# Executive priority notes (not a vote)

GRC captured these in 1:1s the week of 2027-01-26. They conflict. That is the point.

## Dana Okonkwo, CFO

Two workstreams. No surprises. I will accept residual risk that is named, owned, and time-bounded. I will not accept a silent third program. If you need money after August, say so now as a checkpoint, not as an ambush.

## Luis Navarro, CTO

Product freeze around **2027-06-15** is real. Mei's contractual go-live is real. I will not volunteer a restore test that knocks clinic scheduling offline in June unless steering explicitly accepts that disruption. I also will not pretend we have three squads. If logging needs a production inventory, give Engineering a **named list**. Do not give me a 14-week site replacement and call it a logging prerequisite unless it actually is.

## Renee Walsh, CISO

Two fully funded remediations plus one interim is the **floor**, not a suggestion to do less. I care about durable exposure reduction, especially detection and recovery. I will not rubber-stamp "security first" as a slogan that ignores June delivery. I will also not treat Internal Audit's most likely exception as automatically the most important risk.

## Harper Quinn, General Counsel

I care about our ability to **detect, scope, and recover** if member or patient-portal accounts are abused, and about whether we can stand behind statements we make in customer and regulator conversations. I am not asking GRC to declare a breach. I am asking that residual risk on detection and recovery be explicit if we defer those programs.

## Mei Lin, VP Clinic Operations

The June contractual go-live is a customer commitment. "Security first" that silently slips June is still a broken commitment. If you need a freeze exception, put it in the decision. If Clinic-West still sits in scheduling, I need to know whether we are operating a leftover path or a ghost story. Do not decommission a path that still books appointments because a memo said "sunset."