. HENNESSEY:
 5 A. No, it certainly wouldn't be--I wouldn't read
 6 that into it because I may have had phone
 7 conversations, you know, with Dr. Williams
 8 that I may have written some hand written
 9 notes and then incorporated that into a typed
 10 briefing note and then would not have kept my
 11 handwritten notes.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. So, you may not have -
 14 MS. HENNESSEY:
 15 A. I did go back as well because with respect to
 16 May 18 and to see if I had any notes around
 17 that time and if I had them, I must have had
 18 them on a sheet of paper as opposed to a black
 19 book. I've gone through periods when I've
 20 used a black book and then I've gone through
 21 periods that I, I've kept notes on 8 1/2 X 11
 22 paper, but I did, after we met back in
 23 January, February, go back through my books to
 24 see if I had any additional notes.
 25 CHAYTOR, Q.C.:

Page 261

1 Q. Okay. So, the lack or sparsity of any notes
 2 is not indicative of any lack of involvement?
 3 MS. HENNESSEY:
 4 A. No, it certainly wouldn't be of any lack of
 5 involvement or any indication of--I certainly
 6 had, you know, a reasonably good working
 7 knowledge -
 8 CHAYTOR, Q.C.:
 9 Q. Of this issue.
 10 MS. HENNESSEY:
 11 A. - of this issue, yes.
 12 CHAYTOR, Q.C.:
 13 Q. Yes, and I think that will become apparent as
 14 we go through your evidence. And the fact
 15 that you don't have any more notes on that,
 16 can you offer any explanation then as to why
 17 we wouldn't have more notes?
 18 MS. HENNESSEY:
 19 A. In the early stages of this?
 20 CHAYTOR, Q.C.:
 21 Q. Or at any stage. We only have those three
 22 notes.
 23 MS. HENNESSEY:
 24 A. In the early stages of this file, I tell you I
 25 struggled with respect to understanding some

Page 262

1 of it because like I say, I don't have a
 2 clinical background. I mean, the doctors were
 3 talking, a lot of it I didn't understand.
 4 CHAYTOR, Q.C.:
 5 Q. Yes. But wouldn't that cause you to make more
 6 notes to try to understand it?
 7 MS. HENNESSEY:
 8 A. Well, not if I didn't understand some of the
 9 technical, you know, some of the information
 10 that they were sharing, I don't think I would
 11 have made any handwritten notes about it.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, so you're not that type that try to
 14 write it down so that you can try and figure
 15 it out later. You don't do that?
 16 MS. HENNESSEY:
 17 A. I can't say I've never done it, but -
 18 CHAYTOR, Q.C.:
 19 Q. But you didn't in this case?
 20 MS. HENNESSEY:
 21 A. No.
 22 CHAYTOR, Q.C.:
 23 Q. So, in terms of why we have so few notes from
 24 you, it's because some of it was complicated?
 25 MS. HENNESSEY:

Page 263

1 A. Yes, some of it, I have to be honest, some of
 2 it I didn't clearly understand.
 3 CHAYTOR, Q.C.:
 4 Q. Is there any other reason?
 5 MS. HENNESSEY:
 6 A. No.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. So, if we look now then at your August
 9 5, 2005 notes.
 10 MS. HENNESSEY:
 11 A. This would have been the first meeting that I
 12 attended and this would have been information
 13 that I would have written down based on the
 14 discussion at that time that there had been--
 15 going back and trying to interpret what I said
 16 -
 17 CHAYTOR, Q.C.:
 18 Q. Yes.
 19 MS. HENNESSEY:
 20 A. - when I'm talking about the number of
 21 meetings with oncologists, lab and
 22 administrative staff that would have been
 23 Eastern Health telling the department that
 24 there had been a number of internal meetings.
 25 CHAYTOR, Q.C.:

Page 264

1 Q. So, at the top here, we have "breast cancer
 2 patients", is that what that says?
 3 MS. HENNESSEY:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. And then Eastern Health would have been
 7 telling you that they've had a number of
 8 meetings with their oncologists -
 9 MS. HENNESSEY:
 10 A. The laboratory and administrative staff in
 11 their organization and that they were
 12 reviewing some literature on ER/PR testing.
 13 CHAYTOR, Q.C.:
 14 Q. And do you recall what was telling you this?
 15 Who's telling this to the minister?
 16 MS. HENNESSEY:
 17 A. I'm inclined to think it would have been the
 18 CEO, it would have been the CEO and Dr.
 19 Williams who were present.
 20 CHAYTOR, Q.C.:
 21 Q. Mr. Tilley and -
 22 MS. HENNESSEY:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. Was it Mr. Tilley or Dr. Williams who was

Page 265

1 doing most of the talking?
 2 MS. HENNESSEY:
 3 A. I don't recall specifically. I seem to recall
 4 that if it was what I would call technical or
 5 medical information, it was perhaps Dr.
 6 Williams who was providing it. But if it was
 7 general information on the file I would think
 8 it was Mr. Tilley.
 9 CHAYTOR, Q.C.:
 10 Q. Okay, and then next line is -
 11 MS. HENNESSEY:
 12 A. I think basically what I was saying there is
 13 that based on the contacts that they had made
 14 across the country that their understanding
 15 was that laboratories across the country were
 16 inconsistent in their reporting of test
 17 results.
 18 CHAYTOR, Q.C.:
 19 Q. Okay, so that says "labs are inconsistent -
 20 MS. HENNESSEY:
 21 A. Yeah, in their reporting of test results.
 22 CHAYTOR, Q.C.:
 23 Q. Okay, and then you understood they had done a
 24 survey across Canada?
 25 MS. HENNESSEY:

Page 266

1 A. Yes, and this was information that they had
 2 got from various sites and I seem to recall
 3 that the percentages there were related to the
 4 percentage of positive.
 5 CHAYTOR, Q.C.:
 6 Q. Percentage of positive, ER positivity?
 7 MS. HENNESSEY:
 8 A. Yes, that's my recall.
 9 CHAYTOR, Q.C.:
 10 Q. And you have Mount Sinai written here and then
 11 Vancouver?
 12 MS. HENNESSEY:
 13 A. Yes, and Vancouver, I guess they were saying
 14 that 75 percent positive that they were using
 15 the Ventana system, whereas Mount Sinai was
 16 using the DAKO.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, so Mount Sinai is using DAKO.
 19 MS. HENNESSEY:
 20 A. So I think what I was doing there was just
 21 running a little summary of information that
 22 was being provided to the Department.
 23 CHAYTOR, Q.C.:
 24 Q. Okay, and what do you have written out here?
 25 MS. HENNESSEY:

Page 267

1 A. What I have there is "monitor" and then the
 2 next line, "do not monitor" and I'm assuming,
 3 because it's almost three years ago now, that
 4 in Vancouver they were monitoring the test
 5 results and at Capital Health in Nova Scotia,
 6 they weren't monitoring, but-
 7 CHAYTOR, Q.C.:
 8 Q. Monitoring their positivity rates, is that
 9 what that's saying?
 10 MS. HENNESSEY:
 11 A. That's my interpretation of my comments, you
 12 know, at this point in time.
 13 CHAYTOR, Q.C.:
 14 Q. Sure, okay. Okay, and looks like they called
 15 -
 16 MS. HENNESSEY:
 17 A. St. John, New Brunswick.
 18 CHAYTOR, Q.C.:
 19 Q. And there was no data?
 20 MS. HENNESSEY:
 21 A. Yeah.
 22 CHAYTOR, Q.C.:
 23 Q. And they're using the DAKO system?
 24 MS. HENNESSEY:
 25 A. Yeah, and they couldn't get anybody in

Page 268

1 Winnipeg or Regina.
 2 CHAYTOR, Q.C.:
 3 Q. And what about -
 4 MS. HENNESSEY:
 5 A. And in Calgary, there was no rates available
 6 and they were using the Ventana system. So I
 7 think it was a summary of where they were able
 8 to get information on positive rates and what
 9 monitoring was being done.
 10 CHAYTOR, Q.C.:
 11 Q. Okay, and this is your second page of your
 12 notes.
 13 MS. HENNESSEY:
 14 A. Yes.
 15 CHAYTOR, Q.C.:
 16 Q. And you've written "Mount Sinai doing all -
 17 MS. HENNESSEY:
 18 A. - testing on a go-forward basis."
 19 CHAYTOR, Q.C.:
 20 Q. On a go-forward basis.
 21 MS. HENNESSEY:
 22 A. So at that point in August, early August 2005,
 23 Eastern Health had made a decision to cease
 24 testing in St. John's and to have the new test
 25 done at Mount Sinai and to retest all the

Page 269

1 negatives and I inserted that number 500, so
 2 that must have been the number that--that's my
 3 recall of the number of tests and I do recall
 4 that they were expected to turn around within
 5 three or four weeks at that time.
 6 CHAYTOR, Q.C.:
 7 Q. Okay, and you recall being told that and
 8 you've written that here?
 9 MS. HENNESSEY:
 10 A. Yes, I do.
 11 CHAYTOR, Q.C.:
 12 Q. Okay, and did you understand that was just St.
 13 John's tests or was this across the province
 14 at this point in time?
 15 MS. HENNESSEY:
 16 A. My understanding then, I think, would have
 17 been that that was the total for the province.
 18 Now whether that was stated clearly, I don't
 19 remember.
 20 CHAYTOR, Q.C.:
 21 Q. Okay, and the next thing you've written here
 22 is "if no change in results, no contact with
 23 patient."
 24 MS. HENNESSEY:
 25 A. Yes.

Page 270

1 CHAYTOR, Q.C.:
 2 Q. So did you understand if the results came back
 3 negative, after the retest, that the patients
 4 would not be informed?
 5 MS. HENNESSEY:
 6 A. At that point in time, based on my notes,
 7 that's how I would interpret my notes.
 8 CHAYTOR, Q.C.:
 9 Q. And was this Eastern Health's position that
 10 you're recording here?
 11 MS. HENNESSEY:
 12 A. I don't know if it was a discussion around
 13 these two points or whether it was anybody's
 14 position at that time.
 15 CHAYTOR, Q.C.:
 16 Q. Okay. Well, the next point is "if change in
 17 results, Eastern Health will contact the
 18 patient and the oncologist."
 19 MS. HENNESSEY:
 20 A. Right.
 21 CHAYTOR, Q.C.:
 22 Q. So in terms of patient contact, if no change
 23 in result, no patient contact. If there's a
 24 change, then Eastern will contact the patient
 25 and the oncologist?

Page 271

1 MS. HENNESSEY:
 2 A. Right, yeah.
 3 CHAYTOR, Q.C.:
 4 Q. So was that your understanding from that
 5 meeting of the plan for patient contact?
 6 MS. HENNESSEY:
 7 A. At that point in time, the discussion must
 8 have been centred on those points, but I don't
 9 recall the specifics of the discussion.
 10 CHAYTOR, Q.C.:
 11 Q. And do you recall any discussion around that
 12 idea that if there's no change in results, the
 13 patient not being contacted? Did anyone in
 14 the room express any concern about that?
 15 MS. HENNESSEY:
 16 A. I don't know--I don't recall specifically, but
 17 I know at that point in time that there was
 18 discussions with respect to a letter going to
 19 patients to notify them.
 20 CHAYTOR, Q.C.:
 21 Q. And what do you recall -
 22 MS. HENNESSEY:
 23 A. I think back in August 2005, I think there was
 24 a number of discussions with respect to the
 25 patient notification, because shortly after

Page 272

1 that, I know that the oncologist wanted to
 2 wait until the test results came back from
 3 Mount Sinai.
 4 CHAYTOR, Q.C.:
 5 Q. So shortly after this?
 6 MS. HENNESSEY:
 7 A. Yes, it was, yeah, because that was--if I
 8 recall correctly, that was why the meeting on
 9 August 15th was set up, because the
 10 oncologists wanted to wait until after the
 11 test results came back from Mount Sinai before
 12 patients were notified.
 13 CHAYTOR, Q.C.:
 14 Q. I take it if this were the plan on August 5th,
 15 that would also be the case because you'd have
 16 to have the results back to know whether
 17 there's been a change or no change?
 18 MS. HENNESSEY:
 19 A. Sorry, would you mind repeating that, please?
 20 CHAYTOR, Q.C.:
 21 Q. I'm saying on August the 5th, what you've
 22 recorded here is if there's no change, the
 23 plan was no contact with patient.
 24 MS. HENNESSEY:
 25 A. Yes.

Page 273

1 CHAYTOR, Q.C.:

2 Q. If there were to be a change, the plan was

3 that Eastern Health would contact the patient

4 and the oncologist.

5 MS. HENNESSEY:

6 A. When you read my notes, that would be the

7 interpretation on what I have written.

8 CHAYTOR, Q.C.:

9 Q. Yes, okay. So I'm just wondering was the

10 plan, at this point in time, August 5th, also

11 to wait or does that come later? To wait

12 until the test results are back?

13 MS. HENNESSEY:

14 A. I don't think, on August 5th, that we had--

15 that it was clear as to what the patient

16 notification process would be. Certainly I

17 know shortly after that meeting, I think the

18 Deputy Minister sent an e-mail to Eastern

19 Health looking for an update on the patient

20 notification process, and then on the 15th of

21 August, there was a meeting called because at

22 that point in time, the oncologists wanted to

23 wait until the test results were back from

24 Mount Sinai.

25 CHAYTOR, Q.C.:

Page 274

1 Q. Okay.

2 THE COMMISSIONER:

3 Q. Isn't that consistent with this here, because

4 you're saying if change in results, Eastern

5 will contact patient and oncologist. You

6 won't know if there's a change until the

7 results come back.

8 MS. HENNESSEY:

9 A. Yes.

10 THE COMMISSIONER:

11 Q. So that seems to have been the original plan.

12 MS. HENNESSEY:

13 A. Yeah, there certainly was, based on my notes,

14 that certainly was a discussion at that time.

15 THE COMMISSIONER:

16 Q. Okay.

17 CHAYTOR, Q.C.:

18 Q. And so did somehow, throughout that meeting,

19 was Eastern Health dissuaded from that

20 position? Was there any concern expressed

21 about the plan that was being articulated and

22 that you've noted in your notes? Was there

23 any discussion around that, and perhaps by the

24 end of the meeting, the plan was different and

25 there was a plan perhaps to go forward with

Page 275

1 some sort of notification? Do you have any

2 recollection on that?

3 MS. HENNESSEY:

4 A. No, I don't, unfortunately.

5 CHAYTOR, Q.C.:

6 Q. Okay, but as you rightfully point out, within

7 a few days after that, there is an e-mail from

8 the Deputy Minister wondering about whether or

9 not, I believe, the letters are being sent to

10 the patients.

11 MS. HENNESSEY:

12 A. Yes.

13 CHAYTOR, Q.C.:

14 Q. And you do recall some discussion about

15 letters to patients?

16 MS. HENNESSEY:

17 A. Yes, I do.

18 CHAYTOR, Q.C.:

19 Q. Okay, and did that happen in this meeting of

20 August 5th?

21 MS. HENNESSEY:

22 A. I don't recall.

23 CHAYTOR, Q.C.:

24 Q. Perhaps, Ms. Hennessey, do you have any

25 recollection as to what Mr. Ottenheimer was

Page 276

1 saying in this meeting, in terms of his

2 preference or was he saying anything in terms

3 of his preference regarding patient contact or

4 notification to the public?

5 MS. HENNESSEY:

6 A. I don't recall what the Minister's position

7 was at that time.

8 CHAYTOR, Q.C.:

9 Q. And how about the Deputy Minister, do you

10 recall him expressing any preference?

11 MS. HENNESSEY:

12 A. I don't recall specifically.

13 CHAYTOR, Q.C.:

14 Q. Okay. If we just continue on then with your

15 note, "chief technologist from Mount Sinai and

16 query oncologist from B.C."

17 MS. HENNESSEY:

18 A. Yeah, I think it was the chief--I think it

19 should have been the chief pathologist. I may

20 have heard oncologist and it was actually the

21 pathologist from B.C. Institute.

22 CHAYTOR, Q.C.:

23 Q. And what's this word?

24 MS. HENNESSEY:

25 A. "To assess system and QA processes in

Page 277

1 September."
 2 CHAYTOR, Q.C.:
 3 Q. Okay. So you're being advised at this point
 4 in time that they're having people come in?
 5 MS. HENNESSEY:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And these become what we call the external
 9 reviewers?
 10 MS. HENNESSEY:
 11 A. That's right.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and then you have Ventana -
 14 MS. HENNESSEY:
 15 A. That's Ventana rep. My notes are not very
 16 good.
 17 CHAYTOR, Q.C.:
 18 Q. No, they're better than some. Equipment is
 19 acceptable.
 20 MS. HENNESSEY:
 21 A. Yeah.
 22 CHAYTOR, Q.C.:
 23 Q. Protocols -
 24 MS. HENNESSEY:
 25 A. I think it should read "protocols in place"

Page 278

1 because I don't think--I think I would have
 2 written something more substantive if there
 3 was an issue there.
 4 CHAYTOR, Q.C.:
 5 Q. Okay, and Ms. Hennessey, what does this say
 6 over here?
 7 MS. HENNESSEY:
 8 A. This says "new system is working."
 9 CHAYTOR, Q.C.:
 10 Q. Okay, and what -
 11 MS. HENNESSEY:
 12 A. "Maintenance of instruments, some additional
 13 preventive maintenance should be done." That
 14 would have been from the Ventana reps.
 15 CHAYTOR, Q.C.:
 16 Q. And what does this say?
 17 MS. HENNESSEY:
 18 A. Instruments are up to standard and the four
 19 staff who, I guess, were using the Ventana
 20 system were within the competency of others
 21 using the same equipment in the country.
 22 CHAYTOR, Q.C.:
 23 Q. Okay, and on the end here?
 24 MS. HENNESSEY:
 25 A. Says "young oncologist on staff" and I

Page 279

1 wouldn't be able to recall what the context
 2 was on that.
 3 CHAYTOR, Q.C.:
 4 Q. "Young oncologist on staff"?
 5 MS. HENNESSEY:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. Okay, and you don't remember what was being
 9 put forward with that thought?
 10 MS. HENNESSEY:
 11 A. No.
 12 CHAYTOR, Q.C.:
 13 Q. The idea of--you've written a few lines there
 14 on the Ventana rep who came in and assessed
 15 the system and commented on the competency of
 16 the technical staff.
 17 MS. HENNESSEY:
 18 A. Right.
 19 CHAYTOR, Q.C.:
 20 Q. Was there any question then raised as to why
 21 then are the samples going to be sent out to
 22 Mount Sinai on a go-forward basis? Why
 23 wouldn't they continue to use their Ventana
 24 system to do the retest--or well, either the
 25 retesting or to continue to use it for their

Page 280

1 own testing.
 2 MS. HENNESSEY:
 3 A. No, I think that Eastern Health just made a
 4 decision at that point in time that they
 5 perhaps didn't know what--they knew--they got
 6 a sense then that the equipment wasn't the
 7 problem, but they may not have known what the
 8 problem was, so they made a decision to send
 9 the new cases and the retest to Mount Sinai
 10 and that they were bringing in the reviewers
 11 in late September.
 12 CHAYTOR, Q.C.:
 13 Q. Was there any mention at this point in time or
 14 at any point in time were you told about any
 15 investigative work or review that Dr. Carter
 16 had undertaken?
 17 MS. HENNESSEY:
 18 A. No, I wasn't aware. I became aware of that
 19 when we met back in January/February of this
 20 year.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. So it's through the Inquiry process?
 23 MS. HENNESSEY:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

Page 281

1 Q. Okay.

2 THE COMMISSIONER:

3 Q. Ms. Chaytor, wherever you can find a

4 convenient spot, we'll take our afternoon

5 break.

6 CHAYTOR, Q.C.:

7 Q. Ms. Hennessey, do you have any other

8 recollections about the meeting on August 5th?

9 MS. HENNESSEY:

10 A. No, I can't say that I do. If I recall

11 something as we move through this process,

12 I'll certainly let you know.

13 CHAYTOR, Q.C.:

14 Q. Was there any discussion around the external

15 reviews, the chief technologist coming in from

16 Mount Sinai and the person from B.C.? Was

17 there any discussion about whether there would

18 be a sharing of those findings with the

19 Department?

20 MS. HENNESSEY:

21 A. No, there was no discussion. I think that was

22 just a piece of information provided by

23 Eastern Health at that time.

24 CHAYTOR, Q.C.:

25 Q. And how did the meeting end then that day?

Page 282

1 What was the plan on a go-forward basis?

2 MS. HENNESSEY:

3 A. My sense was that the--at that point in time,

4 that the Department was comfortable with the

5 measures that Eastern Health was taking.

6 CHAYTOR, Q.C.:

7 Q. Okay, and did you understand that the Ventana

8 system would continue to be used for other

9 testing other than the ER/PR?

10 MS. HENNESSEY:

11 A. No, I did not. My recall of focus was solely

12 on the ER/PR testing at that time.

13 CHAYTOR, Q.C.:

14 Q. And Ms. Hennessey, would this have been the

15 first time that you had any detail around this

16 issue?

17 MS. HENNESSEY:

18 A. Yes, it would be.

19 CHAYTOR, Q.C.:

20 Q. And if we look back over your two pages of

21 notes -

22 MS. HENNESSEY:

23 A. Right, I mean, I would have seen that e-mail

24 that I was copied on, that Mr. Tilley wrote to

25 Mr. Abbott on the 25th of July, saying, you

Page 283

1 know, that Eastern Health was investigating

2 the situation then and that they didn't have--

3 they hadn't determined the extent of the issue

4 at that time.

5 CHAYTOR, Q.C.:

6 Q. Okay, and you also independently remembered

7 something about Montreal and Montreal Hospital

8 being used to compare results?

9 MS. HENNESSEY:

10 A. Yes, it seems to me that there was some tests

11 being sent to Montreal to be checked on, I

12 believe, the Ventana system there. But I

13 don't recall the details on it, but I know

14 that there was some tests that had been done

15 here that were being sent.

16 CHAYTOR, Q.C.:

17 Q. And that's not recorded in your notes, so I

18 take it that's an independent recollection you

19 have of the meeting?

20 MS. HENNESSEY:

21 A. I believe it's in my next set of notes.

22 CHAYTOR, Q.C.:

23 Q. You believe it's--sorry?

24 MS. HENNESSEY:

25 A. I think it's in my next set of notes.

Page 284

1 CHAYTOR, Q.C.:

2 Q. Your next set, okay. So it may be the next

3 meeting.

4 MS. HENNESSEY:

5 A. But I do recall that there were some tests

6 going to, I guess what they saw as a bit of

7 quality control check at that time, that there

8 were a small number of tests going to

9 Montreal.

10 CHAYTOR, Q.C.:

11 Q. So that may be something that came out in the

12 next meeting?

13 MS. HENNESSEY:

14 A. Yes.

15 CHAYTOR, Q.C.:

16 Q. Okay. Okay, thank you, Commissioner. This is

17 a good place.

18 THE COMMISSIONER:

19 Q. Take the afternoon break.

20 (RECESS)

21 THE COMMISSIONER:

22 Q. Please be seated. Ms. Chaytor.

23 CHAYTOR, Q.C.:

24 Q. Thank you, Commissioner. Ms. Hennessey, what

25 do you recall being told as to how this

Page 285

1 problem with the ER/PR testing was detected?
 2 MS. HENNESSEY:
 3 A. What I recall was that there was a case, what
 4 they called an index case in May 2005. That
 5 it was an individual lady who had a test done
 6 in 2002 and her ER/PR was negative in 2002,
 7 when upon retesting in 2005 that the ER/PR was
 8 positive.
 9 CHAYTOR, Q.C.:
 10 Q. Okay, and do you recall being told why they
 11 had retested her ER status in 2005?
 12 MS. HENNESSEY:
 13 A. No, I don't recall.
 14 CHAYTOR, Q.C.:
 15 Q. And who gave you that information about the
 16 index patient?
 17 MS. HENNESSEY:
 18 A. The information came from Eastern Health.
 19 CHAYTOR, Q.C.:
 20 Q. Do you recall who at Eastern Health?
 21 MS. HENNESSEY:
 22 A. No, I don't. It would have been, I would
 23 think, Dr. Williams or Mr. Tilley.
 24 CHAYTOR, Q.C.:
 25 Q. Okay, and would you have known that

Page 286

1 information before attending the August 5th
 2 meeting?
 3 MS. HENNESSEY:
 4 A. I don't know if I would have known with
 5 respect to that particular index case.
 6 CHAYTOR, Q.C.:
 7 Q. Yes, I'm just wondering when you learned about
 8 how they came to go back and do a
 9 retrospective review or retesting, like how
 10 that originated.
 11 MS. HENNESSEY:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. So you're saying someone at Eastern Health,
 15 perhaps Mr. Tilley or Dr. Williams, told you
 16 this.
 17 MS. HENNESSEY:
 18 A. Yeah.
 19 CHAYTOR, Q.C.:
 20 Q. And I'm wondering at the time you're at the
 21 meeting on August 5th, do you already have
 22 that information?
 23 MS. HENNESSEY:
 24 A. I don't recall whether I had that information
 25 before the August 5th meeting or not.

Page 287

1 CHAYTOR, Q.C.:
 2 Q. So you do recall though along the way that
 3 you've had discussions with Mr. Tilley and Dr.
 4 Williams on the matter?
 5 MS. HENNESSEY:
 6 A. Yes, but it would have been--if I recall
 7 correctly, my first discussions with Dr.
 8 Williams and Mr. Tilley would have been in the
 9 August 5th meeting. I would have seen the e-
 10 mail before that, but I don't recall specific
 11 discussion, you know, with me with Dr.
 12 Williams or me with Mr. Tilley.
 13 CHAYTOR, Q.C.:
 14 Q. Well, perhaps afterwards though? You do
 15 afterwards have your own discussions with Dr.
 16 Williams?
 17 MS. HENNESSEY:
 18 A. I did have discussions with Dr. Williams
 19 certainly into the fall of 2005.
 20 CHAYTOR, Q.C.:
 21 Q. Yes, and do you recall if you also had
 22 discussions with Mr. Tilley, just between you
 23 and Mr. Tilley?
 24 MS. HENNESSEY:
 25 A. I don't recall specific discussions with Mr.

Page 288

1 Tilley. I may have had one, but I certainly
 2 don't recall.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, and perhaps -
 5 MS. HENNESSEY:
 6 A. I mean, most times the dealings in the
 7 Department with Mr. Tilley were by Mr. Abbott
 8 directly.
 9 CHAYTOR, Q.C.:
 10 Q. Yes, okay, and we've certainly seen in the
 11 materials where you had an e-mail exchange
 12 with Mr. Tilley.
 13 MS. HENNESSEY:
 14 A. Yes, I did.
 15 CHAYTOR, Q.C.:
 16 Q. And we'll come to those.
 17 MS. HENNESSEY:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. So you think that you were originally told
 21 about the index patient by either Mr. Tilley
 22 or Dr. Williams?
 23 MS. HENNESSEY:
 24 A. Yeah, and that may have been in that August
 25 5th.

Page 289

1 CHAYTOR, Q.C.:

2 Q. It may have been in this meeting?

3 MS. HENNESSEY:

4 A. Yes.

5 CHAYTOR, Q.C.:

6 Q. That that was discussed?

7 MS. HENNESSEY:

8 A. It may have been. I don't recall specifically

9 when I got that information.

10 CHAYTOR, Q.C.:

11 Q. Okay, and do you recall anything about advice

12 having been received from a physician in the

13 United States?

14 MS. HENNESSEY:

15 A. No, I don't recall any information around

16 that.

17 CHAYTOR, Q.C.:

18 Q. With respect to the index patient?

19 MS. HENNESSEY:

20 A. No.

21 CHAYTOR, Q.C.:

22 Q. Okay. So following then from the August 5th

23 2005 meeting, were you then tasked with any

24 follow up on the issue?

25 MS. HENNESSEY:

Page 290

1 A. Not after the August 5th, that I can recall

2 being tasked with any follow up.

3 CHAYTOR, Q.C.:

4 Q. Okay, so at this point in time, it's clear

5 anyhow that there's, according to your note,

6 it could be up to 500 people?

7 MS. HENNESSEY:

8 A. Right.

9 CHAYTOR, Q.C.:

10 Q. They've shut down the testing in St. John's

11 and they're going to be using Mount Sinai on a

12 go-forward basis. I take it this would have

13 been an issue that the Department would be

14 following?

15 MS. HENNESSEY:

16 A. Yes, the Department was certainly following

17 that issue once it became known in the summer

18 of 2005.

19 CHAYTOR, Q.C.:

20 Q. And who from the department's perspective,

21 then, was to have management as the issue?

22 MS. HENNESSEY:

23 A. Ms. Chaytor, I'm not sure that it was clear

24 because it was, it was sort of shifting

25 between the deputy minister and me because I

Page 291

1 know after the August 15th meeting I did send

2 an e-mail to Mr. Tilley asking for when he

3 would be in a position to update the minister

4 again on the file and then the--Mr. Tilley

5 came back and said that they were expecting

6 some test results around the 10th of

7 September. I provided that information to the

8 deputy minister with my view that we should do

9 a meeting with Eastern Health shortly after

10 that. He concurred at that point in time that

11 we would wait some test results before doing a

12 further update with the minister. I met -

13 CHAYTOR, Q.C.:

14 Q. Yes, and we'll get to that. So certainly -

15 MS. HENNESSEY:

16 A. Okay, sorry.

17 CHAYTOR, Q.C.:

18 Q. - by that point in time after the August 15th

19 meeting then there are certain things that

20 you're tasked with and more direct involvement

21 that you have with the issue at that point in

22 time?

23 MS. HENNESSEY:

24 A. Yes, it was communicating with Mr. Tilley via

25 e-mail with respect to when they would be in a

Page 292

1 position to provide a further update to the

2 minister.

3 CHAYTOR, Q.C.:

4 Q. Yes. Now, you're also the, you would be the

5 liaison within the department for the other

6 health authorities?

7 MS. HENNESSEY:

8 A. Yes, I would have been.

9 CHAYTOR, Q.C.:

10 Q. And you understood this involved patients

11 across the province?

12 MS. HENNESSEY:

13 A. Yes.

14 CHAYTOR, Q.C.:

15 Q. Did anyone ask you to contact the other health

16 authorities?

17 MS. HENNESSEY:

18 A. No, they did not.

19 CHAYTOR, Q.C.:

20 Q. Okay. And did you do that?

21 MS. HENNESSEY:

22 A. No, I did not.

23 CHAYTOR, Q.C.:

24 Q. Okay. And do you know why, why didn't you

25 make contact then with the other health

Page 293

1 authorities?
 2 MS. HENNESSEY:
 3 A. I don't recall specifically a discussion
 4 around it. I believe that Eastern Health made
 5 a contact with the other health authorities
 6 but it wasn't done at the provincial level.
 7 CHAYTOR, Q.C.:
 8 Q. And in terms of any disclosure issue to their
 9 patients, the patients in the other three
 10 authorities, was there any discussion or
 11 thought within the department as to soliciting
 12 the views of the other authorities as to how
 13 they thought best in terms of communicating
 14 with their patients?
 15 MS. HENNESSEY:
 16 A. It didn't come up in discussion.
 17 CHAYTOR, Q.C.:
 18 Q. That wasn't thought of?
 19 MS. HENNESSEY:
 20 A. No, I don't recall any discussion around it.
 21 CHAYTOR, Q.C.:
 22 Q. And I take it you didn't have any such
 23 discussion with the other authorities?
 24 MS. HENNESSEY:
 25 A. No, I don't remember having any.

Page 294

1 CHAYTOR, Q.C.:
 2 Q. About how to disclose or what their preference
 3 would be in terms of contacting their
 4 patients?
 5 MS. HENNESSEY:
 6 A. No. I think that the only discussion that the
 7 department had on that was with Eastern
 8 Health.
 9 CHAYTOR, Q.C.:
 10 Q. Just Eastern Health, yes.
 11 MS. HENNESSEY:
 12 A. Yeah.
 13 CHAYTOR, Q.C.:
 14 Q. And in the meeting of August 5th, do you
 15 recall any difference of opinion being
 16 espoused by the deputy minister from that of
 17 what Eastern Health was putting forward in
 18 terms of patient contact and disclosure? Do
 19 you recall Mr. Abbott saying anything
 20 different or challenging Eastern Health's
 21 position?
 22 MS. HENNESSEY:
 23 A. I don't recall any details around it. I don't
 24 recall there being a particular challenge of
 25 where Eastern Health was coming from at that

Page 295

1 time.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. And if we could have then 1431, please?
 4 Ms. Hennessey, I think this then is the e-mail
 5 that you referred to earlier?
 6 MS. HENNESSEY:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. And it's August 9th, 2005 from Mr. Abbott to
 10 Dr. Williams and the subject is "Letters to
 11 patients."
 12 MS. HENNESSEY:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. "Just checking to see if the letters to the
 16 patients respecting retesting of negative
 17 ER/PR test results are being sent. Please
 18 advise. Meanwhile, thanks for your continued
 19 assistance, advice on this matter." And it's
 20 "John Abbott, Deputy Minister" and you are
 21 copied on that?
 22 MS. HENNESSEY:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. Okay. So this is the e-mail where Mr. Abbott

Page 296

1 is following up?
 2 MS. HENNESSEY:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. And what did you understand at this point in
 6 time, did--had there been a decision reached
 7 to send letters to the patients?
 8 MS. HENNESSEY:
 9 A. I think that there had been, I don't know if
 10 it was a decision, but it was certainly an
 11 understanding because it was after that that I
 12 heard from Mr. Tilley saying that the
 13 oncologists wanted to wait until after the
 14 test results were back before contacting the
 15 patients. And that's what precipitated the
 16 August 15th meeting.
 17 CHAYTOR, Q.C.:
 18 Q. Okay. So then tell us about that, what, Mr.
 19 Tilley contacted you?
 20 MS. HENNESSEY:
 21 A. I don't really--I think he did.
 22 CHAYTOR, Q.C.:
 23 Q. You said you heard from Mr. Tilley?
 24 MS. HENNESSEY:
 25 A. Yes, I'm pretty sure I did hear from Mr.

Page 297

1 Tilley at that time that the oncologists
 2 wanted to wait until the test results were
 3 back from Mount Sinai, so then subsequent to
 4 that the meeting was set up with the minister
 5 on August 15th.
 6 CHAYTOR, Q.C.:
 7 Q. Okay, and did Mr. Tilley tell you anything
 8 else when he contacted you about that, what
 9 else was discussed?
 10 MS. HENNESSEY:
 11 A. I don't recall anything else other than a
 12 point in time when he brought up what the view
 13 of the oncologists at that time, I remember
 14 speaking to the minister and then the decision
 15 was made to have a subsequent meeting.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. So you went to the minister and relayed
 18 to the minister what Mr. Tilley had said?
 19 MS. HENNESSEY:
 20 A. Yeah, I seem to remember that the deputy
 21 minister was on vacation at that time because
 22 I wouldn't, I wouldn't normally go to the
 23 minister if the deputy minister was available.
 24 CHAYTOR, Q.C.:
 25 Q. Okay. And what did you tell Mr. Ottenheimer?

Page 298

1 MS. HENNESSEY:
 2 A. I would have told Mr. Ottenheimer what Mr.
 3 Tilley expressed to me, that the oncologists
 4 preferred to wait until the test results were
 5 back from Mount Sinai with--before contact the
 6 patients.
 7 CHAYTOR, Q.C.:
 8 Q. And what was Mr. Ottenheimer's response to
 9 that?
 10 MS. HENNESSEY:
 11 A. At that time that was, the meeting was called
 12 for August 15th and that meeting involved, I
 13 think, Mr. Tilley and Dr. Williams and Dr.
 14 Laing and I believe it was Dr. Cook, there was
 15 another doctor from Eastern Health.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. So Dr.--I'm sorry, Mr. Abbott was still
 18 on vacation then, I take it, at that point in
 19 time?
 20 MS. HENNESSEY:
 21 A. Yeah. I don't believe he was at the August
 22 15th meeting.
 23 CHAYTOR, Q.C.:
 24 Q. And Mr. Ottenheimer asked you then after you
 25 told him that the oncologists preferred to

Page 299

1 wait, I take it the minister asked you then to
 2 set up a meeting with Eastern Health?
 3 MS. HENNESSEY:
 4 A. Yes, he did.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. At this point in time was there any
 7 discussion around the fact that some patients
 8 already knew, already knew that there had been
 9 changes?
 10 MS. HENNESSEY:
 11 A. I don't recall a specific discussion.
 12 CHAYTOR, Q.C.:
 13 Q. Do you recall any discussion about concern
 14 that if one patient knows, it's only a matter
 15 of time then that others are going to know or
 16 that this is going to become a subject of
 17 discussion in the public realm?
 18 MS. HENNESSEY:
 19 A. Yeah. Ms. Chaytor, I'm sorry, but I don't
 20 recall any specific discussion.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. Were you aware that -
 23 MS. HENNESSEY:
 24 A. Around that -
 25 CHAYTOR, Q.C.:

Page 300

1 Q. - some patients already knew?
 2 MS. HENNESSEY:
 3 A. I think I was aware that Dr. Williams had
 4 spoken to a patient.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. That Dr. Williams had spoken to a
 7 patient this early, in August of 2005?
 8 MS. HENNESSEY:
 9 A. Yeah, I seem to recall it was some time around
 10 then that there had been.
 11 CHAYTOR, Q.C.:
 12 Q. Okay. And were you also aware that some
 13 patients had already been tested and retested,
 14 other than the index patient, obviously?
 15 MS. HENNESSEY:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. But some had been tested and retested
 19 internally -
 20 MS. HENNESSEY:
 21 A. Yes, I know -
 22 CHAYTOR, Q.C.:
 23 Q. - at Eastern Health?
 24 MS. HENNESSEY:
 25 A. Yes, that there was a group that was, it was a

Page 301

1 group of four or five initially and then I
 2 think it was a larger group of patients who
 3 were retested and then they made a decision to
 4 retest all of the patients from 2002.
 5 CHAYTOR, Q.C.:
 6 Q. Right, okay. So you were aware that had
 7 happened?
 8 MS. HENNESSEY:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And were you aware that some patients already
 12 had been provided with their results of the
 13 internal retesting?
 14 MS. HENNESSEY:
 15 A. I don't know whether I would have been aware
 16 of that detail.
 17 CHAYTOR, Q.C.:
 18 Q. Okay. So you don't recall any discussion
 19 about, well, if some patients know, it's only
 20 a matter of time others will find out?
 21 MS. HENNESSEY:
 22 A. Yeah, yeah. I think at that point in time, in
 23 the August 15th meeting, that the wish of the
 24 oncologists to wait until the test results
 25 were back from Mount Sinai became the

Page 302

1 overriding consideration.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. Well, then, tell us what you remember
 4 about that meeting? You've told us who you
 5 recall being there.
 6 MS. HENNESSEY:
 7 A. Right.
 8 CHAYTOR, Q.C.:
 9 Q. And that you recall it being Dr. Laing, you
 10 said, and Dr. Williams again?
 11 MS. HENNESSEY:
 12 A. And I believe it was Dr.--yeah, and it was
 13 another, I believe it was Dr. Cook, but I
 14 can't say for sure.
 15 CHAYTOR, Q.C.:
 16 Q. Dr. Cook, okay. Yes. And Mr. Tilley, I take
 17 it?
 18 MS. HENNESSEY:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And from the department was yourself and the
 22 minister. Anybody else?
 23 MS. HENNESSEY:
 24 A. I believe that was the meeting, Dr. Fleming
 25 was in one of the original meetings on this

Page 303

1 file.
 2 CHAYTOR, Q.C.:
 3 Q. And who is Dr. Fleming?
 4 MS. HENNESSEY:
 5 A. Dr. Fleming is the assistant director of
 6 physician services with the medical services
 7 branch.
 8 CHAYTOR, Q.C.:
 9 Q. Okay. And Doctor--did you have occasion
 10 otherwise on dealing with the ER/PR issue--you
 11 indicated that you found it to be a
 12 complicated issue sometimes from a technical
 13 point of view. Did you ever bounce anything
 14 off Dr. Fleming?
 15 MS. HENNESSEY:
 16 A. After that point in time, no, I don't recall
 17 any discussions with the physicians in the
 18 department on this file.
 19 CHAYTOR, Q.C.:
 20 Q. Okay. And in hindsight, looking back, do you
 21 think that may have been an advisable thing to
 22 do?
 23 MS. HENNESSEY:
 24 A. Yes, in hindsight I think it would have been
 25 advisable. I think the fact that the

Page 304

1 physicians work in a branch that is outside
 2 Confederation Building, you know, the main
 3 core of the department is in Confederation
 4 Building and the medical services branch is in
 5 another building, that we don't have a regular
 6 liaison. When I was the director of acute and
 7 long-term care institutional services, you
 8 know, a few years back, there was a medical
 9 consultant working in the division that I had
 10 responsibility for, in fact, his office was
 11 just a couple of doors away and there was
 12 certainly a close linkage then on issues. But
 13 with respect to when the structure changed and
 14 there was a separate medical services branch
 15 set up and it was located in a different
 16 building, that there wasn't--there's not the
 17 same relationship and that the
 18 responsibilities of that branch, their primary
 19 responsibility is not one of support to the
 20 regional health authorities.
 21 CHAYTOR, Q.C.:
 22 Q. So it's not just the physical proximity
 23 changed -
 24 MS. HENNESSEY:
 25 A. No.

Page 305

1 CHAYTOR, Q.C.:

2 Q. - also their responsibilities -

3 MS. HENNESSEY:

4 A. Have changed.

5 CHAYTOR, Q.C.:

6 Q. Have changed?

7 MS. HENNESSEY:

8 A. Yes.

9 CHAYTOR, Q.C.:

10 Q. So it wouldn't have been as easy for you just

11 to pick up the phone and phone Dr. Fleming or

12 Dr. Bradbury or whoever and get advice, it

13 wouldn't be that easy?

14 MS. HENNESSEY:

15 A. No, and that's not to say that they're not

16 available if you call them, but there's no,

17 there's no medical support to the regional

18 health operations branch on a day-to-day

19 basis.

20 CHAYTOR, Q.C.:

21 Q. Yes.

22 MS. HENNESSEY:

23 A. But to answer your question, in hindsight,

24 because I don't have a clinical background

25 myself, I think it would have been helpful

Page 306

1 through the process of having some medical

2 support on the file.

3 CHAYTOR, Q.C.:

4 Q. Okay. And so then tell us about the August

5 15th, 2005 meeting and what you recall of it?

6 Did you wish to look at your notes? I take it

7 you've looked over your notes before coming?

8 MS. HENNESSEY:

9 A. Yes, I have.

10 CHAYTOR, Q.C.:

11 Q. And do you have any recollection beyond your--

12 you have a brief note for that day?

13 MS. HENNESSEY:

14 A. Right.

15 CHAYTOR, Q.C.:

16 Q. And we can look at that. It's 1432, please,

17 Registrar?

18 MS. HENNESSEY:

19 A. Okay, I think this note includes the reference

20 to some of the specimens being sent to

21 Montreal where they were, I think, using it as

22 a quality control check on a Ventana system.

23 CHAYTOR, Q.C.:

24 Q. So it says, "Some issue re standardization of

25 testing. Six to eight week required for Mount

Page 307

1 Sinai to complete retesting of negatives."

2 MS. HENNESSEY:

3 A. Yeah, and this -

4 CHAYTOR, Q.C.:

5 Q. So your earlier note had said three to four

6 weeks?

7 MS. HENNESSEY:

8 A. Three to four, that's correct.

9 CHAYTOR, Q.C.:

10 Q. So now you're being told that it's another six

11 to eight weeks, is that right?

12 MS. HENNESSEY:

13 A. No, I think at that point in time we were told

14 it would be a total of six to eight weeks.

15 CHAYTOR, Q.C.:

16 Q. I'm sorry? This is a total?

17 MS. HENNESSEY:

18 A. Yes, that was a total of six to eight weeks,

19 that the time period had been extended from

20 three to four to six to eight weeks.

21 CHAYTOR, Q.C.:

22 Q. Okay. And did you understand whether or not

23 samples had already been sent? So is it -

24 MS. HENNESSEY:

25 A. Yes -

Page 308

1 CHAYTOR, Q.C.:

2 Q. - six to eight weeks from the middle of August

3 now or samples have already gone?

4 MS. HENNESSEY:

5 A. My understanding at that point was that

6 samples were already gone to Mount Sinai.

7 CHAYTOR, Q.C.:

8 Q. Okay. And then "Sent seven specimens to

9 Montreal."

10 MS. HENNESSEY:

11 A. Yes.

12 CHAYTOR, Q.C.:

13 Q. "Ventana" and what do you have there?

14 MS. HENNESSEY:

15 A. "And St. John's."

16 CHAYTOR, Q.C.:

17 Q. And what's this saying, is that a three?

18 MS. HENNESSEY:

19 A. Yeah, that's a -

20 CHAYTOR, Q.C.:

21 Q. Do you have any recollection as to what those

22 notes mean?

23 MS. HENNESSEY:

24 A. No, I can't say that I can recall clearly what

25 those notes mean.

Page 309

1 CHAYTOR, Q.C.:

2 Q. Then you have written, "Montreal-"

3 MS. HENNESSEY:

4 A. "Ventana."

5 CHAYTOR, Q.C.:

6 Q. - "Ventana-seven," and then you had "were

7 okay" but that's crossed off?

8 MS. HENNESSEY:

9 A. Yeah.

10 CHAYTOR, Q.C.:

11 Q. And you have "seven confirmed"?

12 MS. HENNESSEY:

13 A. Yeah. My sense of that is that there was

14 seven tests sent to Montreal and using the

15 Ventana system in Montreal, that it confirmed

16 what the DAKO system said here in 2002.

17 CHAYTOR, Q.C.:

18 Q. Okay. And "What DAKO read in 2002" is that

19 what that says?

20 MS. HENNESSEY:

21 A. That's "said" I think it's "said".

22 CHAYTOR, Q.C.:

23 Q. "Said," "What DAKO said in 2002."

24 MS. HENNESSEY:

25 A. Yeah.

Page 310

1 CHAYTOR, Q.C.:

2 Q. Okay. "400 negatives being sent."

3 MS. HENNESSEY:

4 A. Yes.

5 CHAYTOR, Q.C.:

6 Q. "Two consultants" -

7 MS. HENNESSEY:

8 A. A similar summary to what's in my August 5th

9 note that is -

10 CHAYTOR, Q.C.:

11 Q. "Two consultants coming in September."

12 MS. HENNESSEY:

13 A. Yeah.

14 CHAYTOR, Q.C.:

15 Q. Okay. And did you understand--your previous

16 note had said about 500.

17 MS. HENNESSEY:

18 A. Four to five hundred, that's correct.

19 CHAYTOR, Q.C.:

20 Q. Five hundred. And now it's "400 negatives

21 being sent."

22 MS. HENNESSEY:

23 A. Yes.

24 CHAYTOR, Q.C.:

25 Q. And again, was that just the St. John's region

Page 311

1 or did you understand that to be all of the

2 province?

3 MS. HENNESSEY:

4 A. At that point, Ms. Chaytor, I'm not sure. I

5 think my interpretation would have been that

6 it was all of the province, but I don't recall

7 clearly back to 2005.

8 CHAYTOR, Q.C.:

9 Q. Now, Ms. Hennessey, this is the meeting that

10 this physicians attended?

11 MS. HENNESSEY:

12 A. Yes.

13 CHAYTOR, Q.C.:

14 Q. Okay. And do you recall that a significant

15 issue discussed was the issue of disclosure,

16 disclosure to patients and disclosure,

17 perhaps, to the greater public, do you recall

18 that issue being discussed?

19 MS. HENNESSEY:

20 A. I certainly recall a discussion around the

21 oncologists wanting to wait until the test

22 results were back before contacting the

23 patients.

24 CHAYTOR, Q.C.:

25 Q. And is this your entire note for that meeting?

Page 312

1 MS. HENNESSEY:

2 A. Yes, it is.

3 CHAYTOR, Q.C.:

4 Q. Okay. And why isn't there anything around

5 that discussion noted here?

6 MS. HENNESSEY:

7 A. I honestly can't--don't know the answer to

8 that question.

9 CHAYTOR, Q.C.:

10 Q. Okay. Well then tell us what you do recall

11 about that discussion?

12 MS. HENNESSEY:

13 A. Yeah. And what I do recall is that the

14 oncologists, or Dr. Laing was representing the

15 oncologists, felt that the disclosure to

16 patients should be after the test results came

17 back and that the disclosure should be done by

18 the attending physician.

19 CHAYTOR, Q.C.:

20 Q. Okay. And did anyone in the room challenge

21 that position or express any concern about

22 that position?

23 MS. HENNESSEY:

24 A. My recall is that Minister Ottenheimer

25 accepted the position of the oncologists at

Page 313

1 that time.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. And did he express any concern about
 4 how perhaps this information might get out in
 5 any event or concern that it's now going to be
 6 six to eight weeks?
 7 MS. HENNESSEY:
 8 A. Right.
 9 CHAYTOR, Q.C.:
 10 Q. Did the minister express any concern or seem
 11 to be at all uncomfortable with that decision?
 12 MS. HENNESSEY:
 13 A. I don't recall him expressing any particular
 14 concern. I know it was a little bit of a flag
 15 with respect to the time period getting
 16 extended at that time.
 17 CHAYTOR, Q.C.:
 18 Q. But you don't recall him expressing that in
 19 the meeting in terms of any discomfort he may
 20 have had with waiting?
 21 MS. HENNESSEY:
 22 A. I don't recall specifically, no.
 23 CHAYTOR, Q.C.:
 24 Q. Okay. And did he express that to you at any
 25 point after the meeting?

Page 314

1 MS. HENNESSEY:
 2 A. I don't remember being in another discussion,
 3 you know, shortly thereafter with the minister
 4 on this file.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. So did you have any sense that the
 7 minister wasn't comfortable with waiting?
 8 MS. HENNESSEY:
 9 A. I felt at that time that the minister was
 10 prepared to accept the position of the
 11 oncologists to wait until the test results
 12 came back.
 13 CHAYTOR, Q.C.:
 14 Q. Okay. And if we could look at, please, P-
 15 0570? I don't expect you to be able to read
 16 that, Ms. Hennessey. These are handwritten
 17 notes of Dr. Williams.
 18 MS. HENNESSEY:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And you'll see, though, the date is August
 22 15th?
 23 MS. HENNESSEY:
 24 A. Right.
 25 CHAYTOR, Q.C.:

Page 315

1 Q. And he's been kind enough to have those typed
 2 for us.
 3 MS. HENNESSEY:
 4 A. Okay.
 5 CHAYTOR, Q.C.:
 6 Q. So note No. 19 at page 3. And this is the
 7 notes that he took at the meeting.
 8 MS. HENNESSEY:
 9 A. Right.
 10 CHAYTOR, Q.C.:
 11 Q. And he does indicate, you're right, it is the
 12 minister, Dr. Fleming in attendance, yourself,
 13 Mr. Tilley, Dr. Cook, Dr. Laing and Dr.
 14 Williams. So although you didn't have that
 15 noted, your recall on that is quite good. And
 16 he's just got that there's background
 17 discussion.
 18 MS. HENNESSEY:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And is there anything you can recall or can
 22 expand about in terms of what was said about
 23 the background to the issue? Do you recall
 24 yourself anything from the meeting?
 25 MS. HENNESSEY:

Page 316

1 A. With respect to the background or -
 2 CHAYTOR, Q.C.:
 3 Q. Yes.
 4 MS. HENNESSEY:
 5 A. - with respect to any of these points?
 6 CHAYTOR, Q.C.:
 7 Q. The background, no, just with respect to what
 8 was said regarding the background to the
 9 issue?
 10 MS. HENNESSEY:
 11 A. No, I don't.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. Then he's got, "Issue of writing 400
 14 patients who were testing negative." And
 15 that's consistent with your note, you said 400
 16 patients. "Also reviewed that we would get
 17 Mount Sinai to retest these samples." "There
 18 are issues in regards to test standardization.
 19 Mount Sinai needs six to eight weeks." Which
 20 is what your note said to test. "Given this
 21 issues arose when consulted with Dr. Laing and
 22 her colleagues consensus re concerns with what
 23 to say at this time." Then his next bullet is
 24 "Dr. Laing gave an overview of the ER/PR
 25 testing." And it goes on to say, "Dr. Laing

Page 317

1 says first samples for retesting bias and also
 2 retested on Ventana system, therefore our
 3 problem, although undefined, at present may
 4 not be as bad as thought." Do you remember
 5 any discussion around that?
 6 MS. HENNESSEY:
 7 A. No, I don't recall, I know Dr. Laing did a
 8 fair amount of speaking in the meeting, but I
 9 don't--this may have been some of the
 10 information that, because I don't have a
 11 medical background, I didn't understand. But
 12 I don't recall, Ms. Chaytor, any specific
 13 points around that.
 14 CHAYTOR, Q.C.:
 15 Q. Do you recall any suggestion that perhaps the
 16 problem would not be as bad or of the
 17 magnitude as they originally thought? Does
 18 that stand out in your mind at all?
 19 MS. HENNESSEY:
 20 A. I don't recall that, because I think my first
 21 understanding of this was that it was 4 or 500
 22 patients.
 23 CHAYTOR, Q.C.:
 24 Q. Okay, so there's no change really in your two
 25 notes in terms of the number of patients

Page 318

1 involved.
 2 MS. HENNESSEY:
 3 A. No, that's right.
 4 CHAYTOR, Q.C.:
 5 Q. But any discussion as to whether or not is -
 6 MS. HENNESSEY:
 7 A. That the numbers had decreased?
 8 CHAYTOR, Q.C.:
 9 Q. Or not the numbers decreased, but I guess may
 10 not be as bad as thought, like may not be--
 11 seems to be suggesting that it may not have
 12 been a representative sample and what they
 13 done in their retesting inhouse, so perhaps
 14 the conversion rate wouldn't be as high as -
 15 MS. HENNESSEY:
 16 A. Yeah.
 17 CHAYTOR, Q.C.:
 18 Q. - as that sample would have suggested, do you
 19 recall any discussion around that?
 20 MS. HENNESSEY:
 21 A. I'm sorry, I can't help you there, I just
 22 don't recall the details on that point.
 23 CHAYTOR, Q.C.:
 24 Q. Okay, and it does go on to say then that
 25 "we'll notify everyone who is retested,

Page 319

1 doesn't feel now is the time to write the
 2 letter, better to wait until we have more
 3 information." And do you recall that being
 4 the position that the oncologists were
 5 articulating or least Dr. Laing was
 6 articulating?
 7 MS. HENNESSEY:
 8 A. I recall that Dr. Laing's preference was to
 9 wait until the test results were back from
 10 Mount Sinai before notifying the patients.
 11 CHAYTOR, Q.C.:
 12 Q. And what reason was given for that, you can't
 13 recall?
 14 MS. HENNESSEY:
 15 A. I seem to remember that she didn't want to
 16 alarm some patients unnecessarily if there was
 17 no change in their test result.
 18 CHAYTOR, Q.C.:
 19 Q. Okay, so was the plan to tell the patients who
 20 didn't have a change in results after the
 21 testing or not tell them at all?
 22 MS. HENNESSEY:
 23 A. I do recall more discussion around with
 24 respect to for patients whose test results did
 25 not change, that there would not be a contact

Page 320

1 with the patients.
 2 CHAYTOR, Q.C.:
 3 Q. Okay, and this note here seems to be
 4 suggesting, though, that "will notify everyone
 5 who is retested at this point in time."
 6 MS. HENNESSEY:
 7 A. Yeah.
 8 CHAYTOR, Q.C.:
 9 Q. Is that consistent with what you understood
 10 coming out of this meeting, that everybody
 11 would be notified?
 12 MS. HENNESSEY:
 13 A. It was certainly their position in October
 14 2005, I don't recall specifically what the
 15 position was at that point.
 16 THE COMMISSIONER:
 17 Q. I'm sorry, I didn't understand, it was
 18 certainly their position in October?
 19 MS. HENNESSEY:
 20 A. Yes.
 21 THE COMMISSIONER:
 22 Q. Do you mean that only those who had change
 23 would be told or that everybody would be told?
 24 MS. HENNESSEY:
 25 A. No, I understood in October 2005 that

Page 321

1 everybody who had tests results--who had tests
 2 retested would be advised, but that the first
 3 priority would be to the patients whose
 4 treatments, where there would be a recommended
 5 change in treatment.
 6 CHAYTOR, Q.C.:
 7 Q. And I take it that's after the issue had
 8 become a matter of public discussion in
 9 October, when you're saying in October?
 10 MS. HENNESSEY:
 11 A. Yes.
 12 THE COMMISSIONER:
 13 Q. Okay, but I think your earlier note--didn't
 14 your earlier note say something about only
 15 those whose change being -
 16 MS. HENNESSEY:
 17 A. Yes, in my August 5th note.
 18 CHAYTOR, Q.C.:
 19 Q. August 5th note.
 20 THE COMMISSIONER:
 21 Q. Your August 5th, so at some point between
 22 August 5th meeting and October, the position
 23 regarding informing patients whose test
 24 results did not change, itself change, the
 25 position changed.

Page 322

1 MS. HENNESSEY:
 2 A. Yes, that's my understanding, somewhere
 3 between then, but exactly when that position
 4 changed, I'm not sure.
 5 CHAYTOR, Q.C.:
 6 Q. You're not sure. Okay, because we're looking
 7 here at your August 5th and this was at 1430
 8 page two.
 9 MS. HENNESSEY:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. So that was your understanding of their
 13 position at that point in time.
 14 MS. HENNESSEY:
 15 A. Right.
 16 CHAYTOR, Q.C.:
 17 Q. And by October you understood their position
 18 was everybody would be notified.
 19 MS. HENNESSEY:
 20 A. That everybody would be contacted.
 21 CHAYTOR, Q.C.:
 22 Q. And whether it had changed by the August 15th
 23 meeting, you don't know?
 24 MS. HENNESSEY:
 25 A. No, I don't remember.

Page 323

1 CHAYTOR, Q.C.:
 2 Q. Okay, and this goes on to say, the next
 3 bullet, "Minister, if people advise as soon as
 4 possible, then patients can do what he or she
 5 wishes to deal with the issues." Do you
 6 recall the Minister saying something along
 7 those lines?
 8 MS. HENNESSEY:
 9 A. I don't recall the Minister saying that, but I
 10 suspect that that's Dr. William's notes that
 11 the Minister would have made that comment.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and do you recall Dr. Cook then, the
 14 next bullet is attributed to him, "There is a
 15 problem with immunoperoxidase testing." Do
 16 you recall any discussion about that?
 17 MS. HENNESSEY:
 18 A. Ms. Chaytor, if there was a discussion on
 19 that, with respect to the immunoperoxidase
 20 testing, I would not have understood the
 21 terminology.
 22 CHAYTOR, Q.C.:
 23 Q. Did you understand that that would include the
 24 ER/PR test?
 25 MS. HENNESSEY:

Page 324

1 A. Yes, I would.
 2 CHAYTOR, Q.C.:
 3 Q. You would understand.
 4 MS. HENNESSEY:
 5 A. Yes, I would think that, at that point, that
 6 if--that discussion that Dr. Fleming would
 7 have been providing information to the
 8 Minister.
 9 CHAYTOR, Q.C.:
 10 Q. And so you don't know if this was broader than
 11 the ER/PR test. Was there a discussion that
 12 there may be issues with any other stains, for
 13 example?
 14 MS. HENNESSEY:
 15 A. Well at that point in time, my only recall is
 16 as it related to ER/PR.
 17 CHAYTOR, Q.C.:
 18 Q. And it goes on towards the end--well it says,
 19 "Dr. Laing has advised that Dr. McCarthy and
 20 Dr. Ganguly agree with waiting to send
 21 something out until we have more information."
 22 Do you recall her saying that, that there were
 23 other oncologists who were in agreement with
 24 that position?
 25 MS. HENNESSEY:

Page 325

1 A. I seem to recall some reference to the other
 2 oncologists, now whether it was specific to
 3 these two physicians, I don't remember.
 4 CHAYTOR, Q.C.:
 5 Q. Okay, and then "Minister will accept best
 6 advice for now, wishes to meet again within
 7 the next two weeks."
 8 MS. HENNESSEY:
 9 A. Yeah.
 10 CHAYTOR, Q.C.:
 11 Q. And then it says, "Will develop what should go
 12 in a letter in the meantime." Now what letter
 13 would that be?
 14 MS. HENNESSEY:
 15 A. I would think at that point in time it was the
 16 letter that would go to the patients once the
 17 test results were back.
 18 CHAYTOR, Q.C.:
 19 Q. Ms. Hennessey, so there was to be follow up
 20 within two weeks.
 21 MS. HENNESSEY:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. And it looks like that the Minister wants to
 25 meet again with Eastern Health within two

Page 326

1 weeks.
 2 MS. HENNESSEY:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. The Deputy Minister is away at this point in
 6 time?
 7 MS. HENNESSEY:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. Did you open up a file at this point in time?
 11 MS. HENNESSEY:
 12 A. Did I open up a file?
 13 CHAYTOR, Q.C.:
 14 Q. Yes.
 15 MS. HENNESSEY:
 16 A. A specific file on ER/PR?
 17 CHAYTOR, Q.C.:
 18 Q. To deal with this issue.
 19 MS. HENNESSEY:
 20 A. At that point in time my information on ER/PR
 21 would have been in my Eastern Health file.
 22 CHAYTOR, Q.C.:
 23 Q. So you were keeping track of things in your
 24 Eastern Health file.
 25 MS. HENNESSEY:

Page 327

1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. And did you have a sub-file within that file?
 4 MS. HENNESSEY:
 5 A. I did establish a sub-file later. I don't
 6 recall specifically when I did, but I
 7 certainly did and I still do have a separate
 8 file on ER/PR.
 9 CHAYTOR, Q.C.:
 10 Q. So that was done sometime after this, not -
 11 MS. HENNESSEY:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. Was it done in October then, when would you
 15 have done that?
 16 MS. HENNESSEY:
 17 A. It may have been done in October, I don't
 18 recall specifically when I set up the separate
 19 file.
 20 CHAYTOR, Q.C.:
 21 Q. Did you draft or have drafted, cause to be
 22 drafted a briefing note at this point in time?
 23 MS. HENNESSEY:
 24 A. No, there was no briefing note drafted at that
 25 time. The first briefing note was the--that

Page 328

1 the department drafted was the October 3rd
 2 briefing note.
 3 CHAYTOR, Q.C.:
 4 Q. And why wouldn't there be one drafted at this
 5 point in time? Would this issue be such that
 6 would trigger the need for a briefing note?
 7 MS. HENNESSEY:
 8 A. At this point in time we were waiting for
 9 additional information from Eastern Health and
 10 I did follow up with George Tilley in early
 11 September to ask when they would be in a
 12 position to update the Minister again.
 13 CHAYTOR, Q.C.:
 14 Q. Right. So no briefing note was created at
 15 this point?
 16 MS. HENNESSEY:
 17 A. There was no briefing note drafted in
 18 September.
 19 CHAYTOR, Q.C.:
 20 Q. And there wouldn't have been seem to be a need
 21 to do a briefing note at this point? I'm just
 22 thinking it's a complicated issue from a
 23 medical or a technical point of view, you're
 24 used to dealing with -
 25 MS. HENNESSEY:

Page 329

1 A. Yeah.
 2 CHAYTOR, Q.C.:
 3 Q. And there's now been two meetings with the
 4 Minister and he's expecting a third.
 5 MS. HENNESSEY:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. It's involving patients across the province
 9 and the numbers, 400 to 500. What -
 10 MS. HENNESSEY:
 11 A. There was no briefing note drafted in
 12 September, I'm sure of that.
 13 CHAYTOR, Q.C.:
 14 Q. Yes, I'm just wondering why not, though, what
 15 would cause you to start keeping a written
 16 record of this issue?
 17 MS. HENNESSEY:
 18 A. Well I think at that point in time we were
 19 waiting for some of the test results to come
 20 back from Mount Sinai, that we didn't know the
 21 extent of the problem at that point in time.
 22 To answer your question as to why we didn't
 23 draft a briefing note then, I don't know
 24 whether I have a good answer to that question.
 25 CHAYTOR, Q.C.:

Page 330

1 Q. And ultimately when you do set up your own
 2 file or sub-file within a file, what caused
 3 you to do that?
 4 MS. HENNESSEY:
 5 A. Well with any of our files, if there's an
 6 issue that is recurring, you know that we're
 7 keeping a running record of, I would set up a
 8 special file, I don't do it on every issue
 9 that comes in from every health authority, but
 10 there have been key issues over the years that
 11 we've set up separate files on.
 12 CHAYTOR, Q.C.:
 13 Q. And with respect to the ER/PR issue though, my
 14 question is you said you didn't do that until
 15 some time down the road, I'm wondering what
 16 happened at that point in time to trigger the
 17 need in your mind to set up a file?
 18 MS. HENNESSEY:
 19 A. Usually what triggers it is that it's an issue
 20 that we see as ongoing, that it's not a short-
 21 term issue, that we expect the issue -
 22 CHAYTOR, Q.C.:
 23 Q. Now this was going to be at least six to eight
 24 weeks, though, before any testing came back,
 25 so wouldn't that be an ongoing issue?

Page 331

1 MS. HENNESSEY:
 2 A. Yes, it would have been.
 3 CHAYTOR, Q.C.:
 4 Q. But you didn't set up a file at that point.
 5 And when, at what point in time--what did
 6 trigger then your realization that I should
 7 have a sub-file opened on this and keep track?
 8 MS. HENNESSEY:
 9 A. I don't think whether we had a sub-file or not
 10 is a good indicator of whether we were
 11 following an issue, right. I mean, we don't
 12 have sub-files on many issues.
 13 CHAYTOR, Q.C.:
 14 Q. No, and whatever your language would be for
 15 it, but what I'm trying to see is, you know, I
 16 would think that consistency and record
 17 keeping and that would be, you know, a good
 18 practice, so I'm just wondering at what point
 19 in time you realized that you should be
 20 keeping track of this and keeping a particular
 21 section in your file folder on Eastern Health
 22 on this issue? Like why? When, you obviously
 23 got to that point, you told us.
 24 MS. HENNESSEY:
 25 A. Right.

Page 332

1 CHAYTOR, Q.C.:
 2 Q. So what triggered that? What happened to this
 3 event for you to start a particular file on
 4 this issue?
 5 MS. HENNESSEY:
 6 A. I don't know whether there was any particular
 7 trigger point where I made a decision to
 8 separate the papers out of the Eastern Health
 9 Board file into a separate file on ER/PR.
 10 CHAYTOR, Q.C.:
 11 Q. So following this August 15th meeting, the
 12 Deputy Minister is away, did you brief him
 13 when he came back? Did you fill him in on
 14 what had happened?
 15 MS. HENNESSEY:
 16 A. Yes, I did. It wasn't immediately when he
 17 came back. Initially the e-mail--I sent an e-
 18 mail to George Tilley, I think it was on the
 19 1st of September or thereabouts to get an
 20 update on the file. He wrote back and said
 21 that they would have some of the test results
 22 back around the 10th of September and that
 23 they would be in a better position to update
 24 the Minister at that point in time. I did
 25 send an e-mail to the Deputy on that, I told

Page 333

1 George Tilley that we would get back to him
 2 with respect to a further briefing with the
 3 Minister. I know I had a discussion with the
 4 Deputy Minister on the 14th of September to
 5 give him an update and on the 14th I asked him
 6 about following up with Mr. Tilley to arrange
 7 another briefing with the Minister, and at
 8 that point in time, he indicated he would
 9 speak to Mr. Tilley himself.

10 CHAYTOR, Q.C.:

11 Q. So your next involvement then is you follow up
 12 with an e-mail to Mr. Tilley.

13 MS. HENNESSEY:

14 A. Right.

15 CHAYTOR, Q.C.:

16 Q. And if we could look then, please, at P-0140?

17 MS. HENNESSEY:

18 A. Yes.

19 CHAYTOR, Q.C.:

20 Q. And if we start at the bottom, we'll start at
 21 the bottom and work our way up because that's
 22 the way it goes, chronologically. This is
 23 your e-mail then, Ms. Hennessey, September
 24 1st, 2005 at 9:56 a.m. to Mr. Tilley, re: the
 25 subject ER/PR issue.

Page 334

1 MS. HENNESSEY:

2 A. Right.

3 CHAYTOR, Q.C.:

4 Q. "And the Minister is inquiring when you will
 5 be in a position to provide another update on
 6 this issue, can you let me know." Because of
 7 course now it's been about two weeks since
 8 your meeting.

9 MS. HENNESSEY:

10 A. Yes.

11 CHAYTOR, Q.C.:

12 Q. Do did the Minister come to you and ask about
 13 the issue or what happened?

14 MS. HENNESSEY:

15 A. Well I think at that point in time because the
 16 Minister said we would meet again in a couple
 17 of weeks that I would have initiated this e-
 18 mail to Mr. Tilley.

19 CHAYTOR, Q.C.:

20 Q. So you would have diarized this somehow to
 21 remind yourself to follow up?

22 MS. HENNESSEY:

23 A. Yes.

24 CHAYTOR, Q.C.:

25 Q. So did you have at this point in time, did you

Page 335

1 understand that you were the person managing
 2 the issue from the department's point of view?

3 MS. HENNESSEY:

4 A. At that point in time I would tend to think
 5 that I played a key role in it, but then when
 6 Mr. Abbott stepped back into it on the 14th of
 7 September, it wasn't clear to me who was what
 8 I would call the lead on the file.

9 CHAYTOR, Q.C.:

10 Q. Yes, okay. And did you ever have that
 11 discussion with Mr. Abbott and say well what's
 12 my role in this or are you handling this or am
 13 I handling this?

14 MS. HENNESSEY:

15 A. I can remember having one discussion with Mr.
 16 Abbott, but what I found with Eastern Health
 17 was that for the most part Mr. Abbott took a
 18 leadership role himself on the files.

19 CHAYTOR, Q.C.:

20 Q. Even though you were ADM Board Services and
 21 the liaison with the Board?

22 MS. HENNESSEY:

23 A. Yes.

24 CHAYTOR, Q.C.:

25 Q. So you do recall discussing that with Mr.

Page 336

1 Abbott at some point in time?

2 MS. HENNESSEY:

3 A. Yes, on one occasion I do.

4 CHAYTOR, Q.C.:

5 Q. One occasion and was it with respect to this
 6 file?

7 MS. HENNESSEY:

8 A. Yes, it was because it was at that, September
 9 the 14th discussion that I had a number of
 10 items that I discussed with them that day, one
 11 of which was ER/PR because we were going back
 12 into the fall, which is a busier time of the
 13 year for the department and I had eight or ten
 14 items that I discussed with them.

15 CHAYTOR, Q.C.:

16 Q. So on September 14th, 2005, you raised it with
 17 him and asked what your role would be or who's
 18 taking the lead?

19 MS. HENNESSEY:

20 A. Well I asked specifically at that time with
 21 respect to, you know, making the contact back
 22 with Mr. Tilley because I had indicated on the
 23 6th or 7th of September that I would get back
 24 to him within a week for a briefing with the
 25 Minister, so I raised it at that point in time

Page 337

1 and his response was that I'll speak to Mr.
 2 Tilley about that, but that wasn't an unusual
 3 response with respect to files as it related
 4 to Eastern Health. Now that's not to say that
 5 I wasn't--I was certainly contributing to the
 6 file. I wouldn't want to mislead you.
 7 CHAYTOR, Q.C.:
 8 Q. No, no.
 9 MS. HENNESSEY:
 10 A. But a lot of the contact on this file
 11 throughout the couple of years was directly
 12 between Mr. Tilley and Mr. Abbott.
 13 CHAYTOR, Q.C.:
 14 Q. And did Mr. Abbott take the same approach with
 15 respect to the other three health authorities
 16 or was this something more peculiar to Eastern
 17 Health?
 18 MS. HENNESSEY:
 19 A. It was more peculiar to Eastern Health, yeah,
 20 I tended to have more contacts with the CEOs
 21 of the other health authorities than I did
 22 with Mr. Tilley. Now I certainly had contact
 23 with the VPs at Eastern Health.
 24 CHAYTOR, Q.C.:
 25 Q. And was it anything peculiar to the ER/PR

Page 338

1 issue? Did he tend to have more involvement
 2 in that issue than he did with respect to
 3 other issues involving Eastern Health?
 4 MS. HENNESSEY:
 5 A. I can only speak from the files that I have, I
 6 can't speak for the other ADMs, but what I
 7 found was if it involved Eastern Health, he
 8 tended to maintain a fairly close liaison
 9 himself.
 10 CHAYTOR, Q.C.:
 11 Q. Regardless of the issue.
 12 MS. HENNESSEY:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And no difference in terms of ER/PR, did he
 16 have more or less involvement on the ER/PR
 17 issue than he did with respect to other issues
 18 involving Eastern Health?
 19 MS. HENNESSEY:
 20 A. For the issues that I had, no, I didn't see it
 21 was any different; whereas with the other
 22 three health authorities, I felt that I had a
 23 closer working relationship with the CEO than
 24 I did with the CEO of Eastern Health.
 25 CHAYTOR, Q.C.:

Page 339

1 Q. Okay, all right, so we'll go back then now and
 2 look at this P-0140 and it's on the screen in
 3 front of you there. So you've e-mailed Mr.
 4 Tilley wondering about an update and Mr.
 5 Tilley responds to you the same day and he
 6 says, "Moir, we have sent out in excess of
 7 200 blocks to Mount Sinai and this represents
 8 approximately fifty percent of the total."
 9 MS. HENNESSEY:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. Which is in keeping with you understood there
 13 was 400.
 14 MS. HENNESSEY:
 15 A. Yes, that wouldn't have caused me any -
 16 CHAYTOR, Q.C.:
 17 Q. Any concern.
 18 MS. HENNESSEY:
 19 A. No.
 20 CHAYTOR, Q.C.:
 21 Q. "They expect to be in a position to provide
 22 feedback on these tests on September 10th. We
 23 are working to get others from elsewhere in
 24 the Province to forward on. In the meantime,
 25 we are awaiting the visits of the external

Page 340

1 expert's physician, September 15th and
 2 technologist, September 20th. Expecting their
 3 reports by mid October, while all further
 4 specimens will be sent out of province on an
 5 interim basis, we are doing some fine tuning
 6 on the controls of the new Ventana system,
 7 working on the assumption that it is overly
 8 sensitive. Dr. Williams has met with one lady
 9 who inquired about this issue. That is it for
 10 now." George. Ms. Hennessey, one thing that
 11 caught my attention on this was your e-mail
 12 went to, you have two different e-mail
 13 addresses: mhennessey@gov.nl.ca and then you
 14 have your Blackberry address.
 15 MS. HENNESSEY:
 16 A. Right.
 17 CHAYTOR, Q.C.:
 18 Q. Mhennessey@mobility.blackberry.net.
 19 MS. HENNESSEY:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. So is it two different e-mail accounts or how
 23 does that work?
 24 MS. HENNESSEY:
 25 A. No, it's one e-mail account, I just happened

Page 341

1 to be, I guess, using--oh no, this was Mr.
 2 Tilley's response to me. I only have, as far
 3 as I know, now I'm not technologically
 4 inclined, so, but I think I only had one e-
 5 mail account.
 6 CHAYTOR, Q.C.:
 7 Q. And this is cc'd to somebody, is this Robert
 8 Williams, is that his e-mail address.
 9 MS. HENNESSEY:
 10 A. It must have been, yes.
 11 CHAYTOR, Q.C.:
 12 Q. The idea that Dr. Williams has met with one
 13 lady who inquired about this issue, did that
 14 cause you any concern or raise any alarms with
 15 you that Dr. Williams has now met with
 16 somebody inquiring about the issue?
 17 MS. HENNESSEY:
 18 A. Ms. Chaytor when I look back now, it probably
 19 should have raised a concern for me, but I
 20 can't say that it did at the time.
 21 CHAYTOR, Q.C.:
 22 Q. And is that something that you relayed on to
 23 the Minister?
 24 MS. HENNESSEY:
 25 A. I wouldn't be able to recall right now whether

Page 342

1 I discussed that point with the Minister.
 2 CHAYTOR, Q.C.:
 3 Q. I take it you didn't forward this e-mail on to
 4 the Minister?
 5 MS. HENNESSEY:
 6 A. No, I didn't. I mean, it's not a normal
 7 practice for me to forward--or at least it
 8 wasn't a normal practice for me to forward e-
 9 mails directly to the Minister because my line
 10 of--I report to the Deputy Minister.
 11 CHAYTOR, Q.C.:
 12 Q. And so what you did with the information is
 13 what? You--what did you do?
 14 MS. HENNESSEY:
 15 A. I sent the information on to the Deputy
 16 Minister suggesting that we wait until the
 17 10th of September--until some of the test
 18 results were back from Mount Sinai to arrange
 19 another meeting with the Minister.
 20 CHAYTOR, Q.C.:
 21 Q. And the idea of one person contacting or Dr.
 22 Williams having met with one person who had
 23 inquired about the issue, did you -
 24 MS. HENNESSEY:
 25 A. It did not raise a flag.

Page 343

1 CHAYTOR, Q.C.:
 2 Q. So you didn't have a concern that well, if one
 3 person is aware of meeting with Dr. Williams
 4 on this or raising it, this is getting very
 5 close to becoming a public issue? That didn't
 6 dawn on you at the time?
 7 MS. HENNESSEY:
 8 A. No, I have to be honest with you, I don't
 9 recall that dawning on me at the time, I think
 10 I was more focused on the briefing with the
 11 Minister.
 12 CHAYTOR, Q.C.:
 13 Q. And at this point in time then, September 1,
 14 you understand that the letters aren't going
 15 to be sent, is that right, that they're
 16 waiting for the results to come back, is that
 17 right?
 18 MS. HENNESSEY:
 19 A. That was my understanding then.
 20 CHAYTOR, Q.C.:
 21 Q. But that letters were going to be drafted -
 22 MS. HENNESSEY:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. In anticipation, I take it.

Page 344

1 MS. HENNESSEY:
 2 A. Yes. They would be sent to the attending
 3 physician.
 4 CHAYTOR, Q.C.:
 5 Q. And this says, then your response is, you say,
 6 "George, thanks for this, I've updated John A.
 7 Could we arrange another briefing for the
 8 Minister post September 10th when you have
 9 some results from Mount Sinai. We also need
 10 to know when Eastern Health is going to notify
 11 patients as part of the briefing." So was it
 12 clear to you at that point in time about the
 13 notification of patients?
 14 MS. HENNESSEY:
 15 A. Ms. Chaytor, I have to be honest, I think that
 16 we were not clear as a department with respect
 17 to the notification process.
 18 CHAYTOR, Q.C.:
 19 Q. Because you're still asking on September 1,
 20 you're asking when is Eastern Health going to
 21 notify patients.
 22 MS. HENNESSEY:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. And you're asking them to--the briefing that

Page 345

1 they're going to come to with the Minister to
 2 include that as part of the briefing.
 3 MS. HENNESSEY:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. So you weren't clear at that point in time?
 7 MS. HENNESSEY:
 8 A. No, I have to be honest with you that I don't
 9 think that we were clear, as a department,
 10 what the patient notification process--when I
 11 look back now, I think it was a key piece that
 12 we didn't address fully with Eastern Health in
 13 the early stages of this.
 14 CHAYTOR, Q.C.:
 15 Q. Yes, so on August 15th the Minister heard from
 16 Dr. Laing.
 17 MS. HENNESSEY:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. And he was prepared, according to Dr.
 21 Williams' note, to accept best advice at that
 22 point in time.
 23 MS. HENNESSEY:
 24 A. Right.
 25 CHAYTOR, Q.C.:

Page 346

1 Q. And according to your own recollection, he
 2 appeared to -
 3 MS. HENNESSEY:
 4 A. Accept that.
 5 CHAYTOR, Q.C.:
 6 Q. Be accepting of that point of view, but he was
 7 going to meet then again in two weeks and in
 8 two weeks you follow up with an e-mail.
 9 MS. HENNESSEY:
 10 A. Yes, I did. It was actually the 14th of
 11 September when I met with the Deputy Minister.
 12 CHAYTOR, Q.C.:
 13 Q. So you followed up, though, two weeks after
 14 the meeting.
 15 MS. HENNESSEY:
 16 A. Yes, I did, with Mr. Tilley to ask when he
 17 would be in a position to provide a further
 18 update to the Minister.
 19 CHAYTOR, Q.C.:
 20 Q. And you indicated that you have updated John
 21 A.
 22 MS. HENNESSEY:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. So, how did you do that? How did you update

Page 347

1 on September 5th now?
 2 MS. HENNESSEY:
 3 A. In this particular situation I did send an e-
 4 mail to the Deputy Minister advising him of
 5 this and he did respond and agree that the
 6 briefing should occur after September 10th.
 7 CHAYTOR, Q.C.:
 8 Q. So, you forwarded this on to Mr. Abbott.
 9 MS. HENNESSEY:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. Okay. So then you indicate to Mr. Tilley then
 13 on September 6, "thanks, I'll be in touch
 14 early next week regarding the timing of a
 15 briefing. Moira". And what do you next then
 16 remember about this issue?
 17 MS. HENNESSEY:
 18 A. That's when I had the meeting with Mr. Abbott
 19 on the 14th of September on a number of issues
 20 and we discussed this. I can remember clearly
 21 being in his office having a discussion on a
 22 number of files and asking a question with
 23 respect to setting up the next briefing with
 24 the minister. And Mr. Abbott advised me that
 25 he would contact Mr. Tilley about that.

Page 348

1 CHAYTOR, Q.C.:
 2 Q. That he would do that.
 3 MS. HENNESSEY:
 4 A. Yeah.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. And in terms of letting the minister
 7 know, the minister would have been expecting a
 8 briefing around September 1st.
 9 MS. HENNESSEY:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. So, did anyone contact the minister in that
 13 time period?
 14 MS. HENNESSEY:
 15 A. I wouldn't have been in contact with the
 16 minister directly because the deputy minister
 17 was back at that time. So, my communication
 18 would have been to the deputy minister.
 19 CHAYTOR, Q.C.:
 20 Q. Okay. And on September 14 then you follow up
 21 by speaking to Mr. Abbott.
 22 MS. HENNESSEY:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. I take it you didn't--you had indicated on

Page 349

1 September 6 to Mr. Tilley that you'd be back
 2 on touch early next week. I take ti you
 3 didn't do that. You left that then to Mr.
 4 Abbott to do.
 5 MS. HENNESSEY:
 6 A. I left it to Mr. Abbott then.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And so what's your next involvement or
 9 what do you hear next about this issue?
 10 MS. HENNESSEY:
 11 A. My next recall of this issue is the--I can
 12 recall--I was in--I don't recall any further
 13 discussion in the department on the file in
 14 September. I know I was in Springdale on the
 15 29 and 30 of September when there was some
 16 communication with respect to a story in "The
 17 Independent".
 18 CHAYTOR, Q.C.:
 19 Q. And how do you recall that, that you were in
 20 Springdale on those dates?
 21 MS. HENNESSEY:
 22 A. Well, I think I got an e-mail on it. I
 23 happened to be in Springdale at the time at
 24 long term care meetings, but I seem to
 25 remember that there was some e-mail

Page 350

1 communication.
 2 CHAYTOR, Q.C.:
 3 Q. Okay.
 4 MS. HENNESSEY:
 5 A. And I can remember receiving the briefing note
 6 from Eastern Health sometime on that weekend.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And that was--you received that on your
 9 Blackberry, I take it?
 10 MS. HENNESSEY:
 11 A. Yes, I did.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. And if we could look then at P-1433,
 14 please? And again, if we scroll down the
 15 bottom here, we see that this is an e-mail
 16 communication from Carolyn Chaplin to Tansy?
 17 MS. HENNESSEY:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. "Eastern Health has contacted us to advise
 21 that an issue that has been ongoing through
 22 the summer concerning ER/PR testing in breast
 23 cancer patients is about to hit the media" and
 24 that's on September 30?
 25 MS. HENNESSEY:

Page 351

1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. And then Tansy says she was just in the
 4 process of writing the same e-mail. So, it's
 5 an e-mail exchange between Tansy and Carolyn,
 6 but then at the top, it's Tansy Mundon to
 7 Moira Hennessey, September 30, 2005 re: "heads
 8 up. I believe the revised note is being sent
 9 to you directly from Eastern, perhaps you
 10 could share it with me".
 11 MS. HENNESSEY:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. So, is the e-mail exchange that you received
 15 on that day?
 16 MS. HENNESSEY:
 17 A. It was the e-mail exchange that I received.
 18 CHAYTOR, Q.C.:
 19 Q. Okay.
 20 MS. HENNESSEY:
 21 A. I was travelling at that point on the 30th of
 22 September because I was in Springdale on my
 23 way back to St. John's, that was a Friday
 24 evening, if I recall correctly.
 25 CHAYTOR, Q.C.:

Page 352

1 Q. And who was in Springdale with you from the
 2 department? Were you in Springdale--you were
 3 in Springdale on work?
 4 MS. HENNESSEY:
 5 A. Yes, I was. I was at a long term care -
 6 CHAYTOR, Q.C.:
 7 Q. So, nobody else involved in this issue, the
 8 minister wasn't with you?
 9 MS. HENNESSEY:
 10 A. No, it wasn't--it was a meeting with some of
 11 the regional health authorities about long
 12 term care, assessment instrument that we were
 13 introducing in some of the nursing homes in
 14 the province.
 15 CHAYTOR, Q.C.:
 16 Q. Okay. And you were with other people from
 17 other authorities?
 18 MS. HENNESSEY:
 19 A. Yes, I was.
 20 CHAYTOR, Q.C.:
 21 Q. From the other three authorities?
 22 MS. HENNESSEY:
 23 A. Yeah.
 24 CHAYTOR, Q.C.:
 25 Q. And did you discuss this with them when you

Page 353

1 received this e-mail, did you discuss that?

2 MS. HENNESSEY:

3 A. No. This e-mail would have come--it wouldn't

4 have been something that I would have

5 discussed because the people who were at the

6 meeting in Springdale would have been people

7 from the long-term care sector, so it

8 certainly wouldn't have been something that I

9 would have discussed -

10 CHAYTOR, Q.C.:

11 Q. With them?

12 MS. HENNESSEY:

13 A. - at that meeting in Springdale. And this e-

14 mail exchange would have occurred around the

15 time that I was travelling back to St. John's.

16 CHAYTOR, Q.C.:

17 Q. Okay. And after receiving the e-mail from

18 Tansy did you contact her?

19 MS. HENNESSEY:

20 A. I don't remember contacting Tansy. I do

21 remember getting a--while she references that

22 Eastern was going to send me the note

23 directly, I think the note was actually sent

24 to me from Tansy.

25 CHAYTOR, Q.C.:

Page 354

1 Q. Okay.

2 MS. HENNESSEY:

3 A. Sometime on the weekend.

4 CHAYTOR, Q.C.:

5 Q. Now this exchange, Carolyn Chaplin is now

6 moved to, at this point in time, to director

7 of communications at the executive council.

8 MS. HENNESSEY:

9 A. Yes.

10 CHAYTOR, Q.C.:

11 Q. After Carolyn left the Department of Health,

12 did you ever have occasion to speak to her

13 about the ER/PR issue?

14 MS. HENNESSEY:

15 A. No, I don't recall ever having a discussion

16 with Carolyn after she left the department.

17 CHAYTOR, Q.C.:

18 Q. And do you know if anyone else kept in touch

19 with her from the department regarding the

20 issue?

21 MS. HENNESSEY:

22 A. Not that I'm aware of.

23 CHAYTOR, Q.C.:

24 Q. Okay. And did you find it peculiar that

25 Carolyn Chaplin had been contacted on the

Page 355

1 issue?

2 MS. HENNESSEY:

3 A. Yeah, I found it a little bit unusual because

4 she was no longer the director of

5 communications for the department.

6 CHAYTOR, Q.C.:

7 Q. Yes, and did you make any inquiries about

8 that?

9 MS. HENNESSEY:

10 A. No, I didn't.

11 CHAYTOR, Q.C.:

12 Q. Okay. You didn't ask anyone why Carolyn was

13 in the loop on this?

14 MS. HENNESSEY:

15 A. I don't recall making any inquiries on it.

16 CHAYTOR, Q.C.:

17 Q. Okay. And did you contact then anyone else

18 after receiving notification that this matter

19 is going to become a public issue, did you

20 contact anyone else to give them, it's called

21 a heads up, did you contact anyone else to

22 give them a heads up?

23 MS. HENNESSEY:

24 A. On the weekend I wasn't in contact with

25 anyone. I remember that Monday morning, I

Page 356

1 think that was the 3rd of October, that, if my

2 memory serves me correctly, that the deputy

3 minister asked Eastern Health to come in for a

4 briefing.

5 CHAYTOR, Q.C.:

6 Q. Okay. And when you received this, did you

7 have any concern that the deputy minister and

8 the minister be advised that this was becoming

9 a public issue?

10 MS. HENNESSEY:

11 A. I'm not sure whether the deputy minister got

12 the note from Eastern Health. I seem to

13 recall I got the note from Tansy on the

14 Blackberry, but I don't know whether Eastern

15 Health had sent the note directly to the

16 deputy minister, as well.

17 CHAYTOR, Q.C.:

18 Q. Okay. If we could look at P-0141, please?

19 And this is from Denise Dunn, Friday,

20 September 30th, 2005, and it's sent to George

21 Tilley, Heather Predham, Moira Hennessey -

22 MS. HENNESSEY:

23 A. Okay, yeah.

24 CHAYTOR, Q.C.:

25 Q. - by e-mail and Susan Bonnell. Briefing note,

Page 357

1 ER/PR issue.
 2 MS. HENNESSEY:
 3 A. Right.
 4 CHAYTOR, Q.C.:
 5 Q. And the attachment is a briefing note,
 6 September 30th. And, of course, Denise Dunn,
 7 we understand, is executive assistant to Dr.
 8 Williams.
 9 MS. HENNESSEY:
 10 A. Dr. Williams, right.
 11 CHAYTOR, Q.C.:
 12 Q. And the briefing note is attached.
 13 MS. HENNESSEY:
 14 A. Yeah.
 15 CHAYTOR, Q.C.:
 16 Q. So it appears that you are the person in the
 17 department that the briefing note came
 18 directly to?
 19 MS. HENNESSEY:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. And I'm just wondering if then did you
 23 -
 24 MS. HENNESSEY:
 25 A. I didn't have any discussion on that weekend

Page 358

1 with respect to -
 2 CHAYTOR, Q.C.:
 3 Q. No discussion about that, okay.
 4 MS. HENNESSEY:
 5 A. I do recall, you know, we had a discussion on
 6 Monday morning about it.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. Do you--if we could have, please, then,
 9 P-0163? Okay. Sorry, just bear with me a
 10 moment, Ms. Hennessey, I'm trying to find the
 11 right page reference in this document.
 12 MS. HENNESSEY:
 13 A. Okay.
 14 CHAYTOR, Q.C.:
 15 Q. Okay, this is it at page 9.
 16 MS. HENNESSEY:
 17 A. Okay.
 18 CHAYTOR, Q.C.:
 19 Q. And this is a continuation of that same e-mail
 20 exchange between Carolyn and Tansy. But Tansy
 21 too did find it, I guess, a little passing
 22 strange that Carolyn was still in the picture,
 23 because she writes back and says, "Eastern has
 24 prepared a note and it's being revised. I'm a
 25 little puzzled about why Susan called you when

Page 359

1 she already spoke to me." Carolyn writes
 2 back, "George Tilley uses me as a sounding
 3 board from time to time. I believe it was
 4 before Susan called you because I asked
 5 whether health had been advised and was told
 6 that they had been trying to reach Moira."
 7 MS. HENNESSEY:
 8 A. Yeah.
 9 CHAYTOR, Q.C.:
 10 Q. Okay. Were you aware of that, that they were
 11 trying to reach you?
 12 MS. HENNESSEY:
 13 A. I certainly wasn't on the 30th of September
 14 because I was in Springdale.
 15 CHAYTOR, Q.C.:
 16 Q. Yes. And then Tansy's reply is "Maybe. I had
 17 been talking to Susan earlier but we were
 18 playing telephone tag before we touched base
 19 on the NTV piece (earlier was just the
 20 Independent and before the call back to Claire
 21 Gosse)." Ms. Hennessey, are you aware of
 22 whether the department knew that--knew about
 23 the issue, knew that there had been contacts
 24 from the media before Susan Bonnell spoke to
 25 Claire Marie Gosse, the reporter at the

Page 360

1 Independent?
 2 MS. HENNESSEY:
 3 A. I'm not aware. I mean, I was in Springdale at
 4 the time for those two dates. I don't recall
 5 anything before that.
 6 CHAYTOR, Q.C.:
 7 Q. Okay. And did Tansy Mundon ever discuss that
 8 with you, that she was speaking with Susan
 9 before Susan called back to Claire Marie
 10 Gosse, who we understand is the reporter from
 11 the Independent?
 12 MS. HENNESSEY:
 13 A. No, I don't recall Tansy stating to me.
 14 CHAYTOR, Q.C.:
 15 Q. Do you know if whether or not the department
 16 had any input into the decision as to whether
 17 or not to speak to the reporters regarding
 18 this issue?
 19 MS. HENNESSEY:
 20 A. Sorry, I missed the question?
 21 CHAYTOR, Q.C.:
 22 Q. Do you know whether or not anyone at the
 23 department had input into the decision by
 24 Eastern Health to speak to the reporters
 25 regarding this issue?

Page 361

1 MS. HENNESSEY:
 2 A. I don't know for sure. I would be inclined to
 3 think that if I wasn't there, that Tansy would
 4 have spoken to the deputy minister.
 5 CHAYTOR, Q.C.:
 6 Q. Okay.
 7 MS. HENNESSEY:
 8 A. About this, but I don't know, I don't really
 9 know.
 10 CHAYTOR, Q.C.:
 11 Q. Okay. And you weren't in the office that day,
 12 so nobody consulted you on it?
 13 MS. HENNESSEY:
 14 A. No, I was in Springdale.
 15 CHAYTOR, Q.C.:
 16 Q. Okay. You do recall, then, that there was a
 17 meeting on the issue then Monday morning?
 18 MS. HENNESSEY:
 19 A. Yes, I do.
 20 CHAYTOR, Q.C.:
 21 Q. So I take it the story came out in the
 22 Independent that weekend?
 23 MS. HENNESSEY:
 24 A. Yes, it did.
 25 CHAYTOR, Q.C.:

Page 362

1 Q. Okay. And when did you first see the story?
 2 MS. HENNESSEY:
 3 A. I saw the story on Monday morning. I seem to
 4 recall someone giving me a copy of it. I
 5 don't--I don't buy the Independent,
 6 occasionally I might, but I can remember
 7 seeing it in my office.
 8 CHAYTOR, Q.C.:
 9 Q. And who did you meet with in the department
 10 that Monday morning?
 11 MS. HENNESSEY:
 12 A. I seem to recall that the deputy minister
 13 called Eastern Health to come in for a
 14 meeting.
 15 CHAYTOR, Q.C.:
 16 Q. Deputy minister asked Eastern Health to come
 17 in?
 18 MS. HENNESSEY:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. Okay. And who came in?
 22 MS. HENNESSEY:
 23 A. I think Dr. Williams and Mr. Tilley.
 24 CHAYTOR, Q.C.:
 25 Q. Just the two of them?

Page 363

1 MS. HENNESSEY:
 2 A. I don't remember, Ms. Chaytor, but I certainly
 3 seem to recall Dr. Williams and Mr. Tilley
 4 because I do recall central government calling
 5 early that morning looking for a briefing
 6 note.
 7 CHAYTOR, Q.C.:
 8 Q. Okay.
 9 MS. HENNESSEY:
 10 A. I don't recall exactly who called, but
 11 somebody from cabinet secretariat called
 12 wanting a briefing note ASAP on the subject.
 13 CHAYTOR, Q.C.:
 14 Q. And did you attend the meeting with Dr.
 15 Williams and Mr. Tilley that morning?
 16 MS. HENNESSEY:
 17 A. Yes, I did.
 18 CHAYTOR, Q.C.:
 19 Q. Okay. And who else?
 20 MS. HENNESSEY:
 21 A. Mr. Abbott was there.
 22 CHAYTOR, Q.C.:
 23 Q. Was the minister there?
 24 MS. HENNESSEY:
 25 A. I don't believe the minister was there.

Page 364

1 CHAYTOR, Q.C.:
 2 Q. Anybody else?
 3 MS. HENNESSEY:
 4 A. I'm not sure whether the communications people
 5 were there at that time.
 6 CHAYTOR, Q.C.:
 7 Q. Okay. And what was discussed in that meeting?
 8 MS. HENNESSEY:
 9 A. Do you mind if I refer to my notes? Because I
 10 do have a set of notes -
 11 CHAYTOR, Q.C.:
 12 Q. Sure.
 13 MS. HENNESSEY:
 14 A. - from that October 3rd meeting.
 15 THE COMMISSIONER:
 16 Q. (Inaudible) Ms. Chaytor?
 17 CHAYTOR, Q.C.:
 18 Q. We do. Those would be at, I think it's P-
 19 1436.
 20 THE COMMISSIONER:
 21 Q. Once you've completed this line of
 22 questioning, we'll break for the day.
 23 CHAYTOR, Q.C.:
 24 Q. Okay, thank you. Now Ms. Hennessey, this is
 25 a set of handwritten notes October 3rd 2005.

Page 365

1 MS. HENNESSEY:
 2 A. Right.
 3 CHAYTOR, Q.C.:
 4 Q. And do I understand you to say that these are
 5 notes taken from a meeting on that day?
 6 MS. HENNESSEY:
 7 A. I seem to recall, I know when I met with you
 8 earlier this year, I think I told you it was
 9 in a phone call with Dr. Williams.
 10 CHAYTOR, Q.C.:
 11 Q. Yes.
 12 MS. HENNESSEY:
 13 A. But afterwards, I seem to remember that
 14 Eastern Health was in for a meeting with us
 15 that day, because it was a very small time
 16 period that I had to create a briefing note,
 17 from the time the meeting was over until
 18 central government was looking for the note.
 19 CHAYTOR, Q.C.:
 20 Q. Okay. So your best recollection on it is that
 21 this, in fact, was a face-to-face meeting with
 22 Dr. Williams and Mr. Tilley?
 23 MS. HENNESSEY:
 24 A. Yes. Some things I do have a clearer memory
 25 of now, since we first met.

Page 366

1 CHAYTOR, Q.C.:
 2 Q. That's fine. Anywhere along the line, if you
 3 want to point that out to me, that's fine.
 4 MS. HENNESSEY:
 5 A. Okay.
 6 CHAYTOR, Q.C.:
 7 Q. And so these are your notes then you took in
 8 that meeting?
 9 MS. HENNESSEY:
 10 A. Yes, they are.
 11 CHAYTOR, Q.C.:
 12 Q. Okay, and just before we go into that, what
 13 was the reaction in the Department on that
 14 Monday morning, in terms of this issue now
 15 being out in the media? You said there was a
 16 contact from central government and they
 17 wanted a briefing note ASAP.
 18 MS. HENNESSEY:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. So what was the sense in the Department, in
 22 terms of had this issue broken and was there a
 23 sense that you weren't prepared to deal with
 24 it? Was there any scrambling, that kind of -
 25 MS. HENNESSEY:

Page 367

1 A. That morning, I seem to recall that we
 2 scrambled a bit.
 3 CHAYTOR, Q.C.:
 4 Q. Yes, okay. So tell us about that. What was
 5 happening in the Department?
 6 MS. HENNESSEY:
 7 A. Well, at the time that this broke, and it
 8 probably goes back to your point about having
 9 a briefing note prepared that we didn't have a
 10 briefing note prepared. We prepared--we met
 11 with Eastern Health that morning and these are
 12 a summary of my notes from that meeting, and
 13 then we subsequently prepared a briefing note
 14 for central government.
 15 CHAYTOR, Q.C.:
 16 Q. And do you recall, did you speak to the
 17 Minister that morning?
 18 MS. HENNESSEY:
 19 A. I didn't speak to the Minister that morning.
 20 CHAYTOR, Q.C.:
 21 Q. Okay. Was there any concern in the Department
 22 expressed by anyone within the Department or
 23 by Mr. Tilley and Dr. Williams that this issue
 24 had now broken publicly and the patients had
 25 yet to be contacted?

Page 368

1 MS. HENNESSEY:
 2 A. I don't recall a specific discussion around
 3 that point. It may have been, but I don't
 4 recall.
 5 CHAYTOR, Q.C.:
 6 Q. So you don't recall that being discussed as an
 7 issue of concern?
 8 MS. HENNESSEY:
 9 A. No. I think at that point in time, Dr.
 10 Williams was going--had done or was doing a
 11 couple of media interviews that day, so the
 12 communication at that point in time would have
 13 been--the public communication would have been
 14 through interviews and the patients would not
 15 have been contacted.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. So you would have had--then you had to
 18 get a briefing note together fairly quickly
 19 that day?
 20 MS. HENNESSEY:
 21 A. Yes, I did.
 22 CHAYTOR, Q.C.:
 23 Q. And you would have had the briefing note that
 24 was sent to you September 30th from Eastern
 25 Health?

Page 369

1 MS. HENNESSEY:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. And then you have your notes from your
 5 meeting?
 6 MS. HENNESSEY:
 7 A. Yes, that's correct.
 8 CHAYTOR, Q.C.:
 9 Q. We'll just look then through those notes. At
 10 the top of your page, you've written "items
 11 for John Abbott" and I take it there were a
 12 number, up to nine, and number three was ER/PR
 13 issue.
 14 MS. HENNESSEY:
 15 A. Yeah.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. So is that something separate then and
 18 the ER/PR issues, is this where the meeting
 19 begins?
 20 MS. HENNESSEY:
 21 A. That's where the meeting begins. I don't
 22 know, this must have been just a list of a
 23 number of items that I wanted to discuss with
 24 the Deputy.
 25 CHAYTOR, Q.C.:

Page 370

1 Q. All right, and the first bullet is about Mount
 2 Sinai being accredited?
 3 MS. HENNESSEY:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. And about--then it goes on to say "about 25
 7 percent negatives"
 8 MS. HENNESSEY:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. What did you understand that to mean?
 12 MS. HENNESSEY:
 13 A. I think I understood that to mean that there
 14 was--of the total number of tests done
 15 annually, it would be in that range, they
 16 would expect to be negative.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, so 75 percent positivity rate
 19 MS. HENNESSEY:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. Okay, and then 142 of 327 slides have been
 23 read.
 24 MS. HENNESSEY:
 25 A. Yes.

Page 371

1 CHAYTOR, Q.C.:
 2 Q. 35 conversions?
 3 MS. HENNESSEY:
 4 A. Right.
 5 CHAYTOR, Q.C.:
 6 Q. Did you understand that this was results from
 7 Mount Sinai?
 8 MS. HENNESSEY:
 9 A. Yes, I would understand that to be the case.
 10 CHAYTOR, Q.C.:
 11 Q. So that they had 142 back?
 12 MS. HENNESSEY:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. Out of 327?
 16 MS. HENNESSEY:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. And out of those 142, 35 had converted?
 20 MS. HENNESSEY:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. Okay, and then represents about ten percent of
 24 patients with potential for error, is that
 25 what that says?

Page 372

1 MS. HENNESSEY:
 2 A. Yes, that's what that says.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, and who would be telling you this?
 5 MS. HENNESSEY:
 6 A. This information, I seem to recall Dr.
 7 Williams was speaking at that time.
 8 CHAYTOR, Q.C.:
 9 Q. Okay. "Contact all surgeons/doctors who have
 10 converted."
 11 MS. HENNESSEY:
 12 A. I think it should say whose patients have. I
 13 think there's a word missing there.
 14 CHAYTOR, Q.C.:
 15 Q. Okay. So the plan was that they were going to
 16 contact the surgeons and the doctors of the
 17 patients who had converted?
 18 MS. HENNESSEY:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. "Quality initiatives group maintaining
 22 database"
 23 MS. HENNESSEY:
 24 A. Yes, had set up a database.
 25 CHAYTOR, Q.C.:

Page 373

1 Q. Okay, and what did you understand the
 2 database, what was going to be contained in
 3 the database?
 4 MS. HENNESSEY:
 5 A. I don't think it's something that we would
 6 have questioned about the details. I would
 7 assume that it was a database on the test
 8 results that were coming back and, you know,
 9 how they compare with the original test
 10 results at that point in time, and it may have
 11 been a database with respect to notifying the
 12 physicians or the patients, but I don't recall
 13 whether we got into the specifics around the
 14 database.
 15 CHAYTOR, Q.C.:
 16 Q. Okay, and "not only place in Canada with
 17 problems"
 18 MS. HENNESSEY:
 19 A. Right.
 20 CHAYTOR, Q.C.:
 21 Q. Will--what does this -
 22 MS. HENNESSEY:
 23 A. "Raise issue across Canada"
 24 CHAYTOR, Q.C.:
 25 Q. Okay, and who was telling you that?

Page 374

1 MS. HENNESSEY:
 2 A. I think it was still Dr. Williams speaking at
 3 that time.
 4 CHAYTOR, Q.C.:
 5 Q. "Retest patients who are still alive."
 6 MS. HENNESSEY:
 7 A. Yes, that was the focus at that point in time
 8 was on the patients who could potentially
 9 benefit if a treatment change was recommended.
 10 CHAYTOR, Q.C.:
 11 Q. And did you understand that there would be--
 12 that the deceased would also be retested?
 13 MS. HENNESSEY:
 14 A. I understood, I think, that the deceased would
 15 be retested, but that the priority was on the
 16 patients who could benefit potentially from a
 17 change in treatment.
 18 CHAYTOR, Q.C.:
 19 Q. So the deceased would be done at a later date?
 20 MS. HENNESSEY:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. But everybody would be retested?
 24 MS. HENNESSEY:
 25 A. Yeah, that was--I seem to recall that was my

Page 375

1 understanding then.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. "There may be some litigation issues
 4 related to dead patients."
 5 MS. HENNESSEY:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. Okay, and what did you understand that to be
 9 about?
 10 MS. HENNESSEY:
 11 A. I think that I may have just accepted that as
 12 a statement being made by Eastern Health at
 13 that time. I don't think it was any
 14 discussion specifically around that point.
 15 CHAYTOR, Q.C.:
 16 Q. "Dr. Williams/NCTRF physician," so I take it
 17 that's the cancer treatment -
 18 MS. HENNESSEY:
 19 A. Yes, it is.
 20 CHAYTOR, Q.C.:
 21 Q. - physician, "will go on NTV tonight."
 22 MS. HENNESSEY:
 23 A. Right.
 24 CHAYTOR, Q.C.:
 25 Q. So he's planning to do that. "Letter going to

Page 376

1 surgeons and MDs"
 2 MS. HENNESSEY:
 3 A. Yeah, I think what that should--my
 4 interpretation of that is that there was
 5 letters going to the surgeons or the attending
 6 physicians and that they would notify the
 7 patients.
 8 CHAYTOR, Q.C.:
 9 Q. For retesting where necessary. So your
 10 understanding was that the other patients who
 11 are now being--there would be notification to
 12 patients that they are being retested and that
 13 that notification would go through their
 14 physicians?
 15 MS. HENNESSEY:
 16 A. At that point in time, that would have been my
 17 understanding, based on my notes.
 18 CHAYTOR, Q.C.:
 19 Q. Yes. "Patients can call a consumer line.
 20 Eastern Health should do PR today, prepare
 21 frequently asked Q and A's."
 22 MS. HENNESSEY:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. What does that mean? Who's preparing

Page 377

1 frequently asked Q and A's and for whose
 2 benefit?
 3 MS. HENNESSEY:
 4 A. That Eastern Health would do a press release
 5 that day and that they would be preparing the
 6 Q and A's to respond to--once the press
 7 release was issued to respond to any media
 8 inquiries or patient inquiries.
 9 CHAYTOR, Q.C.:
 10 Q. Okay. So the meeting ends and then what
 11 happens in terms of who -
 12 MS. HENNESSEY:
 13 A. Well, at that point in time, our understanding
 14 was that there would be press release issued
 15 that day by Eastern Health.
 16 CHAYTOR, Q.C.:
 17 Q. You thought there'd be a press release?
 18 MS. HENNESSEY:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. Okay, and did that happen?
 22 MS. HENNESSEY:
 23 A. No, it did not.
 24 CHAYTOR, Q.C.:
 25 Q. Okay, and who told you there was going to be a

Page 378

1 press release?
 2 MS. HENNESSEY:
 3 A. I think based on the discussion in that
 4 meeting.
 5 CHAYTOR, Q.C.:
 6 Q. That's what the PR means down here?
 7 MS. HENNESSEY:
 8 A. That's what the PR stands for.
 9 CHAYTOR, Q.C.:
 10 Q. PR means press release.
 11 MS. HENNESSEY:
 12 A. Sometimes I'd write NR and sometimes I'd write
 13 PR, but yes, it means press release. So there
 14 would have been a discussion in the meeting
 15 about a press release that day.
 16 CHAYTOR, Q.C.:
 17 Q. and the information from this meeting, how did
 18 that, if it did, get relayed to the Minister?
 19 MS. HENNESSEY:
 20 A. Because the Deputy Minister was in that
 21 meeting, I would assume that any communication
 22 with the Minister would have been through him.
 23 I mean, our normal protocol is that I will
 24 communicate with the Minister when the Deputy
 25 Minister is not available, but if the Deputy

Page 379

1 Minister is in meetings, you know, that it's
 2 his responsibility to communicate, provide
 3 updates to the Minister.
 4 CHAYTOR, Q.C.:
 5 Q. Okay, and the press release didn't get issued?
 6 MS. HENNESSEY:
 7 A. No.
 8 CHAYTOR, Q.C.:
 9 Q. And do you recall any follow up on that, any
 10 discussion with Eastern Health as to why that
 11 didn't happen?
 12 MS. HENNESSEY:
 13 A. I didn't personally do any follow up with
 14 Eastern Health at the time.
 15 CHAYTOR, Q.C.:
 16 Q. But do you know if anybody did?
 17 MS. HENNESSEY:
 18 A. I don't know whether the Deputy did or not.
 19 CHAYTOR, Q.C.:
 20 Q. So was there ever any discussion in the
 21 Department on that issue afterwards?
 22 MS. HENNESSEY:
 23 A. There was no discussion. I didn't initiate a
 24 discussion and there was no discussion with
 25 me, as far as I can recall.

Page 380

1 CHAYTOR, Q.C.:
 2 Q. Okay. Thank you, Commissioner.
 3 THE COMMISSIONER:
 4 Q. All right then. 9:30 in the morning. Thank
 5 you.
 6 UPON ADJOURNMENT AT 5:08 p.m.

CERTIFICATE

I, Judy Moss, hereby certify that the foregoing is a true and correct transcript in the matter of the Commission of Inquiry on Hormone Receptor Testing, heard on the 26th day of March, A.D., 2008 before the Honourable Justice Margaret A. Cameron, Commissioner, at the Commission of Inquiry, St. John's, Newfoundland and Labrador and was transcribed by me to the best of my ability by means of a sound apparatus.
Dated at St. John's, Newfoundland and Labrador this 26th day of March, A.D., 2008
Judy Moss

Inquiry on Hormone Receptor Testing

| | | | | |
|------------|---|---|--|--|
| -?- | <p>1430 [2] 257:11 322:7 1431 [1] 295:3 1432 [1] 306:16 1436 [1] 364:19 1459 [1] 177:13 1464 [1] 177:13 1466 [1] 177:14 1467 [1] 177:14 1469 [1] 177:14 1477 [1] 177:15 14th [10] 37:16 46:6,14 333:4,5 335:6 336:9,16 346:10 347:19 15 [5] 239:1,2 255:15 258:7,22 1500 [3] 229:24 231:18 233:7 1561 [1] 177:13 15th [18] 99:23 216:9 252:19 272:9 273:20 291:1,18 296:16 297:5 298:12,22 301:23 306:5 314:22 322:22 332:11 340:1 345:15 16 [1] 55:19 168 [2] 2:5,6 175 [1] 2:6 176 [2] 2:8 65:12 177 [4] 3:4,5,6,7 178 [1] 3:8 18 [3] 3:1 250:5 260:16 18th [4] 50:21 52:15 221:19 223:1 19 [2] 55:19 315:6 1970s [1] 179:15 1975 [1] 180:7 1984 [1] 180:24 1997 [10] 37:22,25 38:3 38:24 39:1,12 102:10,15 229:22 230:17 1998 [5] 88:8,9,11 90:22 90:25 19th [4] 225:18 228:11 229:9 243:25 1st [4] 99:15 332:19 333:24 348:8</p> | <p>190:16 211:3,9 2004 [2] 229:23 230:18 2005 [54] 8:2 40:17 47:23 102:11,17 104:8 106:9 106:20 135:12 142:17 158:24 191:25 210:22 211:24 221:19 223:2 229:9 230:10 235:14,18 235:22 236:5,7,14 238:23 239:1,1 241:1 250:5,11 251:1 252:2 254:5 258:13 263:9 268:22 271:23 285:4,7,11 287:19 289:23 290:18 295:9 300:7 306:5 311:7 320:14,25 333:24 336:16 351:7 356:20 364:25 2006 [14] 40:17 106:21 106:23 108:8 113:25 142:10 152:6 159:7 161:22 162:3 163:7 165:25 170:19 245:18 2007 [26] 4:14 5:4 8:7 11:5 14:23 15:7,9,16 18:5 21:5 24:23 30:15 37:16 41:11,19 46:6,14 46:17 47:2 52:15 90:23 99:15 158:15 238:24 239:2 258:22 2008 [9] 1:4 3:1 57:3 62:12 69:1 82:10 93:5 381:6,12 20th [9] 24:23 30:15 113:25 159:7 241:21 242:9 247:8,15 340:2 21 [5] 236:14 237:5,25 238:7 240:9 21st [1] 247:6 23rd [2] 57:23,25 25 [1] 370:6 250 [1] 74:23 25th [3] 62:12 253:15 282:25 26 [2] 1:4 152:6 26th [3] 253:15 381:5,12 28 [1] 165:7 29 [1] 349:15 29th [6] 4:14 8:7 11:5 14:23 15:15 18:5</p> | <p>364:14,25 -4- 4 [4] 2:3 108:17 220:19 317:21 400 [6] 310:2,20 316:13 316:15 329:9 339:13 42 [2] 46:3,25 460 [1] 87:10 47 [1] 57:9 4th [1] 99:15 -5- 5 [8] 107:10 108:17 237:20,21 238:25 253:11 254:8 263:9 5,000 [1] 75:1 500 [6] 220:19 269:1 290:6 310:16 317:21 329:9 5:08 [1] 380:6 5th [32] 215:20 216:1,7,8 217:1,4 218:12 219:14 225:2 241:6 254:5 272:14 272:21 273:10,14 275:20 281:8 286:1,21,25 287:9 288:25 289:22 290:1 294:14 310:8 321:17,19 321:21,22 322:7 347:1 -6- 6 [3] 68:25 347:13 349:1 60 [1] 48:12 60/40 [2] 90:22 91:4 65 [1] 48:12 6th [1] 336:23 -7- 70 [1] 88:20 75 [3] 90:23 266:14 370:18 7th [1] 336:23 -8- 8 [1] 260:21 80 [5] 48:6,11,25 88:20 90:23 -9- 9 [1] 358:15 90 [3] 48:6,11,25 90s [1] 134:1 939 [2] 64:20 152:23 95 [1] 156:22 962 [4] 152:15,19,23 155:5 998 [2] 64:19 66:18 9:30 [1] 380:4 9:56 [1] 333:24 9th [1] 295:9</p> | -A- |
| -1- | <p>2 [5] 100:7,12 102:3,25 175:24 2,760 [1] 65:22 20 [7] 47:21 56:22,23 142:9 153:16 241:1 247:25 200 [1] 339:7 2000 [2] 47:21 102:15 2001 [3] 102:16 184:3 185:10 2001-2003 [1] 211:1 2002 [6] 285:6,6 301:4 309:16,18,23 2003 [5] 184:8 185:11</p> | <p>3 [5] 102:2 248:9 252:2 258:13 315:6 3.13 [1] 37:18 30 [7] 45:1 47:21,21 102:14 349:15 350:24 351:7 30th [10] 242:6 245:7,11 246:8,12 351:21 356:20 357:6 359:13 368:24 327 [2] 370:22 371:15 35 [3] 128:2 371:2,19 351 [1] 87:11 380 [1] 2:8 3rd [8] 226:10 236:3 245:7 246:18 328:1 356:1</p> | <p>6 [3] 68:25 347:13 349:1 60 [1] 48:12 60/40 [2] 90:22 91:4 65 [1] 48:12 6th [1] 336:23 -6- 6 [3] 68:25 347:13 349:1 60 [1] 48:12 60/40 [2] 90:22 91:4 65 [1] 48:12 6th [1] 336:23 -7- 70 [1] 88:20 75 [3] 90:23 266:14 370:18 7th [1] 336:23 -8- 8 [1] 260:21 80 [5] 48:6,11,25 88:20 90:23 -9- 9 [1] 358:15 90 [3] 48:6,11,25 90s [1] 134:1 939 [2] 64:20 152:23 95 [1] 156:22 962 [4] 152:15,19,23 155:5 998 [2] 64:19 66:18 9:30 [1] 380:4 9:56 [1] 333:24 9th [1] 295:9</p> | <p>A's [3] 376:21 377:1,6 A.D [2] 381:6,12 a.m [1] 333:24 Abbott [47] 199:16,22 212:20 213:5,14,20 214:22 216:16 217:8 219:1 220:21 224:19 226:22,24 230:10,12 232:9 244:1 245:12 246:21 247:8 252:22 253:8,23 259:9 282:25 288:7 294:19 295:9,20 295:25 298:17 335:6,11 335:16,17 336:1 337:12 337:14 347:8,18,24 348:21 349:4,6 363:21 369:11 ability [2] 162:7 381:9 able [25] 11:11 22:15 26:11,12,15 38:6 39:5,6 42:22 49:6,22 59:14 65:7 73:2 83:8 97:7 100:15 155:15 157:12 196:25 223:24 268:7 279:1 314:15 341:25 above [1] 66:17 absence [4] 114:2,15 115:3 135:9 absolutely [8] 63:15 79:5 136:18 159:1 160:10 160:16 175:10 239:17 academic [5] 110:15,24 132:9 178:19,24 accept [4] 314:10 325:5 345:21 346:4 acceptable [3] 148:23 159:3 277:19 accepted [5] 73:17,19 106:20 312:25 375:11 accepting [1] 346:6 accompanying [1] 128:14 accordance [1] 128:24 according [4] 231:16 290:5 345:20 346:1 accordingly [1] 120:20 account [2] 340:25 341:5 accountability [4] 125:20 149:14,21 151:10 accountable [2] 148:6 148:23 accounts [1] 340:22 accreditation [9] 51:24 51:25 127:24 128:6,17 132:19 145:15,16 146:15 accredited [3] 73:14 133:11 370:2 accreditors [1] 123:5 accuracy [4] 27:20 78:18 87:3 156:21 accurate [6] 72:9 73:3 164:13 165:23 166:20 172:6</p> |

| | | | | |
|--|--|---|--|--|
| <p>accurately [1] 35:25 achieve [2] 157:12,15 achieved [1] 34:22 achieving [1] 77:21 acquainted [1] 142:20 act [1] 142:6 action [8] 1:15 7:9 14:12 26:4 52:6 71:11 149:18 244:6 actions [4] 52:20,23 70:23 71:24 active [1] 35:7 actively [1] 52:12 activities [7] 6:2 15:17 15:24 16:15 72:2 130:3 133:1 actual [4] 56:12 97:1 100:13 245:22 acute [3] 182:9,25 304:6 ad [2] 98:18 99:2 ad-hoc [1] 59:24 add [2] 64:25 188:15 added [4] 50:1 125:9,12 192:25 addictions [2] 192:7 204:25 addition [4] 95:21 112:25 125:17 129:24 additional [14] 8:5 43:11 45:12 49:25 96:8 124:24 125:1 191:23,25 217:24 256:10 260:24 278:12 328:9 address [7] 115:2 129:5 151:8 222:18 340:14 341:8 345:12 addressed [2] 81:5 204:8 addresses [1] 340:13 ADJOURNMENT [1] 380:6 ADM [4] 190:20 199:10 217:9 335:20 administration [2] 178:9 180:23 administrative [3] 110:16 263:22 264:10 administrator [2] 181:3 181:5 admit [1] 63:4 ADMs [1] 338:6 adopted [1] 186:19 adopting [1] 150:7 adults [1] 192:24 advanced [3] 108:10 193:21,24 advancing [1] 147:11 advantage [1] 132:8 advantages [2] 78:14 78:15 adverse [8] 73:6,10 80:25 81:1 140:3 150:23 151:20,24 advice [7] 154:10 230:3</p> | <p>289:11 295:19 305:12 325:6 345:21 advisable [2] 303:21,25 advise [5] 78:5,22 295:18 323:3 350:20 advised [15] 189:22,25 190:1,11 215:10 230:4 240:14,15 256:12 277:3 321:2 324:19 347:24 356:8 359:5 advising [2] 222:21 347:4 advisory [10] 136:1,6,12 136:15,20 137:1,16 138:1 138:6,12 advocacy [2] 142:1,6 advocate [3] 203:5,13 203:22 affairs [1] 200:14 affected [4] 93:19 220:8 220:23 230:2 affects [1] 229:21 affidavit [3] 25:15,17 26:11 affiliation [1] 133:9 affirmed [1] 176:8 afield [1] 127:22 afternoon [10] 168:9 176:5,6 177:11 238:12 238:16 243:24 244:6 281:4 284:19 afterwards [5] 83:15 287:14,15 365:13 379:21 again [77] 5:9,11 8:17,24 9:22 15:9 17:2 19:13,25 20:14,22 25:15 27:19 29:23 30:17 33:11 37:14 39:16 41:15 43:8,12 44:7 46:11 48:18,19 52:10 53:17 60:10 61:23 62:5 62:25 63:4 64:7 66:13 67:4 68:1,18 73:5 77:9 78:17 82:9 84:12 86:7 88:11 94:24 99:17 101:8 106:10 110:17 118:9 124:12 136:11,14,25 145:17 146:4 154:10 156:10 173:10 174:20 175:24 193:19 207:24 244:18 246:8 248:19 250:10,17 291:4 302:10 310:25 325:6,25 328:12 334:16 346:7 350:14 against [2] 79:10 149:18 age [4] 48:11,13,25 88:20 agencies [3] 192:8,12,17 agency [1] 181:9 agent [1] 108:25 ago [10] 28:8 43:13 98:7 168:15 225:11,25 226:13 226:17 234:12 267:3 agree [8] 79:3 94:14 143:8 151:13 173:12 222:12 324:20 347:5 agreement [2] 117:10 324:23</p> | <p>agreements [1] 55:15 ahead [2] 84:9 184:25 aim [1] 157:10 aimed [2] 112:4 171:10 al [1] 1:10 alarm [1] 319:16 alarms [1] 341:14 Alberta [1] 145:14 alerted [2] 49:24 230:7 algorithm [1] 81:13 alive [1] 374:5 allow [2] 116:12 126:6 allowing [1] 175:8 allows [2] 78:5 117:4 alluded [1] 53:16 almost [3] 81:4 148:5 267:3 alone [3] 9:13,18,18 along [10] 50:16 51:22 116:10 135:6 142:1 151:1 234:5 287:2 323:6 366:2 altogether [1] 37:9 always [9] 56:8 58:24 67:4 119:23 131:25 136:18 143:13 156:14 157:20 American [1] 127:8 among [2] 106:13 172:20 amongst [1] 119:1 amount [6] 56:11 129:22 194:15 196:7 197:10 317:8 analogy [1] 120:7 analysis [12] 84:17,21 85:12 86:15,19,23 87:2 91:8,10,17,22 172:1 analyst [1] 180:9 analyze [1] 134:9 announced [1] 93:23 announcement [1] 93:7 announcements [1] 126:13 annual [7] 129:25 130:2 130:13,23 150:11 192:16 201:6 annually [2] 118:22 370:15 answer [32] 22:19 23:3 25:17 26:22 27:1,4,5 31:19 44:19 49:4 58:23 60:7 61:9 67:23 81:14 86:1 95:18,20 97:8 117:25 120:8 134:3 147:17 153:3 157:16 164:1,5 165:12 305:23 312:7 329:22,24 answered [2] 25:14 167:15 answering [1] 25:7 answers [7] 26:1 27:15 27:20 28:3,24 77:23 165:14 antibody [13] 104:19 105:11,12,13,15,25 106:2</p> | <p>106:4,12 107:19 108:14 156:12,13 anticipate [2] 45:11 152:11 anticipated [1] 208:5 anticipation [2] 64:7 343:25 anybody's [1] 270:13 anyhow [1] 290:5 anyone's [1] 155:8 anyway [3] 138:23 142:7 144:12 apparatus [1] 381:10 apparent [1] 261:13 appear [3] 31:8,25 107:7 Appearances [1] 1:5 appeared [5] 30:9 31:14 36:19 256:7 346:2 appearing [1] 113:19 apples [2] 156:16,17 applied [1] 101:22 apply [2] 130:14 131:3 appointed [2] 183:22 184:9 appointment [1] 55:12 appointments [2] 133:7 133:8 appreciate [1] 175:22 approach [7] 149:23 171:12,25 172:3 173:25 174:22 337:14 approaches [2] 98:11 118:11 appropriate [7] 50:15 73:2 85:8 135:13 136:14 140:2 157:25 approval [1] 245:13 April [6] 184:3,8 190:16 211:3 229:23 230:17 area [36] 16:12,16 20:11 20:15 41:25 43:22 74:18 75:12 93:2 94:17 111:24 112:2,8 115:18 116:23 120:15 125:7 127:9 133:11 135:6 139:19 143:1 156:22 162:15 169:18 170:4 180:10 183:12 192:1,23 202:10 206:15,25 213:10 214:2 214:6 areas [29] 10:3 43:17 45:18 46:18 75:3 104:5 112:4 116:22,24 117:21 120:14 122:1 123:2,12 137:7 140:11 141:1,24 145:13 151:16 164:18 180:20 184:13 185:21 191:6 202:12 204:10 206:4,11 arguments [2] 92:10,13 arise [1] 72:11 arising [6] 14:13 46:5 73:8 167:23 175:16,18 arm [1] 200:19 arose [1] 316:21</p> | <p>arrange [3] 333:6 342:18 344:7 arranged [3] 61:10 73:14 244:7 arrangement [2] 15:25 134:19 arrangements [2] 100:5 134:15 arrival [1] 142:10 arrived [1] 148:12 arriving [1] 133:24 arrow [2] 47:16 70:23 article [4] 106:11 107:5 108:5,7 articulated [1] 274:21 articulating [2] 319:5,6 ASAP [2] 363:12 366:17 ascertain [3] 38:6 43:16 49:22 aside [3] 30:21 141:11 141:13 asks [2] 139:21,22 aspects [1] 170:12 Assembly [6] 206:5 207:12,24 209:12,20,25 assess [2] 203:19 276:25 assessed [1] 279:14 assessing [1] 201:12 assessment [5] 203:7 256:6 259:13,15 352:12 assign [1] 71:24 assigned [3] 192:18 193:16 219:23 assist [6] 33:14 34:20 112:9 160:4 166:24 208:4 assistance [6] 25:7 26:8 26:12 27:2 126:12 295:19 approval [7] 184:9 186:16 191:17 198:23 239:10 303:5 357:7 assisted [2] 162:17 165:24 assisting [2] 170:3 201:2 assists [1] 206:6 associate [1] 198:17 associated [1] 25:21 Association [4] 1:16 123:17 179:12,14 assume [5] 23:10 56:10 152:10 373:7 378:21 assumed [1] 56:21 assuming [4] 155:2 161:15 239:9 267:2 assumption [1] 340:7 assumptions [1] 91:20 assurance [18] 6:1 16:15 51:13,15 73:12 111:4,21 112:16,17 125:10 143:12 144:9,22 151:14 169:2 170:4 174:15 175:1 assure [2] 137:20 139:19 assuredly [1] 163:10 Atlantic [2] 146:9 238:13</p> |
|--|--|---|--|--|

| | | | | |
|--|--|---|---|---|
| <p>attached [2] 100:2 357:12</p> <p>attachment [3] 25:6 222:5 357:5</p> <p>attempt [5] 27:19 50:16 58:18 66:24 98:9</p> <p>attempted [2] 124:15 159:19</p> <p>attempting [1] 50:11</p> <p>attend [13] 36:5,7 53:6 54:4 139:20 236:19 238:20 239:23,25 240:8 240:11 253:3 363:14</p> <p>attendance [4] 82:17 83:4,9 315:12</p> <p>attended [8] 63:7 82:22 147:1 252:22 254:5,11 263:12 311:10</p> <p>attendeess [1] 36:2</p> <p>attending [10] 54:8,8,24 55:4 131:17 240:4 286:1 312:18 344:2 376:5</p> <p>attention [8] 13:23 41:3 42:2 140:23 190:8 194:17 211:19 340:11</p> <p>attracting [1] 134:22</p> <p>attributed [1] 323:14</p> <p>audiences [2] 32:13 35:2</p> <p>audit [1] 112:7</p> <p>auditing [1] 112:16</p> <p>August [74] 106:21 215:20 216:1,8,8,9 217:1 218:12 219:14 223:6 225:2 233:2 235:9,18 237:20,21 238:25 239:1 241:6,15 245:18 251:20 251:23 252:14,18,19,19 253:3,11 254:5,8 255:15 258:7 263:8 268:22,22 271:23 272:9,14,21 273:10,14,21 275:20 281:8 286:1,21,25 287:9 288:24 289:22 290:1 291:1,18 294:14 295:9 296:16 297:5 298:12,21 300:7 301:23 306:4 308:2 310:8 314:21 321:17,19 321:21,22 322:7,22 332:11 345:15</p> <p>author [1] 107:16</p> <p>authorities [38] 1:20 34:13 38:25 71:20 128:19 186:19 191:5 194:5,16 195:14,24 196:8 197:1 197:16 200:15,18 201:3 201:9,15,20 202:1,14 209:7 218:21 292:6,16 293:1,5,10,12,23 304:20 337:15,21 338:22 352:11 352:17,21</p> <p>authority [20] 1:12 17:4 32:10 34:16,17 73:25 125:21 127:4 188:9 195:16,20 201:22 202:8 202:23 203:6,11 244:8 244:19,22 330:9</p> <p>authors [1] 106:13</p> <p>automate [1] 122:16</p> | <p>automated [2] 122:23 123:2</p> <p>automatically [1] 145:7</p> <p>automation [3] 116:2 122:16 123:9</p> <p>available [11] 56:11 72:2 93:8 100:3 144:23 171:4 173:10 268:5 297:23 305:16 378:25</p> <p>avoid [1] 136:10</p> <p>awaiting [1] 339:25</p> <p>aware [65] 6:24 7:4,4 18:4 21:17 39:16 40:23 62:19 83:24 98:12 101:11 102:5 105:18 108:24 109:3 114:13 117:3 135:23 143:19 144:20 147:17 160:3 161:7 169:11 175:4 189:14 210:18,21 211:13 218:3 223:1 225:13,24 233:18 233:21,22 234:6,8,17,24 236:2,23 237:5,7,22 243:15 248:6,12,16 249:12 251:1,5 280:18 280:18 299:22 300:3,12 301:6,11,15 343:3 354:22 359:10,21 360:3</p> <p>awareness [1] 150:21</p> <p>away [7] 20:9 55:16 132:2 227:17 304:11 326:5 332:12</p> <hr/> <p style="text-align: center;">-B-</p> <hr/> <p>B.C [2] 276:16,21</p> <p>B.C. [1] 281:16</p> <p>bachelor [1] 179:21</p> <p>background [18] 26:10 170:11 178:4,4,8 183:12 185:3,4 212:8,9 262:2 305:24 315:16,23 316:1 316:7,8 317:11</p> <p>bad [4] 80:12 317:4,16 318:10</p> <p>Baker [7] 42:11,23 44:3 45:1 47:2 49:18,25</p> <p>balance [2] 79:9,10</p> <p>Banerjee [3] 106:9 108:6 158:13</p> <p>Banerjee's [3] 104:7 105:10 106:25</p> <p>bar [1] 106:18</p> <p>base [3] 121:5 129:17 359:18</p> <p>based [12] 31:8 91:10 117:17 119:17 121:23 157:3 263:13 265:13 270:6 274:13 376:17 378:3</p> <p>bases [1] 131:16</p> <p>basis [20] 16:3 61:25 86:3 90:2 99:2 121:12 128:4 135:3 140:24 194:22 196:4 227:12,15 268:18 268:20 279:22 282:1 290:12 305:19 340:5</p> | <p>basket [2] 242:17,21</p> <p>bear [2] 104:17 358:9</p> <p>bearing [1] 106:8</p> <p>bears [1] 148:25</p> <p>beauty [2] 132:12,12</p> <p>became [11] 181:3 182:9 183:14 198:18 210:21 225:13 233:22 234:1 280:18 290:17 301:25</p> <p>become [11] 24:8 142:20 170:11 202:4 210:18 251:17 261:13 277:8 299:16 321:8 355:19</p> <p>becoming [4] 39:16 40:23 343:5 356:8</p> <p>beforehand [1] 237:11</p> <p>begin [3] 34:17 103:13 178:3</p> <p>beginning [2] 242:3 257:21</p> <p>begins [2] 369:19,21</p> <p>behalf [2] 203:6,22</p> <p>bell [1] 13:8</p> <p>bells [1] 39:3</p> <p>benchmarks [2] 76:12 76:18</p> <p>bene [1] 258:1</p> <p>benefit [5] 124:2 154:14 374:9,16 377:2</p> <p>benefits [1] 96:8</p> <p>Bernard [1] 1:6</p> <p>best [45] 20:10 26:15 36:7 36:7 46:20 59:2 74:16 76:17 89:22 94:5 98:20 100:24 101:1 116:10,17 117:4,10 120:2,7 126:3 129:1,1 134:8,9 153:2 155:25 156:8,20 157:6,9 157:11 158:1 159:15 164:14 165:4,5,19 166:18 174:17,18 293:13 325:5 345:21 365:20 381:9</p> <p>bet [1] 123:23</p> <p>better [21] 17:6 33:24 71:18 77:12 88:17 106:3 110:20 123:12 126:6 132:19 142:25 145:19 149:3 157:5 163:6 233:1 244:10 247:4 277:18 319:2 332:23</p> <p>between [22] 38:14 66:3 67:5 87:23,24 102:10 108:18 111:17 118:18 140:8 158:24 170:9 181:13 191:4 238:23 287:22 290:25 321:21 322:3 337:12 351:5 358:20</p> <p>Beverly [1] 205:6</p> <p>beyond [7] 87:2 88:14 92:10,23 105:19 243:13 306:11</p> <p>bias [2] 35:23 317:1</p> <p>big [1] 67:3</p> <p>bit [16] 29:11 118:2 132:7 137:9 138:8,10 139:9</p> | <p>140:20 155:15 161:24 178:3 259:12 284:6 313:14 355:3 367:2</p> <p>black [3] 259:10 260:18 260:20</p> <p>Blackberry [3] 340:14 350:9 356:14</p> <p>blame [6] 146:23 147:21 147:25 149:12 150:13 151:9</p> <p>blend [1] 28:22</p> <p>block [1] 29:15</p> <p>blocks [1] 339:7</p> <p>blurred [1] 34:9</p> <p>board [49] 52:25 55:4 81:23 94:21 114:24 139:3 139:5,13,20,22 140:3,16 140:23 141:2,9,14,18,20 142:3 154:12 180:14,20 183:10,11,24 184:10 185:6,18 186:10,18,23 189:19 190:21 202:23 204:24 205:2 207:20 208:1 211:1 217:9 218:13 229:17,19,25 239:5 332:9 335:20,21 359:3</p> <p>boardroom [1] 255:21</p> <p>boards [12] 37:24 140:11 183:13 185:21,24 186:12 187:3 194:2,3,7,23,24</p> <p>body [2] 117:9 120:21</p> <p>bolded [1] 16:12</p> <p>Bonnell [4] 36:3 99:20 356:25 359:24</p> <p>book [4] 221:5 257:19 260:19,20</p> <p>books [3] 83:11 259:11 260:23</p> <p>bothered [1] 71:9</p> <p>bottom [6] 13:16 24:21 37:16 333:20,21 350:15</p> <p>bounce [1] 303:13</p> <p>brackets [4] 36:20 64:19 65:1,12</p> <p>Bradbury [1] 305:12</p> <p>brain [1] 153:20</p> <p>brain-storming [1] 77:25</p> <p>branch [13] 189:9 200:15 200:16 201:11 202:14 234:21 245:3 303:7 304:1 304:4,14,18 305:18</p> <p>bread [1] 140:19</p> <p>break [7] 103:12 175:24 176:1 229:17 281:5 284:19 364:22</p> <p>breast [16] 1:14 55:5,17 92:22 102:7,9 107:22 220:6,8 229:20,22 230:13 231:11 232:14 264:1 350:22</p> <p>brief [3] 218:25 306:12 332:12</p> <p>briefing [104] 32:10 33:21 161:22 165:10 166:16 170:18 172:22</p> | <p>206:4,7,24 207:5,10,11 207:11,13,13,16,23 208:10 209:3,13,15 210:8 210:12 226:9 230:5 234:16,18,22,25 235:2,5 236:1,14,19,23 237:2,4 238:21 241:1 242:2,6,10 243:6,12,18 244:8,10,12 244:21,23 245:2,5,8,9 246:14 247:3,4,9,12,13 248:1,1 249:24 258:12 259:7 260:10 327:22,24 327:25 328:2,6,14,17,21 329:11,23 333:2,7 336:24 343:10 344:7,11,25 345:2 347:6,15,23 348:8 350:5 356:4,25 357:5,12,17 363:5,10,16 365:16 366:17 367:9,10,13 368:18,23</p> <p>briefly [3] 45:9 216:11 253:7</p> <p>bring [14] 19:19 58:18 104:6 126:6,7 133:13 137:19 138:15,20,20 152:2 159:5 174:23 203:18</p> <p>bringing [3] 13:7 107:1 280:10</p> <p>brings [1] 201:23</p> <p>Bristol [2] 33:3,17</p> <p>Bristols [1] 32:17</p> <p>British [1] 106:7</p> <p>broad [1] 86:25</p> <p>broader [3] 34:7 112:3 324:10</p> <p>broke [2] 236:9 367:7</p> <p>broken [2] 366:22 367:24</p> <p>brought [16] 13:22 19:18 33:13 41:2 42:1 105:15 128:5 137:25 140:22,25 140:25 141:15 190:8 243:20 256:5 297:12</p> <p>Browne [31] 1:10 2:4 103:21,22,24,25 104:3,4 104:22 105:2,7,21 106:17 107:8,15 108:3,15 109:7 109:12,20,25 110:5,12 110:21 111:2,11,15 112:14,23 113:4,8</p> <p>Brunswick [1] 267:17</p> <p>budget [4] 201:6,19 203:2 204:15</p> <p>budgetary [3] 201:3,16 202:7</p> <p>budgeting [1] 180:11</p> <p>budgets [1] 201:22</p> <p>build [2] 78:12,18</p> <p>building [6] 43:9 45:25 304:2,4,5,16</p> <p>built [1] 117:15</p> <p>bullet [12] 15:16 16:18 21:14 23:15 32:12 35:18 71:20 159:8 316:23 323:3 323:14 370:1</p> <p>bullets [2] 5:22 79:6</p> <p>bunch [1] 64:2</p> <p>Burin [1] 181:11</p> |
|--|--|---|---|---|

| | | | | |
|---|---|---|---|--|
| <p>busier [1] 336:12 business [2] 178:8 180:23 Bussey [1] 24:23 busy [2] 32:5 136:23 butter [1] 140:19 buy [1] 362:5 bylaws [3] 81:24 82:3,4</p> | <p>56:1 280:15 case [16] 22:16 43:16 62:22 63:25 71:25 92:25 136:14 150:2 155:3 196:20 262:19 272:15 285:3,4 286:5 371:9 cases [6] 85:20 116:18 127:10,15,17 280:9 categories [1] 124:17 category [2] 86:21 157:11</p> | <p>challenge [11] 17:19 32:12 58:24 59:2 91:20 95:12 134:23 135:10 162:15 294:24 312:20 challenges [2] 131:23 143:19 challenging [1] 294:20 chance [2] 126:14 155:4 change [32] 75:9 120:19 120:20 129:7,9 154:15 172:7 173:14 191:24 210:7 269:22 270:16,22 270:24 271:12 272:17,17 272:22 273:2 274:4,6 317:24 319:17,20,25 320:22 321:5,15,24,24 374:9,17</p> | <p>76:9,23 77:3,8,15,24 78:4,9,19 79:2,8,14,19 80:3,8,14,24 81:16,21 82:2,7,16,20,25 83:7,13 83:18 84:2,8,19 85:13 86:2,9,17 87:5,16,22 88:3,7,18,24 89:3,11,16 89:25 90:10,15,21 91:5 91:24 92:7,12 93:1,14 94:1,12 95:25 96:5,13 96:17,21 97:6,17 98:5 98:21 99:4,10 100:20 101:14 102:1 103:1,9 109:14 175:16,17 176:3 176:4,12 177:8,9 178:1 178:16,21,25 179:5,9,13 179:18,22 180:2 181:15 181:21 182:2,20 183:18 183:25 184:5,16,21 185:1 185:9,14,23 186:2,9,21 187:17,21 188:1,6,21 189:2,16,21 190:2,9,14 190:19,24 191:18 192:3 192:9,13,20 193:5,14,22 194:19 195:4,6,12 196:10 196:15 197:3,13,20 198:2 198:6,12,19,25 199:4,8 199:14,19,23 200:1,4 201:1,13 202:6 204:19 205:1,5,11,16,21 206:22 208:8,15,21 209:1,10,19 209:24 210:4,11,16,23 211:6,12,18,22 212:2,11 212:18,23 213:4,13,19 213:23 214:8,13,21 215:4 215:8,15,21,25 216:10 216:15,19,24 217:7,12 217:18 218:1,6,15,19,24 219:5,11,17 220:1,5,12 220:20 221:1,8,14,18,22 222:4,9,25 223:8,12,23 224:9,13,18 225:1,5,12 225:17,23 226:3,11,16 226:21 227:4,10,18 228:1 228:9,15,19 229:3,15 230:16,21 231:1,5,9,15 231:21 232:2,7,13,19,23 233:3,8,12,16 234:3,11 234:15,23 235:4,10,17 235:21 236:4,8,12,18,22 237:6,10,15,23 238:4,8 238:14,19 239:3,9,11,16 239:24 240:7,13,20,24 241:4,16,24 242:8,13,20 242:24 243:4,10,17 244:4 244:17,24 245:16,25 246:6,13,19,25 247:16 247:20,24 248:10,18 249:1,11,16,23 250:2,8 250:15,25 251:6,13 252:3 252:7,13,21 253:1,6,19 254:3,15,21,25 255:5,11 255:18,23 256:21 257:4 257:10,15,24 258:6,10 258:16,23 259:2,8,16,20 259:25 260:12,25 261:8 261:12,20 262:4,12,18 262:22 263:3,7,17,25 264:5,13,20,24 265:9,18 265:22 266:5,9,17,23 267:7,13,18,22 268:2,10 268:15,19 269:6,11,20 270:1,8,15,21 271:3,10</p> | <p>271:20 272:4,13,20 273:1 273:8,25 274:17 275:5 275:13,18,23 276:8,13 276:22 277:2,7,12,17,22 278:4,9,15,22 279:3,7 279:12,19 280:12,21,25 281:3,6,13,24 282:6,13 282:19 283:5,16,22 284:1 284:10,15,22,23 285:9 285:14,19,24 286:6,13 286:19 287:1,13,20 288:3 288:9,15,19 289:1,5,10 289:17,21 290:3,9,19,23 291:13,17 292:3,9,14,19 292:23 293:7,17,21 294:1 294:9,13 295:2,8,14,24 296:4,17,22 297:6,16,24 298:7,16,23 299:5,12,19 299:21,25 300:5,11,17 300:22 301:5,10,17 302:2 302:8,15,20 303:2,8,19 304:21 305:1,5,9,20 306:3,10,15,23 307:4,9 307:15,21 308:1,7,12,16 308:20 309:1,5,10,17,22 310:1,5,10,14,19,24 311:4,8,13,24 312:3,9 312:19 313:2,9,17,23 314:5,13,20,25 315:5,10 315:20 316:2,6,12 317:12 317:14,23 318:4,8,17,23 319:11,18 320:2,8 321:6 321:18 322:5,11,16,21 323:1,12,18,22 324:2,9 324:17 325:4,10,18,23 326:4,9,13,17,22 327:2 327:9,13,20 328:3,13,19 329:2,7,13,25 330:12,22 331:3,13 332:1,10 333:10 333:15,19 334:3,11,19 334:24 335:9,19,24 336:4 336:15 337:7,13,24 338:10,14,25 339:11,16 339:20 340:17,21 341:6 341:11,18,21 342:2,11 342:20 343:1,12,20,24 344:4,15,18,24 345:5,14 345:19,25 346:5,12,19 346:24 347:7,11 348:1,5 348:11,19,24 349:7,18 350:2,7,12,19 351:2,13 351:18,25 352:6,15,20 352:24 353:10,16,25 354:4,10,17,23 355:6,11 355:16 356:5,17,24 357:4 357:11,15,21 358:2,7,14 358:18 359:9,15 360:6 360:14,21 361:5,10,15 361:20,25 362:8,15,20 362:24 363:2,7,13,18,22 364:1,6,11,16,17,23 365:3,10,19 366:1,6,11 366:20 367:3,15,20 368:5 368:16,22 369:3,8,16,25 370:5,10,17,21 371:1,5 371:10,14,18,22 372:3,8 372:14,20,25 373:15,20 373:24 374:4,10,18,22 375:2,7,15,20,24 376:8 376:18,24 377:9,16,20 377:24 378:5,9,16 379:4 379:8,15,19 380:1</p> |
| <p>-C-</p> | | | | |
| <p>cabinet [15] 224:21 225:7 225:19 228:12 235:12 244:13 245:5,14 246:4 246:22 247:13 248:3,8 249:13 363:11 Cake [4] 229:7,9 231:16 243:25 calculation [1] 90:2 calendar [1] 238:1 Calgary [4] 15:25 127:13 134:17 268:5 calls [6] 50:15 98:17,22 189:3,23 190:10 Cameron [2] 1:3 381:7 Canada [6] 1:13 118:21 146:9 265:24 373:16,23 Canadian [7] 1:17 113:19 115:9 118:22 123:17 179:12,14 cancer [29] 1:14,17 92:23 94:7,8 98:16 102:8,10 107:23 113:20 124:10 126:8 160:4,13,21 161:1 161:5,8,10 220:7,8 229:20,22 230:13 231:11 232:14 264:1 350:23 375:17 cannot [4] 11:13 34:17 38:15 64:8 capable [1] 76:17 capacity [2] 180:16 182:11 capital [7] 183:13 184:19 186:5,6 200:10,22 267:5 Carbonear [9] 17:25 39:25 42:4,7,11 45:20 45:23 46:9,15 care [23] 34:8,12 35:1,3 35:10 94:7,8 98:16 120:2 126:8 141:25 148:25 149:3 180:14 181:4 182:6 183:1 198:16 304:7 349:24 352:5,12 353:7 career [4] 178:5 179:23 180:6 198:21 careful [1] 156:15 carefully [1] 126:22 Carolyn [16] 226:25 227:3,5 228:8 229:10 230:6 350:16 351:5 354:5 354:11,16,25 355:12 358:20,22 359:1 carried [2] 37:22 56:14 carry [1] 110:14 Carter [4] 21:5 55:13</p> | <p>Catherine [1] 51:10 caught [1] 340:11 caused [5] 85:12,22 86:15 330:2 339:15 cautions [2] 91:25 92:15 CBC [2] 37:4 80:13 CBC's [1] 35:19 cc'd [1] 341:7 CCHSA [2] 123:5 127:23 cease [1] 268:23 ceased [2] 256:12,15 central [11] 1:19 17:9 39:24 69:2 180:19 226:8 235:13 363:4 365:18 366:16 367:14 centre [2] 123:10 157:10 centred [1] 271:8 centres [1] 132:3 CEO [13] 69:5 139:15,21 142:3 186:14 195:3,25 197:17 215:2 264:18,18 338:23,24 CEOs [4] 68:25 69:1 81:23 337:20 certain [13] 12:17 20:23 21:1 45:2,3 66:13 68:1 85:1 98:2 118:17 191:6 241:14 291:19 certainly [57] 13:25 18:4 23:5 30:25 39:6,15 58:14 61:19 63:12 64:20 71:15 87:6 90:16 113:25 145:13 185:3 201:5 202:17 203:2 204:15 206:6,12,16,16 212:9 219:24 224:7 227:15 233:7,22 234:8 237:4,19 247:8 260:5 261:4,5 273:16 274:13 274:14 281:12 287:19 288:1,10 290:16 291:14 296:10 304:12 311:20 320:13,18 327:7 337:5 337:22 353:8 359:13 363:2 certainty [1] 213:3 CERTIFICATE [1] 381:1 certification [3] 129:20 129:21 130:6 certify [1] 381:2 cetera [3] 74:15,25 75:1 chair [2] 137:5 139:21 chairs [3] 136:21 137:2 138:5</p> | <p>changed [10] 6:13,15 110:8 304:13,23 305:4,6 321:25 322:4,22 changes [13] 7:14 15:1 22:24 68:19 89:5,12 90:3 168:16,20 173:23 194:3 222:12 299:9 changing [4] 119:12 120:3 156:11,12 Chaplin [9] 226:25 227:3 229:10 243:24 247:1 254:13 350:16 354:5,25 charge [1] 219:19 charged [5] 110:1 111:18 111:20 112:15,24 chart [1] 193:4 chat [1] 218:25 Chaytor [983] 1:7 2:3,8 4:2,3,5,9,10,23 5:2,13 5:18,23 6:12,16,21 7:3,8 7:16,24 8:6,13,20 9:3,15 10:6,11,17,21,25 11:4,9 11:14,20,24 12:20 13:4 13:11,19 14:1,6,15,21 15:6,14 16:2,6,11 17:11 17:16 18:2,8,12,18 19:2 19:9,22 20:16 21:3,9,13 21:22 22:4,14,23 23:4 23:14,20,24 24:6,13,18 25:16 26:2,7,17 27:13 27:21 28:1,7,11,17 29:1 30:6,24 31:24 32:7,19 32:23 33:5,12,18 34:1 35:16 36:9,13,18 37:2,8 37:12 38:10,19 39:8,20 40:2,10 41:1,6,12,18,23 42:5,21 43:14,24 44:11 44:18,24 45:16 46:2,12 46:22 47:5,10,15 48:1,5 48:14,23 49:5,9,14,20 50:5,18 51:2,9,14,23 52:4,14,18,24 53:4,9 54:15,23 55:7,21,25 56:13,18,25 57:7,13,18 57:22 58:1 59:4,11,18 60:14,20,24 61:8,15 62:1 62:10,16 63:6,11,21 64:1 64:16,23 65:5,11,16,21 66:1,16,21 67:8,13,17 67:22 68:9,14,21 69:15 69:24 70:5,12,17 72:10 72:17,21 73:4,11,18,23 74:4,8 75:14,21,25 76:4</p> | <p>76:9,23 77:3,8,15,24 78:4,9,19 79:2,8,14,19 80:3,8,14,24 81:16,21 82:2,7,16,20,25 83:7,13 83:18 84:2,8,19 85:13 86:2,9,17 87:5,16,22 88:3,7,18,24 89:3,11,16 89:25 90:10,15,21 91:5 91:24 92:7,12 93:1,14 94:1,12 95:25 96:5,13 96:17,21 97:6,17 98:5 98:21 99:4,10 100:20 101:14 102:1 103:1,9 109:14 175:16,17 176:3 176:4,12 177:8,9 178:1 178:16,21,25 179:5,9,13 179:18,22 180:2 181:15 181:21 182:2,20 183:18 183:25 184:5,16,21 185:1 185:9,14,23 186:2,9,21 187:17,21 188:1,6,21 189:2,16,21 190:2,9,14 190:19,24 191:18 192:3 192:9,13,20 193:5,14,22 194:19 195:4,6,12 196:10 196:15 197:3,13,20 198:2 198:6,12,19,25 199:4,8 199:14,19,23 200:1,4 201:1,13 202:6 204:19 205:1,5,11,16,21 206:22 208:8,15,21 209:1,10,19 209:24 210:4,11,16,23 211:6,12,18,22 212:2,11 212:18,23 213:4,13,19 213:23 214:8,13,21 215:4 215:8,15,21,25 216:10 216:15,19,24 217:7,12 217:18 218:1,6,15,19,24 219:5,11,17 220:1,5,12 220:20 221:1,8,14,18,22 222:4,9,25 223:8,12,23 224:9,13,18 225:1,5,12 225:17,23 226:3,11,16 226:21 227:4,10,18 228:1 228:9,15,19 229:3,15 230:16,21 231:1,5,9,15 231:21 232:2,7,13,19,23 233:3,8,12,16 234:3,11 234:15,23 235:4,10,17 235:21 236:4,8,12,18,22 237:6,10,15,23 238:4,8 238:14,19 239:3,9,11,16 239:24 240:7,13,20,24 241:4,16,24 242:8,13,20 242:24 243:4,10,17 244:4 244:17,24 245:16,25 246:6,13,19,25 247:16 247:20,24 248:10,18 249:1,11,16,23 250:2,8 250:15,25 251:6,13 252:3 252:7,13,21 253:1,6,19 254:3,15,21,25 255:5,11 255:18,23 256:21 257:4 257:10,15,24 258:6,10 258:16,23 259:2,8,16,20 259:25 260:12,25 261:8 261:12,20 262:4,12,18 262:22 263:3,7,17,25 264:5,13,20,24 265:9,18 265:22 266:5,9,17,23 267:7,13,18,22 268:2,10 268:15,19 269:6,11,20 270:1,8,15,21 271:3,10</p> | <p>271:20 272:4,13,20 273:1 273:8,25 274:17 275:5 275:13,18,23 276:8,13 276:22 277:2,7,12,17,22 278:4,9,15,22 279:3,7 279:12,19 280:12,21,25 281:3,6,13,24 282:6,13 282:19 283:5,16,22 284:1 284:10,15,22,23 285:9 285:14,19,24 286:6,13 286:19 287:1,13,20 288:3 288:9,15,19 289:1,5,10 289:17,21 290:3,9,19,23 291:13,17 292:3,9,14,19 292:23 293:7,17,21 294:1 294:9,13 295:2,8,14,24 296:4,17,22 297:6,16,24 298:7,16,23 299:5,12,19 299:21,25 300:5,11,17 300:22 301:5,10,17 302:2 302:8,15,20 303:2,8,19 304:21 305:1,5,9,20 306:3,10,15,23 307:4,9 307:15,21 308:1,7,12,16 308:20 309:1,5,10,17,22 310:1,5,10,14,19,24 311:4,8,13,24 312:3,9 312:19 313:2,9,17,23 314:5,13,20,25 315:5,10 315:20 316:2,6,12 317:12 317:14,23 318:4,8,17,23 319:11,18 320:2,8 321:6 321:18 322:5,11,16,21 323:1,12,18,22 324:2,9 324:17 325:4,10,18,23 326:4,9,13,17,22 327:2 327:9,13,20 328:3,13,19 329:2,7,13,25 330:12,22 331:3,13 332:1,10 333:10 333:15,19 334:3,11,19 334:24 335:9,19,24 336:4 336:15 337:7,13,24 338:10,14,25 339:11,16 339:20 340:17,21 341:6 341:11,18,21 342:2,11 342:20 343:1,12,20,24 344:4,15,18,24 345:5,14 345:19,25 346:5,12,19 346:24 347:7,11 348:1,5 348:11,19,24 349:7,18 350:2,7,12,19 351:2,13 351:18,25 352:6,15,20 352:24 353:10,16,25 354:4,10,17,23 355:6,11 355:16 356:5,17,24 357:4 357:11,15,21 358:2,7,14 358:18 359:9,15 360:6 360:14,21 361:5,10,15 361:20,25 362:8,15,20 362:24 363:2,7,13,18,22 364:1,6,11,16,17,23 365:3,10,19 366:1,6,11 366:20 367:3,15,20 368:5 368:16,22 369:3,8,16,25 370:5,10,17,21 371:1,5 371:10,14,18,22 372:3,8 372:14,20,25 373:15,20 373:24 374:4,10,18,22 375:2,7,15,20,24 376:8 376:18,24 377:9,16,20 377:24 378:5,9,16 379:4 379:8,15,19 380:1</p> |
| <p>check [5] 51:5 83:15</p> | | | | |

| | | | | |
|--|--|--|--|--|
| <p>237:25 284:7 306:22 checked [1] 283:11 checking [2] 29:9 295:15 chief [20] 15:12 16:20,20 18:14,22,22 37:24 108:20 110:4,18,20 112:12 125:15,19 136:8 137:5 276:15,18,19 281:15 chiefs [6] 136:1,5,16,24 137:14 138:17 child [1] 191:15 choice [1] 104:18 choose [2] 101:7 173:15 chronologically [1] 333:22 chronology [2] 166:9 166:10 circulating [1] 99:23 circulation [1] 242:19 circumstances [1] 209:2 Claire [3] 359:20,25 360:9 Clare's [3] 9:21 19:16 21:8 clarification [2] 19:4 111:16 clarify [1] 8:19 class [2] 1:15 26:4 Classification [1] 47:18 clear [14] 43:1 137:24 140:8 151:19 239:15 241:23 273:15 290:4,23 335:7 344:12,16 345:6,9 clearer [2] 93:12 365:24 clearly [6] 150:9 263:2 269:18 308:24 311:7 347:20 Cleary [2] 187:25 188:4 client [3] 187:7 188:5,14 clients [5] 187:11 229:21 229:24 230:2 231:18 clinical [22] 15:12 16:20 18:21 37:23 92:18 108:20 110:4,18,20 118:7 132:9 135:25 136:5,8,16,24 137:4,14 138:17 212:8 262:2 305:24 clinically [3] 159:11,13 172:15 clinicians [3] 84:15 90:7 143:21 close [15] 22:21 30:19 64:12 91:17 99:2 134:24 145:18 149:4 152:23 169:18 227:19,24 304:12 338:8 343:5 closer [5] 122:18,18 126:7,8 338:23 Co-counsel [2] 1:6,7 coffee [1] 10:1 Coffey [1] 1:6 cognisant [1] 31:1 cohort [3] 171:14,17,19 COI [1] 52:6</p> | <p>collaboration [4] 126:6 133:14 134:6,16 colleague [1] 227:20 colleagues [2] 140:24 316:22 collectively [3] 34:11 120:22 202:3 College [5] 127:7 129:19 129:20 130:6 238:12 collegial [1] 228:7 Collins/Steve [1] 1:9 Columbia [1] 106:7 combination [1] 45:24 combined [2] 132:8 133:1 comfort [1] 158:8 comfortable [5] 5:10 148:19 158:12 282:4 314:7 coming [33] 6:10 8:1 12:25 13:17 16:19 17:1 17:7 18:20 19:24 20:14 43:10 45:19 52:1 55:22 57:3 58:15 64:11 78:16 114:23 120:5 135:2 139:24 140:6 187:10,11 241:12,22 281:15 294:25 306:7 310:11 320:10 373:8 comma [1] 88:6 commencing [2] 114:16 114:18 comment [5] 68:3 128:10 148:11 252:11 323:11 commentary [2] 156:2 158:2 commented [1] 279:15 comments [4] 68:18 77:9 106:2 267:11 commerce [1] 179:21 Commission [11] 1:1,6 1:7 52:6 58:14 60:16 174:13,23 176:15 381:4 381:7 Commissioner [56] 1:3 4:1,6 103:4,11,15,18,20 103:23 104:25 105:4 113:7,11 163:25 164:4 167:5,11,16,19,20,25 175:15,19 176:2,5,9,21 177:10,16 194:21 199:25 200:6,24 203:3,24 204:17 226:5 253:9 257:18 274:2 274:10,15 281:2 284:16 284:18,21,24 320:16,21 321:12,20 364:15,20 380:2,3 381:7 commitment [1] 56:10 committed [1] 30:21 committee [12] 37:15 115:10 136:2,6,12,15,20 137:1,16 138:1,6,12 common [3] 53:25 81:24 118:6 communicate [6] 33:24</p> | <p>35:14 100:24 174:7 378:24 379:2 communicated [4] 93:18 117:3 135:20 226:18 communicating [7] 77:13 99:24 116:21 137:7 230:1 291:24 293:13 communication [30] 16:13,17 19:20 20:13,17 20:19 22:25 23:6,8,13 33:20 44:14 58:4,22 76:24 106:6 163:5 224:1 226:8 227:23 228:24 230:5 234:4 348:17 349:16 350:1,16 368:12 368:13 378:21 communications [32] 32:10,18 35:6 58:7 59:5 60:9,10 68:10,19 71:18 165:15 166:13 205:23 206:1,3,6,9 207:3 208:3 208:4 209:11,14,18 210:1 227:6 229:6 235:14 250:9 254:11 354:7 355:5 364:4 community [8] 184:15 191:13 192:8,12,14,17 229:12 230:4 comparable [2] 134:7,7 compare [4] 173:15,23 283:8 373:9 compares [1] 230:11 comparing [1] 156:16 comparisons [1] 156:16 competency [2] 278:20 279:15 competent [1] 163:14 competitive [1] 132:7 complaint [2] 6:7 188:8 complaints [1] 9:8 complete [4] 25:14,25 176:15 307:1 completed [3] 6:4 9:2 364:21 completeness [1] 162:5 complex [1] 74:19 complexity [1] 76:15 complicated [3] 262:24 303:12 328:22 comprehensive [4] 162:19 163:8,11 166:23 concentrate [1] 191:19 concept [4] 146:22,25 147:10 149:15 concern [32] 13:2 16:16 27:14,17 39:9,13 88:8,9 91:11 108:24 114:5 136:3 141:24 151:8 154:4 164:11 175:7 271:14 274:20 299:13 312:21 313:3,5,10,14 339:17 341:14,19 343:2 356:7 367:21 368:7 concerned [1] 114:14 concerning [2] 19:4 350:22</p> | <p>concerns [19] 5:25 10:2 12:1 13:5,12,20 16:13 16:17 23:6 75:11 80:2 91:25 92:3,14 96:24 115:3 140:24 182:16 316:22 conclusion [1] 64:11 concurred [1] 291:10 conducted [1] 33:10 Confederation [2] 304:2,3 conference [16] 26:20 27:22 29:8 33:10 69:8 69:10,13,18,20 70:1,4,7 70:20 93:23 131:18 147:2 conferences [1] 53:22 confidence [5] 34:7 35:1 35:10 124:11 163:12 confidential [1] 219:1 confirm [2] 22:15 69:22 confirmed [2] 309:11 309:15 connected [2] 43:20 46:21 consensus [22] 66:12 75:15,20 77:16,21 80:4 116:13,20 117:10,17,17 118:10,14,22 119:2,18 121:1,9,13 122:11 127:20 316:22 Consequently [1] 34:14 consider [3] 58:8 60:25 166:22 considerable [2] 58:13 125:5 consideration [5] 108:13 154:7,7 172:23 302:1 considered [4] 61:1 147:5 156:19 160:6 considering [3] 61:7 76:16 155:17 consistency [1] 331:16 consistent [5] 27:15 149:21 274:3 316:15 320:9 consistently [3] 26:22 27:4,5 consolidate [1] 74:17 consolidating [1] 75:9 constant [2] 5:12 124:4 constantly [6] 116:20 119:12 120:3 121:4 148:16 149:2 consult [1] 207:2 consultant [6] 180:14 182:7 190:6 198:16 205:14 304:9 consultants [5] 182:12 189:11 205:9 310:6,11 consultations [2] 134:5 135:4 consulted [2] 316:21 361:12 consulting [1] 181:9</p> | <p>consumer [1] 376:19 Cont'd [1] 2:3 contact [55] 19:21 22:20 42:14 94:2 97:4 100:4 100:15 186:12 187:14 189:10 194:1,4,23,25 195:14,17 197:15,23 218:20 223:13 225:7,18 228:12 250:10 256:23 269:22 270:17,22,23,24 271:5 272:23 273:3 274:5 276:3 292:15,25 293:5 294:18 298:5 319:25 336:21 337:10,22 347:25 348:12,15 353:18 355:17 355:20,21,24 366:16 372:9,16 contacted [11] 30:1,4 224:22 271:13 296:19 297:8 322:20 350:20 354:25 367:25 368:15 contacting [5] 294:3 296:14 311:22 342:21 353:20 contacts [6] 195:2,19 196:3 265:13 337:20 359:23 contained [1] 373:2 contemplated [1] 233:19 content [1] 248:2 CONTENTS [1] 2:1 context [3] 17:13 26:13 279:1 continuation [1] 358:19 continue [8] 97:12 132:18 139:10 191:4 276:14 279:23,25 282:8 continued [1] 295:18 continues [2] 34:3,4 continuing [6] 6:10 13:15 98:9 129:22 130:3 131:11 contributed [1] 173:6 contributing [1] 337:5 contribution [1] 175:23 control [9] 13:24 47:11 101:12 145:25 151:14 170:4 177:3 284:7 306:22 controls [2] 7:18 340:6 convenience [1] 100:5 convenient [1] 281:4 conversation [4] 144:14 213:8,9 214:16 conversations [1] 260:7 conversion [4] 67:1 89:7 89:20 318:14 conversions [1] 371:2 converted [3] 371:19 372:10,17 convey [1] 218:7 convince [3] 203:12 204:1,2 convinced [2] 119:16 241:9</p> |
|--|--|--|--|--|

| | | | | |
|--|--|---|--|--|
| <p>Cook [16] 21:5 25:4 31:12 37:24 39:6 40:5 115:7,11 123:23 221:24 222:11 298:14 302:13,16 315:13 323:13 coordinate [1] 29:8 coordination [3] 6:1 16:15 31:7 copied [4] 253:14,20 282:24 295:21 copies [4] 25:3 177:4 221:24 244:1 copy [8] 32:20 53:5 240:25 241:3 253:24 257:12,17 362:4 core [4] 101:9 124:21 125:4 304:3 corner [1] 163:19 corporate [3] 186:20 200:16 250:9 correct [67] 8:4,11 16:5 16:10 18:7,17 23:17 34:23 43:19 47:4 49:13 50:24 51:1 52:3,17,22 53:3 56:7,21 57:10,12 62:13,15 64:22 65:4,15 65:20 66:20 67:12 72:15 73:8 74:3 77:2 78:3,8 79:13,18 82:1,6 89:10 89:15 104:21 109:17,19 113:3 114:11 147:19 155:7 169:7,9 170:23 172:10,10,18 173:17 174:2 185:13 190:13,16 211:5 226:2 253:12,21 307:8 310:18 369:7 381:3 corrected [1] 115:8 correctly [7] 245:11 251:25 256:2 272:8 287:7 351:24 356:2 correlate [3] 106:3 159:10,13 correlation [1] 127:11 correspondence [3] 37:23 178:12 179:6 cost [1] 200:11 council [2] 180:25 354:7 counsel [1] 226:5 count [1] 55:19 counterpart [1] 70:10 country [8] 98:4 116:13 118:16 134:8 158:19 265:14,15 278:21 couple [14] 99:12 104:5 106:1 123:11 135:3 161:14 164:8 168:13 170:20 255:16 304:11 334:16 337:11 368:11 coupled [2] 162:12,13 course [11] 21:4 65:12 152:16 210:12 211:13 217:9 221:15 222:20 227:5 334:7 357:6 cover [2] 104:5 113:21 coverage [3] 34:4,11 36:1</p> | <p>covered [1] 131:16 create [4] 169:12 207:9 244:23 365:16 created [8] 36:1 168:20 207:5 209:3 245:9,12 259:6 328:14 creating [1] 209:8 crisis [4] 32:10 33:20 34:19,23 Crosbie [1] 152:10 cross-examination [1] 103:13 crossed [1] 309:7 crunching [1] 92:21 culture [11] 146:23 147:21 148:1 149:12 150:7,13,19,19,21 151:3 151:9 curious [1] 143:3 current [10] 55:19 107:20 109:13,15 121:6 178:5 189:10 190:15 197:23 211:2 cursor [1] 107:11 cut [4] 45:1,9 50:21 83:1 cutoff [2] 89:6 102:19 cycles [1] 34:5</p> <hr/> <p style="text-align: center;">-D-</p> <p>daily [5] 19:21 22:20 140:23 227:12,15 DAKO [8] 122:22 123:1 266:16,18 267:23 309:16 309:18,23 Dan [2] 58:6 99:18 Daniel [3] 1:11 2:6 168:2 Darlene [1] 1:14 data [16] 65:17 68:8 78:16 84:13,18 88:11,13 91:18,22 92:1,15 101:9 163:13,17 166:9 267:19 database [28] 40:1 43:9 44:5 46:1 62:20 64:12 71:14 72:7 78:12,13,17 84:13 86:16,19 88:16 91:10,17 92:20 160:8,9 163:11 372:22,24 373:2 373:3,7,11,14 database/integrated [1] 70:24 databases [1] 163:17 date [17] 9:23 11:3,3 18:11 25:1 33:4,6 41:5 58:6 132:15,22 133:4 162:6 241:13 250:4 314:21 374:19 Dated [1] 381:11 dates [10] 15:9 29:24 38:14,17 41:16 44:7 69:23 259:22 349:20 360:4 David [3] 1:18 106:6,13 dawn [1] 343:6 dawning [1] 343:9</p> | <p>day-to [1] 194:21 day-to-day [2] 56:12 305:18 days [5] 135:3 161:14 217:4 237:1 275:7 DCIS [2] 65:23 66:22 dead [1] 375:4 deadline [1] 26:24 deal [8] 19:13 80:1 125:23 200:7,9 323:5 326:18 366:23 dealing [11] 43:19 121:6 136:8 194:9 195:13 197:22 239:7 244:18 248:2 303:10 328:24 dealings [3] 33:17 253:10 288:6 deals [1] 200:3 dealt [1] 141:3 Dean [1] 132:4 Dear [1] 102:4 debate [5] 137:22 171:1 171:6 172:20,25 debated [1] 119:1 Debbie [2] 63:18 82:12 Deborah [2] 222:14 250:9 debrief [1] 58:19 decade [1] 123:20 deceased [15] 31:11 47:25 48:2 65:6 93:4,8 93:16,17,21 95:11 99:25 102:19 374:12,14,19 deceased's [6] 26:25 29:4,19 30:22 31:3 94:20 December [17] 15:5,7 29:13 30:10,12 47:22 57:10 106:20,23 128:5 161:22 162:3 163:7 165:24 170:19 171:2 172:21 decide [3] 80:22 85:23 222:20 decided [1] 37:20 deciding [2] 102:23 157:1 decision [27] 22:13 70:25 75:6 85:7 93:9,13,15,21 93:22 143:18,22 152:17 157:2,23 202:21 203:2 268:23 280:4,8 296:6,10 297:14 301:3 313:11 332:7 360:16,23 decisions [1] 120:24 decrease [1] 194:8 deceased [2] 318:7,9 dedicated [4] 72:1 124:22,24 125:4 deem [1] 202:2 defer [3] 7:22 85:25 122:5 deficiencies [2] 145:24 161:7 define [1] 80:15</p> | <p>defined [1] 116:19 defining [2] 80:25 81:22 definitely [1] 174:10 definition [3] 81:1 102:13 151:24 degree [4] 55:1 131:8 179:19,21 delayed [1] 29:11 delays [1] 50:13 deleted [1] 193:3 deliver [1] 101:9 delivered [2] 54:22 122:11 delivers [1] 121:9 demand [1] 150:20 demands [4] 17:1,7 196:23,25 Denic [26] 6:19 7:23 10:15,16 12:17 15:1,4 15:11 17:3 19:7 20:8,8 20:18 22:2 23:10 25:3 31:13 50:14 51:19 55:2 61:19 115:7 128:14 134:21 158:9 169:16 Denic's [1] 21:6 Denise [3] 221:24 356:19 357:6 denominator [2] 89:5 89:13 department [86] 68:24 68:25 133:12 160:20,24 180:8 183:4,16 184:12 187:16,22 188:16,23 189:15 192:16 193:12 197:5,7,12 198:9,15 199:10 200:17 201:7,20 201:23 203:1,7,12,14 204:4 206:13 214:3 218:2 218:8,11 222:14 223:2 223:14,15,24,25 224:3 227:6 236:1 243:13,19 247:11 251:8 253:23 255:22 259:11 263:23 266:22 281:19 282:4 288:7 290:13,16 292:5 293:11 294:7 302:21 303:18 304:3 328:1 336:13 344:16 345:9 349:13 352:2 354:11,16 354:19 355:5 357:17 359:22 360:15,23 362:9 366:13,21 367:5,21,22 379:21 department's [6] 185:19 193:4 194:17 202:4 290:20 335:2 depending [4] 173:15 195:19 196:4 207:18 depth [1] 71:24 deputy [60] 184:9 191:17 197:8 198:18,18,24 199:5 199:7,12 204:9,9 206:2 206:20 207:22 208:6,14 208:23 209:23 212:17 224:7 239:10,20 240:1,5 251:21 252:10 253:16 254:9 255:6 273:18 275:8 276:9 290:25 291:8</p> | <p>294:16 295:20 297:20,23 326:5 332:12,25 333:4 342:10,15 346:11 347:4 348:16,18 356:2,7,11,16 361:4 362:12,16 369:24 378:20,24,25 379:18 Deputy's [1] 214:4 described [5] 168:25 169:5 170:7,8 259:10 description [3] 109:22 110:2 170:2 descriptions [1] 110:9 desk [1] 163:20 detail [8] 12:24 20:23 72:6 158:20 162:4 184:22 282:15 301:16 detailed [2] 70:19 101:3 details [4] 283:13 294:23 318:22 373:6 detected [1] 285:1 determine [4] 42:22 157:9 172:6 173:20 determined [4] 87:12 172:15 256:7 283:3 develop [6] 51:4 134:8 183:15 187:4 206:17 325:11 developing [1] 193:20 development [2] 130:8 178:20 Devon [1] 69:5 diagnosed [1] 102:7 Diane [1] 99:17 diarized [1] 334:20 died [1] 48:10 dietetics [1] 180:21 difference [8] 38:17 65:10 95:18 171:5 194:18 226:18 294:15 338:15 different [22] 37:9,11 75:2,3 89:18 95:22,24 96:1 119:9 141:12 164:6 171:12 173:13,14 207:10 223:20 274:24 294:20 304:15 338:21 340:12,22 differentiate [1] 107:21 difficult [4] 81:14,15 127:16 159:10 difficulty [3] 94:13 96:25 131:25 digest [1] 162:7 dilemma [1] 95:3 dilemmas [1] 119:24 direct [1] 291:20 direction [7] 7:13 117:19 123:4 201:14 223:15,25 224:8 directly [17] 20:17 112:11 125:16 169:25 189:17 197:7 204:20 205:18 209:22 288:8 337:11 342:9 348:16 351:9 353:23 356:15 357:18 director [55] 15:13 20:7</p> |
|--|--|---|--|--|

| | | | | |
|---|---|---|--|--|
| <p>20:24 37:21 94:8 98:16 108:19,20 109:16,22 110:14 112:13 124:23 182:8,8,9,21,25 183:2,9 183:11,14,23 185:6 186:10,17,23 189:19 195:22 198:15,17 204:24 204:25 205:2,22 206:1,3 206:6,8 207:2,20 208:1 208:3 209:11,14,17 210:1 210:25 218:13 227:6 239:5 303:5 304:6 354:6 355:4</p> <p>director's [3] 110:7 193:9,11</p> <p>directors [2] 81:23 204:23</p> <p>directory [1] 188:13</p> <p>disabilities [1] 192:24</p> <p>disadvantages [1] 150:12</p> <p>discipline [3] 136:21 137:2,5</p> <p>disclose [1] 294:2</p> <p>disclosing [1] 256:24</p> <p>disclosure [11] 77:13 99:16 163:5 166:13 293:8 294:18 311:15,16,16 312:15,17</p> <p>discomfort [3] 26:10 109:5 313:19</p> <p>disconnect [1] 108:18</p> <p>discover [2] 29:12 30:11</p> <p>discovered [3] 107:18 135:12 229:20</p> <p>discoveries [1] 168:18</p> <p>discovery [1] 162:21</p> <p>discrepancy [4] 38:14 39:2 46:8 87:12</p> <p>discuss [9] 35:21,24 84:14 136:14 152:13 352:25 353:1 360:7 369:23</p> <p>discussed [28] 24:5 60:21 64:3 85:18 87:8 92:8 105:25 136:4 138:17 147:3,11 172:23 216:3 254:6 255:24 256:23 289:6 297:9 311:15,18 336:10,14 342:1 347:20 353:5,9 364:7 368:6</p> <p>discussing [4] 28:24 86:7 106:12 335:25</p> <p>discussion [108] 4:20 35:23 38:13 43:3,13 44:9 47:1,6 53:14 66:7,24 71:7 77:20 79:23 80:18 81:1 85:17 86:10,18,20 86:25 89:22 90:20 94:23 96:9,12,20 97:7 99:22 100:17,23,25 101:2 105:13 115:6 137:22 138:7 162:9 173:6 174:4 174:18 218:10 220:21 223:6 226:23 251:7,12 251:24 253:22 254:1 257:1 263:14 270:12 271:7,9,11 274:14,23</p> | <p>275:14 281:14,17,21 287:11 293:3,10,16,20 293:23 294:6 299:7,11 299:13,17,20 301:18 311:20 312:5,11 314:2 315:17 317:5 318:5,19 319:23 321:8 323:16,18 324:6,11 333:3 335:11 335:15 336:9 347:21 349:13 354:15 357:25 358:3,5 368:2 375:14 378:3,14 379:10,20,23 379:24,24</p> <p>discussions [25] 19:6,10 22:1 40:13,21 42:6,23 44:25 54:10 94:21 95:14 97:5 219:13 226:24 227:3 235:12 271:18,24 287:3 287:7,15,18,22,25 303:17</p> <p>disease [1] 119:19</p> <p>disseminated [1] 34:25</p> <p>dissuaded [1] 274:19</p> <p>distance [1] 132:2</p> <p>distilled [1] 17:9</p> <p>distinction [2] 67:5 140:8</p> <p>distinguish [1] 118:18</p> <p>distribute [1] 243:7</p> <p>distributed [2] 243:12 243:15</p> <p>disturbed [1] 19:14</p> <p>division [13] 1:17 113:21 180:15,16 183:4,15 189:9 193:3,8,9,11,13 304:9</p> <p>divisional [1] 108:19</p> <p>doctor [19] 37:14 38:4 47:12 57:15 79:10 93:2 99:13 100:1 103:2 104:7 105:8 106:8 107:9 108:4 113:6,13,15 298:15 303:9</p> <p>doctor's [1] 98:24</p> <p>doctors [6] 1:10 21:5 31:12,13 262:2 372:16</p> <p>document [18] 4:12 15:16 32:9,11,20 33:1,3 33:4 54:11,21 71:1 72:15 72:25 104:12,14 177:2 250:20 358:11</p> <p>documentation [7] 19:23 53:11 64:24 169:3 249:19 250:21,23</p> <p>documented [1] 152:14</p> <p>documenting [3] 126:21 149:5 150:23</p> <p>documents [3] 73:1 99:13 176:22</p> <p>Dodge [1] 36:3</p> <p>doesn't [8] 31:8 39:2 152:25 166:17 187:15 189:17 239:22 319:1</p> <p>dominate [1] 34:5</p> <p>Don [8] 26:21 29:19 37:24 82:12,12,13 115:11 199:12</p> <p>done [62] 9:10 30:23 50:12 54:5 61:22 63:22</p> | <p>64:15 66:8 69:17 74:14 74:18 75:3 84:22 91:9 95:2,9 102:15,16 112:11 120:20 124:3 125:23,25 128:24 146:8 149:22 152:24 158:23 162:23 171:6 172:12 178:11,14 178:20 179:6 207:12,14 217:20 224:1 235:2 236:2 243:19 256:10,14,19 262:17 265:23 268:9,25 278:13 283:14 285:5 293:6 312:17 318:13 327:10,14,15,17 368:10 370:14 374:19</p> <p>doors [2] 227:17 304:11</p> <p>double [1] 29:9</p> <p>doubt [1] 211:13</p> <p>down [28] 17:9 24:20 30:20 32:13 47:9 48:21 72:13 79:6 84:6 87:9 89:4 90:16 95:16 116:16 125:3 126:24 129:7 131:9 138:11 176:25 177:2 181:12 262:14 263:13 290:10 330:15 350:14 378:6</p> <p>Dr [572] 2:2 4:3,6,8,12 4:16,25 5:6,15,21 6:8,14 6:18,19 7:1,6,11,20,23 8:3,10,16,23 9:9,17 10:8 10:13,15,16,19,23 11:2 11:6,12,16,22 12:2,17 12:23 13:6,13,21 14:3,9 14:18 15:1,3,4,8,10,21 16:4,9,24 17:3,14,18 18:6,10,15,16,25 19:5,7 19:11,15 20:3,8,8,18,18 20:21 21:7,11,20,25 22:2 22:10,18 23:2,9,10,18 23:22 24:4,11,16 25:3,4 25:4,10,11,19 26:5,14 27:7,16,24 28:4,9,15,20 29:21,22 30:16 31:21 32:4,16,21 33:2,7,15,22 35:4 36:3,6,11,15,25 37:5,6,10,24 38:7,12 39:4,6,14,22 40:5,6,18 41:4,9,14,21 42:3,9,11 42:17,19,23,25 43:18 44:2,3,6,16,22,25 45:6 45:21 46:10,19 47:2,3,8 47:13,24 48:3,8,17 49:3 49:7,12,17,18,23,24 50:10,14,25 51:7,12,18 51:19 52:2,9,16,21 53:2 53:7,12 54:17,25 55:2 55:11,13,23 56:1,6,16 56:20 57:5,11,16,20,24 58:11 59:8,15,22 60:18 60:22 61:2,12,17,19 62:8 62:14,18 63:9,14,24 64:5 64:21 65:3,9,14,19,24 66:6,19 67:2,11,15,20 67:25 68:12,17 69:4,19 70:2,8,10,15 71:5 72:14 72:19,24 73:7,16,21 74:2 74:6,10 75:17,23 76:2,7 76:11 77:1,6,10,19 78:2 78:7,11,23 79:4,12,17 79:21 80:6,10,17 81:7 81:19,25 82:5,11,14,18</p> | <p>82:23 83:5,10,16,21 84:5 84:11,23 85:19 86:6,13 86:24 87:14,20 88:1,5 88:10,22 89:1,9,14,21 90:4,13,19 91:3,14 92:2 92:9,17 93:11,20 94:4 94:16 95:14 96:3,11,15 96:19 97:2,10 98:1,8,25 99:8 100:18,22 101:20 102:21 103:6,24 104:1,2 104:7,20 105:10,17 106:9 106:15,25 107:6,13,25 108:6,12 109:2,10,16,18 109:23 110:3,10,13,19 110:25 111:7,13,22 112:19,20 113:2,16 114:4 114:10,17,22 115:5,6,7 115:11,16,23 116:9 117:12,24 118:8,19 119:11 120:25 121:10,20 122:4,13,25 123:22,23 124:6 128:9,14,15,25 129:13 130:9,16,25 131:5 131:19 133:5,19,23 134:2 134:12,20 135:16,22,25 136:17 137:18 138:2,5 138:18,24 139:8 140:5 140:15 141:19 142:9,18 143:5,15 144:11,24 145:4 145:10 146:2,18,22,24 147:9,18,24 148:4,9 149:24 150:3,14 151:15 151:21 152:20 153:1,7 153:18,25 154:9,20,24 155:10 156:9,18 157:8 158:5,9,13,16,22,25 159:14,24 160:7,15 161:3 161:9,13 162:8 163:9 164:16 166:2,19,25 167:8 167:9,19 168:2,4,5,10 168:22 169:8,15,16,24 170:14,22 171:9,18,22 172:9,17,24 173:5,16 174:1,9 175:3,9,12,13 175:20 197:23 198:3,7 198:17,20 199:3 211:15 221:23,24 222:10,10 254:10 255:7 260:7 264:18,25 265:5 280:15 285:23 286:15 287:3,7 287:11,15,18 288:22 295:10 298:13,13,14,17 300:3,6 302:9,10,12,13 302:16,24 303:3,5,14 305:11,12 312:14 314:17 315:12,13,13,13 316:21 316:24,25 317:7 319:5,8 323:10,13 324:6,19,19 324:20 340:8 341:12,15 342:21 343:3 345:16,20 357:7,10 362:23 363:3 363:14 365:9,22 367:23 368:9 372:6 374:2 375:16</p> <p>draft [9] 102:4 206:17 222:18 249:24 250:3,11 250:17 327:21 329:23</p> <p>drafted [8] 327:21,22,24 328:1,4,17 329:11 343:21</p> <p>drafting [2] 28:3 258:12</p> <p>drafts [1] 251:2</p> <p>draw [1] 144:13</p> | <p>drawbacks [1] 150:6</p> <p>driven [1] 117:17</p> <p>due [2] 108:23 250:12</p> <p>Dunn [3] 221:24 356:19 357:6</p> <p>duplication [3] 136:4 136:10 137:9</p> <p>duration [1] 178:15</p> <p>during [6] 142:13 183:8 202:9,15 228:10 229:1</p> <p>duties [3] 193:15,19 197:5</p> <p>Dyer [10] 10:18 17:15,22 18:4 20:1 21:19 22:6,16 22:20 25:4</p> <hr/> <p style="text-align: center;">-E-</p> <hr/> <p>e [9] 99:13 253:14 287:9 332:17 334:17 341:4 342:8 347:3 353:13</p> <p>e-mail [50] 24:20 25:1 27:10 29:5 30:20 31:9 32:1 99:14 152:3,4,8,9 153:6 221:10 229:5 243:22 249:12 253:21,24 273:18 275:7 282:23 288:11 291:2,25 295:4 295:25 332:17,25 333:12 333:23 340:11,12,22,25 341:8 342:3 346:8 349:22 349:25 350:15 351:4,5 351:14,17 353:1,3,17 356:25 358:19</p> <p>e-mailed [1] 339:3</p> <p>e-mails [1] 243:20</p> <p>earliest [1] 100:5</p> <p>early [13] 78:14,22 229:17 233:2 261:19,24 268:22 300:7 328:10 345:13 347:14 349:2 363:5</p> <p>ears [1] 148:17</p> <p>easiest [1] 191:8</p> <p>eastern [129] 1:11 31:17 32:9 34:16 35:12 37:19 38:2 39:11 41:25 65:18 71:16 86:12 87:11,13 93:6 97:24 98:24 99:6 102:5 114:14,16 115:2 116:7 117:21 124:3 128:23 129:11 130:24 139:24 141:4,15 147:6 149:16 150:6 163:3 165:19 175:2 189:12 195:20 197:14,22 205:15 217:25 218:20 219:24 229:17,19,25 234:24 242:7 245:8,23 246:10 247:7,9,11 249:20 250:16 251:2,8 252:1 255:16 256:4,11 263:23 264:6 268:23 270:9,17,24 273:3 273:18 274:4,19 280:3 281:23 282:5 283:1 285:18,20 286:14 291:9 293:4 294:7,10,17,20,25 298:15 299:2 300:23 325:25 326:21,24 328:9</p> |
|---|---|---|--|--|

Inquiry on Hormone Receptor Testing

| | | | | |
|--|--|--|---|--|
| <p>331:21 332:8 335:16 337:4,16,19,23 338:3,7 338:18,24 344:10,20 345:12 350:6,20 351:9 353:22 356:3,12,14 358:23 360:24 362:13,16 365:14 367:11 368:24 375:12 376:20 377:4,15 379:10,14 easy [2] 305:10,13 Eaton [3] 1:18 113:8,9 eats [1] 56:10 educate [1] 112:7 education [4] 114:23 129:23 130:3 131:12 educational [3] 110:24 131:18 178:4 effectively [1] 59:3 effort [3] 135:13 136:10 136:10 efforts [2] 159:12 165:4 eight [10] 306:25 307:11 307:14,18,20 308:2 313:6 316:19 330:23 336:13 either [10] 50:14 120:22 134:13 135:14 137:20 147:7 207:5 240:1 279:24 288:21 Ejckam [1] 211:15 Ejckam's [1] 37:5 Elaine [2] 187:25 188:4 elderly [1] 48:15 elements [2] 116:1 122:15 Elizabeth [2] 230:7,8 Elliott [1] 25:2 Elm's [1] 18:15 Elms [3] 20:18 109:16 110:13 Elms' [1] 19:15 eloquently [1] 64:8 elsewhere [1] 339:23 email [1] 247:1 emphasis [1] 144:8 employee [1] 139:14 employees [2] 131:7 150:8 employment [3] 75:5 75:12 169:19 enable [1] 149:6 enabled [1] 72:5 enacted [3] 36:17 112:2 126:4 encounter [1] 94:13 encouraged [1] 126:9 end [9] 20:14 74:16 117:5 125:21 142:21 274:24 278:23 281:25 324:18 ends [2] 139:18 377:10 engaged [4] 59:10 62:20 141:2 230:3 engagements [1] 206:10 England [3] 55:15,17</p> | <p>57:4 enhancement [1] 202:25 ensue [1] 96:12 ensure [10] 27:20 111:24 112:10 116:11 128:22 129:5 131:16 132:21 133:3 206:23 ensuring [1] 52:11 enter [3] 104:23 105:3 177:11 entered [10] 105:1,5,6 177:12,17,18,20,22,23 177:24 enterprise [3] 71:1 72:22 73:5 entire [3] 6:2 23:11 311:25 entirely [1] 98:2 entirety [1] 150:16 entitled [1] 32:9 entry [2] 187:9 188:18 enumerated [1] 58:3 enunciated [1] 40:20 envision [3] 116:5,6 121:15 episode [1] 149:7 equal [1] 87:8 equals [4] 64:25 65:6 66:22,22 equipment [8] 186:7 200:9 256:6,7,11 277:18 278:21 280:6 equivalent [1] 187:18 ER [18] 6:4 85:3,8,16,21 86:5,22 87:10,17,18,24 154:5 159:11,13 174:14 250:16 266:6 285:11 ER/PR [62] 15:17 21:14 21:18 22:9 23:16 34:2,6 37:18,19 38:21 47:19 56:19 57:14 65:22 74:22 87:7 92:23 127:10,19 140:1 149:18 152:12 162:22 168:18 172:4 174:25 188:24 210:19,21 211:8,23 212:4 221:25 256:3 258:19 264:12 282:9,12 285:1,6,7 295:17 303:10 316:24 323:24 324:11,16 326:16 326:20 327:8 330:13 332:9 333:25 336:11 337:25 338:15,16 350:22 354:13 357:1 369:12,18 ER/PR.doc [1] 222:6 error [6] 65:1,2 122:17 171:11 173:7 371:24 errors [2] 151:1 229:20 espoused [1] 294:16 establish [2] 183:6 327:5 established [3] 61:14 183:4 193:13 estimated [2] 229:23 231:17 estrogen [1] 102:12</p> | <p>et [4] 1:10 74:15,24 75:1 etcetera [1] 53:19 ethical [1] 35:25 ethics [2] 95:2,9 evaluating [1] 160:24 evaluation [5] 130:1,2 130:23 174:24 228:25 evaluations [5] 130:13 131:7 150:8,11 151:13 evening [2] 64:6 351:24 event [12] 73:6,6 79:23 80:25 81:2,2,9 128:2 140:4 151:24 313:5 332:3 events [6] 71:23 73:10 150:23 151:20 166:9,10 eventually [1] 181:16 everybody [6] 320:10 320:23 321:1 322:18,20 374:23 evidence [10] 33:14 161:17 165:11 177:19,21 177:22,23,25 228:11 261:14 evolution [3] 20:5 124:5 129:6 evolved [3] 5:8 15:10 34:6 evolving [2] 29:25 39:15 exact [3] 9:23 12:24 170:1 exactly [4] 156:22 186:25 322:3 363:10 exam [1] 132:17 examination [9] 2:3,4 2:5,6,8 103:24 113:13 168:2 171:14 EXAMINATION-IN-CHIEF [2] 4:3 176:11 example [19] 15:23 75:12 85:15 108:21 119:13 120:16 132:13 137:3,25 145:7 150:8 155:2 161:19 162:20 165:9,20 166:16 203:9 324:13 excess [1] 339:6 exchange [10] 24:20 221:10 249:13 288:11 351:5,14,17 353:14 354:5 358:20 exclude [1] 88:8 excluded [1] 191:10 executive [11] 35:20 37:15 46:5 69:8,23 139:17 184:12 186:17 255:21 354:7 357:7 exercise [3] 28:13,14 77:25 exhibit [21] 3:3,4,5,6,7 3:8 62:3 104:6,23 105:6 152:2 159:5 165:1,8 177:18,20,22,23,24 221:4 257:22 exhibits [3] 3:2 177:5,11 exist [2] 187:14,16</p> | <p>existed [2] 145:12 163:11 existing [3] 202:25 233:23,25 exists [1] 110:2 exit [1] 128:9 expand [1] 315:22 expect [13] 33:8 121:18 121:21 157:2 189:4 223:13,16 224:2,14 314:15 330:21 339:21 370:16 expectation [3] 12:18 22:11 88:19 expected [3] 131:6 155:23 269:4 expecting [5] 57:2 291:5 329:4 340:2 348:7 experience [2] 17:24 119:7 experienced [1] 101:5 experiencing [1] 60:13 expert [2] 139:19 154:11 expert's [1] 340:1 expertise [3] 35:6 126:17 169:17 experts [8] 115:17 117:18 118:24 121:11 122:5,12 127:8 143:1 explain [3] 162:1,1 191:9 explained [3] 20:4 32:5 239:4 explanation [3] 16:21 18:22 261:16 explanatory [1] 70:22 exploring [1] 135:7 express [9] 91:11 108:21 109:1 223:25 271:14 312:21 313:3,10,24 expressed [12] 5:25 14:8 16:12,13 18:19 23:6 91:25 92:3 114:5 274:20 298:3 367:22 expressers [1] 127:18 expressing [3] 276:10 313:13,18 extended [3] 217:5 307:19 313:16 extension [1] 203:9 extensive [1] 185:3 extent [4] 250:19 260:2 283:3 329:21 external [18] 6:6,9,23 6:24 8:1 24:3,9 31:17 52:12 60:16 125:25 145:2 145:23 163:1 165:17 277:8 281:14 339:25 extra [1] 125:6 extracting [2] 163:13 163:17 extrapolate [1] 120:13 extremely [1] 85:14 eyes [1] 148:17</p> | <p>face [2] 203:11,17 face-to-face [2] 69:17 365:21 facilitate [1] 50:12 facility [1] 181:13 facing [1] 95:3 fact [20] 21:17 22:16 38:4 40:22 53:10 85:20 112:4 115:11 119:22 123:11 149:9 187:15 200:10 252:17 259:21 261:14 299:7 303:25 304:10 365:21 factor [1] 142:14 factors [2] 75:5 88:21 facts [1] 35:9 failed [1] 108:22 fair [6] 107:24 197:10 204:4 259:13,15 317:8 fairly [5] 70:19 107:3 228:4 338:8 368:18 faith [1] 34:18 fall [7] 41:11,19 112:20 191:6,16 287:19 336:12 falls [2] 152:15 200:15 false [19] 66:9,10 67:21 68:5 143:10,10 152:14 153:11,15,21 154:21 155:6 156:23,23 157:3,6 157:20,20,25 false/negative [2] 142:24 143:20 false/positive [2] 142:23 143:20 familiar [2] 146:22 170:15 families [14] 93:18 94:3 95:11 97:1,9,20,23 98:12 98:20 100:25 101:3,4 102:18 124:11 family [14] 29:14 30:8 30:13 95:17 96:7 97:19 97:21 98:22 100:14 101:6 101:19 129:20 187:13 191:15 far [5] 134:1 158:19 169:23 341:2 379:25 fare [1] 146:10 favourable [3] 173:19 173:20,22 favourably [2] 123:7 174:7 favoured [2] 101:16,24 February [6] 68:25 82:10 93:5 158:9,15 260:23 feedback [10] 4:13 5:12 6:5,23 9:5 12:7 83:25 84:16 123:24 339:22 feeling [6] 12:25 15:17 58:14 71:10 95:5 162:11 feet [1] 120:3 fell [2] 202:16 206:15 fellowship [1] 55:17 felt [13] 13:2 17:7 35:8,9</p> |
|--|--|--|---|--|

Inquiry on Hormone Receptor Testing

| | | | | |
|---|--|---|--|---|
| <p>92:19 123:8 158:11,17 203:20 228:7 312:15 314:9 338:22</p> <p>few [17] 113:21 168:15 185:2 196:4,6 217:4 225:11,24 226:12,17 227:17 234:12 237:1 262:23 275:7 279:13 304:8</p> <p>field [1] 121:12</p> <p>fielded [1] 98:17</p> <p>Fifteen [1] 103:13</p> <p>fifth [2] 15:16 152:8</p> <p>fifty [3] 65:23,25 339:8</p> <p>figure [5] 66:25 83:2 89:7,19 262:14</p> <p>figures [1] 86:23</p> <p>figuring [1] 86:20</p> <p>file [35] 95:23 177:5 223:20 245:3 253:18 261:24 265:7 291:4 303:1 303:18 306:2 314:4 326:10,12,16,21,24 327:3 327:8,19 330:2,2,8,17 331:4,21 332:3,9,9,20 335:8 336:6 337:6,10 349:13</p> <p>filed [1] 25:23</p> <p>files [14] 94:20,22 95:15 95:16 190:7 192:23 223:21 239:22 330:5,11 335:18 337:3 338:5 347:22</p> <p>fill [2] 17:25 332:13</p> <p>final [3] 64:14 93:2 95:12</p> <p>finally [6] 71:8,10 91:16 128:5,11 158:9</p> <p>Finance [1] 201:10</p> <p>finances [1] 200:18</p> <p>financial [3] 200:8,13 200:21</p> <p>finding [1] 59:13</p> <p>findings [3] 24:3,9 281:18</p> <p>fine [7] 102:3 256:8 257:6 257:12 340:5 366:2,3</p> <p>finished [1] 47:18</p> <p>finishing [1] 64:12</p> <p>first [63] 16:14,18 32:11 33:13,16 37:22 41:2,7 44:4 64:17 79:24,25 80:13 93:16 99:12 104:8 106:19 113:22 136:5 164:20 194:7 203:11,25 204:2 207:6 210:1,18 212:3,13,19 215:19 216:7 218:11 220:16,17,21 222:19 224:19 225:13 226:8 228:10 229:7 232:3 232:6,8 235:5,25 241:18 248:7 251:14,16 252:18 257:22 263:11 282:15 287:7 317:1,20 321:2 327:25 362:1 365:25 370:1</p> <p>fit [6] 81:23 86:21 169:21 169:25 171:8 205:7</p> | <p>five [12] 38:16 39:2 66:3 75:22 80:20 152:15,19 155:5 247:2 301:1 310:18 310:20</p> <p>fixation [1] 117:2</p> <p>fixative [1] 108:25</p> <p>flag [2] 313:14 342:25</p> <p>flat [1] 58:25</p> <p>Fleming [7] 302:24 303:3,5,14 305:11 315:12 324:6</p> <p>flexibility [1] 203:1</p> <p>floor [1] 148:14</p> <p>flow [4] 20:17 21:1 24:21 60:11</p> <p>flux [1] 54:12</p> <p>Flynn [4] 128:9,15 158:16,22</p> <p>focus [15] 20:14 32:24 35:23 48:19 51:24 84:25 85:3,7 125:21 128:22 154:15 156:6 183:5 282:11 374:7</p> <p>focused [8] 88:15 111:23 112:5,8 138:8,12 155:8 343:10</p> <p>focuses [1] 155:24</p> <p>folder [1] 331:21</p> <p>folks [2] 90:6 94:10</p> <p>follow [26] 14:14 15:19 28:2 40:3 44:1,17,20,20 48:12 49:1,15 50:4 81:13 99:15 139:6 164:8 289:24 290:2 325:19 328:10 333:11 334:21 346:8 348:20 379:9,13</p> <p>follow-up [4] 12:9 32:1 253:22 254:1</p> <p>followed [10] 8:21 12:14 21:24 30:5 40:8 42:18 48:16 104:16 227:25 346:13</p> <p>following [10] 12:19 37:18 38:1 289:22 290:14 290:16 296:1 331:11 332:11 333:6</p> <p>force [3] 73:9 76:1 81:18</p> <p>forces [2] 132:14 133:12</p> <p>foregoing [1] 381:3</p> <p>foreign [1] 162:14</p> <p>forget [1] 183:10</p> <p>form [1] 101:22</p> <p>formal [3] 132:24 145:16 149:21</p> <p>formalized [2] 121:19 121:22</p> <p>formally [1] 147:7</p> <p>format [1] 77:14</p> <p>former [3] 180:8,15,19</p> <p>forth [3] 60:11 105:9 203:18</p> <p>forward [30] 45:19 71:2 78:16 84:21 89:17,18 90:2 127:25 132:5 137:25 138:16 148:19 151:16</p> | <p>174:5 201:12,24 202:19 203:21 204:1,14 243:5 244:10 247:4 274:25 279:9 294:17 339:24 342:3,7,8</p> <p>forwarded [7] 246:20 246:22 248:3,6,23 249:6 347:8</p> <p>forwarding [2] 24:24 244:12</p> <p>found [8] 42:12 43:11 135:14 181:16 303:11 335:16 338:7 355:3</p> <p>four [22] 38:16 39:1 41:7 48:6,11,15,24 65:22 71:20 186:18,18 194:2,7 194:9 201:22 269:5 278:18 301:1 307:5,8,20 310:18</p> <p>frailties [1] 143:25</p> <p>frame [2] 25:8 33:9</p> <p>framework [3] 183:7 187:5 193:20</p> <p>free [7] 146:23 147:21,25 149:1,12 150:13 151:9</p> <p>frenzy [1] 36:2</p> <p>frequency [2] 119:8 194:4</p> <p>frequently [2] 376:21 377:1</p> <p>Friday [2] 351:23 356:19</p> <p>Fridays [1] 60:4</p> <p>front [3] 176:24 177:3 339:3</p> <p>full [5] 23:11 71:25 128:3 128:16 171:14</p> <p>fully [3] 71:15 143:18 345:12</p> <p>function [3] 125:14 159:2 180:23</p> <p>functionally [1] 15:4</p> <p>functions [1] 110:9</p> <p>funding [2] 193:10 202:9</p> <p>future [1] 72:12</p> | <p>glad [2] 124:8 168:8</p> <p>global [1] 112:8</p> <p>go-forward [6] 16:3 268:18,20 279:22 282:1 290:12</p> <p>goal [3] 129:1 154:13 157:9</p> <p>goals [2] 32:13 34:22</p> <p>goes [10] 15:15 99:17 144:17 207:21 316:25 323:2 324:18 333:22 367:8 370:6</p> <p>gone [13] 8:24 9:6 17:22 43:10 126:18 158:15,20 174:17 194:2 260:19,20 308:3,6</p> <p>good [33] 4:6,6,9 55:24 71:19 104:1,3 113:15,17 120:6,6 123:10,24 134:24 142:5 143:25 157:19 162:11 168:4,6,9 170:17 175:12 176:5,5 233:1 261:6 277:16 284:17 315:15 329:24 331:10,17</p> <p>Gosse [3] 359:21,25 360:10</p> <p>governance [5] 139:12 139:13 140:9,10 141:8</p> <p>governed [1] 85:6</p> <p>governing [1] 34:13</p> <p>government [18] 126:13 142:1 180:7,24 181:7,17 181:23,25 196:14 201:16 201:25 202:5 204:16 226:9 363:4 365:18 366:16 367:14</p> <p>Gowan's [1] 156:19</p> <p>graduate [1] 178:9</p> <p>Grant [3] 1:13 167:21 167:22</p> <p>grants [4] 192:8,12,14 192:16</p> <p>great [8] 13:1 75:19 94:9 101:6 125:23 131:25 137:21 163:12</p> <p>greater [4] 133:14 196:13,24 311:17</p> <p>Gregory [3] 63:18 68:7 82:12</p> <p>Griffiths [1] 205:6</p> <p>ground [3] 120:3 134:25 159:22</p> <p>group [32] 26:20 32:24 32:24 39:10 40:16 41:24 51:6,24 60:4 75:15 77:9 77:16 79:16 80:4,15 83:25 115:9,12 117:18 118:24 121:11 123:16 125:4,8 126:16 127:18 171:19 182:11 300:25 301:1,2 372:21</p> <p>groups [8] 58:9 60:25 61:1,6 116:19,20 126:11 162:24</p> <p>guess [46] 18:14 29:24 33:23 43:15 45:10 58:18 58:20 96:6 119:13,24</p> | <p>120:7 124:16 129:18 134:5,16 136:4 139:24 140:6,17 142:17 143:9 143:13 145:13 149:9 154:23 161:13,25 168:8 182:12 183:22 185:5,19 187:8 188:14 191:3 194:8 198:15 201:10 207:10 222:20 266:13 278:19 284:6 318:9 341:1 358:21</p> <p>guessing [1] 41:22</p> <p>guidance [2] 73:9 119:2</p> <p>guidelines [1] 137:24</p> <p>Gulliver [28] 6:19 7:22 10:15 15:12 19:8 20:6,7 20:9 22:1,15,19 25:3 31:12 42:15,15,16,17,19 44:4,9,21 49:16,19,21 99:20 111:1 221:25 222:11</p> <p>guy [1] 140:19</p> |
| <p>-H-</p> | | | | |
| <p>H-E-N-N-E-S-S-E-Y [1] 176:18</p> <p>half [1] 141:6</p> <p>Halifax [1] 147:2</p> <p>hall [3] 9:12 23:25 24:5</p> <p>hammered [1] 154:16</p> <p>hand [2] 123:8 260:8</p> <p>handed [1] 50:1</p> <p>handing [1] 182:14</p> <p>handle [2] 188:16 190:6</p> <p>handled [4] 94:6 98:14 98:18 99:7</p> <p>handling [3] 94:2 335:12 335:13</p> <p>hands [3] 101:13 165:23 169:2</p> <p>handwritten [10] 46:25 163:21 257:25 258:11,17 259:6 260:11 262:11 314:16 364:25</p> <p>happening [6] 54:1,21 59:23 97:23 151:4 367:5</p> <p>hard [2] 15:9 101:9</p> <p>hard-working [1] 164:17</p> <p>HCS [1] 229:11</p> <p>head [3] 85:25 86:7 118:1</p> <p>heading [3] 16:18 52:19 52:22</p> <p>heads [7] 80:19 214:19 219:6 229:16 351:7 355:21,22</p> <p>health [194] 1:12,20 31:17 32:9 34:8,12,16 34:16 35:1,3,10,12 37:20 38:2 39:11 65:18 68:25 71:17,20 86:12 87:11,13 93:6 97:25 98:24 99:6 102:5 104:10 114:14,16 115:2 116:7 117:22 123:9 124:3 128:18,23 129:11 129:15 130:24 139:24 141:5,16,25 143:17 147:6</p> | | | | |

Inquiry on Hormone Receptor Testing

| | | | | |
|--|---|---|--|---|
| <p>149:16 150:6 163:3 165:20 175:2 178:11 179:2 180:8,13 182:6,17 182:18 183:7,13 184:15 185:4,21 186:19 187:3 187:12 188:9 191:5,13 191:16 192:6 194:5,15 195:14,16,20,20,24 196:8 197:1,14,23 198:16 200:14,17 201:9,14,20 201:22,25 202:14 204:25 209:7 217:25 218:20,21 219:24 222:15 229:8,11 229:17,19,25 230:4 234:25 242:7 244:8,18 244:22 245:9,23 246:10 247:7,9 249:20 250:16 251:3,8 252:2 255:17 256:4,11 263:23 264:6 267:5 268:23 270:17 273:3,19 274:19 280:3 281:23 282:5 283:1 285:18,20 286:14 291:9 292:6,15,25 293:4,5 294:8,10,17,25 298:15 299:2 300:23 304:20 305:18 325:25 326:21,24 328:9 330:9 331:21 332:8 335:16 337:4,15,17,19 337:21,23 338:3,7,18,22 338:24 344:10,20 345:12 350:6,20 352:11 354:11 356:3,12,15 359:5 360:24 362:13,16 365:14 367:11 368:25 375:12 376:20 377:4,15 379:10,14</p> | <p>176:6,7,8,11,16,17,22 178:2,7,18,23 179:3,7 179:11,16,20,25 180:5 181:18,24 182:5,24 183:20 184:2,7,18,24 185:7,12,16,25 186:4,13 187:1,19,24 188:3,11,25 189:6,18,24 190:4,12,17 190:22 191:2,22 192:5 192:11,15,22 193:7,18 194:6 195:1,10,18 196:12 196:18 197:6,18,25 198:4 198:10,14,22 199:2,6,11 199:17,21 200:7,12 201:4 201:18 202:11 203:4,16 204:5,22 205:3,8,13,19 205:25 207:7 208:12,17 208:24 209:4,16,21 210:2 210:9,14,20 211:4,10,16 211:20,25 212:6,12,15 212:21 213:1,7,16,21,25 214:11,17,24 215:6,13 215:18,23 216:4,13,17 216:22 217:2,10,14,22 218:4,9,17,22 219:3,9 219:15,21 220:3,9,15,24 221:3,6,9,12,16,20 222:2 222:7,23 223:1,4,10,18 224:4,11,16,24 225:3,10 225:15,21 226:1,6,14,19 227:1,8,13,21 228:6,13 228:17,22 229:13 230:9 230:14,19,24 231:3,7,13 231:19,24 232:5,11,17 232:22 233:6,10,14,20 234:7,13,20 235:1,7,11 235:15,19,23 236:6,10 236:16,20,25 237:8,13 237:18 238:2,6,10,17,22 239:8,13,19 240:3,10,18 240:22 241:2,8,19 242:4 242:11,15,22 243:2,8,14 244:2,15,20 245:1,21 246:2,11,16,23 247:14 247:18,22 248:5,15,24 249:8,14,17,21,25 250:6 250:13,19,22 251:4,11 251:18 252:5,9,15,24 253:4,13,25 254:7,17,23 255:3,9,13,20,25 256:25 257:8,13 258:1,4,8,14 258:20,25 259:4,14,18 259:23 260:4,14 261:3 261:10,18,23 262:7,16 262:20,25 263:5,10,19 264:3,9,16,22 265:2,11 265:20,25 266:7,12,19 266:25 267:10,16,20,24 268:4,13,17,21 269:9,15 269:24 270:5,11,19 271:1 271:6,15,22 272:6,18,24 273:5,13 274:8,12 275:3 275:11,16,21,24 276:5 276:11,17,24 277:5,10 277:14,20,24 278:5,7,11 278:17,24 279:5,10,17 280:2,17,23 281:7,9,20 282:2,10,14,17,22 283:9 283:20,24 284:4,13,24 285:2,12,17,21 286:3,11 286:17,23 287:5,17,24 288:5,13,17,23 289:3,7 289:14,19,25 290:7,15</p> | <p>290:22 291:15,23 292:7 292:12,17,21 293:2,15 293:19,24 294:5,11,22 295:4,6,12,22 296:2,8 296:20,24 297:10,19 298:1,10,20 299:3,10,18 299:23 300:2,8,15,20,24 301:8,14,21 302:6,11,18 302:23 303:4,15,23 304:24 305:3,7,14,22 306:8,13,18 307:2,7,12 307:17,24 308:4,10,14 308:18,23 309:3,8,12,20 309:24 310:3,7,12,17,22 311:3,9,11,19 312:1,6 312:12,23 313:7,12,21 314:1,8,16,18,23 315:3 315:8,18,25 316:4,10 317:6,19 318:2,6,15,20 319:7,14,22 320:6,12,19 320:24 321:10,16 322:1 322:9,14,19,24 323:8,17 323:25 324:4,14,25 325:8 325:14,19,21 326:2,7,11 326:15,19,25 327:4,11 327:16,23 328:7,16,25 329:5,10,17 330:4,18 331:1,8,24 332:5,15 333:13,17,23 334:1,9,14 334:22 335:3,14,22 336:2 336:7,19 337:9,18 338:4 338:12,19 339:9,14,18 340:10,15,19,24 341:9 341:17,24 342:5,14,24 343:7,18,22 344:1,14,22 345:3,7,17,23 346:3,9 346:15,22 347:2,9,17 348:3,9,14,22 349:5,10 349:21 350:4,10,17,25 351:7,11,16,20 352:4,9 352:18,22 353:2,12,19 354:2,8,14,21 355:2,9 355:14,23 356:10,21,22 357:2,9,13,19,24 358:4 358:10,12,16 359:7,12 359:21 360:2,12,19 361:1 361:7,13,18,23 362:2,11 362:18,22 363:1,9,16,20 363:24 364:3,8,13,24 365:1,6,12,23 366:4,9 366:18,25 367:6,18 368:1 368:8,20 369:1,6,14,20 370:3,8,12,19,24 371:3 371:8,12,16,20 372:1,5 372:11,18,23 373:4,18 373:22 374:1,6,13,20,24 375:5,10,18,22 376:2,15 376:22 377:3,12,18,22 378:2,7,11,19 379:6,12 379:17,22</p> | <p>himself [4] 239:21 333:9 335:18 338:9 hindsight [3] 303:20,24 305:23 historical [1] 65:17 history [1] 162:13 hit [1] 350:23 hoc [2] 98:18 99:2 holding [1] 20:2 holds [1] 187:22 home [2] 181:4,9 homes [3] 180:13 191:12 352:13 honest [7] 131:8 196:19 232:23 263:1 343:8 344:15 345:8 honestly [2] 38:15 312:7 Honourable [2] 1:3 381:6 hope [3] 44:7 79:22 168:11 hopefully [3] 128:18 133:3 155:4 hormone [8] 1:2 85:24 102:6 119:16 120:16 211:8 212:4 381:4 hospital [10] 19:17 21:12 55:13 179:12,14 180:15 180:25 181:12 182:8 283:7 hospitals [5] 128:13 180:11,18 181:2 191:12 hour [1] 26:19 House [6] 206:5 207:12 207:24 209:12,20,25 housekeeping [1] 180:21 Howell [428] 2:2 4:3,7,8 4:12,16,25 5:6,15,21 6:8 6:14,18 7:1,6,11,20 8:3 8:10,16,23 9:9,17 10:8 10:13,19,23 11:2,6,12 11:16,22 12:2,23 13:6 13:13,21 14:3,9,18 15:3 15:8,21 16:4,9,24 17:14 17:18 18:6,10,16,25 19:5 19:11 20:3,21 21:7,11 21:20,25 22:10,18 23:2 23:9,18,22 24:4,11,16 25:10,11,19 26:5,14 27:7 27:16,24 28:4,9,15,20 29:21,22 30:16 31:21 32:4,16,21 33:2,7,15,22 35:4 36:3,6,11,15,25 37:6,10 38:1,7,12 39:4 39:14,22 40:6,18 41:4,9 41:14,21 42:3,9,25 43:18 44:2,16,22 45:6,21 46:10 46:19 47:3,8,13,24 48:3 48:8,17 49:3,7,12,17,23 50:10,25 51:7,12,18 52:2 52:9,16,21 53:2,7,12 54:17,25 55:11,23 56:6 56:16,20 57:5,11,16,20 57:24 58:11 59:8,15,22 60:18,22 61:2,12,17 62:8 62:14,18 63:9,14,24 64:5 64:21 65:3,9,14,19,24</p> | <p>66:6,19 67:2,11,15,20 67:25 68:12,17 69:4,19 70:2,8,15 71:5 72:14,19 72:24 73:7,16,21 74:2,6 74:10 75:17,23 76:2,7 76:11 77:1,6,10,19 78:2 78:7,11,23 79:4,12,17 79:21 80:6,10,17 81:7 81:19,25 82:5,14,18,23 83:5,10,16,21 84:5,11 84:23 85:19 86:6,13,24 87:14,20 88:1,5,10,22 89:1,9,14,21 90:4,13,19 91:3,14 92:2,9,17 93:11 93:20 94:4,16 96:3,11 96:15,19 97:2,10 98:1,8 98:25 99:8 100:18,22 101:20 102:21 103:6,24 104:1,2,20 105:17 106:15 107:6,13,25 108:12 109:2 109:10,18,23 110:3,10 110:19,25 111:7,13,22 112:19 113:2,13,15,16 114:4,10,17,22 115:5,16 115:23 116:9 117:12,24 118:8,19 119:11 120:25 121:10,20 122:4,13,25 123:22 124:6 128:25 129:13 130:9,16,25 131:5 131:19 133:5,19,23 134:2 134:12 135:16,22,25 136:17 137:18 138:2,18 138:24 139:8 140:5,15 141:19 142:9,18 143:5 143:15 144:11,24 145:4 145:10 146:2,18,22,24 147:9,18,24 148:4,9 149:24 150:3,14 151:15 151:21 152:20 153:1,7 153:18,25 154:9,20,24 155:10 156:9 157:8 158:5 158:25 159:14,24 160:7 160:15 161:3,9,13 162:8 163:9 164:16 166:2,19 166:25 167:8,9,19 168:2 168:4,5,10,22 169:8,15 169:24 170:14,22 171:9 171:18,22 172:9,17,24 173:5,16 174:1,9 175:3 175:9,12,13,20 197:24</p> |
| <p>Health's [4] 42:1 247:11 270:9 294:20</p> | <p>Healthcare [1] 1:13</p> | <p>hereby [1] 381:2</p> | <p>human [1] 122:17</p> | |
| <p>hear [15] 34:15 58:19 79:24,25 80:12 137:2 141:23 195:25 207:1 211:7 233:9,13 251:14 296:25 349:9</p> | <p>herself [1] 31:7</p> | <p>Hi [3] 99:17,21 222:10</p> | <p>humane [1] 101:1</p> | |
| <p>heard [22] 4:22 66:14 71:10 74:22,25 129:24 147:1 212:4,13,19 222:10 226:20 228:10 229:1 230:7 236:13 237:3 276:20 296:12,23 345:15 381:5</p> | <p>hierarchy [1] 224:15</p> | <p>high [4] 121:4 132:20 142:24 318:14</p> | <p>hundred [4] 80:21,21 310:18,20</p> | |
| <p>hearing [1] 149:12</p> | <p>highlight [1] 4:21</p> | <p>higher [2] 56:22 224:14</p> | <p>Huntsman [1] 106:6</p> | |
| <p>heart [2] 71:8 119:19</p> | <p>highlighted [1] 108:5</p> | <p>highlights [1] 180:3</p> | <p>Huntsmen [1] 106:13</p> | |
| <p>heart-to-heart [1] 95:13</p> | <p>help [14] 25:25 26:15 33:23 55:9 58:22 60:7 81:13 95:1 98:19 116:3 134:15,16 141:15 318:21</p> | <p>helpful [2] 103:5 305:25</p> | <p>hypertension [3] 118:21 118:23 119:4</p> | |
| <p>Heather [10] 24:23,25 24:25 26:20 83:3 99:14 152:5 221:11 222:22 356:21</p> | <p>helpful [2] 103:5 305:25</p> | <p>helping [2] 48:20 111:24</p> | <p>human [1] 122:17</p> | |
| <p>heavily [2] 88:15 158:10</p> | <p>helps [3] 78:16,17 107:21</p> | <p>Hennessey [717] 2:7</p> | <p>hundred [4] 80:21,21 310:18,20</p> | |
| <p>held [4] 35:21 36:21 137:21 185:10</p> | <p>helpful [2] 103:5 305:25</p> | <p>helping [2] 48:20 111:24</p> | <p>Huntsman [1] 106:6</p> | |
| <p>help [14] 25:25 26:15 33:23 55:9 58:22 60:7 81:13 95:1 98:19 116:3 134:15,16 141:15 318:21</p> | <p>helpful [2] 103:5 305:25</p> | <p>helping [2] 48:20 111:24</p> | <p>Huntsmen [1] 106:13</p> | |
| <p>helpful [2] 103:5 305:25</p> | <p>helping [2] 48:20 111:24</p> | <p>helps [3] 78:16,17 107:21</p> | <p>hypertension [3] 118:21 118:23 119:4</p> | |
| <p>helping [2] 48:20 111:24</p> | <p>helps [3] 78:16,17 107:21</p> | <p>Hennessey [717] 2:7</p> | <p>human [1] 122:17</p> | |
| <p>helps [3] 78:16,17 107:21</p> | <p>helps [3] 78:16,17 107:21</p> | <p>Hennessey [717] 2:7</p> | <p>hundred [4] 80:21,21 310:18,20</p> | |
| <p>Hennessey [717] 2:7</p> | <p>helpful [2] 103:5 305:25</p> | <p>helping [2] 48:20 111:24</p> | <p>Huntsman [1] 106:6</p> | |
| <p>Hennessey [717] 2:7</p> | <p>helping [2] 48:20 111:24</p> | <p>helps [3] 78:16,17 107:21</p> | <p>Huntsmen [1] 106:13</p> | |
| <p>Hennessey [717] 2:7</p> | <p>helps [3] 78:16,17 107:21</p> | <p>Hennessey [717] 2:7</p> | <p>hypertension [3] 118:21 118:23 119:4</p> | |

-I-

ie [2] 37:20 117:1
ID5 [1] 107:19
idea [13] 17:3 18:13,19
56:1 123:20 152:18
194:21 234:4,16 271:12
279:13 341:12 342:21
identification [2] 50:7
50:9
identified [10] 30:4

| | | | | |
|--|---|---|--|---|
| <p>39:25 40:15,25 42:14 45:18 48:10 87:1 98:13 98:23 identify [7] 43:6 78:6 83:9 91:7 100:12 102:14 149:4 identifying [1] 45:4 ignoring [1] 92:5 IHC [16] 6:3 15:18 16:20 18:13,14,22 20:18 21:10 109:16,22 110:14 111:4 120:12 121:17 122:3 169:22 II [1] 167:24 image [1] 34:17 immediate [5] 32:14 34:19 35:17 185:5 250:11 immediately [2] 48:22 332:16 immunohistochemical [3] 6:2 114:9 115:22 immunohistochemistry [13] 4:13 9:24 10:10 11:18 19:16 104:10 105:16 107:3 124:20 128:8 159:2 169:13 170:1 immunoperoxidase [2] 323:15,19 impact [2] 71:23 75:11 impacted [1] 35:11 implement [1] 163:4 implementation [1] 111:20 implemented [4] 15:2 108:23 116:8 134:10 implementing [2] 112:16 144:6 implies [1] 148:6 important [12] 33:25 43:15 45:10 85:6 116:1 124:7 143:13,13,14,16 158:16 202:3 impossible [1] 95:20 impression [5] 13:17 64:13 137:13 142:19 173:21 impressions [1] 143:4 improve [4] 19:20 20:13 23:13 58:21 improved [3] 146:7 156:13 250:12 improvement [3] 182:22 183:3 186:24 in-depth [1] 161:4 inaccuracies [1] 35:22 inaccurate [2] 34:4,24 Inaudible [1] 364:16 incidents [1] 119:19 inclined [4] 224:5 264:17 341:4 361:2 include [5] 36:2 76:5 158:3 323:23 345:2 included [4] 191:11 192:6,7 239:6</p> | <p>includes [2] 186:7 306:19 including [2] 99:19 172:4 inclusive [8] 3:4,5,8 177:14,15,18,20,24 incoming [1] 244:6 inconsistent [2] 265:16 265:19 incorporate [1] 76:21 incorporated [1] 260:9 increased [1] 127:14 independent [9] 174:24 203:7 283:18 349:17 359:20 360:1,11 361:22 362:5 independently [1] 283:6 index [6] 285:4,16 286:5 288:21 289:18 300:14 indicate [4] 101:16 243:1 315:11 347:12 indicated [18] 33:14 48:25 49:10 88:19 91:6 102:11 135:11 136:2,7 147:14 161:13 165:12 186:23 303:11 333:8 336:22 346:20 348:25 indicates [2] 5:24 47:16 indicating [5] 6:5 7:12 25:5,12 247:2 indication [6] 51:3 91:1 212:13 224:21,25 261:5 indicative [1] 261:2 indicator [1] 331:10 individual [12] 55:18 72:3 79:15 164:14 169:19 183:9,21 188:4 189:13 189:14 254:19 285:5 individually [2] 80:1 120:23 individuals [12] 22:12 25:24 27:3,11 31:23 32:25 111:5 114:13 125:4 126:17 135:1 190:5 infancy [1] 147:11 infer [1] 106:24 influencing [1] 75:5 informally [1] 147:7 information [82] 12:11 21:2 25:22 27:9,19 34:2 58:16 59:13 60:11 66:9 77:22 83:25 85:9 86:14 91:10,12 97:19,22 100:6 100:16 101:4,11,18,23 123:8 142:16 143:24 144:1 159:25 161:15 162:2,5,7 164:12,15 165:4,6,19,21,22,23 166:8,15,18 214:23 215:3 217:24 218:7 219:2 232:24 233:5 244:6 246:3 249:6 256:24 262:9 263:12 265:5,7 266:1,21 268:8 281:22 285:15,18 286:1,22,24 289:9,15 291:7 313:4 317:10 319:3 324:7,21 326:20 328:9</p> | <p>342:12,15 372:6 378:17 informed [7] 21:16 24:2 24:9 215:17 228:21 253:7 270:4 informing [1] 321:23 infrastructure [2] 184:20 186:8 inhouse [1] 318:13 initial [4] 43:5 47:16 207:9 214:19 initiate [4] 85:24 207:4 208:20 379:23 initiated [4] 5:16 62:19 84:1 334:17 initiatives [2] 51:4 372:21 Inkpen [1] 138:5 input [6] 90:7 91:19 206:18 207:3 360:16,23 inquired [4] 253:17 340:9 341:13 342:23 inquires [1] 189:15 inquiries [16] 38:5 182:15 187:7,10 188:5 188:14,16,18,23 190:6 249:5,10 355:7,15 377:8 377:8 inquiring [2] 334:4 341:16 inquiry [13] 1:1 52:6,20 54:20 58:15 59:12,16 95:8 174:13 187:7 280:22 381:4,8 inserted [2] 246:3 269:1 instance [1] 244:13 instead [3] 125:2 163:18 194:9 institute [2] 143:23 276:21 institution [1] 179:10 institutional [5] 180:20 182:10 183:1,12 304:7 institutions [2] 134:17 184:14 instrument [1] 352:12 instruments [2] 278:12 278:18 Insurance [1] 1:13 integrate [1] 160:21 integrated [5] 1:11,20 71:15,16 72:7 integration [3] 71:19 73:1 160:10 integrity [1] 34:12 intent [3] 183:5 187:2 188:17 interact [1] 73:25 interacting [1] 132:21 interaction [3] 111:17 126:10 205:23 interested [1] 30:20 interests [1] 141:22 interface [1] 140:7 interim [1] 340:5</p> | <p>internal [11] 58:3,22 59:5 160:24 196:16,16 196:23,24 242:19 263:24 301:13 internally [3] 78:13 197:4 300:19 international [2] 121:4 129:16 interpret [3] 171:3 263:15 270:7 interpretation [9] 73:22 73:24 74:15 127:6 129:10 267:11 273:7 311:5 376:4 interpreted [1] 92:16 interpreting [1] 92:1 interrogatories [5] 24:24 25:7,18 27:2 28:3 intersessions [1] 178:13 intervene [1] 140:3 intervention [1] 45:13 interview [1] 128:9 interviews [2] 368:11 368:14 intimately [1] 63:1 introduce [1] 202:15 introducing [1] 352:13 invested [1] 124:23 investigating [2] 102:6 283:1 investigation [1] 102:8 investigative [1] 280:15 investment [1] 126:15 invited [1] 9:25 involve [5] 35:18 56:24 185:15 186:25 231:23 involved [31] 28:12 30:25 50:6 63:1 74:12 93:9 94:18 125:6 139:16 139:25 149:18 155:19 170:11 171:23 185:17 201:2 209:12 219:23 220:2 222:15 223:20,22 230:13 231:11 232:14 245:19 292:10 298:12 318:1 338:7 352:7 involvement [11] 50:11 216:25 217:3 260:3 261:2 261:5 291:20 333:11 338:1,16 349:8 involving [5] 220:6 249:13 329:8 338:3,18 isolated [1] 34:14 issue [154] 13:9,23 14:2 14:8 17:2 31:1,2,4,7 33:25 34:3,6,7 35:7 37:17 38:5,20,22 40:14 42:7 44:12,13 45:4,19 46:4,8,13,14,15 49:22 53:16 73:24 74:11 75:16 76:16 80:19 84:25 92:23 96:1 102:19 113:24 114:20 115:15 140:1 141:3 154:19 155:9 188:7 188:24 196:5 197:22 208:18 209:5,6 210:19 210:21 211:8,9 212:14</p> | <p>212:17 214:20 215:10,17 216:2,12 217:1,8,21 218:3 219:7,13,20 223:14 224:23 225:8 235:14 236:15 238:21 239:7 251:16,17 253:7,11 258:19 261:9,11 278:3 282:16 283:3 289:24 290:13,17,21 291:21 293:8 303:10,12 306:24 311:15,15,18 315:23 316:9,13 321:7 326:18 328:5,22 329:16 330:6,8 330:13,19,21,21,25 331:11,22 332:4 333:25 334:6,13 335:2 338:1,2 338:11,17 340:9 341:13 341:16 342:23 343:5 347:16 349:9,11 350:21 352:7 354:13,20 355:1 355:19 356:9 357:1 359:23 360:18,25 361:17 366:14,22 367:23 368:7 369:13 373:23 379:21 issued [3] 377:7,14 379:5 issues [35] 16:25 29:11 35:13 60:5,10 71:9 95:6 136:9,11 138:16 139:16 140:22 141:23 163:5 165:21 166:12 182:16 206:24 207:14,15 208:10 211:14 304:12 316:18,21 323:5 324:12 330:10 331:12 338:3,17,20 347:19 369:18 375:3 issuing [1] 206:13 it'd [2] 14:9 43:15 item [4] 14:12 58:8 108:17,22 items [6] 58:3 92:24 336:10,14 369:10,23 itself [10] 61:19 72:18 106:22 111:21 112:17 130:24 133:2,10 202:7 321:24 <hr/>-J-<hr/>Janet [1] 1:13 Janie [1] 24:22 January [12] 37:21 38:3 38:14,24 39:12 46:7,16 57:19 58:5 62:5,12 260:23 January/February [1] 280:19 Jenkins [1] 70:10 Jennifer [4] 1:17 2:5 113:13,19 job [15] 41:8 72:9 109:21 110:1,8 111:23 131:23 141:6 147:16 149:19 164:24 170:1 183:23 195:9 196:17 jobs [2] 59:14 110:7 jog [1] 152:25 John [8] 69:6 205:4,10 267:17 295:20 344:6 346:20 369:11</p> |
|--|---|---|--|---|

| | | | | |
|--|---|--|--|---|
| <p>John's [21] 17:25 37:20 38:23 46:16 50:23 87:10 180:25 181:2,4,10 256:13 256:16 268:24 269:13 290:10 308:15 310:25 351:23 353:15 381:8,11</p> <p>joined [6] 69:13 70:1,3 82:11 146:25 147:7</p> <p>joining [1] 139:24</p> <p>jointly [2] 132:6 201:10</p> <p>Jones [5] 69:6,9 70:1,6 99:19</p> <p>journal [2] 39:18 153:13</p> <p>journals [1] 14:20</p> <p>Judy [2] 381:2,13</p> <p>July [45] 191:24 210:21 211:23 212:13,24 213:2 216:12 217:5 221:19 223:1,9 224:19 225:18 226:22,23 228:11 229:8 230:10 232:25 233:5 234:19 235:3,14 236:14 237:5,25 238:7,23 240:9 241:1,12,21 242:9 243:25 247:6,8,15,25 250:5,11 251:1,12 253:8,16 282:25</p> <p>jump [1] 13:10</p> <p>June [4] 24:23 30:15 55:18 57:3</p> <p>jurisdiction [3] 42:1 97:15 191:7</p> <p>jurisdictions [2] 20:10 146:16</p> <p>Justice [2] 1:3 381:6</p> | <p>26:10,15 29:25 36:8 40:19 46:4,20 53:18 94:5 109:9,11 121:5 123:24 126:3 129:17 135:4 154:1 161:2,4 164:18 174:22 229:1 251:20 261:7</p> <p>knowledgeable [1] 234:1</p> <p>known [8] 31:11 142:14 165:19 255:4 280:7 285:25 286:4 290:17</p> <p>knows [1] 299:14</p> <hr/> <p style="text-align: center;">-L-</p> <hr/> <p>lab [39] 14:25 19:16 23:1 29:10 44:15 50:19,23 61:18 68:20 104:10 105:16 107:3 110:6 111:4 111:21 112:3,6,17 123:9 124:3,20 128:8 129:6 131:16 144:7 145:8 156:3 156:15,15,19 158:18 159:2 169:22 170:1,13 219:24 220:2 232:10 263:21</p> <p>labelled [1] 155:16</p> <p>laboratories [2] 128:14 265:15</p> <p>laboratory [31] 12:12 23:12 61:22,23 108:18 108:20 109:15 111:10 112:12 116:7 122:1,6,9 125:15,16,18,19,22 127:25 128:11,17 131:6 145:11 146:4 156:24 157:14 162:14 168:17 169:14 174:25 264:10</p> <p>Labrador [4] 69:5 113:20 381:8,11</p> <p>Labrador-Grenfell [1] 1:19</p> <p>labs [15] 66:3 73:13 134:6 134:7 146:9,13,14,15 156:1,7 157:4,6 158:1,4 265:19</p> <p>lack [6] 108:23 151:10 162:13 261:1,2,4</p> <p>ladies [1] 119:16</p> <p>lady [3] 285:5 340:8 341:13</p> <p>Laing [15] 1:10 25:4 83:8 95:14 298:14 302:9 312:14 315:13 316:21,24 316:25 317:7 319:5 324:19 345:16</p> <p>Laing's [1] 319:8</p> <p>language [1] 331:14</p> <p>large [7] 77:13 80:15 120:4 134:17 159:9 173:24 230:2</p> <p>larger [3] 119:20 132:2 301:2</p> <p>Larkin [1] 112:21</p> <p>last [12] 9:6 29:13 30:10 30:12 37:3 64:6 99:13 99:21 106:1 130:4 147:14 258:21</p> | <p>lastly [1] 111:3</p> <p>late [2] 41:13 280:11</p> <p>latter [1] 244:9</p> <p>lawyer [1] 222:19</p> <p>layer [1] 125:12</p> <p>layers [2] 124:14 127:1</p> <p>lead [3] 74:1 335:8 336:18</p> <p>leadership [6] 23:11 50:19,23 141:4 185:20 335:18</p> <p>leading [1] 180:3</p> <p>learn [6] 19:10 81:10,11 225:2,6,9</p> <p>learned [13] 70:23 71:3 71:13 211:23 214:23,25 215:1 225:11 226:5,17 234:9 237:11 286:7</p> <p>learning [5] 53:21,24 116:15 139:9 149:5</p> <p>least [10] 31:15,25 56:21 56:23 58:2 107:18 108:8 319:5 330:23 342:7</p> <p>leave [4] 10:24 17:21,22 181:5</p> <p>leaving [3] 63:4 141:11 141:13</p> <p>leeway [1] 118:15</p> <p>left [14] 39:9 44:17 69:9 69:12,25 115:17 137:12 160:19 180:24 181:6 349:3,6 354:11,16</p> <p>legal [3] 25:21 60:8 230:3</p> <p>lengthy [1] 230:22</p> <p>less [7] 28:8 47:21 102:14 102:16 137:9 166:6 338:16</p> <p>letter [18] 99:24 100:8 100:11 101:18,23 102:4 102:18,22 222:1,11,16 222:18 271:18 319:2 325:12,12,16 375:25</p> <p>letters [11] 100:17 223:3 223:16 275:9,15 295:10 295:15 296:7 343:14,21 376:5</p> <p>letting [1] 348:6</p> <p>level [25] 13:1 20:23 71:11 72:5 109:8,11 133:14 137:1 141:9 148:23 152:13 157:13 158:8,18 162:4 186:10 186:17 195:21,22,23 196:2 197:15 224:2,6 293:6</p> <p>liaise [1] 186:11</p> <p>liaison [9] 185:24 191:4 194:15,24 200:17 292:5 304:6 335:21 338:8</p> <p>license [1] 129:21</p> <p>life [1] 28:21</p> <p>light [7] 31:18,22 39:7 90:24 143:8 148:21,21</p> <p>likely [5] 87:18 189:13 204:8 229:18 240:4</p> | <p>likewise [2] 110:22 248:11</p> <p>limitations [2] 26:9 139:17</p> <p>line [11] 23:7 78:25 88:12 106:14 116:10 265:10 267:2 342:9 364:21 366:2 376:19</p> <p>lines [9] 22:25 23:13 34:9 39:17 142:2 166:10 234:5 279:13 323:7</p> <p>link [1] 206:12</p> <p>linkage [1] 304:12</p> <p>linkages [1] 192:12</p> <p>linked [1] 206:8</p> <p>list [9] 3:2 25:13 29:9,14 30:2 50:1 82:21 257:20 369:22</p> <p>listed [5] 34:22 62:23 70:13 77:18 188:13</p> <p>listen [1] 156:2</p> <p>listening [1] 138:22</p> <p>lists [1] 42:16</p> <p>literature [14] 66:8,12 68:6 108:11 118:25 120:1 120:23 153:14,21 155:21 155:24 156:6,7 264:12</p> <p>litigation [1] 375:3</p> <p>live [1] 132:1</p> <p>lived [1] 135:18</p> <p>load [1] 72:1</p> <p>locate [1] 107:21</p> <p>located [2] 21:6 304:15</p> <p>locums [3] 55:20,22,22</p> <p>long-term [3] 182:10 304:7 353:7</p> <p>long-terms [1] 183:1</p> <p>longer [5] 71:22,24 97:14 97:24 355:4</p> <p>look [54] 14:22 20:9 24:19 32:8 40:11 43:10 46:3,23 50:3 64:7 76:13 76:15,20 77:12 94:20 99:11 101:15 106:18,22 118:20 120:13 124:19 126:19,25 132:6 136:19 142:2 148:15 157:24 158:22 159:1 174:13 176:25 177:1,7 194:11 203:13 221:2 229:4 249:17 257:6,16 263:8 282:20 306:6,16 314:14 333:16 339:2 341:18 345:11 350:13 356:18 369:9</p> <p>looked [8] 66:8 69:22 95:8,9,9 97:13 131:23 306:7</p> <p>looking [30] 5:11 20:9 20:10 34:13 54:11 58:21 72:12 75:8 76:22 78:13 97:21 105:18,19 115:10 128:15 129:8 134:18 141:13 148:17 149:2 163:18 169:18 171:11 203:14 251:8 273:19</p> | <p>303:20 322:6 363:5 365:18</p> <p>looks [6] 57:19,21 62:11 66:17 267:14 325:24</p> <p>loop [3] 22:17 228:3 355:13</p> <p>losing [1] 149:19</p> <p>loss [1] 101:6</p> <p>lost [2] 136:10 147:16</p> <p>Louise [1] 99:19</p> <p>low [4] 85:15 127:17 173:20,23</p> <p>lunch [3] 175:22,24 176:1</p> <p>Lynn [2] 51:4,5</p> <hr/> <p style="text-align: center;">-M-</p> <hr/> <p>M-O-I-R-A [1] 176:17</p> <p>MAC [1] 140:25</p> <p>MacDonald [1] 82:13</p> <p>machinery [1] 109:5</p> <p>magic [1] 150:17</p> <p>magnitude [4] 140:4 220:14 233:13 317:17</p> <p>mail [8] 242:19 253:15 287:10 332:18 334:18 341:5 347:4 353:14</p> <p>mails [2] 99:14 342:9</p> <p>main [1] 304:2</p> <p>maintain [4] 74:23 121:5 129:19 338:8</p> <p>maintained [1] 159:23</p> <p>maintaining [1] 372:21</p> <p>maintenance [3] 256:10 278:12,13</p> <p>Majesty [1] 1:9</p> <p>major [9] 13:23 71:22 80:19 127:8 133:7 134:23 141:23 229:8,16</p> <p>majority [1] 6:3</p> <p>manage [2] 35:13 72:5</p> <p>managed [1] 30:17</p> <p>management [28] 12:5 30:18 31:6 37:15 40:9 43:21 46:5 49:8 50:2 71:1,2 72:4,15,22,25 73:5 92:22 93:25 94:6 94:11 118:20,23 139:7 178:12,14 180:9,22 290:21</p> <p>manager [20] 16:21 17:12,13,15 18:23 19:24 20:6,20,25 21:15,16 23:1 23:7 37:21 108:19 110:7 125:13 163:14 169:6 181:13</p> <p>managers [3] 38:2 61:20 131:6</p> <p>managing [4] 43:22 119:3 163:16 335:1</p> <p>mandate [1] 23:12</p> <p>mandatory [1] 146:14</p> <p>manner [3] 73:3 98:18 149:21</p> |
|--|---|--|--|---|

| | | | | |
|---|---|--|--|--|
| <p>manpower [1] 55:8 manual [1] 122:22 manufacturer [1] 256:5 March [3] 238:24 381:5 381:12 Margaret [1] 381:6 margin [1] 57:15 Marie [2] 359:25 360:9 mark [2] 1:16 73:20 marries [2] 72:20 78:12 marry [2] 72:7 78:17 material [1] 246:9 materials [12] 180:22 227:22,23 244:11,12,21 245:2,4,23 247:3,5 288:11 math [2] 155:7,11 matter [16] 138:19 162:18 224:20 229:8,21 230:8 236:9 244:18 260:3 287:4 295:19 299:14 301:20 321:8 355:18 381:4 matters [2] 191:5 200:8 Matthews [1] 230:8 Maurice [1] 112:21 may [92] 1:4 4:14 5:4,7,8 8:7 9:6 11:5 14:23 15:15 18:5,7 21:4 28:6 29:25 33:9 37:25 38:15 39:1,5 39:12 45:3,24 46:7 71:11 78:24 83:22,22,23 85:2 88:8 93:24 95:23 97:18 101:4,7 102:5,19 115:11 116:19 122:18 130:19 148:18,22 149:6 153:19 154:1 175:23 182:16 186:14 189:7,13 190:10 202:24 206:10 208:18 217:23 218:3,12 224:22 234:25 239:2 240:19 249:3 257:5 258:22 260:6 260:8,13,16 276:19 280:7 284:2,11 285:4 288:1,24 289:2,8 303:21 313:19 317:3,9 318:9,10,11 324:12 327:17 368:3 373:10 375:3,11 McCarthy [1] 324:19 McCormack [1] 245:20 McGrath [1] 69:2 MDs [1] 376:1 mean [27] 23:16 27:5 43:25 68:20 72:23 97:19 120:11 140:23 150:15 164:19 188:14 194:22 233:1 239:23 262:2 282:23 288:6 308:22,25 320:22 331:11 342:6 360:3 370:11,13 376:25 378:23 meaning [1] 73:5 means [9] 22:7,9 48:9 57:25 65:2 378:6,10,13 381:10 meant [2] 141:12 231:25</p> | <p>meantime [3] 124:1 325:12 339:24 Meanwhile [1] 295:18 measures [1] 282:5 mechanisms [1] 157:18 media [22] 32:12 34:4 35:2,8,14,22 78:5,22 98:11 161:21 165:9 170:18 236:9 250:4,17 251:9,15 350:23 359:24 366:15 368:11 377:7 media's [1] 35:24 medical [39] 1:16 20:24 82:3,3 105:15 124:23 126:7 129:22 130:3 131:11 132:18 133:1,9 133:15,17 136:1,6,12,14 136:20,22 137:1,15 138:1 138:5,12 161:16 166:1 197:22 212:8 265:5 303:6 304:4,8,14 305:17 306:1 317:11 328:23 medicine [14] 109:15 112:12 117:21 119:7,10 119:23 120:14 122:2,9 132:5 137:4,5 162:15 168:17 meet [12] 5:4,14 10:7 26:23 59:6 95:11 175:24 325:6,25 334:16 346:7 362:9 meeting [196] 4:18,22 5:5,20 9:23,25 11:1,8 12:6,13 13:1,14,18 14:4 14:17,20,22 23:25 24:1 26:21 27:3 28:21 35:19 36:4,14,22 37:3,9,11,15 50:20 57:8 58:4,10 61:13 61:19,25 62:4,7,11,17 62:21 63:8,22 64:4 66:15 66:25 68:23 69:9,10,13 69:16,17,25 82:8,10 83:20 84:1,4,24 85:2,10 85:11 91:7,16 96:25 98:24 99:16,22,22 128:15 136:5,7,16 137:14,16 138:1,7,9,17 153:17 159:8 169:17 213:8,24 215:19 216:7 218:12 219:13 220:17,18 225:2 237:5,7,19,21,21 238:11 238:16,24 239:1,23 240:2 240:9,15,16,17 241:5,6 247:6 252:1,18,19,23 253:3,11 254:5,10 255:15 255:19 256:1 258:2,22 263:11 271:5 272:8 273:17,21 274:18,24 275:19 276:1 281:8,25 283:19 284:3,12 286:2 286:21,25 287:9 289:2 289:23 291:1,9,19 294:14 296:16 297:4,15 298:11 298:12,22 299:2 301:23 302:4,24 306:5 311:9,25 313:19,25 315:7,24 317:8 320:10 321:22 322:23 332:11 334:8 342:19 343:3 346:14 347:18 352:10 353:6,13 361:17 362:14 363:14 364:7,14</p> | <p>365:5,14,17,21 366:8 367:12 369:5,18,21 377:10 378:4,14,17,21 meeting's [1] 35:23 meetings [37] 9:11 46:6 53:22,24 59:1,21,23,25 60:1 63:15 69:23 95:6 121:5 129:17 132:4 136:1 136:2,8 137:20 139:20 161:18 216:8 235:9 238:25 239:6,20 240:5 251:23 252:14 254:12 263:21,24 264:8 302:25 329:3 349:24 379:1 Megan [1] 1:9 member [3] 29:14 30:13 101:6 member's [1] 97:21 members [2] 1:14 187:13 Memorial [2] 178:9 179:15 memory [6] 28:19 34:21 152:25 241:23 356:2 365:24 memos [1] 37:5 mental [2] 192:6 204:25 mention [1] 280:13 mentioned [10] 46:4 111:5 122:14 123:16 134:17 159:18 164:10 170:19,25 218:13 merely [1] 27:8 messages [4] 4:21 206:7 207:3 250:18 messaging [2] 34:15 208:5 met [13] 37:4 258:21 260:22 280:19 291:12 340:8 341:12,15 342:22 346:11 365:7,25 367:10 method [5] 129:10 132:24 137:17 160:24 174:6 MHAs [1] 187:12 mhennessy@gov.nl.ca [1] 340:13 <small>Mhennessy@mobility.blackberry.net [1] 340:18</small> mid [16] 62:5 178:10 179:15 213:2 216:12 223:9 224:19 226:22,23 230:10 232:25 233:5 234:19 235:3 253:8 340:3 middle [1] 308:2 midst [1] 45:14 might [31] 25:24 38:8 43:17 58:6 85:21 90:25 91:8 95:19 96:4 112:9 120:15 129:4 131:14 135:5 140:2 149:10,11 149:13,22 151:9 154:14 156:5 158:3 160:23,23 161:2 193:1 194:13 217:20 313:4 362:6 Mills [1] 1:9</p> | <p>mind [14] 101:10 106:8 120:19 146:1 150:13 154:19 155:9 195:5 241:14 257:3 272:19 317:18 330:17 364:9 mine [1] 227:17 minimum [3] 74:23 75:1 129:22 minister [133] 142:5 184:9 197:9,10 198:24 199:5,12 202:2 204:9,10 206:2,9,20,21 207:22,22 208:7,7,13,14,22,23 212:17 215:10,11,17,19 216:2 224:7 236:14 237:22 238:21,25 239:2 239:10,21 240:1,6 247:7 251:21 252:10 253:16 254:9,9 255:6,7 256:3 264:15 273:18 275:8 276:9 290:25 291:3,8,12 292:2 294:16 295:20 297:4,14,17,18,21,23,23 299:1 302:22 312:24 313:10 314:3,7,9 315:12 323:3,6,9,11 324:8 325:5 325:24 326:5 328:12 329:4 332:12,24 333:3,4 333:7 334:4,12,16 336:25 341:23 342:1,4,9,10,16 342:19 343:11 344:8 345:1,15 346:11,18 347:4 347:24 348:6,7,12,16,16 348:18 352:8 356:3,7,8 356:11,16 361:4 362:12 362:16 363:23,25 367:17 367:19 378:18,20,22,24 378:25 379:1,3 minister's [8] 187:10 188:19 213:10,24 214:2 214:4,5 276:6 Ministerial [1] 224:6 minor [1] 14:2 minuses [1] 56:8 minute [3] 106:19 108:17 110:13 minutes [5] 37:14 38:22 46:6 103:13 168:15 misinformation [1] 34:24 mislead [1] 337:6 misrepresented [1] 34:3 missed [7] 39:21 40:14 42:8,24 43:2 50:8 360:20 missing [4] 55:9,12 127:14 372:13 mistake [1] 149:3 mix [1] 132:11 model [4] 139:12,13 140:10 141:11 models [1] 141:12 Moira [9] 2:7 176:7,11 176:17 339:6 347:15 351:7 356:21 359:6 moment [4] 20:5 29:10 105:24 358:10 Monday [7] 229:18</p> | <p>355:25 358:6 361:17 362:3,10 366:14 money [1] 200:11 monitor [5] 112:7 159:10 159:12 267:1,2 monitoring [8] 143:12 144:9,22 145:25 267:4,6 267:8 268:9 monoclonal [4] 105:12 106:4 107:2 108:10 month [7] 11:10 30:9 38:16 39:2 57:2 98:4,6 monthly [3] 58:4 59:6 59:20 months [4] 11:10 41:7 41:20 158:13 Montreal [11] 256:17 256:19 283:7,7,11 284:9 306:21 308:9 309:2,14 309:15 morning [28] 4:6,6,9 103:12 104:1,3 113:15 113:17,22 153:11 167:15 168:4,6 244:5 252:2 355:25 358:6 361:17 362:3,10 363:5,15 366:14 367:1,11,17,19 380:4 Moss [2] 381:2,13 most [12] 71:9 101:1 116:18 128:9 158:15 163:10 173:19,22 185:5 265:1 288:6 335:17 mostly [1] 97:21 Mount [34] 26:25 50:13 64:18 100:10 127:10 134:18 256:15 266:10,15 266:18 268:16,25 272:3 272:11 273:24 276:15 279:22 280:9 281:16 290:11 297:3 298:5 301:25 306:25 308:6 316:17,19 319:10 329:20 339:7 342:18 344:9 370:1 371:7 mouse [5] 47:12 106:4 156:12 176:24 177:3 move [15] 19:18 34:23 50:16 51:22 56:4,9 81:8 123:2,3 130:19 138:3 156:12 203:21 204:14 281:11 moved [11] 75:8 101:5 125:2,3 180:13 182:7 183:2 184:8 186:18 194:7 354:6 moving [7] 55:14 56:1 122:21 126:22 128:16 150:10 151:16 Ms [889] 2:7 4:2,9,17 5:3 5:19 6:20 8:11 12:6 26:12,18 29:5 30:17 31:5 31:14,20 39:5 40:1,5,21 40:22 42:19 44:5,10,21 51:19,20 60:2 63:19 68:7 69:6,9 70:1,6 93:24 109:14 111:5,6,8,12,17 111:17,23 112:3,9,21,25 113:12,13,14,17,18 114:7</p> |
|---|---|--|--|--|

| | | | | |
|---|--|---|--|--|
| <p>114:12,19,25 115:13,19 116:4 117:6,20 118:4,13 119:5 120:9 121:8,14,25 122:7,20 123:14,25 125:12 128:20 129:3 130:5,11,21 131:2,10 132:23 133:16,21,25 134:4 135:8,19,24 137:11 137:23 138:14,21 139:2 139:23 140:13 141:10 142:8 143:2,7 144:2,19 145:1,6,21 146:11,21 147:4,13,20 148:2,7 149:8 150:1,5 151:7,18 152:1,22 153:2,4,9,23 154:3,17,22 155:1,3,11 155:20 156:25 157:22 158:21 159:4,17 160:2 160:12,17 161:6,12 162:16 164:1,2,7,25 166:4,21 167:2,7,12,13 167:21,22 169:1,5 174:18 175:16 176:3,6,7,11,16 176:22 177:8 178:2,7,18 178:23 179:3,7,11,16,20 179:25 180:5 181:18,24 182:5,24 183:20 184:2,7 184:18,24 185:7,12,16 185:25 186:4,13 187:1 187:19,24 188:3,11,25 189:6,18,24 190:4,12,17 190:22 191:2,22 192:5 192:11,15,22 193:7,18 194:6 195:1,4,10,18 196:12,18 197:6,18,25 198:4,10,14,22 199:2,6 199:11,17,21 200:1,7,12 201:4,18 202:11 203:4 203:16 204:5,22 205:3,8 205:13,19,25 207:7 208:12,17,24 209:4,16 209:21 210:2,9,14,20 211:4,10,16,20,25 212:6 212:12,15,21 213:1,7,16 213:21,25 214:11,17,24 215:6,13,18,23 216:4,13 216:17,22 217:2,10,14 217:22 218:4,9,17,22 219:3,9,15,21 220:3,9 220:15,24 221:2,6,9,12 221:16,20 222:2,7,23 223:1,4,10,18 224:4,11 224:16,24 225:3,10,15 225:21 226:1,6,14,19 227:1,8,13,21 228:6,13 228:17,22 229:13 230:9 230:14,19,24 231:3,7,13 231:19,24 232:5,11,17 232:22,23 233:6,10,14 233:20 234:7,13,20 235:1 235:7,11,15,19,23 236:6 236:10,16,20,25 237:8 237:13,18 238:2,6,10,17 238:22 239:8,9,13,19 240:3,10,18,22 241:2,8 241:19 242:4,11,15,22 243:2,8,14,23 244:2,15 244:20 245:1,20,21 246:2 246:11,16,23 247:1,14 247:18,22 248:5,15,24 249:8,14,17,21,25 250:6 250:13,18,22 251:4,11 251:18 252:5,9,15,24</p> | <p>253:4,13,25 254:7,13,17 254:23 255:3,9,13,20,25 256:25 257:8,13 258:1,4 258:8,14,20,25 259:4,14 259:18,23 260:4,14 261:3 261:10,18,23 262:7,16 262:20,25 263:5,10,19 264:3,9,16,22 265:2,11 265:20,25 266:7,12,19 266:25 267:10,16,20,24 268:4,13,17,21 269:9,15 269:24 270:5,11,19 271:1 271:6,15,22 272:6,18,24 273:5,13 274:8,12 275:3 275:11,16,21,24 276:5 276:11,17,24 277:5,10 277:14,20,24 278:5,7,11 278:17,24 279:5,10,17 280:2,17,23 281:3,7,9 281:20 282:2,10,14,17 282:22 283:9,20,24 284:4 284:13,22,24 285:2,12 285:17,21 286:3,11,17 286:23 287:5,17,24 288:5 288:13,17,23 289:3,7,14 289:19,25 290:7,15,22 290:23 291:15,23 292:7 292:12,17,21 293:2,15 293:19,24 294:5,11,22 295:4,6,12,22 296:2,8 296:20,24 297:10,19 298:1,10,20 299:3,10,18 299:19,23 300:2,8,15,20 300:24 301:8,14,21 302:6 302:11,18,23 303:4,15 303:23 304:24 305:3,7 305:14,22 306:8,13,18 307:2,7,12,17,24 308:4 308:10,14,18,23 309:3,8 309:12,20,24 310:3,7,12 310:17,22 311:3,4,9,11 311:19 312:1,6,12,23 313:7,12,21 314:1,8,16 314:18,23 315:3,8,18,25 316:4,10 317:6,12,19 318:2,6,15,20 319:7,14 319:22 320:6,12,19,24 321:10,16 322:1,9,14,19 322:24 323:8,17,18,25 324:4,14,25 325:8,14,19 325:21 326:2,7,11,15,19 326:25 327:4,11,16,23 328:7,16,25 329:5,10,17 330:4,18 331:1,8,24 332:5,15 333:13,17,23 334:1,9,14,22 335:3,14 335:22 336:2,7,19 337:9 337:18 338:4,12,19 339:9 339:14,18 340:10,15,19 340:24 341:9,17,18,24 342:5,14,24 343:7,18,22 344:1,14,15,22 345:3,7 345:17,23 346:3,9,15,22 347:2,9,17 348:3,9,13 348:22 349:5,10,21 350:4 350:10,17,25 351:11,16 351:20 352:4,9,18,22 353:2,12,19 354:2,8,14 354:21 355:2,9,14,23 356:10,22 357:2,9,13,19 357:24 358:4,10,12,16 359:7,12,21 360:2,12,19 361:1,7,13,18,23 362:2</p> | <p>362:11,18,22 363:1,2,9 363:16,20,24 364:3,8,13 364:16,24 365:1,6,12,23 366:4,9,18,25 367:6,18 368:1,8,20 369:1,6,14 369:20 370:3,8,12,19,24 371:3,8,12,16,20 372:1 372:5,11,18,23 373:4,18 373:22 374:1,6,13,20,24 375:5,10,18,22 376:2,15 376:22 377:3,12,18,22 378:2,7,11,19 379:6,12 379:17,22</p> <p>muffins [1] 10:1 multiple [7] 17:1,8 61:22 71:6 78:24 98:11 124:14 multitude [2] 128:13 164:19 Mundon [2] 351:6 360:7 must [12] 26:22 42:17 63:4 73:14 80:22 127:19 129:23 260:17 269:2 271:7 341:10 369:22</p> <hr/> <p style="text-align: center;">-N-</p> <hr/> <p>name [3] 29:14 70:13 176:15 names [3] 11:23 43:7 82:21 narrow [1] 138:10 narrows [1] 116:16 Nash [4] 26:21 29:19 52:7 53:5 Nash's [1] 51:15 national [25] 76:12,19 113:23 114:2,15 115:3 115:21 117:7,9,22 118:6 118:9 119:8 120:11,21 121:16,21 122:2,10 123:18 124:2 129:16 132:17 135:10 144:16 nationally [1] 34:6 nature [6] 45:7 142:11 143:9 162:21 196:16 200:2 necessarily [14] 92:13 138:15 145:22 149:20 160:25 165:2,12 166:17 190:1,8 223:19,21 239:22 243:3 necessary [5] 72:6 102:9 102:17 151:14 376:9 need [51] 10:4 13:9,16 25:6 27:18 45:12 48:12 51:4 54:5 58:3,8 59:5 60:25 71:14,21 74:16 77:23 79:5 80:18 81:5 81:22,24 83:11 84:6 87:1 91:8 121:3 122:9 124:9 136:18 140:20,22 141:20 141:23 142:5 143:21,24 146:7 150:24 151:4 158:6 176:25 177:1,6 202:8 229:24 231:18 328:6,20 330:17 344:9 needed [10] 25:23 44:15 64:14 71:12,17 72:1,4 84:18,21 85:8</p> | <p>needs [7] 71:15 138:7 144:12,13 150:15 151:24 316:19 negative [17] 85:16,21 86:5,22 87:18,24 102:12 102:13 148:21 156:23 157:20 172:15 270:3 285:6 295:16 316:14 370:16 negatives [8] 66:9 89:6 143:11 269:1 307:1 310:2 310:20 370:7 never [2] 155:11 262:17 new [30] 14:24 19:25 86:14 99:12 105:11 107:3 110:8 114:20 130:8,10 133:22 142:16 149:15 150:20 164:21 177:11 181:11,14 183:3 202:15 202:21,23 203:10 206:14 212:10 267:17 268:24 278:8 280:9 340:6 Newbury [101] 1:17 2:5 113:12,13,14,17,18,19 114:7,12,19,25 115:13 115:19 116:4 117:6,20 118:4,13 119:5 120:9 121:8,14,25 122:7,20 123:14,25 128:20 129:3 130:5,11,21 131:2,10 132:23 133:16,21,25 134:4 135:8,19,24 137:11 137:23 138:14,21 139:2 139:23 140:13 141:10 142:8 143:2,7 144:2,19 145:1,6,21 146:11,21 147:4,13,20 148:2,7 149:8 150:1,5 151:7,18 152:1,22 153:4,9,23 154:3,17,22 155:1,20 156:25 157:22 158:21 159:4,17 160:2,12,17 161:6,12 162:16 164:1,2 164:7,25 166:4,21 167:2 167:7 174:19 Newfoundland [3] 113:20 381:8,11 news [6] 34:5 80:12 93:23 206:13,17 230:1 newscast [1] 79:25 next [40] 16:12,16 19:23 34:8 50:19 57:2 58:4 68:23 79:9 82:8 123:19 128:12 135:6 175:25 176:6 222:21 229:18 239:1 250:3 265:10 267:2 269:21 270:16 283:21,25 284:2,2,12 316:23 323:2 323:14 325:7 333:11 347:14,15,23 349:2,8,9 349:11 nine [2] 52:5 369:12 NL [3] 1:9,16,17 NLCHI [11] 43:9 44:7 46:1 62:20 63:17 82:13 87:10,12,17,17 90:6 nobody [2] 352:7 361:12 nor [1] 14:10 normal [9] 195:15,19</p> | <p>243:18 245:14 248:19,25 342:6,8 378:23 normally [8] 14:11 195:17 209:2 244:14,16 244:21 245:3 297:22 North [1] 238:12 note [116] 26:24 32:11 33:21 61:3 164:13 193:1 207:5,10,16,16,19 208:10 208:13,16 209:3 226:9 230:5 234:16,18,22,25 235:2,6 236:1,2 241:1,3 241:21 242:2,5,6,6,10 243:6,12,18 244:23 245:5 245:8,9,10,12,13,19 246:4,7,8,12,15,17 247:9 247:12,13,15 248:1,1,2 248:6,7,13,16,22 249:2 249:24 258:12 259:12 260:10 276:15 290:5 306:12,19 307:5 310:9 310:16 311:25 315:6 316:15,20 320:3 321:13 321:14,17,19 327:22,24 327:25 328:2,6,14,17,21 329:11,23 345:21 350:5 351:8 353:22,23 356:12 356:13,15,25 357:5,12 357:17 358:24 363:6,12 365:16,18 366:17 367:9 367:10,13 368:18,23 noted [7] 27:3 62:6 92:15 145:24 274:22 312:5 315:15 notes [94] 4:15,17 14:11 14:14,16,16,23 39:19 46:25 63:3 68:20 70:19 71:4 84:6 136:3 151:23 153:12,14 163:22,22 164:10,10 206:5,7,24 207:11,12,13,15,23,24 208:2,6 209:9,13,15,18 209:22 210:8,13 257:3,7 257:23,25 258:2,7,18,22 258:24 259:6,7,19,21 260:9,11,16,21,24 261:1 261:15,17,22 262:6,11 262:23 263:9 268:12 270:6,7 273:6 274:13,22 277:15 282:21 283:17,21 283:25 306:6,7 308:22 308:25 314:17 315:7 317:25 323:10 364:9,10 364:25 365:5 366:7 367:12 369:4,9 376:17 nothing [8] 14:10 133:22 163:15 166:6 167:23 175:18 223:9,11 notification [13] 79:16 257:2 271:25 273:16,20 275:1 276:4 344:13,17 345:10 355:18 376:11,13 notified [6] 189:5,7 222:15 272:12 320:11 322:18 notify [6] 271:19 318:25 320:4 344:10,21 376:6 notifying [2] 319:10 373:11 notion [1] 106:24</p> |
|---|--|---|--|--|

| | | | | |
|--|--|---|---|--|
| <p>Nova [1] 267:5 novel [1] 107:4 November [8] 3:1 37:16 46:6,13 113:25 142:9,21 159:7 now [112] 4:12 6:13,25 7:19 8:14,22 9:14 14:23 14:25 28:8 29:24 34:6,9 35:17 40:3 43:8 56:24 79:6 80:23 85:24 91:18 105:8,23 106:8 107:9 108:16 111:3 112:5 115:10 124:20 126:12,25 128:21 130:6,17,17 134:19 135:7 137:15 140:2 150:25 152:10 156:20 157:11,24 158:11 158:18 159:3 163:18 164:9 169:1 173:9 174:16 175:2 176:22 177:8 180:4 187:15,18,23 191:9 194:2 194:5,9,11 196:23 204:23 210:17 211:13 221:9 222:15 230:8 232:3 236:13 241:22 244:18 250:18 257:2 259:9 263:8 267:3 269:18 292:4 307:10 308:3 310:20 311:9 313:5 319:1 325:2 325:6,12 329:3 330:23 334:7 337:4,22 339:1 340:10 341:3,15,18,25 345:11 347:1 354:5,5 364:24 365:25 366:14 367:24 376:11 NR [1] 378:12 NTV [2] 359:19 375:21 number [65] 25:1 42:13 52:5,25 55:6 64:17,19 64:20,24 65:6,13 67:18 70:21,22 71:12 73:12 74:20,23 75:1,22 76:24 89:5,12 90:2 92:20 98:13 99:18 104:13,15 116:12 119:15 128:2 139:17 153:20 168:19 173:11,23 173:24 177:10 184:13 185:20 188:12 192:17 201:24 210:12 231:2,10 232:15 233:9 263:20,24 264:7 269:1,2,3 271:24 284:8 317:25 336:9 347:19,22 369:12,12,23 370:14 numbered [1] 64:17 numbers [23] 64:2,6,9 65:7,8 66:2,17 67:6,6 74:25 87:9,12 89:23 152:18 162:10,11 171:3 173:10,13 233:13 318:7 318:9 329:9 numerator [3] 66:23 89:4,5 numerous [2] 16:19 18:21 nursing [3] 180:13 191:12 352:13</p> <hr/> <p style="text-align: center;">-O-</p> <hr/> | <p>O'Dea [1] 1:19 objection [1] 175:7 obligations [2] 35:25 81:22 obtained [1] 29:15 obviously [6] 17:6 75:10 79:22 194:1 300:14 331:22 occasion [3] 237:25 336:3,5 occasionally [2] 195:22 362:6 occasions [1] 208:19 occassion [2] 303:9 354:12 occupied [1] 169:1 occur [1] 347:6 occurred [5] 7:18,19,21 43:13 353:14 occurrence [1] 34:14 occurs [1] 81:2 October [29] 99:14,15 104:8 106:9 142:21 152:6 226:9 236:2 242:2,3 245:7 246:17 248:9 252:2 258:12 320:13,18,25 321:9,9,22 322:17 327:14 327:17 328:1 340:3 356:1 364:14,25 off [15] 6:4 9:25 17:20 44:4 50:21 53:21 83:1 118:1 159:22 163:19 210:7 217:4 237:1 303:14 309:7 offer [2] 132:7 261:16 offering [1] 132:8 office [22] 4:19 9:25 19:15 187:10 188:19 213:10 214:2,5 224:22 225:8,20 227:16 235:13 237:24 238:3,15 248:12 248:14 304:10 347:21 361:11 362:7 officer [4] 125:16,19 187:7 188:5 offices [2] 21:6 22:21 official [5] 162:19 163:8 165:18 166:6,22 officials [1] 252:1 offs [2] 45:1,9 often [1] 137:2 old [1] 181:13 once [9] 8:24 70:9 136:25 141:20 259:6 290:17 325:16 364:21 377:6 oncologist [10] 97:24 270:18,25 272:1 273:4 274:5 276:16,20 278:25 279:4 oncologists [48] 53:19 57:9 58:10,12 59:6,25 61:5 62:5 82:9 84:15 85:4,23 86:1 92:4 94:19 94:19 95:4,22 96:18,25 97:14 126:9 131:22 142:15 144:3 155:13</p> | <p>159:10,20 160:19,23 263:21 264:8 272:10 273:22 296:13 297:1,13 298:3,25 301:24 311:21 312:14,15,25 314:11 319:4 324:23 325:2 one [110] 7:25 9:1 12:4 16:25 19:13,19 28:21 29:12 55:13 62:3 64:17 64:17 67:9 70:21 71:13 72:5 74:13 78:15,25 79:9 84:10 87:10 90:12 91:6 96:1,1 97:18 100:12 101:8 105:1 108:22 110:2 111:18 112:7,8,15 119:24 123:5 125:6 126:3,5 127:18 128:9 131:20 132:3 134:20 136:2 139:14 142:12 148:16 151:22 152:7,7 156:14 156:20 159:18 160:11 168:8 170:25 174:12,20 182:12 189:7,12 202:14 202:16 203:25 204:10 205:9 206:15 207:8,17 207:25 208:3 209:6 213:17 214:5 216:8,9 228:5 229:7,7 235:12 240:12 242:17 243:21 245:11 248:9 251:22 252:11,14,16 254:12 288:1 299:14 302:25 304:19 328:4 335:15 336:3,5,10 340:8,10,25 341:4,12 342:21,22 343:2 one-year [1] 181:4 ones [5] 135:15 173:15 191:10,19,23 ongoing [7] 52:23 60:5 61:13 128:16 330:20,25 350:21 onion [5] 124:13,14,16 124:22 127:1 Ontario [4] 51:11 73:13 128:6 145:14 onto [3] 207:21,21 209:23 open [6] 34:15 56:2 148:17 149:1 326:10,12 opened [1] 331:7 opening [1] 181:11 operate [3] 117:22 120:15 139:1 operating [5] 111:25 124:1 126:21 158:18 169:3 operational [11] 136:9 138:16 139:7,16 140:9 141:3,8 180:17 182:14 191:5 200:19 operations [2] 169:22 305:18 opinion [6] 95:24 96:1 97:15,18 102:25 294:15 opinions [2] 137:21 162:10 opportunity [8] 10:2 12:3,15 13:25 91:19 126:12 146:20 169:19</p> | <p>oppose [1] 23:16 opposed [3] 59:12 160:25 260:18 option [10] 100:2,7,12 100:13 101:16,19,25 102:25,25 135:7 options [4] 99:16,23 100:1,11 order [4] 25:14 74:15 129:19 172:6 organization [10] 33:23 35:12 131:9 146:25 147:12 168:21 173:21 181:1 193:4 264:11 organizational [1] 191:24 origin [1] 5:7 original [8] 40:16,17 50:8 100:8,9 274:11 302:25 373:9 originally [5] 39:12 102:10 172:5 288:20 317:17 originated [2] 243:1 286:10 originates [1] 24:22 originating [1] 152:4 Oscar [6] 2:2 4:3 37:25 103:24 113:13 168:2 otherwise [1] 303:10 Otteneheimer [5] 275:25 297:25 298:2,24 312:24 Otteneheimer's [1] 298:8 ours [1] 157:16 ourselves [1] 157:10 outcome [6] 5:20 7:5 12:22 81:20 96:4 240:15 outcomes [1] 96:8 outline [1] 12:1 outlined [2] 8:12 42:11 outlining [1] 222:17 outside [8] 39:11 125:11 127:1 202:7 206:10 214:6 238:11 304:1 outsourcing [2] 76:22 134:14 outstanding [1] 39:9 overall [4] 7:9,12 15:16 158:2 overlapped [1] 198:13 overlooked [2] 29:18 31:10 overlooking [1] 125:14 overly [1] 340:7 overriding [1] 302:1 oversaw [1] 182:11 overview [1] 316:24 own [32] 12:11 26:10 29:19 55:5 57:17 60:3 62:20 78:17 80:9 97:1,5 97:8 119:6,14 120:24 129:15 132:13 134:8 135:5 138:25 160:20,23</p> | <p>162:13 176:24 203:1 256:18 257:12,16 280:1 287:15 330:1 346:1</p> <hr/> <p style="text-align: center;">-P-</p> <hr/> <p>P [3] 152:2 314:14 364:18 P-0046 [3] 104:6 105:23 108:16 P-0071 [1] 249:17 P-0114 [1] 4:11 P-0140 [2] 333:16 339:2 P-0141 [1] 356:18 P-0163 [1] 358:9 P-0300 [1] 221:2 P-0312 [1] 229:4 P-104 [1] 165:2 P-1424 [1] 62:3 P-1428 [3] 3:3 104:24 105:6 P-1430 [4] 3:4 177:12 177:18 257:7 P-1433 [1] 350:13 P-1459 [2] 3:4 177:18 P-1461 [2] 3:5 177:20 P-1464 [2] 3:5 177:20 P-1466 [2] 3:6 177:22 P-1467 [2] 3:7 177:23 P-1469 [2] 3:8 177:24 P-1477 [2] 3:8 177:24 p.m [2] 221:23 380:6 pace [2] 129:6,12 package [5] 68:10,15,19 150:15 166:11 page [30] 3:1 37:13 46:3 46:24 50:19 57:9 62:2,3 64:3 68:23 84:10 87:6 102:2,3 107:10 108:17 152:5 159:6 165:7 229:7 243:21 247:2 250:3 258:11 268:11 315:6 322:8 358:11,15 369:10 pages [2] 70:19 282:20 pain [2] 101:6,8 Pam [1] 25:2 panel [1] 152:13 panels [1] 95:10 paper [4] 177:4 204:16 260:18,22 papers [1] 332:8 Paps [1] 74:24 paragraph [5] 34:9 104:18 105:24 107:10 152:9 Parnell [9] 51:10,20 111:5,8,17 112:9,22 113:1 169:1 Parnell's [1] 111:23 part [33] 14:4 17:3 19:18 23:7,10,12 28:2 32:6,24 60:19 72:25 74:13 75:6 79:22 80:18 81:20 85:6 92:5 102:8 114:23 117:1 126:19 130:1 133:11</p> |
|--|--|---|---|--|

| | | | | |
|--|--|---|--|--|
| <p>167:23 204:14 233:2 244:9 254:13 257:19 335:17 344:11 345:2 participate [9] 55:6 77:5 77:7 94:14 102:23 129:23 131:14,14 161:21 participated [3] 62:24 130:4 131:12 participating [3] 55:1 71:7 129:16 particular [31] 14:20 30:7 41:24,25 43:22 54:19 56:15 67:4 74:17 84:16 85:10 106:1 109:4 109:21 112:15 125:7 144:8 156:1 171:23 184:11 202:9 221:4 245:10,22 286:5 294:24 313:13 331:20 332:3,6 347:3 particularly [2] 143:12 143:14 parties [4] 5:12 8:18 27:8 50:15 parts [1] 166:14 pass [1] 132:20 passing [1] 358:21 past [6] 41:19 161:14 185:5 194:12 196:6,9 Pat [3] 25:2 37:25 99:20 path [1] 179:24 pathologist [7] 42:10 55:16 112:21,24 170:9 276:19,21 pathologists [39] 9:18 9:20 19:19 53:5,18,23 53:23 54:3,13,14,18,19 55:13 57:9 58:10,13 59:7 60:1 61:5 62:6 82:9 84:15 105:20 108:25 123:17 125:2 126:5 127:8 127:17,19 131:13,22 132:15 133:3,6 142:15 144:5 155:13 156:18 pathology [15] 17:5,15 20:6,11,25 55:8,17 56:12 111:9,24 115:9 125:8 132:14 133:12,18 patient [39] 79:10,13 85:21 95:17 98:23 106:3 115:25 120:2 143:18 147:2 149:1,3 154:8 256:23 257:2 269:23 270:18,22,23,24 271:5 271:13,25 272:23 273:3 273:15,19 274:5 276:3 285:16 288:21 289:18 294:18 299:14 300:4,7 300:14 345:10 377:8 patient-care [1] 171:8 patients [127] 30:2,2,3 39:10,18,21,23,23 40:15 40:15,23,24 41:25 42:7 42:13,17,24 43:2,6,12 45:5,8,12,17,22,25 48:9 48:15,20 49:25 50:8 64:18 66:18 67:6,9 78:6 78:16 79:24,25 86:21</p> | <p>87:18 93:8,22 94:9,25 95:11 97:1,5,13,23 100:25 102:10 107:23 119:3 124:10 148:15 154:12,14 155:16 158:23 171:14,15,19 188:24 220:8,19 230:13 231:12 232:14 264:2 270:3 271:19 272:12 275:10,15 292:10 293:9,9,14 294:4 295:11,16 296:7,15 298:6 299:7 300:1,13 301:2,4 301:11,19 311:16,23 312:16 316:14,16 317:22 317:25 319:10,16,19,24 320:1 321:3,23 323:4 325:16 329:8 344:11,13 344:21 350:23 367:24 368:14 371:24 372:12,17 373:12 374:5,8,16 375:4 376:7,10,12,19 patients' [4] 77:4,4 93:4 97:8 peculiar [4] 337:16,19 337:25 354:24 Peddle [1] 69:6 peer-to-peer [1] 127:15 Peninsula [1] 181:11 people [61] 12:12 17:1 25:2 27:18 35:5 43:21 58:25 60:9 71:6,23 74:20 75:16 78:15,24 80:20,21 80:21,22 81:3 82:21 90:5 91:19 92:19,20 99:18 112:20 116:19 124:18,19 125:23 126:11 132:6,8 132:22 134:25 135:5,17 137:12 149:11,13,16,17 150:22,22 154:11 163:12 163:19 164:18,21 168:21 172:21 220:22 233:24 248:21 277:4 290:6 323:3 352:16 353:5,6 364:4 per [2] 51:15 219:23 perceive [1] 149:11 percent [26] 45:1,2 47:21 47:21 56:22,23,23 66:4 66:11,13 85:15 87:10 88:20 90:23 102:15,16 107:22 127:9,18 153:16 156:22 266:14 339:8 370:7,18 371:23 percentage [2] 266:4,6 percentages [2] 132:11 266:3 perfect [1] 142:23 performance [2] 150:8 151:12 perhaps [42] 5:3 14:22 24:20 31:14 40:12 43:9 58:5 70:20 83:14 85:15 90:23 92:4 99:12 119:6 120:13,15 129:4 134:6 134:23 149:11,13 165:1 178:2 180:3 190:20,25 197:2 210:17 221:10 265:5 274:23,25 275:24 280:5 286:15 287:14 288:4 311:17 313:4</p> | <p>317:15 318:13 351:9 period [18] 17:21 18:3 39:15 45:2,3 54:13 181:5 181:8 183:8 217:5,6 230:17,23 237:16 307:19 313:15 348:13 365:16 periodic [1] 121:12 periods [3] 159:21 260:19,21 periphery [1] 63:2 permanent [1] 128:16 permeates [1] 131:9 person [36] 20:1 30:8,14 31:4,5,16 57:1,3,4,6 58:7 72:8 79:1 80:9 102:7 111:18 112:15 148:13,22 164:14 165:3,15,16 169:21 188:10 189:17,19 193:16 205:24 250:10 281:16 335:1 342:21,22 343:3 357:16 person's [2] 30:14 165:5 personal [2] 80:11 106:5 personally [6] 115:14 140:7 146:12 189:7 227:2 379:13 personnel [1] 225:19 perspective [4] 144:3 185:20 200:21 290:20 pertain [1] 43:17 Peter [3] 1:10 2:4 103:24 Pg [6] 3:3,4,5,6,7,8 Pgs [5] 2:3,4,5,6,8 PhD [1] 169:17 phone [9] 42:10 45:13 50:15 188:9,10 260:6 305:11,11 365:9 physical [1] 304:22 physician [11] 98:22 99:5 106:7 120:14 289:12 303:6 312:18 340:1 344:3 375:16,21 physicians [16] 94:14 118:15 120:22 121:3 130:1,14 131:21,24 255:16 303:17 304:1 311:10 325:3 373:12 376:6,14 pick [1] 305:11 picture [1] 358:22 piece [15] 58:22 72:16 73:1 75:13 95:4 109:5 130:10 132:9,10,10 142:16 171:23 281:22 345:11 359:19 pieces [1] 132:21 Pike [3] 1:16 167:17,18 Pilgrim [13] 25:2 37:25 39:5 40:21 42:20 44:10 44:21 60:2 63:19 93:24 99:20 111:6 155:12 place [52] 6:25 11:1 14:25 15:18,24 27:23 36:4 54:1 55:20,22 59:20 62:4 96:10 116:6 118:7 121:17 122:3 123:18</p> | <p>125:19 126:20 130:7 131:15 132:24 137:24 145:16 146:15 147:6,8 150:9,12,24 151:12 155:25 156:8 157:5,7,18 159:19 169:12 171:2 172:20 174:16 175:2 236:24 237:3,4 247:6 255:19,21 277:25 284:17 373:16 placed [1] 203:8 places [2] 134:11 148:17 plan [17] 7:9 56:3 169:12 217:19 228:24 271:5 272:14,23 273:2,10 274:11,21,24,25 282:1 319:19 372:15 planned [1] 36:20 planning [3] 108:23 172:21 375:25 play [3] 115:21 116:25 141:18 played [1] 335:5 playing [1] 359:18 plus [1] 95:6 pluses [1] 56:8 point [151] 12:5 14:24 15:11,20,22 17:20 21:4 29:5 54:22 55:24 56:3 58:12 60:6,8 64:10,13 67:4 80:7,11 81:6 85:1,3 90:6 92:8 94:24 98:3 99:25 112:1 124:7 126:10 126:15 127:11 135:25 137:10 141:1,2 158:11 171:1 180:12 182:4,13 182:23 183:16 185:22 186:12 187:9,13 188:18 189:10 192:18,25 193:2 198:21 201:16 203:21 212:24 213:11 215:9,16 219:8,18 223:7 233:21 241:1,3 242:10 249:3 251:10 252:11 256:4 267:12 268:22 269:14 270:6,16 271:7,17 273:10 273:22 275:6 277:3 280:4 280:13,14 282:3 290:4 291:10,18,21 296:5 297:12 298:18 299:6 301:22 303:13,16 307:13 308:5 311:4 313:25 318:22 320:5,15 321:21 322:13 324:5,15 325:15 326:5,10,20 327:22 328:5 328:8,15,21,23 329:18 329:21 330:16 331:4,5 331:18,23 332:7,24 333:8 334:15,25 335:2,4 336:1 336:25 342:1 343:13 344:12 345:6,22 346:6 351:21 354:6 366:3 367:8 368:3,9,12 373:10 374:7 375:14 376:16 377:13 pointed [3] 46:7 85:5 108:9 points [8] 77:17 79:7 164:9 223:21 270:13 271:8 316:5 317:13</p> | <p>policies [6] 51:13,15,21 111:20,25 139:6 policy [4] 51:11 74:5 111:19 139:7 politic [3] 74:7,9 75:13 political [2] 188:20 197:12 pop [1] 176:23 popular [1] 140:11 population [1] 172:13 portfolio [3] 169:7 200:23 202:17 portrays [1] 174:6 posed [2] 31:19 165:13 position [69] 20:2 55:14 56:5,9 101:21 105:14 110:14 132:9 163:7 165:6 168:25 169:2,4,5,6,13 170:9 178:6 180:14 182:3 182:7 183:2,15 184:4,11 184:12 185:6 186:22,24 187:2,5,14,18,22 190:15 193:10,25 195:9 210:24 210:25 211:2 244:10 247:4 270:9,14 274:20 276:6 291:3 292:1 294:21 312:21,22,25 314:10 319:4 320:13,15,18 321:22,25 322:3,13,17 324:24 328:12 332:23 334:5 339:21 346:17 positions [3] 56:2 168:19 190:6 positive [30] 34:15 67:21 68:5 78:21 85:16,22 86:5 86:22 87:21,25 148:20 152:14 153:11,15,22 154:5,5,21 155:17 156:23 157:3,6,21 158:1 172:5 266:4,6,14 268:8 285:8 positives [8] 47:20 64:25 65:2 66:10 67:18 68:4 143:10 155:6 positivity [6] 86:4 88:19 91:1 266:6 267:8 370:18 possibility [1] 143:10 possible [7] 28:25 50:17 99:24 120:2 134:18 160:5 323:4 possibly [2] 141:15 224:6 post [1] 344:8 potential [4] 122:17 160:3 251:15 371:24 potentially [4] 162:1 220:23 374:8,16 Power [3] 254:20,22 255:8 PR [16] 85:5,16,21 86:3 86:5,22 87:21,25 92:5 174:14 250:16 376:20 378:6,8,10,13 practical [1] 195:9 practically [1] 141:14 practice [18] 20:11 76:17 116:11,17 118:6,16 119:14,15 120:19 129:1</p> |
|--|--|---|--|--|

Inquiry on Hormone Receptor Testing

| | | | | |
|---|---|---|--|--|
| <p>129:2,21 157:10,11 210:7 331:18 342:7,8</p> <p>practices [10] 117:11 119:9 134:9,10 155:25 156:8 157:7 158:1 174:17 174:18</p> <p>precipitated [1] 296:15</p> <p>precisely [1] 166:11</p> <p>predates [1] 9:13</p> <p>Predham [25] 4:17 5:3 5:19 8:11 12:6 19:4 24:23,25,25 26:13,18 30:17 31:5,15,20 40:5 40:22 44:5 83:3 99:14 152:6 153:2 155:3 221:11 356:21</p> <p>Predham's [2] 29:6 40:1</p> <p>preference [5] 276:2,3 276:10 294:2 319:8</p> <p>preferred [2] 298:4,25</p> <p>premier's [6] 224:22 225:8,20 235:13 248:11 248:13</p> <p>preparation [5] 51:25 170:18 178:19,24 242:1</p> <p>prepare [5] 204:15 245:5 246:14,17 376:20</p> <p>prepared [25] 32:15,15 32:17 33:3 95:7 97:11 104:9 207:17,25 208:16 230:6 234:17,19 246:3,4 248:9 251:2 314:10 345:20 358:24 366:23 367:9,10,10,13</p> <p>preparing [8] 54:19 110:1 206:4 234:21,25 245:19 376:25 377:5</p> <p>presence [2] 61:21 216:2</p> <p>present [8] 28:5 63:20 90:8 213:14,18 215:16 264:19 317:3</p> <p>presentation [5] 114:1 114:21 142:9,13 159:7</p> <p>presentations [1] 161:19</p> <p>president [3] 195:21,23 196:1</p> <p>presidents [1] 195:4</p> <p>press [14] 33:9 206:19 251:9,24 252:11 377:4,6 377:14,17 378:1,10,13 378:15 379:5</p> <p>pressure [1] 54:3</p> <p>pressuring [1] 53:17</p> <p>presume [3] 108:13 142:4 257:22</p> <p>pretty [3] 12:17 132:20 296:25</p> <p>prevent [1] 149:6</p> <p>preventative [1] 256:10</p> <p>preventive [1] 278:13</p> <p>previous [2] 30:10 310:15</p> <p>previously [3] 28:13 40:25 42:14</p> | <p>primarily [3] 94:18 136:8 180:9</p> <p>primary [3] 180:20 209:8 304:18</p> <p>principally [1] 40:8</p> <p>principles [1] 77:12</p> <p>priorities [3] 201:15,24 202:2</p> <p>priority [6] 26:23 27:12 79:15 128:4 321:3 374:15</p> <p>prioritize [1] 201:21</p> <p>Pritchard [2] 103:16,17</p> <p>Pritchard/ [1] 1:8</p> <p>privacy [1] 79:10</p> <p>private [1] 181:7</p> <p>proactively [1] 129:8</p> <p>probabilistic [3] 142:11 143:9 144:7</p> <p>problem [21] 13:15 43:23 90:24 119:12,23 135:12 162:22 213:12 214:9 216:20 220:14 222:17 231:22 232:10 280:7,8 285:1 317:3,16 323:15 329:21</p> <p>problems [2] 144:18 373:17</p> <p>procedure [5] 118:17 131:15 169:3 243:18 248:19</p> <p>procedures [7] 74:19 112:1 118:7 119:9 126:21 151:19 157:4</p> <p>proceed [1] 25:9</p> <p>proceeding [2] 99:9 204:3</p> <p>process [38] 14:12 35:5 38:24 40:17 50:9 52:23 59:9 63:5 94:15 110:11 124:18 125:24 126:4,23 128:17 134:13,14 146:15 150:25 156:11 170:20 172:7 174:5 175:23 194:11 201:3 202:7 230:3 245:15 248:25 273:16,20 280:22 281:11 306:1 344:17 345:10 351:4</p> <p>processes [6] 145:15,16 174:15,25 175:1 276:25</p> <p>produce [1] 121:13</p> <p>producers [2] 35:20,20</p> <p>product [4] 20:14 74:16 117:4 125:21</p> <p>productive [1] 138:9</p> <p>profession [1] 130:18</p> <p>professional [3] 146:5 178:5,20</p> <p>professionals [5] 117:3 129:15 143:17 145:11 158:10</p> <p>proficiency [15] 6:6,9 6:23,24 15:25 74:23 124:18 126:25 127:2,2,4 127:11,13 145:3,17</p> <p>program [38] 15:13 94:7 94:8 98:16 108:18 109:16</p> | <p>110:7 112:13 122:9 126:8 132:13,16 133:2,18 137:4 168:17 178:11,13,14 181:4 183:13 184:13,20 185:21 186:6,8 191:6 200:22 202:12,15,21 203:10,10 204:2,10 206:10,25 229:21</p> <p>programs [7] 131:12 137:3 191:13 202:23 203:15 204:6 206:14</p> <p>progress [2] 123:15 151:22</p> <p>progressing [1] 13:3</p> <p>project [11] 62:25 64:9 72:4 93:25 163:14 170:21 171:6,7,8,10 173:2</p> <p>project-type [2] 16:19 18:20</p> <p>projects [1] 163:16</p> <p>promise [1] 175:21</p> <p>promised [1] 99:21</p> <p>promote [1] 17:23</p> <p>prompt [1] 209:2</p> <p>proper [2] 157:4 158:4</p> <p>properly [1] 17:9</p> <p>proposal [5] 203:18,19 204:7,8,11</p> <p>proposed [2] 35:5 90:17</p> <p>prostate [3] 15:23 16:8 127:13</p> <p>protected [2] 110:15,23</p> <p>protection [1] 129:18</p> <p>protective [1] 157:18</p> <p>protocol [2] 144:17 378:23</p> <p>protocols [3] 76:25 277:23,25</p> <p>proud [1] 128:10</p> <p>provide [13] 101:13 120:1 149:2 165:23 196:7 196:25 229:16 256:2 292:1 334:5 339:21 346:17 379:2</p> <p>provided [11] 162:6,20 177:2 245:24 247:10 257:20 258:1 266:22 281:22 291:7 301:12</p> <p>provides [1] 192:16</p> <p>providing [7] 165:20 196:14 197:8,9,11 265:6 324:7</p> <p>province [16] 35:3 73:14 75:2 76:13 124:10 131:24 207:19 269:13,17 292:11 311:2,6 329:8 339:24 340:4 352:14</p> <p>provinces [1] 145:14</p> <p>provincial [8] 180:6 181:6,17,23,25 185:19 187:4 293:6</p> <p>provincially [1] 34:5</p> <p>proving [1] 185:20</p> <p>proximity [2] 22:21 304:22</p> | <p>public [38] 24:8 33:25 34:7,10,14,18,25,25 35:10,15 36:1 57:19,25 58:16 77:13 80:20,23 93:6 141:23 174:8 182:15 188:24 191:15 208:19 209:5 222:21 230:2 251:16,22 256:24 276:4 299:17 311:17 321:8 343:5 355:19 356:9 368:13</p> <p>publication [2] 106:21 106:22</p> <p>publicly [1] 367:24</p> <p>published [1] 107:5</p> <p>pull [1] 43:7</p> <p>pulls [1] 166:7</p> <p>purpose [10] 5:5 11:25 27:10 33:19 53:17 59:19 62:17 83:19 84:3 256:1</p> <p>purposes [2] 91:7,11</p> <p>pursue [2] 110:15,23</p> <p>pursued [2] 52:13 84:18</p> <p>pursuits [1] 110:24</p> <p>pushing [1] 54:4</p> <p>put [20] 12:14 54:8 84:21 89:18 101:12,21 111:1 119:1 121:16 125:19 127:24 139:15 142:25 157:18 159:19 165:14,15 174:4 202:19 279:9</p> <p>putting [8] 33:1 54:2 71:2 77:21 89:17 90:1 134:14 294:17</p> <p>puzzled [1] 358:25</p> | <p>66:1,16,21 67:8,13,17 67:22 68:9,14,21 69:15 69:24 70:5,12,17 72:10 72:17 73:4,11,18,23 74:4,8 75:14,21,25 76:4 76:9,23 77:3,8,15,24 78:4,9,19 79:2,8,14,19 80:3,8,14,24 81:16,21 82:2,7,16,20,25 83:7,13 83:18 84:2,8,19 85:13 86:2,9,17 87:5,16,22 88:3,7,18,24 89:3,11,16 89:25 90:10,15,21 91:5 91:24 92:7,12 93:1,14 94:1,12 95:25 96:5,13 96:17,21 97:6,17 98:5 98:21 99:4,10 100:20 101:14 102:1 103:1,9 175:17 176:4,12 177:9 178:1,16,21,25 179:5,9 179:13,18,22 180:2 181:15,21 182:2,20 183:18,25 184:5,16,21 185:1,9,14,23 186:2,9 186:21 187:17,21 188:1 188:6,21 189:2,16,21 190:2,9,14,19,24 191:18 192:3,9,13,20 193:5,14 193:22 194:19 195:6,12 196:10,15 197:3,13,20 198:2,6,12,19,25 199:4 199:8,14,19,23 200:4 201:1,13 202:6 204:19 205:1,5,11,16,21 206:22 208:8,15,21 209:1,10,19 209:24 210:4,11,16,23 211:6,12,18,22 212:2,11 212:18,23 213:4,13,19 213:23 214:8,13,21 215:4 215:8,15,21,25 216:10 216:15,19,24 217:7,12 217:18 218:1,6,15,19,24 219:5,11,17 220:1,5,12 220:20 221:1,8,14,18,22 222:4,9,25 223:8,12,23 224:9,13,18 225:1,5,12 225:17,23 226:3,11,16 226:21 227:4,10,18 228:1 228:9,15,19 229:3,15 230:16,21 231:1,5,9,15 231:21 232:2,7,13,19 233:3,8,12,16 234:3,11 234:15,23 235:4,10,17 235:21 236:4,8,12,18,22 237:6,10,15,23 238:4,8 238:14,19 239:3,11,16 239:24 240:7,13,20,24 241:4,16,24 242:8,13,20 242:24 243:4,10,17 244:4 244:17,24 245:16,25 246:6,13,19,25 247:16 247:20,24 248:10,18 249:1,11,16,23 250:2,8 250:15,25 251:6,13 252:3 252:7,13,21 253:1,6,19 254:3,15,21,25 255:5,11 255:18,23 256:21 257:4 257:10,15,24 258:6,10 258:16,23 259:2,8,16,20 259:25 260:12,25 261:8 261:12,20 262:4,12,18 262:22 263:3,7,17,25 264:5,13,20,24 265:9,18</p> |
|---|---|---|--|--|

-Q-

Q.C [963] 1:6,7 2:3,8 4:4
4:5,10,23 5:2,13,18,23
6:12,16,21 7:3,8,16,24
8:6,13,20 9:3,15 10:6,11
10:17,21,25 11:4,9,14
11:20,24 12:20 13:4,11
13:19 14:1,6,15,21 15:6
15:14 16:2,6,11 17:11
17:16 18:2,8,12,18 19:2
19:9,22 20:16 21:3,9,13
21:22 22:4,14,23 23:4
23:14,20,24 24:6,13,18
25:16 26:2,7,17 27:13
27:21 28:1,7,11,17 29:1
30:6,24 31:24 32:7,19
32:23 33:5,12,18 34:1
35:16 36:9,13,18 37:2,8
37:12 38:10,19 39:8,20
40:2,10 41:1,6,12,18,23
42:5,21 43:14,24 44:11
44:18,24 45:16 46:2,12
46:22 47:5,10,15 48:1,5
48:14,23 49:5,9,14,20
50:5,18 51:2,9,14,23
52:4,14,18,24 53:4,9
54:15,23 55:7,21,25
56:13,18,25 57:7,13,18
57:22 58:1 59:4,11,18
60:14,20,24 61:8,15 62:1
62:10,16 63:6,11,21 64:1
64:16,23 65:5,11,16,21

| | | | | |
|--|---|--|---|---|
| <p>265:22 266:5,9,17,23 267:7,13,18,22 268:2,10 268:15,19 269:6,11,20 270:1,8,15,21 271:3,10 271:20 272:4,13,20 273:1 273:8,25 274:17 275:5 275:13,18,23 276:8,13 276:22 277:2,7,12,17,22 278:4,9,15,22 279:3,7 279:12,19 280:12,21,25 281:6,13,24 282:6,13,19 283:5,16,22 284:1,10,15 284:23 285:9,14,19,24 286:6,13,19 287:1,13,20 288:3,9,15,19 289:1,5 289:10,17,21 290:3,9,19 291:13,17 292:3,9,14,19 292:23 293:7,17,21 294:1 294:9,13 295:2,8,14,24 296:4,17,22 297:6,16,24 298:7,16,23 299:5,12,21 299:25 300:5,11,17,22 301:5,10,17 302:2,8,15 302:20 303:2,8,19 304:21 305:1,5,9,20 306:3,10 306:15,23 307:4,9,15,21 308:1,7,12,16,20 309:1 309:5,10,17,22 310:1,5 310:10,14,19,24 311:8 311:13,24 312:3,9,19 313:2,9,17,23 314:5,13 314:20,25 315:5,10,20 316:2,6,12 317:14,23 318:4,8,17,23 319:11,18 320:2,8 321:6,18 322:5 322:11,16,21 323:1,12 323:22 324:2,9,17 325:4 325:10,18,23 326:4,9,13 326:17,22 327:2,9,13,20 328:3,13,19 329:2,7,13 329:25 330:12,22 331:3 331:13 332:1,10 333:10 333:15,19 334:3,11,19 334:24 335:9,19,24 336:4 336:15 337:7,13,24 338:10,14,25 339:11,16 339:20 340:17,21 341:6 341:11,21 342:2,11,20 343:1,12,20,24 344:4,18 344:24 345:5,14,19,25 346:5,12,19,24 347:7,11 348:1,5,11,19,24 349:7 349:18 350:2,7,12,19 351:2,13,18,25 352:6,15 352:20,24 353:10,16,25 354:4,10,17,23 355:6,11 355:16 356:5,17,24 357:4 357:11,15,21 358:2,7,14 358:18 359:9,15 360:6 360:14,21 361:5,10,15 361:20,25 362:8,15,20 362:24 363:7,13,18,22 364:1,6,11,17,23 365:3 365:10,19 366:1,6,11,20 367:3,15,20 368:5,16,22 369:3,8,16,25 370:5,10 370:17,21 371:1,5,10,14 371:18,22 372:3,8,14,20 372:25 373:15,20,24 374:4,10,18,22 375:2,7 375:15,20,24 376:8,18 376:24 377:9,16,20,24 378:5,9,16 379:4,8,15</p> | <p>379:19 380:1 Q.C./ [1] 1:18 QA [3] 15:17,24 276:25 QM-PLS [1] 128:6 quality [59] 6:1 12:5,12 16:15 30:18 40:8 43:21 49:8 50:2 51:3,13,15 72:8 73:12 93:24 94:6 94:10 98:15 111:4,21 112:1,16,17 121:4 125:9 125:13 127:5 133:10 138:13 143:11,12 144:9 144:9,21,22 145:25,25 151:13,14 160:8 169:2,6 170:3,4 174:15 175:1 178:14 182:22 183:3,6,6 186:23 187:4 193:3,8,20 284:7 306:22 372:21 quantity [1] 76:14 quarterly [1] 135:2 query [2] 67:23 276:16 questionable [1] 127:16 questioned [2] 104:11 373:6 questioning [3] 34:11 93:3 364:22 questions [25] 25:13 26:22 27:4,6 45:7 58:24 60:8 81:3,4,14,15 97:8 103:2,19 113:5,10 165:13 165:14 167:3,14,14,19 168:14 185:2 208:5 quick [3] 45:13 47:20 108:1 quickly [2] 50:16 368:18 quite [5] 41:13 43:13 215:22 219:7 315:15</p> | <p>370:18 rates [11] 91:1 153:12 155:22,22,24 158:2 173:7 173:14 267:8 268:5,8 re [11] 6:6,23 7:18 51:10 51:13 222:11,21 306:24 316:22 333:24 351:7 reach [3] 127:20 359:6 359:11 reached [1] 296:6 reaching [1] 117:9 reaction [1] 366:13 read [18] 25:6 38:8 51:10 57:17 76:10 105:24 108:1 108:1 145:23 146:5 165:17 260:1,5 273:6 277:25 309:18 314:15 370:23 reading [6] 31:14 108:2 115:24 122:14 125:3 127:12 real [1] 218:11 realization [2] 71:17 331:6 realized [2] 70:9 331:19 really [34] 13:8,9 40:19 43:1 52:22 64:8 71:19 83:1 88:14,15 92:19 97:20 98:18 116:16 126:14,18,18 139:18 140:6,21 141:3 142:24 154:16 155:8 166:5,7 178:19 183:14 194:14 204:1 215:2 296:21 317:24 361:8 realm [1] 299:17 reason [6] 38:16 43:16 43:16 249:9 263:4 319:12 reasonable [1] 22:11 reasonably [1] 261:6 reasons [3] 38:1 147:22 209:8 reassigned [1] 193:23 reassuring [1] 128:10 rebuild [1] 34:17 receive [4] 32:20 53:10 100:14 132:19 received [27] 8:5,8,15 30:10 43:5 99:13 125:1 128:1 153:6 182:18 188:23 189:4,23 240:25 241:3,17,25 246:9 249:2 249:4,19 289:12 350:8 351:14,17 353:1 356:6 receiving [6] 101:22 188:8 253:24 350:5 353:17 355:18 recent [3] 36:1 41:17 126:13 recently [2] 158:8 229:19 receptive [1] 228:4 receptor [9] 1:2 85:4,5 87:8 102:6 211:8 212:5 222:1 381:5 receptors [1] 102:12 RECESS [2] 103:14</p> | <p>284:20 recipients [1] 152:8 Reciprocal [1] 1:13 recognized [3] 35:7 108:11 121:11 recognizing [4] 74:18 141:21 144:7 158:12 recollect [1] 170:8 recollection [13] 32:3 69:20 240:21 251:24 253:10 256:16 275:2,25 283:18 306:11 308:21 346:1 365:20 recollections [1] 281:8 recommendation [3] 108:8 202:20 256:9 recommendations [16] 8:1,25 12:9 36:16 52:10 52:11 104:13,15 106:25 108:6 126:1,2,20 128:1 163:2,4 recommended [6] 7:17 32:14 35:17 36:2 321:4 374:9 reconstruct [1] 38:18 record [3] 329:16 330:7 331:16 recorded [2] 272:22 283:17 recording [1] 270:10 recruiting [3] 131:20,24 132:6 recruitment [1] 132:1 recurring [1] 330:6 reduced [1] 119:19 reduction [1] 194:14 refer [5] 7:10 58:6 124:12 257:3 364:9 reference [15] 39:19 51:16 52:8 75:24 76:1 105:10 114:1 142:11 152:7 153:13 159:9 174:12 306:19 325:1 358:11 referenced [2] 37:25 251:22 references [3] 48:7 106:5 353:21 referral [1] 116:23 referred [9] 18:13 30:8 37:3 58:9 68:1 69:16 95:1 176:23 295:5 referring [9] 16:22 18:14,24 47:7 52:10 66:5 80:15 91:4 155:5 refers [3] 71:12,21 152:19 reflect [1] 119:14 reflecting [1] 119:6 reflective [1] 174:16 regard [1] 108:9 regarding [15] 16:13,17 40:14 88:9 168:18 211:9 223:16 258:18 276:3 316:8 321:23 347:14</p> | <p>354:19 360:17,25 regardless [2] 149:9 338:11 regards [2] 145:8 316:18 Regina [1] 268:1 region [7] 71:16,18 75:7 120:23 189:12 207:18 310:25 regional [14] 1:11,20 35:19 128:18 186:19 189:11 190:6 196:8 200:14 205:9,14 304:20 305:17 352:11 regions [6] 29:18 31:11 31:16 75:6 116:23 118:16 Registrar [8] 4:11 104:23 105:22 106:10 176:13,19 257:7 306:17 registry [7] 160:4,13,21 161:1,5,8,11 regular [4] 22:20 61:13 61:25 304:5 regularly [6] 61:21 129:15 137:6 190:7 196:1 227:16 regulated [2] 117:8 130:18 relate [3] 11:23 112:9 206:25 related [11] 5:25 16:14 20:24,25 180:11 182:17 193:19 266:3 324:16 337:3 375:4 relates [3] 121:3 200:14 200:19 relation [5] 104:12 114:8 115:15 171:1 174:21 relationship [11] 35:14 79:11,13 200:20 206:2 227:19,24 228:5,7 304:17 338:23 relationships [1] 135:1 relatively [1] 164:21 relatives [1] 100:8 relayed [5] 165:7 166:15 297:17 341:22 378:18 release [19] 250:4,11,17 251:9,10,15,15,22,25 252:12 377:4,7,14,17 378:1,10,13,15 379:5 releases [3] 206:13,17 206:20 relevant [5] 191:20 244:10,12 247:3,4 relied [2] 158:10 161:17 reluctance [2] 149:15 149:17 reluctant [2] 94:19 97:16 rely [3] 157:5,25 160:22 relying [4] 105:20 122:10 156:5,7 remaining [2] 15:18 93:21 remarked [1] 123:11 remember [42] 9:12</p> |
| <p>-R-</p> | | | | |
| <p>rabbit [4] 105:12 107:1 108:10 156:13 radar [1] 146:19 radio [1] 35:21 raise [6] 29:4 31:1 150:21 341:14 342:25 373:23 raised [15] 31:4 46:13 68:4 75:11 113:24 136:15 137:14,15 182:16 209:6 211:14 279:20 336:16,25 341:19 raising [1] 343:4 ramifications [1] 35:22 random [2] 64:6 68:18 rang [1] 13:8 range [5] 152:16 153:16 156:3 220:19 370:15 ranging [1] 86:25 rare [2] 85:14 86:4 rate [29] 67:1 68:5 86:4 88:19 89:8,20,24 132:20 142:24 143:20 152:14 153:15,22 154:25 155:6 156:5,7,23 157:3,6,21 158:1 171:11 172:6 173:19,20,22 318:14</p> | | | | |

| | | | | |
|---|---|--|---|---|
| <p>12:7 13:7 15:10 25:12 28:5,23 43:3 46:15 59:24 83:8 90:11 93:22 94:23 146:7 181:22 214:1 230:18,22 254:4 269:19 279:8 293:25 297:13,20 302:3 314:2 317:4 319:15 322:25 325:3 335:15 347:16,20 349:25 350:5 353:20,21 355:25 362:6 363:2 365:13</p> <p>remembered [1] 283:6 remembering [1] 54:12 remind [1] 334:21 removed [1] 66:22 render [1] 26:12 renovations [1] 186:8 reorganization [2] 125:18 181:1 reorganized [1] 20:12 rep [2] 277:15 279:14 repairs [1] 186:7 repeat [2] 46:11 136:25 repeatable [1] 122:19 repeated [1] 136:6 repeating [2] 195:5 272:19 replacement [2] 119:17 120:17 reply [2] 101:17 359:16 report [24] 29:15 35:25 104:7,8,14 105:10 107:1 111:12 142:3 146:5 162:19 163:8 165:18 166:6,23,24 187:15 189:17 198:20,24 199:10 199:12 204:20 342:10 reported [3] 147:15 198:23 199:1 reporter [2] 359:25 360:10 reporters [2] 360:17,24 reporting [8] 14:25 34:24 35:24 112:11 125:15,16 265:16,21 reports [19] 20:6,7 24:8 60:17 111:14 142:3,4 145:23 163:2 165:17 189:19,20 200:22 204:24 205:10,17,17 206:1 340:3 represent [1] 141:22 representation [1] 107:24 representative [1] 318:12 representatives [1] 63:17 represented [1] 66:11 representing [1] 312:14 represents [2] 339:7 371:23 reps [1] 278:14 request [21] 30:9 35:19 43:5 46:17 47:16,19 51:16 63:23 175:6 202:8</p> | <p>202:17,20 203:9 207:16 208:9,11,16 228:24 235:25 240:1,5 requested [3] 19:3 208:13,14 requesting [1] 166:22 requests [9] 16:18 18:20 19:23 83:23 194:16 201:7 201:8,12,21 require [2] 71:23 118:2 required [5] 75:18 172:3 202:22 244:7 306:25 research [7] 107:18 132:10 170:21 171:7,10 171:23 173:1 residency [2] 133:2,18 residents [1] 132:16 resolve [1] 98:9 resolved [2] 97:22 98:6 resource [3] 70:24 71:22 72:2 resources [1] 157:15 resourcing [2] 95:4,10 respect [55] 9:4,5 26:3 29:2 30:7 31:16 37:19 50:6 56:15 59:7 77:17 97:23 167:23 182:13,15 192:23 200:18,21 201:11 202:20 206:14 207:14,23 209:12 223:15 227:22 256:9 257:2 260:15 261:25 271:18,24 286:5 289:18 291:25 304:13 313:15 316:1,5,7 319:24 323:19 330:13 333:2 336:5,21 337:3,15 338:2 338:17 344:16 347:23 349:16 358:1 373:11 respecting [1] 295:16 respond [5] 25:8 107:23 347:5 377:6,7 responding [3] 141:16 151:19 166:1 responds [1] 339:5 response [11] 26:18 29:6 106:3 162:23 163:1 168:17 298:8 337:1,3 341:2 344:5 responsibilities [7] 110:16 180:10 191:1,3 191:20 304:18 305:2 responsibility [26] 22:5 111:19 112:5,25 125:20 148:25 180:12,19,21 184:19 185:18 186:5 187:6 191:11,14 192:1 200:13 202:13 204:6 205:15 206:11,23 244:23 304:10,19 379:2 responsible [5] 8:18 31:6 111:6 184:13 239:22 rest [5] 26:19 30:22 69:3 88:13 150:24 restarted [4] 21:15,18 22:9 23:16 restore [2] 34:18,25</p> | <p>restructured [1] 193:2 result [6] 45:19 85:11 122:19 149:19 270:23 319:17 results [64] 6:10 7:7 47:17 50:13 93:4,7 99:25 100:3,8,9,13,15 102:11 106:2,5 152:12 156:14 159:11,13 160:25 171:3 171:4 250:16 256:20 265:17,21 267:5 269:22 270:2,17 271:12 272:2 272:11,16 273:12,23 274:4,7 283:8 291:6,11 295:17 296:14 297:2 298:4 301:12,24 311:22 312:16 314:11 319:9,20 319:24 321:1,24 325:17 329:19 332:21 342:18 343:16 344:9 371:6 373:8 373:10 resumed [1] 22:8 RESUMES [1] 2:2 retest [11] 93:7 102:9 152:12 157:1 268:25 270:3 279:24 280:9 301:4 316:17 374:5 retested [24] 30:15 38:2 39:13 40:16 44:15 93:17 102:14 162:24 172:14,16 229:24 231:18 285:11 300:13,18 301:3 317:2 318:25 320:5 321:2 374:12,15,23 376:12 retesting [38] 21:14 22:6 22:7 23:17 27:1 29:13 30:12,22 37:19 38:23 49:1 50:7 100:10 154:8 157:23 162:24 170:20 171:3,4 172:4,7 231:23 232:21 233:18,23,25 234:2 250:12 256:14 279:25 285:7 286:9 295:16 301:13 307:1 317:1 318:13 376:9 retired [1] 183:22 retrospective [3] 16:7 155:18 286:9 return [3] 47:19 55:14 55:18 returned [1] 42:12 returning [1] 57:4 reverse [1] 119:22 review [29] 16:7 29:17 51:20 60:16 62:21 66:8 95:2,9,15,23 104:9 120:23 127:15,19 128:7 145:23 155:21 163:2 165:17 204:11,13 206:18 206:19 207:20,21 245:4 246:9 280:15 286:9 reviewed [9] 8:24 118:25 127:25 168:15 201:9,10 201:23 202:18 316:16 reviewers [3] 24:3 277:9 280:10 reviewing [2] 210:13 264:12</p> | <p>reviews [9] 8:2 24:10 52:12 125:25 180:18 182:14,14 250:16 281:15 revised [3] 3:1 351:8 358:24 revisit [1] 152:16 Reza [2] 44:6 82:11 right [94] 1:9 18:15 20:5 22:11 40:3,11 41:22 44:3 46:23 47:7,14 67:16 68:11,13 72:22 77:4,4 84:9 85:20 96:22 108:16 118:1 123:4 167:17 168:1 173:4 176:10 177:8,17 190:3,15 193:24 194:11 197:24 204:18,23 221:7 221:21 222:3,24 231:20 232:12 233:4 239:18 241:22 244:3 250:1,14 252:8,25 253:2,20 254:24 257:20 258:9,15 259:3 259:24 270:20 271:2 277:11 279:18 282:23 290:8 301:6 302:7 306:14 307:11 313:8 314:24 315:9,11 318:3 322:15 328:14 331:11,25 333:14 334:2 339:1 340:16 341:25 343:15,17 345:24 357:3,10 358:11 365:2 370:1 371:4 373:19 375:23 380:4 rightfully [1] 275:6 ring [1] 39:3 risk [10] 12:5 30:18 40:9 43:21 49:8 50:2 93:25 94:6,10 151:5 risks [1] 151:4 road [3] 72:13 129:7 330:15 Robert [4] 62:12 82:11 221:23 341:7 robust [2] 70:24 71:14 robustness [1] 160:9 role [37] 15:4 18:1,15 20:1 23:11 58:15 84:25 109:22 112:3,6,8 114:16 114:18 115:20 116:25 125:10,12 141:17 142:1 142:7 160:3,14 161:16 165:25 166:24 185:4 203:4 205:22 209:13,17 219:25 239:5,9 335:5,12 335:18 336:17 Rolf [1] 1:8 room [11] 9:25 10:14 11:15 28:24 69:11 70:3 90:18 92:19 168:9 271:14 312:20 rough [1] 63:3 round [2] 53:1 126:10 rounds [10] 53:5,15 54:2 54:4,7,24 55:1,5,5,6 routinely [1] 120:18 Royal [2] 129:19 130:6 Rumboldt [4] 205:4,10 205:17 218:16</p> | <p>run [2] 72:3 195:15 running [5] 94:21 256:18 256:19 266:21 330:7 Russell [3] 1:14 167:12 167:13</p> <hr/> <p style="text-align: center;">-S-</p> <hr/> <p>safety [4] 115:25 125:13 147:2 169:6 Sakura [2] 108:21 109:1 sample [3] 67:10 318:12 318:18 samples [13] 39:1 44:15 46:17 49:2 102:9 154:8 172:4 279:21 307:23 308:3,6 316:17 317:1 Sandra [5] 1:7 2:3,8 4:3 176:12 sat [2] 140:16 226:8 satisfied [1] 162:4 saw [7] 54:1 151:22 183:16 194:8 241:21 284:6 362:3 says [31] 6:22 21:14 22:7 29:9 35:18 36:20 55:9 68:10 70:25 74:1,7 78:5 83:6 87:7,17 244:5 264:2 265:19 278:8,25 306:24 309:19 317:1 324:18 325:11 339:6 344:5 351:3 358:23 371:25 372:2 scheduled [1] 62:4 school [7] 126:7 132:18 133:1,9,15,17 136:22 science [10] 92:22 117:14 117:15 119:17 121:6,23 123:10 157:17 162:14 170:11 Sciences [1] 104:11 scientific [6] 131:18 170:21 171:7,25 172:3 173:1 Scotia [1] 267:5 scrambled [1] 367:2 scrambling [1] 366:24 scratch [1] 81:10 screen [7] 104:18 146:19 176:23 221:3 257:11,14 339:2 screening [1] 74:24 scroll [3] 32:13 47:9 350:14 se [1] 219:23 search [4] 47:20 77:11 77:23 135:13 searches [1] 73:2 seated [3] 4:2 103:16 284:22 second [14] 35:18 38:8 58:4,8 71:20 106:14 123:7 152:5 159:8 183:14 216:9 237:21 252:18 268:11 secretariat [15] 224:21 225:7,19 228:12 235:13</p> |
|---|---|--|---|---|

| | | | | |
|---|---|--|---|---|
| <p>244:13 245:6,14 246:5 246:22 247:13 248:3,8 249:13 363:11 secretary [1] 43:7 section [2] 130:2 331:21 sector [3] 181:7 184:15 353:7 see [40] 8:25 24:21 25:5 64:2 104:17 105:9,23 106:11,12,14,19 107:5 107:10,11 120:14 142:5 146:16 150:6 160:1 177:6 203:5,17,22 235:5 243:19 243:22 250:4 256:20 257:1,5 258:21 260:16 260:24 295:15 314:21 330:20 331:15 338:20 350:15 362:1 seeing [4] 163:21 175:21 250:23 362:7 seek [1] 202:22 seem [31] 88:12 92:18 214:1,7 235:8 241:11,20 242:16 251:20 254:8 255:14 256:3,16 265:3 266:2 297:20 300:9 313:10 319:15 325:1 328:20 349:24 356:12 362:3,12 363:3 365:7,13 367:1 372:6 374:25 select [1] 174:6 self [3] 61:3 70:21 78:6 self-explanatory [1] 79:20 semi-automated [2] 122:22,22 seminar [1] 131:18 send [11] 29:18 31:11 38:25 204:11 280:8 291:1 296:7 324:20 332:25 347:3 353:22 sending [4] 127:9 231:25 256:13,17 sends [1] 25:1 senior [3] 17:23 111:8 125:9 sense [12] 218:25 219:4 219:8,10 220:13,22 280:6 282:3 309:13 314:6 366:21,23 sensitive [1] 340:8 sent [35] 26:24 29:16 47:22 65:1,2 67:10 74:13 74:14 221:19,23 222:16 223:3 273:18 275:9 279:21 283:11,15 295:17 306:20 307:23 308:8 309:14 310:2,21 332:17 339:6 340:4 342:15 343:15 344:2 351:8 353:23 356:15,20 368:24 separate [8] 70:3 304:14 327:7,18 330:11 332:8,9 369:17 separately [2] 59:25 60:2 September [54] 47:2</p> | <p>50:21 52:15 54:16 56:3 235:22 241:12,18 242:1 242:6 245:7,11 246:8,12 249:4 277:1 280:11 291:7 310:11 328:11,18 329:12 332:19,22 333:4,23 335:7 336:8,16,23 339:22 340:1 340:2 342:17 343:13 344:8,19 346:11 347:1,6 347:13,19 348:8,20 349:1 349:14,15 350:24 351:7 351:22 356:20 357:6 359:13 368:24 series [2] 32:1 229:5 serves [1] 356:2 service [16] 6:3 15:18 55:15 105:16 182:21 183:3 186:23 187:4,6 188:5,14 193:3,8,20 202:22,25 services [42] 161:16 166:1 178:12 179:2 180:15,16 182:9,10,18 183:1,10,11,24 184:10 185:4,6 186:11 188:8 189:20 190:21 191:14,15 191:25 200:16 202:23 204:24 205:2 206:14 207:20 208:2 211:1 217:9 218:14 229:12 230:4 239:5 303:6,6 304:4,7 304:14 335:20 set [23] 36:23 38:21 61:25 117:18,22 127:12 134:25 272:9 283:21,25 284:2 297:4 299:2 304:15 327:18 330:1,7,11,17 331:4 364:10,25 372:24 sets [1] 207:10 setting [2] 145:8 347:23 seven [3] 308:8 309:11 309:14 several [3] 39:23,24 63:15 severely [1] 35:11 share [7] 12:3 27:18 55:3 83:24 91:18 103:4 351:10 shared [7] 6:11 7:15 12:4 27:9 53:23 103:7 159:25 sharing [7] 53:25 59:12 59:13 60:15 96:16 262:10 281:18 Sharon [2] 25:3 83:3 shed [5] 31:18,22 39:5,7 90:24 sheet [1] 260:18 shift [3] 151:2 196:13,24 shifting [1] 290:24 short [4] 181:8 199:18 217:6 330:20 shortly [9] 29:6 52:1 142:10 241:5 271:25 272:5 273:17 291:9 314:3 show [6] 61:24 68:6 144:17 152:7 173:9 243:23 showing [1] 61:21</p> | <p>shown [3] 142:13 152:4 165:10 shut [1] 290:10 sic [1] 46:17 sick [3] 10:24 17:21,22 side [9] 17:5 64:19 82:21 106:18 124:19 125:23,24 151:5 214:5 sign [1] 26:11 signed [2] 6:4 222:22 significance [1] 56:7 significant [1] 311:14 signing [1] 210:7 similar [10] 61:7,10 72:11 137:7 146:9 149:6 211:7 245:17 256:20 310:8 Simmon's [1] 175:21 Simmons [28] 1:11 2:6 58:6 60:7 99:18 168:1,2 168:3,7,12,24 169:10,20 170:5,16,24 171:16,20 172:2,11,19 173:3,8,18 174:3,11 175:5,11 simply [1] 162:7 Sinai [34] 26:25 50:14 64:18 100:10 127:10 134:18 256:15 266:10,15 266:18 268:16,25 272:3 272:11 273:24 276:15 279:22 280:9 281:16 290:11 297:3 298:5 301:25 307:1 308:6 316:17,19 319:10 329:20 339:7 342:18 344:9 370:2 371:7 single [5] 73:25 187:8,9 187:13 188:17 sit [3] 95:16 115:11 132:17 site [9] 9:20,21 19:19 21:12 73:25 74:13,17 75:10 126:6 sites [3] 73:24 74:12 266:2 sits [1] 136:20 situation [8] 54:2 72:11 74:22 158:23 245:17,22 283:2 347:3 situations [1] 186:15 six [16] 11:10 30:9 41:19 67:18 76:24 107:22 158:13 306:25 307:10,14 307:18,20 308:2 313:6 316:19 330:23 size [3] 35:12 76:13 134:7 skilled [3] 70:24 71:21 163:16 skills [2] 72:4 163:15 skim [1] 84:6 skin [1] 124:13 slide [2] 159:6 161:18 slides [2] 142:12 370:22 small [2] 284:8 365:15 smaller [2] 74:20 195:25</p> | <p>smear [1] 74:24 Smith [3] 25:4 83:3 99:18 Society [2] 1:17 113:20 solely [1] 282:11 soliciting [1] 293:11 solid [1] 162:12 solidly [1] 117:15 solutions [1] 98:19 someone [18] 29:12,17 30:11 31:10 68:2 131:17 165:16 166:17 170:10 174:23 188:7 193:16 224:14 228:2 259:10,12 286:14 362:4 sometime [8] 11:5 12:8 216:12 226:23 235:8 327:10 350:6 354:3 sometimes [7] 35:8 117:13 160:22 195:2 303:12 378:12,12 somewhat [2] 53:15 108:7 somewhere [2] 33:8 322:2 soon [1] 323:3 SOPs [1] 6:3 sorry [31] 9:4 46:11 51:1 55:12 57:17 62:2 69:2 89:2 96:22 105:22 118:3 179:15 188:2 192:10 193:6,15 195:4 239:12 239:17 257:9,19 272:19 283:23 291:16 298:17 299:19 307:16 318:21 320:17 358:9 360:20 sort [17] 12:9 13:8 44:7 77:25 106:1 117:8 121:18 124:21 133:12 149:20 156:1 181:12 203:8 213:9 214:19 275:1 290:24 soul [1] 154:16 sound [2] 170:13 381:10 sounding [1] 359:2 sounds [1] 170:15 source [5] 17:10 160:11 164:12,15 166:18 sources [7] 16:20 17:2,8 18:21 161:14 166:8 188:19 SP1 [5] 105:12,25 106:2 107:2,19 sparsity [1] 261:1 speak [23] 39:17 49:10 49:18 55:2 64:8 66:13 88:16 93:4 139:20,21 144:25 145:2 159:15 161:10 333:9 337:1 338:5 338:6 354:12 360:17,24 367:16,19 speaking [13] 71:4 141:14 206:9 222:13 227:12,14,16 297:14 317:8 348:21 360:8 372:7 374:2 speaks [2] 34:2 72:18</p> | <p>special [2] 126:11 330:8 specialist [1] 254:11 specialties [1] 53:20 specific [14] 13:22 38:22 59:16 60:12 92:24 115:9 287:10,25 299:11,20 317:12 325:2 326:16 368:2 specifically [24] 9:5 18:24 23:3 24:12,14 28:23 90:9 104:12 171:11 189:1 212:16 223:5 230:20 265:3 271:16 276:12 289:8 293:3 313:22 320:14 327:6,18 336:20 375:14 specifics [3] 109:3 271:9 373:13 specimen [1] 30:14 specimens [11] 26:25 29:4 30:23 31:3 232:1 233:24,24,25 306:20 308:8 340:4 spell [3] 101:17 102:17 176:14 spelled [1] 176:17 spend [1] 125:4 spent [2] 119:15 197:11 spoke [7] 12:13 42:19 49:21 123:6 224:20 359:1 359:24 spoken [6] 146:13,13 149:16 300:4,6 361:4 spot [1] 281:4 spreadsheet [1] 40:1 spreadsheets [1] 163:22 Springdale [12] 349:14 349:20,23 351:22 352:1 352:2,3 353:6,13 359:14 360:3 361:14 St [25] 9:21 17:25 19:15 21:8 37:20 38:23 46:16 50:23 87:10 180:25 181:2 181:3,10 256:13,15 267:17 268:24 269:12 290:10 308:15 310:25 351:23 353:15 381:8,11 stability [1] 34:23 stabilize [1] 126:16 stabilized [1] 34:19 Stacey [1] 1:19 staff [23] 82:3 188:15,20 189:8 196:21 197:12 201:5,10,11 202:18 204:12,12,20 207:8,17 207:25 208:4 263:22 264:10 278:19,25 279:4 279:16 staffing [2] 180:17 182:14 stage [2] 88:20 261:21 stages [3] 261:19,24 345:13 staining [2] 127:6 129:11 stains [1] 324:12 stand [4] 2:2 75:22 115:8</p> |
|---|---|--|---|---|

| | | | | |
|--|--|---|---|---|
| <p>317:18 standard [8] 111:25 117:15,16 121:21 126:20 159:3 169:3 278:18 standardization [11] 73:19 116:2,16,18 117:1 117:2 122:15 144:15,16 306:24 316:18 standards [27] 76:12,19 113:23 114:3,15 115:4 115:21 116:6 117:7,23 118:6,9,12 119:8 120:12 120:21 121:16 122:2,10 123:18 124:2 128:24 135:10,14,15 144:21 158:4 stands [1] 378:8 start [10] 24:20 81:10 150:25 151:2 175:25 232:25 329:15 332:3 333:20,20 started [7] 38:23 46:16 125:17 133:22 142:20 180:6 198:16 state [2] 100:7 176:14 statement [5] 118:14,23 119:2 158:17 375:12 statements [7] 25:22 118:11 119:18 121:2,9 121:13 122:11 States [3] 156:19 157:14 289:13 stating [1] 360:13 status [9] 7:10 8:22 9:7 31:3,8,15 45:8 87:8 285:11 stay [2] 75:7 119:25 staying [3] 30:19 132:22 159:21 step [3] 125:11 127:22 135:6 Stephanie [3] 254:20,22 255:8 stepped [1] 335:6 steps [9] 115:1,14 128:21 129:4,5 146:12 162:25 163:3 222:17 Steve [1] 36:3 stick [1] 28:18 sticky [3] 163:22 164:10 164:13 still [21] 10:3 13:5 15:11 30:14 48:20 54:10 56:14 64:14 98:23 99:5 141:7 164:22 182:25 185:17 187:16 298:17 327:7 344:19 358:22 374:2,5 stop [1] 150:25 story [6] 152:11 229:16 349:16 361:21 362:1,3 strain [2] 54:18 95:5 strange [1] 358:22 strategic [1] 33:20 strategies [1] 131:20 strategy [3] 230:1,5 234:5</p> | <p>streamed [1] 143:24 streamline [2] 17:6 137:8 streamlined [1] 194:10 streamlining [1] 194:13 strengthen [2] 22:25 138:10 strengthened [1] 144:13 strengthening [2] 129:25 130:13 stretching [2] 41:15 43:8 strong [3] 117:14 137:21 141:25 structure [13] 14:24 19:25 20:12 54:9 109:15 121:18 139:3 169:22 185:18 186:20 189:11 191:24 304:13 structured [1] 139:5 structures [1] 194:9 struggle [1] 141:7 struggled [1] 261:25 struggling [2] 140:7 161:23 studies [3] 119:21 120:4 120:18 study [3] 66:3 171:24 173:1 style [1] 139:7 sub-file [5] 327:3,5 330:2 331:7,9 sub-files [1] 331:12 subject [6] 221:25 229:22 295:10 299:16 333:25 363:12 submission [1] 202:4 submissions [1] 201:19 submitted [1] 106:20 subsequent [13] 9:10,22 11:7,7,11 19:6 104:14 165:25 181:6 183:21 206:19 297:3,15 subsequently [7] 4:19 8:14 12:14 44:8 119:20 162:18 367:13 subset [1] 172:13 subspecialties [1] 134:22 subspecialty [1] 125:7 substantive [1] 278:2 successful [1] 183:23 such [20] 28:12 61:7 68:5 71:23 72:2 75:5 116:5 140:12 149:6 150:7 151:12 161:19 175:6 189:3,23 191:14 212:4 251:2 293:22 328:5 suddenly [1] 150:17 suggest [4] 25:9 26:20 108:4 175:23 suggested [1] 318:18 suggesting [7] 27:22 78:21 90:12 172:8 318:11 320:4 342:16</p> | <p>suggestion [3] 78:1 79:3 317:15 suggestions [2] 84:20 91:9 suitable [3] 247:12 248:21,22 suite [1] 214:4 sum [1] 40:19 summarized [1] 5:22 summarizing [1] 231:16 summary [8] 51:4 52:5 52:20,23 266:21 268:7 310:8 367:12 summer [2] 290:17 350:22 Sunnybrook [1] 134:19 superior [1] 107:19 supervising [1] 170:12 support [17] 58:19 59:9 59:17 60:6 61:24 70:25 180:22 181:9 196:7,14 197:1,8,9,11 304:19 305:17 306:2 supporting [1] 47:18 supportive [1] 14:5 supposed [1] 187:9 surety [1] 95:21 surgeons [4] 53:19 372:16 376:1,5 surgeons/doctors [1] 372:9 surprise [2] 21:21 146:3 surprised [3] 145:22 228:16,20 survey [1] 265:24 Susan [9] 36:2 99:20 356:25 358:25 359:4,17 359:24 360:8,9 suspect [1] 323:10 sweeping [1] 148:14 switch [1] 105:8 switched [1] 150:20 sworn [3] 2:7 176:8,11 synthesize [1] 161:25 system [26] 34:8,12,18 35:1 122:23 123:3 159:19 182:19 183:7 187:12 256:18 266:15 267:23 268:6 276:25 278:8,20 279:15,24 282:8 283:12 306:22 309:15,16 317:2 340:6 systemic [1] 44:13 systems [1] 174:14</p> <hr/> <p style="text-align: center;">-T-</p> <hr/> <p>TABLE [1] 2:1 tabulation [1] 47:17 tactics [2] 32:14 35:17 tag [1] 359:18 taker [1] 259:12 taking [8] 6:25 71:4 126:4 196:17 222:18</p> | <p>237:3 282:5 336:18 talks [2] 73:13 76:24 Tamoxifen [4] 95:19 96:9 106:4 107:23 Tansy [13] 350:16 351:3 351:5,6 353:18,20,24 356:13 358:20,20 360:7 360:13 361:3 Tansy's [1] 359:16 target [2] 32:13 35:2 task [3] 73:9 76:1 81:18 tasked [5] 37:17 181:1 289:23 290:2 291:20 teaching [6] 56:10,24 132:10,13 133:8,10 team [2] 50:23 141:4 teams [1] 128:3 technical [15] 161:22 163:1 165:10,21 166:12 166:16 169:12 170:12,18 172:22 262:9 265:4 279:16 303:12 328:23 technique [2] 118:17 129:9 technologically [1] 341:3 technologist [8] 17:24 111:8 125:9 131:3 170:10 276:15 281:15 340:2 technologists [31] 4:14 4:18 5:4,10,25 7:18 8:7 9:6,13,18,19,24 10:10 11:18 19:21 20:18 21:1 21:10,16 24:1,2,7 61:11 61:14 110:22 124:25 130:15,17 131:13 142:15 144:5 technologists' [2] 15:20 15:22 technology [3] 17:5 156:11 250:12 telephone [3] 43:12 188:13 359:18 telling [12] 178:3 212:17 213:5,15 230:12 253:9 263:23 264:7,14,15 372:4 373:25 template [2] 81:4,12 ten [7] 25:8 47:22 48:9 127:9,18 336:13 371:23 tend [3] 197:15 335:4 338:1 tended [2] 337:20 338:8 tends [1] 195:21 term [5] 147:25 330:21 349:24 352:5,12 terminology [2] 212:9 323:21 terms [65] 25:21 26:9 27:1 40:3 44:12,14 45:4 57:1 75:24 76:1 85:14 86:18 89:19 92:1 93:15 96:7 111:16 122:9 123:16 123:17 124:17 131:11 139:3 155:21 156:4 157:1 157:23 162:23 163:1</p> | <p>174:12 193:25 194:3,20 195:13 201:15 203:4,8 203:15 204:4 210:7 217:19 224:1 227:5,20 230:9 233:5 244:11 247:1 256:23 262:23 270:22 276:1,2 293:8,13 294:3 294:18 313:19 315:22 317:25 338:15 348:6 366:14,22 377:11 Terry [8] 25:3 26:21 29:19 49:11 52:6 99:20 221:25 222:11 test [54] 23:16 67:18,21 68:4,5,6 76:19 142:12 142:22,23 143:9,19,21 144:6,18,23 145:9 152:15 154:25 171:12 250:16 265:16,21 267:4 268:24 272:2,11 273:12,23 285:5 291:6,11 295:17 296:14 297:2 298:4 301:24 311:21 312:16 314:11 316:18,20 319:9,17,24 321:23 323:24 324:11 325:17 329:19 332:21 342:17 373:7,9 tested [5] 39:11 102:10 172:5 300:13,18 testimony [7] 20:4 129:25 140:18 145:18 226:20 229:2 234:10 testing [66] 1:2,15 6:6,9 6:23,25 16:1 21:18,18 22:8,9 23:19,21 29:3 37:22 50:12 114:9 115:22 120:12 121:17 122:3 126:25 127:2,3,5,13 135:14 140:1 145:7,17 149:19 154:5 162:22 168:18 174:14,25 211:8 212:5 213:12 214:10,15 216:21 220:2 229:20,22 230:23 231:23 256:13,15 264:12 268:18,24 280:1 282:9,12 285:1 290:10 306:25 316:14,25 319:21 323:15,20 330:24 350:22 381:5 tests [27] 47:19 65:22 66:22,23 67:6 76:5,16 89:13 102:6,15,16 125:3 152:23 158:23 173:24 256:17 269:3,13 283:10 283:14 284:5,8 309:14 321:1,1 339:22 370:14 thank [33] 73:19 103:8 103:10,18,19,21,23 109:13 111:3 113:5,6,8 167:3,6,8,10 168:1 175:12,14,20,20 176:20 177:10 178:2 204:18 239:17,17 257:23 284:16 284:24 364:24 380:2,4 thanks [3] 295:18 344:6 347:13 themselves [3] 119:1 137:3 160:19 therapy [2] 119:17 120:17</p> |
|--|--|---|---|---|

| | | | | |
|--|---|---|--|---|
| <p>there'd [1] 377:17 there'll [1] 88:16 thereabouts [1] 332:19 thereafter [2] 29:7 314:3 therefore [1] 317:2 they've [4] 60:3 133:8 264:7 290:10 thinking [14] 13:15 132:25 141:22 142:7 146:7 148:5 151:3 200:10 213:2 241:11,17,20 249:3 328:22 third [3] 21:14 23:15 329:4 thirty [1] 67:23 Thomas [2] 222:14 250:9 Thompson [15] 62:12 62:19 63:13,16,19 68:24 69:1 82:11 83:23 84:14 90:7 199:18 229:8,10 234:9 Thompson's [6] 63:22 73:9 151:23 226:20 228:11 229:2 thought [16] 30:1 36:21 101:21 145:8 146:6 164:5 164:17 240:25 279:9 293:11,13,18 317:4,17 318:10 377:17 thought's [1] 47:17 three [25] 41:7 47:22,25 48:2,10,11 65:6 124:17 168:14 195:24 197:16 258:17 259:22 261:21 267:3 269:5 293:9 307:5 307:8,20 308:17 337:15 338:22 352:21 369:12 through [65] 3:4,5,8 15:1 17:9 20:19 39:15 40:17 50:14 59:9 63:3,5 70:21 71:18 79:6 81:11 84:6 94:6,7 98:15 104:16,17 119:20 121:1 126:2,22 131:9 135:18 136:11,24 147:12 168:19 174:19 177:13,13,14,18,20,24 179:10,23 188:19,20 200:19 202:10,13 204:14 207:19 208:1 210:1 212:19 242:18 246:21 260:19,20,23 261:14 280:22 281:11 306:1 350:21 368:14 369:9 376:13 378:22 throughout [6] 61:21 71:19 75:2 146:9 274:18 337:11 Thursday [1] 229:18 ti [1] 349:2 tied [1] 160:11 tighter [1] 133:15 Tilley [59] 33:10 253:17 254:9 255:1,4,7 264:21 264:25 265:8 282:24 285:23 286:15 287:3,8 287:12,22,23 288:1,7,12 288:21 291:2,4,24 296:12 296:19,23 297:1,7,18</p> | <p>298:3,13 302:16 315:13 328:10 332:18 333:1,6,9 333:12,24 334:18 336:22 337:2,12,22 339:4,5 346:16 347:12,25 349:1 356:21 359:2 362:23 363:3,15 365:22 367:23 Tilley's [2] 93:23 341:2 timeframe [1] 123:21 times [9] 59:2 117:16 134:15 137:22 170:20 173:11 195:3 260:2 288:6 timing [1] 347:14 tissue [1] 102:9 title [2] 182:22 183:10 titled [1] 4:12 today [3] 150:20 222:14 376:20 together [18] 19:18 22:13 27:18 28:22 33:1 44:8 58:18 59:1 60:4 118:25 121:12 126:5 127:20 133:13 165:14,15 166:7 368:18 tomorrow [4] 35:21 36:21,23 222:20 tonight [1] 375:21 too [4] 47:11 139:9 257:12 358:21 took [16] 27:23 93:25 95:19 153:16 158:7 171:1 190:16 211:3 237:1,4 247:6 255:21 258:3 315:7 335:17 366:7 top [6] 87:6 106:22 118:1 264:1 351:6 369:10 topic [2] 57:14 248:8 topics [2] 113:21 136:4 TOR [1] 75:22 Toronto [2] 128:12 134:19 total [16] 40:19 64:17 65:22 89:12 152:12 154:15 171:19 172:13 173:24 178:14 269:17 307:14,16,18 339:8 370:14 totally [5] 37:11 85:7 112:6 164:20 171:12 touch [3] 347:13 349:2 354:18 touched [1] 359:18 towards [5] 32:25 41:10 142:21 150:10 324:18 town [3] 9:12 23:25 24:5 track [3] 326:23 331:7 331:20 tracked [1] 86:11 tracking [1] 158:7 Tracy [1] 82:12 traditional [1] 149:23 training [8] 7:17 8:5,9 8:15 124:24 125:1,6 133:4 transcribed [1] 381:9</p> | <p>transcript [1] 381:3 transfer [2] 53:18 135:4 transition [1] 181:13 travelling [2] 351:21 353:15 Treasury [1] 202:22 treat [1] 86:3 treating [2] 143:18 154:11 treatment [8] 45:12 85:24 143:22 154:14 321:5 374:9,17 375:17 treatments [1] 321:4 trends [1] 86:11 trigger [4] 328:6 330:16 331:6 332:7 triggered [1] 332:2 triggers [1] 330:19 trouble [1] 195:7 troubling [1] 71:9 true [3] 28:16 32:22 381:3 truly [1] 121:23 trustees [5] 139:5,14 140:12 141:9 142:4 try [10] 17:25 38:18 48:21 95:17,17 139:10 195:8 262:6,13,14 trying [27] 10:9 11:19 32:6 34:21 48:18 59:3 61:24 66:25 67:4 81:3 88:13 89:7 98:19 99:1 119:25 120:1,10,13 143:21 233:4 251:19 257:5 263:15 331:15 358:10 359:6,11 tumor [4] 52:25 55:4 94:21 95:10 tuning [1] 340:5 turn [5] 210:17 247:12 248:20,22 269:4 turnaround [1] 134:15 turned [1] 154:19 turnover [1] 159:9 TV [1] 35:20 tweak [1] 146:1 twenty [5] 66:3,11,12 67:23 80:21 two [65] 12:4 46:20 55:9 55:12,19,22,22 56:2 58:2 58:2 64:24 65:7,8 68:20 70:19,22 71:12 80:21 85:15 89:18 95:22 99:23 100:1,11 111:4 112:20 116:1 118:18 122:14 123:20 125:25 126:11 127:17,19 168:14 170:17 179:1 184:4 185:10 194:12 204:23 209:8 216:7 251:23 252:14,16 270:13 282:20 310:6,11 317:24 322:8 325:3,7,20 325:25 329:3 334:7 340:12,22 346:7,8,13 360:4 362:25</p> | <p>two-page [1] 32:11 two-year [1] 178:11 type [13] 35:6 76:13 108:25 120:12 129:10 144:22,23 145:9 163:8 166:23 172:22 194:4 262:13 typed [2] 260:9 315:1 types [4] 119:9 134:7 139:6 141:12 <hr/> <p style="text-align: center;">-U-</p> <hr/> <p>UK [1] 127:3 ultimate [2] 17:4 61:9 ultimately [3] 110:4 132:17 330:1 Um-hm [5] 53:8 148:8 168:23 171:21 184:6 uncertain [1] 5:16 uncomfortable [3] 149:10 161:24 313:11 uncommon [1] 28:14 undefined [1] 317:3 under [18] 13:24 16:18 23:5 35:17 37:18 38:21 52:19 54:14,18 55:8 58:13 109:13,14 117:22 120:3 149:22 185:17 189:10 undersigned [1] 100:4 understand [70] 6:7 16:22 19:12 30:13 48:19 50:22 54:7 58:23 79:6 81:17 88:14 89:23 92:21 93:5 106:7 110:6 111:6 111:18 113:24 123:1 130:12,19 135:9 139:10 140:19 144:4 156:21 157:17 160:22 161:25 195:8 210:6 214:22 219:19,22 220:7 229:23 231:10,22 232:15,20 233:4 253:8 259:9 262:3 262:6,8 263:2 269:12 270:2 282:7 296:5 307:22 310:15 311:1 317:11 320:17 323:23 324:3 335:1 343:14 357:7 360:10 365:4 370:11 371:6,9 373:1 374:11 375:8 understands [1] 231:17 understood [17] 9:1 27:12 96:23 220:2,10,17 226:7 248:7 265:23 292:10 320:9,25 322:17 323:20 339:12 370:13 374:14 undertaken [1] 280:16 undertakes [1] 207:1 unexpected [1] 128:2 unfortunately [1] 275:4 unilaterally [1] 37:20 unique [1] 122:8 United [3] 156:19 157:14 289:13</p> </p> | <p>university [7] 55:12,14 56:2,4,9 133:7 178:10 unless [3] 18:3 103:2 139:21 unnecessarily [1] 319:16 unsure [2] 10:15 29:23 unusual [2] 337:2 355:3 up [109] 8:21 12:15,19 14:14 15:19 21:24 28:2 30:5 36:23 37:18 38:1 40:3,8 42:18 44:1,17,20 44:20 48:12,16 49:1,15 50:4 52:1 58:15 61:25 72:2 78:1 81:4 85:10 89:23 92:6,20 99:15 101:10 104:6 106:22 119:25 120:21 124:4 127:12 129:17 130:17 132:11,15,22 133:4 134:25 137:19 138:20,20 140:25 148:13 152:2 159:5 164:8 173:14 176:23 178:5 180:3 190:16 202:9 211:3 214:19 217:1,3 219:7 221:3 226:12 229:16 243:20 257:11 272:9 278:18 289:24 290:2,6 293:16 296:1 297:4,12 299:2 304:15 305:11 325:19 326:10,12 327:18 328:10 330:1,7,11,17 331:4 333:6,11,21 334:21 346:8,13 347:23 348:20 351:8 355:21,22 369:12 372:24 379:9,13 up-to-date [1] 162:19 update [16] 57:14 222:5 253:17 256:2 273:19 291:3,12 292:1 328:12 332:20,23 333:5 334:5 339:4 346:18,25 updated [4] 206:24 207:6 344:6 346:20 updates [2] 61:7 379:3 used [20] 87:17 91:13 102:6,13 109:1 123:1 129:11 140:11 145:9 173:13 193:10 242:5,6 245:23 246:14,17 260:20 282:8 283:8 328:24 users [1] 35:3 uses [2] 259:10 359:2 using [15] 108:14 120:16 173:12 187:12 266:14,16 266:18 267:23 268:6 278:19,21 290:11 306:21 309:14 341:1 usually [3] 121:11 208:22 330:19 <hr/> <p style="text-align: center;">-V-</p> <hr/> <p>vacation [7] 42:12 43:11 47:20 169:16 254:13 297:21 298:18 vague [1] 25:15 vaguely [3] 25:12 43:3</p> </p> |
|--|---|---|--|---|

| | | | |
|---|--|---|--|
| <p>115:6 validate [2] 159:11,13 Vancouver [3] 266:11 266:13 267:4 variance [2] 66:3 67:14 varied [1] 186:14 various [8] 118:15 122:12 128:21 131:11 134:11 188:19 223:21 266:2 vary [3] 195:2,19 196:3 varying [1] 162:10 vast [1] 6:3 Ventana [19] 122:23 123:3 256:5 266:15 268:6 277:13,15 278:14,19 279:14,23 282:7 283:12 306:22 308:13 309:4,15 317:2 340:6 Ventana-seven [1] 309:6 verbal [1] 161:18 verify [1] 166:14 verses [2] 79:15 122:10 versus [5] 34:13 87:10 87:13 141:8 158:2 vetted [1] 246:21 via [1] 291:24 vice [4] 195:3,21,23 196:1 view [21] 12:6,10 15:20 15:23 60:8 80:9 112:2 126:10 127:11 140:1,14 144:10 145:20 155:18 201:17 291:8 297:12 303:13 328:23 335:2 346:6 viewed [4] 123:3 127:3,8 148:20 viewing [1] 34:10 views [2] 138:25 293:12 vis [1] 23:1 vis-a [1] 22:25 visit [1] 5:16 visiting [1] 128:13 visits [1] 339:25 voice [1] 12:21 volumes [1] 120:4 Voluntarily [1] 127:24 VP [4] 105:14 161:16 166:1 197:15 VPs [1] 337:23</p> | <p>waiting [7] 217:23 313:20 314:7 324:20 328:8 329:19 343:16 walk [2] 13:14 148:13 walk-abouts [1] 61:23 wand [1] 150:17 wanting [2] 311:21 363:12 wants [1] 325:24 wave [1] 150:17 ways [6] 58:21 91:21 112:10 132:3 149:2 173:13 wealthiest [1] 157:13 week [12] 50:20 58:5 99:13 128:12,12 147:14 244:9 247:5 306:25 336:24 347:14 349:2 weekend [5] 350:6 354:3 355:24 357:25 361:22 weekly [1] 196:3 weeks [23] 225:11,25 226:13,17 234:12 269:5 307:6,11,14,18,20 308:2 313:6 316:19 325:7,20 326:1 330:24 334:7,17 346:7,8,13 weight [1] 58:14 welcome [1] 257:16 welcomed [1] 175:10 wellness [1] 191:16 Western [5] 1:19 29:16 39:23,24 70:11 whatsoever [2] 13:20 14:8 whereas [4] 38:24 46:17 266:15 338:21 whereby [1] 74:11 wherever [1] 281:3 Whitbourne [3] 69:9 69:21,25 whole [11] 58:21 74:22 84:24 85:3 92:22 95:4 126:19 130:2 156:2 162:9 170:3 wide [1] 73:14 wife [1] 80:11 William's [1] 323:10 Williams [45] 198:3,7 198:17,21 199:3 221:24 222:10 254:10 255:7 260:7 264:19,25 265:6 285:23 286:15 287:4,8 287:12,16,18 288:22 295:10 298:13 300:3,6 302:10 314:17 315:14 340:8 341:8,12,15 342:22 343:3 357:8,10 362:23 363:3,15 365:9,22 367:23 368:10 372:7 374:2 Williams' [1] 345:21 Williams/NCTRF [1] 375:16 Winnipeg [1] 268:1 wish [6] 47:12 101:3,7</p> | <p>101:12 301:23 306:6 wished [4] 83:24 84:14 100:14 101:24 wishes [2] 323:5 325:6 within [59] 30:18 40:8 41:25 61:18 98:23 99:6 111:9,21 112:2,17 125:8 129:14,14 131:6 132:16 137:3,4 141:4 152:15 160:20 169:13,25 180:14 183:4,7 184:12,14,14 185:21 187:16 188:15 189:8,9 191:7,16 192:1 193:11 197:5,7,12 199:9 200:16,22 202:16 203:1 203:13 206:15 269:4 275:6 278:20 292:5 293:11 325:6,20,25 327:3 330:2 336:24 367:22 without [9] 16:21 17:12 18:22 19:24 21:15,18 124:1 129:14 150:7 witness [4] 103:19 175:25 176:6 200:3 woman [1] 222:16 wonder [4] 146:8 152:2 155:7 159:5 wondering [22] 14:7 31:5 92:14 136:13 144:4 153:5 155:8 161:1 162:2 165:18 195:7,13 250:18 273:9 275:8 286:7,20 329:14 330:15 331:18 339:4 357:22 word [6] 88:21 146:3 149:10,12 276:23 372:13 worked [4] 32:25 123:13 126:1 245:20 workload [1] 95:6 workloads [1] 58:13 works [4] 111:9 207:9 207:17,25 world [4] 116:14 139:1 156:20 163:23 worldwide [2] 114:2 127:4 worth [1] 204:3 Wow [1] 117:25 write [5] 102:22 262:14 319:1 378:12,12 writes [6] 31:9 99:16 229:9 243:25 358:23 359:1 writing [7] 12:14 55:10 57:17 76:10 169:4 316:13 351:4 written [19] 57:15 64:2 90:16 106:9 170:2 260:8 260:8 263:13 266:10,24 268:16 269:8,21 273:7 278:2 279:13 309:2 329:15 369:10 wrong [4] 119:21 135:14 148:18 156:3 wrote [2] 282:24 332:20</p> | <p style="text-align: center;">-X-</p> <p>X [1] 260:21 XX [1] 250:11</p> <hr/> <p style="text-align: center;">-Y-</p> <p>year [16] 28:8 48:11 93:6 118:22 123:20 130:4 141:6 178:15 181:22 194:12 202:9,16 204:15 280:20 336:13 365:8 years [15] 48:13 75:4 119:14 179:1 184:4 185:10 196:6 231:2,11 232:16 255:4 267:3 304:8 330:10 337:11 yet [6] 26:25 75:1 138:4 146:20 150:11 367:25 young [2] 278:25 279:4 yourself [11] 25:2 49:21 99:19,19 203:5 235:11 255:7 302:21 315:12,24 334:21 youth [1] 191:15</p> |
| <p style="text-align: center;">-W-</p> <p>Wade [5] 6:20 51:5,19 111:12,18 Wade's [3] 112:3 125:12 169:5 wait [17] 150:24 272:2 272:10 273:11,11,23 291:11 296:13 297:2 298:4 299:1 301:24 311:21 314:11 319:2,9 342:16</p> | | | |