

1 Vancouver, BC

2 November 16, 2007

3 (PROCEEDINGS CONVENED AT 10:14 A.M.)

4 THE REGISTRAR: Order. All rise.

5 THE COMMISSIONER: Yes, Mr. Martland.

6 MR. MARTLAND: Mr. Commissioner, Mr. Crossin is looking to
7 address the commission.

8 MR. CROSSIN: If I might just have a moment, Mr. Commissioner.
9 As you know from last day, I have been retained
10 only recently by Constable Instant, in fact, last
11 Wednesday, and I have had the opportunity to meet
12 with Constable Instant. I received some
13 disclosure, and while of course I'm a bit
14 concerned that the timing of my retainer is a
15 little unusual in terms of going forward, I
16 listened to the opening remarks and I've had some
17 discussions with Mr. Cowper. I appreciate that
18 this is a public inquiry and how important it is
19 from the point of view of process and the public
20 and the Paul family, so I'm not going to be
21 seeking any adjournment or anything like that. I
22 think it is important that the matters proceed,
23 keeping in mind the overall objective is to be
24 consistent with what a public inquiry is about.

25 I've had some discussions with my learned

1 friends and I thank my learned friends for
2 agreeing that Constable Instant, who was
3 originally scheduled in this two-week block, will
4 now be put over to the next timeframe to give me
5 an opportunity to more fully get instructed and
6 speak to him.

7 Now, I'm not in a position to deal with some
8 of these witnesses and I'm going to do the best I
9 can, but I think overall and overarching it's
10 important that this inquiry proceed and I just
11 wanted to your let your lordship know.

12 THE COMMISSIONER: Thank you, Mr. Crossin. I appreciate the
13 position you're taking because we do want to get
14 on with this. It's been a long time coming and
15 there are a great many people, as you can see,
16 who are involved, and delay works a detriment on
17 all, so thank you for your understanding.

18 MR. CROSSIN: You're welcome.

19 MR. MARTLAND: Mr. Commissioner, by way of further preliminary
20 matters, Catherine Wong is an articling student
21 with the BC Civil Liberties Association, one of
22 the participants, and I'm simply introducing her
23 and she's asked to be seated at counsel table for
24 parts of these proceedings.

25 THE COMMISSIONER: Certainly.

1 MR. MARTLAND: Mr. Tammen is here and I'll perhaps leave him
2 to introduce himself.

3 MR. TAMMEN: Mr. Commissioner, for the record, my name is
4 Michael Tammen and I have just been retained on
5 behalf of the BC Civil Liberties Association, so
6 along with Ms. Pastine I will be representing
7 their interests here for the balance of this
8 phase at least of the hearing and hopefully
9 beyond. I share Mr. Crossin's view this is an
10 important matter and must carry on. I'm hoping
11 to hit the ground running on Monday but I won't
12 be remaining today. I want to get back to my
13 office so I can clear the decks so I'm able to
14 participate commencing on Monday. I just wanted
15 to introduce myself.

16 THE COMMISSIONER: Thank you, Mr. Tammen.

17 MR. MARTLAND: The only further procedural matter, Mr.
18 Commissioner, is there has been agreement amongst
19 counsel with respect to the order of
20 cross-examination and the order of examination of
21 witnesses for today's purposes. There will be
22 further discussion for different days if there
23 are changes needed.

24 For today's purposes, the sequence will be
25 Commission counsel will be examining the witness

1 first, counsel for the Ambulance Service will
2 then proceed, counsel for the Vancouver Police
3 Board and Vancouver Police Department will then
4 ask questions if they have questions.

5 THE COMMISSIONER: Just one moment. You said counsel for the
6 Ambulance Service would follow Commission
7 counsel?

8 MR. MARTLAND: Yes.

9 THE COMMISSIONER: And counsel for Vancouver Police.

10 MR. MARTLAND: The Police Department and Board, third; fourth,
11 counsel for Constable Instant; fifth, counsel for
12 Russell Sanderson; sixth, Mr. Kelliher acting for
13 both the Paul family and First Nations Leadership
14 Council; seventh, counsel for the United Native
15 Nations; and eighth, counsel for the BC Civil
16 Liberties Association.

17 THE COMMISSIONER: Very well.

18 MR. MARTLAND: The first witness for today is Barry Conroy and
19 if I might take a moment I'll find Mr. Conroy and
20 have him brought in.

21 Mr. Registrar, Mr. Conroy will affirm,
22 please.

23 **BARRY CONROY: Affirmed**

24

25 THE REGISTRAR: Would you state your full name, please.

1 A Barry John Conroy.

2 THE REGISTRAR: Thank you. You may be seated. Counsel.

3 **EXAMINATION BY MR. MARTLAND:**

4 Q Mr. Conroy, could you describe your age and your
5 background and your work, please?

6 A I am 55 years old. I live in -- I live in --

7 Q If I might interrupt you, I don't believe the
8 witness's mic is on.

9 A Now it is.

10 Q Sorry, I interrupted you.

11 A That's okay. My name is Barry Conroy. I work in
12 the Downtown Eastside of Vancouver. I'm 55 years
13 old. I've been doing this type of work for the
14 past 11 years and I spent -- I currently work as
15 a drug and alcohol counsellor with an agency
16 called Watari.

17 THE COMMISSIONER: You currently do what, sir?

18 A I work as a drug and alcohol counsellor with an
19 agency called Watari. My past experience, my
20 involvement was I worked for the Saferide
21 organization through the Vancouver Recovery Club.

22 MR. MARTLAND:

23 Q Let me just ask you, what's the relationship
24 between Saferide and Vancouver Recovery Club?

25 A Vancouver Recovery Club is a society for the

1 fellowship of recovering alcoholics and addicts
2 and it's a 24-hour club. Saferide started up an
3 organization -- the Saferide organization started
4 out through the society to help people in the
5 downtown Eastside who were intoxicated and
6 struggling with alcoholism and addiction through
7 -- what my understanding is -- I wasn't involved
8 in the initial inception of the service but I did
9 become involved in the first year and stayed
10 there for five years, but I believe it was
11 started up so that in order to free up the
12 ambulances and the paddywagons to deal with more
13 severe matters in order so people that were just
14 intoxicated, didn't need hospital or weren't
15 going to be incarcerated, to help them get to the
16 sobering unit in the Vancouver Detox.

17 Q You said you were there maybe not at the very
18 start but in the first year. When was it you
19 worked for Saferide?

20 A I worked for Saferide from -- let me see -- 1996
21 to 19 -- no, 1996 to 2001, I guess.

22 Q Okay. Now, do you have any recollection of
23 dealing -- first of all, do you know Frank Paul?

24 A Yes, I know Frank Paul.

25 Q Do you have any recollection of dealing with him

1 on any particular day or night in December of
2 1998?

3 A I don't have a particular recollection.

4 Q All right. What about more generally, could you
5 tell us about how you know Frank Paul?

6 A Well, Frank was -- Frank was a person who we --
7 who we helped to the sobering unit and with rides
8 to shelters, I would say almost daily during that
9 period. He was -- yeah, I don't know how far you
10 want me to go into that.

11 Q I'll ask you some further questions. When you
12 say shelters, I think that's pretty clear. What
13 do you mean by shelters?

14 A Shelter would be the Lookout shelter at 346
15 Alexander.

16 THE COMMISSIONER: Sorry, the Lookout shelter --

17 A At 346 Alexander Street. That would be the most
18 likely one, perhaps the Triage Mental Health
19 Centre. Those would probably be the two we would
20 most likely take Frank to.

21 MR. MARTLAND:

22 Q What about when you say sobering unit, what's the
23 sobering unit?

24 A Sobering unit is an addition to the Vancouver
25 Detox on West 2nd Avenue that's -- it's in the

1 back and it's not really cells but rooms that are
2 cell-like, and we would help people into there
3 and they would be -- there's about five or six
4 rooms back there and there's wood and plexiglas
5 all the way around them and we would help -- we
6 would take people in there. The detox staff and
7 I would work together. We would make sure that
8 the person had no sharp objects on them, we would
9 help them get into the room, we would lay them
10 down on a mattress, possibly sometimes give them
11 a blanket depending on the weather and that kind
12 of thing. People would be monitored by the
13 nurses and by the health care workers at the
14 detox while they sobered up.

15 Q You said that was -- I think I understood you to
16 say that was Vancouver Detox on West 2nd?

17 A Yes.

18 Q Whereabouts is that, what part of town?

19 A Well, it's actually called Great Northern Way,
20 just off Main Street.

21 Q Which way off Main Street, which direction?

22 A East.

23 Q Could you describe in a general sense in 1998,
24 how did Saferide work? How did you know to go
25 somewhere? Let me start further before that.

1 You're in a vehicle with Saferide?

2 A Yes, Saferide is a van.

3 Q Can you describe that van, please?

4 A Well, at that time the van was -- it would be a
5 two-seater van -- we'd have two seats, the seats
6 up front with a bench seat behind it and in the
7 back we had -- it was just like a cargo van.

8 Q Were there any cages or anything to separate
9 people in the van?

10 A You know what, I think we did at that point.
11 There was a point when we didn't have that and we
12 did put it in at some point. Nowadays all the
13 vans have barricades between the clients and the
14 drivers.

15 Q In 1998 how many people would be working, how
16 many Saferide staff would be in the van?

17 A Two.

18 Q Is it always two?

19 A Always two.

20 Q Could you describe for the Commission what would
21 happen? How would the van know to go somewhere?

22 A We would get a call -- we would start our shift
23 by going down to the police parking lot down
24 there by Cambie Street, under the Cambie Street
25 Bridge, and we'd pick up police radios. We would

1 be summoned by the dispatch, by the E-Comm
2 centre, that there was a man down or we would be
3 called on our cell phone by the ambulance. But
4 the normal procedure would be ambulance would
5 call police, police would call us, we would
6 attend. Sometimes the -- sometimes the agencies
7 would call us, perhaps one of the shelters or one
8 of the 24-hour agencies that work down there
9 would call us there was a man down and come check
10 it out. We would call the ambulance to come if
11 we needed it.

12 Q If I might just ask you another question about
13 that. When would you call the ambulance?

14 A If the person was unresponsive, if we couldn't
15 get them to respond, we couldn't get them to talk
16 to us. First we'd try to ask them, where do you
17 live? Do you have an address, can we take you
18 home? Are you able to walk? Even if they could
19 walk with a little bit of help we would do that.
20 If they were intoxicated to the point where we
21 were unable to get them to respond to us, then we
22 would call the ambulance and we would most likely
23 call through the police radio.

24 Q You described picking up a police radio under the
25 Cambie Street Bridge?

1 A Yes.

2 Q What was the police radio and how did that work?

3 A Well, we just -- we needed to be -- when we

4 started that we needed to get okayed -- I don't

5 know what the process was to call -- but they

6 needed to okay us to work with the police radios,

7 all the Saferide drivers. So we would go down

8 and pick up a radio just like the police did.

9 We'd go and stand in line at the kiosk and tell

10 them who we were, we're from Saferide, and they

11 would give us a radio.

12 Q What would you hear on the radio?

13 A I'm not sure what you mean.

14 Q As an example, are you hearing 911 dispatches?

15 or --

16 A Yes, yes, 911 dispatches. Normally in what they

17 call district 2, but we could be switched to

18 district 1 or 3 or even district 4 sometimes.

19 Q What would be an example of the kind of

20 information you get that tells you you have to do

21 something?

22 A Our call sign was CR11. They would say, CR11,

23 please respond to say Gore and Hastings, man

24 down, ambulance attendance, or something like

25 that.

1 Q Did you work with Brian Morgan?

2 A Yes, I did.

3 Q In 1998 how often did you work with Brian?

4 A Oh, Brian and I worked together probably -- say
5 we worked together -- we worked 12-hour shifts
6 from 3:00 p.m. to 3:00 a.m. I would probably
7 work, maybe depending on the month, I would maybe
8 work five or six shifts with Brian. It could be
9 as little as two though.

10 Q You described knowing Frank Paul. Could you tell
11 the Commission more about how you came to know
12 him.

13 A I'm not sure exactly when I first started picking
14 up Frank but Frank was -- there was a group of
15 men and women at that time that were very
16 involved in drinking rice wine and it was -- to
17 me it was quite a devastating situation. People
18 become unconscious very quickly after drinking
19 that stuff.

20 Q Where would they get it?

21 A Well, they bought it in the local corner stores.
22 Frank, we would pick him up on a fairly regular
23 basis. Do you want me to describe how Frank was?

24 Q Yes. Sure.

25 A Frank was a big guy. He was what I would call a

1 gentleman. He was polite. In the beginning when
2 we first started picking him up, he was quiet, he
3 would -- he would sometimes sit and -- kind of
4 mumble to himself in the back. But for the most
5 part, Frank was a person who was -- when I did
6 pick him up, he always needed support. Like he
7 would be in a place where he was unable to walk
8 or talk clearly, so we would need to lift Frank
9 up and get him into the van and get him to the
10 sobering unit.

11 Q Let me back up a moment. You said in the
12 beginning that he was quiet, what do you mean by
13 that?

14 A Well, I think the last couple of years he'd got
15 more kind of -- I'm not sure what the proper term
16 is but the word I'm thinking of is debilitated.
17 He was less coherent and sometimes he would get a
18 bit irritable. It was like he would -- it wasn't
19 like he was mean or anything, but he was kind of
20 just like -- you know, like he was wanting people
21 to leave him alone, you know?

22 Q Sure. Let me ask you this. When you say, when I
23 first knew him or in the beginning, how long did
24 you know Frank Paul?

25 A Well, definitely from 19 -- from '96 to '98.

1 Q That's from when you start with Saferide?

2 A Yeah.

3 Q That's how you first interact with him?

4 A Yeah.

5 Q In that period of time, over that couple of year
6 period, does it change how often you're seeing
7 over time?

8 A I think we saw him less near the end.

9 Q Do you know why?

10 A I think he became more isolated, and that was
11 right around the time when the province and the
12 police and people were really taking a strong
13 action on the rice wine, the retailers and people
14 doing it. It was being recognized that this was
15 a major problem and the officials actually took
16 some action to try and stop it. So I think there
17 was less calls of that nature. People were
18 drinking stuff that was probably not as harmful
19 as the rice wine.

20 Q I see. You're involved in alcohol and drug
21 counselling. What's the picture today with
22 respect to rice wine?

23 A I don't see much rice wine around at all today.
24 I may see the odd bottle. I might see an empty
25 rice wine bottle laying around once every couple

1 of months. Used to be they littered the streets
2 everywhere.

3 Q Let's use the last couple of months in 1998 just
4 as a rough timeframe. In that period of time
5 with Saferide, how often were you dealing with or
6 seeing Frank Paul?

7 A Probably a couple, three times a week, I would
8 guess.

9 Q I'm speaking at a general level, so if you can
10 generalize over times you're dealing with him,
11 what would be the kind of interaction you'd have?
12 What would happen?

13 A Normally we'd pick him up and we would take him
14 to the sobering unit and then after four or five
15 hours we'd get a call to come and pick him up
16 again from the sobering unit, and usually Frank
17 didn't have an address so we would take him to
18 the Lookout shelter, and my experience with Frank
19 is that he would normally -- he would normally --
20 I also worked at the Lookout shelter at times,
21 too. Frank would normally come in and he'd stand
22 by the desk and when the Saferide van drove away
23 he'd wander off and go his own way. Frank was a
24 person who was acclimatized to living outside.
25 For people that have become that way, it's hard

1 to live in side a building, it's too hot for you.
2 So he would prefer to sleep outside. Frank, a
3 lot of times we would end up picking him up down
4 around the liquor store at Arbutus and Broadway.
5 He had a little bit of a place on the side of the
6 building there where he liked to sleep.

7 Q I'm going to ask you some more questions about
8 that. First, you said that normally you'd pick
9 him up and take him to the sobering unit. When
10 you say that, is that part of the Vancouver
11 Detox?

12 A Yes.

13 Q That's near Great Northern Way, east of Main?

14 A Well, I think it's 266 West 2nd, I think that's
15 the address.

16 Q All right. Just to go over, again, at a general
17 level, I think a few moments ago you said words
18 to the effect that he always needed support?

19 A Yes.

20 Q Tell me more about that.

21 A I mean, I'm trying to be as respectful to people
22 as I can, but Frank would be -- his hygiene
23 wasn't good and he was probably urinary
24 incontinent.

25 Q How would you notice that?

1 A Because he would be soaking wet.

2 Q How would you know it was urine?

3 A Because we would smell it. You'd pick him up and
4 help him into the van and he's a heavy guy, so
5 when you picked him up -- we'd have to get quite
6 close to each other. A lot of times our clothes
7 would also get -- would not smell good when we
8 were done. He would be usually not speaking
9 clearly, but he would be co-operative. He would
10 be co-operative and help us. Some people when
11 you went to pick them up they would be dead
12 weight. They would play dead on you. Frank
13 always had -- Frank had a dignity about him and
14 he would try -- he was a strong guy and he would
15 get up and he would try to help himself as much
16 as you were trying to help him.

17 Q How would he handle himself in terms of how he
18 could stand or move around?

19 A Well, he would stumble but, I mean, not all the
20 time. I would say with a him, once we got him on
21 his feet with a minimum of support, he could
22 usually walk.

23 Q Did you notice anything about how he walked?

24 A Yeah, he kind of -- he was kind of hunched over a
25 little bit, especially near the end there. He

1 had a hard time. I think his feet hurt him or
2 something. He had a hard time walking sometimes.

3 Q You described that he would be taken to a shelter
4 but not stay. How often would that happen?

5 A I would say maybe 10 percent of the time.
6 Sometimes they didn't call us to take people
7 away. Sometimes if the person was able to get up
8 and they could talk on their own and they could
9 communicate with the detox staff and that and
10 they seemed to be kind of okay, then they could
11 just walk away from the sobering unit. They
12 would just cut them loose, give them their
13 personals and cut them loose. We wouldn't
14 necessarily be called every time Frank was cut
15 loose from the sobering unit.

16 Q You described this location of Arbutus and
17 Broadway?

18 A Yes.

19 Q Do I have you correct would you see Frank Paul
20 there?

21 A Yeah. Sometimes we get calls for other people,
22 like that were down in that area. There was a
23 group of men and women that kind of like hung out
24 together and associated together.

25 Q Where is the location so I'm clear about that?

1 A There's a liquor store and a mall, I think a big
2 IGA store, and in the back there's an alley and
3 there's a dumpster there I think but there was
4 some cardboard and stuff there. People could
5 build a little bit of a squat and a place out of
6 the weather, safe place to sleep.

7 Q Had you seen Frank Paul there?

8 A Oh, yeah, yeah. Sometimes they'd be sitting
9 there just having a drink, him and a couple other
10 people. Other times he would be passed out there
11 and one of the local neighbours would call the
12 ambulance or the police and the ambulance would
13 go and then they would call us and we'd take him
14 downtown to the sobering unit.

15 Q How often had you seen him there?

16 A I would say maybe 20 times.

17 Q In 1998 how many other folks were there like
18 Frank Paul that you dealt with?

19 A Like Frank Paul -- we dealt with a lot of
20 different people, but I would say people that
21 were like Frank Paul, probably 30, 40.

22 Q Who would you put in that category? How would
23 you describe that group of people?

24 A People that were chronically ill from alcoholism
25 and in need of support most of the time,

1 homeless.

2 Q In 1998 how did Saferide interact with the police
3 and the ambulance?

4 A Well, they would call us and we would respond,
5 and usually the police, sometimes the police
6 would be there alone, sometimes the ambulance
7 would be alone, sometimes both and the fire
8 department, but they had been there and assessed
9 the situation and determined that the client
10 wasn't in need of hospital care and wasn't in
11 need of incarceration, intoxication was the only
12 issue and they weren't violent. So they would
13 call us and they stay on scene until we got there
14 and we got them loaded into our van and then
15 everybody would go.

16 Q You would take control of someone at a general
17 level, when you take control of someone like
18 that, where would be the different places you
19 might take them to? You mentioned a shelter?

20 A We might take them home if they had an address
21 and they could talk to us and they could manage
22 on their own with a little bit of assistance or
23 maybe with no assistance. We might take them to
24 -- there was the odd time that we might take them
25 to the emergency but it was rare. There was the

1 very odd occasion when the paddywagons were
2 really behind that they would have us escort
3 somebody to the cells.

4 Q Would you ever take someone, if they're homeless,
5 to a squat, as you described it, would you ever
6 take them there?

7 A No, not normally.

8 THE COMMISSIONER: To where, Mr. Martland?

9 MR. MARTLAND: To a squat.

10 Q You described that area at Arbutus and Broadway?

11 A Or the parks, they'd stay wherever they could
12 find a place out of the weather, an underground
13 parkade.

14 Q For Saferide you wouldn't take someone to the
15 park?

16 A No, no, we wouldn't be allowed to do that. We
17 had to make sure they got somewhere -- it's up to
18 them once they got there whether they stayed
19 there or not. We wouldn't feel right about
20 taking somebody and dropping them off on the
21 street corner in the weather.

22 Q How often would you deal with someone in wet
23 clothing whether from the weather or urine?

24 A Every day all day.

25 Q What would be your approach to that?

1 A If we did get to take the person to the sobering
2 unit we would speak with the staff there and
3 suggest that they wash and dry the person's
4 clothes and put them in -- and help them with a
5 bath or shower. It didn't always happen. I
6 think because the staff at the sobering unit were
7 sometimes worried that if they weren't there
8 attend to the person while they were having a
9 bath or a shower that they might slip and fall or
10 harm themselves in the bathtub water, drown or
11 something.

12 Q Just so I'm clear, you're not in the detox centre
13 while that's going on, are you?

14 A I have been, I have been. I've had occasion
15 where we've done that. We've gone in and there's
16 a couple of the smaller women work there. When
17 we come in one guy is in the bathtub so we would
18 help them out of there and help them get dried
19 off and that kind of thing. We would sometimes
20 attend to that. It wasn't our normal role but we
21 tried to work together with the detox staff as a
22 team.

23 Q Your involvement with detox in 1998, let's use
24 1998, how long would they usually keep drunk
25 people?

1 A Four to five hours.

2 Q What sort of condition -- you would also pick up
3 there?

4 A Yes.

5 Q What sort of condition would these people be in
6 when they left?

7 A Most times they would be able to walk and talk on
8 their own. Sometimes not so much. I can explain
9 what I think the rationale was.

10 Q Sure.

11 A If you'd like me to.

12 Q Share your understanding of that.

13 A My understanding of the rationale was we put
14 people intoxicated in the sobering unit for a
15 period of time until they were -- until they were
16 sobered up enough that they could walk on their
17 own and talk on their own, but not to the point
18 they had gone into withdrawal. Because if you
19 kept them in there long enough to go into
20 withdrawal, they might go into delirium tremens,
21 DTs as we know, and that would be a medical
22 emergency and then they'd have to go to the
23 hospital. They didn't want to keep them there
24 that long as but they wanted to keep them there
25 until they could function on their own.

1 Q Were there some people who were not allowed or
2 banned from the detox centre?

3 A Yes.

4 Q How would that work?

5 A We had a list. It wasn't kept up to date very
6 well but we did have a list of people that were
7 supposed to be banned from the detox. However,
8 there was different people -- there was a bit of
9 a contradiction there because if you spoke with
10 the upper management of the detox centre they
11 would say there's no such thing as a banned list.

12 Q But from your experience working in the Saferide
13 van in 1998, how would that work?

14 A If we had a person that was banned -- normally we
15 would try to take them there anyway and ask them
16 to take them. If we got them there and the detox
17 staff refused them, said last time this person
18 was here he was trouble when we tried to get him
19 to leave, we're not going to accept him, then
20 we'd have to call back to the police and we'd
21 have to wait there with the client in our van
22 until the paddywagon came and then they would
23 take them to the jail.

24 Q Were there occasions in 1998 where you'd picked
25 someone up who was on the banned list and yet

1 they were admitted to detox?

2 A Sure.

3 Q How often would that happen?

4 A I don't know. I would say 50 percent.

5 Q So in those cases where you've talked them into

6 letting the person be admitted?

7 A Yeah. There was different -- all of the staff

8 were inconsistent with whether that was a policy

9 or not. Some, I believe, were more compassionate

10 than others.

11 Q Was Frank Paul ever a person -- do you have any

12 idea of him ever being banned?

13 A I do believe -- I'm not 100 per cent clear on

14 that memory but I think he did have trouble at

15 one time.

16 Q Do you know when?

17 A No.

18 Q Were you ever contacted by the police about your

19 knowledge or involvement with Frank Paul?

20 A Not to my memory.

21 Q Have you ever been contacted by anyone else,

22 investigators or other people?

23 A No, only you.

24 Q Have you ever given a statement or given an

25 interview?

1 A Not that I remember.

2 Q Do you remember if you were ever asked to give a
3 statement?

4 A I'm not clear on that. I remember that I got a
5 phone call from one of our other staff that Frank
6 had passed away, because he was like -- he was,
7 you know, we knew those individuals quite -- we
8 were kind of almost friends with them, and so
9 when Frank passed away I got a phone call from
10 somebody that he passed away and I was -- I
11 remember vaguely some conversation around the
12 office but I don't remember -- either one of two
13 things happened. Somebody asked me to make a
14 statement and I avoided them or I wasn't asked.
15 I'm not sure which one is the truth.

16 MR. MARTLAND: If I may just take a moment. Mr. Conroy, thank
17 you very much. I'll ask you simply to remain
18 there and there will be some other lawyers who I
19 expect will ask you some questions.

20 THE COMMISSIONER: Mr. Eastwood, I believe you're next on the
21 list.

22

23 **EXAMINATION BY MR. EASTWOOD:**

24 Q Mr. Conroy, I don't have many questions for you
25 but I do have a few.

1 Is the Vancouver Recovery Club located on
2 12th between Main and Kingsway?

3 A Yes.

4 Q Who funds that program, do you know?

5 A I believe the Vancouver Coastal Health does.

6 Q And do they also fund the Saferide program?

7 A Yes.

8 THE COMMISSIONER: What was name of that agency again?

9 A Vancouver Coastal Health.

10 THE COMMISSIONER: Thank you.

11 MR. EASTWOOD:

12 Q Did Frank Paul ever speak to you or talk about
13 ever attending treatment at any time that you're
14 aware of?

15 A Not that I recall. I don't think Frank knew
16 there was such a thing as treatment.

17 Q In your experience is that common for somebody
18 not to know there's treatment available?

19 A No, no. I mean, Frank was inebriated to the
20 point most of the time that there wasn't a whole
21 lot of conversation. He was in distress a lot is
22 my thought.

23 Q What were the boundaries that Saferide operated
24 within? Were there any set boundaries?

25 A Vancouver, within the boundaries of Vancouver.

1 We would occasionally take someone to the North
2 Shore and we might venture a little bit over into
3 Burnaby, but mostly within the confines of
4 Vancouver itself.

5 Q All right. How would you describe the
6 relationship that Saferide had with the BC
7 Ambulance Service?

8 A Very good. We used to, they welcomed us into
9 their facility down on Powell Street, they used
10 to let us use their bay to wash the van up and
11 even their supplies, they supplied us with the
12 latex gloves. They even gave us shirts and
13 stuff. When Saferide first started up, and
14 actually for quite a while after it started up,
15 it wasn't funded regularly. It ran on a
16 shoestring budget and the ambulance and police
17 were very supportive of Saferide because I think
18 it helped them a lot.

19 MR. EASTWOOD: Thank you, sir, those are my questions.

20 THE COMMISSIONER: Mr. McIntosh.

21 MR. MCINTOSH: Thank you, Mr. Commissioner. Mr. Hern will ask
22 questions.

23

24 **EXAMINATION BY MR. HERN:**

25 Q Mr. Conroy, you mentioned the Lookout --

1 THE COMMISSIONER: Could you turn the mic on, please.

2 MR. HERN:

3 Q You mentioned that the Lookout shelter and Triage
4 Mental Health Unit were options. Are you
5 familiar with what individuals those two
6 organizations take in?

7 A I'm not sure what you mean.

8 Q I'm sorry. When you dropped a person off at the
9 Lookout shelter, what kind of people did the
10 Lookout shelter admit?

11 A They admitted people that were homeless and
12 people with mental health concerns. That's
13 pretty much it, homeless and mentally ill.

14 Q They didn't have a sobering unit of any kind?

15 A No.

16 Q The Triage Mental Health Unit, was that only for
17 individuals who were struggling with mental
18 health --

19 A No, homeless as well.

20 Q They also didn't have a sobering unit?

21 A No.

22 Q Does the Saferide program have a set of written
23 policies?

24 A I do believe they do today. I think it was in
25 the works.

1 Q Did you undertake any training before being
2 employed as a Saferide driver?

3 A We were trained in first aid, first-on-the-scene
4 first aid. Pretty much -- that's pretty much --
5 we were trained on how to use the police radios.
6 That's pretty much it.

7 Q You mentioned that if a person that you were
8 attending couldn't respond that Saferide would
9 then call an ambulance. Was that generally the
10 test for when a person's condition was so severe
11 that an ambulance needed to be called?

12 A Yes. If we were the first on the scene, the
13 normal practice was the ambulance would call us.
14 We would patrol the streets as well. If we saw
15 somebody laying on the street we would stop and
16 check them out, see how they're doing, try and
17 rouse them up, see how they're doing, did they
18 need a ride, that kind of thing. We would
19 patrol, and then we would be in the area, the
20 vicinity there was a lot of drug and alcohol use
21 going on, and most times the ambulance or police
22 were there first and would call us.

23 Q When Saferide was involved, if a person refused
24 to get into the Saferide van, Saferide wouldn't
25 force them to go any further I take it?

1 A No, no, we didn't do that. If we determined that
2 the person was unable to care for themself or at
3 risk, then we would get on the radio and we would
4 ask for some help either from police or
5 ambulance.

6 Q With respect to the location where Saferide would
7 drop somebody off, you mentioned that you would
8 only transport someone to an address and not in
9 the normal course to a place where they're living
10 outside?

11 A No.

12 Q Saferide would then transport them to the address
13 and drive away. You wouldn't know as a Saferide
14 driver whether they chose to stay there or not?

15 A That's true. A lot of times we would escort them
16 to the door though.

17 Q You mentioned that the back of the van at the
18 time, in 1998, was simply an empty cargo bay?

19 A Yes.

20 Q Were the individuals who were severely
21 intoxicated, they were laid on the floor in the
22 back?

23 A Most of the time we didn't have that many. There
24 was sometimes, particularly in the heat of the
25 summer where the rice wine would affect people

1 where they became unconscious very quickly and we
2 would need to pick up more than two or three at a
3 time and we may have one or two people laying in
4 the back, yes. Most of the time we only had them
5 buckled into the bench seat behind us.

6 Q I see. So on those occasions when you had to
7 lift somebody into the back or strongly assist
8 them into the back, they would enter through the
9 back cargo doors of the van?

10 A Or the side doors.

11 Q And you would lift them in and lie them on the
12 floor?

13 A Yes. We also had a wheelchair lift. Sometimes
14 we could get them in a wheelchair and use the
15 wheelchair lift to lift them up and secure the
16 chair.

17 Q Sometimes you would just lift them in?

18 A Yes.

19 Q If somebody was in a wheelchair I suppose they
20 could potentially fall out in the course of
21 moving?

22 A We had straps to be able to secure the people
23 into the wheelchair in place and then they would
24 be secured into the wheelchair.

25 Q And your partner that evening was Brian Morgan;

1 is that right?

2 A Yeah, I believe it was -- that's what people tell
3 me. I don't remember. It's ten years ago.

4 Q Do you recall from that time whether Brian Morgan
5 gave a statement to the police or anyone else

6 A I do believe he did.

7 Q You knew that at the time?

8 A I don't know about -- I think I did. Brian was
9 the supervisor as well as one of the drivers at
10 the time. He was like the foreman on the crew.

11 Q He was naturally the person to give that kind of
12 a statement?

13 A I would think, yeah.

14 MR. HERN: Thank you. Nothing further.

15 MR. MARTLAND: My note of the next counsel --

16 THE COMMISSIONER: Mr. Woodall.

17 MR. MARTLAND: Mr. Crossin, Mr. Woodall and Mr. Kelliher.

18 MR. CROSSIN: Mr. Commissioner, I have no questions.

19 THE COMMISSIONER: Thank you, Mr. Crossin. Mr. Woodall, do
20 you have any questions?

21 MR. WOODALL: I have none.

22 THE COMMISSIONER: Mr. Kelliher.

23

24 **EXAMINATION BY MR. KELLIHER:**

25 Q Sir, you knew Frank Paul from '96 through to '98?

1 A Yes.

2 Q You dealt with him on a regular basis?

3 A Yes.

4 Q A daily basis?

5 A Sometimes it would be daily. It wasn't like
6 every day from '96 to '98 but a few times a week.

7 Q You're saying toward the end of his life he
8 became progressively more disabled; is that
9 correct? Is that fair to say?

10 A That's absolutely fair to say.

11 Q When you would encounter him in these later
12 times, what would be the state of his physical
13 abilities?

14 A He was -- he didn't walk very well. He was still
15 very strong in the upper body, like he had a lot
16 of strength. If Frank took your hand you knew
17 you had your hand shook. I think his legs were
18 in poor shape.

19 Q All right. How you would come to meet with Frank
20 Paul is that you would ordinarily get a call from
21 a police officer or an ambulance person; is that
22 correct?

23 A Yes.

24 Q And then you would come, and in what
25 circumstances would you get a call say from a

1 police officer rather than a police officer
2 calling an ambulance attendant or dealing with it
3 on their own? What would be the circumstances
4 that would cause you to be called by the police
5 officer?

6 A Let me see. Like I said, they had assessed the
7 situation, assessed the person and determined the
8 person didn't need to go to jail or hospital.

9 Q What do you mean by that, didn't need to go to
10 jail or hospital?

11 A They weren't causing -- they weren't violent,
12 weren't causing a disturbance, they didn't have
13 any warrants out for them, they weren't in a
14 state where -- they were able to speak, they were
15 conscious and able to communicate with -- just
16 very, very drunk.

17 Q They would also determine before engaging you
18 that it wasn't a medical situation; is that
19 right?

20 A That's exactly true, yes.

21 Q The people you would ordinarily be referred to by
22 either the police or Ambulance Service would be
23 people who were not unconscious, that were able
24 to speak, may need some assistance but were
25 conscious and they were mobile to some degree; is

1 that right?

2 A True, true. We would rarely transport anybody
3 who was actually unconscious.

4 Q Because?

5 A Because we weren't trained to -- that would be a
6 medical condition and we weren't trained in that
7 area.

8 Q When you would get such a person as you've
9 described, what would you do with them
10 ordinarily?

11 A We would drive them to the sobering unit or take
12 them home.

13 Q Home, meaning something other than a squat?

14 A Exactly, an address.

15 Q You would never leave a person in such a
16 condition as that in a squat?

17 A Absolutely.

18 Q Why?

19 A Because they were -- they might be at risk of --
20 persons intoxicated from alcohol --

21 Q Yes.

22 A -- they could fall asleep on their back and vomit
23 and choke on their own vomit, or the weather
24 might be very cold or very hot and they might
25 expire -- something might happen to them as a

1 result of being in the elements.

2 Q Would you take someone in that condition, would
3 you take them out of your van and leave them
4 exposed in an alley in the middle of the night?

5 A No, sir.

6 Q Why?

7 A For the same reasons.

8 Q Because they might die as a result of the
9 exposure?

10 A Right.

11 Q Sir, there's a video I would like you to look at,
12 please. If I could ask your assistance please,
13 Mr. Martland.

14 Sir, while Mr. Martland is setting that up
15 can I ask you a few more questions?

16 A Sure.

17 Q You say you actually attended at the old jail
18 with people that had overconsumed alcohol; is
19 that right?

20 A Yes.

21 Q This would be people being taken into the drunk
22 tank for the night, for the most part?

23 A Yes.

24 Q Have you ever been in that drunk tank?

25 A Yes.

1 Q I don't mean personally.

2 A I've been up there. Actually, there was once
3 that we took the person up in the elevator
4 because the guard didn't come down to get them
5 and I was -- I wouldn't say reprimanded but I was
6 warned by my boss that that's not my role and
7 we're not supposed to ever go up there.

8 Q You take the client, if I can call them that,
9 through that bay and leave them at the base of
10 the elevator; is that right?

11 A Well, we don't leave them there. The officer
12 comes down there and gets them.

13 Q Were there wheelchairs in that bay available to
14 you when someone was --

15 A I believe there was.

16 Q There were?

17 A I believe there was. I'm not 100 percent
18 accurate on that memory, it's been a while since
19 I worked that job, six years since I was there,
20 but I think there may have been.

21 Q What about at the detox centre? When you're
22 referring to the detox centre, is that the place
23 if you walk down Main past the train station,
24 kept on going, turned left and go a couple of
25 blocks?

1 A You're talking about going up the hill from the
2 train station?

3 Q Yes. Is that the detox centre over to the left
4 there?

5 A Yes.

6 Q Were there wheelchairs there?

7 A Absolutely.

8 Q The point of that is, I guess, if your business
9 is dealing with people who are intoxicated
10 extremely, many of them are not going to be
11 mobile and you have to have some means of
12 transporting the ones that aren't, right?

13 A Yes.

14 Q That's, I gather, why they were used at the detox
15 centre?

16 A Yes.

17 Q Were they used on a regular basis?

18 A I would say so. We would carry a wheelchair in
19 our van as well, strapped inside the van.

20 Q What about the paddywagons, the police
21 paddywagons, do they have wheelchairs for the
22 same reason?

23 A Not that I am aware of.

24 Q Did you find the use of those wheelchairs helpful
25 to you?

1 A Yes.

2 Q And you used them routinely?

3 A Yes.

4 Q Did you ever hear that the drunk tank or one of
5 the drunk tanks at the old jail had a heated
6 floor? Did you ever hear that?

7 A No.

8 MR. KELLIHER: Are we set up, Mr. Martland, to see this?

9 MR. MARTLAND: Yes.

10 MR. KELLIHER:

11 Q Sir, can you see the screen behind you?

12 A Yes.

13 Q That says December 5, 1998 at 11:15:57. I think
14 that's a.m. Go ahead please. Sir, this may
15 assist you. This is a photograph of the bay area
16 at the old jail you've been describing. Do you
17 see that elevator?

18 A Yes, I do.

19 Q The top right corner, that would take you out on
20 to the street. Do you recall that?

21 A Yes, I do.

22 Q I'm told that the proper time is 11:25 a.m. on
23 December 12, 1998. I want you to watch this
24 video and I'll ask you some questions when we get
25 along with it.

1 A Okay.

2 Q I said apparently December the 12th and it's
3 December 5th. I'm sorry, sir. Can we go ahead?
4 Is there a remote I could use?

5 THE COMMISSIONER: Mr. Kelliher, there are a number of dates
6 and time groupings at the top and also the
7 bottom. Which ones are you looking at being the
8 date and time this particular video was taken?

9 MR. KELLIHER: Mr. Commissioner, I will defer to Mr. Martland
10 to correct me here, but I understand it's the top
11 numbers, December 5th, 1998, 11:25:03 a.m.

12 Could we play the video, please.

13 (VIDEO PLAYED)

14 Q Can you see the van in the top right corner?

15 A No, I don't see a van in the top right corner --
16 oh, yeah, I do, okay.

17 Q Do you see that person, sir?

18 A Yes.

19 Q Sir, I want you to be aware that's Mr. Frank Paul
20 and he's heavily intoxicated.

21 A Uh-huh.

22 Q You saw how he was brought into the bay area?

23 A Yes.

24 Q Is that a way of handling an intoxicated person
25 you would employ?

1 A No.

2 Q Why?

3 A Because he was left to struggle on his own, to
4 find his way there. He should have been
5 assisted.

6 Q What do you say is the appropriate way of
7 handling a person in such a state of
8 intoxication?

9 A You would either put them in a wheelchair and
10 wheel them in or you would have two people, one
11 on each side, supporting them by the arm and help
12 them in.

13 Q Is that something you've been trained to do?

14 A I think it's just something that we naturally
15 know to do.

16 Q Just out of common decency?

17 A Yes.

18 Q To treat a human being in a respectful and
19 dignified way; is that correct?

20 A Yes.

21 Q While we're watching this, sir, can I ask you at
22 the same time -- continue to watch it -- if you
23 found a person in the state of sobriety that
24 you're observing Mr. Paul at that time, what
25 would you have done with him?

1 A I would take him to the sobering unit.

2 Q The detox centre past the train station?

3 A Yes.

4 THE COMMISSIONER: Are they one and the same, Mr. Kelliher?

5 MR. KELLIHER: Yes, I understand they are.

6 Q The detox centre, you drive up a little alley,
7 it's at the end of the alley; is that right?

8 A Yes. Actually, if I could back up on that, I
9 think probably a person in that state, if the
10 ambulance hadn't already attended I would call
11 the ambulance and have them checked out.

12 Q Because?

13 A Because I'm not a medical practitioner and I'm
14 not trained to be able to help people that are
15 that serious, so I would probably have called the
16 ambulance, have them come and check him out.
17 They would decide whether he needed to go to
18 hospital or whether I should transport him to the
19 sobering unit. That would be normal.

20 Q Would you expect Mr. Paul on that date to have
21 been received by the sobering unit?

22 A Yes.

23 Q Would you have any question as to whether or not
24 he would be received by them?

25 A Well, no. I mean, he seemed quite willing. What

1 I would see there is a person who was struggling
2 to get himself in there. The reason why he would
3 be refused is if he was resistant to either
4 coming in or resistant to leaving once they were
5 in there.

6 Q And you can see that he's anything but resistant;
7 is that correct?

8 A Yes, that's true.

9 Q You can see they're changing his clothing there?
10 Did you see that?

11 A I caught a bit of it. I didn't see it all but it
12 looked that way.

13 MR. KELLIHER: Mr. Commissioner, Mr. Cowper has indicated that
14 he would like a few minutes to discuss the
15 balance of this gentleman's evidence.

16 THE COMMISSIONER: Very well. We'll take a break for a few
17 minutes.

18 THE REGISTRAR: All rise.

19 MR. KELLIHER: Mr. Commissioner, just out of an abundance of
20 caution, should the witness be advised not to
21 discuss his evidence while he's under
22 examination?

23 THE COMMISSIONER: You're quite right, Mr. Kelliher.

24 Mr. Conroy, I hope you'll understand that
25 there's still some questions to be asked of you

1 so you should not discuss your evidence during
2 this break or if we can take another break during
3 that break as well. Do you understand?

4 A I understand.

5 THE REGISTRAR: Order. We'll recess for ten minutes.

6 **(PROCEEDINGS ADJOURNED AT 11:20 A.M.)**

7 **(PROCEEDINGS RECONVENED AT 11:36 A.M.)**

8 THE REGISTRAR: Order. All rise. The hearing is now resumed.

9 THE COMMISSIONER: Make yourself comfortable, Mr. Conroy.

10 Are you ready now to proceed, Mr. Kelliher?

11 MR. KELLIHER: Yes.

12 Q Mr. Conroy, we're going to continue with the
13 video, if I could ask Mr. Martland --

14 MR. MARTLAND: If I may just take a moment, please, Mr.
15 Commissioner.

16 THE COMMISSIONER: Yes.

17 MR. MARTLAND: If we might just take one moment, please.

18 MR. KELLIHER: Might, Mr. Commissioner -- I'm not sure what
19 has just taken place but might there be an order
20 excluding --

21 MR. MARTLAND: Mr. Kelliher either has very good ears or very
22 good instincts but that's exactly what we were
23 discussing. We would ask there be a general
24 order excluding witnesses from these hearings.

25 THE COMMISSIONER: I'd like to hear more about that before I

1 exclude -- did you say the witnesses?

2 MR. MARTLAND: What I might suggest -- and I welcome other
3 views on this -- what I might suggest would be an
4 order in relation to those on the Phase 1 witness
5 list, the witnesses for phase 1, that there be a
6 general order excluding those witnesses from the
7 Phase 1 hearings prior to their testimony.

8 THE COMMISSIONER: I think that would be appropriate under the
9 circumstances. I don't know whether there are
10 any witnesses that are sitting in the public area
11 of the hearing room but if there are witnesses
12 who are scheduled or have been notified they will
13 be called as witnesses in this Phase 1 of the
14 hearing, would they kindly leave the hearing room
15 now.

16 MR. WOODALL: Mr. Commissioner, I would like to ask if there
17 could be an exception to that for people who are
18 witnesses but are also participants. By analogy
19 to a civil trial, for example, a party who may be
20 a witness is entitled to attend to see the
21 evidence he's going to be asked to explain.

22 MR. MARTLAND: We agree with that.

23 THE COMMISSIONER: That's appropriate I think, yes.

24 MR. MARTLAND: Thank you.

25 MR. KELLIHER: If I could ask Mr. Martland to begin the video

1 again.

2 (VIDEO PLAYED)

3 MR. KELLIHER:

4 Q You'll see the time now, Mr. Conroy, is 17:04:11
5 which would be about five o'clock in the
6 afternoon. Again, you're seeing the bay area; do
7 you recognize that?

8 A Yes, I do.

9 Q And here we have Frank Paul. Do you see that he
10 appears to be getting his goods together and
11 perhaps dressing and tying his shoes?

12 A Yes.

13 Q Sir, in your experience at the detox centres and
14 in the course of your work, would this be an
15 ordinary discharge procedure for a person who
16 appears now to have significantly sobered up?

17 A No, no. Normally they would be brought out into
18 a bit of a foyer, there's usually some chairs
19 there, you would sit in the chair, there would be
20 a staff member present to come out with the
21 person's belongings and make sure they got their
22 belongings and asking them questions about where
23 are you going to go, do you have a place, what's
24 your address, and possibly assisting them if they
25 needed help getting dressed. If they still

1 needed that kind of help they probably weren't
2 ready to be released, but there would normally be
3 a staff person present to escort them to the
4 door, make sure they got their personal
5 belongings back.

6 Q A person wouldn't then ordinarily be sitting in
7 the detox centre, ushered out on their own, left
8 at the doorstep, to get their affairs in order
9 and get on their way?

10 A No, that wouldn't be normal procedure.

11 Q Apart from the obvious, is there a special reason
12 for that?

13 A Well, I think we have a responsibility as service
14 providers to make sure that the person is
15 received and discharged in a way that's safe and
16 a way that's respectful.

17 Q When you say respectful, what do you mean by
18 that?

19 A I mean that they're properly dressed, they've had
20 time to get up, they're mobile on their own and
21 they are -- there's some communication, some
22 communication to something somebody is saying to
23 them. Are you okay? Do you have a safe place to
24 go? There needs to be some kind of interaction
25 there where you know the person is physically and

1 mentally able to communicate when they walk out
2 on to that street.

3 Q Because otherwise what would be some of the
4 negative consequences?

5 A Otherwise they might be fragile or vulnerable.
6 Say they walked away and they needed to -- they
7 had to travel a distance and needed to catch a
8 bus or something, they need to be able to speak
9 to people, they might have to -- just like in the
10 normal course of duties that all of us -- normal
11 course of activities that we all kind of do in
12 our lives, they may not be able to be able to do
13 that, and if it turned out that the person wasn't
14 able to, then maybe he needed more assistance.

15 Q Sir, if I could ask you to continue to watch
16 while I ask these questions. You say he might be
17 in need of more assistance. What sort of
18 assistance might be available to that person?

19 A You could ask Saferide to come and give them a
20 ride to wherever they're being discharged from to
21 wherever they're going to.

22 Q You can see Mr. Paul's motor function here,
23 again?

24 A Yes.

25 Q His mannerisms?

1 A Yes.

2 Q Is this a person that would be a candidate for a
3 Saferide situation?

4 A Yes.

5 Q Would you ever get calls from the old jail for
6 people who were in need of your help?

7 A Yes.

8 Q Was that an ordinary occurrence?

9 A Fairly regularly.

10 Q In the circumstances that you're observing now,
11 would you have expected that someone might have
12 given you a call?

13 A Yes.

14 Q What would you have done with a person in that
15 state of sobriety?

16 A We would have attended and spoke with the person
17 and asked them where they needed to go and wanted
18 to go and where they were staying and escorted
19 them to that address. We might also offer to --
20 if they didn't have space, the Vancouver Recovery
21 Club is a 24-hour club so we on a fairly regular
22 basis offer to take people up to the club and
23 hang out there, have a free cup of coffee and
24 that kind of thing. It was rare that people took
25 advantage of that but we would offer that.

1 Q Sir, would you have expected Mr. Paul -- you see
2 the time he came in and the time he's being
3 discharged, you see how he's leaving now?

4 A Yes.

5 Q Is that something you would expect at a detox
6 centre, to have a client --

7 A At a sobering unit you mean?

8 Q Yes. To have someone crawling out the door like
9 that?

10 A No.

11 Q Would you allow someone to do that?

12 A No.

13 Q Why?

14 A Because they would be at risk of dying, I think,
15 or at risk of at least -- like becoming more --
16 in worse condition.

17 Q If we could stop the video for a moment. They
18 might be at risk of being in worse condition.
19 What do you mean by that?

20 A If a person can't walk, then they may stumble out
21 into the street and get hit by a car, they might
22 just fall down and not be able to get up.

23 Q So you're seeing Mr. Paul here crawl out into the
24 alley right behind by the bay; is that right?

25 A Yes, that's correct.

1 Q What about food, you saw the time when he came in
2 and the time he's leaving and he was eating a bag
3 of potato chips. When a person is taken into a
4 sobering unit is there a concern to know -- not
5 only if they're medically capable of functioning,
6 but if they've had anything to eat in the last
7 days or so? Are there any steps taken in that
8 regard?

9 A I believe they -- sometimes people will be
10 offered a sandwich or some food when they're
11 leaving. It would be rare they were offered
12 something while they were there for the same
13 reasons I expressed earlier, that when people are
14 intoxicated one of the most common effects -- one
15 of the most common occurrences of death comes
16 from asphyxiation due to swallowing their own
17 vomit. So a person who is inebriated to that
18 point, it would be rare they would give them food
19 while they were in the actual sobering unit.

20 Q And when they were being discharged, when they'd
21 sober up, would there be an expectation the
22 person would be asked questions about when they
23 last ate?

24 A I don't know if there was an expectation. Many
25 times we would ask them that in the Saferide van

1 and many times we'd actually drive over to the
2 Burger King and buy people a hamburger out of our
3 own pocket.

4 Q Can you activate that, please.

5 You see the time, sir, 20:27:44, ten
6 o'clock, 10:27 on the night of the 5th. We're a
7 jumping ahead a bit into the same bay area. The
8 lighting isn't very good. I'd ask you to pay
9 attention to the top right-hand corner. I think
10 we may have leaped ahead too much. I think we
11 have to go back a bit. All right, we've got 8:19
12 --

13 THE COMMISSIONER: Mr. Kelliher, for the record, what time are
14 we looking at?

15 MR. KELLIHER: 20:19 or 8:19 on the night of the 5th.

16 THE COMMISSIONER: Okay.

17 MR. KELLIHER:

18 Q Sir, can I ask you to watch carefully at the top
19 right of the screen. Do you see that, sir? If
20 you could stop the video. Do you see what's
21 taking place?

22 A Yes.

23 Q That's Mr. Frank Paul. Do you see the dark line
24 following his body?

25 A Yes.

1 Q This is 8:25 on December the 5th. We're told it
2 was a rainy, wet night. What do you take that
3 streak to be?

4 A I would guess it would be water or a combination
5 of water and urine in that part of town, that
6 place, I would guess.

7 Q What in your experience is the state of that
8 man's sobriety?

9 A Well, he looks like -- I'm not sure he was even
10 alive.

11 Q Okay. Would you carry on, please. Can I ask you
12 to stop for one moment.

13 Sir, if you were to have found Frank Paul in
14 the elements in that state of intoxication, what
15 would you have done?

16 A I would call an ambulance.

17 Q You wouldn't have moved him?

18 A No.

19 Q Why?

20 A Again, I'm not trained to do that. I would
21 probably have covered him up with a -- one of the
22 blankets that we're supplied to try and keep him
23 warm. I mean, if he was -- if there was like an
24 obvious shelter close by, some place out of the
25 rain, we might try and move him to that spot if

1 it was possible. But if a person is totally
2 unconscious it's probably not the best thing to
3 try and move them or drag them around. You're
4 best to wait for the ambulance attendants.

5 Q Sir, drawing on your experience, you saw the time
6 at which Mr. Paul crawled out of that bay area,
7 5ish or so, and we're back now at eight o'clock
8 and he appears to be unconscious?

9 A Yes.

10 Q Sir, in your experience and your knowledge of
11 Frank Paul and your knowledge of East Vancouver,
12 what do you think happened in those three hours?

13 A I think he got drunk.

14 Q How could he have done that in such a short
15 period of time?

16 A Well, he could have -- there's a number of ways.
17 One is a person could sit on the corner and
18 panhandle. A person could run into another group
19 of people who had some alcohol. He might have
20 even had some money in his pocket to be able to
21 make it to a store and buy some alcohol.

22 Q Would it surprise you that a person could have
23 become so intoxicated over such a short period of
24 time?

25 A No.

1 Q Is that commonplace?

2 A Yes.

3 Q It's known to anybody who deals with people like
4 Frank Paul on the Eastside?

5 A Yes. It could happen never mind three hours, it
6 could happen in an hour.

7 Q All right. Could we go on, please.

8 You'll now see the elevator opening on the
9 upper floor. Sir, apparently the video may not
10 be in proper sequence and we'll get to the
11 portion when the elevator doors open on the upper
12 floors, but what's happened is that portion of
13 the video has been omitted and what you've just
14 seen is that within approximately five minutes
15 Mr. Paul has come down the elevator and has been
16 dragged out the door. Did you see that?

17 A I saw that.

18 Q Were you able to make any observations of his
19 state of sobriety watching that video?

20 A He was still unconscious and intoxicated -- I
21 wouldn't say intoxicated from that but all you
22 can say is he looked unconscious.

23 Q He's unconscious?

24 A Right.

25 Q Do you see the wet streak there?

1 A Yes.

2 Q Apparently coming off his clothing?

3 A Yes.

4 Q Would that tell you that his clothing was soaked?

5 A Yes.

6 Q Sir, you may have already answered this question,
7 but if you were take Mr. Paul outdoors in that
8 state, where would you take him?

9 A I would take him -- actually in that state,
10 Saferide probably wouldn't take him. I would ask
11 that he be escorted, transported by an ambulance.

12 Q Sir, do you know where Mr. Paul was eventually
13 taken?

14 A I do not.

15 Q Was he a candidate for detox, the sobering room,
16 in the condition he was in?

17 A I would say yes, but more likely a hospital.

18 Q In your experience a person in that state of
19 sobriety, might they be turned away from a detox
20 centre -- sobering room?

21 A What would probably happen is the nurses at the
22 sobering unit would attempt to get a response,
23 would check their blood pressure and their pulse
24 and see where they were and try and get them to
25 communicate and then probably ask the ambulance

1 to attend again. It wouldn't be uncommon to take
2 somebody -- for the first on the scene, ambulance
3 or police, to suggest to take this fellow to the
4 sobering unit and get to the sobering unit and
5 they say oh, no, this person needs to go to the
6 hospital, call the ambulance back again.

7 Q Your view is he needed medical attention before
8 you knew how to deal with him at all?

9 A Yes, absolutely.

10 Q Sir, this perhaps goes without saying and you may
11 have answered it before, would you have thought
12 it appropriate to take Mr. Paul to his old squat
13 down there on Broadway and leave him?

14 A No.

15 Q Why?

16 A Because he was unconscious.

17 Q Because he might die?

18 A Yes. He definitely wouldn't be able to care for
19 himself.

20 Q Would you think it appropriate to take him out of
21 the police wagon and leave him on the side of the
22 road?

23 A No.

24 Q Why?

25 A Again, for the same reason, he was unconscious

1 and could possibly die. He was at risk to the
2 elements.

3 Q Meaning if it was nearing zero and it was pouring
4 rain and he was already soaking wet and unable to
5 care for himself, that if he was dragged and left
6 by the side of the road there was a very good
7 chance that he would die, correct?

8 A Correct. If I can add to that, even in the
9 middle of summer in warm conditions with no rain
10 it wouldn't be appropriate to leave somebody on
11 the side of the road.

12 Q For safety reasons?

13 A Yes.

14 Q Sir, we saw Mr. Paul being released earlier. Is
15 it so that sobering rooms or detox centres will
16 decline to take people on occasion even if
17 they're not violent on entry but if they're known
18 to be violent upon release?

19 A Yes. If they have a history of resisting
20 discharge, that is probably more the concern with
21 the sobering centre staff, getting the person to
22 leave than bringing him in.

23 Q Some people when they're sobering up their
24 dispositions are such that they become
25 aggressive, testy, acting out toward the staff;

1 is that correct?

2 A It can happen. I wouldn't say it's common. It's
3 like anybody else, if they're warm and dry and
4 you're waking them up still half intoxicated
5 suggesting that they go out in the elements,
6 they're going to resist.

7 Q Did you observe when Mr. Paul was being released
8 any resistive or aggressive behaviour on his part
9 in this video?

10 A No.

11 Q Did you otherwise know of any such incident?

12 A No.

13 MR. KELLIHER: Sir, thank you very much for the evidence
14 you've given. I have no further questions for
15 you.

16 THE COMMISSIONER: Mr. Ward.

17

18 **EXAMINATION MR. WARD:**

19 Q Mr. Conroy, my name is Cameron Ward. I'm counsel
20 for the United Native Nations Society, a group
21 that represents the interests of First Nations
22 people in the Vancouver area and elsewhere.

23 I gather from your evidence, sir, that you
24 worked with Saferide for some five or six years,
25 from 1996 to --

1 A About five and a half years, yeah.

2 Q And that, I understand, was a non-profit
3 organization designed to provide transportation
4 services to alcoholics?

5 A The Vancouver Recovery Club is a non-profit
6 organization. Saferide is a program funded
7 through the Coastal Health Authority that's
8 administered through the society.

9 Q I see. Is it fair to say that over the years
10 that you worked with the Saferide program you
11 developed some empathy for, sympathy perhaps, for
12 the people you were encountering on a regular
13 basis?

14 A I would call it empathy, yes.

15 Q People like Frank Paul?

16 A Absolutely.

17 Q I gather from your evidence he was one of a group
18 of people who were chronically addicted to
19 alcohol and who consumed, among other things,
20 rice wine?

21 A Yes.

22 Q How big would that group of people be in your
23 estimation back in the region of 1996 to 1998?

24 A Somewhere between 30 and 50.

25 Q What proportion, if you're able to say, of those

1 people would be people of First Nations or
2 aboriginal heritage?

3 A 75 percent, maybe 80.

4 Q The vast majority?

5 A Yup.

6 Q And you characterized the effects of this rice
7 wine, in particular, as devastating to the people
8 who consumed it?

9 A Yes, I did.

10 Q Did these people, this group of chronic alcohol
11 abusers, also ingest other substances that
12 contained alcohol like rubbing alcohol or
13 aftershave?

14 A Yes.

15 Q And similarly --

16 A Listerine mostly.

17 Q Whatever they could get their hands on?

18 A Absolutely.

19 Q Sir, as a result of your experiences in the
20 Downtown Eastside, have you become familiar with
21 the Insite Safe Injection Centre for narcotics
22 users?

23 A I'm familiar with it.

24 Q Are you familiar with the concept that it is
25 there to reduce harm to those people?

1 A Yes.

2 Q And reduce the impact of those people on various
3 public services?

4 A Yes, I am.

5 Q Have you become aware of something called the
6 University of Ottawa Managed Alcohol Program, or
7 MAP, which is a similar harm reduction program
8 that provides chronic alcohol abusers with
9 alcohol to reduce harm to them?

10 A I'm less familiar with that.

11 Q But you have heard of it?

12 A I have.

13 Q And you are aware that the concept is that these
14 chronic alcohol abusers who are addicted to
15 alcohol are given sherry, for example, in a safe,
16 controlled environment monitored by medical
17 personnel?

18 A Yeah. If my memory serves me correct, it's
19 mostly being practiced in Ontario, not here.

20 Q My question for you is this: Based on your years
21 of experience with Saferide in dealing with
22 people of the sort you described, in your view as
23 someone on the ground, would a program like that
24 be of benefit to people like Mr. Paul?

25 A It wouldn't hurt.

1 Q In your view would a program like that reduce the
2 stress on other services like the police and the
3 ambulance?

4 A I'm not sure I'm qualified to say that.

5 Q All right. Would it be fair to say that in your
6 view, based on your experience, it would be worth
7 a try?

8 A Yes.

9 Q Sir, I want to ask you about the day-to-day work
10 of Saferide while you were there. Was it the
11 case that your trips with clients, would they be
12 documented somehow with a slip of paper?

13 A Yes, what we call a SIPP form. I think it's
14 S-I-P-P. SIPP stands for -- it's a police term.
15 It stands for substance -- suspect intoxicated
16 person.

17 Q State of Intoxication in a Public Place?

18 A There you go. That's probably the one. We
19 normally fill that out and present it to the
20 sobering unit, keep a copy for ourselves and we
21 would keep stats on the computer in our office.

22 Q It was a form that was in triplicate, different
23 copies in your book?

24 A I don't think it was triplicate, I think it was
25 duplicate. A white and yellow.

1 Q White would go to whom?

2 A Wherever the person was passed on to, wherever we
3 delivered the person to. Unless we took them
4 home, then we would keep both copies.

5 Q The yellow?

6 A Yellow would come to our office.

7 Q And be retained there?

8 A Yes.

9 Q This sobering unit, was it attached to the detox
10 centre?

11 A Yes, part of it.

12 Q You indicated in evidence that you thought -- you
13 gave an address for it.

14 A I was wrong about that. I think it's 377.

15 Q I was going to ask you about that. 377 East 2nd
16 Avenue?

17 A Yes.

18 Q You also testified a little bit about the
19 personnel that you encountered at the sobering
20 unit?

21 A Yes.

22 Q You said, as I recall your evidence, that some of
23 them were more compassionate than others?

24 A Yeah. I think that's common in any field.

25 Q Just directing your mind back to 1998, the latter

1 part of that year if you can, do you recall the
2 names of the intake people at the sobering unit?

3 A Well, I mean, Carol was one of the nurses, I
4 think there was -- there's quite a few people
5 there and I'm not -- I'm not -- the names aren't
6 coming to me.

7 THE COMMISSIONER: If you can't remember, don't try.

8 A The names aren't coming to mind right now.

9 MR. WARD:

10 Q That's fine. I'll ask one more questions on that
11 subject. Is there any person there who was
12 particularly compassionate, any person you recall
13 being that way?

14 A Yeah, there was two. The person I just
15 mentioned, Carol, and the other would be Madelyn.

16 Q Do you recall, sir, the last time that you saw
17 Frank Paul alive?

18 A I do not.

19 Q I want to ask you in an effort to perhaps jog
20 your memory to look at a couple of documents that
21 we have been provided with. The first of those
22 is at binder 2, tab 4. Having spoken with
23 counsel, I'm going to -- Mr. Commissioner, with
24 your leave I will approach this a slightly
25 different way.

1 Sir, I just want to suggest to you that the
2 last time you saw or dealt with Frank Paul was
3 the day before he died, and specifically, Friday,
4 December 4th, 1998, at approximately 19:50 hours,
5 when you and Brian Morgan took him from the detox
6 centre to the Lookout North shelter. Do you have
7 any recollection of --

8 A That's entirely possible. However, no, I don't
9 have a distinct memory of it.

10 THE COMMISSIONER: Don't guess, Mr. Conroy, you don't have to.

11 A Sometimes we were doing like 30, 40 calls a
12 night.

13 MR. WARD:

14 Q And the busy time was the nighttime hours?

15 A Absolutely, yup.

16 Q Your usual shift was 3:00 in the afternoon to
17 3:00 in the morning?

18 A Yup.

19 MR. WARD: Thank you very much, sir. Those are my questions.

20 THE COMMISSIONER: Thank you, Mr. Ward.

21 Ms. Pastine, do you have any questions.

22 MS. PASTINE: I have no questions.

23 MR. MARTLAND: Mr. Commissioner, by way of re-examination I
24 have a few brief points, if I may, with Mr.
25 Conroy.

1 **EXAMINATION BY MR. MARTLAND:**

2 Q Tell me if you need to see the video again, but
3 you'll recall having looked at that video there's
4 a point at which this man is at the bottom
5 outside the elevator, putting on his shoes,
6 eating a bag of chips, getting organized, if you
7 will?

8 A Okay.

9 Q You remember seeing that?

10 A Yes, I do. I don't remember the bag of chips
11 part but I saw him putting on his clothes.

12 Q Then he leaves?

13 A Uh-huh.

14 Q I'm going to ask whether -- do you recall from
15 seeing that video, do you describe that as him
16 crawling out or him using the wall to get up and
17 walk out?

18 A I'd say he was struggling. It might help if I
19 saw the video again.

20 Q Why don't I show you that part of the video
21 again.

22 THE COMMISSIONER: By crawling, Mr. Martland, do you mean down
23 on all fours?

24 MR. MARTLAND: Yes. It will get brighter in a moment, I
25 expect.

1 Q As I await that, I'll cover some other points,
2 Mr. Conroy. Before today have you ever been
3 shown this video?

4 A No.

5 Q Is there any sound on the video? I appreciate
6 that sounds like a silly question but for the
7 sake of --

8 A I don't hear any sound.

9 Q When you described Mr. Paul as being unconscious,
10 can you see his face in any detail on the video
11 we played?

12 A No.

13 Q Can you see whether his eyes are open or not?

14 A No.

15 Q Can you see his mouth is moving?

16 A No.

17 Q If I might ask one further question while I wait
18 to find this point in the videotape, when Mr.
19 Ward a moment ago asked you a question about the
20 address and you answered with some specificity,
21 you gave a specific street address on East 2nd?

22 A Yes.

23 Q When I asked you you had a much more vague
24 answer. What changed?

25 A My memory comes and goes. I'm a -- I'm a -- I

1 concern, we're proposing that the DVD be marked
2 as the first exhibit.

3 THE COMMISSIONER: It has been referred to. I think it should
4 now be marked as an exhibit. That will be
5 Exhibit 1.

6 **(EXHIBIT 1: DVD)**

7 MR. COWPER: Mr. Commissioner, maybe while that's being done,
8 I think since this is the first exhibit it would
9 be appropriate to record our intentions with
10 respect to exhibits generally. If a document is
11 marked as an exhibit, whether it's electronic or
12 paper or any other form, that will form the
13 public record of the Commission. If there is a
14 document which is put to be a witness and wished
15 to be marked as an exhibit and there's an
16 application to have that treated as confidential
17 or unavailable to the public, I'd ask any counsel
18 that wants that order to let me know ahead of
19 time hopefully in advance of the witness being
20 called so that we can consider our views with
21 respect to that question, but if there's no other
22 submission made any exhibit marked will be a
23 public document and copies will be made available
24 in the normal course on request.

25 THE COMMISSIONER: Did all counsel hear what Mr. Cowper had to

1 say in that respect? Thank you. I think that
2 makes abundant sense. If you could advise him in
3 advance if there is any proposed exhibit that you
4 think is sensitive, please advise him.

5 Go ahead Mr. Martland.

6 MR. MARTLAND: Thank you, Mr. Commissioner. The next witness
7 is Jim Douglas. Mr. Registrar, this witness will
8 affirm.

9 **JAMES MICHAEL DOUGLAS: Affirmed**

10 THE REGISTRAR: State your full name please.

11 A My name is James Michael Douglas.

12

13 **EXAMINATION MR. MARTLAND:**

14 Q Mr. Douglas, could you introduce yourself by
15 providing how old you are and where you work?

16 A I am 45 years old. I'm a paramedic with the
17 British Columbia Ambulance Service. I am
18 currently stationed in the community of Squamish,
19 BC.

20 Q How long have you been with the ambulance?

21 A I just completed my 20th year.

22 Q In that time where have you been stationed?

23 A I initiated my career in the community of
24 Whistler, BC and from 1984 -- sorry, 1994 to 2004
25 I was stationed in the Downtown Eastside of

1 Vancouver.

2 Q Where were you stationed then?

3 A The station was located at Powell and Heatley,
4 the 700 block of Powell.

5 Q You were at that station for ten years, were you?

6 A That's correct.

7 Q During that time what positions did you occupy?

8 A I was a full-time paramedic with the Ambulance
9 Service.

10 Q What did you do in that position?

11 A Responded to requests for medical treatment and
12 transportation of the sick and injured to
13 hospitals.

14 Q What kind of training do you have for that work?

15 A I was -- I am currently qualified as paramedic
16 EMA level 2. The training consists of a year of
17 study at the Justice Institute of British
18 Columbia with on-car remedial assessment.

19 Q In 1998 how long had you been stationed at that
20 station you described?

21 A Off the top of my head 11 years.

22 Q 11 years as a paramedic?

23 A Yes.

24 Q How long stationed at Powell Street at that
25 point? I understood you to say you started there

1 in 1994?

2 A That's correct.

3 Q You'd have been there for four years at that
4 point?

5 A That's also correct.

6 Q Could you please describe to the Commission your
7 knowledge of Frank Paul?

8 A My knowledge of Frank Paul was he was one of a
9 group of people in the area that we saw on a
10 fairly regular basis.

11 Q And why would you see him?

12 A Usually because of the initiation of third party
13 calls requesting a response for a person seen
14 laying down on a sidewalk or pavement or parking
15 lot or a public area. We would respond usually
16 and find Mr. Paul usually laying down, sitting
17 against a building.

18 Q When you say third parties, I take it that's
19 someone sees this, is worried and phones -- would
20 they usually phone 911?

21 A That's correct.

22 Q From your end, you're working typically in an
23 ambulance or at the station?

24 A We could be either at our station awaiting a call
25 or actually already be between calls awaiting

1 another assignment.

2 Q How does a 911 call get patched on or that
3 information get passed along to you?

4 A We would be notified that we were being tasked to
5 respond, code 3, lights and sirens emergency, or
6 routinely to a man down call. We would be given
7 a location, advised of our mode of transport and
8 we would be given a response number to document
9 the call.

10 Q In general cases, what would be your approach
11 when you face a man down call?

12 A My initial approach to these types of calls would
13 be once having eyes on to the person that we're
14 expecting -- that we expect is the client that
15 we're going to see, witnessing their demeanour,
16 their body position, any movement, any evidence
17 of violence in the area to the person, any
18 evidence that would lead us to believe why the
19 person would be laying on the ground, looking for
20 evidence in the immediate area of alcohol, drug
21 paraphernalia, looking at the person to see if
22 there's any obvious bleeding, any obvious body
23 deformities. That would all be done as we
24 approach as soon as have visual on the person.

25 Q In a situation where you undertake those steps

1 and your initial view is this is someone who
2 appears to be intoxicated, what further steps
3 would you then take?

4 A Our initial approach would be to try to gain the
5 person's attention verbally by introducing
6 ourselves, asking are you all right? If that
7 didn't work, the next procedure would be then to
8 actually put hands on the person, give them a
9 shake, perhaps use a pain stimuli to elicit a
10 response.

11 Q What do you mean first with a shake, what would
12 you do for that?

13 A I might put my hands on their shoulder and give
14 them a gentle shake and also a verbal hello, can
15 you hear me, can you hear me, and see if there's
16 a response from that.

17 Q When you say pain stimulus, what sort of steps
18 would you take there?

19 A The classic method of a pain response on a person
20 in this condition would be to squeeze the
21 trapezius muscle at the base of the neck hard
22 enough to instill some pain is a classic method.

23 Q What would you next do?

24 A If there was a response and the person's level of
25 consciousness indicated that they were able to

1 talk to me, I'd start asking questions. Hello.
2 Is there anything wrong? Can we do anything for
3 you? Do you hurt anywhere? And begin a patient
4 assessment model on that. If the person didn't
5 respond then we would revert to a model that
6 treats an unconscious person.

7 Q And without -- I don't need it I don't think in
8 super detail, the kinds of steps involved in
9 either response, but at a general level what
10 kinds of things would be involved in the
11 assessment?

12 A Determining whether or not the person seems to be
13 oriented to where he is and what's going on, are
14 they able to maintain their own airway, are they
15 coherent, are they coordinated, looking for any
16 signs of use of an intoxicant or drugs.

17 Q And could you expand a little bit, when you say
18 coherent what are you looking for or at?

19 A Purposeful response to a question as opposed to
20 inarticulate noises or no verbal response at all.

21 Q When you say someone is coordinated what sorts of
22 things are you paying attention to?

23 A If I talk to the person do they look at me or
24 look in my direction to see the source of the
25 question. If they're irritated by my presence or

1 perhaps when I use the pain response on the
2 trapezius do they purposefully try to locate that
3 source of pain.

4 Q When you say signs of intoxication, again, what
5 sorts of things are you looking for that may give
6 you those signs?

7 A Slurred speech, involuntary eye movement,
8 uncoordinated motor function, obvious smells of
9 alcohol, odour of alcohol in the immediate
10 vicinity, right down to any physical evidence of
11 alcohol on the person or in the immediate area.

12 Q At a general level if you describe generically
13 your response to someone who is intoxicated in a
14 man down call, let's say in Vancouver, what -- if
15 you can list them, what kinds of steps would you
16 take? One would be to take them to hospital
17 right away?

18 A To determine whether or not there's a suspicion
19 that their present condition could be due to a
20 medical issue. All my focus would be on finding
21 -- gathering an opinion on whether or not that is
22 the case. If not, if my opinion is that their
23 current condition is isolated to alcohol or drug
24 intoxication, then there would be different
25 steps, a different direction that I would head

1 off in rather than taking them to hospital.

2 Q What sorts of responses may you employ?

3 A If the patient was able of understanding I would
4 offer perhaps transportation to a detox facility.
5 If the person had been showing signs of violence
6 or aggression towards me and I suspected that
7 perhaps the transporting authority or the detox
8 facility might have an issue with being able to
9 handle that person, the we would get the
10 Vancouver Police involved for the potential of
11 the person being apprehended for public
12 intoxication, usually resulting in them being
13 taken to the jailhouse for a few hours and then
14 released or whatever they do.

15 Q When you say transporting to detox in 1998, first
16 of all, what did that involve?

17 A Usually that involved advising our dispatcher of
18 a request for transport to detox. At the time
19 people were being transported to detoxed in two
20 manners, an organization called Saferide, or if
21 they were busy they could be transported by
22 Vancouver City Police.

23 Q Would you as an ambulance attendant ever take
24 someone to detox?

25 A No, we were not allowed by policy.

1 Q You weren't allowed?

2 A We weren't allowed.

3 Q Do you know what the reasoning was or the policy
4 was?

5 A Our policy was that we were tasked to transport
6 people to hospital that required medical care.
7 Once it was determined that they didn't require
8 medical care, in fact, then our responsibility
9 was at an end and we would be making moves to
10 clear to be available for another medical
11 emergency or being dispatched for another medical
12 call.

13 Q Going back to Frank Paul, could you please
14 describe, first of all, if you have any
15 recollection roughly when you would have first
16 known him or met him or interacted with him?

17 A I do remember Mr. Paul. He was one of a handful
18 of people that we cared for in the Downtown
19 Eastside that were seen regularly by all staff in
20 the area. I can't exactly remember when I would
21 have first had a recollection of Mr. Paul but I
22 believe it was probably very early in my career
23 in that area.

24 Q That being, as I understand you, 1994 onwards?

25 A I'd been there for almost four years by that

1 time.

2 Q How would you describe him in that time?

3 A We saw Mr. Paul on a consistently regular basis
4 during my four-day block of work. Do you also
5 want to know into my recollections of him as an
6 individual?

7 Q Yes, please.

8 A He could be a challenging and a complicated man
9 to deal with, that was my recollection of him.
10 Dealing with him involved a bit of energy into
11 negotiating or manipulating him into co-operating
12 so that we could safely perform an assessment
13 with him. At times Mr. Paul could be initially
14 unco-operative, sometimes belligerent,
15 aggressive. There had been incidences where he
16 had attempted verbal or physical violence against
17 myself or my partner of the day, in which case
18 the police would have been involved after that
19 point in time, but wouldn't obviate if he needed
20 medical care, we would have to use police
21 resources and our own resources to get him that
22 care. Usually you could find a way of offering
23 Mr. Paul what he needed for that day, whether it
24 was transport to the hospital or whether it was
25 getting him off the street into detox for his own

1 well-being at the time.

2 Q You described it as negotiating. What sort of
3 negotiate would be involved?

4 A To negotiate with a gentleman like Mr. Paul you
5 had to find some type of common ground or at
6 least get his attention focused on you and the
7 fact you weren't there to give him a hard time,
8 you weren't there to rob him, and I think once he
9 understood who you were and what you were there
10 to do for him and you weren't there to give him a
11 hard time, he would start to come around and he'd
12 co-operate with his questioning. The
13 belligerence and tone of voice would become a lot
14 more friendly if you could get across to him that
15 you could go to detox, you can get dry, get some
16 food, you won't be there for long, just enough to
17 dry out for a little bit. Bribe him with
18 cigarettes. I have had partners and myself that
19 we never smoked but kept cigarettes in the
20 dashboard of our ambulance. Offering Mr. Paul a
21 cigarette and make friends with him a bit and he
22 would start talking.

23 Q You say bribe, bribe with a cigarette in order to
24 do what?

25 A For him to talk to us. His normal response to

1 being approached on the street was that he didn't
2 want anything to do with you. If you got his
3 attention and bribed him at least you could start
4 a dialogue and then next thing you know you're
5 finding out whether or not he hurts today,
6 whether he's having any pains or been injured,
7 eliciting answers to questions about his past
8 medical history, how much has he had to drink
9 today, letting him agree to take his wrist
10 without being aggressive or violent if you
11 attempted something like that so you could take a
12 pulse or blood pressure.

13 Q Those strategies, were they strategies that you
14 developed or others developed or both?

15 A Developed by -- with my peers I would say. I
16 work with some really great senior -- when I was
17 a junior man I worked with a lot of great mentors
18 in the service and saw lots of examples of ways
19 that worked and were efficient to deal with
20 people.

21 Q Going back to December 5 of 1998, first of all,
22 do you have any recollection of the weather
23 conditions that day?

24 A No, sorry, I don't.

25 Q Could you describe -- I understand you had

1 dealings with Frank Paul that day?

2 A That morning, yes.

3 Q Could you please describe to us those dealings?

4 A May I refer -- there is an occurrence report and
5 patient care report of that day.

6 Q Is that something you need to assist your memory?

7 A I thought it might be a little clearer.

8 THE COMMISSIONER: Does anyone have any objection? Yes, you
9 may do so.

10 MR. MARTLAND:

11 Q Do you have that?

12 A No.

13 Q Let me provide what I hope is the same thing.
14 For the benefit of counsel, I'm providing
15 documents from tab 2, binder 1, an occurrence
16 report and also a crew report.

17 A Sorry, can you repeat that question?

18 Q Do you recognize that occurrence report?

19 A Yes, I do.

20 MR. MARTLAND: I'd ask that be marked as Exhibit 2, please.

21 THE COMMISSIONER: Exhibit 2.

22 **(EXHIBIT 2: Occurrence Report)**

23 MR. MARTLAND:

24 Q Secondly, the crew report. Do you recognize
25 that?

1 A Yes.

2 Q Is that a crew report you completed?

3 A I did.

4 MR. MARTLAND: I'd ask that be marked Exhibit 3, please.

5 THE COMMISSIONER: Exhibit 3.

6 (EXHIBIT 3: Crew Report)

7 MR. MARTLAND:

8 Q Mr. Douglas, please continue. I asked you to
9 please set out your involvement with Frank Paul
10 on December 5, 1998.

11 A Based on what I'm re-reading at this time from my
12 crew report dated 5 of December, that morning we
13 attended a report of man down at 420 Abbott
14 Street, code 3, lights and sirens response. On
15 arrival we found an approximately 40-year-old
16 male sitting against the building at 420 Abbott.
17 I recall that he made eye contact with me as we
18 pulled up alongside the curb parallel to his
19 location.

20 Q Who was the male?

21 A The male was later on identified as Mr. Frank
22 Paul.

23 Q Okay.

24 A As I approached, he immediately stated "I'm
25 okay," and indicated by waving for me to leave

1 him alone. I continued to approach and
2 introduced myself and carried on a medical
3 assessment with his co-operation, and when I
4 offered him a transport -- believing he wasn't
5 experiencing a medical emergency, I offered him
6 transport to Vancouver Detox. He declined. I
7 believe I repeated that offer.

8 Q I'll ask you a further question about that. You
9 described offering transport to detox. What
10 would that have involved if he said yes?

11 A Then it would have been by radio contacting my
12 dispatch and having them dispatch a Saferide or
13 Vancouver Police unit.

14 Q Carry on.

15 A The assessment went on, and according to my crew
16 report I didn't find anything of medical
17 significance. After offering him the transport
18 to detox and him refusing twice I attempted to
19 gather personal identification information off of
20 him. I was unable to because at that time he had
21 gotten up and was using the wall of the Abbott
22 Street building to walk away from me.

23 Q Could you describe that as much as you can, when
24 you say using the wall to walk, what do you mean?

25 A I don't recall exactly how he was doing it. I've

1 charted that he -- I've charted on my occurrence
2 report and on my crew report that I was unable to
3 understand him, this is regarding obtaining
4 identification from him, as he was already moving
5 towards Hastings Street by using the wall of the
6 building on Abbott Street, but I don't have any
7 exact recollection of exactly what that entailed.

8 Q I take it that language is used to describe
9 someone who needs the wall to walk?

10 A Or was using the wall to walk.

11 Q Using the wall to walk, in any event?

12 A Yes.

13 Q When you described having performed an
14 assessment, what was involved in that assessment?

15 A The medical assessment follows a standard model
16 of determining whether or not there is any
17 priority concerns with his airway, his breathing
18 or his circulation. Finding that there's nothing
19 to be immediately concerned about that, we would
20 then try to dig into the history of the day, what
21 has he been doing, what's been going on, if he
22 has any complaints, asking him about any
23 previously known significant medical history,
24 asking about any medications he's on or supposed
25 to be taking, talking about allergies that he

1 might have, a set of vitals, including blood
2 pressure, pulse, respirations, neurological scale
3 called the Glasgow Coma Scale, if allowed. We
4 would do a full physical examination of the
5 person and come up with a determination of
6 whether or not they needed to go to the hospital
7 in our opinion.

8 Q Was taking the temperature part of that process?

9 A No, we don't regularly take temperatures as part
10 of our assessment.

11 Q Why is that?

12 A We actually don't have the tools for it in our
13 cars. Glass thermometers could be somewhat
14 dangerous in the environment we work in and our
15 employer hasn't seen fit to provide us with
16 digital thermometers or an alternative.

17 Q In the case of Frank Paul on December 5, 1998,
18 and I welcome you to look at your crew report or
19 occurrence report if that assists, what were the
20 results of that assessment? What information can
21 you give to us?

22 A It was determined when asked he related no what
23 we call a chief complaint. He related he had no
24 issue or request to go to a hospital.

25 Q Where do you see that in the report?

1 A Box 51, chief complaint, there is a zero with a
2 line through it and a CC denoting no chief
3 complaint.

4 Q All right.

5 A The history of illness box is a box we use to
6 just chart briefly our findings, questions that
7 we would have asked the person, and I've written
8 down: Denies ETOH or RX abuse, alcohol or drug
9 abuse. Found standing holding on to wall.
10 States was going to get a meal. Refused offer of
11 transport to detox. Further on I would have
12 asked him about any previous or past medical
13 history that might have a bearing on that day.
14 He denied any significant past medical history,
15 no drug use per person, and that would have also
16 related to whether it was an elicit drug or a
17 prescribed drug by a doctor. NKA stands for no
18 known allergies. A full set of vitals was taken
19 and they were all in the normal range for a
20 conscious, oriented male.

21 The exam was done -- and some of this exam
22 would not have been done hands-on, it would have
23 been done visually. You can see somebody's arm
24 is moving so you can infer it's not damaged.
25 State of consciousness, he seemed to be alert.

1 He had no abnormal deformities detected with his
2 head, neck, chest, abdomen, back. He moved all
3 his limbs, there was no deficit stated by him and
4 no blood, no external bleeding noted by myself.

5 Q Looking at that crew report, does it tell you
6 when the report would have been prepared?

7 A The reports are prepared at the time or briefly
8 after or during the assessment.

9 Q I take it in the middle of the top part of that
10 document where we see some entries with respect
11 to the time on December 5, it shows under 29:
12 Clear at 09:46.

13 A That's correct.

14 Q Does that mean 9:46 a.m.?

15 A Yes.

16 Q When would this report have been prepared?

17 A I don't recall if it was done while we were
18 assessing. I may have been making notes with a
19 clipboard in my hand or we may have gotten back
20 in the unit after Mr. Paul walked away.

21 Q What period of time?

22 A Within minutes. If I looked at the crew reports
23 to see when we were next dispatched, it could
24 have been immediately after clearing this call or
25 some minutes after.

1 Q If you have a look at your occurrence report, do
2 you have any recollection about how that came
3 into being?

4 A This was done at the request of a detective with
5 the Vancouver City Police, Doug Staunton. He
6 contacted me -- for some reason I've charted on
7 or around December 22, I don't recall why I made
8 that notation, but I received a request to
9 contact Detective Staunton that Mr. Paul had been
10 involved in this incident and I was requested to
11 write a report on behalf of the BC Ambulance
12 Service for submission to Vancouver City Police.

13 Q I'm going to be for the benefit of counsel
14 showing the witness tab 50 of binder 1. If you
15 could please read that.

16 A The patient is --

17 Q Rather than reading aloud, if you could read that
18 to yourself and then I'll ask you a question.

19 Mr. Douglas, is that document familiar to
20 you?

21 A It seems familiar to me, yes.

22 Q What is it?

23 A A request by Detective Staunton that there had
24 been an in-custody death and the BC Ambulance
25 Service and myself particularly were involved.

1 Q Do you recall receiving that request?

2 A I seem to recall that right now.

3 MR. MARTLAND: I'd ask that be marked as the next exhibit.

4 THE COMMISSIONER: Exhibit 4.

5 THE REGISTRAR: Exhibit 4.

6 MR. MARTLAND: If I might take a moment, please.

7 THE COMMISSIONER: Yes.

8 MR. MARTLAND: Mr. Commissioner, counsel had raised a concern
9 and I'd ask not to have this document marked at
10 this point and I'll have discussions with counsel
11 on that.

12 MR. CROSSIN: Sorry, it's not going to be marked?

13 MR. MARTLAND: It's not going to be marked as an exhibit.

14 THE COMMISSIONER: We will mark it for identification because
15 it's been referred to the witness and he's
16 identified it.

17 MR. MARTLAND: That's fine. Thank you.

18 (EXHIBIT A FOR IDENTIFICATION: Memo dated
19 98 12 17)

20 MR. MARTLAND:

21 Q What is your recollection of this request to
22 provide this report, the occurrence report?

23 A Not very much. The exhibit that you have shown
24 me has brought up a bit of memory that that was
25 the origination of the request for my occurrence

1 report.

2 Q What is an occurrence report?

3 A An occurrence report is generated either for an
4 extraordinary event during our duties or at the
5 request of an outside agency or by our management
6 or supervisor.

7 Q How usual or unusual is an occurrence report for
8 your work?

9 A Not -- it's not a usual occurrence but by dent of
10 working in the Downtown Eastside and the type of
11 environment that we worked in generated perhaps
12 more than the regular number of occurrence
13 reports.

14 Q In this case you describe providing this
15 occurrence report on being requested to do so by
16 Detective Staunton. Did you ever speak with
17 Detective Staunton?

18 A Not that I recall.

19 Q Did you ever speak with anyone else within the
20 police about this involvement with Frank Paul?

21 A No.

22 Q Did you ever speak with any investigators or any
23 other people about this?

24 A Not that I recall.

25 Q I understand that you met with Mr. Eastwood in

1 the recent past to discuss this?

2 A Mr. Eastwood?

3 Q Doug Eastwood, counsel --

4 A Yes, yes.

5 Q We met for the first time this morning and we
6 hadn't spoken before that?

7 A Yes.

8 Q Apart from those people, have you been asked by
9 others to describe your involvement with Frank
10 Paul on that date, otherwise?

11 A No, I have not.

12 MR. MARTLAND: If I may take a moment, please.

13 THE COMMISSIONER: Yes.

14 MR. MARTLAND:

15 Q Mr. Douglas, in terms of your memory today of
16 December 5, 1998, apart from what's in the report
17 do you have any memory today?

18 A No, I can't say I have very much. It's quite
19 some time ago and a lot of contacts ago.

20 MR. MARTLAND: Thank you. Nothing further. Thank you.

21 THE COMMISSIONER: Mr. Eastwood, do you have any questions of
22 the witness?

23 MR. EASTWOOD: A few, Mr. Commissioner.

24

25 **EXAMINATION BY MR. EASTWOOD:**

1 Q Mr. Douglas, while you were working at station
2 248 on Powell Street on any given day, a typical
3 day, how many call-outs would you attend?

4 A We would be tasked to see on average 16 to 20
5 patients a day.

6 Q And you've worked at other stations for BC
7 Ambulance Service?

8 A That's correct.

9 Q Is that a high number or a normal number of
10 call-outs?

11 A Probably within the top three busiest stations in
12 the province, yes.

13 Q And what percentage of those calls would you
14 transport to a hospital on average?

15 A On average 40, 50 percent.

16 Q And what was the nature of the calls that you
17 would be called out on typically?

18 A The vast majority of our calls were as this call
19 was, a man down call. Mostly code 3 responses.
20 Some of them might be routine if there was enough
21 information to justify it.

22 Q A code 3 response is --

23 A Lights and sirens.

24 THE COMMISSIONER: Sorry?

25 A Lights and sirens.

1 MR. EASTWOOD:

2 Q When you said the vast majority, can you provide
3 an estimate in percentage?

4 A 70 percent of our calls.

5 Q Are man down calls?

6 A Man down calls.

7 Q What would lead you to transport somebody in a
8 man down call to a hospital as opposed to, for
9 instance, calling Saferide or the police?

10 A If at any time during my assessment of the person
11 there was any indication of the possibility that
12 there was something more than just isolated
13 alcohol intoxication, then it was in the
14 patient's best interests for us to transport him
15 to the hospital.

16 Q Were there times when you viewed somebody as
17 being simply intoxicated but you transported them
18 to hospital nevertheless?

19 A I may have made an error on the patient's behalf
20 to have them go to the hospital because I wasn't
21 sure.

22 Q What about state of consciousness, did that
23 affect the decision as to whether or not to
24 transport them to hospital?

25 A Yes. The criteria would be the person had to be

1 conscious, alert and oriented to his environment
2 and what's going on around him, answer questions
3 appropriately. If any of that was altered, it
4 would be in his best interests to be assessed by
5 a doctor in the hospital.

6 Q Did you ever in your experience have difficulty
7 with admissions in terms of bringing people from
8 a man down call to one of the hospitals?

9 A No, not in my recollection.

10 Q Which hospital were they regularly transported
11 to?

12 A Regularly the majority of the patients would have
13 been transported to St. Paul's Hospital.

14 Q At that time was there any special facility to
15 accept man down-type calls or would they just be
16 seen in the regular emergency?

17 A There was no special procedure or process for
18 them. They were assessed basically the same as
19 any other patient who would have been brought in
20 from any other part of the city or walked through
21 the door. They would be triaged from the nurse
22 from information I passed on. The nurse might
23 also talk directly to the person and ask more
24 questions to come up with a triage level and
25 assign the patient.

1 Q You worked in other stations before you worked in
2 station 248 on Powell Street?

3 A That's right.

4 Q How did it come to be that you came to work at
5 248 Powell Street?

6 A Prior to being hired with the BC Ambulance
7 Service in Whistler I was a ski patrol director
8 on Mount Seymour. Some of my staff were already
9 working as paramedics with the ambulance service
10 and while building friendships with them I rode
11 third as a non-paramedic in their cars and it was
12 typically in the area of 248 I rode. I also had
13 some personal exposure to that area. When I was
14 younger my father was a partner in a business
15 down in that area and I had some experience in
16 that area, Chinatown, as a young man. But riding
17 with crew of 248 before I was hired, that's where
18 I formed the idea if I was going to do this job
19 that's where I wanted to end up working.

20 Q Do crews often get a choice as to the station
21 they're going to work in?

22 A Not initially. Your initial posting is not going
23 to be -- wouldn't be your first choice or your
24 choice for a long-term station. Once you build
25 up a few years of seniority you can usually get

1 into the area you want within Vancouver.

2 MR. EASTWOOD: Thank you. Those are my questions.

3 THE COMMISSIONER: Mr. McIntosh?

4 MR. HERN: I have no questions.

5 THE COMMISSIONER: Mr. Crossin?

6 MR. CROSSIN: No questions.

7 THE COMMISSIONER: Mr. Woodall?

8 MR. WOODALL: No questions.

9 THE COMMISSIONER: Mr. Kelliher?

10 MR. KELLIHER: Yes. Thank you.

11 **EXAMINATION BY MR. KELLIHER:**

12 Q Sir, in your occurrence report you mentioned that
13 on arriving and dealing with Mr. Paul your
14 impulse was to offer him the alternative on
15 several occasions of transport to a detox centre;
16 is that correct?

17 A That's correct.

18 Q Did you have a specific detox centre in mind?

19 A As far as I recall we actually only had one detox
20 facility at that time located on Great Northern
21 Way near 1st and Main.

22 THE COMMISSIONER: I couldn't hear you.

23 A Sorry. To my recollection there was only one
24 detox facility people would be transferred to at
25 the time. We called it Great Northern Way. I

1 believe it's the 1st and Main Street area.

2 MR. KELLIHER:

3 Q Is that still today a detox facility?

4 A As far as I know it is. I haven't been working
5 in Vancouver for three years. I don't know if
6 that's changed.

7 Q Sir, you had been working in the Downtown
8 Eastside since 1994 for four years and over that
9 period of time you'd come to know Mr. Paul quite
10 well in the course of your work; is that correct?

11 A Well enough to recognize him on sight.

12 Q And you had no knowledge in your possession on
13 December 5th, 1998 that he would be unwelcome at
14 a detox centre?

15 A No, sir, I don't.

16 Q Sir, if you could look please with me at the
17 final paragraph of your report, you mentioned
18 that: Gossling did inform me that a male well
19 known to local paramedics named Frank Paul had
20 been attended to the previous night by them and
21 subsequently been found to have died in an alley
22 behind the detox facility.

23 Sir, do you mean by that that there was an
24 attendance by ambulance personnel prior to Mr.
25 Paul being found behind the detox centre or that

1 the attendance of ambulance personnel was at the
2 time he was found behind the detox centre?

3 A Yes, that's what I mean by that statement, that
4 the crew and Mr. Gossling had actually attended
5 Mr. Paul that evening.

6 Q Sir, have you ever seen a video that purported to
7 be of Mr. Paul being dragged in and out of the
8 Vancouver City Police cells?

9 A I've seen it on the media, yes.

10 Q Is it clear in your mind now as I ask you? Can
11 you bring it to mind?

12 A The portion of it that I've seen, yes.

13 Q Of a body, apparently unconscious and soaking
14 wet, being dragged into the jail, up the
15 elevator, some people look at the individual and
16 then he's dragged back out?

17 A No. The only portion I've seen in the media is
18 the portion that shows him being dragged out of
19 the elevator, into the breezeway of the alley
20 behind I believe it's 312 Main.

21 Q Sir, have you been to that part of the old jail?

22 A Yes.

23 Q What's called the breezeway; is that right?

24 A That's what I refer to it as.

25 Q Could you see and do you recall when Mr. Paul was

1 being dragged out, were you able to make any
2 observations on the basis of your medical
3 knowledge and experience in the area of the
4 Downtown Eastside and with Mr. Frank Paul as to
5 his -- I know it's difficult and say if you can't
6 -- would you be able to make any observation as
7 to his state of sobriety or medical condition?

8 A No, I don't think I could.

9 Q Would it assist you if it was replayed?

10 A I suppose I could see it but I don't understand
11 how I could make a medical judgment from a video
12 clip.

13 Q All right. Let me put it another way. Assuming
14 that Mr. Paul were intoxicated at the time,
15 assuming that he was sopping wet and his clothes
16 were soaked through and through, and it was that
17 moisture that was giving the mark to the concrete
18 in the breezeway, can you tell me in those
19 circumstances that there is any medical attention
20 you might think was appropriate in dealing with
21 that man? If he were in your custody, sir, in
22 those circumstances, what would you have done?

23 A If there was no findings of a medical emergency
24 at that time I would be concerned about him being
25 wet and left outside overnight if he was unable

1 to protect himself.

2 Q Do you think, sir, that if he were in your
3 custody in those circumstances that you would
4 test his vital signs?

5 A Yes, I would have.

6 Q Would you test his body temperature?

7 A No, I would not.

8 Q When you say test his vital signs, to find a man
9 in that apparent state what would you do?

10 A Vital signs would have consisted of obtaining a
11 blood pressure, his pulse rate, his breathing
12 rate, his level of consciousness. Regarding
13 temperature, the only temperature I could elicit
14 is by touch, cold to the touch or warm to the
15 touch.

16 Q Sir, why would you make those examinations of
17 that person?

18 A Because that's part of our basic medical
19 assessment model.

20 Q Why would that be important in a situation such
21 as you've seen with Mr. Frank Paul in the video?

22 A You would be looking for any of those findings to
23 be abnormal, indicating that there could
24 potentially be a medical situation with the
25 person.

1 Q Would you expect such a person to be discharged
2 without any medical examination, whatsoever?

3 A I would expect that they would be medically
4 examined at some point, yes.

5 Q While in police custody?

6 A I would think so.

7 Q That would be your assumption?

8 A That would be my opinion.

9 Q Sir, when you first dealt with Mr. Paul your view
10 was that he should go to a detox centre, correct?

11 A I gave him the option of accepting that.

12 Q Rather than the jail; is that correct?

13 A I don't believe I ever made the offer of jail or
14 thought about jail.

15 Q And that's because --

16 A I didn't really see a crime. He hadn't been
17 aggressive or violent.

18 Q So absent Mr. Paul committing an offence between
19 the time you saw him and an hour later, you would
20 see no justification for him being taken to
21 police cells rather than a detox centre, correct?

22 A I'm having a hard time understanding the
23 question.

24 Q You mentioned you didn't see a crime --

25 MR. EASTWOOD: Mr. Commissioner --

1 THE COMMISSIONER: Perhaps you should go back and orient him
2 to the time. Direct his attention to the
3 particular time. I think that's where the
4 confusion is.

5 MR. KELLIHER:

6 Q Sir, I'm moving back to when you first dealt with
7 Mr. Paul. When I look at your occurrence report
8 you're saying the proposition that you put to him
9 was whether or not he wanted to go to a detox
10 centre and if he would have you would have made
11 arrangements for that kind of transportation; is
12 that correct?

13 A Yes.

14 Q Your decision was that he would go to a detox
15 centre. You didn't in your occurrence report,
16 nor have you said anything today, about the
17 suggestion he should be taken to jail?

18 A That's correct.

19 Q And did I understand you correctly that you
20 didn't entertain the option of having him sent to
21 jail because you saw no evidence that he'd
22 committed an offence?

23 A That's correct.

24 Q And so, when I say absent committing any criminal
25 offence, there would be no reason for him to be

1 taken to jail rather than a detox centre an hour
2 later when the police did deal with him?

3 MR. MARTLAND: Mr. Commissioner, I might just identify, it may
4 be a question that brings into play a legal
5 question about when somebody should or shouldn't
6 be in police custody which I would respectfully
7 suggest may be beyond what this witness ought to
8 be commenting on. I raise the concern for that
9 reason.

10 THE COMMISSIONER: Yes, I suppose that is possible. Perhaps
11 you should rephrase your question, Mr. Kelliher.

12 MR. KELLIHER: Or abandon it altogether, Mr. Commissioner.

13 THE COMMISSIONER: That would be the best option.

14 MR. KELLIHER:

15 Q You saw no reason Mr. Paul should be taken to
16 jail rather than a detox centre when you dealt
17 with him; that's fair to say?

18 A That's fair to say, yes.

19 Q Sir, if I can take you back to the video,
20 assuming that he was intoxicated to the point of
21 unconsciousness and sopping wet from the
22 elements, from a medical point of view what do
23 you think should have been done with Mr. Paul?

24 A He should have been reassessed by medical
25 personnel.

1 Q To determine the true state of his medical
2 condition?

3 A To determine his true state of unconsciousness or
4 what you're suspecting.

5 Q Where would that have happened? Where could that
6 have happened?

7 A That could have been happened by the usual --
8 there was a nurse in attendance at the jail or on
9 occasion they would call paramedics to the actual
10 site.

11 Q Or I suppose he could have been taken to a
12 hospital?

13 A Usually by ambulance. The rules of allowing --
14 the rules where a police officer would take a
15 person directly to a hospital were such that if
16 it was a medical condition they called us.

17 Q Right. So if it weren't possible for Mr. Paul to
18 be medically assessed at the jail that night, the
19 appropriate response would be the Ambulance
20 Service to come and do that medical assessment;
21 is that correct?

22 A That's correct, your honour.

23 Q Sir, this probably goes without saying, but do
24 you think given your observations of Mr. Paul in
25 that video and absent any kind of medical

1 assessment either before he was taken out of the
2 jail or while in transit that it would be
3 appropriate to leave that man in that state of
4 dress on the side of a road in the middle of the
5 night in the rain?

6 THE COMMISSIONER: That was a rather lengthy question, and so
7 the witness is not in any way misled or confused
8 would you like to repeat that.

9 MR. EASTWOOD: Mr. Commissioner, if I could suggest if he may
10 say -- I think it would be appropriate for Mr.
11 Kelliher to ask if he saw any medical concerns
12 with doing any of those things, but to ask
13 whether or not generally he thinks that's
14 appropriate, I don't know if that's getting into
15 his own personal opinion and I don't know if
16 that's going to be helpful to anyone. If there's
17 a medical issue, perhaps this witness would be
18 qualified to identify that.

19 MR. KELLIHER: I'm sorry if I'm not clear. I'm asking this
20 gentleman, he's here as an emergency medical
21 person, I'm asking him in that capacity, not his
22 personal views.

23 Q For instance, sir, is that something you might do
24 in the course of your work operating an
25 ambulance, a person in that condition, would you

1 take him and leave him by the side of the road?

2 A No, I certainly would not.

3 Q Why?

4 A Because I wouldn't be doing my job if I performed
5 that action.

6 Q Would it likely jeopardize the individual's life
7 in your experience, medical and otherwise, in the
8 Downtown Eastside?

9 A It certainly could.

10 MR. KELLIHER: Thank you very much, sir.

11 THE COMMISSIONER: Mr. Ward, do you have any questions?

12 MR. WARD: Yes, I do.

13 **EXAMINATION BY MR. WARD:**

14 Q Sir, my name is Cameron Ward. I represent the
15 United Native Nations Society in these
16 proceedings. I understand from your evidence
17 that you started working in the Downtown Eastside
18 area in 1994?

19 A That's correct.

20 Q And worked continuously there through 1998 into
21 1999?

22 A Continuously into 2004.

23 Q You described, according to my note, Mr. Paul as
24 one of a group of people we saw in the area on a
25 fairly regular basis. Do you recall that

1 testimony a little earlier?

2 A Yes, I do, sir.

3 Q What were the characteristics of that group?

4 A The overall characteristics of that group were
5 they were all living a lifestyle that involved
6 alcohol consumption to a large degree. I would
7 say without exception all of them were chronic
8 alcoholics. Some would also be abusing
9 recreational drugs, elicited drugs. A portion of
10 that might also have underlying medical
11 conditions, mental health issues, but that they
12 were seen on a regular enough basis.

13 Q Did you make any observations about their racial
14 or their heritage characteristics?

15 A A significant portion of them would have been
16 considered Native Canadians, yes.

17 Q I took from your evidence that over the years
18 when you were on the Downtown Eastside you got to
19 know Frank Paul in particular?

20 A He at that time was one of the more consistent
21 regulars.

22 Q You testified about speaking with him on
23 occasion?

24 A Yes.

25 Q And giving him cigarettes on occasion?

1 A Yes.

2 Q Was he a heavy smoker?

3 A Not that I recall.

4 Q And when was the first time he introduced himself
5 to you?

6 A I don't have any recollection of a particular
7 date.

8 Q Do you have a recollection of when you learnt his
9 name for the first time?

10 A No.

11 Q What did he look like?

12 A I just remember he was a fairly large-sized man
13 -- this is sometime ago you realize -- my
14 recollection is just of a fairly large man when
15 he was standing up.

16 Q How tall?

17 A I'm recalling he was taller than I am, so 5'11, 6
18 feet, maybe.

19 Q His weight?

20 A Heavysset man. This is all very vague memory of
21 course.

22 Q Was he clean shaven or did he have facial hair?

23 A I don't recall.

24 Q Did you notice anything about his hands, his
25 fingers in particular?

1 A I do recall that he had big hands, only because
2 of an incident early in my contact with Mr. Paul
3 where one time he did get up and went to shake my
4 hand and I took his hand and he actually cocked
5 his left hand and tried to strike me actually. I
6 do remember that case and I remember he had big,
7 strong hands.

8 Q Otherwise normal in appearance?

9 A As far as I can recall.

10 Q I want to ask you, sir, about Exhibit 3, the crew
11 report that's been entered as an exhibit. First
12 of all, did you prepare this yourself in your
13 handwriting?

14 A Yes, I did.

15 Q When?

16 A This would have been prepared either during my
17 contact with Mr. Paul around 9:30 or 9:45 that
18 day or finished immediately after Mr. Paul
19 vacated the location.

20 Q This is a standard form document prepared in
21 multiple copies every time the crew answers a
22 call?

23 A That's right.

24 Q Have you or to your knowledge has the emergency
25 health service or the Ambulance Service produced

1 to this Commission all of the crew reports in
2 respect of any attendances upon Mr. Frank Joseph
3 Paul?

4 MR. MARTLAND: I'm going to raise the concern that this
5 witness might better be asked in his own capacity
6 about documents moving to and fro. Mr. Eastwood
7 may correct me, but I don't imagine he's in a
8 position to answer anything beyond his own
9 involvement.

10 MR. WARD:

11 Q All right. Sir, did you have the opportunity to
12 check the records of the Downtown Eastside
13 Ambulance Service station and see if there were
14 other crew reports in respect of other attendance
15 on Frank Joseph Paul?

16 A No, I would not.

17 Q But typically one copy of every crew report on
18 every call would be retained?

19 A That's correct.

20 Q I want to ask you about this document. Up at the
21 top you'll see there's no name indicated; do you
22 see that?

23 A Yes, I do.

24 Q I'm going to suggest to you, sir, that the reason
25 there's no name indicated is that as of December

1 5, the day you completed this document, you did
2 not know the name of the man that you later
3 assumed to be Frank Joseph Paul, the deceased; do
4 you agree with me?

5 A I would agree with that.

6 Q So all those dealings you had with this man who
7 you assumed to be Frank Joseph Paul in the four
8 years prior to his death were such that you did
9 not ever get his name, correct?

10 A That's correct.

11 Q That's why the form is blank where you would
12 usually insert the patient's name?

13 A The reason, or as I've documented, I was unable
14 to obtain the person's identification at the time
15 of the call.

16 Q Just to be clear, at the time of the call you did
17 not know the man's name at all?

18 A That's correct.

19 Q You only learned his name when you got a call
20 just before Christmas from Detective Staunton who
21 was trying to put two and two together and had
22 been dealing with a deceased named Frank Joseph
23 Paul, right?

24 A No, actually --

25 MR. MARTLAND: It's a small point but I think that question

1 may misstate the evidence to the extent of
2 documenting the call as opposed to contact from
3 Detective Staunton.

4 MR. WARD:

5 Q I'm sorry. You learned his name from your
6 colleagues the next day?

7 A That's correct.

8 Q That's the first time you knew the name of this
9 individual?

10 A Of that individual, yes.

11 Q Isn't it fair to say that the man described in
12 this occurrence report -- or the occurrence
13 report represents the attendance on a man that
14 you can't personally confirm was in fact Frank
15 Joseph Paul?

16 A That would be correct.

17 MR. WARD: Thank you. Nothing further.

18 THE COMMISSIONER: Ms. Pastine, do you have any questions?

19 MS. PASTINE: I don't, thank you.

20 THE COMMISSIONER: May this witness step down now?

21 MR. MARTLAND: Yes, thank you, Mr. Commissioner.

22 MR. WOODALL: May I speak to my learned friend?

23 MR. MARTLAND: If we could take a moment.

24 Mr. Commissioner, there's one point that it
25 would be of assistance not to formally conclude

1 this witness's evidence, I may have a question in
2 re-examination. So if I might suggest this may
3 be an appropriate juncture for the afternoon
4 break and he simply be stood down and also warn
5 that he's still in the course of
6 cross-examination. Thank you.

7 THE COMMISSIONER: Yes, of course.

8 Mr. Douglas, we're going to take a very
9 short break now and you've heard the remarks or
10 statement by Mr. Martland that you're still under
11 cross-examination and could quite possibly be
12 asked a few more questions, so during the break
13 please don't discuss your evidence with anyone.
14 Do you understand?

15 A Yes.

16 MR. MARTLAND: I should perhaps clarify. There's one point, I
17 may be asking this witness to look at a document
18 and perhaps what I'll do is leave that warning in
19 effect and if we do that we'll do it once we're
20 back in court. Thank you.

21 THE COMMISSIONER: We'll take a short break then.

22 THE REGISTRAR: We are now recessed for ten minutes.

23 **(BRIEF RECESS TAKEN)**

24 THE REGISTRAR: Order. All rise. This hearing is now
25 resumed.

1 MR. MARTLAND: Mr. Commissioner, Mr. Douglas is still
2 testifying and I just have a series of last
3 questions to put to him. I'm going to be
4 providing to the Commission -- and I am afraid in
5 terms of numbers -- I'll pass up one copy.
6 They're somewhat limited so I may ask the witness
7 look at one copy which I'll be asking to have
8 marked as an exhibit for identification and the
9 second copy could be for you as commissioner.

10 THE COMMISSIONER: All right. Thank you. Is that the
11 witness's copy?

12 MR. WARD: Mr. Commissioner, I've advised my friend I would
13 have an objection to what I anticipate is going
14 to be his line of questioning.

15 MR. MARTLAND: Perhaps I could outline the line of questioning
16 and speak to that. Mr. Ward wants this witness
17 excluded so if he would step outside for a minute
18 to speak to that.

19 THE COMMISSIONER: Mr. Douglas, would you step outside please
20 for a few moments.

21 **(WITNESS STOOD DOWN)**

22 MR. MARTLAND: Mr. Commissioner, what I propose to do by way
23 of re-examination, an issue that arose during the
24 course of Mr. Ward's questions had to do really
25 with an identity issue, was the person described

1 in the occurrence report as Frank Paul actually
2 Frank Paul.

3 THE COMMISSIONER: Yes.

4 MR. MARTLAND: What I propose to do is to show photographs to
5 this witness that I understand to be photographs
6 of Frank Paul. Other evidence would have to
7 establish that point, but those photos be shown
8 to this witness with a view to learning whether
9 or not that assists him in describing whether
10 this was the same person. In the absence of
11 knowing what the objection is, I can't speak to
12 my response, so perhaps Mr. Ward can outline
13 what, if any, concern that raises.

14 THE COMMISSIONER: Mr. Ward.

15 MR. WARD: In the context, bearing in mind this is examination
16 in chief, it's re-examination, what my friend is
17 proposing to do, as I understand it, is in this
18 inquiry, which concerns the death of a man named
19 Frank Joseph Paul, my friend is going to show him
20 a photograph of the dead body of a man and ask if
21 that's Frank Paul. It's leading. It's a
22 question designed to elicit a yes. On the
23 identification point, it would be more proper to,
24 in effect, invite the witness to identify from a
25 selection of photographs the person he understood

1 to have been Frank Paul.

2 THE COMMISSIONER: I'm quite -- I follow exactly what you're
3 saying, Mr. Ward. In a criminal trial that would
4 be the proper procedure. This is not a criminal
5 trial.

6 MR. WARD: Then I would invite my friend to put a picture
7 taken of Mr. Paul while he was alive to the
8 witness rather a dead body photo and there is one
9 in the material.

10 MR. MARTLAND: Rather than sitting down, maybe Mr. Ward can
11 indicate where that is. I'm not trying to take a
12 difficult position.

13 MR. WARD: It's tab 46 of the binder.

14 MR. MARTLAND: If I might make submissions with respect to the
15 objection that's been raised. Mr. Commissioner,
16 in my respectful submission, first of all, on the
17 strict rules of evidence there's a broad ability
18 for counsel to put almost anything before a
19 witness to see if that assists his memory.
20 Indeed, to put a photograph to a witness in a
21 case such as this is not an unusual process. In
22 this case we're not bound by the strict rules of
23 court evidence. In my submission if it's asked
24 with a non-leading question, is that someone you
25 can recognize, can you tell us how you recognize

1 that person, is that the person you dealt with on
2 December 5, those are appropriate questions in my
3 respectful submission. These are matters that
4 arose in the course of cross-examination.

5 THE COMMISSIONER: Where is this -- Mr. Woodall, you wanted to
6 say something?

7 MR. WOODALL: I'm just standing up to indicate I'd like to say
8 something.

9 THE COMMISSIONER: Where is this other photograph that's been
10 referred to?

11 MR. MARTLAND: It's contained in the materials provided. At a
12 general level I have no difficulty with a
13 photograph, whether it's alive or dead. The
14 difficulty is it's a photocopy of photograph of
15 extremely poor quality.

16 THE REGISTRAR: It's tab 46.

17 THE COMMISSIONER: Mr. Woodall, I'll hear you now.

18 MR. WOODALL: I think the objection and the reference to
19 criminal procedure is mistaking two different
20 issues. In a criminal trial there would be
21 nothing wrong with showing a single photograph
22 and asking whether that is the photograph of the
23 person whose identity is in question. It's
24 another matter to rely on a single photograph as
25 constituting proof beyond a reasonable doubt at

1 the end of the case, as to whether the person is
 2 a criminal. It doesn't address the issue of
 3 admissibility, it's a matter of weight.

4 Secondly, it may be helpful if we could know
 5 what the issue is that Mr. Ward is raising,
 6 because I think all of the other counsel were
 7 taken by surprise by the suggestion that the crew
 8 report might not have been in reference to Mr.
 9 Paul.

10 THE COMMISSIONER: Thank you. I've taken a look at that
 11 photograph. Mr. Ward, I don't think anyone could
 12 recognize anybody in that photograph. Does
 13 anyone have anything further to say?

14 MR. MACKENZIE: Mr. Commissioner, I'm a little confused.

15 THE COMMISSIONER: Could you identify yourself?

16 MR. MACKENZIE: Robert MacKenzie, I'm counsel for the
 17 Coroner's Service. I'm a little confused by the
 18 discussion of leading versus cross-examination.
 19 It's my understanding Commission counsel is at
 20 liberty to either examination in chief or ask
 21 questions with the approach of a
 22 cross-examination where a witness, if it was
 23 appropriate, Commission counsel engage in even a
 24 vigorous cross-examination that that's entirely
 25 appropriate. That's my understanding of these

1 sorts of proceedings.

2 THE COMMISSIONER: I understand what you're saying. You rose,
3 Mr. McIntosh.

4 MR. MCINTOSH: Mr. Commissioner, I have a related question
5 which I would ask Mr. Ward to answer if he can,
6 and that is what this issue is and what this line
7 of inquiry is directed toward. I had been
8 unaware until I was observing Mr. Ward a few
9 moments ago that there was any issue as to Mr.
10 Paul being the deceased and being the person who
11 was the subject of the various reports, and
12 before I can formulate a position on this
13 identification issue I, for one, would find it
14 most helpful if Mr. Ward could share with us what
15 the issue really is here. I simply had no idea
16 there was any ID issue, if I can put it that way,
17 and since the witness is out of the room at Mr.
18 Ward's request I'm sure he wouldn't view it as
19 prejudicial to his position to share with us what
20 the real issue is. That will assist me.

21 THE COMMISSIONER: Thank you, Mr. McIntosh. We have taken a
22 considerable amount of time on this point which
23 concerns me. I'm going to invite Mr. Ward to
24 advise what the issue is and why he raised it.

25 MR. WARD: It is this: The witness was called by Commission

1 counsel presumably because it was material to
2 this Commission's work that the EHS attended on
3 him the day before. When I -- I didn't know what
4 this witness was going to say because I didn't
5 have a statement from him or a will say statement
6 from him. On hearing his evidence and reading
7 the report he filled in it was apparent to me and
8 I think clear on cross-examination by me that he
9 didn't know the identity of the person who he was
10 dealing with until someone told him later that a
11 man died yesterday and that was Frank Joseph
12 Paul. That was someone at EHS. And then
13 Detective Staunton, according to the material,
14 told him two weeks later, we the VPD have decided
15 that you dealt with Frank Paul the day before he
16 died and the way we've decided that is we've gone
17 back through our records and one of our officers
18 encountered a man known to be Frank Paul an hour
19 later I think in the same vicinity and we are
20 essentially inferring that they must be the same
21 people.

22 Now, in my respectful submission, the
23 documents we've been provided with fall far short
24 of proving that the man that the EHS dealt with
25 on the day before Frank Paul's death was in fact

1 him. This witness has testified about various
2 characteristics that have been deemed to be
3 significant presumably and they may be material
4 to something coming later on, and it's not at all
5 clear, to me at least, that this man was dealing
6 with the man we know to be Frank Joseph Paul.

7 THE COMMISSIONER: You're saying his identification as of the
8 time that the Ambulance Service treated him on
9 December 5th earlier is in issue?

10 MR. WARD: Is in issue, and it's not an appropriate way in my
11 submission to resolve that issue by showing him
12 at an inquiry into the death of a person a photo
13 of a dead person and asking him if that's the man
14 because the only answer the witness is likely to
15 give is yes.

16 THE COMMISSIONER: I'm not concerned about that. If he can
17 put it to him in such a way it does not lead, can
18 he identify that person and can he identify him,
19 I would be prepared to receive his answer.

20 MR. WARD: Thank you.

21 THE COMMISSIONER: Mr. Crossin, you rose at one point.

22 MR. CROSSIN: Simply Mr. McIntosh's point, I wanted to know
23 the issue. Just to confirm, my lord, I have sat
24 here assuming that your observations are quite
25 correct, it's not a criminal trial, it's not any

1 kind of trial, it's a public inquiry and the
2 parameters --

3 THE COMMISSIONER: Are much broader than they are in an
4 ordinary trial of any kind.

5 MR. CROSSIN: I assumed that listening to my learned friend's
6 cross-examination this morning and that was my
7 only point. Thank you.

8 THE COMMISSIONER: Mr. Martland, I am prepared to have the
9 witness recalled and you may continue if you wish
10 with the line of questioning you indicated you
11 wished to go with. Please be careful in the way
12 you phrase your question with respect to
13 identification.

14 **JAMES DOUGLAS: Resumed**

15 THE COMMISSIONER: I am sorry, Mr. Douglas, to have given you
16 so much exercise today but we're now ready to
17 proceed.

18 **EXAMINATION BY MR. MARTLAND:**

19 Q Mr. Douglas, if you could please have a look at
20 this book of photographs I'm going to direct you
21 specifically -- I'll wait until you have the
22 booklet. Now, as you look through those you'll
23 see yellow sticky dots in the upper right-hand
24 corner of the photographs. In you could flip on
25 until you get to B7.

1 THE COMMISSIONER: B7?

2 MR. MARTLAND:

3 Q B, as in Bob, 7. I'm going to ask you simply to
4 look at that page and the page afterward which is
5 B7 -- the photographs I'll ask you to look at are
6 B7, B11, B10 and B12. Do you recognize the
7 person in those photographs?

8 A Yes, I do. B12 I immediately recognize him.

9 Q Who is that person?

10 A That is the man I remember as Frank Paul.

11 Q When you say it's the man I remember as Frank
12 Paul, what do you mean by that?

13 A I recognize his face.

14 Q How do you know it's Frank Paul?

15 A Immediately upon seeing B12 my memory identifies
16 him as Frank Paul.

17 Q I understood some of your answers earlier to say
18 that when you filled out the crew report you
19 didn't know that name.

20 A At that time.

21 Q Can you draw a connection between the crew report
22 and these photographs?

23 A I'm not sure I understand.

24 Q Is the crew report that you prepared related in
25 any way to these photographs, to the person shown

1 in these photographs?

2 THE COMMISSIONER: The man you saw initially on the 5th.

3 A No, because I don't recall the appearance of the
4 man I would have seen on the 5th, your honour.

5 MR. MARTLAND:

6 Q How do you know it's Frank Paul?

7 A As soon as I saw that my memory brought up the
8 name Frank Paul.

9 MR. MARTLAND: I have no further questions. Thank you.

10 Unless anything further is arising --

11 THE COMMISSIONER: Mr. Ward, do you have anything you wished
12 to say?

13 MR. WARD: I'm sorry, Mr. Commissioner --

14 MR. MARTLAND: Mr. Ward properly raises the point this exhibit
15 has been shown to the witness and I'd suggest it
16 be might be marked but perhaps for identification
17 at this point.

18 THE COMMISSIONER: I don't think we can mark the whole thing,
19 no. It will be marked B for identification.

20 MR. MARTLAND: I take it the sequencing would be it would be
21 called Exhibit 5 for identification. Is that
22 correct?

23 THE REGISTRAR: Exhibit 5 for identification.

24 THE COMMISSIONER: I had down Exhibit A. 1 was the DVD, 2 was
25 the occurrence report, 3 was the crew report and

1 tab 50 in volume 1 was A for identification.

2 THE REGISTRAR: I marked it for 4 for identification.

3 MR. MARTLAND: I agree that's where the confusion arose.

4 THE CHAIR: The others are firm exhibits, not for
5 identification. So therefore tab 50 has to be
6 the first exhibit for identification so A. This
7 will be B for identification.

8 THE REGISTRAR: So marked.

9 (EXHIBIT B FOR IDENTIFICATION: File Folder
10 Containing Photographs)

11 MR. MARTLAND: Mr. Douglas, nothing further.

12 MR. KELLIHER: May I ask this witness just a few final
13 questions?

14 THE COMMISSIONER: A few final questions.

15 **EXAMINATION BY MR. KELLIHER:**

16 Q Sir, during the course of your testimony and
17 answering Mr. Martland's questions it was put to
18 you that it was Frank Paul that you were dealing
19 with on the morning of the 5th and you may have,
20 as I recall, agreed that that was Frank Paul or
21 even used his name. On what basis, sir, did you
22 think that you were dealing with Frank Paul
23 during your attendance on the morning of the 5th?

24 A I actually don't know why I would have made that
25 inference except I was notified coming on to

1 shift on the 6th of December by a co-worker that
2 I evidently had contact with Mr. Paul on the
3 previous day. That's all I can infer from that.

4 Q How would your associate know that?

5 A He probably also recognized and had a better
6 recollection of his name than I did at the time.

7 Q Is this the person that accompanied you when you
8 were dealing with Mr. Paul?

9 A No, it was a member from the shift after me.

10 Q Do you have any idea where that person would get
11 that information?

12 A No, I don't.

13 Q You didn't see Mr. Paul from the time you dealt
14 with him on the 5th as long as he lived, correct?

15 A That would be correct.

16 Q Sir, how is it then when you're given the
17 photograph today you can identify him as Frank
18 Paul?

19 A I don't know if I could explain it, just that
20 when I turned the page to that one particular
21 picture the name Frank Paul popped in as an
22 identifier in my mind.

23 Q How would you associate that picture with Frank
24 Paul?

25 A I don't know. There's some basis, the picture

1 brings up a memory of the name Frank Paul.

2 MR. KELLIHER: All right. Thank you.

3 THE COMMISSIONER: I understood you to tell me, Mr. Douglas,
4 that you came to know Mr. Frank Paul over a
5 period of time; is that not correct?

6 A I came to know of him and deal with him, yes,
7 your honour.

8 THE COMMISSIONER: So is that how your mind takes a look at
9 the photograph and that's the man I saw on
10 numerous occasions?

11 A Yes, that would be fair to say. Other than that,
12 I have a bad recollection of actual names. I
13 remember faces but names are somewhat more
14 difficult.

15 THE COMMISSIONER: That's the name you put with that face; is
16 that correct?

17 A At this time, your honour.

18 THE COMMISSIONER: Yes, Mr. Kelliher.

19 MR. KELLIHER:

20 Q Is that the face of the man you dealt with on the
21 5th?

22 A That I can't confirm.

23 THE COMMISSIONER: You can't confirm?

24 A No.

25 THE COMMISSIONER: Any further questions? Thank you, Mr.

1 Douglas, you may step down.

2 (WITNESS EXCUSED)

3 MR. MARTLAND: The last witness -- I appreciate the timing but
4 I think this witness will be very brief. Joseph
5 Albert.

6 THE COMMISSIONER: Mr. Martland, could you show Mr. Albert
7 where to go, please.

8 JOSEPH ALBERT: Sworn

9 THE REGISTRAR: Can you state your full name, please.

10 A Joseph Albert.

11 THE COMMISSIONER: Please be seated, Mr. Albert.

12 EXAMINATION BY MR. MARTLAND:

13 Q Mr. Albert, you're 41 years old?

14 A Getting there, January 5th.

15 Q Sorry. You're 40 years old?

16 A Yeah.

17 Q My mistake. You work at the Abbott Mansions?

18 A That's right.

19 Q Where is that?

20 A 404 Abbott Street.

21 Q In Vancouver?

22 A Yes.

23 Q What is Abbott Mansions?

24 A It's a low cost housing, top of a hotel, for
25 people on welfare.

1 Q How many people live there?
2 A 72 suites, around 80 people.
3 Q And you said it's low cost housing for people on
4 welfare. How does it work in terms of the
5 residents? How do they pay for their housing?
6 A Through MSSH.
7 Q Do they pay directly or --
8 A We get paid.
9 Q The hotel gets paid directly --
10 A Yeah.
11 Q -- from the ministry?
12 A Yeah.
13 Q When did you start working there?
14 A I started there mid '97 or something like that.
15 Q You were working there in December of 1998?
16 A Yes.
17 Q In 1998 what position did you hold at the hotel?
18 A Front desk manager.
19 Q What's your position now?
20 A Manager now.
21 Q If I could ask you to turn back to December 5,
22 1998, could you please describe to the Commission
23 what memory you have of that day, what happened
24 that day.
25 A From what I can recall I came into work at 8:00

1 in the morning, that's when my shift starts, and
2 I had noticed a native individual in the block
3 being attended by the paramedics.

4 Q You said a native individual in the block?

5 A Yeah.

6 Q Whereabouts?

7 A Right next door to our front entrance.

8 Q On Abbott Street?

9 A Yup.

10 Q You said he was being attended to --

11 A By the paramedics.

12 Q What did you see?

13 A Checking him out, taking his pulse, making sure
14 he was okay.

15 Q Do you remember how many paramedics?

16 A I think there was two.

17 Q Do you remember if they were men or woman?

18 A I think they were both guys.

19 Q Do you remember if they had any sort of vehicle
20 with them?

21 A They had the ambulance with them.

22 Q What time was that?

23 A Well, I was just coming into work, so eight
24 o'clock.

25 Q What did you observe going on?

1 A I really didn't sit there and look at what was
2 going on. I just went in and asked my staff I
3 was relieving what was going on outside and he
4 had no clue.

5 Q Then what happened?

6 A The paramedics left and we went out to check if
7 the fellow was taken care of and he was still
8 sitting there. Obviously they didn't take him.

9 Q Same fellow?

10 A Yes.

11 Q What did you next observe?

12 A Afterwards I was starting to get some complaints
13 from some of my tenants coming in and out of the
14 building that there was a real bad smell from
15 someone outside. The fellow had urinated on
16 himself and with the body odour, probably he
17 hasn't showered for a few days, I was getting
18 complaints. So I went out and asked him to
19 remove himself from the block a few times and I
20 gave him five minutes to move along eventually,
21 my final warning, and he didn't leave so I
22 proceeded on calling the police.

23 Q What number did you call?

24 A 911.

25 Q What did you say to the police?

1 A I told them there was an inebriated person on the
2 block that refused to move after repeated
3 requests and that they should come and attend to
4 him and remove him from the block.

5 Q What happened next, if anything?

6 A We didn't call until about 10:30 on this fellow,
7 over two hours later after the paramedics dealt
8 with him. Around 11:00 -- by quarter after 11:00
9 the police showed up with a paddywagon, put him
10 in, took him away.

11 Q So I'm clear on this point, the person that you
12 see interacting with the ambulance that morning,
13 is that the same person you saw be taken by the
14 police?

15 A Yea.

16 Q Is that the same person you've described as
17 annoying people and your asking to leave?

18 A Yup, same person I saw when I came into work.

19 Q What observations can you describe? What can you
20 tells us about this person?

21 A He was unco-operative. Like I said, he had
22 urinated himself, you could see his whole pants
23 was all wet and he had a bottle inside his belt,
24 his pant belt, of some kind of alcohol.

25 Q What kind of bottle?

1 A I can't really say because all I could see is the
2 spout of it.

3 Q Do you have any memory of how big?

4 A Seemed to be a mickey -- didn't go too far in his
5 pants. It was brown stuff, probably whisky or
6 something.

7 Q Did you know or did you conclude it was alcohol?

8 A Yes.

9 Q Why?

10 A Because he had -- he also had alcohol breath very
11 heavily.

12 Q What other observations did you make of him?

13 A After I called the police the last time I just
14 stayed at my desk and let them deal with it. I
15 didn't deal with it and check what was going on.

16 Q When you saw this man -- do you know his name?

17 A No, never seen him before.

18 Q You hadn't seen him before?

19 A No.

20 Q Have you seen him since?

21 A No, sir.

22 Q When you saw this man did you make any
23 observation about how he was handling himself or
24 moving?

25 A Not really.

1 Q You had some discussion with him?
2 A Except for asking him repeatedly to please move
3 along.
4 Q Do you remember if he answered or what he said?
5 A No, he never really said anything.
6 Q Do you remember anything about his clothing?
7 A No, it's too far back.
8 Q An do you remember anything about the weather
9 that day?
10 A I really don't know.
11 Q That's fine. I don't want you to answer if you
12 don't know. Did you ever provide a statement or
13 provide an interview to police?
14 A Yes, I did.
15 Q When was that?
16 A That was, I believe, December 17th, around.
17 Q Of 1998?
18 A Yes.
19 Q How is it you know that date?
20 A I have that logged in my log book.
21 Q Sorry, you have --
22 A We have a log book in our office we keep
23 everything in, all the occurrences on the block
24 or in the building.
25 Q Either you have a good memory or I'm guessing you

1 may have looked at that.

2 A Well, I have the log book.

3 Q Did you look at the log book recently?

4 A Not recently.

5 Q When did you look at the log book?

6 A When the police came that time, December 17th,
7 because I was asked to go back and look, see if
8 we put a report in it.

9 Q So you looked in the log book on December 17th?

10 A Yeah.

11 Q Did the log book give you any information?

12 A The log book only stated what was done that day,
13 the fellow was asked repeatedly to move along and
14 he didn't and the police were called.

15 Q Now, since that time, have you read anything?
16 Besides the log book have you read anything else?

17 A I saw something in the paper a few days later
18 about somebody that had died in jail.

19 Q In terms of you providing a statement, what can
20 you tell us about that? What happened?

21 A What do you mean? Specify.

22 Q When I say statement, I should say statement or
23 interview. Did you speak or meet with a police
24 officer at some time?

25 A They came right to my office.

1 Q Do you remember who it was?
2 A Not really.
3 Q Do you remember if it was one or two people?
4 A Just one.
5 Q A man or woman?
6 A It was a man.
7 Q A policeman comes to your office, you say that's
8 December 17th?
9 A Yes.
10 Q What do they ask you to do or what's the process
11 there?
12 A They asked me everything that happened, what
13 occurred on the block that day, how it went, what
14 I witnessed and everything.
15 Q If I might ask that the witness be shown -- I'll
16 provide a copy to him -- this is at tab 28 of
17 binder 1. Mr. Registrar, if I might ask he be
18 shown that document.
19 If you can look over that document and tell
20 me if you can identify it.
21 A Yes, I remember this.
22 Q What is it?
23 A I actually got a letter -- a fax from -- I can't
24 remember who it was. I have it right here
25 actually. From Smart, Harris and Martland.

1 Q Just to assist you, Mr. Albert, my name is Brock
2 Martland. Is it fair to say that letter is a
3 copy of the statement I've just shown you?

4 A That's right.

5 Q Can you describe what is that, what is the
6 statement?

7 A It's a statement -- this is the statement given
8 to the police.

9 Q Have you read it over?

10 A Just once.

11 Q Is it accurate?

12 A Yes, from what I can recollect.

13 MR. MARTLAND: If I could ask that be marked as the next
14 exhibit, please.

15 THE REGISTRAR: Exhibit 4

16 (EXHIBIT 4 FOR IDENTIFICATION: Statement of
17 Joseph Albert)

18 MR. MARTLAND:

19 Q Mr. Albert, since having that meeting with this
20 officer back on December 17, 1998, have you
21 spoken with any other police officer?

22 A No. That was the last time I heard from them.

23 Q Have you spoken with an investigator or anyone
24 else about the matter since?

25 A No, nothing ever since.

1 Q When is the next you hear of this?

2 A I read something about a native person dying in
3 the jail that was picked up from the block.

4 Q Until you had contact from me within the last
5 week or two, before that had you ever been
6 contacted about this?

7 A No, not once.

8 MR. MARTLAND: If I may take a moment, Mr. Commissioner. No
9 further questions. Thank you. If you could
10 remain for other lawyer's questions.

11 THE COMMISSIONER: Mr. Martland, I assume there will be some
12 questions in cross-examination and I hesitate to
13 bind this gentleman over the weekend. Perhaps I
14 can ask for an indication from counsel, will
15 there be questions on cross-examination,
16 extensive questions?

17 MR. KELLIHER: One or two.

18 THE COMMISSIONER: Will anyone else be wanting to conduct
19 cross-examination?

20 MR. CROSSIN: None for me.

21 MR. WARD: No, thank you.

22 THE COMMISSIONER: If you're the only one, Mr. Kelliher, we'll
23 proceed with the cross-examination.

24 MR. KELLIHER: Thank you.

25 **EXAMINATION BY MR. KELLIHER:**

1 Q When you were at your desk and the
2 police-officers arrived you said you didn't
3 actually go on to the street to see what was
4 going on, but could you see what was going on
5 from your position at your desk?

6 A No, not really because he was beside our
7 entrance.

8 Q You couldn't see anything?

9 A No.

10 MR. KELLIHER: Thank you very much.

11 THE COMMISSIONER: That was when the police were there?

12 A Yes.

13 THE COMMISSIONER: Thank you very much, Mr. Albert, for
14 coming. You're excused. You may step down.

15 **(WITNESS EXCUSED)**

16 MR. COWPER: Mr. Commissioner, those are the witnesses we have
17 available today. We have scheduled for next week
18 for certain three sitting days, Monday, Tuesday,
19 Wednesday, and we're endeavouring to make as much
20 use we can of Thursday and Friday. We have
21 counsel availability issues that we're working
22 on. I can say one thing, which is that it was
23 mentioned maybe earlier of our offering witnesses
24 who had material evidence and I can and should
25 say our effort to this point is to ensure that

1 everybody on the Commission's witness list is
2 anybody who emerges from the record either
3 directly or indirectly who has any evidence to
4 give. If in the course of the hearing it becomes
5 obvious the witnesses are unnecessary either
6 because they're duplicate or have nothing to add,
7 I'll let counsel know and we can drop witnesses
8 if that's appropriate. And equally, as I said in
9 my opening, if witnesses become identified or
10 documents become identified I'd appreciate
11 knowing that and we can add witnesses to the list
12 or pursue documents.

13 At this point then, Mr. Commissioner, I
14 propose we adjourn and over the weekend I'll send
15 counsel a list of witnesses with respect to the
16 witnesses we'll have on Monday. Some of the
17 witnesses scheduled for today we've been unable
18 to get to.

19 THE COMMISSIONER: If I understand correctly, you're saying
20 that you have witnesses scheduled for Monday,
21 Tuesday and Wednesday but at this point in time
22 you're unsure what may happen on Thursday and
23 Friday, if indeed anything?

24 MR. COWPER: That's correct.

25 THE COMMISSIONER: We'll adjourn until Monday at 9:30.

1 THE REGISTRAR: Order. All rise. This hearing is now
2 adjourned until Monday at 9:30 a.m.
3 (PROCEEDINGS ADJOURNED AT 3:50 P.M.)
4
5
6
7

8 I hereby certify the foregoing to
9 be a true and accurate transcript
10 of the proceedings transcribed to
11 the best of my skill and ability.
12
13

14 Margaret M. Wills
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