In the Matter of the Commission of Inquiry into the Circumstances and Events Surrounding the Death of Anthony O'Brien (Dudley) George

and

Submissions on behalf of the Chief Coroner for Ontario and the Office of the Chief Coroner

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Submissions on behalf of the Chief Coroner

A. Commission's Mandate:

1. The Ipperwash Inquiry (the "Commission") was established under the Public Inquiries Act, S.O. 2000, c. 14 by authority of Order-in Council No. 1662/2003 dated November 12, 2003 to conduct an Inquiry into the following matters:

> 2. The Commission shall
> (a) inquire into and report on the events surrounding the death of Dudley George; and
> (b) make recommendations directed to the avoidance of violence in similar circumstances.
>
> 3. The Commission shall perform its duties without expressing any conclusion or recommendation regarding the civil or criminal liability of any person or organization.

2. The Commissioner, the Honourable Sidney B. Linden, determined to conduct the Inquiry in two parts.

3. Part I which has focused on matters pertaining to subparagraph 2 (a) concluded an June 29, 2006 after hearing from 140 witnesses and receiving 1,786 exhibits over the preceding two years.

4. Part II of the Inquiry has responded to subparagraph 2 (b) of the Order-in-Council. It proceeded concurrently with Phase I to review the broad policy issues raised by the events leading to the circumstances of the death of Dudley George. They included, inter alia, the relationship between the police and Aboriginal people, the relationship between police and government, the interaction between police and protestors, and the avoidance of violent confrontations over Aboriginal land and/or treaty claims in Ontario. Part II did not involve evidentiary hearings, but did consist of:

> a) commissioned research and policy papers from experts,
> b) inviting written and/or oral submissions from parties with standing and the public,
> c) convening symposia and meetings to discuss issues raised by the Inquiry,
> d) posting commissioned research and policy materials and public submissions on the Commission website.

B. The Statutory Mandate of the Office of the Chief Coroner:

5. The Chief Coroner of the Province of Ontario has a statutory obligation pursuant to the Coroners Act of Ontario R.S.O. 1990, c. 37, as amended to investigate deaths as reported to have occurred in circumstances enumerated in section 10 of the Act to determine those circumstances and events surrounding such deaths.

6. In addition, the Chief Coroner and the death investigation system operated under his authority is required to consider whether an inquest into the circumstances of a person's death would be necessary pursuant to Section 20 of the Act to ascertain:
   a) whether the matters described in section 31 (1) (a) to (e) of the Act are known, that is who died, when, where, how and by what means the person came to his death;
   b) the desirability of the public being fully informed of the circumstances of the death through an inquest; and
   c) the likelihood that a jury on an inquest might make useful recommendations directed to the avoidance of death in similar circumstances.

7. The Chief Coroner's duties in this regard, in material part, mirror the mandate of the Commission under subparagraph 2 (a) and (b) of the Order-in-Council establishing the Commission. More particularly, just as the Commission is required to investigate the circumstances which caused the death of Dudley George, the Chief Coroner is required by the Coroners Act in the coroner's investigation and when an inquest is held to determine:

   a) the identity of the deceased;
   b) when the death occurred;
   c) where the death occurred;
   d) how the death occurred, that is the medical cause of death; and
   e) by what means the death occurred, that is the manner of death; natural causes, accident, suicide, homicide or undetermined.

8. The key role played by the inquest and coronial system in Ontario has been acknowledged by the courts:

> *Although an inquest has some of the trappings of a royal commission it retains the essential quality of an investigation conducted by a medical man or woman into the death of individual members of the community. It must be never forgotten by the parties at every inquest that the central core of every inquest is an inquiry into how and by what means a member of the community came to her death.*
>
> **People First of Ontario v. Porter, Regional Coroner, Niagara (1995), 5 O.R. (3d) 609 (Div. Ct.) at 622**

9. Accordingly, if an inquest had been held concerning the death of Dudley George, during the course of the inquest the presiding coroner would have been required to inquire into many of the same matters which the Commission was required to inquire into pursuant to the Order-in-Council, however, the duties of the Coroner under the Coroners Act, and the

scope of the inquest held there under, is confined to matters related to the death. In contrast, the jurisdiction of the Commission in both Parts I and II expressly extends to the much broader issues relating to violence to others and the avoidance of such violence.

10. There are further similarities between the Commission process and the statutorily defined process of the Coroners inquest. Inquest juries are prohibited pursuant to section 31 (2) from making any finding of legal responsibility or express any conclusion of law on any matter, just as the Commission is prohibited from doing pursuant to paragraph 3 of the Order-in-Council.

11. Accordingly, the mandate of the Commission, as determined by the Order-in-Council, is of a broad nature directed to conducting a public investigation and to the making of recommendations directed to the avoidance of violence in similar circumstances without the finding of fault or the laying of blame. In many significant respects, although not all, it parallels the jurisdiction of the Chief Coroner under the Coroners Act. For this reason, rather than conduct an inquest, which would have been much more narrow in scope, directed by a statutorily restricted mandate to inquire into the circumstances involving the death of Dudley George, it would also have resulted in an unnecessary duplication of effort and expense, contrary to the public interest.

12. Accordingly, the Chief Coroner and his office applied for and were granted full standing in Parts I and II of the Inquiry to assist the Commission with its expertise with respect to the fact finding process in death investigations and in the development of recommendations directed to the avoidance of deaths in similar circumstances.

C. Investigative Actions undertaken by the Office of the Chief Coroner:

13. A Coroner acting under the authority of the Coroners Act and the Chief Coroner, Dr. Gary Perkin became involved in the investigation of the death of Anthony O'Brien (Dudley) George on notification that Mr. George had been pronounced dead at 12:20 p.m. on September 7, 1995 at the Strathroy Middlesex General Hospital (SMGH), as a result of a gunshot wound to his upper left chest area.

Exhibit P-381 Statement of Dr. G.W. Perkin, dated September 7, 1995

14. As part of the Coroner's investigation, copies of the medical records of treatment were obtained and a warrant was issued to permit the conduct of a post mortem examination of the deceased's remains to ascertain the cause of death.

15. On September 8, 1995 Dr. Michael Shkrum, a forensic pathologist acting under the authority of the coroner's warrant conducted a post mortem examination of the deceased, identified as Anthony O'Brien (Dudley) George, at the London Health Sciences Centre in London, Ontario.

Exhibit P-359 Dr. M. Shkrum, Post Mortem Report September 8, 1995

16. The Special Investigations Unit (SIU), as result of police involvement, subsequently conducted the investigation into the circumstances of the shooting of Mr. George. On completion of the criminal matters that arose from the SIU investigation the investigative brief of the SIU was provided to the Chief Coroner for inclusion in the Coroner's investigation and to permit a review of the factors material to the holding of an inquest pursuant to section 20; that is to answer the five questions pertaining to the deceased, to fully inform the public, and the likelihood of useful recommendations directed to the prevention of deaths in similar circumstances.

17. Prior to the review Mr. Perry (Pierre) George, a brother of the deceased, raised concerns with the Chief Coroner that he and other family members had about the post-shooting emergency medical response to his brother's situation that occurred or failed to occur during the transport of Mr. George from Camp Ipperwash, near the site of the shooting to the Strathroy Middlesex General Hospital and at the Hospital. The Chief Coroner directed a further investigation into those circumstances, which involved investigators interviewing or re-interviewing all persons identified to have been involved in the transport and emergency medical services response to the situation involving Mr. George as well as any documentation relating thereto. A/Detective Mark Armstrong and D/Sgt. Frank Roselli of the Peel Regional Police, Homicide Bureau, assisting the coroner's investigation in addressing these issues, prepared an investigative report. Further, Dr. Andrew McCallum, former Chief of Staff of the McMaster University Medical Centre, conducted an examination of the SMGH medical record and other materials, as an expert retained pursuant to section 15 (4) of the Act to assist the Coroner in the investigation and to report on the appropriateness of the medical response.

Exhibit P-391 Coroner's Investigative Report, dated February 17, 2003

18. Subsequent to the commencement of the inquiry the Chief Coroner assembled a panel of medical and policing experts to provide resources to the Commission and to conduct a public discussion in exploring the issue of emergency medical response planning in the policing of public order events. On April 15, 2005 an emergency medical procedures educational session was held in Toronto with a panel of experts consisting of Dr. Andrew McCallum who addressed hospital emergency preparedness in the event of a disaster or civil disobedience; Dr. Brian Schwartz, director of the Division of Pre-hospital Care, Sunnybrook and Women's College Health Sciences Centre, and Mr. Mark Castle, an EMS supervisor who spoke of the experience in Toronto of integrating police and emergency medical services; and Superintendent Pat Hayes of the Ottawa Police Service, who spoke of the evolution of coordinated to integrated emergency medical and policing services in response to planned and unplanned public order events.

Phase II Educational Session on Emergency Medical Preparedness, April 15, 2005, Toronto.

19. In addition the Chief Coroner assisted the Commission in arranging the preparation of a research paper through the Institute of Clinical and Evaluative Sciences at Sunnybrook and Women's College Health Sciences Centre. A paper prepared by Drs. Michael J. Feldman,

Brian Schwartz, and Laurie Morrison, submitted June 7, 2006 to the Commission entitled *Effectiveness of Tactical Emergency Medical Support: A Systematic Review*, examines the available evidence for the effectiveness of tactical emergency medical support on patient outcomes, discusses best practices for tactical emergency medical support configuration and deployment, and identifies areas where further research is needed. The authors concluded:

> **The concept of tactical emergency medical support teams (TEMS) is endorsed by several major U.S. and international medical and law enforcement organizations, and is defined by a large body of specialized knowledge and skills. However, as a subspecialty of emergency prehospital care, little evidence specific to the effectiveness of civilian law enforcement tactical emergency medical support is available. Future research should identify clinical and system outcomes that could evaluate implementation strategies and performance benchmarks. Tactical emergency medical support teams should be encouraged to document and report on the population based epidemiology of events precipitating a tactical emergency medical response and on its outcomes.**
>
> **Experience with medical care in military tactical theatres has shown a dramatic decrease in deaths from injuries sustained on the battlefield. Until further research into the value of civilian TEMS is available, tactical emergency medical support modeled on the military system should comprise part of every civilian tactical law enforcement unit**.

D. Focus of the Participation of the Chief Coroner in the Inquiry:

20. The participation of the Chief Coroner in Part I of the Inquiry has been to assist the Commission in the examination of the events following the shooting of Dudley George and the injury of others arising from the confrontation between the police and First Nation occupiers of the Ipperwash Provincial Park, the planning and response of emergency medical services in the circumstances.

21. Similarly, the focus of the Chief Coroner's participation in Phase II of the Inquiry has been to assist in examining the use of tactical emergency medical services by police when engaged in policing public order events where there is a risk of violent confrontation.

22. Accordingly, the submissions of the Chief Coroner shall focus exclusively on the issues involving the planning for emergency medical services in advance of the occupation of the Ipperwash Provincial Park and the emergency medical response following the shooting of Dudley George and injury to others (Cecil Bernard George and Nicholas Cottrelle) arising from the confrontation between the police and occupiers during the evening of September 6, 1995.

E. Findings Requested by the Chief Coroner:

23. When an inquest is held the jury is obligated to answer, the five questions set out in s. 31 (1) of the Coroners Act based on the evidence heard at the inquest. The answers are all factual determinations. The Chief Coroner requests that the Commission make those express findings in order to fulfill the overlapping mandate of the Coroner.

a) identity of the deceased: **Anthony O'Brien (Dudley) George**
b) when the death occurred: **Death was pronounced at 12:20 a.m. on September 7, 1995, at the Strathroy Middlesex General Hospital, however he appears to have become vital signs absent at least 20 to 30 minutes prior to his arrival at the Hospital at approximately 12:00 a.m.**

See para. # 40 below evidence of Dr. Andrew McCallum May 10, 2005 at pp. 68-69

c) where the death occurred: **Strathroy Middlesex General Hospital.**
d) how the death occurred, that is the cause of death: **Gunshot wound of the upper chest** and
e) by what means the death occurred, that is the manner of death: **Homicide**.

The "by what means" definition applied to coroner's proceedings and investigations are factual and do not import any concept of liability. "Homicide", for death classification purposes is defined as the act of "a person killing another person".

F. Factual Circumstances Relating to the Death of Dudley George:

24. On September 6, 1995 shortly after 11:00 p.m. Dudley George was shot by a bullet fired by A/Sgt. Kenneth Deane from his sniper rifle during a confrontation between the Ontario Provincial Police and First Nation occupiers of the Ipperwash Provincial Park. A/Sgt. Deane was a member of the O.P.P. Tactical Rescue Unit (TRU) assigned to provide cover for the Crowd Management Unit (CMU) that had been sent down East Parkway Drive to move the occupiers back into the park. It was during the confrontation and engagement of CMU officers and occupiers in the sandy parking lot (SPL), outside the park fence where Dudley George was shot.

25. No one other than A/Sgt. Deane saw Dudley George shot, however there were a number of occupiers near him who heard him say that he had been "hit", and saw him fall to his knees. After his collapse, at least two of the occupiers helped him out of the SPL to the edge of the park where several others helped to carry him to a motor vehicle known as the OPP Who car.

Evidence of Elwood Tracy George November 3, 2004 at pp. 121-126
Evidence of Roderick Abraham George November 23, 2004 at p.197
Evidence of Abraham David George October 20, 2004 at pp. 128-129
Evidence of Gabriel Doxtater November 30, 2004 at pp. 58-60
Evidence of Glenn George February 1, 2005 at p. 237
Evidence of Issac Doxtater November 25, 2004 at p. 214
Evidence of Stewart Bradley George November 2, 2004 at pp. 91-92
Evidence of Glen Bressette November 9, 2004 at p. 258
Evidence of J.T Cousins January 12, 2005 at p. 61
Evidence of Kevin Simon December 2, 2004 at p. 47

26. The most direct observation of the immediate condition of Dudley George's after he was shot in the SPL was provided by Abraham David George:

He didn't look too good. I looked at his eyes and his eyes were glazed looking. They looked straight ahead. They weren't -- he wasn't moving around looking around or nothing. They were just fixed on one (1) spot. He was laying on his back, arms

spread out. And right at the same time, everybody just picked him up. I remember him being real heavy. He was limp, floppy like spaghetti. He was hard to hold on to. We carried him on the other side of the fence and we sat him down on the ground. I remember I -- I stayed there and I was talking to him. I says, Dudley, you got to stay awake. Don't go to sleep, you got to stay awake, try and fight it. And his -- there was no response. His eyes were glazed over and he was looking straight ahead like he never heard me. But he was still alive and that blood was spreading on his chest. He wasn't shaking. His face was kind of sweaty looking. And he was laying on his back and the "OPP Who" car come around. I think Robert Isaac was driving. And J.T. Cousins was there too, and he jumped in the back of the car and kind of helped pull Dudley in. There's a couple others that were helping him put him in the "OPP Who" car. As soon as he got in there, the car sped off, and that was the last seen of Dudley.

Evidence of Abraham David George October 20, 2004 at pp. 128-129

27. Once inside of the park he was immediately placed in the rear of the OPP Who car and driven through the park and the inner Army Camp road to the main-gate area of the built up area of the Army Camp. There he was transferred to the rear seat of a white motor vehicle driven by his brother Pierre George. J.T. Cousins, the 14-year-old youth who had been in the rear of the OPP Who car, went with Dudley to the rear seat of Pierre's car. Carolyn George, sister of Dudley and Pierre occupied the front passenger seat.

Evidence of Carolyn George February 3, 2005
Evidence of J.T. Cousins January 12, 2005

28. Carolyn George described her brother as being "unconscious". Gina George, who was at the main-gate area when Dudley was carried into Pierre's vehicle described him as being "limp and lifeless":

I noticed a car coming up the road. And I knew it was moving quite fast. It wasn't -- it was really travelling. And it was like it was fish-tailing too, because I could see the lights going back and forth. And I didn't know what was going on, but I got to a point where I pulled over a bit to see what -- whose car it was and I noticed it was that "OPP Who" car. And I was just coming to a -- to a road that journeys into the bush that they use, that the guys were using later on. They would go back in that road to go and cut wood. So I turned around in that dirt road and followed the car back up to the gate. And when I got there, Robert Isaac was -- he was the driver of the car and he said to me I need you to go and -- I need you to - - to drive your car and drive to the hospital. And I said, Why? And he was like jumping out of the car and I didn't know who he was going to pull out of the car and he -- then he said, Dudley's been shot. And they opened the back door and they started to pull him out. But as soon as they opened the door, one of his arms flopped out and he was limp. And there was another fellow in there and I -- I don't remember who it was. But I know they got him by the shoulders and by his legs and I told them I can't go because my husband and my son are still down there and my children are here and I can't be the one. And right at that time, Pierre pulled in that white car and Cully was there, too and it was a - - I think there was such a commotion and everybody was frantic and I told them, Put them in -- put him in Pierre's car, he'll take him, that's his brother. And so they loaded him in there and – and Cully was -- she was kind of frantic and she was – I don't -- she was in shock and didn't know what she should do. And so I just kind of opened the door and pushed her into the seat and closed the door and told them to go and they drove out of the gate, but I -- and that was the last I seen of them that evening… I actually didn't

even have time to even see if he had a pulse or anything everything was so fast in the need to get him medical help. It just --everything happened so fast there wasn't even time for that and it never really even dawned on me to even try and check his pulse because he just looked so limp and lifeless.

Evidence of Gina George January 31, 2005 at pp. 91-93

29. Pierre George drove out of the main-gate of the Army Camp after a vehicle driven my Marcia Simon with her mother Melva, which went east on Hwy. #21 followed by police who had been outside the Army Camp. Pierre decided to try to rush his brother to the Strathroy Middlesex General Hospital, the nearest hospital, approximately 50 km away. He drove across Hwy #21 to Ravenswood, across Ravenswood, to Northville, to Townsend Line, and to Nauvoo Rd, where one of the tires to his vehicle blew and he pulled into the farm driveway at 6480 Nauvoo Rd., the residence of Hank Veens and his family.

Evidence of Carolyn George January 31, 2005 at p. 150
Exhibit P-150 route marked by Carolyn George

30. Hank Veens called 9-1-1 at approximately 11: 27 p.m. to request an ambulance for a man who had been shot. An ambulance, unit # 1145, operated by Mac Gilpin, that had been directed earlier to the main-gate area along with unit # 1146, in response to the injury sustained by Nicholas Cottrell during the earlier shooting, was dispatched at 11:30 p.m. to 6480 Nauvoo Rd. in response. The ambulance was enroute to the Veen residence by 11:32 p.m.

Evidence of Mac Gilpin April 27, 2005 at pp. 124-125
Affidavit of Gerry W. King dated November 8, 2005 re. communication time entries

31. Rather than wait at the farmhouse, after the 9-1-1 call had been made Pierre and Carolyn decided to initially wait at the end of the farm driveway at Nauvoo Rd. in the hope of seeing the ambulance, which they believed would be coming from the direction of Strathroy where the hospital was located. After approximately 5 minutes they drove to the intersection of Nauvoo Rd. and Egremount (County Rd # 22), where they believed they could see the ambulance coming from Strathroy on Hwy 402 or Egremount. After approximately another 5 minutes they decided to try for the Strathroy hospital, on the flat tire, which was another 25 km away.

Evidence of Carolyn George February 3, 2005 at pp. 157-160

32. During the 9-1-1 call Mr. Veen advised the dispatcher at 11:38 p.m. that the vehicle with the wounded man had left, “direction unknown”. Dispatch advised unit #1145 and the call was cancelled at 11:41 p.m. when the ambulance was on Northville Rd. near Townsend Line, approximately 5 km away from 6480 Nauvoo Rd. By the time the call was cancelled Pierre was enroute to Strathroy.

Evidence of Mac Gilpin April 27, 2005 at p. 131
Affidavit of Gerry W. King dated November 8, 2005 re. communication time entries

33. Police vehicles followed Pierre's vehicle into Strathroy and into the hospital (SMGH) – sparks coming from the rim of the flatten tire. At the Emergency Department entrance area Carolyn cried for help, however the initial response was to arrest Carolyn, Pierre, and J.T. They were taken away before they saw Dudley removed from the vehicle and taken into the hospital:

> **A: He stopped the car, we hopped out, there was an attendant standing by the door and I said, bring a stretcher. And I turned around to -- to get the back door and the attendant was still standing there so I got a bit upset and told him to bring a stretcher.**
> Q: You can -- you can be as -- you know as -- as --
> **A: Use my own words?**
> Q: Precise as possible, yes.
> **A: Bring a fucking stretcher.**
> Q: And then what happened?
> **A: I seen the police nod his head**
> Q: And where was the police standing?
> **A: He was right up by the -- by the hospital doors there and once he nodded his head I noticed the attendant started to move, but -- and that's when they grabbed me.**
> Q: Now tell -- tell me, who grabbed you?
> **A: It was the police because they grabbed my arms and put them -- put them behind my back and put me right down on the ground and I'm -- my face went right through some shrubs and got my glasses knocked off. And I was trying to ask them to let me see my brother…**
> Q: And do you recall the number of police officers who -- who were in the process of detaining you? The number of police officers around --involved in -- in --
> **A: I don't know how many were behind me. I -- I could barely see that Pierre was held up against the -- the wall, the cement wall and like his face right up against it. And I don't if that's when they -- you know like, Pierre was asking what they were doing and they said we were under arrest for attempted murder. And -- and Pierre said something like well for what? And they said the first shot came out of a white car.**
> Q: And what did you understand that to - to mean if -- if --
> **A: Well I didn't understand why they were arresting me in the first place because we were just taking Dudley to the hospital and then to be handcuffed and they wouldn't even let me see Dudley. I -- I didn't know what was going on.....… I never seen Dudley after that.**
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> **Evidence of Carolyn George February 3, 2005 at PP. 165-168**

34. The vehicle arrived at the hospital at approximately 12:00 a.m. September 7, 1995. The hospital record indicates that the recording of Dudley George's vital signs assessment was at 12:08 a.m., however there was a period of several minutes outside of the hospital before he was brought into the hospital from the car, in addition to the time of the assessment itself, which was estimated to have taken 3-5 minutes.

> **Exhibit P-358 Strathroy Middlesex General Hospital History and Physical Examination of Dudley George September 7, 1995**
> **Evidence of Jacqueline Derbyshire May 9, 2005 at p. 195**

35. The observation of Dudley George when he was initially seen in the rear of the vehicle was that he was without vital signs. The first person to him was a paramedic, Robert Scott who

quickly assessed that there were no signs of breathing or a pulse. Jacqueline Derbyshire, a nurse who had come from the Emergency Department also found he was not breathing and that the skin was "mottled around his jowls and in the neck area", an indication that his breathing and his heart had stopped.

Evidence of Robert Scott April 27, 2005 at pp. 282-283 and p. 292
Evidence of Jacqueline Derbyshire May 9, 2005 at pp. 127-129

36. In the hospital Dr. Alison Marr, Chief of Medicine at SMGH and who was working in the Emergency Department on September 6-7, 1995 conducted the assessment recorded at 12:08 a.m. Notwithstanding having found that he was vital sign absent (VSA), resuscitation efforts were commenced by Dr. Marr and Dr. Elizabeth Saettler, a general surgeon who by coincidence was in the hospital that night.

> Q: Can you describe the -- Mr. George's presenting condition?
> **He had no signs of life. He had no pulse. On auscultating his heart there were no heart sounds. He had no air movement; no air entry into his chest, no movement of his chest. His pupils were fixed and dilated, his corneal reflexes were absent…..When we put on the telemetry to see if there was any electrical cardiac activity, it was a flat line.**

Evidence of Dr. Alison Marr April 26, 2005 at pp. 60-61
Evidence of Dr. Elizabeth Saettler April 26, 2005 at pp. 300-305

37. Dr. Alison Marr pronounced Dudley George dead at 12:20 a.m. at the conclusion of the resuscitation efforts.

Evidence of Dr. Alison Marr April26, 2005 at pp. 62
Exhibit P-358 SMGH History and Physical Examination of Anthony George September 7, 1995

38. On September 8, 1995 Dr. Michael Shkrum, a forensic pathologist conducted a post mortem examination of the body of Dudley George on direction of a coroner's warrant. He found that Mr. George had a single bullet entry wound in the upper chest area over the left clavicle. The bullet fractured the left clavicle passing through it, deflecting downward through the upper and lower lobes of the left lung coming to rest between the 8^{th} and 9^{th} ribs in his back. The wound caused a left haemothorax -- 1000 cc's of blood found in his chest cavity. The cause of death was a gunshot wound of the upper chest.

Exhibit P-359 Dr. M. Shkrum, Post Mortem Report September 8, 1995
Evidence of Dr. M. Shkrum April 28, 2005 at p. 117 and at pp. 159-160

39. Dr. Shkrum was of the opinion that the injuries suffered by Mr. George would have caused him to go into cardiorespiratory arrest where the heart stops and breathing stops in a matter of minutes from having sustained the injuries.

Evidence of Dr. M. Shkrum April 28, 2005 at p. 155

40. Dr. Andrew McCallum was of the opinion that Mr. George died due to the multiple lacerations to the pulmonary arteries and suffered rapid blood loss, 1000 cc's or approximately 1 litre of blood into his chest cavity. He was of the view that Mr. George became vital signs absent at least 20 to 30 minutes before arrival at the hospital.

> **I believe that Mr. George had been absent vital signs for twenty (20) to thirty (30) minutes prior to arrival at the hospital and I base that on several things. The first is that the -- the absence of movement prior to the time that the car actually reached the farmhouse, which is recorded by Mr. Cousins, I believe, and that's the information I received. The second is that the -- at the hospital, I read a later addendum and I should have alluded to this earlier in my testimony, that I did receive an addendum from a nurse who was at the scene -- who, when Mr. George was turned, observed that he had lividity, what -- what sounds like lividity to me, based on the description of the fixed, bluish discolouration of the skin that she gives. Lividity takes somewhere between thirty (30) minutes and two (2) hours to appear after death. And lividity as you may have heard already, is the pooling of blood in the dependant portion of the body after death, which is a normal phenomenon after death, but it can be of some assistance in timing death.**
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> **Evidence of Dr. Andrew McCallum May 10, 2005 at pp. 68-69**

41. Dr. McCallum was also of the opinion that the means of transportation and lack of life support intervention by paramedics would not have altered the outcome for Mr. George due to the severity of the internal injuries suffered. It would have required an almost immediate thoracotomy, a procedure of surgical intervention beyond the capabilities of a community hospital performed even rarely at major trauma centers. His condition was not survivable in the circumstances, and marginal at best even if he had an "immediate" thoracotomy in a major medical trauma centre.

> Q: In conclusion, Dr. McCallum, assuming that even under the optimal circumstances you have described, that is arrival at a full trauma centre within fifteen (15) minutes from point of injury, whether or not pre-hospital medical intervention occurred, had all the emergency procedures been followed, including an emergency thoracotomy, Dudley George would likely have not survived his gunshot wound based on the statistics that you have reviewed today; is that right?
> **A: That's correct.**
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> **Evidence of Dr Andrew McCallum, May 10, 2005 at p. 77**
> **Exhibit P-391 Coroner's Investigative Report, February 17, 2003**
> **Exhibit P-395 Addendum to Dr. McCallum's Report in Exhibit P-391**

42. The choice of hospital, Strathroy Middlesex General Hospital and the time taken to cover the approximately 52 km route, which was less than an hour, would not have been any different than the route or the time that the paramedics in Unit #1145 would have taken. Moreover, there was no meaningful intervention that they could have been performed that would have stemmed the internal bleeding suffered by Mr. George.

> **The total time from the initial wound to arrival at hospital in Strathroy was some fifty to fifty-five minutes. The transportation to the hospital was not relevant to the ultimate outcome in that only basic life support ambulances would have been available in the area. The crews for such ambulances would not have had any beneficial treatment to offer a patient in the situation of Mr. George beyond rapid**

transport and first aid…Had there been advanced life support available at the scene, there would not likely have been a benefit to Mr. George.

Exhibit P-391 Coroner's Investigative Report, February 17, 2003 at p. 39

G. Post Shooting Events Involving Cecil Bernard George:

43. One of the injured that night was Cecil Bernard George, also known as "Slippery". He was moving down East Parkway Drive as the Crowd Management Unit (CMU) moved into the sandy parking lot. As they moved across the parking lot it caused Mr. George to move back into the park after initially trying to verbally dissuade the police from advancing further. After the CMU advanced across the sandy parking lot and engaged several of the occupiers at the fence line to the park they moved back across the parking lot to the other side away from the fence line. Occupiers continued to throw rocks and burning sticks. Mr. Cecil George picked up a pipe when the CMU came forward again. He recalled hearing the words "punch out", being struck repeatedly and realizing he was being arrested. He had some recollection of events afterward – being moved in a vehicle, hearing popping noises, being taken to another vehicle he believed was an ambulance and a lady there whom he told he wouldn't hurt her.

Evidence of Cecil Bernard George December 7, 2004 at pp. 41 –67

44. Mr. George had been taken by the arresting police officers to the MNR parking lot where he was turned over to Mr. Ted Slomer, a paramedic who had worked on a volunteer basis with the OPP TRU team. He conducted two assessments of Mr. George and determined that he warranted further assessment and treatment at hospital.

45. He turned Mr. George over the two Saint John Ambulance (SJA) volunteers who were there in attendance with a SJA vehicle. Ms. Karen Bakker-Stephens, a nursing student, agreed to transport Mr. George because they were asked to by the OPP paramedic and *"it was more a case of taking him to hospital to get him checked out. And he seemed to be pretty stable."*

Evidence of Karen Bakker-Stephens April 19, 2005 at p. 303

46. After her initial assessment Mr. George appeared to go in and out of consciousness enroute and at one point Ms. Bakker-Stephens reported that she was unable to momentarily find Mr. George's pulse:

Okay. The injuries that I note were: A deep two-(2) centimetre laceration to the upper lip, and the wound edges were not well approximated, meaning they weren't close together, and it was -- bleeding quite a bit; -- a laceration to the back of the head; blunt trauma to left forehead, that would have been some swelling there; abdominal pain, I couldn't find a specific area, it seemed to be the whole abdomen; pain with swelling to the right arm, above and below the elbow. And during transport he lost consciousness and I was having difficulty locating vital signs, due to this.

Evidence of Karen Bakker- Stephens April 19, 2005 at pp. 311-312

47. The vehicle operated by the SJA was not a unit licensed by the Ministry of Health to transport injured persons, however Mr. George did not require any medical intervention enroute. Further, there was no means within the vehicle to pre-alert the hospital of their attendance or Mr. George's condition.

48. At the SMGH when he was assessed he was found to be initially in a stuporous state. There were two presenting concerns due to the apparent blunt force injuries – that he might have a closed head injury with internal bleeding or that he had internal abdominal injuries. With respect to the former concern Mr. George became increasingly more alert during his time in the Emergency Department and he was admitted for monitoring for the latter. While the initial concern was that Mr. George might have life-threatening injuries due to his presenting condition, assessment and monitoring determined them not to be such. He did require sutures to treat his cut lip. He spent two days under observation in the hospital due to the numerous contusions and abrasions over his body. He had 28 identified blunt force injuries front and back, head to toe.

> **Evidence of Marlene Bergman May 9, 2005 at pp. 67-68**
> **Evidence of Dr Alison Marr April 26, 2005 at p. 44**
> **Evidence of Dr. Elizabeth Saettler, April 26, 2005 at pp. 312-317**
> **Evidence of Cecil Bernard George December 7, 2004 at pp. 91-92**

49. Subsequent to the events of September 6-7, 1995 it was reported that Mr. George's heart stopped temporarily after the beating he received. Although Mr. George received a significant beating during the arrest which resulted in a number of painful injuries requiring at least two weeks for the swelling and bruising to subside his heart did not cease, even momentarily. He was not treated for such an event. He was not informed that it was ever a concern and indeed, Dr. Alison Marr asserted such an occurrence without treatment (resuscitation) was not possible.

> Q: Now, based on your experience as an emergency physician and medical doctor, is it possible for a patient to very temporarily loose his pulse and respiratory functions and then regain same without medical intervention?
> **A: I would say it's not possible.**
> Q: And based on your treatment and assessment of Cecil Bernard George of that evening, or the early hours of September the 7th, do you have an opinion as to whether or not it was likely that he did very temporarily lose his pulse and respiratory function without -- and regain same without medical intervention?
> **A: I think it's very unlikely.**
>
> **Evidence of Dr. Alison Marr April 27, 2005 at p. 53**

50. The first to arrive in the sequence of the arrivals at the hospital that night, was Nicholas Cottrelle who arrived by ambulance, unit # 1146, that had been dispatched from the area of the main gate of the Army Camp. His admission record notes the arrival in the Emergency Department at 12:04 a.m. The next to arrive via the St. John Ambulance vehicle was Cecil Bernard George at approximately 12:06 –12:08 a.m. into the Emergency Department. The last was Dudley George at 12:08 a.m. based on the hospital records. As RN Derbyshire observed ***"they were basically one after the other".***

Evidence of Jacqueline Derbyshire May 9, 2005 at pp. 102-104, 114-116, 124-125
Exhibit P-356 SMGH ER record of Nicholas Cottrelle, September 7, 1995
Exhibit P-387 SMGH record of Cecil Bernard George, September 7, 1995
Exhibit P-388 SMGH record of Anthony George, September 7, 1995

51. The hospital was first advised on September 6 just before 11:00 p.m. by ambulance dispatch that ambulances had been directed to the Ipperwash area. However, it was not until 11:40 p.m. that another call was made to the hospital to advise that two persons with gunshot wounds would be arriving, one by ambulance and the other possibly by car. The timing of the alerts to the hospital provided little opportunity to prepare in advance.

Evidence of Jacqueline Derbyshire May 9, 2005 at pp 89-93
Evidence of Marlene Bergman May 9, 2005 at p. 61
Evidence of Dr. Alison Marr April 26, 2005 at pp. 17-22
Evidence of Dr. Elizabeth Saettler, April 26, 2005 at p. 334

H. Post Shooting Events Involving Nicholas Cottrelle:

52. In response to the arrest and "beating" of Cecil Bernard George during the confrontation between the police and the occupiers in the sandy parking lot, Nicholas Cottrelle, a 16-year-old youth drove a yellow school bus out of the park towards the line of police in a rescue attempt. Leland George, a 14-year-old youth and his dog also occupied the bus.

Evidence of Nicholas Cottrelle January 18, 2005 at p. 120

53. He drove the bus up East Parkway Drive towards a police van in the direction he saw the police dragging Cecil Bernard George. When he stopped at the van he was unable to see Mr. George but saw the police who had to take evasive action into the ditches and bushes.

54. As he reversed the bus back toward the park entrance he heard one of the bus windows shatter and gunfire. He felt a burning on his back

Evidence of Nicholas Cottrelle January 18, 2005 at pp. 128-129

55. After he got the bus back into the park and exited it his father, Roderick Abraham George, by the light of the park store saw blood on the back of his son's shirt. On lifting it up he saw a "hole big enough to put my finger in". He was afraid that it was a bullet wound. As he rushed his son into his car to drive him up to the build up area of the Army Camp, believing it a more likely place to get his son an ambulance at that time, he called to someone to call for an ambulance to be directed there. A call was recorded from the park address, 9780 Army Camp Rd. at 11:12 p.m. requesting ambulances for two people who had been shot.

Evidence of Roderick Abraham George, November 23, 2004 at pp. 203-204
Affidavit of Gerry W. King dated November 8, 2005 re: communication time entries

56. At the main gate area of the Army Camp Roderick told his wife that she had to go out to get the police positioned outside to call for an ambulance. She was advised that they would do so but that she would have to bring her son outside to the highway because the ambulance would not go inside. At 11: 20 p.m. a call came from the police requesting two ambulances to the main gate area. When the ambulances, units #1145 and 1146, arrived Gina and her sister-in-law Tina George drove Nicholas out to the ramp area of the highway. After the police secured the scene with weapons drawn the ambulance attendances were permitted to approach the vehicle to remove Nicholas to one of the waiting ambulances. He was then taken from there to the Strathroy hospital by ambulance unit # 1146.

Evidence of Gina George January 31, 2005 at pp. 95-115
Affidavit of Gerry W. King dated November 8, 2005 re: communication time entries

57. He was assessed to have normal vital signs and he was conscious and alert throughout the journey to the hospital.

Exhibit P-375 Ambulance Call report re: Nicholas Cottrelle

58. He arrived in the Emergency department at approximately 12:04 a.m. where Dr. Alison Marr assessed him. He was found to be alert and fully oriented, haemodymanically stable and his vital signs within normal limits. Although he was stable, there being no evidence of internal bleeding or respiratory distress, because it was reported as a possible gunshot wound an intravenous was ordered in the event he did become unstable. Also x-rays were ordered to assess whether there was a bullet lodged internally. It was ultimately found to be a shard of glass from the shattered bus window. He was discharged that day and later treated by his family physician, who removed the piece of glass.

Evidence of Dr. Alison Marr April 27, 2005 at pp. 38-41
Exhibit P-356 SMGH ER record of Nicholas Cottrelle dated September 7, 1995
Evidence of Nicholas Cottrelle January 18, 2005 at p. 262 and pp. 295-296

I. Pre-planning for Emergency Medical Services by the OPP:

59. In anticipation of the occupation of the Ipperwash Provincial Park by the Stoney Point occupiers of the Army Camp the OPP prepared a coordinated operational plan referred to as "Project Maple" outlining the objective to "contain and negotiate a peaceful resolution", but also recognizing that there was a "potential for violence". In a planning meeting held on September 1, 1995 at the No. 2 District Headquarters of the OPP in London, a report of the meeting of command officers noted:

There is potential for violence. In the event shots are fired, the area will have to be secured. This area could grow in no time. This is the worse case scenario. Concerns should be raised now, not after the fact in the event of an inquest.

Exhibit P-421 September 1, 1995 9:00 a.m. OPP meeting, No. 2 DHQ
Exhibit P-424 Project Maple Notes

60. In both the project notes and the meeting report the only reference to medical services was that ambulance services would be required in the former and local services should be put on alert in the latter. As the incident commander, John Carson explained that in the instance of violence and injury the emergency medical response was "implicit" in the plan:

> **A: Well, they're implicit in -- in the role that we play. I would suggest that our officers, first of all, all have basic first aid training and there's certainly first aid kits readily available to all officers in every vehicle that we own. Also, the tactical team has a -- a medic who accompanies the team. So when you see some of the discussion in this report, what you see is some discussion about evacuating officers and concern about officers. I think I used the term 'being boxed in' at one (1) point. Not only boxed in the Park but there's some discussion here at some point about the Matheson Drive and the fence that's required -- or the fence that's there and -- and the position our officers would be. So the -- if we came under fire what we'd have to do is provide the resources, such as TRU, in order to extract an injured member and then evacuate him by ambulance.**
>
> **Evidence of John Carson June 2, 2005 at pp. 169-170**

61. In terms of emergency medical response capabilities the OPP TRU team operated with a volunteer RN (paramedic) named Ted Slomer, trained as a tactical paramedic, who had worked with them on prior occasions. He could provide in-field triage, immediate life support and arrange for the evacuation of casualties. As he and Inspector Carson noted, his primary responsibility was to provide assistance to police within the perimeter of a dangerous operational area:

> **A: Well my primary duty would be to -- because I was trained and familiar with TRU operations that would allow me to work within the -- the danger area of the perimeter, which regular EMS would not be able to work in because they didn't have the training or the equipment. The primary concern is that you might have a patient, not necessarily a police officer but a -- as well a bystander or someone identified as a perpetrator, that might go down in that environment as a casualty or an injured person. Since regular EMS couldn't -- or can't work in there, there would be a delay in accessing EMS because of the safety concerns. So that's how a -- or where a tactical medic works. The other difference is -- between tactical EMS and civilian EMS is the -- basically, I'm working with the police to support their operation, and that's the overriding concern, is the operation of the police operation. That's unlike regular civilian EMS where the overriding concern is care of the patient. So if there was a bit of a conflict, it would be -- the police concern would override.**
>
> **Evidence of Edward (Ted) Slomer May 26, 2006 at p. 189**

62. There was no advance notice of the operation to the local area hospitals. Both the ambulance service and the local hospitals in Sarnia and Strathroy effectively received notification on the evening of September 6, 1995 of an operational situation developing at the Ipperwash Park such that there might be casualties. A request was made of the ambulance service to have an ambulance on stand by at 8:55 p.m. The ambulance service was asked at 10:37 p.m. to canvass physician availability at the Sarnia hospital. At 10: 48 p.m. and 10:55 p.m. the Strathroy and Sarnia hospitals respectively were advised as to the

possibility of casualties. The medical staff at the SMGH received information that there were expected casualties enroute just minutes prior to their arrival.

> **Evidence of Dr. Alison Marr April 27, 2005 at pp. 16-17**
> **Evidence of Geoffrey Connors April 20, 2005 at pp. 257-258**
> **Affidavit of Gerry W. King dated November 8, 2005 re: communication time entries**
> **Evidence of Jacqueline Derbyshire May 9, 2005 at pp. 89-93**

63. There had been a contingency plan for the availability of ambulance services developed for the area in the event of an emergency and the occupation of the park; however, it was not made available to the operational staff of the ambulance service. The supervisor of the ambulance communication centre, Geoffrey Connors testified that he was never advised of the "contingency plan" requirements:

> Q: Were you given any briefing about the possible need by the OPP to have special arrangements for ambulance services and emergency response generally, to Ipperwash Park or that area that evening?
> **A: No, I was not notified prior.**
> Q: Okay. And just to confirm, the contingency plan of which you spoke of, that was not implemented as far as you know, when you started your shift on that evening?
> **A: That's correct. Had it been -- had it been as -- for lack of a better term, scheduled, we certainly have been made aware.**
> Q: Right, because you're the ones who's -- who are actually dispatching -- dealing with the police that night.
> **A: Exactly.**

The briefing given to the communications/dispatch supervisor by the O.P.P. that night was of a very general nature that did not initiate the need for increased resources:

> **A: It was just very general. If -- if they had an indication what was going to take place that night, they certainly didn't let us know about it or we weren't made aware of it prior to commencement of our shift.**
>
> **Evidence of Geoffrey Connors April 20, 2005 at pp. 253-254**

64. In terms of the difference advance notice would have provided, Geoffrey Connors testified that at least in the instance of Cecil Bernard George's situation they would have been able to have a unit at the MNR parking lot after the other units (1145 and 1146) were directed to the main gate of the Army Camp, rather than his having to be transported by an ill-equipped St. John Ambulance vehicle:

> Q: On September the 6th. Now, would you have had any Ministry of Health ambulance units on site or near that location which could have responded in a timely manner to transport Mr. George from the MNR parking lot in or around that time period?
> **A: Yes, we would have had at least one (1) and most likely two (2).**
>
> **Evidence of Geoffrey Connors April 21, 2005 at p. 110**

65. In August 1995 Inspector John Carson met with Mr. Peter Harding, Superintendent of the St. John Ambulance Corp in London to arrange for the availability of the SJA's Emergency Support Services communication trailer to service as a communication centre

during the Ipperwash operation. The SJA had made this equipment available for police and other emergency service responders for search and rescue operations in situations of large natural disasters, large accidents and train derailments. This was the first time it was made available for an occupation where there was a potential for confrontation and violence. The communications trailer and its tender vehicle were delivered to the Forest detachment of the O.P.P. on September 5, 1995. It was subsequently delivered to the MNR parking lot and served as the Tactical Operation Centre (TOC) for the O.P.P. The vehicles bore St. John Ambulance signage. On the evening of September 6, 1995 two volunteers, using another SJA vehicle, a "medic unit", were assigned to provide tendering services to the communication unit – a task which required ensuring that it continued to be properly supported to continue operating. As Superintendent Harding stated:

> Q: And in terms of personnel, you've indicated that there was someone to drive that vehicle, obviously?
> **A: Yes, we had asked that two (2) personnel go with that vehicle just to help, if they had to take off the generator or anything like that type of thing. It was sometimes a little heavy for one person. And at that time we had not anticipated any problem whatsoever and there was -- we manned that unit after a couple of shift changes -- or one (1) shift change anyway, I believe, with personnel that were fairly new.**
> Q: Okay. And do you know who those were?
> **A: Karen Baker was one of the young ladies, was a nursing student and the other chap was --**
> Q: Mr. Morgan, perhaps?
> **A: Glenn Morgan, yes.**
> Q: Okay.
> **A: And they were fairly recent people to St. John Ambulance, without -- hadn't been involved in too much of, large instances**.
>
> **Evidence of Peter Harding April 18, at p. 192**

66. Both the Incident Commander, Inspector John Carson and the TRU team volunteer paramedic Ted Slomer were under the impression that the SJA personnel in attendance were EMS capable of transporting patients:

> Q: Did you consider the St. John's Ambulance vehicle to be part of the civilian EMS services for that night?
> **A: Yes, I did. And in my discussion with the two (2) attendants with that vehicle, we talked about -- with the Ministry people, although I had trained with, I believe, 3 out of the 4, if not all of the Ministry people, because I'd actually been a part time -- it was in a part time training with the Ministry for a while, so I was more familiar with -- with their capabilities. But my understanding, when I talked to St. John, the St. John people, was that although I wouldn't hold them to the same standard because they weren't professional, they were volunteer like I was, I was given the understanding that they were there and they were capable of transporting patients.**

Had she indicated to him that she was a student nurse it would have been a "red flag":

> Q: Okay. What was the basis of your -- your understanding, your impressions?
> **A: My understanding was that she identified herself to me as a nurse. I found out subsequently that that was not the case, however, on that evening in our conversation I only heard the word 'nurse'.**
> Q: All right.

A: She, at numerous times including during the patient -- when I asked her if she was capable of transporting a patient, she gave no indication to me that (a) she hadn't done that before, (b) that that actually wasn't why she was there in the first place. That was -- I found out subsequently that she wasn't a nurse, that wasn't her primary function there, but she gave me no indication at the time. But I gave her several chances to identify if she didn't feel comfortable or if she wasn't supposed to do that.
Q: All right.
A: In fact I believe even in our first discussion I said, if we needed to transport a patient would you feel comfortable doing that, and the answer to that was yes.

Evidence of Edward (Ted) Slomer May 26, 2006 at p. 225 and at p. 235

Q: You made arrangements to have a St. John's ambulance in place?
A: Well they -- they provided a St. John's ambulance -- the -- the vehicle St. John's provided wasn't a full ambulance capability. Although I was under the impression it was.

Evidence of John Carson June 2, 2005 at p. 159

67. It was of some surprise to the ambulance service communications that SJA was incorporated into the EMS response. They had no knowledge of their presence or involvement and no ability to communicate with them. They were considered ill-suited to be involved in such a matter as EMS responders:

A: St. John's is basically -- well, a basic first aid mobile command post, if you want to say that is generally used at a -- as a setting for cuts and scrapes and bruises at a -- maybe a -- a fairground type atmosphere. In something like this environment, we were very surprised to learn that they were even there. I think I heard days later that they were there, but we had no idea why they would even be included in a venture as this type.

Evidence of Geoffrey Connors April 21, 2005 at p. 109

68. The morning after the shooting, September 7, 1995, the remaining police officers in the MNR parking lot and at the TOC abandoned the area and the remaining equipment, when supporters and occupiers marched down East Parkway Drive. The equipment left behind included the SJA marked vehicles and trailer that had been used as the TOC. Several of the supporters and occupiers out of anger and frustration due to the use of the SJA equipment by the O.P.P. attacked and damaged the equipment.

A: I was just venting my frustration and anger.
Q: What -- was it the fact that it was labelled St. John's Ambulance, did that have any particular effect on you?
A: Well, yeah, because St. John's Ambulance, they wouldn't help -- come to help Dudley or anybody else that night. It was their Goddamn ambulance, they wouldn't let us use it. And it wasn't -- that one that was there wasn't even an ambulance, there is no life-saving equipment in there.

Abraham David George October 21, 2004 at p. 83

69. As a consequence of the attack on the equipment, the damages to the SJA was approximately $26,000 and a loss of reputation among First Nation people:

> Q: If I refer you to Tab 13, it was an interview that you had provided to Detective Armstrong on January 2nd of 2003, Inquiry Document 500170, at pages 16 to 18, you indicate sir that some twenty-six thousand dollars ($26,000) worth of equipment was lost?
> **A: The total yes. The total that was submitted to -- was asked for by the Ontario Provincial Police and submitted to them was for that amount, yes.**
>
> **Evidence of Peter Harding April 18, 2005 at p. 215**

70. In the view of the SJA Superintendent, having been associated as part of the O.P.P. operation, the SJA continued to bear negative consequences after the fact:

> Q: And, did it seem to you, sir, from that indication that there was an equating of the services or, at least, the provision of this equipment by St. John's Ambulance to the OPP with, in fact, the OPP operation?
> **A: Yes. Yes, very much so. It...**
> Q: All right.
> **A: And we have suffered over that for the last X number of years, so they had -- someone from this community has made it a point to have that happen.**
> Q: And part of your purpose here today, sir, is to speak to that.
> **A: True. We -- our headquarters is situated in the City of London and many of the** community **around us are Aboriginal people that live in that area. Our equipment was burnt on two (2) occasions, considerable damage to -- in fact the unit was repaired by Fanshawe (College) and put back on the road. It was completely destroyed again, completely burned out and one (1) of the trailers beside it, another quite a few thousand dollars was -- happened……**
> **A: I was very surprised at what had happened, but given the circumstances, I could see -- I could see their frustration.**
>
> **Evidence of Peter Harding April 18, 2005 at pp. 218-220**

J. Recommendations:

The recommendations of the Chief Coroner shall focus exclusively on the issues identified above with respect to the planning for emergency medical services in advance of the occupation of the Ipperwash Provincial Park and the emergency medical response following the shooting of Dudley George and injury to others (Cecil Bernard George and Nicholas Cottrelle) arising from the confrontation between the police and occupiers during the evening of September 6, 1995. While many of the issues reflected in the recommendations did not contribute to or exacerbate the consequences of the violence occasioned in these circumstances, the recommendations are meant as suggestions as to how improvements may be made to the emergency medical response that would assist in avoiding death in similar circumstances in the future.

1. *It is recommended that police services that have Emergency Response Team (ERT), Crowd Management Unit (CMU), and/or Tactical Rescue Unit (TRU) capabilities should incorporate a Tactical Emergency Medical Support (TEMS) component with qualified personnel trained as part of the operational response whenever these specialized policing units are deployed.*

As observed in the research paper prepared by Drs. Michael J. Feldman, Brian Schwartz, and Laurie Morrison, for the Commission, entitled *Effectiveness of Tactical Emergency Medical Support: A Systematic Review,* any event that involves public order policing has the potential for confrontation and use of force. Planning for availability and access to emergency medical services (EMS) is essential to minimize and mitigate the effects of any resultant injuries to civilians and law enforcement officers.

Tactical law enforcement operations are recognized as posing an increased risk of injury or death to civilians and officers. As many as one third of tactical operations and tactical operations training missions result in injuries, with a disproportionately high number of injuries in barricade or hostage-rescue missions, and during the entry assault phase of a tactical operation.

While the configuration of the TEMS capacity may vary from police service to service due to the locales and populations being policed, (urban/rural or mixed, geographically concentrated or expansive), what is essential is that there be the capability. It has been well understood from military experience with the availability of in-theatre medical care there has been a dramatic decrease in deaths from injuries sustained on the battlefield. Tactical emergency medical support modeled on the military system should comprise part of every civilian tactical law enforcement unit.

2. *It is recommended that the TEMS component of a police service be a full-time feature to permit ongoing training with the emergency and tactical response units, coordination with civilian emergency medical services (EMS), hospitals and other health care providers whose services may be required in the event of injuries to officers or civilians.*

Deputy Commissioner John Carson described the state of TEMS within the OPP in 1995 and 2005:

> In 1995 **A: What you'll find, it's -- it -- it -- has developed over time, but Mr. Slomer has responded with a tactical team for a number of years and he had been by this particular time in '95. It wasn't a mandatory part of the program, it is something that developed over time. He -- he started out as a volunteer assisting and our other two (2) tactical teams in Barrie and also in Belleville. The Belleville team has an individual, actually, who's a doctor, who will go with the team if at all possible. And whenever they are available they do go, but, unfortunately, because of the nature of the fact that they have other jobs, sometimes that's logistically impossible. But whenever they are available, they do - they do move with the team.**
>
> In 2005 **A: The same individuals, Ted Slomer and the doctor we have out of Bracebridge, still respond with our teams. But as was the case in 1995, they still have occupations to look after as well so again, it's on as available basis…. Quite frankly, there is no ability to hire paramedics to be a member of the team. That simply has not been a financial viability at this point in time. We certainly would like to be able to do that, quite frankly, but that's not possible.**
>
> **Evidence of John Carson June 2, 2005 at pp. 169-170 and p. 174**

The volunteer paramedic associated with the OPP TRU, Acting/Cst. Ted Slomer, described need for resources and the benefit of having a full-time TEMS capacity in his recommendation to the Commission:

> **The first recommendation is that there be an increase in funding to allow a medic to accompany TRU team on a full time basis. Because of the large geographic Provincial area TRU operates within and the logistical constraints supposes -- or imposes on such a wide range in area.**
>
> **A full time medic would be able to provide a consistent availability of emergent medical resources and expertise to support both operations and training. And that would benefit both the police and the general public. Sometimes we go to very remote areas and I believe that individuals such as myself, properly trained and knowledgeable, can provide a higher level of -- of care. Such a full time individual would also provide liaison with local emergency medical services, emergency rooms, hospitals and clinics. This would allow for both operational medical plans and their integration with identified local resources.**
>
> **Evidence of Edward (Ted) Slomer May 26, 2006 at pp. 334-335**

3. *It is recommended that police services have representation on local community emergency planning initiatives as well as with local area hospitals to have a fulsome understanding of medical services capabilities and contacts to provide timely alerts and coordination of appropriate medical services in times of emergent situations.*

In the instant circumstances, while there was apparently a "contingency plan" developed with the area ambulance service providers to respond to the occupation, it was not made known to the operational staff of the ambulance service or local hospital staff. In terms of the assistance an advance alert would have made to the ambulance service, evidence was heard from the communications supervisor Mr. Geoffrey Connors:

> **A: ….If -- if they had an indication what was going to take place that night, they certainly didn't let us know about it or we weren't made aware of it prior to commencement of our shift.**
> Q: Okay. And would you have done things differently, again, had you had further details about the particular nature of what was going to transpire?
> **A: Definitely. We would have had more staff called in to our centre as well as we -- we would have ensured -- you can recall at one point, I was phoning around trying to find additional crew members which -- and that takes a very -- that -- and that takes time from the -- the important business that basically was -- was let go for the time being. We would have called people in earlier or else had them definitely standing by at their home so we wouldn't have to go through a roster and try and find somebody that was willing or able to attend.**
> Q: And, that's with respect to the ambulance attendants you're speaking of?
> **A: Yes.**
> Q: All right. Now, would it have been helpful for you, if you can comment on this, to have known the details of the contingency plan that hat apparently been developed prior to September the 6th?
> **A: It would have been a -- a great help to know what -- what they had intended on doing or what their mandate was.**
>
> **Evidence of Geoffrey Connors April 21, 2005 at pp. 111-112**

Evidence of Jacqueline Derbyshire May 9, 2005 at p. 89

Further, notification did not include the local area hospitals. The first alert to the SMGH about the police operational response was within an hour and a half of casualties arriving. There was no alert to the major trauma centre in London where advanced trauma care could be provided if the seriously injured required transfer. As observed by the general surgeon who happened to be in the SMGH that night:

> **I think that the only prospect of resuscitating patients with injuries of this sort is to transport them quickly and directly to a hospital which has a reasonable capability for vascular surgery or thoracic surgery and that Strathroy Hospital was not equipped to deal with an injury of this nature, even if we had received this patient in a timely fashion.**
>
> **Evidence of Dr. Elizabeth Saettler April 26, 2005 at p. 335**

In addition, the ambulance service provider was not aware of the presence of St. John Ambulance (SJA) personnel in the operational area or that they became involved in the transport of an injured person. Even if they had there was no means of communicating with the SJA volunteers or for them to communicate with the hospital. Further, the TRU team paramedic and the incident commander were not aware of their limited capabilities.

The problems encountered due to lack of staffing, access to appropriate medical services, and communications can be minimized with advance planning, coordination, and notification by informed representatives of the police service to the EMS, hospitals and other health care services.

See also Exhibit P-614 "Emergency Preparedness in the OPP", Working Group Report April 15, 1996 recommendation no. 9 as a basis for ongoing planning and incorporation of EMS and other health care services in response to crisis:

> **9. Detachment commanders be directed to ensure the OPP is well represented as active participants in local community planning initiatives. OPP detachment commanders should ensure input and involvement in the development of municipal/community emergency plans to promote police and community understanding of each others roles during crises.**

4. *It is recommended that there should be greater availability through local EMS services of paramedics with advanced life support (ALS) capabilities.*

Drs. Alison Marr and Andrew McCallum both recommended the availability of ALS paramedics. As Dr. Andrew McCallum stated:

> **A: My second recommendation is that it probably, despite my testimony regarding the lack of clear benefit of having advanced life support interventions, it would be useful to have that available because, for example, airway interventions early on, opening the airway providing effective ventilation to the patient, effective respirations, are associated with better neurologic outcomes. And furthermore, as --**

and I think I gave a rationale for this in earlier testimony, starting an intravenous earlier, even though it's not clearly beneficial, at least provides a conduit for the later installation of IV fluids.

Evidence of Dr. Andrew McCallum May 10, 2005 at p. 80
Evidence of Dr. Alison Marr April 27, 2005 at p. 152

Any patient with suspected internal bleeding, such as Mr. Cecil Bernard George, could have been provided as part of his pre-hospital care an IV to support his condition from deteriorating.

5. *It is recommended that there be an improved communication link and coordination between police services engaged in responding to public order events or major incidents with pre-hospital care providers (EMS) to ensure rapid land or air evacuation of injured to health care centres that have appropriate services to treat life-threatening trauma.*

Drs. Elizabeth Saettler and Andrew McCallum made the following observations:

Q: Now, Dr. McCallum, part of the mandate of the Commission is to make recommendations aimed at ensuring such casualties as Dr. -- as Mr. Dudley George, do not happen in the future; based on your expert review of the delivery of emergency medical services to Dudley George, do you have any recommendations, which might assist the Commission?
A: I have -- I do.
Q: Could you advise us?
A: Certainly. The first is that this -- the events that are being examined here occurred nearly ten (10) years ago. And the importance of transport has been emphasized I think in -- in my testimony this morning, transport time or minimizing transport time. And therefore one recommendation I would make is that the -- there be a better link with pre- hospital care providers and in particular air ambulance providers, because since the time of Mr. George's death, the air ambulance system in Ontario has evolved significantly. There are now I'm told, some fourteen (14) air ambulances available. At that time there was one (1). And furthermore, these air ambulances are capable of doing what are scene calls. In other words landing near the -- the scene of an injury, picking up the person, en route providing advance life support and taking them directly to a trauma centre. And that is something that has been shown in several studies to be beneficial -- beneficial intervention. So, that's one (1) recommendation I would make.

Evidence of Dr. Andrew McCallum May 10, 2005 at pp. 77-78

Q: Is there anything that you could provide by way of comment of opinion that might assist the Commissioner in coming to those recommendations, given your experience of the day, given your observations and your involvement in this, Dr. Saettler?
A: It's my opinion that if the police were aware of the level of force and -- that was likely to occur and anticipated injuries of this nature from -- from high-powered weapons, that better arrangements for medical care could have been made. And, to my mind, that would include a higher level of paramedic assistance at the site, the ability to start IV's, intubate onsite or during transport, the ability to do CPR and possibly defibrillate en route. And I don't think it was -- I think that the only prospect of resuscitating patients with injuries of this sort is to transport them quickly and directly to a hospital which has a reasonable capability for vascular

surgery or thoracic surgery and that Strathroy Hospital was not equipped to deal with an injury of this nature, even if we had received this patient in a timely fashion.

Evidence of Dr. Elizabeth Saettler April 26, 2005 at pp. 334-335

6. *There is a need in training and educational programs for police, EMS personnel and hospital staff to improve communications between police involved in major incidents and hospital staff with respect to information known about the incident and the injured person.*

In this instance hospital staff were not permitted access to the relatives who transported Dudley George to the hospital. Both Drs. Alison Marr and Andrew McCallum made the following observations:

A: The situation was quite strained and quite different from what one normally encounters. I think that when I look back at the interactions, it's -- and you've highlighted a couple of times, it's -- it's remarkable, perhaps, that I didn't have any formal interaction with any of the relatives or accompanying friends or important people of the injured, either Dudley George or the other two. And I think that was because of the nature of the busyness of the evening, and other people took those roles. Normally, though, as the attending physician, you would have some interaction with family members and attend to their needs and give them some communication around the health and welfare of the injured parties and I don't recall having any involvement in that regard.
Q: Okay. And you've indicated the reason for that was because of the -- the busyness of attending to the three (3) patients in the sequence and events --
A: And also I think the access to the patient -- to the other parties and that the police were controlling movement around the department.

Evidence of Dr. Alison Marr April 27, 2005 at p. 15

Based on the information that I received, and on review of the transcripts of Dr. Marr and Saettler I gather that there wasn't clear communication between the officers who were involved in the incident and the -- and the hospital staff. And that's something I believe should be emphasized for any future incident, that it's important that the -- that the personnel at the scene or -- and that would include the relatives who came with Mr. George, be allowed to or -- and in fact encouraged to give their information to the hospital staff so it's clear what happened, when. Now, that's quite important, and it's one (1) of the things I stress when I used -- I did stress when I was teaching residents and -- and -- and paramedics is that that communication can be missed and it's -- can give -- there can be very valuable information relayed. So, that's something that's – that should be emphasized to police and to paramedics, and to hospital staff. And -- and to family members who accompany a person.

Evidence of Dr. Andrew McCallum May 10, 2005 at pp. 81-82

K. Other Observations Arising from the Circumstances:

7. The police should not make use of St. John Ambulance equipment and vehicles when responding to major incidents where confrontation and violence may occur.

In this instance the police, having made use of SJA vehicles as a tactical operation centre bearing SJA insignia, but not serving as an "ambulance", caused its equipment to be damaged and caused harm to the SJA reputation among the First Nation community. There was a perceived misuse and denial by the police of a potential life saving service in the aftermath of the confrontation between the police and the occupiers.

Evidence of Peter Harding April 18, 2005 at pp. 218-220
Abraham David George October 21, 2004 at p. 83

8. *There is a need for provincial and/or federal authorities responsible for First Nation affairs to provide timely access to counselling services for those who experience debilitating emotional and psychological consequences from exposure to or involvement in violent and traumatic events involving police actions.*

The Commission heard from a number of witnesses who were significantly traumatized by the events of September 6-7, 1995 that have had a continuing impact on their ability to function free of fear and mistrust of police authorities.

Three youths were directly involved that night. Nicholas Cottrelle, age 16, who drove the bus because he saw Cecil George being "beaten", was wounded by shattered glass from gunfire. Leland Bradley George, age 14 was on the bus with his dog when gunfire erupted. J.T. Cousins, age 14 was the youth who remained with his cousin Dudley, trying to comfort him during the horrendous journey that night from the Ipperwash Park to the SMGH, where he was arrested and taken into custody. All testified at the inquiry about their inability to return to school, and to trust police or the larger community beyond the Stoney Point community (Aazhoodena) in the former Army Camp.

A: I felt unwanted and like, I don't know, like I was -- like somebody was after me, like the cops or something. I felt unsafe, and like, people were racist towards me and, yeah, that's about it.

Evidence of Leland Bradley George January 10, 2005 at pp. 97-98

All three youth, now young men in their twenties, have testified about still bearing the psychological consequences of the trauma.

A: My cousin recently mentioned to me it seems like I'm suffering from anxiety. Like, I feel like I've always got to do something or be on the go. I, like, -- I'm like always constantly looking over my back or something.

Evidence of Leland Bradley George January 10, 2005 at p.103

J.T Cousins still experiences the nightmares from that night where he sees the hospital staff being kept from going to help Dudley George because the police had put a chain and padlock on the Emergency Department door.

Q: I understand that, from our conversations, that you've had nightmares since that night.
A: Yes, ma'am.

Q: Okay. And do you see that lock and chain in your nightmares?
A: Yes, I do. And I still see – I still remember them -- all them people from the hospital just standing there, like, standing there in shock and stuff, like they're all standing around wanting to help but they can't. They're locked behind a door.
Q: Okay. How often would you say you have these nightmares?
A: They occur to me more the -- since I've been made to talk about this. It was like, I normally dream about it, and like that but like since I have to come out to talk about this more and it bugs me. Like, I've never hardly talked about this to nobody.

Evidence of John Thomas (JT) Cousins January 12, 2005 at pp. 77-78

Carolyn George, who was in the car transporting her dying brother to the hospital and arrested that night, testified that it has caused her to be fearful of leaving the confines of the Army Camp and preventing her from returning to work.

Q: ….Has there been additional affects upon you in terms of your -- your own relations and your ability to function in your community?
A: A great deal. I don't really feel safe a lot of times, unless I'm at home at Stoney Point or within the boundaries of Stoney Point. Even if I go to, you know, like my daughter's place. Like, I was already saying that I'd go there for a barbecue, then the police would be riding up and down the road and I was even very afraid to drive down the road myself. I have told people before that, like, if I was by myself I -- I was not stopping in my car for any police, I was just going to drive right until I got to Stoney Point until I knew there was somebody there.

Evidence of Carolyn George February 7, 2005 at p. 55

While psychological counselling services were provided in the aftermath of the September 6, 1995 shooting of Dudley George to the Kettle and Stoney Point community it was only available at the Kettle Point reserve and not at the former Army Camp (Aazhoodena).

Q: …While counselling was offered through Kettle Point, did -- you didn't -- you didn't access it or it wasn't -- was it not available to you or just -- you chose not to?
A: I didn't really feel safe going over there a lot of times. There was a lot of people in Kettle Point who were quite unfriendly towards us at Stoney Point. I have talked to Native counsellors in recent years but in the beginning there, no. I was too afraid to go places. And like -- like the -- the police over at Kettle Point. It was like they're always watching out for me to, you know, like I said if I went to my daughter's place, they would be right there. And I just didn't have -- any trust in them and I just didn't feel safe to go anywhere where they would know where I'm at and they would be right there to -- be -- just, like, harass me.

Evidence of Carolyn George February 7, 2005 at pp. 56-57

L. Summary of Findings Requested and Recommendations Submitted by the Chief Coroner:

The Chief Coroner requests that the Commission make the following findings in order to fulfill his overlapping mandate pursuant to s. 31 (1) of the Coroners Act:

a) identity of the deceased: **Anthony O'Brien (Dudley) George**
b) when the death occurred: **Death was pronounced at 12:20 a.m. on September 7, 1995, at the Strathroy Middlesex General Hospital, however he appears to have become vital signs absent at least 20 to 30 minutes prior to his arrival at the Hospital at approximately 12:00 a.m.**
c) where the death occurred: **Strathroy Middlesex General Hospital.**
d) how the death occurred, that is the cause of death: **Gunshot wound of the upper chest** and
e) by what means the death occurred, that is the manner of death: **Homicide**.

The Chief Coroner requests consideration of the following recommendations directed to the avoidance of deaths in similar circumstances and other matters arising from the inquiry by the Commission:

1. *It is recommended that police services that have Emergency Response Team (ERT), Crowd Management Unit (CMU), and/or Tactical Rescue Unit (TRU) capabilities should incorporate a Tactical Emergency Medical Support (TEMS) component with qualified personnel trained as part of the operational response whenever these specialized policing units are deployed.*

2. *It is recommended that the TEMS component of a police service be a full-time feature to permit ongoing training with the emergency and tactical response units, coordination with civilian emergency medical services (EMS), hospitals and other health care providers whose services may be required in the event of injuries to officers or civilians.*

3. *It is recommended that police services have representation on local community emergency planning initiatives as well as with local area hospitals to have a fulsome understanding of medical services capabilities and contacts to provide timely alerts and coordination of appropriate medical services in times of emergent situations.*

4. *It is recommended that there should be greater availability through local EMS services of paramedics with advanced life support (ALS) capabilities.*

5. *It is recommended that there be an improved communication link and coordination between police services engaged in responding to public order events or major incidents with pre-hospital care providers (EMS) to ensure rapid land or air evacuation of injured to health care centres that have appropriate services to treat life-threatening trauma.*

6. *There is a need in training and educational programs for police, EMS personnel and hospital staff to improve communications between police involved in major incidents and hospital staff with respect to information known about the incident and the injured person.*

7. *The police should not make use of St. John Ambulance equipment and vehicles when responding to major incidents where confrontation and violence may occur.*

8. *There is a need for provincial and/or federal authorities responsible for First Nation affairs to provide timely access to counselling services for those who experience debilitating emotional and psychological consequences from exposure to or involvement in violent and traumatic events involving police actions.*

All of which is respectfully submitted:

Alfred J.C. O'Marra
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Province of Ontario