

## **Exhibit 16**      **Public Health Agency of Canada**

*I will not attempt to "critique" the technical operations of this very medically oriented government agency except to overview its operations from a risk adverse prospective and of course a "candidate" for **ERM** application.*

*As I understand it, this federal institution is part of the **Health Portfolio** (about whom I have already commented).*

*What stands out is that this "agency" is a prime candidate for serious "risk" occurrences; whether administratively or from scientific/medical research.*

*Furthermore because of its many processes it is vulnerable to creating a costly, duplication (financially) "silo" approach in managing risks which is an undesirable.*

*The ideal solution is the application of **ERM** embracing all other "**Health Portfolio**" entities already presented. Its "risk" identification should be included in the process already described and mitigated accordingly.*

*A "**risk register**" for ALL ENTITIES under the control of the "**Health Portfolio**" should be kept and utilized as **one record** of risks to be captured for the reasons expressed elsewhere in this presentation.    **WJP***

*(Reference should be made to "**Exhibit 12, Health Portfolio Canada**")*