

**FORM 99A**  
*Rule 99*

**WRITTEN EXAMINATION**

**No. T-2030-13**

**FEDERAL COURT**

**BETWEEN:**

**NEIL ALLARD  
TANYA BEEMISH  
DAVID HEBERT  
SHAWN DAVEY**

**PLAINTIFFS**

**AND:**

**HER MAJESTY THE QUEEN IN RIGHT OF CANADA**

**DEFENDANTS**

**WRITTEN EXAMINATION**

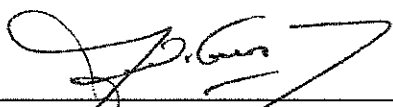
**TO: Paul Grootendorst**

The Plaintiff's counsel, John W. Conroy, Q.C., has chosen to cross examine the affiant Paul Grootendorst.

You are required to answer the questions in the schedule by affidavit in Form 99B prescribed by the *Federal Courts Rules*.

The affidavit containing the answers is to be served on all other parties within 30 days from the date on which these questions are served on you.

Dated: February 19, 2014

  
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JOHN W. CONROY, Q.C.  
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## SCHEDULE

1. It is your opinion that a market for the Licenced Producers will still develop "over time" if we have an exemption for personal producers and/or their designated caregiver, but it is just a matter of time, which in turn will depend on how many are exempt, isn't that correct?
2. You agree that the personal producers that would be exempt include some who cannot afford the projected Licenced Producer increased prices and will not be covered by any plan, unless they are Veterans, don't you?
3. You agree that those persons who cannot afford the new estimated prices are not part of the target market of the new Licenced Producers and therefore their continued personal production for themselves or by a caregiver will not slow down the development of the new market but rather it is the continued personal production by those who can afford the new prices that will impact the time within which the market develops, isn't it ?
4. In your opinion, if no exemption for personal production is allowed the market will develop more rapidly but you are unable to estimate how long it will take to do so and you agree that at least those who cannot afford the new increased prices (even taking into account discounts and specials) will be unable to access their medicine until that unknown time passes, and even then may not be able to access the medicine in the absence of a plan to cover them, like the Veterans, isn't that correct?
5. You use the term "over time" on a number of occasions. Are you able to estimate what that time might be or provide us with variable time estimates?
6. At your paragraph 20 you deal with why patients may prefer to obtain marihuana from Licenced Producers instead of marihuana "supplied by unauthorized producers". The Plaintiffs and many others similarly situated say that they cannot afford current black market prices which would include Compassion Clubs and Dispensaries, nor the cost of the indicated LP supply. They say that they learned to grow their own safely and security at some cost and can do so for between .50 and \$4.00 a gram and control their quality, strains and electrical costs by putting the plants outdoors for part of the time.
  - A) Did you consider this group in your calculations?
  - B) Do you agree that this particular group will be prejudiced by the change because they will not be able to afford the initial increased prices and will be stuck waiting "over time" for the prices to come down and will either keep growing because they cannot afford the options or seek out a black market that undercuts the Licenced Producer prices?
  - C) Can't you construct a model that takes this group into account so that they are protected over the transitional "over time" period until the prices come down for some of them?

D) If these patients continue to grow for themselves illegally they will face the prospect of being charged and the potential for imprisonment and will likely raise a *Charter* challenge involving lengthy and complex court proceedings. You did not take any of these potential costs into account did you?

7. Starting at paragraph 24 you deal with the question of lower prices for low income medical marihuana users. None of the Licenced Producers approved to date indicate an ability to produce for between \$1.00 or less and \$3.00 do they?

8. Do you agree that it would be impossible for a Licenced Producer to produce as inexpensively as a personal producer who is currently set up and running and has been for some time?

9. At paragraphs 30-31 you refer to the number of Licenced Producer applications received by Health Canada and again suggest the market for legal commercially sourced medical marihuana will be large. Don't you agree that it will be large enough to accommodate those who wish to personally produce for themselves only or have a caregiver do it for them only?

10. In the scenario that you propose doesn't it amount to sacrificing the health interests of those personal producers/caregivers who are able to do so for .50c to \$4.00 a gram for the sake of creating a market for the Licenced Producers and even though they still won't come down 'over time' to that low a cost?