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SASKATOON, SASKATCHEWAN

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SATURDAY, MAY 16, 2015

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See Weekender E1



GREG PENDER/StarPhoenix

Dr. Elena Shurshilova in the records room at the La Ronge Medical Clinic. Shurshilova is a psychiatrist who lives in Ottawa but files to the northern communities of La Ronge and Stony Rapids — partially on her own dime — to treat patients who sometimes travel great distances and wait hours to see her.

PROJECT FORSETI

'We are far from finished'

Police lay 113 more charges

CHARLES HAMILTON
THE STARPHOENIX

Saskatoon police say more than 100 new charges against members of the Fallen

Saints motorcycle club will not be the last.

"We are far from finished," Det. Insp. Jerome Engele said in an interview on Friday, after Saskatoon police and RCMP announced 113 new charges against eight people in connection with Project Forseti, a massive ongoing investigation into biker clubs in Saskatoon.

The new charges are related to weapons possession, possession of a controlled substance and carrying a weapon that is dangerous to the public.

Officers spent months reviewing the evidence gathered during a 15-month investigation that focused on the Fallen Saints and Hells Angels motorcycle clubs.

"We still have numerous people that will be arrested. We are still proceeding with our organized crime (investigation)," Engele said.

The 15-month investigation was large in scale and culminated in raids in seven cities in Saskatchewan and Alberta in January.

See DRUGS, A2

RIDERSHIP DIP SENDS TRANSIT DEEP INTO THE RED

City deficit could top \$1 million

ANDREA HILL
THE STARPHOENIX

Saskatoon Transit ran almost \$1.2 million over budget in the first three months of this year, largely due to decreased ridership.

A report on the city's first-quarter results will be presented to council's execu-

tive committee Monday. It said the city is projecting a year-end deficit of just over \$1 million due to deficits in the snow removal, street cleaning, transit, utilities, park maintenance and policing budgets.

The city reported surpluses in general revenues (including taxes) and vehicle operations because of low gas prices.

"It is cautioned that this is still an early projection and subject to substantial variance as the remainder of the year proceeds," the report notes.

See TRANSIT, A2



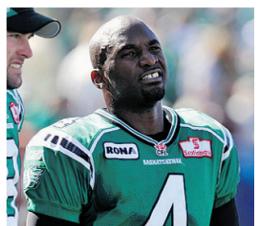
MURAL ART INSTALLATION

A former Saskatoon man returns to put his stamp on one of the busiest corners in Saskatoon. **A4**



ACID SPILL INVESTIGATION

Fire department and Husky Oil officials probe a spill that shut down four blocks in the north industrial area. **A3**



RIDERS NEW SEASON

Columnist Rob Vanstone assesses the 2015 version of the Roughriders as training camp approaches. **B1**



RED CROSS NURSE IN NEPAL

Red Cross nurse and U of S grad Dawn Anderson volunteered to help in Nepal after the earthquake hit. **A11**

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SECTION E SATURDAY, MAY 16, 2015



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Dr. Elena Shurshilova arrives at the La Ronge, SK airport, in March. She is a psychiatrist who lives in Ottawa but flies to northern communities like La Ronge. GREG PENDER/The StarPhoenix

‘It takes somebody with **NO SENSE** to fly there’

ELENA SHURSHILOVA flies from Ottawa to Saskatchewan as the north’s only psychiatrist

ANDREA HILL
THE STARPHOENIX

LA RONGE —

On a chilly Monday morning in March, Elena Shurshilova is one of just three passengers to step off a small plane at the quiet La Ronge airport. She clutches a backpack in one hand, a rolling briefcase stuffed with patient files in the other. After almost 20 hours of travel from Ottawa, where she lives, the slight 42-year-old is tired and flustered; dark rings are visible under her eyes before her transitional lenses turn black. Almost immediately after disembarking, she is called back to the plane by a flight attendant to retrieve her forgotten travel pillow.

Shurshilova is the only psychiatrist who visits communities in northern Saskatchewan. There’s no time to rest. She’s about to face four full and “chaotic” days treating patients, some of whom will travel great distances and wait hours to see her.

“The need dramatically exceeds my capacity,” she said a few days before flying into La Ronge, a town of about 3,000 people almost 400 kilometres northeast of Saskatoon.

“By the end of the day, there would still be patients who would be needed to be seen, but they would not be able to be booked.”

Shurshilova has been making whirlwind trips north since 2013, when she started going every two

weeks as part of her residency requirements for the University of Saskatchewan’s psychiatry program. Before her, there was no one; the province’s northern psychiatrist position had been vacant for more than a year.

When Shurshilova graduated from the University of Saskatchewan in July 2014 and moved back to Ottawa to be with her daughters that November, no one stepped up to fill her position. Shurshilova said she felt compelled to continue providing psychiatric service in the north despite having moved across the country.

“The need is incredible. And unfortunately, it’s not being met,” she said.

Shurshilova retained

her Saskatchewan-area phone number so patients could save money calling her when they needed help. She gave out her personal email address so those with access to computers could contact her by email. She does not bill for the time she spends responding to her patients’ daily phone calls and emails.

She pays for her own flights from Ottawa to Saskatoon every two to three months, and from there flies into La Ronge and Stony Rapids with funding from Saskatchewan’s Northern Medical Services.

Shurshilova pays out-of-pocket to take cabs from the airports if no one from the clinics can pick her up and packs her heavy snow pants so she can save money by



Dr. Elena Shurshilova spends many hours seeing patients at the hospital in La Ronge, SK when she makes the flight to the northern community of 3,000 from her home in Ottawa. Later, she’s off to Stony Rapids for two more days of listening to patients.

walking between the clinics and her hotels.

“I’m worried that if I start having more expenses that they cannot afford me flying here,” the psychiatrist said as she departed the airport, preparing to head straight to the La Ronge medical clinic with her luggage in tow.

Shurshilova will spend the rest of the day at the clinic, followed by a day at the mental health and addictions centre in the hospital. Then it’s off to Stony Rapids for a further two days of listening to patients, prescribing medication and educating local health care

staff about treating mental illness.

Most of her patients are adults, but Shurshilova also sees children and teenagers. It’s not her preference or her specialty, but there are no child psychiatrists who visit the communities. If Shurshilova turns them away, they will go without psychiatric treatment or be forced to travel great distances to get it.

The impact Shurshilova has had on patients, including 38-year-old Katherine Lowenberg from La Ronge,

has been “amazing.”

Lowenberg, who has suffered from depression for as long as she can remember, saw her life spiral out of control shortly after the birth of her son in 2012.

A local family physician recognized postpartum depression and recommended Lowenberg visit a psychiatrist. At the time, the closest was in Prince Albert, more than two and a half hours away.

“It was pretty tough,” Lowenberg said. She travelled to Prince Albert every three weeks for several months.

See CHAOTIC, E2

Chaotic Depression most common illness

CONTINUED FROM E1

Her gas bill climbed and she had to rely on her father to take over her small business while she was out of town.

When a La Ronge counsellor told her in 2013 that a psychiatrist — Shurshilova — was visiting the community, “it was like a weight was lifted,” she said.

“I would be pretty scared, I think, if I hadn’t been able to see her,” Lowenberg said. “I don’t have that extra time any more to make travel arrangements to go south, so I would have been extremely limited to travelling out of the community and I don’t know where I’d be right now.”

While Loewenberg expressed appreciation for the headway Shurshilova has made in treating her depression, she said the long gaps between seeing her are far from ideal.

“The fact that we don’t have anyone coming on a regular basis, is — I think — a deterrent for a lot of people to seek out medical help for mental health,” she said.

Shurshilova said depression is one of the most common mental illnesses she encounters when she travels up north.

She also regularly deals with addictions and “a surprising portion of patients” struggling with post-traumatic stress disorder after suffering sexual abuse, physical abuse or seeing loved ones die of suicide.

A huge number of the people Shurshilova treats in the north are aboriginal, a population she said faces unique mental health challenges.

UP HERE, THEY’VE GOT THE TRAPPER MENTALITY STILL, SO THEY’RE TOUGH. MY GRANDFATHER WAS IN THE BUSH FOR THE WHOLE WINTER AND HE CAME OUT AND HE WAS FINE. AND THAT’S HOW EVERYBODY THINKS UP HERE, THAT’S THEIR MENTALITY.
AMBROSE CHARLES

“Disconnected from their roots by being placed in residential schools, into white foster homes — many of them simply do not know who they are, where they belong and where they are going future-wise.”

She said working with those patients involves helping them to “reduce the shame of their trauma” and coaching them to re-connect with their cultural identity.

“My compassion and their trust take us places often not walked by them before,” Shurshilova said. “I call it a healing dance, for



WAYNE CUDDINGTON / Ottawa Citizen

Elena Shurshilova in her home in Ottawa before flying into northern Saskatchewan in March.

it’s magic.”

Yet not all aboriginal people seek treatment for their mental illnesses.

Ambrose Charles, a 35-year-old from Lac La Ronge Indian Band who has struggled with depression for years, said the stigma surrounding mental health is “definitely more so in a native community and more so in an isolated native com-

wife and aggressive.

Things came to a head in October 2013 when a work colleague said something that sent Charles over the edge. He had a breakdown at work and his wife ordered him to see someone.

Charles saw a counsellor who told him to make an appointment with Shurshilova. She diagnosed him with depression and post-traumatic stress disorder and gave him a prescription

a comment.”

The need for mental health workers — such as psychiatrists — in the north is pronounced.

A 2011 report by the northern Saskatchewan Population Health Unit — the most recent data available from the Athabasca, Keewatin Yatthe and Mamawetan Churchill River health authorities — showed that only 56 per cent of people living off-reserve in northern Saskatchewan reported their mental health as very good or excellent. That was lower than the provincial rate of 72 per cent and the national rate of 75 per cent.

A lack of affordable housing and recreation activities in communities like La Ronge can fuel this, say health region workers.

“If you don’t have people putting their time and energy into good things, bad things arise,” said Wendy Ahenakew. She’s a Mamawetan Churchill River Health Region employee who works in mental health and addictions out of the La Ronge Hospital.

Ahenakew said a shortage of affordable housing is a “huge issue” in the community and it’s not uncommon to see up to 12 people living in a home.

“Mental health and addictions issues, if they aren’t there already, will start,” she said. “You don’t have your own room, you sleep on the floor in the living room and there are five other people around you, those sorts of things. It’s not helping them.”

See LA RONGE, E3

Suicide rate in La Ronge unknown to community

‘It should be seen as a big deal, but it doesn’t seem to be’

ANDREA HILL
THE STARPHOENIX



Dr. Sean Groves

Despite working as a family physician in La Ronge for a decade, Sean Groves has “no idea” how prevalent suicide is in the northern community of about 3,000 people.

“We don’t have a system for feedback that tells us it’s even an issue,” he said. “If I just kept my eyes closed and didn’t listen, I wouldn’t even know that suicide is happening in northern Saskatchewan.”

Yet Groves sees “a community crisis.” He regularly hears from patients who are grieving the loss of friends and family members who took their own lives and often treats people who’ve attempted suicide. Speaking from the La Ronge Medical Clinic at the end of March, Groves said 12 of his last 13 on-call patients had overdosed on pills.

“These are small communities and (suicide) should be seen as a big deal, but it doesn’t seem to be,” Groves said.

Part of the problem is an absence of data — “Not knowing about it keeps us in the dark” — and another is apathy.

“People expect that

someone else is going to fix it,” Groves said.

He said there’s a lack of awareness and education surrounding mental health in La Ronge and that many residents are disengaged from family and community. This means a huge number of people struggling with depression or other mental illness don’t know who to turn to for help. Or don’t have anyone to talk to.

“We need empowered community members who will stick by their loved ones and I think that’s something we struggle with,” Groves said.

The average annual suicide rate in the Mamawetan Churchill River Health Region, which includes La Ronge, Creighton, Pinehouse and other communities in the province’s northeast, was 30.9 suicide deaths per 100,000 people from 2008 to 2012 — the second highest in the province after Keewatin Yatthe. The provincial suicide rate for the same period was 12.7 suicides per 100,000 population.



GREG PENDER/The StarPhoenix

Wendy Ahenakew, mental health and addictions team leader for Mamawetan Churchill River Health Region, left, and Denise Legebokoff, director of mental health and addictions for Mamawetan Churchill River Health Region.

munity.”

“Up here, they’ve got the trapper mentality still, so they’re tough,” he said. “My grandfather was in the bush for the whole winter and he came out and he was fine. And that’s how everybody thinks up here, that’s their mentality.”

Charles said he never would have sought help for his depression if his wife hadn’t forced him to. He didn’t talk about his feelings. Gradually, his illness crept into his family life. He was in a bad mood all the time. He was short with his

for medication.

Since then, Charles said his life has improved considerably, but keeping up with treatment in such a tight-knit community where everyone knows him and why he’s going to the clinic will always be a challenge.

Earlier this year, a support staff member at the clinic quipped about him “going crazy.” Charles was shocked and filed a complaint against the employee.

“This is a reason why a lot of people go undiagnosed,” he said. “They don’t want to have people they know make



GREG PENDER/The StarPhoenix

Katherine Lowenberg, 38, is bipolar and suffers from depression. She used to travel to Prince Albert to see a psychiatrist but today she visits a psychiatrist in La Ronge.



GREG PENDER/The StarPhoenix

Ambrose Charles, who has suffered from depression for years, never sought treatment because of the ‘trapper mentality’ among members of the northern community.

La Ronge Difficult to attract specialists

CONTINUED FROM E2

It can also be difficult for people to find activities to keep their mental health “stabilized,” said Denise Legebokoff, the health region’s director of mental health and addictions.

There’s no movie theatre in La Ronge and no recreation centre. Many people have to travel two and a half hours to Prince Albert for those kinds of social activities, she said.

“If someone is prone to a little bit of depression or anxiety and they don’t have the ability to get out and do those kinds of things, that whole process could maybe happen quicker,” Legebokoff said.

Despite the need, it’s difficult to attract mental health specialists to work in the north.

The travel is long, grueling and often at the mercy of the weather. And the pay is poor.

“I get paid 50 per cent of what people get paid being in a nice, clean, warm office in Saskatoon,” Shurshilova said. “It takes somebody with no sense to fly there for this amount of money.”

The gap in payment occurs because few patients up north are referred to psychiatrists by family physicians, who are scarce in remote northern communities. Instead, Shurshilova said most people struggling with mental illnesses go to counsellors or mental health workers who tell them to see a psychiatrist. But these workers can’t make official referrals, which means she can’t bill as a specialist.

“I find it a bit unfair, unfairness in the fact that you do not get paid for the work you do and I feel a bit hopeless for finding people who will inherit my clinics,” she said.

Veronica McKinney, director of Northern Medical Services — the group that co-ordinates physician appointments in northern Saskatchewan — acknowledged Shurshilova will be hard to replace and said this under-



Dr. Sean Groves walk the halls of the La Ronge medical clinic, where he’s been practising for 10 years.

GREG PENDER/The StarPhoenix

scores the need to find “creative” ways to fund health care in the north.

This could involve leveraging provincial and federal money to provide attractive honorariums to supplement specialists’ fees and to more adequately reimburse them for the time they spend travelling.

“That’s a big challenge because there’s no funding really for a lot of that stuff and, of course, there’s a moratorium right now for all spending in the province,” McKinney said.

She is exploring the possibility of bringing tele-psychiatry to northern communities, but said it remains important that psychiatrists physically visit the north because the impact they have on northern communities is “indescribable.”

Their presence not only benefits patients, but also other health-care staff working there, she said.

“If you’re dealing with

somebody who’s got a mental health issue or an attempted suicide, it’s very disconcerting to be the only person and to not really have that background or specialization,” McKinney said. She said the support and education Shurshilova provides to health-care workers in the north helps with recruitment and retention of nurses, mental health workers and other health care staff.

Ideally, McKinney said she would like enough money to keep a group of psychiatrists on retainer and sent up north on a regular schedule and in emergencies.

With sufficient funds, those professionals could also travel to the northern communities of La Loche and Île-à-la-Croix, which currently do not receive any visits from psychiatrists.

But Sean Groves, a family physician who has been practising in La Ronge for 10 years, said funds could be better spent creating pro-

grams to aid those suffering from mental illnesses.

“Often we have this sense that there’s going to be some person that kind of rides in and fixes the problem whenever we’re dealing with crisis and I don’t think that’s the way it works when it comes to mental health,” he said.

He said psychiatrists play an important role in treating complex mental health problems, but that family physicians are able to address mild to moderate mental illnesses if patients let them.

He wants to see funds support the community as opposed to the health-care system by giving residents — including those who have suffered from mental illness — the tools to help others in the community. This could involve them forming support groups or educational programs.

“Right now, I don’t think we have a system in place that allows for that to hap-

pen,” he said.

Shurshilova — who saw more than a dozen patients during two hectic days in La Ronge — said programs like those don’t eliminate the need for psychiatrists in northern communities.

She said it’s a “highly specialized area of expertise” to be able to dig down into the roots of depression, prescribe appropriate medications and help patients find doses that work for them.

“With just being eager and compassionate, but not knowledgeable, one can prescribe medications that may result in lack of improvement or worsening and — most detrimentally — cause patients to lose hope,” she said.

Treating just a handful of patients can benefit the community, because those people can then recognize mental illness in their friends, family, colleagues

“WITH JUST BEING EAGER AND COMPASSIONATE, BUT NOT KNOWLEDGEABLE, ONE CAN PRESCRIBE MEDICATIONS THAT MAY RESULT IN LACK OF IMPROVEMENT OR WORSENING AND — MOST DETRIMENTALLY — CAUSE PATIENTS TO LOSE HOPE.”
ELENA SHURSHILOVA

and acquaintances and encourage them to seek help, she added.

The full slate of patients at the La Ronge clinic and hospital further illustrates the demand for her services.

On her last day there, she saw nine people, including two suicidal teens and an acutely psychotic adult.

“I found myself running with no washroom or lunch break,” she said.

The next two days in Stony Rapids, a 1,000-kilometre drive north of Saskatoon, will be even more challenging.

There, patients fly in to see her from the even more remote communities of Fond-du-Lac and Uranium City — if the weather permits.

“I call it my double black diamond,” Shurshilova said. “I just have to brace myself to prepare for anything.”

If everyone reaches Stony Rapids, Shurshilova can see up to 12 patients a day for 30-minute sessions — “for psychiatry that is a very high pace” — and take no breaks.

“Sometimes I end up just having lunch with my patient; I’ll just bring a sandwich and he’ll eat half of my sandwich and we just share it together,” Shurshilova said.

“We do what needs to be done.”

DIVERSIONS



JOCELYN BENNETT

katchewan Playwrights Centre. Ends tonight at Paved Arts Gallery, 424 20th St. West, at 8 p.m. Admission is free and donations are accepted. For information visit saskplaywrights.ca.

Drama

Dora the Explorer Live: Dora seeks the City of Lost Toys. Wednesday at TCU Place at 6:30 p.m. Tickets are \$22.50 to \$90; available at 306-975-7799, tcutickets.ca.

Bread: A puppet show and outlandish retelling of three folk tales. Runs to May 24 at The Refinery. Tickets are \$10 to \$15; available at 306-683-9460, wideopen.ca or at the door.

Tightrope: A multi-arts festival of poetry, design, combat, film and theatre. Pay-what-you-can preview Thursday, runs May 22-31 at The Refinery. Tickets are \$18-22; available at 306-653-5191, ontheboards.ca.

Matchstick: A not-very-fairy tale folk musical about the wife of a very notorious man. Persephone Theatre’s Deep End Series season finale. Runs nightly at 8 p.m. until Sunday at Village Guitar and Amp, 432 20th St. West. Tickets are \$25; available at 306-384-7727, persephonetheatre.org.

Crees in the Caribbean: Presented by SNTC. For a couple’s 35th wedding anniversary, their children decide to send them to a resort in Mexico. Runs to Sunday at Studio 914, 914 20th St. West. Tickets are \$23 to \$25; available at 306-667-1221, la-troupedujour.ca.

Spring Festival of New Plays: Hosted by the Sas-

Concerts/Events

Diana Krall: The jazz pianist and singer performs tonight at TCU Place at 8 p.m. Tickets are \$66 to \$96; available at 306-975-7799, tcutickets.ca.

Celebrate Spring!: The Amati Quartet performs. Works by Haydn, Mozart and Debussy. tonight at Knox United Church at 7:30 p.m. Tickets are \$15 to \$30; available at 306-384-7727, persephonetheatre.org.

Tonight It’s Poetry: TiP Finals featuring WOL 2014 Youth Slam Team. Sunday at The Woods Ale House, 148 Second Ave. North, at 7:30 p.m. Tickets \$12.50.

Lyell Gustin Recital Series: Centenary Gala: A solo recital by Canadian-born pianist Janina Fialkowska. Tickets available at McNally Robinson, Yamaha Piano or at the door.

Joy of Vox Spring Concert: Thursday at Third Avenue United Church at 7:30 p.m. SOLD OUT

Tommy Emmanuel: The Australian guitarist performs. With Vinny Raniolo and Frank Vignola. Thursday at Broadway Theatre at 8 p.m. Tickets are \$52.50; available at 306-652-6556, broadwaytheatre.ca.

Live at The Bassment: Roots Series: Sweet Alibi with Until Red, Thursday at 8 p.m. Tickets \$17 to \$22; available at saskatoonjazzsociety.com or at the door.

TELEVISION

First a contract battle, then a memorable run for Letterman

FRAZIER MOORE
THE ASSOCIATED PRESS

NEW YORK — In his long career at CBS and then as Sony boss, Howard Stringer faced plenty of ticklish negotiations and weighty talent deals.

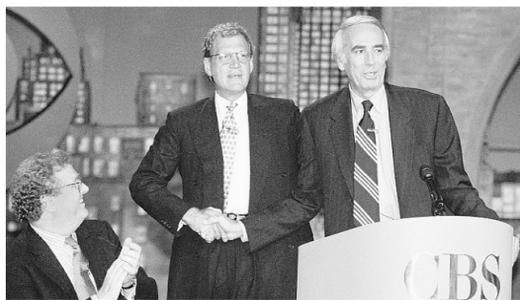
But there was nothing to match the roller-coaster ride that led to his signing David Letterman and the launch of Late Show in 1993.

With Letterman’s retirement now only days away, and Stephen Colbert in the wings to carry on the Late Show franchise, Stringer recalls the stormy process of bagging Dave with lingering bemusement.

“It was quite a neurotic experience,” he sums up with a laugh.

Now 73, and himself retired as Sony’s Chairman of the Board, Stringer was president of CBS when the seismic plates of late-night TV began shifting: Johnny Carson in 1992 was stepping down from NBC’s Tonight Show after 30 triumphant years, to be replaced by Jay Leno — and infuriating Letterman, who had logged an impressive decade following Carson as Late Night host and expected to be offered the Tonight anchor chair.

The challenge facing Stringer was to convince Letterman he could have a no-less-bright future in late night at CBS. Meanwhile, NBC desperately tried to wangle a way to keep Letterman in the fold beyond his



ERIC MILLER/The Associated Press files

CBS boss Howard Stringer applauds as David Letterman shakes hands with Tom Snyder, in 1994. Stringer helped convince Letterman to leave NBC and launch Late Show with David Letterman at CBS. Letterman retires May 20.

soon-to-lapse contract — perhaps even by uprooting Leno after an iffy first few months at Tonight and handing Letterman the prize after all.

“We never quite knew what NBC was going to do for such a long time, and the ball was in their court,” says Stringer, “so throughout the negotiations we knew that NBC could stop us dead in our tracks. That created a certain level of anxiety.”

CBS had never scored a successful talk show in late night, so he considers it a no-brainer that Letterman was seen as the ideal fix.

“He was certainly the best man available, and a proven star,” says Stringer, who, Welsh-born, adds, “I liked what he stood for, maybe in part because I’m British: I saw him as a successor to David Frost, the Monty Python crew, and Peter Cook and Dudley Moore.”

But others were stalking Letterman as well, which

led to an “audition” where Stringer and rival suitors (including Fox and ABC) could each plead his case to the Letterman team.

“I had a very simple message to David: ‘At CBS you would be in the tradition of Ed Murrow, Lucy (Ball), Jack Benny, Alan Alda, Mary Tyler Moore and our other stars.’ He really did fit in with the history of the network, and it’s an indication of how thoughtful a man he is that he understood that, and liked that.”

Stringer has warm memories of growing up in Britain where he and his father regarded CBS across the pond as “THE important network, full of milestones in entertainment and news programming. For me to get David Letterman was to suggest that I had some minor role in the continuity of CBS history, and that meant a lot to me.”

In early 1993, NBC’s final

offer to hold Letterman failed to match CBS’ bid, which left Dave free to go elsewhere. On Jan. 14, he settled the question for a waiting world by telling Late Night viewers that his choice came down to the flip of a coin: “Heads CBS ... tails CBS.”

Naturally, his Top 10 list that night covered reasons for his decision, including: “In order to grow as an artist, I feel it’s important to do the same crap over at CBS.”

On June 25, 1993, he named himself “NBC Employee of the Month” and exited the network forever.

Two months later, Late Show premiered.

“If you think about it,” Letterman grinned that night, brushing off the giddy reception at CBS’ newly spiffed-up Ed Sullivan Theater; “all I really did was take the summer off.”

That night was a victory for Stringer, along with Letterman, as a rivalry began that would last much of the next 22 years, pitting Dave against the host of the show he was denied as he started a TV institution from scratch — and, while mostly holding second-place in the ratings, always far in the lead for creativity.

With the end of Letterman’s reign nearing — May 20 is the finale — Stringer, who left CBS in 1995 after three decades at the network, refuses to share credit for Dave’s record-breaking run.

“I just seized an opportunity that presented itself.”