SEPTEMBER 6, 1995 — CECIL BERNARD GEORGE IS TRANSPORTED BY ST. JOHN AMBULANCE TO STRATHROY HOSPITAL

17.1 St. John Ambulance Volunteers are Dispatched to Ipperwash

When Glen Morgan and Karen Bakker-Stephens, volunteers with St. John Ambulance, were dispatched to the Ipperwash area to provide support for the communications unit, they never anticipated that the OPP would ask them to provide medical services. Neither of them had the training or experience to transport a semi-conscious man to hospital. Nor did Peter Harding, Superintendent for St. John Ambulance London-Middlesex, who had arranged with OPP Inspector Carson for the provision of the communications unit, expect the police to ask his staff for medical assistance and the transportation of an injured man to hospital.

When Mr. Harding had a discussion with Inspector Carson prior to the park occupation, he understood that the OPP was solely requesting a communications unit that contained equipment such as radios, microphones, a computer, and a telephone system. Mr. Harding explained to the OPP that a vehicle that carries gas and oil to service the communications unit would also be needed. Inspector Carson agreed to take these two St. John Ambulance vehicles. As Mr. Harding said, St. John Ambulance's sole involvement with the OPP was to "furnish a good communications facility for them so that they could … make sure things were safer for everyone involved." Inspector Carson confirmed that he discussed with Mr. Harding the use of a trailer as a communications facility.

Two St. John Ambulance volunteers, Karen Bakker-Stephens and Glen Morgan, were asked to travel to the Ipperwash area on the evening of September 6 to service the communications unit for the OPP. As Mr. Harding commented, "they were fairly recent people to St. John Ambulance" who had not been involved in large incidents. Nor were they trained paramedics.

In September 1995, Ms. Bakker-Stephens was a student in a registered nursing (RN) program at Fanshawe College. She did not ultimately complete this RN program. Instead, she enrolled in a one-year program at that college in practical nursing, from which she graduated in 1996.

Ms. Bakker-Stephens was a volunteer First Aid Responder in London with St. John Ambulance in September 1995. She went to soccer games and track meets with other St. John personnel to provide first aid in "non-life threatening" situations, such as cuts, scratches, or sprains. She had never transported an injured or sick patient to hospital. She was twenty-two years old.

Glen Morgan had been a St. John Ambulance volunteer since 1993. Initially, he provided computer and administrative support to the organization. He was also a First Aid Responder and had completed the Level I Qualified Provider course at St. John Ambulance. This course conveys knowledge and skills beyond a basic first-aid course and includes training in the use of equipment such as splints and spine boards, and equipment to administer oxygen. In 1995, he was twenty-five years old.

As previously mentioned, it was Mr. Harding's understanding, from his earlier communications with Inspector Carson, that the OPP only required a communications unit in the Ipperwash area. Two St. John Ambulance volunteers with little training were required for the duties of replacing the gas and oil in the generators of the communications unit. As Mr. Harding said at the hearings:

> … given the fact that it was a tender vehicle and there was no other requirement, we use the less trained staff because it's just … gas filling and oil checking and that type of thing … It's [a] more mundane type of responsibility.

Unbeknownst to Peter Harding and the St. John Ambulance volunteers, OPP medic Ted Slomer considered the St. John Ambulance vehicle to be part of the civilian emergency medical services on scene on the night of September 6.

Had the OPP informed St. John that there could be medical needs, more senior personnel with appropriate medical training would have been assigned to the Ipperwash site. As the Superintendent of St. John Ambulance said:

> … if we knew we were going to get into transport or medical requirements, there would have been someone else assigned; that was not our case and that was not the reason why we were there.

It was in the afternoon of September 6 that the Divisional Superintendent, Mr. Harding's son Paul, asked Mr. Morgan if he could go to Ipperwash to service the communications unit. Glen Morgan was amenable and returned to his home to get some reading material for his evening shift at Ipperwash: "I grabbed myself a novel because I thought, initially, that I'd probably just be sitting in our utility vehicle, reading a book and/or sleeping for most of the evening." He returned to the London office of St. John Ambulance and was instructed to report to the

OPP Detachment in Forest. Mr. Morgan was not told that he would be expected to provide first aid or medical services on site.

Mr. Morgan prepared a vehicle for his trip to Forest. It was a St. John utility vehicle, unit 406, which contained extra generators, lighting, and cans of gasoline and oil. This unit was designed to maintain the communications facility. Mr. Morgan left London at approximately 8:00 to 9:00 p.m. on the evening of September 6.

Ms. Bakker-Stephens was instructed to drive to Forest in a medical unit as St. John had few transport vehicles available at that time. Inscribed on the sides of the medical vehicle were the words "St. John Ambulance" and "Mobile First Aid Post." As Peter Harding said, it was purely coincidental that a St. John Ambulance was driven to Ipperwash, as a medical unit had not been requested by the OPP. He stated: "[S]o it was just fortunate or unfortunate, whatever the case may be, that we had a medic unit sitting there; it was not scheduled to be there." Mr. Harding explained that there is no connection between the ambulances operated by the province and those of St. John Ambulance. There is no provincial support of St. John Ambulance, nor is his organization subject to provincial ambulance guidelines.

17.2 The OPP Give Instructions to the St. John Ambulance Volunteers

Glen Morgan and Karen Bakker-Stephens arrived at the OPP Detachment in Forest at approximately 10:00 p.m. in their respective St. John Ambulance vehicles. They saw police officers in the parking lot and several officers inside the building.

An OPP officer briefed the two volunteers. Mr. Morgan explained that they were the St. John Ambulance shift crew for the evening. The OPP officer instructed them to drive to the Ipperwash Park area and to remain with the Ministry of Health Ambulance Units. He said the OPP might need their assistance and he asked them to be on standby. He did not convey any particulars of the medical services the OPP could need that evening.

Ms. Bakker-Stephens did not think her role would be any different from that described by St. John personnel in London earlier that evening. She was not told by the OPP at the approximately 10:00 p.m. briefing that there was a possibility of gunfire at the park. As she said at the hearings, had she known this, she would have

> … made a few phone calls back to London to check with my supervisors … I'm not comfortable with that situation … It was something I wasn't trained for.

She knew Ministry of Health ambulances have more extensive and up-to-date equipment, and that their attendants and drivers have more training than St. John Ambulance personnel. She said that much of St. John Ambulance equipment is second-hand and contains very basic equipment such as stretchers, blankets, ban-dages, back boards, and C-collars, as well as ice and water. Neither Ms. Bakker-Stephens, nor, to her knowledge, Mr. Morgan, have a Class F license, which was required to transport injured people by ambulance.

Glen Morgan and Karen Bakker-Stephens arrived at the Ministry of Natural Resources (MNR) parking lot shortly after 10:00 p.m. They saw the St. John communications unit, two Ministry of Health ambulances, police cruisers, and some OPP officers. Except for the moonlight, there was very little light in the parking lot that evening. OPP medic Ted Slomer approached and instructed the two volunteers to remain on standby at their unit. He said medical support from St. John Ambulance might be necessary. Mr. Morgan considered himself exclusively under the control of the OPP from the time he arrived at the OPP Detachment in Forest:

> … I deferred to all instruction from the police officers as they were in charge of that scene … [T]hey were the ones to request our presence, they're in charge of the scene, and in the emergency response system for the province of Ontario — police, fire, and ambulance do supersede St. John Ambulance. We will defer to their instruction.

Mark Watt and John Tedball, paramedics from the Forest Ambulance Service who were on standby in the MNR parking lot, knew that St. John Ambulance was a volunteer organization and that their staff were not qualified paramedics. Mr. Tedball testified that he expected the OPP medic would know the medical skill limitations of Mr. Morgan and Ms. Bakker-Stephen.

Karen Bakker-Stephens testified that she told Ted Slomer on her arrival in the MNR parking lot that she was a student nurse, not a Registered Nurse. She wanted to be sure the OPP medic was aware of the limits of her skills and training. In his evidence, Ted Slomer said that he came away from the same conversation with a different understanding. He understood that Karen Bakker-Stephens would be comfortable transporting a patient, and that she was a qualified nurse, rather than a student nurse.

17.3 Banging Noises and the Arrival of Cecil Bernard George in the MNR Parking Lot

Within about an hour of their arrival, both Ms. Bakker-Stephens and Mr. Morgan heard repeated banging noises. Ms. Bakker-Stephens thought it could be

firecrackers. The prospect that he was hearing gunfire certainly crossed the mind of Glen Morgan:

> … I did hear banging noises. I'm not trained to recognize specifically the sound of gunfire or different types of gunfire, but there were banging noises a distance from us. Couldn't really make out voices or anything like that but that was the one memory that I do have that's relatively distinct.

Mr. Morgan added:

> Probably in my own mind I was thinking that [I was hearing gunfire], a little worried about it and believing that there were police present, that there was a conflict. I was hoping it wasn't … I couldn't be sure what it was but … that was one of the options that crossed my mind.

Shortly thereafter, the two Ministry of Health ambulances left the MNR parking lot. These ambulances had been dispatched to Army Camp Road and Highway 21 in response to a request for an ambulance made by Sergeant Slack. Mr. Morgan, anxious that he was not a qualified paramedic, realized they were next in line in terms of medical response. One or two vans then entered the area and parked about thirty to forty feet from the St. John Ambulance volunteers. There appeared to be a person seated in the back of the van.

OPP medic Ted Slomer testified that an Emergency Response Team (ERT) member approached him in the MNR parking lot and told him a person in custody had been in a fight with the Crowd Management Unit (CMU) and might need assistance. When he first saw Cecil Bernard George, he was lying on his side on the floor of an OPP van. His hands were cuffed behind his back. Slomer did not receive any further information from the officers about Mr. George's condition or his injuries.

As previously mentioned in Chapter 14, Mr. Slomer immediately began to assess Cecil Bernard George. He noted that Mr. George was not bleeding and had not vomited. He was not responsive to voice, but would open his eyes when touched, and then close them. Slomer explained that because the assessment took place in a tactical and/or operational environment, he checked Mr. George for weapons and other dangers before checking his airway.

Mr. Slomer performed an assessment called the Glasgow Coma Scale, which relies on the observations of the assessor along three different indices of brain functions. As a result of this assessment, the OPP medic concluded that Cecil Bernard George had an altered mental state and required further medical treatment. There were no indications of a significant, life-threatening injury. He had abrasions on

the side of his face, a swollen upper lip, and a laceration to the back of his head. Mr. Slomer suspected a head injury. The OPP medic did not administer any further treatment to Mr. George.

The OPP medic approached Mr. Morgan and Ms. Bakker-Stephens and reported that there was an Aboriginal male casualty. He asked them to transport the patient to Strathroy Hospital. This OPP request was made about ten to fifteen minutes after the two St. John Ambulance volunteers heard the banging noises. They had previously explained to the OPP medic that their ambulance contained very basic equipment, not the advanced medical devices on a Ministry of Health ambulance. Ted Slomer proceeded to give them a very brief patient history — a swollen lip and a laceration to the back of the head. The St. John Ambulance volunteers were not told about the circumstances that gave rise to Cecil Bernard George's injuries.

Ted Slomer advised them of the patient's condition and conveyed the impression that the patient was not badly hurt. Mr. Morgan said that had he been informed by the police that the patient had a more serious head injury, or that he had suffered from a concussion, this would likely have raised concerns about transporting this patient: "a lot of those things will indicate shock, which can be a fairly significant medical circumstance."

Mr. Morgan and Ms. Bakker-Stephens were not able to contact their London office to notify their superiors of the OPP's medical instructions. There was a radio in their ambulance, but because of the frequencies, they were unable to contact the St. John office.

As Glen Morgan approached the police van, he noticed that Mr. George was slouched with his head down. He did not seem to be fully alert or coherent. His hands were cuffed.

With the assistance of OPP officers, Cecil Bernard George was transferred from the van to a stretcher and loaded into the St. John Ambulance. An OPP officer sat in the passenger seat of the ambulance to accompany them on the trip to Strathroy Hospital. Mr. Morgan knew that Sarnia had better medical facilities than Strathroy, but the decision had been made by the OPP medic, the St. John Ambulance volunteers, and the Ministry of Health (MOH) paramedics that Cecil Bernard George would be transported to Strathroy Hospital because it was somewhat closer. As Mr. Morgan said, the "golden hour" in first aid for trauma or injury patients is critical: "getting them to professional help in that first hour is the most critical time."

Mr. Morgan drove the St. John Ambulance to the hospital while Ms. Bakker-Stephens sat in the back of the vehicle attending to Cecil Bernard George.

17.4 The Trip to Strathroy Hospital — Fear Cecil Bernard George No Longer Had a Pulse

As the ambulance began its approximately forty-minute journey to Strathroy Hospital, Ms. Bakker-Stephens monitored Cecil Bernard George's medical condition. According to her notes, Mr. George suffered:

1. a deep 2-cm laceration to upper lip – wound edges not well approximated and bleeding profusely;
2. laceration to back of the head;
3. blunt trauma to the left forehead;
4. abdominal pain — whole region;
5. pain and swelling to right arm above and below the elbow.

Ms. Bakker-Stephens checked Mr. George's vital signs about every ten minutes to assess whether he was going into shock or whether his condition was stable. She monitored his chest, his respiration, and she checked his pulse on the inside of his wrist or beneath his chin.

As Ms. Bakker-Stephens was checking his vital signs for the second time, the patient lost consciousness. The St. John Ambulance volunteer could not find Mr. George's pulse, he did not seem to be breathing, and his pupils appeared to be unresponsive to a flashlight. She thought he might have suffered a brain injury. She immediately told Mr. Morgan about the lost pulse and the patient's cessation of breathing, and she asked him to initiate Code 4 — quicker speed, lights, and sirens. As Ms. Bakker-Stephens said at the Inquiry, "I tried to stay calm … I was worried about getting him to hospital … I considered it life-threatening."

Glen Morgan quickly conferred with the police officer and initiated Code 4. He increased the speed of the ambulance from 80 kilometres to about 110 to 115 kilometres per hour. Mr. Morgan estimated that they had travelled about half the distance to Strathroy Hospital when he was alerted to the deteriorating condition of the patient.

Ms. Bakker-Stephens thinks she shook Mr. George and instructed him to "wake up." Probably within a minute, she was able to detect a pulse and respiration. The pupils in his eyes became more responsive. Mr. Morgan continued to travel at Code 4 to the hospital. Cecil Bernard George appeared to have sustained more serious injuries than Mr. Morgan had initially thought.

Ms. Bakker-Stephens thought that additional medical equipment in the ambulance would have assisted in assessing the patient's vital signs. A blood-pressure

cuff, for example, would have helped Ms. Bakker-Stephens monitor Mr. Cecil Bernard George's medical condition. Such medical equipment is in Ministry of Health ambulances.

Mr. Morgan continued the trip to the hospital with Code 4, as a weak pulse could indicate that Mr. George was in a state of shock. If that was the case, the patient needed to be in the care of medical professionals as soon as possible. Mr. Morgan tried to radio the Central Ambulance Communications Centre (CACC) to inform them of the patient's status, but he was unsuccessful.

At various times during the journey, Ms. Bakker-Stephens asked Mr. George how he had sustained his injuries. Cecil Bernard George was unresponsive. He kept repeating: "I'm not going to hurt you." Ms. Bakker-Stephens quickly realized that Mr. George was not oriented to time, place, and person, and that he appeared to be suffering from a head injury.

Both St. John Ambulance volunteers wished the OPP had told them how Cecil Bernard George had sustained his injuries as well as the seriousness of his medical condition. Had this been the case, they would have used a spinal board or placed a C-collar on the patient, and Mr. Morgan would likely have initiated a Code 4 at the beginning of the ambulatory transport. After they later learned of the circumstances in which Mr. George had been injured, St. John Ambulance volunteer Ms. Bakker-Stephens thought that the patient should have been transported in an MOH ambulance with better trained staff and equipment.

In my view, the OPP should not have used a St. John Ambulance vehicle to transfer an injured person to hospital on the night of September 6, 1995. St. John Ambulance personnel did not have the training, nor did their vehicle contain the same medical equipment as an MOH ambulance for injured patients en route to hospital. It is essential that appropriately trained paramedics in fully equipped ambulances transport injured patients in such situations. It is also fundamental that police ensure that medical staff who transport patients in ambulances as well as hospital staff who treat these patients be aware of medically important information about the incident and the injured patient.

Cecil Bernard George had a murky recollection of his journey to the hospital. He recalls being transferred to a vehicle with a "lady" (St. John Ambulance volunteer Karen Bakker-Stephens). He probably knew he was travelling in an ambulance. Although he was in physical distress and his thinking was not clear, Cecil Bernard George remembers assuring the woman attendant that she should not be frightened and that he would not hurt her. Other than this, he has little memory of the trip to the hospital. Mr. George said, "I was tired; I wanted to go to sleep." Cecil Bernard George continued to lapse in and out of consciousness and has no recollection of arriving at Strathroy Hospital.

17.5 Cecil Bernard George is Treated at Strathroy Hospital

The St. John Ambulance arrived at Strathroy Hospital after midnight. With the assistance of the police officer, Cecil Bernard George was placed on a stretcher and wheeled into the emergency department.

Hospital staff were surprised that they had not received advance notice of the patient's arrival. Typically, the ambulance attendants advise the hospital of the nature of the injuries and the medical condition of the patient both to enable staff to prepare the necessary instruments and equipment, and to alert physicians and nurses to the arrival of the patient. As a Strathroy Hospital nurse said, "it saves time, and in any trauma situation, the sooner you can intervene and re-balance the body situation, the better the outcome."

It was also surprising that a St. John Ambulance vehicle had transported Cecil Bernard George from the Ipperwash site. The supervising nurse of the Strathroy Emergency Department, Jackaline Derbyshire, said that in the past only patients from sporting events or community festivals had been transported by St. John Ambulance. It was well known that St. John Ambulance volunteers were not paramedics and that St. John Ambulance medical vehicles did not contain the same equipment as Ministry of Health ambulances.

The St. John Ambulance attendants described to hospital staff the patient's unstable condition on the trip to Strathroy. For a short period, Cecil Bernard George had seemed to lose his vital signs. They had had difficulty locating his pulse, he had often been unresponsive, and he had lapsed in and out of consciousness. They had not immobilized his neck, and they had been unable to obtain his blood pressure.

Dr. Marr, the only physician on duty in the emergency department that evening, had been assessing Nicolas Cottrelle for less than five minutes when Cecil Bernard George appeared in the trauma room. She turned her attention to Mr. George, who seemed to be in more serious condition.

Neither the OPP nor the St. John Ambulance attendants told Dr. Marr how Cecil Bernard George had been injured. As the hospital witnesses stressed, it is important for emergency staff to know the cause of the injuries. There was a cut on Mr. George's head and a gash on his lip. He had pain in his abdomen, back, forearm, and shoulder. Mr. George clearly had an impaired level of consciousness, he was disoriented, and he was in a confused state. His eyes remained closed unless hospital staff stimulated him. He did manage to communicate that he had been beaten. He gave monosyllabic answers to questions, and he was generally incoherent and unfocused. Dr. Marr thought his behaviour was consistent with having sustained a concussion.

When Dr. Marr examined Cecil Bernard George, his vital signs were normal. His blood pressure, pulse, and respiration were stable and in the normal range. Despite the observations and comments of Ms. Bakker-Stephens and Mr. Morgan, Dr. Marr did not think Mr. George had lost his pulse or respiratory functions in the St. John Ambulance vehicle. It was highly unlikely a patient would temporarily lose his pulse and respiratory functions and then spontaneously regain them without medical intervention. Dr. Elizabeth Saettler, who examined Mr. George later that evening, agreed.

Because the St. John Ambulance attendants reported that the patient's pulse had been unstable on the trip to the hospital, Dr. Marr was concerned that there was internal bleeding. Mr. George had pain and tenderness in his abdominal area, and multiple soft tissue injuries.

Hospital staff started the intravenous and stabilized his neck and back. Dr. Marr ordered x-rays and blood tests.

Dudley George was wheeled into the trauma room three to four minutes after Cecil Bernard George. Dr. Marr's attention turned to an Aboriginal man who was severely injured as a result of a gunshot wound.

Ms. Bakker-Stephens remained with Cecil Bernard while hospital staff focused their efforts on Dudley George. Because of Cecil Bernard's visible head injuries and because he had lost consciousness, Ms. Bakker-Stephens agreed that a C-collar should have been placed on his neck in the St. John Ambulance. In fact, hospital staff were critical of Ms. Bakker-Stephens for not stabilizing his neck with a collar on the trip from Forest to Strathroy.

After remaining with Cecil Bernard George for less than fifteen minutes in the trauma room, medical staff stopped trying to revive the patient to whom they had been attending. Ms. Bakker-Stephens could see that the monitor attached to Dudley George's body had a "steady … flat line" — Dudley George was dead. I discuss the resuscitation efforts by medical staff at Strathroy Hospital in the following chapter.

After resuscitation efforts had ceased and Dudley George was pronounced dead, Dr. Marr, accompanied by Dr. Saettler, returned to care for Cecil Bernard George. It was about 12:20 a.m. Ms. Bakker-Stephens left to complete a St. John Ambulance report.

As Dr. Saettler approached the patient, she noticed a large amount of blood on the stretcher. She saw lacerations on Cecil Bernard's scalp, a cut lip, and bruises on his forehead, chest, and forearm. He continued to lapse in and out of a drowsy state, he was generally unresponsive, and in the words of Dr. Saettler, "he didn't know where he was and wasn't responding appropriately to questions."

He had a diminished level of consciousness. Dr. Saettler considered this a significant head injury.

Dr. Saettler tried to elicit information on the cause of the injuries. She tried to "draw out" information from Cecil Bernard George and Nicholas Cottrelle. They were clearly hesitant to respond. Both were quiet. Dr. Saettler "felt … that they might not have a level of trust that would allow them to volunteer information." She thought their reluctance to speak could be attributable to their Aboriginal culture.

Mr. Cottrelle then said that nine policemen had beaten Cecil Bernard George with sticks. Mr. George told Dr. Saettler that he had been kicked in the abdomen.

Dr. Saettler thought Mr. George might have injuries to his liver and spleen from the kicks to his abdomen. She decided that he should undergo a CAT scan of his abdomen if there was any compromise in his blood pressure.

Dr. Saettler considered Cecil Bernard's injuries "consistent with the description given by Nicholas Cottrelle … [I]t appeared to me that he had been struck with sticks or truncheons by the police." He had injuries to the outside of his forearm consistent with defensive actions. He had a series of bruises on the side of his baby finger and outer forearm, typical of someone who has raised his arm to ward off blows. Although she could not specify a precise figure, in Dr. Saettler's view, Mr. George had warded a fair number of blows with his forearm. The hospital physician also made this observation:

> … [H]e didn't have any fractures of the metacarpals, "boxer's fractures" they're called, which might occur in a fistfight where he was at least an equal participant or … had thrown some punches.

She subsequently mentioned these observations to the Special Investigations Unit (SIU).

Dr. Saettler sutured his lip. She did the blood work, which revealed that he had no alcohol in his blood. Alcohol intake can affect a person's consciousness.

Within thirty to sixty minutes of his arrival, Cecil Bernard George's neurological condition had improved. He became more alert, his eyes were open for greater periods of time, and he responded to questions more consistently.

After stitching his lip and satisfying herself that his condition was improving, Dr. Saettler left the patient. It was fortunate, she thought, that Mr. George's neurological condition had improved. Strathroy Hospital was not equipped to further assess his injuries had his situation deteriorated. The hospital did not have the equipment to do a CAT scan of the brain. Mr. George would have been

transported to a hospital in London had his medical condition not improved. Dr. Saettler said:

> … [W]ith regard to Cecil George, I think that in … light of what happened ultimately, we had adequate resources to manage his care and to assess him … [I]f he had not improved in that way, we certainly were ill-equipped to assess his injuries further, that is we don't have access to CT scan of the brain. Or if his abdominal injuries had been more serious, … well, we could have adequately managed those, but the neurologic injury, I felt relieved that he had improved sufficiently and didn't require a CT.

Hospital staff monitored Mr. George's neurological condition for the next twenty-four hours.

17.6 The St. John Ambulance Report

Ms. Bakker-Stephens, relieved of her duties, proceeded to complete a patient report with the assistance of her colleague Glen Morgan. She thought Cecil Bernard George should have been transported to the hospital in a Ministry of Health ambulance with better medical equipment and trained staff:

> His injuries were beyond our limitations as first-aid responders, and we really didn't have the equipment or the newer ambulance either … [H]e should have gone into a Ministry of Health ambulance and be[en] taken by emergency medical … assistants … who have the experience, who have the extra training. We were just volunteers and we don't have all the training they do …

Mr. Morgan and Ms. Bakker-Stephens had a debriefing session with Mr. Harding, standard procedure at St. John Ambulance, particularly for traumatic events. Ms. Bakker-Stephens was concerned that she had not been able to detect the patient's pulse. Peter Harding assured her that it was difficult, because of vehicle and road noise, to detect a patient's vital signs, particularly a pulse, even for experienced people who are well trained in first aid. Mr. Harding did not think Cecil Bernard George's heartbeat had in fact stopped from his discussions with Ms. Bakker-Stephens.

After reviewing the September 6 event with Mr. Harding, Ms. Bakker-Stephens altered the patient report of Cecil Bernard George. Initially she wrote that there were no vital signs, which she later amended to "unable to locate V/S [vital signs] due to noise."

At the hearings, Ms. Bakker-Stephens explained that her difficulty in detecting Mr. George's pulse could have been attributable to several factors: road noise, the rattling of the St. John Ambulance vehicle, or possibly that the patient had gone into shock:

> It could be a multitude of reasons. There was road noise, the ambulances that we had were quite old … and it was rattling a lot and when a patient does start to go into a bit of shock, which I believe he did, the pulse gets really weak and thready, so it's hard to feel. And, of course, respirations will slow down as well. It was just his body's way of protecting itself.

Because of her lack of skills and training, transporting Cecil Bernard George to Strathroy Hospital was a terrifying experience for Ms. Bakker-Stephens. This was the first time she had transported an injured person to hospital. She had never worked with patients in trauma or shock, and she had never taken the vital signs of an injured person. When asked by counsel whether this was "a pretty scary experience," the former St. John Ambulance volunteer replied, "[T]hat's an understatement."

As Dr. McCallum, the expert witness in emergency medicine and other medical witnesses stated, it would have been beneficial if advanced care paramedics had been available in the OPP Ipperwash operation. I agree with Dr. McCallum that the availability of advanced care paramedics at Ipperwash would have ensured that people injured in the confrontation on the night of September 6, 1995, received the appropriate level of medical care on their ambulance trip to the hospital.

17.7 Interaction between Cecil Bernard George and the OPP at the Hospital

Constable David Boon was ordered by Detective Sergeant Richardson to guard both Nicholas Cottrelle and Cecil Bernard George. He moved between their respective treatment rooms. Constable Boon recorded in his notes that at 12:41 a.m., Cecil Bernard George said, "You might as well put me in jail now cause I'm going there anyway."

Cecil Bernard George's wife, Roseanne Bressette, and a relative, Jessie George, visited him at the hospital at 2:00 a.m. on the morning of September 7, 1995. He was taken to the intensive care unit shortly after 3:00 a.m. Constable Boon received instructions from his superiors that Mr. George was to have no further visitors.

Later in the morning, Cecil Bernard George became more talkative. Constable Boon noted that, from time to time, Mr. George sat up and mumbled unintelligibly. At 8:15 a.m. on September 7, 1995, he sat up in bed and said, "I know I was arrested. I'm ready for the justice system. Why am I here?" Constable Boon told him he was there because he needed hospital care. Mr. George replied that he was all right. When he appeared to be more lucid, Constable Boon told him he was being charged with attempted murder[1] and read him his rights to counsel.

During Cecil Bernard George's hospital stay, police officers remained within close range. There were generally two police officers in his hospital room at all times.

Cecil Bernard George was ultimately charged with a number of criminal offences, including assault and mischief. While in hospital, Mr. George tried to engage the officers in a discussion, but they refused to respond. He recalls telling the officers, one of whom was female, that he was sorry if anyone was hurt. Mr. George wanted the police to know that First Nations people are different from how they are portrayed to members of the public.

During his hospital stay, the SIU took photographs of Mr. George's injuries. He was disappointed that the police did not apologize to him for the injuries to his head, legs, lip, arms, and chest.

At 4:35 a.m., Identification Constable P.J. Evans arrived at Cecil Bernard George's room and asked him to consent to a gunshot residue test on his hands. The police tried to test Cecil Bernard George's hands for traces of gunpowder. Mr. George refused to comply with police requests to place his hands on a device.

Cecil Bernard George was at Strathroy Hospital for less than two days, at which time the OPP transported him to Sarnia jail.

In 1997, there was an SIU investigation of police conduct regarding Cecil Bernard George and the confrontation outside Ipperwash Park on the evening of September 6. The conclusion of the investigation was that the police did not use excessive force against Cecil Bernard George during the confrontation. As I stated in Chapter 14, in my view, the injuries to Cecil Bernard George's head and face were excessive.

17.8 Dr. Marr's Assessment of Mr. George's Injuries

On September 8, 1995, Dr. Marr did a further assessment of Cecil Bernard George. Although the x-ray results showed he did not have a fracture in his neck or limbs and there were no internal injuries in his abdominal area, Mr. George had

1 Cecil Bernard George in fact was not charged with attempted murder.

extensive bruising on his body. It appeared to Dr. Marr that "he had been hit quite hard many times with a blunt object." Many of the bruises were linear and elongated, which "seemed to be consistent with the history of his being beaten with a baton" or long object.

Dr. Marr prepared a report of Mr. George's condition. She wrote that the forty-one-year-old First Nations patient had "received multiple blunt wounds to the head, face, chest, abdomen and limbs" at Ipperwash in an interaction with police. There were twenty-eight areas of tenderness, which represented separate applications of force. Some of the injuries, she said, could have been caused by a kick of a boot. He had multiple soft tissue injuries that were consistent with a serious beating. He had suffered severe head trauma. She thought the injuries on the back of Mr. George's head likely caused the impaired consciousness.

Cecil Bernard George was discharged from Strathroy Hospital at about 4:30 p.m. on September 8, 1995. He had pain in his head, right forearm, and other parts of his body. At the time of his discharge, Dr. Marr thought there was a possibility he might have subtle brain damage.

Mr. George had clearly suffered a major head injury at the Ipperwash site and possible internal injuries. He was at risk of internal bleeding and swelling of the brain. Yet non-paramedics transported him in a St. John Ambulance that lacked essential medical equipment to monitor his cardiac activity, blood pressure, and pulse. In Dr. Marr's view, his injuries were "potentially life-threatening." Both she and Dr. Saettler thought Cecil Bernard George should have been transported to hospital with qualified paramedics in a properly equipped ambulance. Such individuals would have known that Mr. George's neck should have been immobilized on the trip to the hospital.

I agree that Cecil Bernard George should not have been transported to hospital in a St. John Ambulance after he had sustained injuries in the OPP confrontation with the Aboriginal people at Ipperwash. Properly trained paramedics and the necessary medical equipment in provincial ambulances at that time should have been available to Mr. George on his ambulance trip to Strathroy Hospital. Also, information on Cecil Bernard George's medical condition should have been communicated to Strathroy Hospital in advance of the arrival of the patient. Finally, the police should have alerted hospital staff of the cause of the injuries sustained by Cecil Bernard George.