

CONFIDENTIAL ATTORNEY CLIENT PRIVILEGE

Please stop all communication via email about this matter. Email is not an appropriate means of communication. Please do not forward this email or any related information to other parties. There is a process in place to address the changes concerns raised.

Please contact me or Elizabeth Leddy, Associate General Counsel, if any questions.

Thank you.

Cindy Strauss  
Chief Legal Officer

Sent from my iPad. Sorry for any typos.

On Nov 8, 2016, at 12:17 AM, Pascualy, Ralph <[REDACTED]@swedish.org> wrote:

Dear Rod

Considering I have only a few weeks left at Swedish it crossed my mind to allow this matter to run its own course. I owe you and Swedish much more than that so I have included several colleagues who together have a complete picture to help you make a speedy decision as time has run out. I recognize the Dr. Delashaw does not report to me and that his situation has been handled by the top executives in the company. Tonight I learned many details from Dr. Cobb which completed a picture that was previously fragmentary. I am sending this to you under attorney-client privilege as my intent is not to foment the issue but to carry out what I feel are my executive responsibilities in a situation that is threatening to Swedish's reputation and the neurosurgical program. I expect all of my colleagues to maintain strict confidentiality.

Today Dr. Cobbs sent me a voice recording of a male reporter, from the Seattle Times, who is investigating Cherry Hill SNI and other Swedish matters. Yesterday a male colleague who departed unhappily from our ranks let me know that he had been contacted by a female journalist who wanted to verify a story on Cherry Hill SNI, you, and St. Joe Prov's woes across Group Health, Boeing etc. They have obviously interviewed very informed staff.

What spurred me to act on the email attached below is that Dr. Cobbs is a true gentleman. He has no power agenda and although I have not had contact with him for several years I know his word to be gold and I believe the detail of what I have learned and feel an obligation to bring it to your attention.

Tonight Dr. Cobbs also let me know that his father is both a physician and a Marine and that he will not let this go until it is completed as it is directly affecting patient care, employee emotional health, the integrity of the neurosurgery group, and the ability to retain train staff so it's a safety issue as well. He is the leader that the neurosurgeons have lacked in dealing with administration and Dr. Delashaw. I believe that his report that they will refuse to work with Dr. Delashaw in a leadership role is accurate.

When Dr. Vallieres resigned a couple of years ago because of Swedish's refusal to act on Dr. Delashaw's behavior I met with you and let you know my great concern that this matter would eventually go public. We also discussed that Dr. Delashaw's behavior was exactly as was described to me when I checked on his background in Oregon and California. He had a pattern of behavior that even a layman would describe as a narcissistic personality with sociopathic behavior that showed little empathy for the effects of his actions as long as they were directed towards his personal goals. I also called out that this behavior cannot be managed with coaching and that it is highly resistant to psychotherapy unless the individual has suffered catastrophic consequences from their pathology.

I did not read the initial anonymous letter sent to the board two years ago which Marc Mayberg had offered give me but I did receive a copy of the second as Tony distributed it to the entire Cabinet. It's clear that the same behaviors that are currently being identified were occurring then and were documented by physicians outside of the neurosurgeons themselves. Just to be clear- Dr. Fran Broyles called me herself prior to Dr. Mayberg's cancer to tell me that Dr Delashaw had told her not to refer any pituitary patients to him. She was appalled and concerned because he said would be in charge of the institute. This behavior is unchanged over time as would be expected from his work history and his condition.

I can understand how characterizing some infighting and power politics between neurosurgeons can be considered schoolyard behavior that is best refereed rather than stopped. His orchestrated behavior is much more than that and has affected nurses and other managers who are vulnerable and are in no position to defend themselves in this kind of game. I feel that allowing this kind of harm to caregivers demands attention.

In our Leadership Formation Sessions it also became clear how many of Swedish's top executives had begun to lose their experience of personal integrity when they found themselves compelled to spin or be silent in groups or public situations discussing matters relevant to Dr. Delashaw's behavior. The most recent attempt was spinning that massive nursing vacancies were due to "too many cases" rather than the toxic work environment he has created. The physicians have articulated that dozens upon dozens of highly trained staff have left leaving a gap in care, volume, and safety because of the environment he has created.

Tony has been a good soldier. More than a half a dozen times in my presence over the last three years he has said that you do not force him to do anything when speaking about this problem and related matters. However, nobody believes that Tony would allow this kind of situation if you were not in fact supporting Delashaw's leadership. Despite Tony's disavowals of undue influence from you Dr. Delashaw's ungoverned behavior has led to a very broad based reevaluation of your leadership, character, and judgment- think of any physician who currently runs an institute at Swedish and has been touched by the situation. They have all individually discussed this issue with me in the last several months and it has been sad because I was here when you were previously here. I simply did not have the full picture surrounding their concern. In any family if you let a favorite child gain special privilege and get away with breaking the rules it wreaks havoc with the rest of the kids creating resentment and disengagement. You are perceived as giving him special privilege and honor when he is held in extremely low regard by every other physician on the medical staff. It has created a perception that what really matters at

Swedish is vast RVU production without concern for the means by which it is achieved. The suffering that he is causing others is seen as an extension of your executive power.

This situation is having a broader impact across the Medical Group. Efforts to establish citizenship as a core value of the group are sullied by this situation because it is seen as supported by the top executives in the company. This issue is raised when dealing with infractions that are significant, yet only a fraction of what Dr. Delashaw continues to commit with relative impunity.

It is not surprising to hear that since Dr. Delashaw's tactics of aggression and intimidation are failing he has switched rather suddenly to seduction and bribery. Promising Dr. Cobbs that he will make him "the famous Dr. Cobbs" after literally attempting to dismantle his referral network is a characteristic ploy of individuals with this pattern of behavior. Healthy individuals like Charles see through it as an infantile manipulation- the opposite side of the intimidation and harassment. Other neurosurgeons are reporting the same sudden seductive behavior which is not a sign of profound change but merely a characterological trait symptomatic of executive bullying.

What is most concerning is the report that all the Neurosurgeons feel intimidated in Mortality and Morbidity conference to point out Dr. Delashaw's unsafe practices and errors in judgement. They point to the pattern of harassment and dismissals of individuals who challenge his practice behavior. This has been raised before and Administration has dismissed it as some kind of schoolyard problem. Merely signing the Minutes they had approved as accurate from the recent meeting with a Tony was too frightening as they feared it would be ignored by administration and Dr. Delashaw would retaliate.

Currently there is tremendous ferment broadly among Swedish physician leaders focused on the financial crisis. The core of it is broad mistrust in the Providence leadership who are claiming that the financial problem is that reimbursement rates suddenly changed. There are dozens upon dozens of MBA trained physicians who see all the other issues that have caused the current crisis. I believe that letting this SNI issue blowup within the current environment will set off a set of unexpected events.

The complaints of intimidation and harassment by Dr. Delashaw are so broad-based that an independent HR investigation with full confidentiality during the interviews needs to be completed. This should include past and present employees- both physicians and nurses who have quit. Doing this immediately will be in the best interest of patient care and employee well-being. When physicians and staff feel harassed and intimidated to call out unsafe behaviors and practices we are violating all of the known principles of the Culture of Safety. Tonight I heard details of multiple situations with Dr. Delashaw's judgment on surgical cases lead to harm and patient death yet physicians continue to be intimidated. Given the emotion I am hearing it's a certainty that these are the issues that are being discussed and why at least two reporters are actively investigating the situation.

The surgeons intend to collectively refuse to work with him any further when they meet with Tony at 5PM tomorrow. If this matter does go public as it now appears, or there is litigation, I

know I will be compelled to speak the truth and I suspect many others physicians and executives beyond neurosurgery will as well. I know that multiple neurologists have intimate knowledge of what has been going on clinically and and would be extremely vocal about how this situation has been managed.

Swedish will be well served if tomorrow you and Tony personally remove him from leadership and reassure the surgeons that he will not return to power. Although the end will be the same it's meaning and it's impact will be very, very different. Having the neurosurgeons remove him may be the beginning of a broader based awareness that leadership is not fulfilling its responsibilities to Swedish and patient safety. Removing him from a leadership role will send a strong message that it's a new day around citizenship behavior in our top physicians. It will also set the record straight around your values and leadership.

I feel that I have communicated as frankly as I am able to with the information that's available to me. I do not feel the need to pursue this further and fully trust that the right thing will be done.

I care very much about Swedish's reputation and integrity so I want to close with a phrase I used in a previous crucial conversation we had which is  
" When Truth Speaks to Power it's out of Respect and not Insolence ".

Regards,  
Ralph Pascualy MD

Chief Executive  
Swedish Medical Group

**From:** "Cobbs, Charles" <[REDACTED]@swedish.org>  
**Date:** November 7, 2016 at 5:17:59 PM PST  
**To:** "Pascualy, Ralph" <[REDACTED]@swedish.org>  
**Cc:** "[REDACTED]@gmail.com" <[REDACTED]@gmail.com>  
**Subject:** Issues at SNI

Dear Ralph,  
I hope you're doing well. I don't think we've spoken in 3 years since I met you at Greg's funeral. It's been an interesting 3 years for sure. I wanted to email you to let you know about some issues going on now at SNI that I have become centrally involved in that are troubling. About 2 weeks ago I realized that Dr. Delashaw was actively and deceptively having his staff call my referring physicians, and tell them that they were no longer going to be able to refer patients to the Ivy Center. Rather, they were told that all tumors had to be sent to Delashaw's service, where they would be distributed as seen fit. I found this out by chance when I was on an elevator complaining to a nurse that the Ivy Center had only had two surgical brain tumor referrals in 2 months, and that my OR days were going unfilled for the first time in 3 years. By chance, Dr. Anna Wong from Neurology overheard my conversation and told me she was angry about the policy that Delashaw had instated (without my knowledge). Of course, I was extremely distraught to find out that my chairman was systematically attempting to destroy my

practice, the Ivy Center and all that Greg Foltz' legacy was based on. It turns out that Dr. Delashaw has been using this strategy to take referrals from Dr. Mayberg, Newell and several others in our group.

I decided to channel my anger into discussing these issues and other major issues related to Dr. Delashaw's abuse of power with my colleagues. It turns out that almost all of my surgical colleagues are completely fed up with the antics and deception of Dr. Delashaw. Given the overriding issues, not to mention the fact that we have lost so many key staff from Delashaw's toxic, abusive behavior that we can no longer safely care for our patients, I decided it was my obligation to discuss this with our CEO Tony Armada.

He agreed to meet with the surgeons on Sunday 10/30, at which time we voiced our grievances and stated we had serious concerns about our abilities to function at an appropriate level of care and safety given the toxic environment and massive loss of capable staff that has resulted from Delashaw's behavior. We told Tony we had "no confidence" in Johnny's ability to lead our group, and that he was causing the entire SNI to implode. We backed this up by providing a list of all the key physicians, nurses and administrators who have been run out or who have left under duress. We documented that we and others (Peggy Hutchinson) had piles and piles of documents showing that dozens of SNI staff have voiced grievances over the last two years related to abuse, unsafe work conditions, unsafe patient care practices, etc., etc., yet that no administrator has taken any action as far as we knew to ameliorate the problem at it's root cause – Delashaw. Indeed multiple physicians, multiple nurses, and multiple OR staff have complained, and any investigation will reveal that there is a massive consensus about this amongst the remaining SNI staff.

As the CEO of SMG, the organization through which I am employed, I am writing you to let you know I have sent a letter to Tony Armada, and cc'd Rod Hochman and June Altaras outlining my personal feelings, and attaching a "minutes" of the meeting written by Dr. Jens Chapman and me, as well as the attachments we brought to the meeting that night on 10/30. I am reaching out to you because I and my colleagues are extremely worried about retaliation by these administrators and Dr. Delashaw, for highlighting what I feel, are major patient care problems that we, as physicians, feel obligated to identify.

While I know you have no administrative responsibilities to oversee Dr. Delashaw, as the CEO of my place of employment, I wanted to alert you to these measures.

I came to Swedish to do one thing, which was to take excellent care of brain tumor patients and hopefully discover cures for glioblastoma. The current environment is bringing us all down to a horrible level, where we can barely perform surgeries due to lack of staff, and due to fear of retaliation by Dr. Delashaw if we speak up about inappropriate safety issues. We are at a breaking point and we need to fix the situation immediately. Please help us return to the amazing institution that we are capable and deserve to be.

Sincerely,  
Charles Cobbs, MD

**Charles S Cobbs, MD**  
Director, Ben & Catherine Ivy Center for  
Advanced Brain Tumor Treatment  
Swedish Neuroscience Specialists