

IN CAMERA PROCEEDINGS BEFORE¹

GENERAL PURPOSE STANDING COMMITTEE No. 2

**INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE
NEW SOUTH WALES AMBULANCE SERVICE**

At Sydney on Tuesday 22 July 2008

The Committee met in camera at 11.15 a.m.

PRESENT

The Hon. R. M. Parker (Chair)

The Hon. C. M. Robertson

The Hon. A. Catanzariti

The Hon. G. J. Donnelly

The Hon. M. A. Ficarra

Ms L. Rhiannon

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John McDonald (witness E) has given permission for the Committee to publish his name in the transcript.

JOHN MARTIN McDONALD, Director, ProActive ReSolutions, Suite 202, 147 King Street, Sydney, sworn and examined:

CHAIR: Welcome to the inquiry. The Committee has resolved to allow the person accompanying you to be present. Before we start, I need to make some announcements about aspects of the Committee's inquiry. The Committee is looking into the management and operations of the New South Wales Ambulance Service. We want you to reflect on those terms of reference when you tell us about your experiences so that we can all work to improving the service. We are not looking at resolving individual complaints. In saying that, I am aware that you were asked to undertake an inquiry into a specific service. Our aim is to look at the broader context, not to solve individual ambulance officers' grievances or issues. The hearing is not intended to provide a forum for you to make adverse reflections about others. It is to look at systems, not individuals. I ask you to minimise any mention of individuals, unless it is absolutely essential in accordance with the terms of reference. The Committee has resolved to hear your evidence in camera. At the end of the hearing I will ask you whether you would like your transcript published in full or in part or made fully confidential. If you want to defer your decision until you have read the transcript, that opportunity is available to you. The secretariat will give you an opportunity to read your transcript and then you can make a decision. In what capacity do you appear before the Committee?

Mr McDONALD: I am here as director of a company called ProActive ReSolutions, which has done some work for the Ambulance Service of New South Wales.

CHAIR: Would you like to make a brief opening statement?

Mr McDONALD: Sure. Firstly, the reason I asked for this hearing to be private, as it were, is that the Ambulance Service is a client of ours. So I thought it inappropriate for us to present publicly. My apologies for asking Christine along. Christine is from our Edmonton office in Canada and is here for a couple of weeks helping us out with some work. She was in the office and I said, "Come on up." So, my apologies for that. She is not au fait with our work at the Ambulance Service at all and she is not here with the pilgrims either.

The Hon. GREG DONNELLY: We did not see an orange backpack when she walked in.

The Hon. CHRISTINE ROBERTSON: She has an orange folder.

Mr McDONALD: As a Bondi local I had to say it has been great having pilgrims here. They have been a happy bunch, so it has been really nice. We are a company that specialises in building healthy and respectful workplaces and responding to behaviour, responding to conflict when it happens in a workplace. So we do both prevention and incident management, as we call it. There are three things we do. We provide training, we come in when situations are quite messy and complex, and we also do what we call threat assessment and threat management, that is, make an assessment of the potential for violence. Based on whether we consider it a low, medium or high risk of violence, we then suggest how that should be managed. We have been used by the Ambulance Service of New South Wales in the capacity of the middle one—coming in when things have been difficult in workplaces. We have done that on two occasions and are currently engaged in a third situation.

The other work we have done for the Ambulance Service is to do a review of their healthy workplace strategies, it is called, which really is looking at things like bullying and harassment and how their policies, procedures and practices stack up, I guess, against our experience in the workplace. Our business operates in Australia. We also have offices in Canada and the States and we work in the UK and other parts of the world, Scandinavia, the Middle East and places like that. That is just a bit of background on us. I am open to any questions. I can give you some feedback. I asked the Ambulance Service if it was okay for me to talk a bit about our reflections on their policies and the healthy workplace strategies. I am happy to do that or I am happy to just answer questions.

CHAIR: Before I hand over to my colleagues, would you tell me what is the "TJA conference" in your submission? It is all the way through your submission and I have no idea what it is.

Mr McDONALD: We really should dump it. It was a previous name of our company—Transformative Justice Australia. We started our work in the criminal justice system. You may be aware of youth justice conferencing. I came out of the Police Service. I left there 10, 12 years ago, but introduced that idea to the Police Service. That was the name of our business. We did a lot of work and we do a lot of work in North America where it became a known process or product. So we just branded it as that. That is where it is.

The Hon. MARIE FICARRA: John, can you tell us what type of clients you manage?

Mr McDONALD: Our clients are both corporate and government, and the three tiers of government. In corporate we have clients such as AMP Capital, Blackmores, Qantas, Coca-Cola, Westpac and so on, people like that. Federally our largest or more regular clients would include Centrelink, the Tax Office and Defence. In terms of local government it is Newcastle, Fairfield, Bankstown, places like that.

The Hon. MARIE FICARRA: In terms of front-line health delivery or service delivery, would the Ambulance Service be the only organisation in that vein?

Mr McDONALD: It is the client we have in New South Wales. Queensland Health is a large client of ours where we do front-line work in hospitals and health care providers all over the State up there. The Department of Human Services and VicHealth in Victoria are also clients of ours. We have done work for area health services in New South Wales as well in the past.

The Hon. MARIE FICARRA: With regard to your background and the various clients you service and your experience with the Ambulance Service, what culture did you discover? We have your report in front of us on the Cowra situation. What was the response by management to recommendations you may have made? The report takes us back to 2006. What happened there, what was your feedback and where do you think things are at now?

Mr McDONALD: Cowra was a mess and a very complex and difficult system of relationships. We did make a report. Some of the report was acted on and other aspects of it were not. For us where the difficulties were and often are in workplaces are around areas of leadership. As I recall, it was either at the divisional or regional level that the leadership did not provide the support that we would have expected following an intervention like that.

The Hon. MARIE FICARRA: What do you think is the situation now? You continue to do conflict resolutions for the Ambulance Service. Do you think much has changed in the years you have been dealing with the service?

Mr McDONALD: I think it is just starting. I think there is a different sense now. As a company that comes into an organisation, we normally come in through a number of ways, usually through a union that asks us to come and talk to the company or through senior management in the organisation. We came in, I think, through some requests from middle management in the Ambulance Service for the Cowra job and we got limited access to senior management. Now we have been asked by the CEO and the senior executive to come in and do some more comprehensive work.

The Hon. MARIE FICARRA: Do you ever make recommendations as to additional training attributes that may be required by senior managers?

Mr McDONALD: We do.

The Hon. MARIE FICARRA: So once you leave the scene they can come up to speed and do what they should have been doing originally to avoid the matter?

Mr McDONALD: Yes.

The Hon. MARIE FICARRA: Do you think that training is occurring?

Mr McDONALD: The training we recommended in Cowra did not occur.

The Hon. CHRISTINE ROBERTSON: At that time?

Mr McDONALD: No. As I understand it, it did not. That was my feedback.

The Hon. MARIE FICARRA: On subsequent occasions that you have been called in to mediate, do you think that your recommendations have been followed up?

Mr McDONALD: In work we did in the Northern Rivers it was and the response was quite different and the workgroup ended up behaving differently as well.

The Hon. CHRISTINE ROBERTSON: Do you understand why there was a different behavioural pattern?

Mr McDONALD: I think it was a different regional or divisional management team that got behind it. In terms of people's behaviour and performance, which are usually the two reasons we get called in for incident management, there are generally structures in place, as there are in the Ambulance Service, to deal with that stuff. For all sorts of reasons, mostly to do with emotional maturity or skill level of the local or divisional leadership, people tend to manage conflict by avoiding it. So you need some particular skill because a crucial part of your job is your people. It is actually not the technical side of the job. Often that is most of the reason why we have hierarchies in workplaces because we operate better in them.

The Hon. MARIE FICARRA: Has your call-out or involvement with the New South Wales Ambulance Service increased proportionately? Are you doing more work now than you were in 2006, or whenever you started?

Mr McDONALD: We have not dealt with that many incidents. We have dealt with, I think, two or three messy workplaces. We have then stayed in contact with the Ambulance Service at the middle management level where there has been a degree of frustration, I guess. More recently we have been asked to come in by the CEO and take a more comprehensive look and be far more direct on our view on things. What we did was pull together three different groups of people—a representative of an operational group, a representative of administrative people and the senior executive group—on three separate occasions and use a product we call Dialogue for Solutions. That gets them to identify what they see as the problems, to prioritise the problems, and then to make suggestions about what to do about them.

The Hon. MARIE FICARRA: Who is empowered to call you in to resolve the situation? Who is allowed to?

Mr McDONALD: Anyone can call us, but we would always go back to, I guess, someone at Rozelle and say, "We have been contacted, and it is over to you."

The Hon. CHRISTINE ROBERTSON: Oh, okay—because they have to hire you, do they?

Mr McDONALD: That is right.

The Hon. MARIE FICARRA: That executive officer would have to give a tick off. Is there a circumstance where you are contacted by an ambulance officer?

Mr McDONALD: There is, and even if we are, we could then say to the ambulance officer, "Look, the protocol for us is that we contact human resources", or someone like that in at Rozelle.

The Hon. CHRISTINE ROBERTSON: They have to be paid.

Mr McDONALD: Someone has to pick up the bill, yes.

The Hon. MARIE FICARRA: Once you tell them that, what do they usually do?

Mr McDONALD: We have not been contacted by an ambulance officer who has not already been involved in a case, to my knowledge.

The Hon. MARIE FICARRA: Sure, but then do they follow up on what you tell them the correct procedure is? I am just wondering whether they are intimidated in going any further.

Mr McDONALD: I cannot really answer that. I do not know. We feel we have a very robust and good relationship with the Ambulance Service. Whenever we go in to deal with a conflict we make it quite clear that we do not represent management, the union or individuals, so we will not be given a direction about what the result is that people are looking for. We will not take a job on if there is some agenda.

The Hon. MARIE FICARRA: But you had to tender. Did you tender for the service that you provided?

Mr McDONALD: I do not think we tendered for it. Our expertise is quite unique, I think. It is a niche area. We are not mediators, for example. We do not do mediation. We do very specific work around systems of relationships where there is conflict.

The Hon. MARIE FICARRA: You have a contract with the New South Wales Ambulance Service or individuals?

Mr McDONALD: Each time we do a job, we sign a separate contract.

The Hon. TONY CATANZARITI: I still do not have straight your role in your company. Is it a role of prevention within the workplace, or resolution?

Mr McDONALD: It is both. We run training sessions for organisations and workplaces on how to prevent getting into conflict, and how you can minimise it if it does happen. We also come in when things are very, very difficult. If two people are not getting on, we will not accept the job; that is not for us. It has to be a team or a group of people who are not getting on for us to do the intervention.

The Hon. TONY CATANZARITI: Having got the job, what do you look for? I suppose in the first instance, you try to resolve the situation at that time. Then you end up with the further job of saying, "Okay, we have gone far enough as far as resolution now. We would like to put a prevention program in place." How do you work that out?

Mr McDONALD: We do. We will interview people in confidence. Before we do a job, we will make up our mind about who we think has contributed to the situation. We go back to them in private and persuade them that they have contributed to the situation. When we get the group together for a meeting, it is not an "I said", "You said", argument about the facts because generally, when we are called in, it has very little to do with the facts any longer. People are deeply distrustful of each other, and very emotional, so we deal with how people feel as much as what people have, or have not, done.

We do not ignore the facts, because we cannot, but then when we have pushed the group to come up with an agreement around behaviour and protocols and about how to get an exchange by interacting and engaging with each other, we put names next to that and we put timelines next to it, and we stay in contact for about two months. Then we bring the group back together and get them to check on where they are, and then we will write a report to management. We do not include individuals' names and things like that normally in a report. We will include reflections and things like that and what we think a variety of things people have contributed to it.

Typically we will say, "Look, you need this training", and if we do not think we can provide it, we know a group of other providers and we will say, "You need to go and source it" or, if they have it internally, "You need to put your own people in and get them to target it." In the Ambulance Service, there may be things on clinical issues and other sorts of stuff that we are aware of which they need to provide.

The Hon. TONY CATANZARITI: With the Ambulance Service staff, obviously there are problems as far as bullying and harassment are concerned, and a lot of stress, I would imagine. In your role have you actually identified the workers regarding an assessment of how badly they are affected, and should they be in the job, effectively, or should there be other methods put in place to get those people back on track?

The Hon. CHRISTINE ROBERTSON: Or out?

The Hon. TONY CATANZARITI: That is part of it, too.

Mr McDONALD: It is not a simple process. If I or any one of our people have a concern about someone's state of mind or someone's psychological health, then I contact one of our other directors, Stephen Hart, who is a professor of forensic psychology and who is probably the pre-eminent academic worldwide and in practice on threat assessment, workplace violence and stuff like that. I would run past Stephen or Richard, who is another one of our directors, that these are my concerns, and this is the situation, and should we involve this person in the process or not; if not, what should we recommend to the organisation that they do with this person?

It is important for us when we go into a workplace that we do not psychologise the conflict. To try to understand what people's motivations are and then deal with their motivations is a no-win for everybody, so what we do is we politicise it. We say it is a political exercise; this is about relationships; who has what power over them in the circumstances. It is an exercise like that. One of the indicators for us that we are in conflict is when someone says, "I can tell you why that person's behaving like that towards me. I know what the motivation is." Half the time the persons themselves may not know what the motivation is. They may be behaving very badly, but they are not clear as to why. It is just an indication that people can no longer engage each other in any respectful way.

A lot of the difficulties that people in the Ambulance Service experience are around this inability to engage and an inability to call each other on their behaviour when it is inappropriate. That is compounded by the fact that it is a job that is different to other jobs. It is one of those closed community jobs where people spend a lot of time with each other on a one-and-one basis and build relationships differently to the ones that I have in our workplace.

The Hon. TONY CATANZARITI: With the Ambulance Service itself, has it ever asked you to go in and have a look at their staff as far as stress is concerned and say, "Look, we have a problem here that staff are not happy?" Have they asked you to come in and have a look at whether it is stress, harassment or bullying?

Mr McDONALD: The review of their healthy workplace strategies that we have undertaken is just about complete. It was not about individuals. But we have not been asked to look at a particular station and say, yes, it is stressed, or it is not stressed. I can tell you that every time we go in, everybody is actually distressed, by definition, when we are there.

The Hon. CHRISTINE ROBERTSON: Yes. That is what all these are telling us.

Mr McDONALD: Yes. They are just not a happy place when we get there.

The Hon. GREG DONNELLY: This is a question I have asked others because I think it is critical to dealing with group issues. The industrial instrument that covers these workers is an award, and that award has a grievance procedure in it. On top of that and augmenting that and what is meant to work in conjunction with it are some internal procedures. I do not think we have seen them yet. The two are meant to mesh together to some degree. We have received different evidence that these combinations are working reasonably well and it is a way of ventilating issues and having them drawn up and dealt with. In other evidence we have been told that does not work so well; the two do not mesh together. There is further evidence that it tends to be at a station level whether or not the two come together, depending on the specific station management, their familiarity with the two, and how the two should work with each other. I am just wondering whether you have any comment on how the internal procedures operate to deal with general grievances inside the service?

Mr McDONALD: It is interesting. I think that first of all when we looked at the policies and procedures on dealing with grievances and things like that, it actually stacked up pretty well with most organisations. That side of things was not problematic from our point of view. The problem tends to be, as you have identified there, at the skill level of people in leadership positions at the station. That is critical. You end up with people utilising the grievance or some sort of complaint procedure. It ends up with the Professional Standards Conduct Unit, and they become overloaded with all sorts of matters that probably should not be there in the first place.

The Hon. GREG DONNELLY: I am sorry, as opposed to dealing with locally through management at the station level?

Mr McDONALD: Totally. One of the things that is not uncommon in workplaces—the Ambulance Service is not that different here—is that when you look at the grievance procedure—for example, "I have a

problem with Christine when we work together."—it says to go and talk to Christine and sort it out. That is a lovely, simple idea, but it is incredibly difficult for human beings to do that. I would not change that. I think you need that in your policy. But the training that is required is not available for people currently to be able to do that because of the physiology. When you get into the physiology, your body tells you not to do it, and most of us do not. We are not good at it. The stations where it goes well are where the station officer has an innate capacity to do that anyway, and the training will only polish that up a bit. But for most people, whether they have been in management or not, that critical capacity to give feedback to someone they find difficult is not there.

The Hon. GREG DONNELLY: The other thing which I think might be adding to the problem is that the award itself—I actually have not seen the award—particularly calls it a disputes procedure for dealing with a dispute, which tends to be seen in terms of having an industrial dynamic or being an industrial problem. The policy talks about a grievance. There appears, at least from some of the witnesses, to be some confusion about what is a grievance in what is a dispute, and confusion over whether that flows through from the award to the policy or the award through to the professional procedure, with what is a professional services committee that deals with it.

Mr McDONALD: Look, in the Industrial Relations Commission language, the language is wrong to start with. That is a dispute, but if you look at the original Latin, "disputatae", there is a connotation of people actually agreeing to fix up the mess together, whereas "conflictus" is a clashing together of swords—I win, you lose. When you notify the commission of a dispute, you are actually notifying them of a conflict.

The Hon. GREG DONNELLY: Yes.

Mr McDONALD: It is way past a dispute.

The Hon. GREG DONNELLY: Sure.

Mr McDONALD: It is open to all sorts of confusion, and it is confusing for people. When you get more into the legal definition of things like what is bullying and what is harassment and what is vilification, the presenting ideas are not sufficiently simple for any of us to make sense of. When we do training we say we have plain English definitions. You need them in the background, the proper legal full definitions: bullying is "I'm behaving badly towards you and I intend to"; harassment is "I am behaving badly towards you and I may or may not intend to"; vilification is, "I am going to humiliate you publicly because of the group you belong to", and so on and so forth. There are some very simple ways you can say things. Currently they are not available to people.

If I have a difficulty with someone it is complicated because I probably have personal relationships with other people in the station. What am I going to do? I am going to avoid it. If I go to the boss the boss is probably not going to know how to handle it. The time to let someone know that I do not like what they are doing never seems to be right so I put it off and I put it off. I tend to go and tell everyone except someone who can do something about it. Before you know it, the PSCU is loaded up with matters. I reviewed a couple of cases they did and they seemed to do quite well—they ticked all the boxes. But there are too many cases there.

The Hon. GREG DONNELLY: Would you say in your experience that the Ambulance Service has a culture of bullying? It is not a loaded question. Union representatives have given evidence today that they were not certain whether the Ambulance Service had more or less bullying than goes on in other organisations, but in terms of the issues it had it did not deal with them well. Are you prepared to make a statement about that?

Mr McDONALD: I would agree that it has not dealt with some of the issues well. I would say that. I do not think it is alone in that, but it certainly has not.

CHAIR: Do you think it is worse than other services that you have had contact with?

Mr McDONALD: Not particularly for us. I do not know whether we are a good example because we go into workplaces that are difficult all the time.

The Hon. CHRISTINE ROBERTSON: To follow up, the Health people told us that they intended to increase the skills base—which is one of your recommendations—of station officers. Do you perceive that that will be of assistance in the long run?

Mr McDONALD: It is essential. Not only is it essential to do that but it is essential to maintain that. It is like making a New Year's resolution and saying, "I'm going to get fit" and then you go to the gym two or three times and wonder six months later why you do not feel that good. It is the same deal. They might do one lot of training.

The Hon. CHRISTINE ROBERTSON: Is most of your work in country stations or have you done some city ones?

Mr McDONALD: No city ones at this stage.

The Hon. CHRISTINE ROBERTSON: You brought up the issue of culture within stations. Excuse me for using a personal observation, but I have noticed that the culture extends to the social life in country towns. Persons have a 24-hour cultural issue, which makes it very difficult for a station manager to manage any issues appropriately. Is that a possibility?

Mr McDONALD: Absolutely. Station manager is a very difficult job. They are—

The Hon. CHRISTINE ROBERTSON: Father.

Mr McDONALD: Yes. We go into town and people know we are in town and no-one knows us. We have not told anyone we are coming. That is small communities. We do a lot of work in local government in the Orana region and further out as well, and it is the same deal. They have their own discreet ways of communicating.

The Hon. CHRISTINE ROBERTSON: Even major regional centres have the same community.

Mr McDONALD: I know that the Ambulance Service—and it is a bit about the way that people have come in and have been nurtured and that sort of stuff through the job—is a very intimate community. Everybody seems to know everybody.

The Hon. CHRISTINE ROBERTSON: The Health Services Union equated clinical governance with bullying and harassment. They are equal.

Mr McDONALD: Our experience is that younger staff are often better educated clinically than more long-term staff. That is not a problem; that is just the way it is.

The Hon. CHRISTINE ROBERTSON: It is good because it feeds it up.

Mr McDONALD: Yes. The difficulty is they find it very difficult to engage each other over that. So again it is a problem of engagement: We cannot slow down and have a respectful conversation with each other about our differences on that. It often comes up in front of patients, which is not what you want.

The Hon. CHRISTINE ROBERTSON: You should not do it like that.

Mr McDONALD: Yes. That leads to quite a bit of tension and quite a bit of conflict in a station. Again, the differences are not the problem; it is having someone in the station who has the capacity to pull those two together and use it as an instructive opportunity rather than a destructive opportunity. There are not people of ill will whom I have met in the Ambulance Service; they are all pretty dedicated to what they do. My sense is that sometimes the dedication to the patient is at the detriment of each other. We constantly say that the best way to look after the patient is to make each other your priority.

The Hon. CHRISTINE ROBERTSON: From what you have experienced so far, it is part of the hierarchical structure that the service operates under?

Mr McDONALD: I do not understand the question.

The Hon. CHRISTINE ROBERTSON: There is a lot of, "I am senior to you". They talk about a paramilitary-type structure.

Mr McDONALD: I think the paramilitary-type hierarchy, as it were, is a necessary structure for an organisation like that. It requires fairly sophisticated implementation on the ground, where people are not using the service or seniority as a source of wisdom on all things.

CHAIR: I have one quick question in conclusion. Having listened to the questions and your answers to them, I cannot understand why there has been no apparent substantive action in terms of your recommendations and your intervention that will make a systemic difference to other services. That must be very frustrating for you.

Mr McDONALD: It stopped; it did not get to the right people in our experience with organisations. It is also very much about timing. The engagement of the senior executive this time around has been very different and very encouraging. Their willingness to understand and to take suggestions from an external observer on this has been very encouraging to us. It is quite different from what it was in 2006.

CHAIR: A number of submissions and witnesses have commented on the level of ability of the PSCU to resolve issues quickly. Do you think the people who manage the PSCU are adequately trained and resourced for the sorts of issues they are dealing with?

Mr McDONALD: We found them pretty impressive in terms of their skill level. We think they are under resourced, without a doubt.

CHAIR: So the capacity is there, it is just not enough numbers.

Mr McDONALD: It is always a question of how you get good people in those parts of organisations. It is also a question of what philosophy that part of the organisation has: Does it just hunt people down and punish them or does it just say, "Look, this has happened; what can we learn from it and what can be put in place to make sure it doesn't happen again"? They seem to us to be much more of the latter school. When things come up they are interested in seeing what constructive things can come out of it. But there is not a lot of them, and the filtering process whereby things end up there—

The Hon. CHRISTINE ROBERTSON: The appropriateness of referral.

Mr McDONALD: Yes.

CHAIR: Did you experience more bullying and harassment of female ambulance officers as opposed to male officers, or was there no difference?

Mr McDONALD: On our sample there is probably not that much difference. But from working on similar types of agencies, it is there. I am a man, but I think it is a different experience being a woman working in situations like this than it is for blokes.

The Hon. CHRISTINE ROBERTSON: There is a report today about that.

Ms LEE RHIANNON: It is on the front page of the *Sydney Morning Herald*.

CHAIR: We have been told that there are debrief mechanisms yet other evidence suggests the contrary—they are not really accessible or available. Do you think that is leading to an exacerbation of the issues?

Mr McDONALD: According to my understanding of the PSCU, they are well aware of how difficult it is to keep people in the loop all the time about where a matter is up to, whereas we do that as a matter of course. We do not come in and provide a legal framework for people to operate in; we provide a confidential one but we are able to ring people regularly and say, "This is where it's up to".

CHAIR: I cannot speak for other Committee members, but I have lots of other questions. However, we have run out of time today. We appreciate your presentation and your contribution because I think it goes to the heart of areas where we are trying to make substantive recommendations. Thank you very much. If it is all right with you, secretariat staff may contact you from time to time to get more feedback. Are you comfortable with publishing your submission or would you like to wait and look at the transcript?

Mr McDONALD: No, I am comfortable with what I have said.

CHAIR: Including publication of your name?

Mr McDONALD: Can I get back to you on that?

CHAIR: Certainly.

Mr McDONALD: Sorry, I just need to check.

CHAIR: That is fine. Thank you very much for appearing today.

(The witness withdrew)

(Luncheon adjournment)