

**Automobile Injury Appeal Commission**

**Province of Saskatchewan**

**Citation:** *I.L. v. Saskatchewan Government  
Insurance, 2007 SKAIA 019*  
**Date:** 20070201  
**File:** 077 of 2005

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**BETWEEN**

**I.L., Applicant**

**and**

**Saskatchewan Government Insurance, Respondent**

**Appearances:**

**Terrence Leier, Q.C., for the Applicant**

**Jane Watson, for the Respondent**

**Before:** Beverly Cleveland, Chair  
**Barbara Tomkins, Commission Member**  
**Joy Dobko, Commission Member**  
Mukesh Mirchandani, Commission Member

**THIS DECISION HAS BEEN EDITED TO PROTECT THE PERSONAL AND HEALTH  
INFORMATION OF INDIVIDUALS BY REMOVING PERSONAL IDENTIFIERS AND  
OTHER IDENTIFYING INFORMATION**

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Heard at Regina, Saskatchewan  
August 25, 2006

## DECISION

[1] The Appellant, I.L., was involved in a motor vehicle accident on July 8, 2001. She sustained injuries to her chest, neck, mid and lower back, left arm and leg and ribs. In addition, she suffered a closed head injury and a period of unconsciousness. She applied for and received benefits under Part VIII of *The Automobile Accident Insurance Act* (“the old Act”), including income replacement benefits and permanent impairment benefits.

[2] Eventually, both benefits were discontinued and the Appellant, via counsel, seeks to appeal SGI’s decisions pursuant to a letter dated April 22, 2005. More specifically, the Appellant’s appeal document notes SGI’s refusal to improve disability payments, permanent impairment and the provision of medical treatment.

## JURISDICTION

[3] This Commission derives its jurisdiction to hear and consider appeals from section 191 of the current legislation. That section prescribes that a claimant may appeal a decision of SGI’s to this Commission within 90 days after the date of the decision or the claimant may seek to mediate the matter. If the claimant undertakes mediation and is not satisfied with the result, an appeal will lie to this Commission provided application is made within 60 days after completion of mediation. With these requirements in mind, we will review the documentation before us to determine the extent of our jurisdiction.

[4] SGI’s first decision letter, dated October 2, 2001 sets out the Appellant’s entitlement to Income Replacement Benefits and the calculation of the amount she will receive. No document was filed, nor are we aware of any document suggesting that this decision was appealed or referred for mediation.

[5] The next decision letter was dated July 15, 2002 and specified the Appellant’s award for Permanent Impairment. No document was filed, nor are we aware of any document suggesting that this decision was appealed or referred for mediation.

[6] On January 10, 2003, SGI advised that it was satisfied that the Appellant was able to resume her pre-accident employment and that Income Replacement Benefits (IRB) would be discontinued.

[7] A letter dated February 6, 2004 from SGI to the Appellant's husband<sup>1</sup> suggests that the Appellant had requested mediation of the January 10, 2003 decision through counsel by letter dated March 7, 2003. While neither party filed a copy of that letter, we accept that it was written and that it placed the termination of IRB in issue. It would appear that counsel for the Appellant had purported to put other matters, including appropriate permanent impairment benefits, into mediation as well but SGI took the view that some of these were matters on which it had not made a decision and some were matters for which a request for mediation was out of time. In any event, SGI advised that only the matter of IRB would then be before the mediation. We have no indication that the Appellant disputed this.

[8] SGI did advise that a further decision of permanent impairment would be forthcoming and that the Appellant could hold the mediation in abeyance until that decision was given and roll it into the mediation if she was dissatisfied. Or, of course, she could proceed with the pending mediation and allow the anticipated IRB matter to be dealt with separately. There is no indication that the Appellant, or anyone on her behalf, responded to this suggestion.

[9] Shortly thereafter, on February 26, 2004, SGI provided its decision whether the Appellant might be entitled to additional benefits for permanent impairment; they concluded that she was not. In addition, that letter indicated that the Appellant had been discharged from the rehabilitation facility and that further treatment had not been recommended. That being the case, SGI declined reimbursement for a number of massage therapy treatments. No document was filed, nor are we aware of any document suggesting that this decision was appealed or referred for mediation.

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<sup>1</sup> The Commission was not given the reason this letter was sent to the Appellant's husband rather than to the Appellant. However, neither party took issue with the manner in which the letter was directed. Neither, then, will the Commission.

[10] Finally, on April 22, 2005, the appointed mediator advised that the mediation had been concluded. The Appellant appealed to this Commission within the 60 day period allowed by the legislation and that appeal is properly before us. Based on the information available, we can establish that the termination of IRB was at issue in the mediation and is therefore properly before us. There is no evidence that any other matter is lawfully before us on this appeal. Our review of the facts and evidence and our analysis, therefore, will be limited to the matter of income replacement benefits.

[11] In so concluding, we are aware that the Appellant and her family disagree strongly with all of the other decisions identified above and, through counsel, brought evidence and argument in support of that dissent. However, unless appeals are brought before us within legislated time limits, this Commission cannot consider those matters. Further, we are not able to extend the time limits for appeals.<sup>2</sup> This is a matter of concern to the Commission, particularly in cases as this where the injured person suffered a brain injury. However, in this case the Appellant is fortunate to have strong and competent advocates in her husband and daughter and the assistance of counsel.

## **FACTS**

[12] The Appellant operated a rental accommodation business with her son-in law. She owns approximately 30 rental houses and was responsible for the management of the rental operation and the maintenance and repair of the homes. Prior to this “retirement” work, the Appellant worked in government and had taken training in bookkeeping, accounting and secretarial work. Evidence presented at the hearing indicated that she was very efficient and effective in this work and that her business was successful.

[13] On July 8, 2001, the Appellant was injured in a vehicle accident when the driver’s side of her van was hit by another vehicle. Damage to the vehicle was extensive and the Appellant suffered numerous injuries.

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<sup>2</sup> *Mintzler v. Saskatchewan Government Insurance* 2001 SKCA 54

[14] She was unconscious for a period of unknown but not lengthy duration and suffered an intraparenchymal hemorrhage in her right mid-brain. By July 10, the hemorrhage was shown by CT scan to have resolved. Aside from the head injury, the Appellant reported headaches and injury to her chest (ribs), left arm and leg, neck, back and lower back. In addition, she had a laceration, abrasions and cuts.

[15] The Appellant was discharged from hospital on July 12. By then, she had become mobile and her most significant complaint was double vision. The final diagnosis given in the Discharge Report was “Head injury – cerebral contusion in the right quadrigeminal plate area.” In addition, of course, the Appellant had suffered significant soft tissue injury.

[16] Based on medical and financial records, SGI concluded that the Appellant’s injuries prevented her from doing her pre-accident employment. She was therefore entitled to and received IRB.

[17] Particularly in light of her head injury, the Appellant had an extensive neuropsychological evaluation by Dr. Landry, a psychologist, on June 11 and 12, 2003. Dr. Landry noted that the Appellant had undergone a secondary assessment<sup>3</sup> at Courtside Sports Medicine and Rehabilitation on May 21, 2002.

[18] He recorded that the secondary assessment had found that the Appellant suffered a significant head injury. Coincidentally, the Appellant had seen one of the secondary assessment team members prior to the vehicle accident and it was noted that her personality and general affect had changed after it. In addition, she suffered post-concussive headaches – a sign of head injury.

[19] The secondary assessment team also diagnosed primary left shoulder impingement, rib fractures and Grade II Whiplash Associated Disorder affecting the cervical and thoracic spines.

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<sup>3</sup> Unfortunately, neither party provided the Commission with a copy of Courtside’s report. The summary above is taken from Dr. Landry’s neuropsychological evaluation report as pages.

[20] The team recommended tertiary level rehabilitation for eight to ten weeks and, concurrently, weekly manual/manipulative therapy for her thoracic and lumbar spines. For her cervical spine, manual cervical traction and soft tissue treatment were suggested.

[21] Apparently, the Courtside team concluded that the Appellant had plateaued at the time of her assessment and recommended a significant conditioning program and education to help her deal with her memory and concentration difficulties. The team also recommended a neuropsychological assessment; this is what led the Appellant to Dr. Landry.

[22] In his neuropsychological assessment, Dr. Landry concluded:

[The Appellant] demonstrated some relative weaknesses on tests purported to measure “short-term” memory functions (visual more so than auditory), and on one measure purported to tap concept formation/non-verbal or visually mediated problem solving. Her current relative weaknesses are consistent with her injury and are also consistent with her self-reported cognitive difficulties. Her overall profile does not suggest any functional barriers with respect to completing activities of daily living, operating a motor vehicle, or competitive employment. She will likely find that, from a cognitive perspective, many of these activities require more mental effort, and that she will need to develop some compensatory strategies to be as effective and efficient as was the case pre-injury. It is hoped that she will continue to demonstrate cognitive improvement over the next 12 months.

[23] Shortly following this assessment, the Appellant underwent a tertiary psychological assessment. The report is consistent with Dr. Landry’s report. The psychologist concluded that her deficits were consistent with brain trauma; he also found them to be “more ‘relative weaknesses’ than significant debilitation problems.” He felt the Appellant’s prognosis for recovery was positive.

[24] A Functional Rehabilitation Assessment was completed by a team comprised of a physician, a physiotherapist, an occupational therapist, an exercise therapist, and a psychologist. The admission report indicates, among other conclusions, altered positioning of the right shoulder girdle and mildly asymmetrical pelvic landmarks in standing. She had restricted range of neck motion, weak right shoulder with restricted movement, restricted range of trunk motion, hypomobility in the cervical spine,

tenderness in the lower lumbar spine and nervous system mobility restriction in both arms, especially the right. A twelve week multi-disciplinary program was recommended including physiotherapy, occupational therapy, exercise therapy, conditioning and psychological counseling.

[25] In October 2002, the Functional Rehabilitation Program undertook an assessment of the physical demands of the Appellant's work and her progress in the program was considered against these requirements. In mid-November 2002, a graduated return to work schedule was developed; this showed the Appellant working 8 hours per week during the week of November 11 and progressing to 30 hours per week by the first week of December.

[26] In the meantime, SGI wanted an expert to consider the conclusions in the neuropsychological assessment conducted by Dr. Landry against those of the later report respecting the psychological aspect of the tertiary assessment. It therefore referred the matter to Dr. Glenn Pancyr, psychologist, for review. Dr. Pancyr concluded that the reports were consistent in diagnosing a mild brain injury resulting in mild cognitive impairment. Neither recommended cognitive interventions and both predicted positive improvement of cognitive functioning.

[27] The Functional Rehabilitation Program's Discharge Summary Report provides the initial Injury Related Diagnosis as follows:

- Cerebral contusion with extra and intraparenchymal hemorrhage;
- Whiplash Associated Disorder II with cervicogenic headaches;
- Anterior chest wall contusion;
- Right shoulder girdle dysfunction, including impingement syndrome, improved; and
- Low Back II that pre-existed the accident but apparently came on significantly after it.

[28] The team reported minimal improvement in fitness and suggested that the Appellant had difficulty maintaining consistent self-motivation. They concluded that this was reflected in the low level of improvement.

[29] On the other hand, her neck range of motion was good, as was the trunk range of motion. A significant improvement in the right shoulder range of motion and strength was noted. On the other hand, mild to moderate restricting remained in certain aspects of neck range of motion and left trunk rotation was decreased. The Appellant continued to report tenderness of her neck, the right upper trapezius, the lower lumbar spine and the right sacroiliac region. Signs of restricted upper limb nervous system mobility remained. Hypomobility and movement dysfunction remained in the cervical spine. Similarly, signs of lumbosacral dysfunction, although improved, remained mildly evident.

[30] In terms of function, it was noted that the Appellant had been unable to manage the graduated return to work and, in fact, had not by then managed more than 2.5 hours work per day.

[31] Nonetheless, the Appellant was found able to lift and carry weights, grip, push, pull and reach with sufficient strength to enable her to meet the majority of her job demands as they had been measured earlier.

[32] Significantly, the Appellant advised that the cognitive difficulties meant that her administrative work duties took a little longer to complete. Aside from doing the work more slowly, she was more prone to errors and these took time to identify and correct. Given this, she was considering giving up some of the more physically demanding aspects of her work and hiring help so that she could devote her time to the increasingly difficult administrative duties. The report said she was able to exceed the demands of this more narrow and more sedentary work.

[33] Psychologically, the report concluded that the Appellant had essentially learned to manage her cognitive deficits, particularly through the use of supports and cognitive-behavioural techniques. This helped to address her anxiety and management of her anxiety, in turn, helped her to manage her emotional and psychosocial concerns. The

team noted, however, that the Appellant was shown to tend “to minimize negative information, suggesting that her cognitive deficits may be more of a handicap than the Appellant admits.”

[34] The Discharge Summary Report noted in parts identified (*italics ours*) at the beginning of each paragraph below:

*Regarding physical:* Overall, rating is excellent as compared to the normative data for her gender. [The Appellant’s] muscular strength and endurance showed an overall improvement, as she was able to perform [specified and defined repetitions at rowing, leg press and chest press at significantly greater weight in on November 20, 2002 than on October 24, 2002].

*Regarding Functional:* [The Appellant] had difficulty showing consistent self-motivation in exercise therapy, as her lack of improvement indicates. Overall, [the Appellant] made a number of functional gains over her recent progress report and appears to be working at a medium level of work. Her work conditioning program was set at a light level of work, and [the Appellant] was completing this program with little difficulty.

*Regarding Team Expectations for Discharge:* [The Appellant] is currently working at a medium level of work and appears to be meeting the job demands detailed in the Job Information Worksheet of October, 2002.

[the Appellant] has voluntarily chosen to modify her job duties and reports she will not be completing heavy cleaning, instead focusing on bookwork, delivering light supplies, and collecting rent. Light housecleaning would be completed as tolerated. These new job duties can be classified at a sedentary level of work, and [the Appellant] is currently exceeding these job demands.

[35] Given their conclusion that the Appellant was able to manage the demands of her employment, the Appellant was discharged from the program, although she would continue to see the psychologist once weekly for six weeks.

[36] Based on this report, SGI terminated the Appellant’s IRB effective December 28, 2002. The Appellant was advised of this decision by letter dated January 10, 2003. This is the decision that was appealed and is before us, as was discussed in paragraphs [6]-[10] above.

[37] Shortly after receiving this letter, the Appellant asked to meet with members of the Functional Rehabilitation Team to discuss concerns. In particular, the Appellant was concerned about the team’s conclusions about her functional status and SGI’s consequent

decision to terminate benefits. The Team explained the basis for its opinion that she was able to manage her pre-injury work and that the Appellant needed to talk to SGI about its decisions. They also recommended that she take the team's therapy notes to her family doctor for review.

[38] Although no documentation directly related was provided to the Commission, it appears that the Appellant's doctor was not satisfied with her recovery as he thought that her cognitive problems were persistent and significantly interfered with her ability to resume previous levels of activity and performance. The physician recommended a further neuropsychological assessment.

[39] Dr. Pancyr was asked to comment. He agreed that a second assessment would be appropriate, given the Appellant's physician's concerns.

[40] The second neuropsychological assessment was conducted by Dr. Mirna Vrbancic in Saskatoon on June 13, 2003. In her June 30 report Dr. Vrbancic reported the administration of a battery of tests and concluded:

In summary, [the Appellant] presents as an individual who had invariably sustained a mild drop in intellectual functioning as a result of a traumatic brain injury in July of 2001. [The Appellant] appears to have made a good cognitive recovery to date, and relative to findings on neuropsychological assessment in June of 2002, no longer demonstrated any significant cognitive deficits, but only relative cognitive weaknesses, which nevertheless continue to present as a significant concern. Specifically, [the Appellant] continues to experience variable attention, limited auditory-verbal processing, difficulty retrieving verbal information from memory, and poorer visuoconstruction and visuoperceptual conceptualization. Although these identified cognitive areas of weakness are of adequate strength to allow for normal day to day functioning, when negatively impacted by persistent pain and increased stress as a result of the same, they can present as significant cognitive difficulties that undermine her ability to function and further negatively impact her sense of self and self confidence.

[41] Later in the report, Dr. Vrbancic wrote:

[The Appellant] is not ready yet to return to all of her pre-accident activities from a cognitive perspective. Specifically, although cognitively able to do activities of daily living, she would likely be less

efficient and effective in performing her former employment responsibilities, and her inability to perform all of the same responsibility as needed in an efficient and timely manner would only result in further psychological distress. As a means of coping, and in recognition of her limitations, [the Appellant] has limited her employment involvement to bookkeeping (which she can complete at her own pace) and hired out for the highly physical demanding aspects of the job (cleaning and restoring properties as needed for future rent) and dealing with the tenants directly, which requires quick and effective thinking (good executive functioning). It is anticipated that [the Appellant] will continue to improve cognitively, and should be able to resume her former occupation, at least from a cognitive perspective in the next 12 – 18 months. In the interim [the Appellant] needs to continue with her physical program and should obtain psychological support to come to terms with her current limitations, and to obtain support as she progressively recovers and becomes more involved in her former activities.

[42] In light of this report and presumably because its conclusions were somewhat different than those at the Functional Rehabilitation Program Discharge, SGI asked its consultant, Dr. Pancyr, to provide his opinion. While agreeing with Dr. Vrbancic's opinion that pain, mood disturbance and perceived level of cognitive disfunction affected the Appellant's level of recovery, and after conceding that the Appellant might yet benefit from additional counseling and education regarding self-management of pain and recovering from brain injury, he was concerned that her ability to recover might be affected by outstanding monetary issues.

[43] Also at SGI's request, Dr. Alport, a general practitioner consultant, considered the Appellant's records with a view to determining whether there would be Permanent Impairment Benefits for brain injury. Dr. Alport concluded that there was "no objective evidence whatsoever in this chart that confirms the presence of residual brain damage." Instead, he believed that the Appellant had become convinced that she was suffering the effects of brain damage.

[44] In reaching these conclusions, Dr. Alport viewed Dr. Pancyr's reports with favour while suggesting, in effect, that Dr. Landry's test results may not have supported his conclusions and that Dr. Vrbancic had perhaps combined objective and subjective information to arrive at her conclusions.

## **LAW AND ANALYSIS**

[45] In *Collis v. Saskatchewan Government Insurance*<sup>4</sup>, Justice Wimmer stated:

Cases dealing with disability insurance contracts hold that the insured has the onus of establishing that he or she is disabled within the meaning of the policy and, having done so, the onus shifts to the insurer to prove that benefits are not, or are no longer, payable. Also, the fact that the insurer at one time accepted the claim may weight the balance in favour of the insured.

[46] Applying this test, it is clear that the Appellant has established that she was injured as a result of the motor vehicle accident and was entitled to benefits, including IRB. As such, the onus is on SGI to establish that IRB was no longer payable after December 28, 2002.

[47] As to cognitive disability, we are not satisfied that the Appellant suffers a significant cognitive impairment. All of the relevant psychological and neuropsychological assessments speak of a mild to moderate injury that has caused some relative cognitive weaknesses but not, according to any of the experts who have reported, cognitive deficit. All of the experts have opined that the Appellant was able to do meet the demands of her work from a cognitive perspective, although she might require supports and aids that were not necessary prior to the accident. That is, while she might previously have been able to rely on her memory, she may now be reliant on lists and notes. Further, certain tasks will require more mental effort and concentration than they did before, but this is effort and concentration that the Appellant is able to apply.

[48] The Appellant's physical complaints are of concern to the panel. In its discharge report, the Functional Rehabilitation Program opined that the Appellant was able to manage the physical aspects of her work but they also acknowledged that the Appellant continued to suffer the effects of restricted range of motion in the neck and left trunk, and tenderness in the neck, lower spine and right sacroiliac region. Hypomobility and movement dysfunction remained in the upper cervical spine. The Appellant reported continuing pain in her right shoulder.

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<sup>4</sup> [1998] TWL QB98113 at para. 5

[49] These do not appear to us to necessarily be minor symptoms and it is quite possible that they might have affected the Appellant's ability to do her work, particularly as at that time she was still involved in the heavy work of cleaning and maintenance for her rental properties. But the Functional Rehabilitation Team, while reporting these residual problems, nonetheless concluded that the Appellant was able to manage her work. No evidence to the contrary was presented to us on the Appellant's behalf. Failing such evidence, we have no basis to challenge the Team's conclusion.

[50] Dr. Vrbancic's opinion combined the prior views as to the impact of the Appellant's physical and cognitive injuries. Dr. Vrbancic concluded that the Appellant "does have the cognitive capacity to be effective in her former occupational capacity, but is likely still not functioning cognitively at the level she was pre-injury . . ." However, she went on to say that this ability was compromised by persistent pain and increased stress as a result of that; the two together, she said, "can present as significant cognitive difficulties that undermine her ability to function . . ." While one can be tempted toward this conclusion, one must also be mindful of Dr. Pancyr's comment that Dr. Vrbancic combined objective and subjective information in reaching her conclusions.

[51] In this regard, Dr. Pancyr is correct. It appears that Dr. Vrbancic's knowledge of the degree and impact of the Appellant's physical injuries is derived from the Appellant's subjective reports. In this regard, we are aware that Dr. Vrbancic had the Functional Rehabilitation Program's reports available for purposes of her assessment, but these provide no information about the level of pain that the physical conditions might cause. That information must have come from the Appellant.

[52] The Appellant's physician, Dr. Arndt, did provide three letters. Her July 2003 letter included her conclusion that the Appellant had not then recovered from the effects of the accident. Dr. Arndt recounted the Appellant's complaints of daily neck and shoulder pain, headaches, sleep problems and difficulty sitting for extended periods. Objectively, Dr. Arndt identified decreased cervical range of motion and in right shoulder rotation.

[53] In a September 1, 2004 letter, Dr. Arndt advised that the Appellant continued to have right shoulder and upper back tightness and pain.

[54] Dr. Arndt's final letter<sup>5</sup> is dated January 17, 2006. At that time, Dr. Arndt confirmed that the Appellant's right shoulder and upper back tightness continued despite normal range of motion in the shoulder and almost normal in the neck. Similarly, daily headaches were reported.

[55] While we accept Dr. Arndt's diagnosis and reporting, she did not provide information as to the impact that the identified pain, tightness and loss of range of motion might have on the Appellant's ability to undertake her work. Nor did she provide an opinion on the cumulative effect, if any, of the physical and cognitive injuries.

[56] It is perhaps unfortunate that the Appellant did not testify at the hearing. She might have provided important information about her current condition, her current activities, restrictions, limitations and/or frustrations she finds in her daily activities (including work), treatment that had been helpful and that she thought might be helpful now. The Appellant might have been able to relate her various injuries and her work in a way that none of the experts could. Without this or supporting information from health care providers, there is no evidence that SGI's decision that she is presently sufficiently recovered to undertake her work is incorrect.

[57] We have considered the evidence given by the Appellant's husband and her daughter. Both gave evidence that showed their on-going love, care and support for the Appellant. We accept their evidence that the Appellant has changed from before the accident – that she has less enthusiasm and vigour, that she is more forgetful and frustrated and that her personality has been affected. These, however, are not matters that necessarily relate to the Appellant's ability to resume her employment and, if they are, the relationship has not been established.

[58] Finally, we are not impressed by evidence that the Appellant had “voluntarily” modified her job duties. This modification was not voluntary in a meaningful sense of

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<sup>5</sup> C275

the word; instead, the Appellant saw the modification as a means of managing her work, given physical and cognitive restrictions she perceived. On the other hand, evidence provided (paragraph 34 above) suggests that she was meeting job demands, even without the modifications.

[59] Section 129(1)(a) of the old Act reads as follows:

129(1) Notwithstanding any other provision of this Division, a victim ceases to be entitled to an income replacement benefit when any of the following occurs:

(a) the victim is able to hold the employment that he or she held at the time of the accident.

For all of the reasons above, we have concluded that SGI has discharged its onus and we are satisfied on the evidence provided that the Appellant was able to resume her pre-injury employment at or about December 28, 2002. In accordance with section 129(1)(a) of the Act, therefore, SGI's decision to terminate her IRB was appropriate.

## **CONCLUSION**

[60] SGI's decision letter dated January 10, 2003 terminating Income Replacement Benefits for the Appellant in respect of an accident that occurred July 8, 2001 is upheld.

[61] The commission finds this file unsettling. It is surprising, given that the Appellant suffered both physical and cognitive injury, that the documentation provided to us focused primarily on the cognitive matters. The physical injuries described are not insignificant and it seems unusual, without more, that further treatment was not recommended. We are concerned that a thorough assessment of the nature and impact of the physical injuries, or their nature and impact in combination with the cognitive injury, might have led to a different result. We are also troubled that the Appellant might have been properly entitled to further benefits for permanent impairment or living assistance or both, but these were not before us.

## **COSTS**

[62] The Appellant being unsuccessful in her appeal, there shall be no order respecting reimbursement of expenses related to the hearing or of the appeal fee.

**Dated** at [Regina](#), Saskatchewan, on [January 26, 2007](#).

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[Beverly Cleveland](#), Chair

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Mukesh Mirchandani, Commission Member

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[Joy Dobko](#), Commission Member

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[Barbara Tomkins](#), Commission Member