CANADA

PROVINCE OF NOVA SCOTIA

IN THE MATTER OF THE

FATALITY INVESTIGATIONS ACT

S.N.S. 2001, c. 31

THE DESMOND FATALITY INQUIRY

TRANSCRIPT

HEARD BEFORE: The Honourable Judge Warren K. Zimmer

PLACE HEARD: Port Hawkesbury, Nova Scotia

DATE HEARD: June 23, 2021

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June 23, 2021

COURT OPENED (09:31 HRS)

THE COURT: Thank you. Good morning.

COUNSEL: Good morning, Your Honour.

THE COURT: Good morning, Ms. Doucette.

MS. DOUCETTE: Good morning.

THE COURT: One of the things I guess we should check on this morning is I think, Ms. Doucette, Mr. Macdonald had asked you some questions about if you could think of any other barriers and we left that thought with you overnight. I don't know if you have anything further that you can add by way of response.

MS. DOUCETTE: I've given it some thought and I have no further comment about the question.

THE COURT: All right. Thank you. Mr. Macdonald?

MR. MACDONALD: I accept Ms. Doucette's answer, Your Honour. Thank you very much.

THE COURT: All right.

MR. MACDONALD: And I appreciate her looking at it and thinking about it overnight.

THE COURT: All right. Thank you, Ms. Doucette, for

taking some time to consider Mr. Macdonald's question. Mr. Russell?

MR. RUSSELL: Thank you, Your Honour.

MARIE-PAULE DEVEAU (DOUCETTE), previously affirmed, testified:

CROSS-EXAMINATION BY MR. RUSSELL

MR. RUSSELL: Good morning, Ms. Doucette.

A. Good morning.

Q. I totally appreciate you had a long day yesterday. Hopefully today is a little shorter. Can't make any promises, but hopefully.

A. I appreciate the thought.

Q. The same sort of rules would apply. If at any point there's a question I ask that you're not sure of and you want me to repeat it, I will repeat it or clarify. And if there's anything you feel as though you would like to answer to a question, well, definitely for sure don't feel constrained that you can't have the opportunity to answer.

A. Thank you.

Q. So some of what I plan on reviewing may seem to be a little bit of a repeat from yesterday. It will obviously cover some of the same areas, but there may be like a little different sort of aspects of the same sort of ground that might appear to be covered. I'll tend to try to give you sort of an orientation

about what we're discussing in terms of different areas. Might make it easier for you.

So what I'd like to start with is I'd like to start with some entries and mindful that you didn't make these entries and some actually were CAF entries. And my purpose of asking you is sort of to lay a foundation of your understanding of Lionel Desmond as his case manager, perhaps what information you had, whether it would have been helpful or not, and how it was factored in.

A. Okay.

Q. So I guess if we could start, Exhibit 273, page 20. So, Ms. Doucette, I don't know if you would have seen ... these were the ... I think they were CSDN notes, I think is what the acronym is?

A. Yeah. That's what they look like.

Q. Your entries are in here, but would you have seen the other entries, as well?

A. I just need to focus for a second because it's a bit small.

Q. Sure.

A. Okay. This is better. Thank you.

Q. In particular, the second one from the top, it's from

April 16th, 2015.

A. About the "My VAC" enrolment code?

Q. Yes.

A. I don't recall seeing that note specifically.

Q. So I guess my sort of foundational question would be, Did you have access to the other CSDN notes, including ones that predated your involvement?

A. Yeah. I believe I would have.

Q. Okay. Including something that were ... Go ahead. Sorry.

A. Well, these are notes that were created by a VAC colleague. So my assumption is, yes, I probably was able to access this.

Q. Okay. I just wanted to make sure what you had access to, what you didn't. So it says on April 16 ... now, clearly, you haven't come into the involvement with Lionel Desmond for some months after this. But April 16th it reads, "Client came in to CFB Gagetown to request a My VAC enrolment code. Provided to client and explained." So we know Lionel Desmond is still in the military, Canadian Armed Forces, at this point. But my question is, What's a "My VAC enrolment account"?

A. So My VAC account is a platform that veterans can use

to communicate securely with VAC. If they prefer to not use the telephone, they could use secure messaging. And they can also follow some aspects of their disability application, where they are in the different steps in progress. So I guess to give context to that, probably ... I'm not a hundred percent sure that he had already applied for disability awards, which is what they were called at that time. And My VAC account ... like he was either already receiving some services from VAC, even though he was still with the Canadian Forces, and so he called to get an enrolment code, which means to set up his My VAC account.

Q. So stored in the My VAC account you indicated there's, you know, an outline of what his benefits are. What else is sort of stored in the My VAC account?

A. I don't remember a hundred percent. I know the purpose of my role. It was another way ... sometimes veterans would have preferred to email with us and because email was not considered a secure form of communication, then My VAC account provided that avenue. So they could send messages that would be directed to us and we could answer via My VAC account. So there's that. And I believe that they were able to access some forms through My VAC account, as well, not all of the programs, but that there were some that they may be able to go online and

fill out and submit directly as opposed to mailing them in or dropping them off.

Q. What sort of forms? For what purposes?

A. Well, it could have been ... like I don't remember exactly which were in there because there's so many VAC benefits and services. But it could have been an application for a benefit of some sort or ... I'm trying to think of what else might be in there. I think they were able to go in My VAC if they needed to change their address, for example, they could go in there and submit some of that information. So it was just a different way of communicating with Veterans Affairs.

Q. And so from this note, it indicates that it was actually Lionel Desmond before he leaves Canadian Armed Forces that he's proactive in requesting an enrolment code for this account. From your perspective, is there value in a veteran being proactive, like Lionel Desmond was, before he's discharged from CAF to request a My VAC account code?

(09:40)

A. Yes. Absolutely. There's benefits to them for sure.

Q. And what sort of benefit would that be?

A. Able to familiarize more with what may be available to him once he releases, just knowing ... a better understanding of

like how VAC operates because it's not a simple thing to learn. What I will say, though, I don't ... these enrolment codes were, from what I remember, is you could request one and then they have like an expiry within so many days if you didn't go in and complete all of your application. And I wasn't there at the time, but I don't remember, for my purposes, using My VAC account to communicate with Mr. Desmond.

Q. Would this sort of ... and I'm mindful of the fact that you weren't there on this particular date that he went in and applied for. But would this sort of proactive behaviour sort of suggest to you that Lionel Desmond, in the very early days anyway, is interested in doing what he can to get the information he can to transition from Canadian Armed Forces to civilian population?

A. Yeah. I have no reason to question that.

Q. What conversations did you have about his My VAC account?

A. I don't know if we've ever had a conversation about My VAC account. Not all veterans used it. So I don't recall ...

Q. You're his case manager. My VAC account is very valuable to veterans. Is there a particular reason why you wouldn't have a conversation with him to see how he's making out

with that resource, if he's able to navigate?

A. If he didn't bring it up ... like I wasn't a My VAC account expert by any means, so if he didn't bring up the fact that he was trying to use it for whatever reason and he would want help with it ... I mean, obviously, if he brought that up we would talk about it. And if I couldn't help him, then I would put him through someone who can. But, like I said, I don't remember that being his preferred method of communication with me. He tended to call VAC and drop in to the CFB ... when you see the CFB Gagetown office, it was like a shared space with VAC. So he tended to drop in to that office a lot.

Q. So you really don't know what his position was on the My VAC account, whether he found it helpful or not helpful.

A. I don't recall his take on that, no, unfortunately.

Q. As his case manager, do you know if he even used it?

A. I'm not a hundred percent sure.

Q. There's another entry, page 19 of Exhibit 273, at the very bottom. It's a May 5th entry. And it reads: "Client came to CFB Gagetown to start a claim for ED. Provided client with Pen kit and another My VAC account enrolment code as well as the NCCN number in case he has more difficulties."

So a lot of that I definitely don't understand with the

acronyms. What is "Pen kit"?

A. "Provided client with Pen kit." I'm not a hundred percent sure. It could be application for pension kit, something of that sort. It wasn't a program that I specifically worked in, so I apologize for not knowing exactly.

Q. What is ...

A. But it ... yeah. It sounds to me like it has to do with pensions.

Q. What is an NCCN number? Do you know?

A. Yeah. The NCCN is the national contacts centre network. So essentially what I understand from that note is that the initial enrolment code had probably expired. He requested another one and then the person who gave it to him suggested, If you try to enrol and you run into any sort of technical issues, call the NCCN because the analysts were the people in VAC, in my memory, who were trained to support veterans in opening this account and troubleshooting.

Q. And so he's given another number, I guess, to access My VAC account and this is in May, again pre-discharge. Would this sort of activity sort of suggest to you a motivation on his part to do what he can, get resources, find out what's there for him to try to navigate his transition?

MARIE-PAULE DOUCETTE, Cross-Examination by Mr. Russell

A. Yes. I think he's proactive in coming to ask for help at the office, as well.

Q. And did you say ... is there anyone there to sort of assist a veteran on how to use this My VAC account?

A. Yes. The analysts at the NCCN, I believe they had the training into how the account works. Like they were sort of the most apt to support a veteran to navigate it.

Q. Okay. Could you appreciate that maybe some veterans might have a difficult time navigating forms online?

A. Yes. Absolutely.

Q. And you know in Lionel Desmond's case, he did have a hard time with forms that were online.

A. Quite possibly, yes.

Q. In fact, as well ... I guess if we go back, I don't have the answer in front of me, but there was a discussion about a gym membership and there was a form that he could fill out to get a discount and he was overwhelmed with the idea of filling out the form. Do you remember that?

A. Yes.

Q. Would that suggest to you that he had difficulties filling out forms online or navigating such forms?

A. It suggests to me that, at that time, he was

definitely feeling overwhelmed with the forms that were presented to him. I don't know if those forms were online or not. They were not a VAC form.

Q. So I guess my question is if you're alerted, as his case manager, that he's having difficulty with forms in general and how to fill them out, something as simple as filling out for a discount for a gym membership, would you ever have a discussion with him and say, Look, we have this option here. It's a My VAC account. It gives you information. It has forms there for different things that may be of interest to you that you may need. Are you able to use that? Do you have any struggles with it? Would you normally ask that?

A. I could ask that. However, in my experience, the veterans who had difficulties with forms and whatnot were not generally the ones who wanted to use My VAC account because it was electronic and you needed to know how to navigate with computers a little bit more. So, like I said, my experience of working with Lionel Desmond was that he would generally drop in more into the office, hoping to speak to someone face-to-face, or call.

Q. But I guess in his case it's fair to say you simply didn't know whether or not this would be of any use to him

because you didn't ask.

A. I don't remember having a conversation with him about it, no.

Q. We're going to look at page 20 from Exhibit 273. It's an entry from February 19th of 2015. This, again, predates your involvement by quite a bit. It's the third entry down. I'll read it into the record. So February 19th, 2015. "Client came in to CFB Gagetown to request a rehab application. Client is not medically releasing until June 2015. Advised client he is not eligible for the rehab program until he is released. Client understood but still wanted a copy of the application."

And then it says "provided". I'm mindful of the fact that you didn't make this entry, you weren't there for that day, do you know what rehab application that might have been? He's still in CAF.

A. Yes.

Q. What was it?

(09:50)

A. Yeah. It would have been an application to participate in the rehabilitation program, rehabilitation program being one of the programs that case managers ... well, it's how I eventually got connected to Mr. Desmond, through the

rehabilitation program.

Q. So a rehabilitation program is basically his rehabilitation that's coordinated by a case manager.

A. Yes.

Q. So he's still in the Canadian Armed Forces at this point. It's February, so he's not discharged for another four months anyway, at a minimum.

A. Uh-huh.

Q. So would, again, this sort of suggest to you that Lionel Desmond was motivated to assist in his transition?

A. Sure. Yes.

Q. Would it suggest that he was perhaps working hard?

A. It could. Generally, clients have some knowledge of, you know, they hear through other veterans or ... I don't remember the date of his transition interview, but they hear about all these programs and benefits that are potentially available to them. So it's not unusual for a veteran to be reaching out and asking for different applications for these programs.

Q. So it appears by this entry that he can't, even though he's requested the application, he's provided with it and he has it, and he wants to get ahead of this transition, he wants to

have it filled out, presumably to get that rehab program started with a case manager well in advance of his discharge in June. To your knowledge is there any way or is there any system in VAC that allows veterans that are proactive to get their application in the queue so they don't have to wait for it to be processed, they don't have to wait for a case manager?

A. Well, there's no ... my understanding is the wait for a case manager has ... okay. So there's two pieces to this question. So the application, if I remember correctly, there was a period of time ... like when the veteran knew exactly what their release date was going to be, I believe there was a period of time pre-release that they were able to fill it out, but rehab couldn't be initiated prior to the release date.

And then in terms of the wait to be assigned a case manager, the assignment, in most cases, comes once ... well, after you're made eligible for the rehab program. I understand that in Mr. Desmond's case, it took some time and my understanding is that was as a result of the demand versus resources available.

Q. So I guess my question is in February it appears as though it's documented in the same notes that are shared by CAF and Veterans Affairs. So there is some shared ... or no. This

is still Veterans Affairs, I assume.

A. Yeah. These are Veterans Affairs notes in the CSDN system. I think the confusion comes from the fact that it's the CFB Gagetown office. There was the area office in Oromocto at the time shared its space with a unit of the Forces if that makes sense.

Q. So Veterans Affairs knows in February that Lionel Desmond is coming. They know he's coming. They know he's coming in June. They know he's got an application and the application is to get him on a rehab program, which is going to involve a case manager. Do you see any benefit in maybe having case managers sort of already maybe considered so rather than wait? He's months in advance. He's trying but, yet, he had to wait until November.

A. Well, obviously I see a benefit to timely assignments. Like I'm definitely in favour of that. I don't believe that it was possible for a case manager to be assigned to a still-serving member.

Q. Okay. So that's what I'm trying to ask is sort of is there any mechanism that you're aware of in Veterans Affairs Operations that allows a veteran who is in months in advance of discharge trying to get his application to the front of the line

or trying to put it there so he can hit the ground running when he's discharged?

A. And we're talking 2015 - 2017, like the years I was there? What I can remember is there was a period of time when they knew their release date that they could apply for the program, but the program could only be approved or activated at or after their release date. That's what I ...

Q. Is there any sort of ... Are you aware of any sort of bridge programming? And I realize there are two entities and you're still chained to Canadian Armed Forces and you're not discharged.

A. Uh-huh.

Q. So you're still under their umbrella, I guess. But it seems like, you know, Lionel Desmond is reaching out, transition is on the horizon. Is there any sort of bridge services between CAF and VAC for veterans to get there in that period of time?

A. I don't know if you could call it a bridge service, but one of the things that was happening at the time, and it's reflected in those notes, are transition interviews. So once the veteran knows or is aware of their release date, they can be booked for a transition interview.

And the transition interview is ... when I worked there,

was generally completed by a veteran service agent. So it was a time where they would sit down with the veteran and a family member or a support, if they wanted to bring a support, and they would provide an overview of the various benefits, programs, and whatnot that they may be eligible for once they release.

So it was sort of an introduction to services at VAC. And in terms of other bridging, I don't know about programs, per se. Like there was a transition interview and then ... but there were things like ... an example was, in Mr. Desmond's case, was where the CAF case manager was able to refer to OSI prior to his discharge so that those resources be ready and available for him once he is medically released. Now, again, that was 2015, 2016, 2017. I think since then, my understanding is that there has been efforts made to work more closely with the CAF.

Q. Do you know what they are? Are you able to comment? If not, that's ...

A. No, unfortunately, I'm not. The only other thing I remember and, again, I may not be covering everything because it wasn't, you know, my area of expertise, was the ... and I think Mr. Marshall may have talked about this, the SCAN exercise where still-serving CAF members could attend this session where various program or veterans-serving agencies would come in and

offer an overview, answer questions, whatnot, and VAC would participate among other agencies through these SCANs, I think they call them.

Q. I'm going to ask you a little bit about the sharing of documents within.

A. Okay.

Q. We know Exhibit 278, we might not necessarily have to bring it up. We're going to go in detail at some point, but that's the transition interview of May 25th, that you just spoke about, 2015.

A. Okay.

Q. Did you have that in your possession before you met Lionel Desmond?

A. Do you have the document? Could I see it?

Q. Well, we can bring it up. Exhibit 278, please. It's several pages of the transition interview that was conducted in preparation for him to move into Veterans Affairs and civilian life.

A. I can only assume that this would have been scanned onto the file somewhere. Yes.

Q. And it has several pages. Does this document look familiar to you?

(10:00)

A. Not that first page, but maybe I'll try to see some of the information that's in there. I mean the document itself is possibly something I read when he was assigned to me, but like it doesn't stand out to me as one of the first things I looked at or like I don't have a clear recollection of sitting with that document.

Q. Are you able to say you used that in consideration of formulating a case plan for Lionel Desmond?

A. Sorry, can you repeat that?

Q. Are you able to say whether or not you used that document to assist in your formulating a case plan for Lionel Desmond?

A. Not specifically. I would've used other documents and other ...

Q. Okay. What is the purpose of the transition interview when a veteran is leaving Canadian Armed Forces to go to civilian life? What's the purpose of that transition interview?

A. In my understanding, it's introducing a soon-to-be veteran to services that are to come. Sort of helping, like creating a bit of a connection pre-release with VAC. So if they want to get some processes started, if they haven't already,

because, like I said, some serving members already had disability applications and awards prior to discharge. So I think it's a mechanism to help the transition.

Q. And part of this transition interview is to determine, after speaking with the veteran, what they believed their needs were. Is that fair?

A. Possibly. Yes.

Q. It's also to determine what their circumstances are.

A. I can't say for sure. I understood it to be a lot of info being offered to the veteran so that they could decide from there what they wanted to prioritize in terms of benefits and services.

Q. Is it also used to identify, perhaps, and highlight struggles that the veteran may face in the critical transition between Canadian Armed Forces and Veterans Affairs Canada?

A. Yeah, that's highly possible. I know that Ms. Christensen, who did the transition interview, had completed a Regina Risk Indicator Tool which gives information about potential for re-establishment. That sort of thing.

Q. It's pretty critical and it's an important document, from a Veterans Affairs' standpoint, the transition interview? It's fundamental?

A. I don't know if I would call it "pretty critical". I think it's a good service and that it is helpful to a veteran.

Q. So this transition interview that collects and gathers information about a veteran, identifies needs of the veteran, potential services that would be a suit for a veteran, did you sit down or discuss with Lionel Desmond what was in his transition interview when you were formulating your case plan for him?

A. Some of the information that's contained in there is available via other documents and in other places in CSDN. So I didn't specifically discuss his transition interview, but we had the area counsellor assessment. I completed a new Regina Risk Indicator Tool. I considered the, and discussed the recommendations that were coming from his supports, but I didn't sit with the transition interview in front of me to discuss with him, no.

Q. Do you know if Desmond ever got a copy of his transition interview, because it had a lot of good information about him, what he needed, what potential services? Do you know if he ever got a copy of it?

A. I can't confirm that, unfortunately. He might have.

Q. But you don't know.

A. No, I don't know because I didn't conduct the interview and I don't know if they hand it over at the end or ...

Q. We're going to go in detail about this document as well but not at this point. It's Exhibit 300. This document ... and it's going to come up on the screen.

EXHIBIT P-000300 - NURSE CASE MANAGEMENT - FEBRUARY 4, 2015 (CAN002095)

A. Okay.

Q. It's from February 4th, 2015. It says "National Defence" on the top.

A. Mm-hmm.

Q. It's a nurse case management. You spoke about a nurse case manager yesterday. And it's where his case manager was a nurse at the time with Canadian Armed Forces.

A. Mm-hmm.

Q. She makes notes. And, in particular, she makes notes about transition that we're going to review later. Would you have ever seen this?

A. Is it possible to scroll down a little bit?

Q. Sure.

A. So we can ...

Q. Sure.

A. It's not a document that stands out to me. The only way I would've had access to this document is if it was submitted sort of in support of his application for rehab.

Q. Okay.

A. And I was the person responsible for rendering the decision.

Q. Because ...

A. These sort of CAF medical records, we are not, as case managers, privy to accessing those unless it's a specific sort of supporting document for an application for rehab, so ...

Q. And it talks about transition, CAF's view on transition.

A. Mm-hmm.

Q. It'll go into the details about his situation and what his needs are. But you said you would say, normally, that this type of document doesn't get sent to Veterans Affairs unless it accompanies the referral?

A. An application. An application for ... Like when they, a veteran, applies either for disability benefits or the rehab program, there's certain ... they apply based on sort of conditions. So reports that confirm a diagnosis or support an

injury of some sort that happened during their service may be sent to Veterans Affairs in support of an application. But even though they're submitted to Veterans Affairs, as a case manager, I don't have a need to know, to go in and just peruse freely CAF medical records.

Q. And in Lionel Desmond's case, you don't know if you got this or not. It doesn't seem familiar to you.

A. Not overly familiar, no.

EXHIBIT P-000301 - NURSE CASE MANAGEMENT - APRIL 13, 2015 (CAN002105)

Q. Similarly, a document - Exhibit 301. This is the same ... this document is going to be the same format and it's going to be dated April 13th. At the top, it's a National Defence, or it's on a form that's called "National Defence", and it has, again, notes and details about views on transition planning. Are your comments the same?

A. Mm-hmm.

Q. Do you recognize this document?

A. Sorry, I'm not able to read it right now.

Q. I'm sure we can zoom in, potentially. Certainly enough whether you recognize it or not.

A. Not specifically, no.

Q. I guess my question is ... There are two documents here from Canadian Armed Forces that give their insight and views on transition, which is naturally transition from military to Veterans Affairs. Is this the type of information, as his case manager, the one that's going to orchestrate his rehabilitation, is this the type of information perhaps that you'd like to know? You'd like to know a little bit about his transition, what's going on in Canadian Armed Forces, if they have news on it?

(10:10)

A. That I would like to know? I mean the veteran is given an opportunity, obviously, to talk with us, ample opportunity to talk with us about their transition. The document that you showed me there, for example, had information about dental appointments and whatnot. Like that, to me, is not relevant to the work that I do. So I'm just citing that as an example.

So would I like to have that information? I don't think it's always relevant and it's not a matter of would I like to have it or not. It's not accessible to me.

Q. We're going to break it down in detail. You picked out the dental aspect. There was certainly a lot more in it

than that and we'll go over it, but Lionel Desmond had a case manager with Canadian Armed Forces. That case manager had views about his transition, what was needed, what would be helpful. You're his new case manager with Veterans Affairs. Logically, would you want to have some insight as to what his case manager, what her thoughts and views were and what he shared with her in preparation for you taking over? Wouldn't you want to know a little bit?

A. The part of the question that I struggle with is the "want" because at the end of the day, these documents are medical documents that belong to the veteran, so if the veteran wants to share these documents because he feels that there's important information that I should know, I'm open to that.

Q. It's out of your control.

A. But I don't ...

Q. It's out of your control whether you get them or not. I'm not saying that you have to ... it's on you to get this from Canadian Armed Forces. Would you like to have some knowledge and awareness of his interactions with a previous case manager that identified some struggles and problems and a rehabilitation plan? Would you like to have that information when you're now taking the ball?

A. Would I like to have information? In certain cases, maybe it would've been helpful and I would've appreciated that, and then in other cases, it's hard to tell. Our roles as case managers were not necessarily the same. We weren't managing the same sort of process.

Q. Your roles are a little different, but would you agree that your roles are the same in that you're trying to navigate someone that has mental health concerns and trying to navigate how they're going to function in their day-to-day life? That's a shared commonality between you and the case manager of the Canadian Armed Forces. Is that fair?

A. Possibly. I know that, in my memory, the case managers at VAC were nurses and I believe like engaged in nursing duties. So there's some clear differences if that's the case but ...

Q. In this case, we know that his case manager happened to be a nurse when he was (inaudible - audio).

A. I think they all were nurses.

Q. And if a nurse had insight into his condition and thoughts on his transition, can you see areas in which that might be helpful to you as a social worker, professional social worker, that's going to navigate his care? Do you see the value

in that?

A. I can see some value, yes. If the veteran wishes for me to have that information.

Q. That's fair and that's something that's beyond your control. I'm not suggesting that you had to go get it. I just want to know if that information would've been helpful to you.

A. (Inaudible - audio.)

Q. In terms of your role as veterans' case manager, you went through it in detail. I just want to qualify in very straight terms whether or not - yes or no, I guess, and if you have to elaborate, you have to elaborate - your role as case manager is to assess what Lionel Desmond's needs are.

A. Yes.

Q. It's to coordinate his care by identifying resources available to assist with his rehabilitation.

A. Coordinating care, yes. Identifying resources, sometimes.

Q. And to assist in his rehabilitation by identifying resources.

A. Yes. If you're saying identifying resources as though it is the case manager's job to find the psychologist, to find the ... then that's not entirely the case, but identifying

general resources, a physiotherapist may be able to help with this.

Q. So I'm going to ...

A. So I guess providers.

Q. I'm going to break it down to that because you said sometimes it's to identify and find these particular resources or at least come up with suggested alternatives and possibilities.

In a case where a case manager exists without a clinical care manager, who goes out to assist in finding those professionals for the veteran if it's a psychologist they need? Whose role is that? If it's not the case manager's, who is it?

A. It's the veteran's. It's the veteran's role. So in the process of rehabilitation, which is a collaborative process, a voluntary process, there is sort of an expectation on the veteran that they will take on some of the responsibility of their own health. And we are there to guide and support as best as we can, but we are not, as a case manager, doing rehabilitation if we are doing everything for the veteran, if that makes sense.

Q. I'll give a concrete example. Ste. Anne's recommended that he needed an occupational therapist to conduct an

assessment.

A. Okay.

Q. Is it Lionel Desmond's obligation to go out and find himself an occupational therapist or is it incumbent on the case manager to assist him in giving him options in trying to find an occupational therapist or suitable ones he can select from?

A. It's both. If that ... if we ... myself, with the veteran, identified that as being the priority and we say, Okay, so we're going to need an occupational therapist to conduct "x", I would normally ask the veteran, Do you know anybody in the community? Do you have a preferred provider? And if he answers "no", then I can help by looking at options, providing names, that sort of stuff. So it's a ...

Q. So do you operate on the capacity that, as case manager, that your clients have the cognitive capacity or the mental wellness to do a lot of that resource searching on their own?

A. Yes. Well, in the sense that like self-determination and we believe in their ability to be able to carry some of the work. And where it's difficult for them, we assist as best as we can.

Q. I'm trying to drive at your appreciation of the fact

that maybe not all veterans are capable of being the runners for resources due to their trauma, mental health, and crisis. Do you appreciate that veterans can't necessarily be the runners of their own care in going out and finding them? That maybe VAC is the one that has to get those resources suggested in place? Where they are? Who they are?

A. Well, I would ... I don't know. I wouldn't use the term "runner". Like I mentioned yesterday, many veterans, in the conversation about the needs and the services to put in place, will proactively say, I would like to work with this person or this clinic, or this I've heard good things about.

So, from there, we see how we can coordinate that. So I don't think it's fair to say that many veterans are not capable of doing that. Some may counter-challenge it and then our job is to help with those barriers.

Q. Taking it from sort of maybe in a more general abstract to specific, is it your view that Lionel Desmond was capable of going out and finding an occupational therapist on his own and going out and finding a psychiatrist on his own without you identifying options for him? Did he have the capacity?

(10:20)

A. Of finding a psychiatrist? Well, I believe he had ... like I believe it was mentioned yesterday that he had consulted with a psychiatrist on his own. Occupational therapists are not the most known resources. So potentially not, that he wouldn't have been able to find that. And I'm not suggesting that he should've been left to his own device to do everything. That's not what I'm saying. I do think he had some capacity, yes, to make phone calls, to initiate contact with providers. I do believe that he had that capacity and I think he had proven that.

Q. In terms of one of your last functions or one of the categories of roles of a case manager ... I'll leave it. I believe we reviewed it.

Moving now to domestic and family resources. That's the general theme of the questions that I want to ask you. You indicated that in your time with Veterans Affairs Canada, you received training in a number of areas when you were ...

A. Mm-hmm.

Q. ... learning to be a case manager. You indicated that you did not receive any training as it relates to family violence or family intervention services?

A. Family violence, no. Can you qualify family

intervention?

Q. Did you receive any training as it relates to veterans, specifically related to veterans struggling with their home life in the transition, whether it's marital breakdown, parenting? Did you receive any sort of training that brought that to the forefront as a pressing issue?

A. I don't recall anything specific to that, no.

Q. Would you agree that a common theme with veterans transitioning from military to civilian life is the struggle and breakdown within their own home life due to what they're dealing with? That's a pretty common struggle for veterans.

A. Yeah. I mean in terms ... like if we look at separation and divorce and those sort of things, but is it a theme in the military more than in the general population? Perhaps.

Q. And I'm not going to ask you "did you want", but would you have liked to have received more training from Veterans Affairs Canada, when you were training to be a case manager, to identify those aspects of a veteran transitioning that is dealing with sort of domestic turmoil, whether it's breakdown of the marriage, whether it's children, whether it's maybe domestic violence? Would you have liked to have had more training from

VAC in that area, or training from VAC in that area?

A. Would I have liked to have more training in that? Specific to intimate partner violence, I think that could've been beneficial. I think that could be beneficial to anyone who is working with a client base. Within the sort of scope of my role, I am not sure that ... Well, I'll leave it at that. I would've liked more training in family violence, in that theme, yes.

Q. In Lionel Desmond's case, do you think it would've been helpful if you were sort of more intuitive and aware of those issues happening in Lionel Desmond's life to arrange for resources and assist him?

A. I don't know "intuitive" is necessarily ... I think we're provided with some information, not all, and that ...

Q. I didn't necessarily think the question was hard because you answered yesterday, basically, that you would've liked to have received some training in that area. Do you recall that?

A. I just answered that, yes.

Q. Yes.

A. Yes, but then ...

Q. So how ... And my question now is how is that

applicable to your role as case manager in treating Lionel Desmond, knowing that this gentleman committed suicide and killed the rest of his family? Looking back, was there any skills that you could've perhaps learned and perhaps maybe applied? And I'm not saying you could've prevented this, but I'm asking is there anything that could've assisted you in your role as case manager in identifying those concerns?

A. If there was a training specific to detecting risk of homicidality, perhaps that could've been helpful. I know very few that perhaps that could've been helpful but ...

Q. Okay. Knowing what you know about Lionel Desmond, do you think he could've benefitted from couples counselling?

A. I ... Okay. Yes, potentially benefitted from couples counselling. I'm not sure he was at a place where he would've ... There was so much as an individual that when we talk about like emotional ups and downs and that he, sort of himself, was saying he needed to be working on, but I'm not sure that he was in a good position or in a good place to be doing couple's therapy.

Q. I appreciate ...

A. But I can't say whether or not he would've ... it would've made a difference.

Q. Do you think the concept of couples counselling and arrangement of that would have been of assistance to Lionel Desmond in the struggles he had in relation to his wife?

A. I think it could've potentially been helpful. I don't think it would've been the priority to assist him.

Q. Relationships counselling. Sort of his ... Or I guess we'll say anger management counselling and resources available to deal with that. Do you think that would've been helpful to Lionel Desmond in some ways?

A. Well, I believe he had access to that sort of counselling through a psychologist at OSI.

Q. Okay. And sort of did you identify any concerns with respect to maybe parenting skills that he might've benefitted from with his young daughter and the circumstances surrounding what was happening in the home?

A. When I met with him, it was in the context of living in his home in Oromocto where the child was not there, so I didn't do, nor was it necessarily my role to do, an in-depth parental evaluation of his parental skills. And like I had no information to suggest that he was a neglectful parent or anything like that.

Q. Okay. I'm just going to ask you, at different points

of time, what your understanding was of the status of his relationship. If it was good, bad. In a general sense, how it was from your understanding and information.

So when he was discharged from Canadian Armed Forces on June 26th, 2015, how do you say his relationship appeared to you at the time with his wife?

A. I wasn't around to ...

Q. So you would've ...

A. June 2015? I don't know. I wasn't ...

Q. You weren't around at the time, but when you become case manager, you have some information and awareness of what his circumstances were when he was discharged. Or did you learn anything about that?

(10:30)

A. Yeah, but I don't think it's fair for me to say that I was able to do an assessment of his marital relationship in June, when I didn't know him ...

Q. Did you have any ...

A. ... based on ...

Q. You're going to arrange for his rehabilitation and identifying resources that would be helpful. And you talked about how couple's counselling could be helpful, but he wasn't

in a place for it. Were you interested in knowing what his relationship was like even going back to when he was discharged from the military, or were you simply interested in from the moment you became his case manager?

A. Well, I wasn't not interested, but I was responsible for assessing the state of his health globally, so I guess I wasn't hyper-focused on what his relationship was like in June, no.

Q. What about were you focused or interested in what his relationship was like prior to his discharge?

A. Not specifically.

Q. If Lionel Desmond ... and we know that he had a lot of years leading up to his discharge that the relation- ...

A. Mm-hmm.

Q. Well, at least, at least two years for sure that his relationship with Shanna Desmond was bad. It was not good. And you're trying to coordinate that critical adjustment to civilian life. Do you think that knowing that information would be helpful to colour your perspective in what his needs are and what his focus should be?

A. I think that at the time that I met him and I completed the assessment that he was clear about the fact that

his relationship was difficult and that that sort of remained a theme as I was working with him.

Q. Were you aware that it was a main priority for him. In terms of the list of his goals and priorities, you know, that includes everything from getting a new job to getting anger management treatment, PTSD, to repairing his marriage, would you agree that repairing his marriage was at the very top of that list?

A. I agree that it was among his priorities, yes.

Q. Would you say it was at the ...

A. But at the very top?

Q. What was higher for him then? If it wasn't repairing his marriage, his relationship and the home life, what was more of a priority to Lionel Desmond then, as case manager? You spoke to him.

A. I spoke to him. I can tell you what he said, but then, based on the work that we did together and some of the things he prioritized, that I saw him prioritize, then it depends. Do you want me to say what he said was his priority or what I observed?

Q. I just want you to not say one thing or the other. Your understanding of Desmond's hierarchy of priorities in his

rehabilitation. Was there anything higher than repairing his marriage and dealing with the crisis that was his marriage? Did you get a sense there was anything else higher on his list?

A. I get a sense that finances were up there as well. Whether it was more important than repairing his relationship or not, I can't say that for sure.

Q. And so my question is, outside of ultimately arranging Ste. Anne's, which was very, very valuable, and coordinating with Dr. Murgatroyd, and saying that you knew that New Brunswick might've been doing different things for Lionel Desmond at the OSI Clinic, you were his case manager for 14 months. He's living in Nova Scotia for periods of time. He's back and forth from Nova Scotia for periods of time. Did you ever make any attempts to coordinate services in the community for Lionel Desmond as it relates to couples or relationships counselling?

A. Myself, specifically? No. I know that at a period of time, like when he connected with Ms. Boone, that that was when I think that came up. He was not asking me for couple's therapy.

Q. But does a veteran necessarily have to ask you for couple's therapy for you to maybe identify it, speak to him about it, and then try to coordinate that resource?

A. We can suggest things. It's up to them to say "yes" or "no". Like I've mentioned before, when I arrived in the picture, the information that I was getting from Lionel Desmond was that his priority was to work with professional supports to help him with his managing emotions. That sort of thing. And I was getting from the professionals who were already involved, information that said, We would like to initiate trauma work but we are unable to do so because of "x" reason, which has been named "instability", or I believe I quoted someone saying "disabling symptoms of PTSD".

So with reference to your question about couple's counselling, when I said earlier that perhaps it could've been helpful, it wasn't presenting as the priority at that time.

Q. Okay.

If we turn to Exhibit 278, page 3, this is the transition interview that you were unclear of whether or not you reviewed it.

A. I just want to ...

Q. Sure.

A. I understand that it might sound odd to you that I would say, It's unclear to me if I reviewed this, but this was about six years ago and we review a ton of documents, so it can

be difficult to say, Yes, I remember that specific document.

Q. That's fair.

A. So ...

Q. That's fair. So, on page 3, it says, in the transition interview: "Does the member have any concerns about the impact of their physical, mental, or emotional health issues on the family?" It's checked "Yes". And then, "If yes, outline below". And it says: "Client is married with a daughter, but they are separated. Client noted that spouse/daughter moved to Nova Scotia some time ago while he tries to get better. Client very upset about this and believes the situation does not look good."

A. Okay.

Q. Did you ever sort of ask Lionel Desmond what it was about his situation in his home life that didn't look good?

A. In reference to that specific paragraph?

Q. Just in general.

A. Well, we talked about his home life, of course.

Q. Would you agree with that ...

A. I don't think I ...

Q. Would you agree with that passage that his situation, his home life, as he described it back at the transition

interview, was much the same, that it didn't look good?

A. Well, that's a very broad statement - Does not look good. I can say that, you know, after working with him for some time that he was demonstrating concerns that their relationship might break down. He talked about his wife mentioning divorce papers in a sort of joking way, and that upset him. So he was concerned about the relationship ending but I'm not sure what is meant here by, "the situation does not look good". I didn't write that.

(10:40)

Q. Exhibit 300. This is the nurse case manager note that you indicated that you couldn't recall whether or not you had seen it or not, and there were limits on as to whether or not you could get it. It could or could not be part of a referral.

Under "Transition", it reads:

Member noted to be increasingly stressed about transition and noted that it is because of his spouse who can't commit to whether or not she wants to remain in the relationship. Spouse is living in Nova Scotia, going to nursing school. Member is stressed over finances and whether or not to sell the house. He feels he cannot afford it without any financial

support from his spouse. Member reports that he is struggling with moving in any direction until his spouse figures out what she wants to do.

Then it says:

Advised member that he should speak to MH (assuming Mental Health) intake to seek counselling.

Again, under "Transition", that's the first bullet that's notified is the struggle with the home life. Would you agree that that is suggestive of, very early on, this is a pressing issue for Lionel Desmond is that he needs assistance in some regards in his domestic relationship with his family?

A. That it was important to him from the beginning? Yes. And he made that known.

Q. I'm mindful of the fact that you weren't involved at this point. Did you ever ask him if he ever, or did you ever have any discussion with him that he had seen counselling in that regard? Whether that even took place?

A. Mental health counselling?

Q. For his stressors in his relationship.

A. Well, I knew that he was actively in counselling and that the relationship was among his stressors and that he had a place, yes, where he could work with those, I guess, if I can

put it in simple terms.

Q. And do you know who that was with?

A. Dr. Murgatroyd. Dr. Njoku.

Q. Did Dr. Murgatroyd or Dr. Njoku ever tell you that, as part of their treatment, they were treating Lionel Desmond for the breakdown or the struggles within his marriage?

A. Well, we don't ...

Q. You said ...

A. Not in so many ...

Q. You said you knew that he ...

A. I knew he ...

Q. You said you knew he was seeking help or was getting services for counselling as it relates to the breakdown of his marriage. I'm just asking how you knew that and where did it come from?

A. Well, what I said was I knew he was getting mental health counselling and, in speaking to Lionel Desmond many times, the relationship, we've agreed, was part of his main concerns. So there was no doubt in my mind that that was an aspect of his counselling, his personal counselling, that that was ...

Q. Did you presume that or did you know that? When you

say, There's no doubt in my mind his counselling involved assistance for domestic issues with Shanna Desmond as it relates to identifying any risk factors for domestic violence and trying to keep him calm in that context. You say there's no doubt in your mind, how do you know that there's no doubt in your mind? What did you know about his counselling in that area?

A. I did not know all the specific details of his counselling, but I have a good sense of how psychologists work, and he was going there for mental health counselling for his condition, and I know that a psychologist would've covered all aspects of what were his main stressors related to his mental health.

I think ... I can't ... I know that I've received some summary reports from Dr. Murgatroyd. I don't remember them all by heart, what was in them, and I wasn't privy to all the details of their therapeutic discussions. I didn't ... but I am ...

Q. Okay.

A. Yeah. That's how I would explain that.

Q. If we turn to Exhibit 278, page 3, this is, again, the transition interview and it says "stress coping social support". And this is sort of ... the author of the report identified the

following. It says: "Thinking about the amount of stress in your life, would you say that most days are ..." He indicates, "Quite a bit stressful." "How are you coping with your pending release?" He says, "Fair". And then it says, "I have close relationships with people I can depend on who provide me with support and a sense of security and well-being." And the answer is, "Disagree". And then below that, it says, "Outline any strategies and social supports below." It says, "Client is considering going to school for small engine repair after his release from CF. (Canadian Forces) Client does not have many social supports in place."

When you came to be Lionel Desmond's case manager, this was still the sort of theme is that he really didn't have any social supports whatsoever.

A. Yeah. Well, at the time that I did the assessment, that I first met him, isolation was definitely ... or the feeling of being isolated was definitely something that was observed. And he would've reported, maybe not in these exact same words that, yeah, he didn't have a whole lot of social supports. Now, to say none whatsoever, I can't say that for sure because I know that there was, just from conversation with him, that there was a friend in the Oromocto area who he had

relied on for some things. Not specific to his relocation. But few supports, yes.

Q. And I believe you said yesterday it was so bad you actually accompanied him to the airport because he really kind of had nobody to go with him?

A. I never said, It was so bad. I said that ... I explained that my motivation to go was that I knew he was going by himself. Does that mean that he asked someone to go with him? I don't know. My motivation to go was to offer some moral support.

Q. You were his case manager for 14 months and there are aspects of instability that got in the way of couple's counselling and different therapies. In your view, what resources were in Nova Scotia that you could've coordinated to assist him in building relationships with others? A veteran who is in isolation. What resources are available to him in Nova Scotia at the time that would assist him in maybe coming around and building relationships? Break down the barrier of isolation.

A. Well, there would've been a variety of resources that could have helped him in some aspects. So a CCM would've been one of them. I believe OSISS, which is Operational Stress

Injury Support Services, is operated in Nova Scotia as well as in New Brunswick, and we had talked about that before.

He had mentioned wanting to potentially get involved with a colleague who was ... I'm trying to remember the name now. I think it was called "Trauma for Healing". And then various community resources that I'm not familiar with all of them but ...

Q. Did you make efforts to arrange for those for him at all in the 14 months?

A. Yes. Yeah. I contacted OSISS actually on his behalf once. He gave me permission to do that. Connected him with a coordinator in Gagetown. I also encouraged him. When he worried about leaving his home for sale behind when he was going to training. Okay, well who is around you that might be able to help with some things? You're going to have to problem solve. He reached out to a neighbour who was able to, you know, take care of his property while he was away.

(10:50)

So if you're asking about social supports specifically ...

Q. Yes.

A. ... I'd say OSISS was a big one. And, yes, that was offered to him more than once by me.

Q. And was there anything other than OSISS that you arranged?

A. In terms of social supports?

Q. Yes. There was a program maybe called "Wounded Warriors" from Ste. Anne's that was recommended, that he become involved in "Wounded Warriors". Were you familiar with that program?

A. Not specifically, no.

Q. What other programs are there provincially for veterans, other than OSISS, to be involved in to break down the barrier of isolation?

A. There's the Royal Canadian Legion. There's an organization that supports ... I don't remember the name, but that supports vets at risk of homelessness. He was involved with "Marijuana for Trauma" which was not organized by me. It was of his own doing and wasn't sure if he wanted to continue with that. That was an organization in Oromocto.

Q. Did you ever reach out ...

A. I'm sure the list goes on.

Q. Did you reach out to any other entities other than OSISS, I guess?

A. Me, specifically? I don't believe so, no.

Q. Moving to the aspect of a family physician and sort of your role as case manager as it involves that. If we turn to, again, Exhibit 278, page 5, at the top sort of portion of the page, it says, "Has member found a family physician?" And the answer is, "No".

If we turn to Exhibit 301, page 2, that's at the transition interview. So Exhibit 301, page 2 ...

A. Okay.

Q. I'm just trying to find it myself. This is a nurse case management note from April of 2015: "Family doctor. Member will need to secure a family doctor. Member is aware of how to access waitlist and resources to access care in interim."

So you would agree that prior to his discharge, it was flagged that the need for a family doctor was a relevant need for Lionel Desmond.

A. Yes, as it is for all releasing CAF members.

Q. Why would a family doctor be important to Lionel Desmond as a veteran?

A. Well, a family doctor is important to all of us. And I think, as a medically-releasing member of the Canadian Forces, the understanding is that you're releasing with some injury or illness, so having a family doctor obviously is a good resource.

Q. And in definite fairness to you, you have no control over doctor shortages in either New Brunswick or Nova Scotia.

A. Mm-hmm.

Q. Your role as case manager, does it involve trying to assist Lionel Desmond in locating a family doctor? Does it reach to that extent?

A. It would've been very similar to what this nurse case manager did. So asking the veteran if they have placed their name on a registry, a Forces inpatient registry. Like I don't know exactly what it's called, but there was a number that you could call. And if they need a physician, do they know of walk-in clinics in the area. That sort of thing. But I cannot secure a physician for a member, no. Or veteran, no.

Q. So I guess my question is, and I'm mindful that you can't just snap your fingers and do it, it's a crisis that's beyond your reach. But what did you do to assist him in trying to find a family doctor?

A. Good question. I don't believe it was a theme that we explored too much together. He had already accessed services of Dr. Paul Smith, who was a general practitioner, prior to my involvement. So even though ...

Q. And I guess ... So when he left Ste. Anne's even ...

A. Go ahead.

Q. ... when he left Ste. Anne's in August 2016, did you make any efforts to assist him in locating a family doctor?

A. In Nova Scotia? Not specifically.

Q. Or New Brunswick?

A. Well, he wasn't going to be residing in New Brunswick so ...

Q. I'm going to ask you ...

A. He did ...

Q. Go ahead, sorry.

A. Just keep in mind that he, when I came on board, he did have an assigned psychiatrist who is a medical practitioner. He was accessing, like I said, the services of a general practitioner. Maybe he wasn't assigned to his list, but he definitely had access to that person.

Q. Which general practitioner did he have access to?

A. Dr. Paul Smith. Many veterans have accessed his care in the Fredericton area.

Q. Would you say ... to your knowledge, did he have access to Dr. Paul Smith when he had his transition interview and they said, No, he doesn't have a family doctor and he needs one? Is it fair to say that ...

A. Well, I will venture to say that ...

Q. Is it fair to say ...

A. So I will venture to say that this physician that we're talking about had prescribed him medication. So I don't know if it was pre-transition interview. I don't remember the dates.

So, I guess, if you can repeat your question about the transition interview?

Q. Would you agree that Veterans Affairs, knowing that he had access to medical marijuana through Dr. Paul Smith, still recognized that he needs a family physician and they put that as a priority?

A. Mm-hmm.

Q. So they drew a distinction. They still said he needed a family physician.

A. Yes. And based on the documents that you've provided, the veteran said he knew how to get his name on the waitlist and he knew how to access services in the interim.

Q. Okay. So I'm going to ask you a little bit about a theme involving risk of failure. There was mention of that in a few documents and I'll bring them to your attention.

So as his VAC case manager, did you see Lionel Desmond as a

veteran that was at a heightened risk for an unsuccessful transition into civilian life?

A. I completed a Risk Indicator Tool that, yeah, provided, like generated that score.

Q. So back ...

A. So definitely saw the risk.

Q. Okay. So you did the Risk Assessment Tool and you took into ... did you take into account other global factors that you learned about Lionel Desmond?

A. Well, yes, obviously. Just information collected through the assessment process and through the medical practitioners.

Q. So back to my original question. Did you see him as a heightened risk for an unsuccessful transition into civilian life?

A. Well, I don't see my clients as a level of risk. I do an assessment. It gives me a score. And then I do my best to engage them in rehabilitation because that is my role. Whether they are high risk, moderate risk, my job is to assist them in rehabilitating because this is what they are coming to me for.

Q. The purpose of the Risk Assessment Tool is to evaluate risk of successful transition? Is that the point of it?

A. Mm-hmm. I believe so. Like I mentioned yesterday, initially, the tool was designed to assess the risk that someone could safely stay in their home. And then there was a modified version done for the younger veteran population. So it was a measure at that moment when I met him. It doesn't mean that if we had completed ... well, when Ms. Christensen completed it it generated a different score.

(11:00)

So it was a measure, but it wasn't sort of the ... like, again, like I just ... I don't look at the client as a risk of. I try to assist them in their rehabilitation.

Q. Absolutely. Your goal is to assist them in their rehabilitation but you would agree it's identifying risk factors to successful or unsuccessful rehabilitation. You have to be aware of that in order to rehabilitate. Isn't that the case?

A. Sure, but I don't rehabilitate the veteran. I just want to be clear. I'm there to support and coordinate some of the services.

Q. So, in your opinion as a social worker, as his case manager who's going to coordinate his care and coordinate his transition, do you think he was at a risk, or not, for successful or unsuccessful transition? In your opinion. And

I'm just asking your opinion.

A. I'm happy to give you my opinion, but I'm not sure exactly what you mean by successful reintegration. Are we talking return to workforce? Are we talking ... What exactly am I qualifying here?

Q. Well, the Risk Assessment Tool assessed risk and level of success rate in a transition. That's a tool that's used by Veterans Affairs. I'm simply asking you what you believed the level of potential success was with Lionel Desmond. Was it high? Moderate? Medium? Significant? Insignificant? I'm just trying to get your position as to what was the likelihood of him having success with his rehabilitation knowing what you know?

A. At the time that I did the assessment, it generated a score of high. So, yes, I can go with, at that time, he was a high risk for unsuccessful reintegration.

Q. When he left Ste. Anne's, where was he at, in your evaluation?

A. A similar level, I would say.

Q. When we turn to the fall, October/November, what is your view? What level of risk is there for a successful transition or unsuccessful transition?

A. Well, I didn't complete the tool again, so I can't use exactly the same measure, but I could say that, based on the minimal progress that was observed at Ste. Anne's, then he probably remained at a similar level of risk.

Q. If we could turn to Exhibit 278, page 6. If I could just have one second to orientate myself. This is the transition interview document, and at the very top of page 6, at the transition interview, they say ... The question is, "Is this member at risk for an unsuccessful re-establishment and/or transition difficulties?" And the answer is, "Yes". Would you say that's consistent with what your view was throughout your time as Lionel Desmond's case manager?

A. Yes.

Q. And did that ever change?

A. Whether the member is at risk for an unsuccessful re-establish- ... I think he remained at risk of an unsuccessful re-establishment or transition. That is the case with many veterans who are in case management and rehabilitation. That's why they are accessing case management and rehabilitation.

Q. And I'm going to read to you the summary that went along with their view of why he was at risk. It starts with:

According to RRIT score of 14 out of 65, client is at moderate risk for an unsuccessful transition into civilian life.

And it then goes on to say ... I'm going to skip a part because that's not really relevant. And then it says:

Now, because of his physical health, client has issues bending, running, and diving for moderate periods of time. This affects the type of mental, emotional health as poor. Client has a DA for PTSD (35 percent) and an application in ...

A. "Progress."

Q. ... progress for MDD. (I think that's "major depressive disorder".) Due to client's mental health ...

A. Yes, it is.

Q. ... he advises having difficulty in public places, situations, and leaving his home. Client notes he fell on his head while jumping out of a plane, but was never given a diagnosis. Client states he has trouble remembering things and retaining

information. Advised client if he received a diagnosis for his head injury, that he should apply for a DA. Client advised that he was told it is linked to his PTSD condition. Client's spouse and daughter moved to Nova Scotia and they are separated while client works on getting healthy. Client does not believe they will return. Client advises have anger and intimacy issues with his spouse due to PTSD and ED.

Would you say that that summary of what they use to say he was ... well, along with the tools say he was a risk. Was that still the case when you were dealing with him as a case manager?

A. Sorry, I'm not sure I understand the question.

Q. So these sort of aspects of his life that went into evaluating him at risk for unsuccessful transition, were those very much a live issue throughout all your time with Lionel Desmond as case manager?

A. Everything that you mentioned?

Q. Yes.

A. Well, the chronic back pain is something he talked about a lot. Obviously, the PTSD for which he was receiving

ongoing treatment. The jumping out of a plane and falling on his head was not something that he shared with me. And then that the spouse is living in Nova Scotia, that he's having anger and intimacy issues. Intimacy issues is not something that he discussed too much with me, but I can appreciate, based on what is written here.

Q. So at the end of December of 2016, all of that information that was identified in his transition interview as putting him at a risk, all of that was still present in December of 2016? Were those concerns still there?

A. Were those concerns still there while he was no longer ... In December of 2016, he was living with his family again, so was the concern still the same? There are still concerns in the relationship. I understand that, but that was a change from that time.

Q. Did any of those ...

A. So he was ...

Q. Go ahead.

A. Go ahead.

Q. I'm just wondering ...

A. No, it's okay. Go ahead.

Q. ... of all those things that were listed there, did

any of them get resolved 14 months later, or longer than 14 months later? Did they ever get resolved by the end of December 2016?

A. Not that I know of, no.

Q. What do you think stood in the way of ... So these areas were identified as risk factors in his transition interview in April of 2015. In December of 2016, they're all still present. They're all still live. Why do you think that was?

A. Well, I don't think there's a simple answer to that question. I think there's a number of factors at play.

(11:10)

Q. So you don't really have an answer or do you have an answer for it? In your opinion ...

A. Well, I don't think I'm ... I ... So what stood in the way of all these issues being resolved is ... you're asking me to give my opinion on that?

Q. Yes.

A. And ... okay. Keeping in mind that it's my opinion and not ... I'm just ... I'm a little bit hesitant to provide my opinion on this because I am not an expert in all those areas and, although I had some information and some assessments and

dealings with Mr. Desmond, there were people who were working with him that had a lot more expert and intimate knowledge of what was going on here, so I'm ...

Q. Okay. I see you're having trouble answering the question. That's fine. I'll move on.

Did you see any areas of success, as Lionel Desmond's case manager, from April 2015 to December of 2016? Was there ever any success at the end of that period of time in any identifiable area?

A. Well, he self-reported that he had been able to remain sober post-discharge from Ste. Anne's. So taking his word for that, I would say that's a success. I mean he did manage to go to treatment. He didn't complete it to the very end but I think there was a part success there.

Q. Other than that, anything else?

A. I'm thinking. Nothing major that stands out to me right now.

Q. So based on your answer there, would you say, in the time period that he's involved with Veterans Affairs Canada, between the transition interview in April of 2015 up until his death, would you say he wasn't successful in transitioning?

A. Well, I think that's obvious to everyone that he

wasn't successful in transitioning to civilian life in a healthy way.

Q. Would you say Lionel Desmond was a difficult or complex case, in your opinion?

A. Yeah. It had some level of complexity. Not necessarily a difficult case, but when I hear the term "difficult", I think of, just to qualify, I think of veterans who would scream at me on the phone, who would refuse to authorize visits. That sort of stuff was difficult. So it's not really the term I would use to describe him.

Q. I'm going to list a number of things. Twelve areas. And if you could let me know if they are elements that would maybe make him a complex case, collectively.

He has physical issues - his back. Mental health, PTSD, depression, mixed personality traits, substance abuse, lack of social supports, lack of family supports, employment/education difficulties, domestic and marital discord, cognitive capacity limitations, social interventions - lack of, anger management, emotional regulation or deregulation, and housing.

Did he have all those things in the mix?

A. Well, there's ... like you mentioned a diagnosis there that I can't confirm. There's things I can't confirm, but, like

I said, I agree that there was a complex theme to his situation, yes.

Q. And all those factors played a role in that complexity.

A. Yeah. If I can recall every one of them, I think that's ... contribute to a complexity, yes.

Q. You indicated ... I believe it might've been an interview with Mr. Murray and I. You said that the goal of a case manager is to eventually have a veteran that is a little more self-reliant and less dependent on a case manager. The ultimate goal is that they could sort of navigate on their own. Is that fair? Well, one of the goals. I wouldn't say "ultimate goal" but ...

A. Yeah. Of course we want them to develop self-reliance, but not to say that they have none while they are engaging case management. That's not fair to say that.

Q. In December of 2016, did Lionel Desmond even come close to self-reliance?

A. Can you define "self-reliance"?

Q. I just used the term that you used - "self-reliance".

A. Well, I believe you brought up the term "self-reliance". That's why I repeated it. Okay. So in December of

2016 did he have any level of self-reliance?

Q. I ...

A. Well, he was able to make some appointments. He was able to reach out to some supports. When we learned after the fact that there was a breakdown in the relationship, he was able to find a place to stay with a family member. I mean I don't think it's a black or white "self-reliant" or not. Like I think there were things he was capable of, definitely.

Q. What was his level of independence for his own rehabilitation? We know he needed a clinical care manager at that point, which was started. What was his level of independence in his own rehabilitation?

A. What was his level of independence for rehabilitation?

Q. His ability to navigate his own rehabilitation by putting resources in place, keeping appointments and making those appointments. From your perspective what was it? Was it high? Low? Medium?

A. I understand that you want me to give you a qualifier.

Q. I'm just asking if you can put it in your own words what you think his level of independence was.

A. Okay. Well, if we're considering level of independence in caring for himself, being able to run errands.

Independence means different things, so that's why it's hard for me to qualify that.

When we had assessed his ability to care for himself independently, he was quite independent in those things. Maybe less independent in his abil- ... Like I agree. Like the clinical care manager services were put in place to assist him with setting up a number of services while assisting us as a team.

Q. Was he capable of setting up those services on his own?

A. When you say "those services", you mean ...

Q. The services you retained a clinical care manager to arrange and put in place, could Lionel Desmond do that on his own or was he dependent to an extent that he needed a clinical care manager to do it for him? I can't be any more clear than that.

A. Well, the clinical care manager is not there to do it for him. Just to clarify.

Q. Or assist in him doing it.

A. Yeah. So there was a level of dependence on some help but I would not qualify him as being completely dependent.

Q. Did he have a high level of dependence on somebody

structuring those resources or assisting in structuring in those resources? Was he dependent on somebody to assist him in doing that?

A. Well, it's a very subjective question because there were times where things were arranged for him and he declined. And there were times where he arranged things for himself. So, I mean, you're asking me, at a specific point in time, his level of independence in arranging services. I would say he was fairly dependent.

Q. Okay.

THE COURT: Mr. Russell, I think we might just take the morning break now.

MR. RUSSELL: Yes.

THE COURT: Thank you. It's 20 after 11. We'll try and break for maybe, let's try for 15 minutes then, please. We'll come back at 25 to the hour. Thank you.

COURT RECESSED (11:21 HRS.)

COURT RESUMED (11:39 HRS.)

THE COURT: Thank you. Mr. Russell?

MR. RUSSELL: Thank you, Your Honour.

So, Ms. Doucette, Lionel Desmond, from what we've learned, had many, I would say, extensive interventions in the sense of

he had various highly qualified professionals at Canadian Armed Forces, psychologists, psychiatrists. He was involved in the OSI Clinic in New Brunswick, very qualified practitioners there. And the extensive Ste. Anne's treatment team, which had multi-disciplinary experts. Would you agree that despite those interventions, he continued to remain unstable or the instability would come out again or persist even after those interventions?

A. Yes, I would agree.

Q. Was there anything to sort of suggest to you that he was at times maybe more unstable or would spiral into that instability while he was in a community setting as opposed to sort of a structured setting, whether it was the interventions of Canadian Armed Forces, Ste. Anne's or ... Was there a difference? **A.** No, not that I could say with certainty. I have not witnessed him in a structured environment but from Ste. Anne's reports, I'm not sure that his level of functioning was that much better, if I remember the question correctly, within the structured environment.

Q. You're in the unenviable position of, I guess, in August of 2016 to try to replicate a case plan in a community that was a day-to-day organized structure of what appeared to be

almost endless resources and multi-disciplinary experts. Was there a bit of a challenge in that? Did you see that there was going to be a bit of a challenge to try to replicate the Ste. Anne's model in the community.

A. Challenge, yes, but I don't believe that the goal was to replicate the model. The idea of inpatient treatment, as I understand it, is a temporary treatment that is provided but the goal is for people to come back to sort of regular living environment and put into practice the skills and other learnings, I guess.

Q. Is it harder to, I guess, as a case manager, to arrange in a community a structure of a team, a wraparound service that's a psychiatrist, family doctor, psychologists, occupational therapists, RCT therapist, is that harder than having someone referred to Ste. Anne's, which is already going against structure?

A. Yes, I would say that's part of it.

Q. Is there anything that could make your job easier? Because we know with Lionel Desmond, the recommendation out of Ste. Anne's is that he still needed all those different supports from all those different multi-disciplinary areas. And your task was to sort of try to coordinate that structure while he's

in the community in Nova Scotia. Is there anything as case manager do you think, as you're interacting with the provinces, and particularly the Province of Nova Scotia, is there anything that could make your job easier from the province's standpoint?

A. I mean it's probably wishful thinking but it would have been helpful had he been able to continue at least for a short time with the team at OSI New Brunswick, who knew him and would have had a chance to see him post treatment, you know, have their own observations about any changes, that sort of stuff. But I understand the limitations of what can be done provincially but it certainly would have been helpful if the same providers could have stayed in place, yes, that would have made the work a lot easier for me, and I believe for him as well.

Q. An example you sort of used here yesterday was sort of almost this idea that it would have been ideal if you could go to a system where there's a roster of professionals within a province that offer a specific service and they can be contracted with Veterans Affairs.

A. Yeah, and some of those exist. Like if you think of College of Psychologists, that sort of stuff. The challenge, I'm assuming, but the challenge we were referring to was in

respect to the CCM. So, I mean, yeah, it's definitely helpful when you have a list and you know that these people are ready to go. At the same time, we never know what kind of waitlists they have and if they're actually available but ...

Q. And an example that you used about Catherine Chambers, you had to seem to go through a number of hoops to try to find (1) someone that was in a particular area; and someone that had even experience dealing with veterans. Would it be easier for you, as case manager, if there was somehow a way to collect professionals that would specify somewhere on a roster, I don't know, that they have engaged in veterans and their rehabilitations. Would that be easier?

A. I mean yes and no. Like from a VAC perspective, if they were registered in the Medavie system, that's a way that we can know if they've potentially had previous involvement with veterans. I just want to ... I guess I disagree on the part of the question where you say that I had to go through some hoops to find Catherine Chambers. I think that the challenges in having that resource set up was, and again, I'm not looking to speak ill of the veteran, I'm not here to do that. It's just the delays in that specific resource or the challenges getting to that particular resource had to do with a bit of a lack of a

follow through on his part, specific to Ms. Chambers.

Q. Meaning him now showing up to that initial appointment.

A. And before that, you know, when we took the time to sit together, come up with a list of three options, he had the numbers, he was saying yes he was going to call, that sort of stuff, and then in the follow-up, misplaced the piece of paper, you know what I mean. So I'm not faulting him for anything. I'm just saying that that is an example and maybe I expressed it the wrong way yesterday when I was asked about barriers that may have been caused by the veteran or it may have been from the veteran. Those are normal steps that we would do in rehabilitation, is provide the veteran information so that they could initiate some of these things. And, by the time we got to Ms. Chambers, then we were at that place where I said, Okay, well, do you need me to make sure that there's a space. So I was more involved than I would be regularly, let's just say.

Q. In terms of his, you know, I'll call it community rehabilitation plans after he left Ste. Anne's, and you talked yesterday about reasons for why the various delays had attributed to that, would you say that from discharge in June of 2015 and, ultimately, the end of December of 2016, that there

was a delay in sort of having a community treatment plan put in place for him?

A. Well, I mean if we break it down. When I arrived, there seemed to be some pretty solid resources already in place and we were able to sort of continue that plan with bringing the Ste. Anne option to life. And then there was the period post discharge from Ste. Anne's where, yeah, there were some delays, some of which were not the veteran's fault, some of which the veteran could have ... may have contributed to, and others that were just sort of a consequence of just changing provinces.

Q. In your opinion, you said some were not the veteran's fault. Do you think some of the delays were the veteran's fault?

(11:50)

A. Well, fault is not the right word. I will correct that. What I mean is that there were some delays that were as a result of his decisions, yes.

Q. So his rehabilitation plan, would you agree, the key aspects of the rehabilitation plan, which were a clinical care manager, therapist, and a psychiatrist, would you agree that those three cogs were very important in his community rehabilitation plan? A therapist, a clinical care work manager,

and a psychiatrist.

A. Yeah, I agree that they all could play an important role.

Q. Would you agree that they were just really starting to get off the ground in December of 2016?

A. It would be fair to say that, I think maybe end of November for one of them and December, yeah.

Q. And I guess in that would you agree that sort of it took 16 months before he was assigned a therapist in his home community in Nova Scotia?

A. Well, I don't feel like it's fair to say that because he wasn't living there 16 months prior. He was living in a different community so we weren't looking for a provider in his home community.

Q. You knew he was back and forth in January of 2016. You had some knowledge he spent considerable time in Nova Scotia.

A. Yeah, but his main address and the reason he was assigned to me was because he lived in New Brunswick and he already had providers there. So we couldn't, like, offer dual ... Like I would not have helped him secure another mental health practitioner in Nova Scotia when he was already working

with Dr. Murgatroyd. That would not be necessarily a good practice.

Q. It took 16 months to implement a clinical care manager in Nova Scotia? One doesn't become into play until 16 months after discharge.

A. Well, again, like we got to give context to that because when I arrived the need for a clinical care manager was maybe not there or as important. So it didn't take 16 months. It took the time that it took from the time August to when the services started in December, I would say. That's when we secured the resource.

Q. Would it be your position that he perhaps didn't need a clinical care manager in the first year of his discharge from the military?

A. Well, I didn't ... It wasn't sort of the top of mine for me when I came on board, reason being there were already these resources in place, he knew how to access them, he was already engaging. I came on board and, as I said, when I started working with Mr. Desmond, he was part of sort of the first cohort assigned to me. So I had a little bit more time to dedicate in the earlier part of our work together. And we were aiming for, based on the recommendations of the health

professionals, we were aiming for inpatient treatment. So the purpose of having a CCM at that point may be not as important.

Q. And I want get your views. In your view as his case manager, the idea that he might have needed a clinical care manager really only crystallized a year later. In your view, he didn't need one prior to that point?

A. Well, I'm not saying that there couldn't have been benefits but I don't think it was as much of a need then than it was, say, at post discharge, no.

Q. What benefits could he have had if he had a clinical care manager sooner than the Ste. Anne's conference in 2016? You alluded to them. What were they? What would they have been?

A. Well, I really can only speculate. The reality is that he, if he had had a CCM in New Brunswick predischarge, we still would be looking at changing the resource and having to change the resource in August because of the move.

Q. You basically said that there would be some benefit if he had had a clinical care manager sooner than the Ste. Anne's conference. I'm just wondering what, if any, benefits?

A. Well, like anybody could benefit from having a clinical care manager assist them. What kind of benefits? They

could have been ...

Q. For Lionel Desmond.

A. ... the social support aspect maybe. Maybe they could have been sort of working on a more concrete plan for him to get out in the community, that sort of stuff, that ... perhaps.

Q. Anything else you can think of?

A. I mean I'm trying to think at the time what his main preoccupations were. I mean a CCM could have done some of the work, assisted with some of the work, a pre-inpatient treatment that I was doing. So I helped him out with the paperwork for exceptional prepayments. I made the decision to accompany him to the airport, that sort of stuff. But I want to point out that I was doing these things to help. So having a CCM on top of that, I'm not sure was as important at that time.

Q. Okay. We know that Lionel Desmond did become involved with Dr. Slayter, I believe it was the beginning of sort of October through November. He's a psychiatrist in Nova Scotia. Did you have any involvement at all in assisting in arranging or facilitating psychiatric services in Lionel Desmond's community, which is Nova Scotia?

A. I had involvement in the potential setup of the psychiatry resources through OSI in Halifax. And when Mr.

Desmond decided that he didn't want to go ahead with that resource and told me that he felt he could go secure those resources through a local hospital or mental health, then I respected his decision to do that. So specific to Dr. Slayter, no, I was not involved in setting up that resource.

Q. When he told you that he was going to sort of, I'll paraphrase, sort of look after the psychiatry services and go to the local hospital, did you have any concept of what the status was of psychiatry services in Nova Scotia at the time and in Mr. Desmond's community?

A. You mean like wait times?

Q. Just in general, yeah.

A. Well, I think I have a general idea of how like the mental health system in Nova Scotia works in comparison to, you know, how it works in New Brunswick, for example. So I know that there are psychiatrists that are available from a community mental health aspect, yes, I knew that.

Q. Did you see it as something that he would be able to easily sort of coordinate, he would be able to get one?

A. He suggested that he would be able to. So I didn't have a reason to doubt him or stop him. One of my concerns was maybe there would be a long wait but that was ...

Q. Was there ever a discussion between you that maybe somehow you could assist in that if he was to find a psychiatrist, with his consent, you could perhaps put that psychiatrist maybe in touch with his therapist, maybe in touch with ...

A. Absolutely.

Q. You discussed that with him?

A. If I discussed it? Sorry, I thought you were asking if I saw that possibility, and absolutely.

Q. Yes.

A. If we discussed it, I don't have a clear recollection of Lionel Desmond talking to me about Dr. Slayter.

(12:00)

Q. How did you expect it to unfold? You said you expected a scenario that would have been psychiatry working with his therapist working with his clinical care manager. How did you expect that to just happen? You're not having any discussions with Lionel Desmond on it.

A. No, no, I didn't say that I expected that to just happen. That's not fair. The first point was the services of a CCM, who could be on te ground locally, where I wasn't, and be sort of that help in connecting resources to one another as

needed, assisting Mr. Desmond, if he really wasn't able to find resources, if the schedule of appointments was overwhelming, that sort of stuff. So my hope was that the CCM resource could be in place early on and from there we would have that extra help coordinating on the ground.

Q. Did you see any of this aspect as your role to try to coordinate that structure, which was psychiatrist, therapist, other entities, or was that work for the clinical care manager to do?

A. I think it's collaborative work between (a) myself, the veteran, and the other service providers. And, if there is a clinical manager involved then, yeah, maybe some of the additional tasks that I was doing could be carried by the CCM.

Q. I'm going to look at Exhibit 278, page five. I'm just wondering if you could help, I don't know how to interpret this. This is the transition interview and it's page five at the bottom of the page. I just want to make sure we're looking at the same document. At the very bottom, under "Other", it says, "VIP application also provided". Do you know what that application was?

A. Yeah. VIP is a Veterans Independence Program and, in

very general terms again, that was not a program that case managers oversaw. It was meant to help veterans remain safely in their home. So the types ... What would happen is if you qualified for the VIP program, then you could get monies to put towards ... You had to qualify, like based on your profile, your injuries, that sort of stuff. You could get, for example, help with lawn care or things to be done sort of around the house. So the VIP program was more widely used by our elderly veteran, naturally, because they were not as autonomous, you know, as you can appreciate.

Q. Were any sort of mental services involved in the VIP program or was it all physical disabilities?

A. I don't believe that there was anything ... Well, okay, so if the question is, could you qualify on the basis of a mental health diagnosis, I'd say it wasn't as frequent. Like the illness would have to be very debilitating because the purpose of the program, again, is more of those independent living tasks.

Q. Do you know if Lionel Desmond ever pursued that VIP application process?

A. I don't remember but I mean that would be in the record somewhere. Again, this has to do with the amount of

cases and documents and the time that has passed. I can't tell you for sure if he applied, like followed through and qualified or not.

Q. Is that something you would normally discuss with him, what the status was ...

A. It could happen. The veteran service agents were the authority over that program so they were the ones who knew it outside out and had the authority to make the decisions, if I'm remembering correctly. So a lot of times if the VIP program came up, we would put a case manager veteran in contact with a fellow colleague, a VSA, who could sort of carry that aspect of that part, you know what I mean. VIP was not often connected to the rehabilitation plan, not saying that it is impossible but it was usually a separate thing, in my experience.

Q. So today you can't say what the status of his VIP application is or was.

A. Well, no. And, in all fairness, like it would not be something that I processed.

Q. Okay. So the next category, and I don't mean to revisit everything, this concept of delay in assigning a case manager, and we know he has his transition interview May 25th, he's discharged June 16th, 2015. And there are a number of

entries where he is calling Veterans Affairs.

A. Yeah.

Q. Asking about the status of a case manager. I believe you were shown those.

A. Yes.

Q. On August 31st, he makes a call, he makes a second call. Do you know, typically, how long it takes VAC to assign, or at the time, you were a case manager. How long does it typically take to get veterans assigned to case managers?

A. Well, I know for a fact that there's not like a standard set time because every office has their reality and all that. When I first arrived, this is a specific example of it took several months before he was assigned. And, again, that's beyond me and anything that I was able to do, but my understanding is that, you know, a few years prior. And this is just my personal understanding, and I may not be getting the facts exactly, but I believe it was around 2012, there were some significant cuts made, under the Conservative government, in Veterans Affairs. I'm sure you've heard about it, it was in the media. And so when I arrived in 2015, I was part of that first cohort of sort of massive recruiting of case managers across the country. So there was a clear shortage of resources at that

time. So if, unfortunately, Lionel Desmond waited a number of months, I would say that that period of wait, like that wait time for assignment, has probably diminished significantly since.

Q. So if we turn to page 18 of Exhibit 273, and at the bottom of the page, we have August 31st, it says, "Request for case management." This is a call from Lionel Desmond. It says, "Urgent". And then the note at the very bottom, last line says, "So explained to him I would send urgent work item and if he does not hear from someone from the local AO (which is area office) ..."

A. Yes.

Q. " ... by the end of the week to call back. Client states he would." Now, normally, would there be an entry if there was a callback from him within the week?

A. From him? Yes.

Q. Or ... okay. And the next sort of note we have is October 2nd, 2015, sort of a the bottom of the top quarter page, it says, "CM follow-up from client who is anxious to hear from one asap (and he provides a number). Please note August 31 note as well." And then it says, "SupHPWI2SJAO". What is that?

A. Okay. I'm going to try. I'm not sure. I know that

SJAO is Saint John Area Office in New Brunswick. WI is work item. The SupHP. I have to think about that one. "Please see note 31 August as well." I'm not sure what "SupHP" means but I understand from that that a work item was to go to the Saint John area office for the purpose of this matter.

(12:10)

Q. So this would be, this entry, I'm just trying to get a sense of it, is this sort of confirmation that a work item was created to get him assigned a case manager?

A. "CM follow-up from client who is anxious to hear from one. Please see note 31st of August as well. SupHP work item to Saint John Area Office." I can only assume that that means a work item was sent to the Saint John Area Office. Now what happens exactly and in the amount of time once that work item arrives in Saint John, I couldn't really comment on.

Q. So from your understanding of this as a case manager, we have from sort of August 31st now into October 2nd, it seems to be floating out there in the Veterans Affairs services as to who is going to assign a case manager, he's calling, somebody needs to get on this. Is that a characterization?

A. I wouldn't say that it's just floating. I think it's on the VSCM's radar, people ... Like it's documented that he's

awaiting assignment and I think it's safe to assume that he wasn't the only person in that situation given the shortage of resources. Yeah, that's how I would explain it.

Q. And we know he calls back October 14th and that entry on the same page 18, it says, "Client following up on status of case manage assignment, no new info." And, again, it refers to him as being anxious to be assigned so he can speak to the case manager, him or her. And it says, "Please ensure progress of case manage assignment is still ongoing." Other than saying you said service cuts and a lack of case managers, can you sort of shed any light, are you aware of what's going on here, why is it taking so long internally to ...

A. Right. The best guess that I can give you is we just don't have the resources to meet the demand that's coming in. So, again, I think it's safe to assume that Lionel Desmond was probably among a group of veterans awaiting assignment and then I'm not sure exactly how they're prioritized. Typically, by date of admission per eligibility for their program, but there may be exceptions where someone is deemed an extremely high risk. I don't know. That wasn't my role. That would have been the role of the VSCM.

Q. This sort of delay, would you say that knowing what

VAC knew about Lionel Desmond's circumstances, did it work sort of against his best interest to have a delay in being assigned a case manager?

A. Well, I think everybody, it's in everybody's interest to be assigned in a timely manner, for sure, and that he is no exception to that.

Q. If we turn to Exhibit 273 at page 17, there's an entry from November 6th and it says, "CF veteran eligible for rehabilitation program."

A. Yes.

Q. What is ... okay, if you can explain exactly what the program was and is he just being deemed eligible for that program in November?

A. So that's created by ... The person who created that is a case manager. So it sounds like the decision itself was rendered, like that's how I understand that. I'm not 100 percent sure as to the specific timelines.

Q. As a rule, how long ...

A. If you ...

Q. Go ahead.

A. Well, if you look at the following note, which was also done by a case manager, "File review as per CSTM. (That

was now VSTM. So team manager.) Work item sent to VSTM as he's awaiting assignment to a case manager." So without having all the timelines and the things in front of me, I am not really in a position to tell you if he was awaiting case management assignment outside the rehabilitation program, because that's possible, and then became eligible for the program. Or, if the decision ... I'm not sure but what I read there, it sounds like Canadian Forces veteran eligible for rehabilitation program. That seems like a system generated.

Q. So you're unable to say when he would have been approved for a rehabilitation program.

A. Off the top of my head, I'm not able to but I'm sure that information is available in the documents that are available for review. Because when someone becomes eligible for the program, there is like a decision rendered and there's a date assigned to that decision. Yeah, so I'm not ... I'm just not an expert on when and what the system generates at what moment.

Q. That's fair. Page 17, it appears to be, it was referred to you yesterday, your first entry, November 19, 2015. You noted, "Writer is in the process of familiarizing with file as a newly assigned case manager." What did Lionel Desmond's

file consist of, what documents, as a general rule, did you have when you were familiarizing yourself with the file? So you're assigned case manager. What documents did you have?

A. Well, definitely the rehab decision. So what is he made eligible for, like what condition and so that would have been part of that. Then I have access to, obviously, these notes. There's like a ... I'm trying to remember, this was a while ago, but there's some screens that you can go into to see, you know, what disability awards, like just sort of an overview of the services that they're receiving from VAC. You would familiarize with that. And then, you know, perhaps things like the transition interview. And I remember when a common practice in our office, in the Saint John Area Office, was when a new case would be assigned to us, a VSCM would hand us over a folder with a few key documents in there to sort of orient.

Q. So within these key documents or the documents you had, did you ever have anything from his treatment in Canadian Forces, which would have included what his diagnosis was, who he saw, what he saw them for? Did you have any of that information?

A. Only the information that would be there in support of his rehabilitation application. So, if that came from the

Canadian Forces, like the page or whatnot or the report that confirmed a diagnosis attributable to service, then I potentially would have had access to that. I don't remember exactly what the supporting evidence was. Sometimes it came from community providers as well.

(12:20)

Q. I guess being sort of specific, is we know that Lionel Desmond saw a psychologist by the name of Dr. Rogers with Canadian Forces and he had, from the evidence, seemed to suggest in her evidence that he had some great success with particular therapies that he engaged in with her, prolonged exposure therapy. Did you know any of that when you were his case manager?

A. No, I didn't know about specific treatment with Dr. Rogers, I don't believe.

Q. I guess as his case manager and you're trying to coordinate resources that involves therapists and psychologists, if you knew, say, Lionel Desmond had success with prolonged exposure therapy, is that something that you might have gone and looked for had you known?

A. Well, again, I don't think I would have been privy to that information or those documents.

Q. I guess my question is, and I know the answer is you wouldn't be privy to those documents, I'm saying, if there was a world or an option where you would be privy to knowing about Dr. Rogers and the success she had with prolonged exposure therapy, is that something, that information you would have used in your toolbox, to go out and perhaps try to find someone that could continue with that in his community, a professional.

A. Realistically? That would be, in my perspective, information that would be way more valuable to the current treating health professional as opposed to a person who is coordinating. So if he's working with Dr. Njoku, at the time, for example, the psychiatrist, and Dr. Murgatroyd, the psychologist, and they may benefit from way more than me from having access to prior treatment info. And usually a health provider will look into this these, like what's been done before, you know.

Q. I guess I'll break it down to an example. You have Catherine Chambers and another therapist and you know that the other therapist specializes in prolonged exposure therapy. You know that Lionel Desmond has had great success with that with Dr. Rogers. Would that factor into your evaluation of who you're trying to coordinate for Lionel Desmond?

A. The final choice on a provider is not mine.

Q. I know that.

A. That's the thing. So ...

Q. But you can facilitate by gathering up professionals and relaying information.

A. Yes, so I did that, in a sense, when I asked a colleague from the local area office for a reference of providers who success ... You know what I mean, have experienced working with the veteran population in our trauma, our experienced trauma counsellors. So, yes, in a sense, I did do some of that but it still becomes the responsibility of the treating professional to determine where they're going with treatment, like their assessment of the veteran's situation. Like they're in charge of their own practice. I can't, as the case manager, dictate that.

Q. In straightforward terms, I guess, is that information that he saw Dr. Rogers, that he had success with prolonged exposure therapy, of any value to you at all in determining a case plan for Lionel Desmond?

A. A minimum value. I'd say more valuable to the provider.

Q. Okay. There's a few questions about client screening

and we're later going to get into the details of that. My read of the records is client screening took place over ... involving you November 27th, December 1st, and January 5th.

A. Yes, and if I can give the context to that, if client screenings are happening, it was sort of a standard procedure when you have a phone call with a veteran that you initiate or you complete a client screening and I did those on those days because they were pre-rehabilitation case plan opening. So that's where I could document.

Q. If I'm interpreting this right, client screening is used to develop a case plan and a case plan is what ... No? What's ...

A. No, sorry. The client screening is basically an embedded tool in CSDN that veteran service agents, case managers, the NCCN analysts, as well, I believe, that when you receive a call from a veteran or you place a call to a veteran, it's like a tool to record your interaction and there's some check boxes to kind of prompt some questioning. That's a client screening tool. And then when someone is assigned to you in case management, you are going to complete the area counsellor assessment, case manager assessment, whatever it's called today, and that will be sort of the entry point or the supporting

document for creating the case plan. So I guess I'm just differentiating that if I was doing a client initiated screening, it's because I didn't have a case plan to be documenting in yet. That's why it's in different places.

Q. According to the records, the first time you meet or engage with Lionel Desmond is December of 2015, which is some months, approximately five months after he's discharged from the Canadian Forces. Would you have liked to have met with him sooner?

A. Well, obviously, I think I have on the record that I was trying to get ahold of him and wasn't having the easiest time doing that. So, yeah, the sooner, the better. The other piece of that is that I arrived in September, they were doing all this training, and then the VSTMs were in charge of deciding when we got assigned cases. So it's not like I could have arrived on the first day and said, Give me ... Like it wasn't within my power to do.

Q. Absolutely. So my next question is, why the sooner the better?

A. Well, the sooner the better for the veteran who is waiting. I mean same as any of us who are waiting for service. Typically, and I'm sort of making a generalization, but people

go ask for help when they really are feeling the need for help. So if you go ask for help and then you have to wait all this time, it's not, you know, not ideal. That's what I mean when I say the sooner the better.

Q. This was naturally a concern with Lionel Desmond's case.

A. A concern for him? Sorry, I'm just not sure what ...

Q. I guess Lionel Desmond is being described as calling, he's anxious, he wants to meet with the case manager. You indicated that the sooner the better. Is it your view ...

A. That's my opinion.

Q. Yes. So is it your view that ideally you would have been his case manager perhaps in June of 2015?

A. I didn't work there so I wouldn't have been but ...

Q. I know you didn't work there but if a case manager worked at Veterans Affairs, was it better for a case manager to work with Lionel Desmond very soon after his discharge in June 2015?

A. Sure, yeah, if he felt ready to start that work then the sooner the better.

THE COURT: Mr. Russell, I think we're going to take a break for lunch in a minute so I'm just going to stop you right

here, if I can.

EXAMINATION BY THE COURT

(12:29)

THE COURT: But because you're dealing with these client initiated ... The client screening, we have some documents that are Exhibit 292, P-000292, and they're headed, Client Initiated Screenings. Those are the documents we're talking about, is that correct, Ms. Doucette? Could you pull one of those up? Could we pull that one up and we'll deal with page one of that document, if we could.

A. Yeah, that looks like a client initiated screening.

Q. Okay. So we have that document and I'm just going to have to lean over to make certain that it's the same one that I have in front of me. I have a paper copy of that. Can you scroll down that document just a little bit, please? And I think there's a second page. Could you flip to the second page of that document, please? Okay, see if we can go back to the first page. So this is a document, and I appreciate mode of contact has not been ... it's not visible on the copy that we have. But from disclosure that we received from Ms. Ward, I understand that the mode of contact was telephone.

(12:30)

A. Yeah, I think you can say that.

Q. Okay. It was created by, and we were told it was created by ... So these are initials, BGMCPHEE. It looks like ...

A. Yeah, that would be a ... sorry, I didn't mean to cut you off.

Q. No, go ahead.

A. That would be a case management colleague, the letters are represented, her name is Betty McPhee. So that would be sort of a code for her name in the system.

Q. Okay. So the contact date was 2016-10-12. So October 12th, 2016 was the contact date. And, clearly, you were Cpl. Desmond's case manager at that point in time, correct?

A. Yes.

Q. If we ...

A. Sorry, let me ... Yes, I was. I'm just confusing ...

Q. It was October 2016.

A. Yes, okay.

Q. October 12th, all right. If we could go to the second page then. The "Reason for Contact" comments are:

Spouse doesn't understand PTSD. Services

not available where they are living. Veteran very agitated, cursing and blaming his spouse for where they are living. Says he can't be in NS anymore. (And, in brackets, They live with spouse's parents.) Thinks he may have to divorce spouse as she doesn't want to leave her current job. He would like to be assigned a CM in Nova Scotia (that's just NS) and would also like to have a copy of his discharge report from Ste. Anne's so that he will know what he should be doing now for his PTSD. He gave up MM and is back to pills. He feels isolated and not supported. He hates where he is living as he complained there were no supports and there were many social problems, such as addiction. He would like to have CM support to help him deal with all his issues.

So that's the narrative. And then a little further down, there's a box that says "Internal Referral" that's checked, and then it says "WI to CM MPD/previous CM". I take it that's a

work item to case manager and that would be your initials.

A. Myself, yeah.

Q. Okay.

A. Yeah.

Q. So this would be a situation where on October the 12th, Cpl. Desmond has called the phone number that's available to him and speaks to Ms. McPhee and makes the comments that she has noted and, in particular, he's looking for a copy of the discharge report from Ste. Anne's, in his words, so that he will know what he should be doing now for his PTSD.

I take it that this would have come to you and you would have read it?

A. In a work item? Yes.

Q. Okay. And when I read it, it seems to suggest to me that at the time, at least the time he made that phone call, that he was feeling very much unsupported and very much on his own looking for a copy of the report so he could figure out what he should be doing with regard to his PTSD. Would you agree with that kind of ... That seems to be the tone of what he's saying, correct? Would you agree with that?

A. Yeah. Yeah.

Q. Thank you. And so did you ever follow up with him

based on what he said on that particular date, that October 12th phone call?

A. I know I had contact with the veteran multiple times in October. I don't recall the exact dates. If I have my notes in front of me, I could sort of refresh my memory that way.

Q. Let me just see here. Those would be the case plan notes?

A. Yeah, in October 2015.

Q. Okay, so let's just see if we can find that. So if we can go to Exhibit 117, perhaps page eight, in the middle of the page there is 2016 09-22. That relates to a conversation. There's issues with regard to CCM and others. Then the next notation would be October the 14th, it's above that.

A. Yes.

Q. It just says: "Multiple conversations with veteran this week due to some difficulties in his living situation, personal life." And there were some discussions with him and you think that when you made the note on October the 14th that you would have addressed his concerns as expressed on October the 12th, or at least discussed that call that he made.

A. Yeah, I think it's safe to say that. I do say multiple conversations with veteran this week due to some

difficulties in living situation and personal life so ...

Q. And I look at it and I appreciate that not everything might be in a note but there's nothing in the note that would indicate that you had a discussion with Cpl. Desmond about providing him with a copy of the discharge summary or had a discussion about what he should be doing with regard to his own provision for care for his PTSD. There is nothing in the note that would reflect that kind of a conversation.

A. Well, there's, you know, if I may, there's plans to reconnect via phone upon my return to the office. I think I was about to, when I wrote that note, I was about to take off for a week. "So plans to reconnect via phone upon CCM's return and establish a list of priorities for work with CCM. Veteran was in agreement." So when I talk about list of priorities, that would be a combination of his priorities, the recommendations from the Ste. Anne's treatment team.

Q. So did you ever provide Cpl. Desmond with a copy of the discharge summary that he asked for?

A. I don't remember if ...

Q. Okay.

A. If I specifically gave him a copy. I would have had to put that in the mail and it's possible but I don't have

recollection.

Q. Because we know that around that time he actually was at St. Martha's Hospital in the Emergency Department and I don't believe, because of the notes that were involved in that report, I don't believe that he had a copy of that discharge summary at that point in time and you would have spoken to him on October the 14th so ...

When I read the notes from October the 12th and the way he is expressing himself, I read that as, because it sounds to me like he's pretty dependent on Veterans Affairs for support and guidance. The way I hear you explain it this morning seems to me that he may have had some misconception about what your role really was in his life. Did you ever have that impression yourself or was he correct in terms of what his impression of your role correct?

A. Well, it's a difficult question for me to answer on his behalf. I think ...

(12:40)

Q. We know the words ... Well, sorry, we know the words that he spoke. If you look at those words, presumably you read the report before, if you engaged with him after he called on October the 12th. Because it seems to me those remarks, when I

look at them, and I read them, they're quite concerning because he's looking for the report so he could figure out what he has to do himself as opposed to taking direction, guidance, or help from Veterans Affairs Canada. That's the way I read it.

A. Yeah, and I totally respect that. What I can say in my experience of working with Mr. Desmond is that once in awhile there would be a call where he would be agitated and it was more difficult to sit and have a calm conversation and plan things with him. Obviously, I wasn't there on the 12th. I may have been on the road.

Q. No, I appreciate that.

A. So it sounds like it was one of those days for him but then there was also this ... I mean if you look at the notes from prior to treatment, there were other situations like that where he would call and it would, the focus of the call would be to just sort of help him sort of find some calmness and then we could follow up and talk about his next steps and that sort of thing. So I don't want to dismiss what is said here, I think it's important, and like you, when I read it, it's, you know, upsetting, it's concerning, but it is very possible that he was in a different frame of mind when we spoke. I did say multiple calls that week. So I probably spoke with him on a few

different occasions to try to assist. But if he felt unsupported in the moment, I respect that and it's not my place to say that he couldn't feel that way.

Q. But and appreciate that date in October, certainly Ms. Boone was not in place and I don't know if Ms. Chambers was actually in place then or not. I don't believe she was either just at that timeframe. But we'll just leave that for now.

A question, if there was a work item that was generated, I assume that that would have been a document that somehow had information in it and was forwarded to you so it would come to your attention. Is that how they work?

A. A work item is ... I think some of the things that we've read earlier resemble a work item, like the example that Mr. Russell gave CF veterans eligible for rehabilitation plan. So some are system generated. In this case, it would have shown up in like a list of ... I don't know if you're familiar with the term BFs. I know some government agencies use BF dates. It's kind of similar to that. So the work item goes into sort of a list of tasks to be completed.

Q. Would that be like an inbox, your own inbox kind of things to ...

A. It's on top of an inbox. And I say it with a smile

because ... Listen, I'm not knocking my colleague. If he was calling and was in a significant level of distress and needed help, in her shoes, I wouldn't have done a work item. I would have ... But maybe she did what she needed to do to help him in the moment and then did the work item. So I can't comment. But a work item goes into sort of a queue of items to accomplish.

Q. As much as anything, it's to bring it to your attention, I take it, is it?

A. Yes.

Q. Just as an additional way to bring your attention to something in case it might not go to that particular document or that database of documents to ... and might not seem ...

A. Yeah, it goes like within CSDN, there's a list that I can go consult daily of work items that I need to do.

Q. Okay.

A. So it would have gone into that list.

Q. I see. All right, thank you.

A. You're welcome.

THE COURT: So we're going to break for lunch. We will take the hour, if we could, so we will come back at quarter to 2. Thank you very much.

COURT RECESSED (12:45 hrs.)

COURT RESUMED (13:46 hrs.)

THE COURT: Thank you. Mr. Russell.

MR. RUSSELL: Thank you, Your Honour.

CROSS-EXAMINATION BY MR. RUSSELL (Cont'd.)

MR. RUSSELL: Ms. Doucette, just picking up sort of where we left off, if we could look at Exhibit 117, page one. This was an entry in your case plan which was a summary as titled, "Overview of Situation", that you made January 27, 2016 after your initial series of meetings with Lionel Desmond. Mr. Macdonald had referred to this document last night. So I'll sort of highlights of this rather than read it all. It talked about great difficulties controlling his emotions, generally heightened anxiety leads to, or at least places him at ongoing risk of anger, outbursts, panic attacks. It goes on further to indicate at the bottom: "The mental health professionals he has connected with report inability to begin working through his military-related trauma due to the ongoing instability." So this was a summary prepared by you. That's correct?

A. Yes.

Q. What was the purpose of you preparing such a summary?

A. Well, I was required to do so. So when we opened the case plan, it's sort of a snapshot of, you know, where the veteran ... what's happening with the veteran. So a short summary of what we found through the assessment process.

Q. And this was sort of a documented series of insight and aspects that you learned from your conversations with Lionel Desmond.

A. Yes, and as mentioned in the paragraphs, some of the recommendations from his treatment providers. And I'm going to have a similar sort of related question. I'm mindful that consents are required before you start sharing personal details such as this, a veteran such as Lionel Desmond that you're interacting with and there's some confidentiality that accompanies that.

In your exchange with Ms. Chambers, and we've heard, and this is a bit long-winded, but we've heard from Ms. Chambers that when she was put, basically, this information, when it was put to her, she indicated that she didn't feel as though she was equipped or was suitable to be able to provide services to Lionel Desmond. Now I appreciate you can't speak for her and you weren't here for that. And the sense was very clear that she would have liked to have known. When you are retaining the

expertise of someone on behalf of Veterans Affairs and in consultation with the veteran, there's that delicate sharing of what you can and cannot share.

A. Uh-huh.

Q. Would it be helpful if there was an option for you, as case manager, to be able to share this information with the professional that you are trying to assist in retaining?

(13:50)

A. Helpful, yes, and I think the option to do this, it's with consent and it was never out of the question with the work we did or with Ms. Chambers. I guess from my perspective there is a difference between simply dumping information without proper consent to a person who we think will end up working with a veteran versus giving that provider the opportunity to decide, for one thing, how she wants to conduct her own work. You said it yourself, she is the expert of her field and, yeah, I mean I think there are options available to share information and that may be in the work with Ms. Chambers, it was something that we were going to be able to do.

Q. And you indicated that you did ... your evidence, I believe, was that you said you spoke to her and told her that there was additional information and assessments and that if she

obtained the consents, she could get access to those?

A. Yeah, I believe that's what was noted in my notes that we looked at yesterday.

Q. You said it was in your notes specifically that you told her to obtain consents to get that information?

A. Yeah, that the consent forms could be sent to her office, like the option was there. So, essentially, that first conversation I had with her, and again that's in the context of me calling on behalf of a veteran, was to say, Okay, we are looking for services for an individual. I am told that you have experience working with veterans and that, you know, you are an experienced trauma counsellor. So there was no hesitation on her part, from what I recall, to take on this new client. Now if, after the fact, after meeting Mr. Desmond she had decided, I think this is outside of my scope, then it's well within her rights and her responsibility to make that known to him, but it Is not ... You see where I'm going. As a case manager is not my responsibility to tell someone I don't think you have the capacity to or to make that determination on their behalf.

Q. And I'll perhaps leave it for maybe a question of re-direct, because I want to be proper in the cross. You know, we've researched and looked through your notes. I didn't see

anywhere in the notes where you specifically indicated that you instructed Ms. Chambers to obtain consents for that information but you're confident that it's in your notes somewhere?

A. Well, at the end of the day yesterday when Judge Zimmer was pointing out some inconsistencies from his perspective in my notes, he pointed out a note, which was a call between myself and Ms. Chambers and it speaks to consents in that note.

Q. Okay.

A. I don't remember the exact date but it was likely in October.

Q. What did you know about Catherine Chambers, in particular, about her qualifications. Did you believe at first that she was, in fact, a psychologist?

A. I did note that. I did make the correction in my notes where I said, correction, this reads psychologist but it should really read. So that's a question of the title and the body that's she registered with. What I knew is that a colleague, who had been recommended to me as someone who knew the area, who worked with veterans in the area, was familiar with the resources. When I asked her for trusted resources, she provided two names, one of which was Catherine Chambers. And

when I presented the options to the veteran, we went ahead with her, and still to this day, my belief is that she was a qualified professional.

Q. Did you put any thought or consideration into the fact that, you know, there's differences in professionals. You would agree that the role of a psychologist is different than a social worker. Sometimes they have similarities but a psychologist is different than a social worker.

A. Yeah.

Q. A psychologist is different than a registered therapist.

A. In some ways, yes.

Q. In quite a few different ways. They can diagnose whereas a therapist can't.

A. Yes, where I'm not 100 percent in agreement is there is also a general misconception that psychologists are better at doing psychotherapy than other professionals.

Q. I'm not asking that. I'm asking, a psychologist can diagnose and a therapist can't, is that fair?

A. Some psychologists diagnose, some don't, to my knowledge.

Q. Yes. A psychologist can administer certain

psychosocial tests whereas maybe a therapist can't? They can perform some testing and a therapist can't?

A. Well, yeah, potentially some testing but a therapist is like a general nonprotected term. So when I think of Ms. Chambers, I'm thinking psychotherapists. So someone who is trained to provide psychotherapy.

Q. But breaking it down, I guess, there's things that Dr. Murgatroyd could do that Catherine Chambers couldn't.

A. Perhaps.

Q. There's a difference. So my question is, when he was with Canadian Forces, he had a psychologist. When he was with OSI New Brunswick, he had a psychologist. When he was with Ste. Anne's, he had a psychologist. All of those individuals were the individuals that were the primary source of testing, therapy. Why not insist on a psychologist when you were arranging resources in the community for Lionel Desmond?

A. Well, we, like I said yesterday, we explored the option of OSI, which potentially, or more than likely would have assigned him to psychologist. He was not interested in that. He wanted to work with local providers. And what we were looking for was someone who was able to provide psychotherapy, help with coping skills, emotion management, and potentially get

into trauma treatment with the veteran, all of which a psychotherapist, well, Mr. Chambers, in particular, was identified as being able to do.

Q. Had there been a psychologist in his area, in rural sort of Guysborough or Antigonish, a registered psychologist versus Catherine Chambers, who is a therapist, would you have given some consideration, have any consideration to say maybe I think perhaps I should keep the consistency, there might be a reason for why he's always had a psychologist. Would that ever cross your mind?

A. Not in the way that you lay it out. I gave Mr. Desmond a list of options in which there were psychologists but, again, I was more focussed on the purpose of what he needed and Mr. Desmond was okay with it, she was open to it, she came recommended, she was qualified. So, in all fairness, he could have ended up with a psychologist who was not a better fit.

Q. What did you think or what was your expectation of what was going to happen with Catherine Chambers now being retained? What was the expected or hoped outcome? What were you expecting it would achieve?

(14:00)

A. Well, the hope was that he would now have someone with

whom he can engage on a regular basis to deal with the emotional difficulties, learn better coping skills, and if at any time ready, engage in trauma therapy. It was about having that consistent support. We talked earlier about how some days he called the office and he was in distress and then there was not much that could be done in the moment other than spend time with him. And so the point of him being connected to a psychotherapist or a psychologist is about helping him develop the skills.

Q. Did you ever tell Catherine Chambers that Dr. Murgatroyd ... You didn't ... maybe not even using references. I guess you knew that Dr. Murgatroyd and Ste. Anne's told you that he can't begin trauma therapy. We never could start trauma therapy because he could never achieve stability. Is that the case? Your understanding?

A. I remember that from Dr. Murgatroyd, yes.

Q. And it was right in the Ste. Anne's report. Do you recall that?

A. I don't recall right off the top of my head but I believe you that you read it there.

Q. So those entities have said, Can't begin trauma therapy until he's achieved stability. They both said they

couldn't achieve stability.

A. Mm-hmm.

Q. What made you sort of think, when you let Lionel ... not let Lionel Desmond, but when Lionel Desmond sort of engaged Catherine Chambers, what made you think that she was suited to try to even attempt the stability?

A. Okay. So just to repeat what I just said, we were looking for someone who would be able to provide ongoing help with coping, emotional management, and, if and when ready - so if you want to call it "achieving stability" - engage in trauma therapy.

So I had no reason to question her ability or inability based on a title. She came recommended. She was qualified. And, again, if, at any moment, she had come to the conclusion that she was not a good fit for this client, she was in every right to make that call. I don't believe that, necessarily, someone with the title "psychologist" is automatically better suited. I don't. There's also an aspect of the therapeutic relationship we can't predict. There is a chance that Mr. Desmond would've struck a really good relationship with her and that would allow for different kind of work to be accomplished.

Q. And this concept of stability, you would agree,

stability in Lionel Desmond's case, based on Ste. Anne's, based on his involvement with OSI, based on his medical history at CAF, to the extent that you knew, stability with Lionel Desmond was more than having a therapist. It involved a team. It involved a family physician. It involved a psychiatrist. It involved someone to structure day-to-day resources to reduce barriers of isolation. So stability was a concept that involved multiple entities working together. Is that fair?

A. Well, in some sense, I think stability, the way I remember it described by Dr. Murgatroyd, had to do with the emotional part of it. So the emotional instability. And then, also, the instability of his living situation. So where he lived between two provinces. So sometimes he was away. That sort of stuff.

So I understand it that way and I think, yes, beneficial to have a psychiatrist who can oversee medication. It can be beneficial to have a physician, but it comes down to the work that the veteran is able to engage in.

Q. I'm curious as to why you felt the importance of identifying a community resource as it came to therapy and the importance of stability, and you left him to pursue the other equally important aspect which was psychiatry. You left him on

his own on that in the sense of you left him at his word that he was going to find it on his own, but you went and actually looked for a therapist, but you didn't seem to look for a community psychiatrist. Why the difference?

A. So I disagree that he was left on his own. I gave him the opportunity to set up services through the OSI in Nova Scotia. Because it was in Halifax, he didn't want to do that. So when he suggested that he was able to go find services, who am I to say, No, you can't do that. I'm going to do it for you.

So I gave him the liberty of, yes, going to seek the services of psychiatry where I felt ... Where I got more involved in securing the services of a psychotherapist was when the efforts that had been made so far didn't pan out. And the other thing is the frequency at which the veteran would be engaging with a psychotherapist versus a psychiatrist. So psychiatrists don't all provide psychotherapy. He may have found one in the community that is willing to do medication management, see him once a month, once every few months, whereas the psychotherapist is going to be someone who's going to have continuous involvement. Or more regular involvement, sorry.

Q. Did you ever once ask him ... After he instructs you that he's going to try to find psychiatry services sort of on

his own in Nova Scotia, did you ever once ask him, Did you ever find a psychiatrist?

A. I don't remember. I have instructed him to always let me know when there's a change so that we can be on top of that, but if I asked that question specifically, I don't recall.

Q. And it's fair to say, if you asked that question in the fall of 2016, you would've learned about the existence of Dr. Slayter.

A. Potentially, yes.

Q. And if you knew about the existence of Dr. Slayter, I guess it's fair to say you would've became engaged to the extent of maybe suggesting to Lionel Desmond somehow that Dr. Slayter could start to liaise with Helen Boone, Catherine Chambers. Is that something you would've done?

A. Yeah, well which was the point of having a CCM involved was that if there is a need for the psychologist and the psychiatrist to be connecting, then we can facilitate that. If there is a need.

Q. You would agree ... And there's a lot of expectations you naturally have for this clinical care manager, but you would agree that your role as case manager, as case manager, a clinical care manager is, is it fair to say, is a supplement as

opposed to a substitute for your role as case manager?

A. Yeah.

Q. She supplements you.

A. It's a supplement. Yeah.

Q. She's not a substitute for you.

A. Yeah.

Q. And one of your roles as case manager still remained the importance of coordinating multidisciplinaries and working together with Lionel Desmond. Would you say that that never left your hands and your responsibility?

A. Yes, that responsibility remained there, but the intensity with which we are involved is different. So, in the case of any veteran, the veteran also has a responsibility to say to the psychotherapist, Oh yes, I have been consulting psychiatrists and this is the psychiatrist's name if you need to be in touch.

So I appreciate that you see that as being entirely my role, but there is a collaborative effort in all of this.

Q. So why were you waiting for Helen Boone to start asking the questions about and arranging for psychiatry? Why weren't you taking a proactive role in that? It still falls within your responsibilities.

A. Yeah. I wasn't waiting for her to be asking questions. I was coordinating some things for Mr. Desmond and for a number of other veterans. And, like I told you, I don't recall asking him the question straight out, but it was not out of neglect. You know what I mean? Like it's not ...

(14:10)

Q. Could you have turned your mind to the idea ... You know that you've got a structured support. Stability is more than therapists. Stability is more than just a case of being a clinical care manager. It also involves psychiatry.

Would you agree that perhaps you could've asked sooner to Lionel Desmond, How are you making out with psychiatry services? This is a key aspect of what we're trying to get you to rehabilitated. Could you have asked that simple question sooner?

A. I probably could have asked that question sooner in the same way that the veteran could have shared what he was up to in his search, that he had had an interaction with Dr. Slayter.

Q. And I'm going to go back to that, "in the same way that the veteran could have shared", because you've referenced it a number of times, that there was an onus on Lionel Desmond

in many ways - and, in a normal world, I can certainly appreciate that there's an onus on him to uphold his end of things. But my question is, you were aware that Lionel Desmond couldn't sign up for the gym. Is that correct? He had a tough time signing up for the gym.

A. No, I don't think that's entirely correct. I think he said, and I wrote down him saying, I got overwhelmed when I saw all the paperwork. And this was for a program that would pay for his gym membership.

So I don't necessarily agree with the idea that he was incapable of doing a lot of things that are being suggested.

Q. What did it mean to you? When you have a veteran that says ... You talked about the very importance of him going to the gym, and it was a high priority for him, and he wanted it. You said that yesterday. Is that right?

A. Mm-hmm. Yeah. He talked about it a lot.

Q. What are you making, as a clinical care manager and as a trained social worker, your professional background, what are you making of the fact that somebody ... a simple task of sign up for the gym, and he says, I'm overwhelmed at the paperwork. And your response is, Well, wait 'til we get you a clinical care manager and speak to her? Do you see any concern with that?

A. Well, we're talking about a gym service, and I'm not sure that that's exactly what I said, Wait 'til you have a CCM. Again, the paperwork that he's referring to is a service outside of VAC that would allow to pay for the gym membership. Okay? So signing up for the gym is not exactly what you're talking about. And I, in my work with Lionel Desmond, have seen evidence of him being able to accomplish simple tasks, like at the time of the sale of his home, when he was concerned about his not going to treatment because of the sale of his home. When we talked a little bit, he was able to problem solve around the excuse.

So, yes, that's where I tend to disagree with the fact that he is being depicted as someone who was incapable of some simple tasks.

Q. Exhibit 117, page 7. We have your exact entry, so we'll be on the same page, literally. It's at the bottom. Progress note, November 7th, 2016. Entry by you. It says: "Phone discussion with veteran November 4, 2016. Case manager followed up on the plans made prior to leaving for one week." So you were going off on vacation just after this call.

A. Yeah.

Q. Calling a psychologist for whom (she

provided a name) going to the gym. Veteran said he had misplaced the sheet with the psychologists' names on it and had inquired about the gym, but it was too costly. He was informed of a financial discount program for vets for which he could go online to register. He got discouraged when he saw the paperwork he would need to fill out. Case manager expressed this may be something he and clinical care manager could look at together once they are able to connect.

A. Yes. And I don't see what the major issue is with that because if I consider the other things that we are working on and that I am helping set up, I feel that the paperwork piece is something the CCM could look at with him.

Q. We talked about barriers.

A. But it ...

Q. We talked about barriers.

A. Mm-hmm.

Q. And you mentioned barriers a number of times, and your role is to tear down those barriers. Would you agree that, very clearly, the overwhelming ... Whatever it is, rational or not

rational, he's having a tough time getting to the gym because the paperwork is overwhelming. Do you agree that your role as case manager is to assist him, maybe directly, in eliminating that barrier?

A. Eliminating some barriers. Not all of them.

Q. This barrier. This barrier here to go to the gym. Could you have suggested to him, I'll help you fill out the paperwork.

A. Okay. Well, no disrespect, Mr. Russell. I just ... in the scope of the work, realistically, if I am helping 30 to 40 veterans at a time and I have to pick and choose what I'm going to sit down with them to help them fill out, perhaps it would be okay in a situation like this to say, Well, if you want your gym membership to be paid for and you need to fill out a bunch of documents for that, let's see if the CCM could help you with that, because the time that I have to dedicate is already quite limited. So I'm not saying I don't care.

Q. Yes.

A. I'm saying I have to be realistic about what I need to prioritize.

Q. And is it fair to say that you were in an unenviable position where you were forced to prioritize your time, and you

didn't have the time to assist a veteran who is unable to join the gym?

A. But he is not unable to join the gym. He's saying he wants to apply for funding to have his gym covered. He is not ... Okay, break ...

Q. Does it appear to you ...

A. Aside from that.

Q. After you speak to him, does it appear to you that he's able to join or that he's going to join the gym? Because if it did, you certainly wouldn't have suggested that he wait for a clinical care manager to help him.

So when you left this call, did you have the impression that he was going to go sign up for the gym or no?

A. I don't remember exactly what I was feeling at that time, but what I'm trying to get at is how much is a monthly gym membership? Is there a way that he could've found the funds for the first month and then worked on this paperwork later on? I don't know. All I'm saying, if you ask me if I'm in an un- ... I forget, I'm sorry, how to pronounce the word ... not enviable position and I have to prioritize, I would say that is the reality of all case managers.

Q. Okay.

A. In VAC, outside of VAC.

THE COURT: Mr. Russell, thank you.

Just with respect to this particular issue, I think I have a good understanding of the position that it really is ... my words are, it's a pick and choose where you spend your time during the course of the day. And the idea of assisting Cpl. Desmond with his paperwork problem to be able to get some financing to get to the gym simply wasn't high enough on the list of priorities, given a number of things that Ms. Doucette has to turn her attention to on any given day. And so this was put off until such time as perhaps the CCM could pick it up and deal with it, and that's when it would be dealt with. Thank you.

MR. RUSSELL: Is it possible that you, at times, might've overestimated Lionel Desmond's ability to make those contacts and resources, such as when it came to psychiatry?

A. It's possible.

Q. And if that possibility existed, what could you have done to assist him in being mindful of, he may struggle to get that resource sort of on his own, even though he wants to take responsibility for it? What could you have done?

A. What I've done many other times, is to say, If you run

into barriers accessing that resource, you know you can call back and I could see what I could do to support you. And I know we are speaking specifically of that one resource, but there have been times in my work with him where I've done that. But I cannot, as a case manager ... I cannot, as a case manager, look at all my clients and decide for them what they are able and unable to do. My job is to facilitate their rehabilitation, so if I see that they're running into barriers, yes, I am there to help address those barriers. That said, it's part of the rehabilitation process and the program to continue to motivate veterans to take charge of their own health and needs.

(14:20)

Q. Okay. So we're going to ...

THE COURT: Sorry. I just want to ask a question.

MR. RUSSELL: Yes.

THE COURT: So when you say, Ms. Doucette, that it's not up to you to decide what a particular client can or cannot do, am I correct?

A. Yes.

THE COURT: So it seems to me that you might be then giving them some direction to do things that they're not capable of doing because you don't make the decision whether or not they

can or can't. So how do you decide that? When you say ... when you make a suggestion to a client that he should do "x" and, in fact, they're not capable of doing "x", but you don't make ...

A. Well ...

THE COURT: ... decisions about what they can or can't do. You just give them a menu of things to do and hope they can and then expect them to come back to you and complain that they can't if they're unable to fulfil it?

A. Not complain but, yes, come back for support. I don't ... As a case manager, generally, my role is not to dictate ...

THE COURT: But when they ...

A. ... You're going to do this.

THE COURT: Just excuse me. So when you say they come back to tell you, when they come back and they say, Well, I can't do that. I haven't been able to accomplish that, whatever words they use, what's your next step to assist them in accomplishing that if that's the path they've chosen?

A. So, Tell me what you've tried so far, for example. I can ask that. And then, Okay, let's see what we might be able to do to problem solve around that. Sometimes I will offer, Does it help if I make the first call? That was the example with Ms. Chambers.

THE COURT: Thank you. Go ahead, Mr. Russell.

MR. RUSSELL: Exhibit 117, page 8. I believe this was referred to earlier, this passage. It's a note you made on this date. It says ... This is the phone call, I guess, that takes place after Lionel Desmond is calling saying, I want a copy of my Ste. Anne's report. He's also saying, you know, I'll figure it out essentially myself. Judge Zimmer had pointed out that earlier. In this, there's a note that you made and it says:

> Multiple conversations with veteran this week due to some difficulties in his living situation/personal life. CM (case manager) and him discussed a plan to keep himself occupied and as calm as possible until CCM is ready to engage with him.

And then you put:

> BHSOL training scheduled for October 27th.

Would you agree that Lionel Desmond, when he called here, it certainly appears as though, you know, he's not calm. He's struggling.

A. Mm-hmm.

Q. And what was discussed in terms of a plan to keep as calm as possible until the clinical care manager came into

place?

A. Well, in the context of this note, I mean you can look at the time I wrote it. I remember I was sitting at my kitchen table finishing up some work because I was going to be away the next week.

So when he called on the 12th, yes, we went over that note earlier with Judge Zimmer, he was in distress. So I had multiple conversations with him that week as a support person for him, trying to help him find calmness. I don't always have the perfect word. So at that time ... Yes?

Q. Oh go ahead. Sorry, I cut you off.

A. So, at that time, we were talking about, yes, until the CCM is ready to engage, which, obviously, I never had a firm date until it was like the training was complete and every form was filled out, et cetera.

So, at that time, I had said to him ... So we had spoken many times that week and I made him aware that I was going to be away the following week. He knew what resources he had if he needed to talk to anybody. So we focused on what he was going to do the following week.

Q. What ...

A. And it's written in there. This is what he was

suggesting he would do.

Q. At this point in this call, he didn't have a psychiatrist that you were aware of. Is that right?

A. Fair, yeah.

Q. He didn't have a psychologist or therapist. Yes or no?

A. Fair.

Q. Yes or no?

A. No. No, he didn't.

Q. He didn't have a clinical care manager.

A. No.

Q. As far as you know, he wasn't affiliated with the New Brunswick OSI.

A. No.

Q. What ...

A. He had also ...

Q. What was he going ...

A. He had also ...

Q. Go ahead, sorry.

A. Sorry, go.

Q. No ...

A. I just wanted to point out that he had also, at this

time, said no to the OSI services in Nova Scotia. So ...

Q. In your mind, when you told him to remain calm and wait for a clinical care manager to be in place, what resources could Lionel Desmond access to keep him from being upset, agitated, as he appeared in the two days before when he made the call? What resources were available to him to keep calm that was arranged through Veterans Affairs?

A. Well, I state in my note, the VAC assistance service, which is a 24-hour line. That there is an intake case manager available in my absence. Those are two ones that I can kind of think of right off the top of my head.

Q. Was it of concern to you that when he's calling in quite a bit of turmoil and he's unable to stay calm and that's based on two days before, you know that. Was it of concern to you that there are no resources in place for this man other than calling a hotline?

A. Well, it's not fair to call it a "hotline".

Q. Well, call it a veterans' ...

A. We have qualified professionals working ...

Q. ... call it a "veterans' assistance line". Was it a concern to you ...

A. Well, there ...

Q. ... that that was the only option for him?

A. Concern? Yes. I had, I guess, assumed earlier on that he would've been using the services of OSI Nova Scotia and that the CCM would've been in place by now. So probably more resources in place, given the assistance of a CCM.

So, yeah, it was a concern but, again, I disagree with calling VAC assistance service a "hotline". They're qualified professionals on the other end of the line.

Q. My apologies there.

So, basically, your evidence is the only resource available to him at that moment was to call the veterans' assistance line.

A. Or the intake case manager who would be there in my absence.

Q. Who would've ...

A. This was also ... Sorry, go ahead.

Q. Who would've engaged in what form of therapy or rehabilitation with him on the phone?

A. I'm not talking about therapy or rehabilitation. I'm talking about if he was having a difficult day and was feeling emotional distress and needed to speak to someone who could support in the short term. We're talking one week here. So I believe this is right around the time, also, that we had made a

list of three providers that he could call upon in the community. And when I give a list like this to a client, I check in with them to say, Are you comfortable making that call? Yes. Okay. So we're going to go with that plan. When I come back, I will follow up to see how you made out.

So that was the logic. That was where we were at.

(14:30)

Q. If we could turn to Exhibit 117, page 7, again. I think we may already be there. This, I believe, may be the note that you were referring to earlier about the conversation with Catherine Chambers about you telling her, you know, You can obtain the consents and will provide you with information. As I read the note, it does say, once that is confirmed ... It says:

> Without providing any information through which veteran could be identified, case manager and psychologist came to the following agreement. Veteran will be asked to touch (will be asked to touch, I guess) base with her to set up first informal appointment. Once that is confirmed, case manager will send consent forms to her office for veteran to sign. Psychologist

can keep a copy for herself, if needed and returned. Once they are turned, case manager will provide psychologist with some information that is relevant to the veteran's psychological health.

So that, it does clearly indicate, as you indicated in your notes, that you did have a conversation with her about providing consents.

A. Yes.

Q. My natural question is, you note that you will provide her with some information that is relevant to veteran's psychological health. Who is the ruler of relevancy and what information goes and what information doesn't?

A. Well, she, as the professional, working with the veteran, can ask for the information that she feels she needs to support. And I am, obviously, in a position, once there is an appropriate consent form on file, to say, well, we have this recent assessment that may be of use to you, are you interested in this. But I cannot, and we've talked about this earlier, I'm sure you understand, just freely release whatever I want, especially reports that I did not author. They belong to the veteran. So if the veteran consents to ... Like it depends on

what she is looking for.

Q. So was it your understanding that she was actually going to follow up and make that determination as to whether or not she needed it.

A. Well, it was understood that we were going to have ongoing communication. So, yes, she was free to call me and ask for whatever she felt was important to ask and if I ended up calling her for whatever reason, then it could have been initiated by me. Like there's not a hard fast rule. I just am saying that generally professionals know what they're looking for.

Q. We're going to turn to Exhibit 273, page 217. This appears to be ... Again, I think it was your first entry and it references a conversation with Dr. Murgatroyd and it says: "Some concerns with client's inability and need for coordinated support. Writer obtained doctor's opinion regarding immediate risks and needs." So this is in November of 2015. My question is, was it sort of agreed between you and Dr. Murgatroyd at this very early stage in 2015 that you were going to coordinate supports. VAC and New Brunswick OSI were going to work together in the best interests of Lionel Desmond.

A. Yes, I think ... Well, no, it wasn't an agreement

between Dr. Murgatroyd and I. I think he was calling on that day to advocate on behalf of his client who was saying I'm supposed to be assigned a case manager, it's taking time. So he took the initiative to contact back and was put in touch with me. So when he is saying coordinated support, it's that he understands that with a case manager in place, the veteran may be able to access more help.

Q. Did coordination have any context of you and Dr. Murgatroyd may liaise with each other from time to time in working with the client, Lionel Desmond?

A. It could. Normally, like I said, OSI is a bit different because of agreements between the province. But, normally, any provider who is working with a case-managed veteran will, we will turn in on a regular sort of basis a summary report of progress. So, yes, we can be liaising over something like that. Or, in this case, as we've seen before, Dr. Murgatroyd was actually instrumental in establishing contact between when I was having a hard time reaching Mr. Desmond. I knew he had an appointment coming up with Dr. Murgatroyd. So I contacted him and said, If you see the client, could you let him know that I'm trying to reach him and so, yeah, there is some liaising.

Q. And would you agree that an example of you and Dr. Murgatroyd coordinating with great success, both you what appears to be a successful job, is that you were able to work together to coordinate him getting into Ste. Anne's.

A. Yes, yes. And I mean Nurse Teresa Rodrigues was quite an important player in that as well.

Q. You were able to work together to identify that, Look, he needs stability first, we're going to work together. You had spoken to Desmond at times where he sort of wanted to back out of the plan, so did Dr. Murgatroyd, you worked together, you got him in there. That's an example.

A. Yes, but I also would give credit to the veteran that he got himself in there. Like he ultimately made the decision to go.

Q. So you were both present fo the Ste. Anne's conference call.

A. Uh-huh.

Q. What did you and Dr. Murgatroyd do to coordinate that sort of level of support after he left Ste. Anne's in August? Tell me about how you and Dr. Murgatroyd worked together.

A. Well, on that call, as I mentioned yesterday, we had come up with the idea of offering Mr. Desmond an appointment

with Dr. Murgatroyd post treatment. So, again, so that he could sit with the client, who he knows, make his own observations as to any changes that may have occurred. You know, he has the information that Ste. Anne's has provided over the phone, the same way I do. So Dr. Murgatroyd cleared a space in his schedule for the day after Lionel Desmond would land in Fredericton from treatment. And from there, it would give them a chance to chat about the next steps. So you'll be moving on to Nova Scotia. I hear you've been working with OSI. So a conversation around what was to come. So that's one of the ways that we tried. Again, at the end of the day, it remains a decision of the veteran. And when I presented that option to him with accommodations paid, a chance to spend the night, go see his psychologist the next day before he takes off to his home province, he declined that offer.

Q. So he doesn't show to that first coordinated appointment that you and Dr. Murgatroyd worked together. From a review of the records, outside of Dr. Murgatroyd's closing letter of December 22nd, I refer to it as closing letter because he says, "We're closing our New Brunswick file because it relates to Lionel Desmond."

A. Yeah.

Q. And he references an earlier call that you guys had. And outside of maybe that earlier call and the closing letter had you and Dr. Murgatroyd even spoke ... Did you guys even speak to each other after Lionel Desmond left Ste. Anne's, other than arranging for that first appointment?

A. I can't say with certainty.

Q. If you did, would you normally note that in case plan, CSDN notes? Normally, would you have documented it?

A. Yeah, I mean I try to document as much as possible. As we have seen throughout this inquiry process, it happens that we miss things and that we don't document exactly everything that we do. But, yes, I would try to document that.

Q. But I can tell you from his records, he doesn't document any sort of contact conversations with you other than that original plan as soon as he got out to have a meeting.

A. Okay.

Q. So, basically, between August and December 22nd, outside maybe one phone call, is it fair to say that it's most likely that you and Dr. Murgatroyd did not communicate?

A. Outside of that one phone call and then the letter that he sent, it's possible, yes.

Q. Dr. Murgatroyd specifically recommends psychiatric

services with the OSI Clinic Nova Scotia.

A. Uh-huh.

Q. He never says, I recommend that he get a psychiatrist. He recommends psychiatric services with OSI Nova Scotia. Did you ask Dr. Murgatroyd, what is it about OSI psychiatric services that you are specifically honed in on? That that's what you recommending.

(14:40)

A. No, like I don't really have a reason to question his recommendation. I am pretty familiar with the OSI network. So like Dr. Murgatroyd, I was sort of under the impression that that was going to be the plan. And I understand your questioning why we haven't had more contact in that but after Mr. Desmond declined the offer to go see Dr. Murgatroyd, then he was off and moved to Nova Scotia. So he was no longer a patient of Dr. Murgatroyd. So I guess I'm not sure why I would specifically question his recommendation.

Q. I guess if you, if there was some rationale for why he thought psychiatry services at OSI Nova Scotia were the preferred method. Clearly, he did believe that. That's why he made that recommendation.

A. Absolutely.

Q. When Lionel Desmond tells you, I want to get services in Nova Scotia, wouldn't you want to engage in the discussion with him and say, Look, you've had experience with Dr. Murgatroyd and he thinks the better option for you, you know, it's your decision but he thinks the better option for you is to go to the OSI, access those specialists. Did you ever have that conversation with Desmond?

A. Not that exact one, no. It's an interesting way to approach it, I agree. But I did have a conversation with Lionel Desmond about going to get the OSI services in Nova Scotia, which we understood to be the equivalent of what Dr. Murgatroyd and Dr. Njoku had provided in New Brunswick. And when he said no, I engaged him further in the conversation to see specifically about psychiatric services, if he would be open to taking at least the psychiatric services from OSI and working with a community provider for therapy, because there are more frequent appointments, and he was saying I want to work with someone in my community. I talked about telemedicine, he said no so ...

Q. We know he said no. Go ahead.

A. So from there, from that call what I remember was him saying, No, I can go to mental health or the local hospital.

Okay, I'm not saying that this would never be revisited again. There is a chance that once he starts engaging with Catherine Chambers and we talk again about how are you doing with, you know, finding psychiatry services. I mean we're doing this hindsight exercise and we're looking at how prior to treatment he was motivated to go. Then he didn't want to, he was growing impatient with the wait. So he changed his mind a lot, right. So, as a hindsight exercise, yes, it's possible that we would have revisited that with the help of Ms. Chambers. So I don't want to say that that door is closed forever.

Q. Was it your belief on the knowledge you had that psychiatry services in the community, the ER at St. Martha's, was the equivalent of psychiatry services at the OSI Nova Scotia, or did you have some appreciation that they were different?

A. Well, I didn't know that he was specifically referring to the ER when he mentioned the local hospital, just to clarify that. Is there a difference?

Q. In your mind.

A. Yes ... What's that?

Q. In your mind, your understanding, is there a difference between the two?

A. Well, I think in the OSI network, you know, we consider them to be a bit more of a specialized resource because they deal mostly with operational stress injury. That said, I don't think a psychiatrist in the community is ill equipped to help someone with PTSD.

Q. And that's fair. Did you ever tell Lionel Desmond that? That you thought that Dr. Murgatroyd said OSI psychiatry, and there's a difference between the two in your professional view or opinion, did you ever tell Lionel Desmond that information? When he said, I'm going to get one ...

A. I'm not so ...

Q. You're not so ...

A. What was that?

Q. So what was your answer?

A. No, I'm not sure that I presented it that way. I can't say that I presented it that way.

Q. You've encouraged him before in giving him options, letting him decide when he maybe couldn't see them the best. When he's saying, I'm going to get my own psychiatrist and it's going to be somewhere in Nova Scotia, did you ever appreciate that (1) you knew there was a difference; and, (2) did you ever appreciate the importance of maybe having an encouragement

conversation with him about maybe reconsidering?

A. I did. I did. I said, Think about it. Because he was saying the barrier for him was the travel, okay. So travel was going to be covered, if he went to Halifax. And I said, you know, maybe you could go, meet the psychiatrist once and then we set up telemedicine and from here on in, you can meet the psychiatrist, whether it's at St. Martha's or another community facility. Like I had that conversation with hm. I just probably didn't have it in the exact words that you're suggesting I should have.

Q. Sure. Exhibit 299, pages one and two. I'm just going to try to find the actual passage.

A. If you're looking for that conversation, it's in blue. So it should stand out.

Q. You'll be happy I moved on. In the second page, so it's your notes that were sort of created after the events and you're noting under January what took place. In January, you noted, it says, at the very top there, second paragraph:

> Veteran spoke of challenges in his marriage. He expressed struggles with living apart from his wife and daughter and spoke of how he looked forward to leaving Oromocto, a

military town, behind. He described conflictual relationships with his in-laws.

So, in January of 2016, you could have had some appreciation of the conflict that was his marriage to Shanna Desmond and it continued into his in-laws as well.

A. Yes. Actually, when he first spoke about, because it was in the context of the assessment. So when he first spoke about the living situation and what he found difficult, he presented that being in the home in Nova Scotia was difficult because of conflict with his in-laws.

Q. So this is sort of, based on the information you have, this is something that's sort of on your radar, is it fair to say, that this is part of his package of stressors.

A. Yes.

Q. Is there a particular reason, and there's got to be a reason, why the ... And I'm mindful of the fact that you're trying to get him in a stabilization program that's going to start in May, in a few months, but there's still three to four months away and there's still the possibility and you know that some day he's going to get out of Ste. Anne's.

A. Possibly.

Q. Why isn't your mind sort of moving to all of the

possible resources that could deal with this area of struggle and conflict as opposed to wait until he gets in Ste. Anne's and then wait until he gets out? It's an issue that's identified in January. Why the wait? Why not think of other options?

A. Other options than Ste. Anne's?

Q. I guess, yeah, but you've been more proactive in contemplating he's going to come out of Ste. Anne's, there's a good chance he may still need resources to deal with this struggle and conflict with his marriage, and before he goes to Ste. Anne's, there's a good change he still needs resources to navigate and struggle with those struggles. Is there a reason why maybe you weren't a little more proactive in trying to identify what resources other than Ste. Anne's could assist with this, going in and coming out of Ste. Anne's?

(14:50)

A. Well, as I said earlier on today, he had resources at the time in Dr. Murgatroyd and Dr. Njoku. Could I have been more proactive? I, obviously, was putting a lot of effort and energy into helping him get to Ste. Anne's where he would have access to a number of resources. And then the other part of your question, which is shouldn't I have been thinking ahead of when he moves back. In all fairness, I mean we had a

conversation. I had a conversation with him. Kama Hamilton had a conversation with him about thinking about his living arrangements because of exactly what you're mentioning. In January 2016, he is telling us that like being at his in-laws is triggering, therefore, he comes back to his home in Oromocto. So I mean we have conversations with him about, you know, have you thought about maybe a safer place for you, safer in the sense of a place where he can retreat and feel good. And then it's already on our radar that if he's changing communities, he's going to need providers. I don't think anybody sort of is neglecting that. Where I struggle a bit with the question is there is a limit to how many resources we can also throw at someone. So I'm not sure what other resources outside of what we're working to connect him with. Like what more? You mentioned couple's counseling earlier. That's something that Ms. Boone explored briefly with him. So he's coming out of Ste. Anne's with all these recommendations as well. So, as the case manager, if I'm thinking six months ahead and deciding what he's going to need, then I'm not factoring all the changes and the moving parts that are the reality.

Q. But is it possible for you maybe to identify, and with that, is it fair to say in January, you had some, you had the

idea that he's got his eyes set on returning to Nova Scotia. He's selling his home in New Brunswick. He's spending considerable amounts of time there. He wants to be back with his family. His family is in Nova Scotia at that point. So in January of 2016, it's fair to say that you were aware that he wanted to get back to Nova Scotia.

A. I had a general idea. Yes, I remember he talked about maybe wanting to go out West. Like there were different things he talked about. But it would make sense to me, yes, that he would want to go back to Nova Scotia.

Q. And you knew that after he attended Ste. Anne's, he was going to return to the community, which is most likely Nova Scotia.

A. Yes.

Q. And you knew all of this in January.

A. Well, no, it wasn't that clear in January.

Q. You had a strong idea that it was significantly likely possible.

A. His house had been for sale for some time. There was no guarantee that his house was selling while he was away. There was a possibility that he would be heading to Nova Scotia after treatment but it wasn't clear-cut that it was right on

release.

Q. Was there anything preventing you from trying to look into what community resources were available in Nova Scotia when you had a pretty good idea that he's gong to end up coming out of there when he's done at Ste. Anne's.

A. In all fairness, time. Like I said, there's a number of priorities that we're juggling. And the other piece, and I'm not trying to discredit what you're saying, I understand that. Ideally, we're looking ahead, we're being proactive. But if I had done what I was really supposed to do, I would have reassigned him to someone in Nova Scotia when he left treatment so I would not have been looking for resources for him at all.

Q. The next series of questions. So you've developed a very detailed case plan with Lionel Desmond and you indicated that the case plan was going to guide ultimately his rehabilitation, is that a fair characterization?

A. Yeah.

Q. The next sort of questions may seem a bit out there on first blush. You were aware that Lionel Desmond was African Nova Scotian.

A. Yes.

Q. In your training with Veterans Affairs, have you ever

received or did you ever receive any training as it relates to struggles or barriers military veterans in making the transition may encounter due to their racial backgrounds?

A. Within Veterans Affairs, not that I can recall, no.

Q. Lionel Desmond, we know, and you certainly may not have been aware of this, and I'll ask you if you were aware of it, indicates to his sister-in-law, various family members, he indicates it to a, I believe, it was a psychologist or psychiatrist in the Canadian Armed Forces, he talks about the trauma he experienced, anti-Black racism while he was in the military. Were you familiar with any of that?

A. It's not something that he had shared with me, no.

Q. When you were developing the case plan with Lionel Desmond, did you ever consider that topic of discussion about you are African Nova Scotian, are there any services unique or geared towards you and your population that you may find helpful? Did you ever have that conversation with him?

A. I don't recall initiating a conversation like that, no. Just in the same way that I don't recall him ever raising questions or issues surrounding his racial background. That's not to say that that didn't exist. I'm quite sensitive to that reality.

Q. There's a lot of evidence, I would say there's a significant, enough evidence to suggest that perhaps his disclosed experiences of racism caused him a lot of duress in his personal life, his home life. He'd come home from work and he would be overwhelmed with it. And there's also, it was linked as a trigger to his trauma, as documented by either the psychologist or the therapist.

In developing a case plan, do you know if there were any resources available to an African Nova Scotian or a member from a marginalized community to assist in their rehabilitation and that gap where they're going back to the community, are there any resources available for those identifiable individuals?

A. Like in 2015? 2016? I can't tell you if in the Town of Oromocto or Fredericton, specifically, I knew of resources. I am certain because of history and the African Nova Scotian community, there may have been more there. It wasn't part of our discussions, definitely not while he was in New Brunswick, and I can't recall once he moved back home that we spoke specifically of that. And, if I may, Mr. Russell, I recognize that we are in 2021 now and there's been huge jumps in terms of awareness around anti-Black racism and I'm not saying that the issues didn't exist in 2015. I just appreciate that the

question in today's context has significant value. So to answer your question about cultural awareness training, I didn't have any offered at VAC. I did have some through my Masters studies but I don't think race is something that we spent much time on in my work with Mr. Desmond.

Q. Now I'm just going to put that to you. We're looking at this through a more informed, I guess, 2021 lens.

A. Yes.

Q. Sort of looking, are you aware if VAC has made, and the answer is probably no, because you haven't been affiliated with them for some time, but are you aware of whether VAC has put any training in place to make their case workers or managers aware and factor that into the case plan?

A. I'm not physically aware. I sure hope so. I can tell you from working in another government department that I have seen many initiatives through the School of Public Service, which is offered to all public servants. So I don't know if VAC has done anything specific for its case management group or front- line staff but I wouldn't be surprised if there was something offered today.

(15:00)

Q. And I don't want to take it too far and too abstract,

but we know from the information we gathered that Lionel Desmond, he felt very much, I'm sure I'm understating it, very much burned by the idea that he invested in this service, he felt there was racism inflicted upon him, and then he's left ... in his mind, he's dealing with another federal entity which is Veterans Affairs Canada.

A. Mm-hmm.

Q. Do you think that that possibly could have influenced what you perceived as his indifference or perhaps lack of effort at times for frustration?

A. Sorry, I just want to make sure I understand your question. So if his sometimes lack of effort ... sorry.

Q. What you believed to be maybe a lack of ...

A. You said lack of effort or indifference. That it would be connected to his racial experiences within the military or ...

Q. Yes.

A. Possibly. Listen, I can say very openly that I would be the first one to say, Absolutely, no problem, if Mr. Desmond had raised the fact that I was, you know, a white woman and offering services, and that he would've preferred to work with ... like absolutely. There would've been no hesitation on my

part. I don't know if we had a lot of diversity amongst our resource, but I never ... I can't say that I ever looked at those times in case management where he wasn't having as much as follow-through as we would've hoped, that I would have connected that to his racial background or experience.

Q. And I want to be very clear to you in that. It was a longer sort of comment that you made last night and I'll read it into the record. This was in response to a question that Mr. Macdonald had asked you.

A. Mm-hmm.

Q. And wrote:

> I'm not there to judge or to determine that on ... onto his behalf, but I can say that there were ... there were times when ... and this is ... okay, I'm ... I'm just being careful with my words that I use because I ... there were times when ... different times during the case management process where it appeared as though some people supporting Mr. Desmond may have been working harder in some aspects than he was with regards to his rehabilitation. And I say

this without any sort of ... in no condescending (manner or) matter, it happens in a lot of client/professional relationships and I ... and I don't ... I'm not saying this was consistent throughout the file either, but there were times when things were being done for him or presented to him that they were probably in his best interest, that he didn't ... he ... he chose not to go with. And that, again, is the nature of the work we do. We can't ... we can't force anyone or do more work than the veteran will allow.

That was the whole ... In fairness to you, that was the whole context of what you said. It wasn't just a narrow ...

A. Mm-hmm.

Q. ... narrow zip. So you specifically indicated, though, you said:

At times, it appeared as though some people supporting Mr. Desmond may have been working harder in some respects than he was with regards to his rehabilitation.

Is it possible that there were aspects and features about Lionel Desmond, as the client, that you might not have been aware of or fully appreciated, that were getting in the way of what appeared to be his non-commitment to the rehabilitation?

A. Absolutely. Absolutely.

Q. Is it possible that they could've involved his experiences of race and interactions with people in authority ... or perceived authority?

A. Yes. Absolutely.

Q. It could've involved barriers in his mental health and ability to sort of appreciate what he was fully going through?

A. Perhaps. I want to say that on the question of the racial matter, you know, time has passed and I have also done a lot more training and education on the matter. So absolutely. Absolutely, there may have been aspects of not following through or a caring disengage at times that I wasn't in a position to appropriately assess or appropriately understand because of my experience as a white woman.

Is it okay if I comment on what I said yesterday?

Q. Sure. Sure. Yes.

A. So I've thought about what I said again, because I understand that it caused some reaction, and I just wanted to

clarify that if it was a wrong choice of words, I apologize for that, but when I say, at some times it appeared that some people supporting him may have been working harder, I wasn't suggesting that I was doing all the work for him. And I want to say that from a clinical perspective. Like I don't ... I'm not good with all the legal terminology and I ... this is my first time in court. So, but in a clinical perspective, it's a question that we often have to ask ourselves when we're supporting clients in their rehabilitation context. For example, am I working harder than the client right now? Because sometimes when we do that, we're doing a disservice to the client.

So when ... I believe it was Mr. Macdonald, if I'm not mistaken, asked the question, it's possible I misunderstood the question too. He had asked about barriers from the veteran's perspective. I understood it as, Were there barriers maybe that were caused by the veteran?

So I just wanted to clarify here on my statement. I'll leave it at that.

Q. So, with that said, is it fair to say that there is a possibility, looking back, in hindsight, as his case manager, that you might've overestimated what Lionel Desmond was capable of, sort of his level of sophistication to navigate resources on

his own or his own expressed independence? Is it possible you overestimated his abilities?

A. At times, yes, it's possible I overestimated. And there were other times where he surprised me because he demonstrated that he was capable.

Q. So, looking back, is there a way that you see where VAC case managers, I guess, can be a little more mindful of the circumstances of the veteran? Whether it is their background, to do with their diversity, or whether it's potential perceived - as is noted here - cognitive limitations? Is there room there for improvement?

A. There's always room for improvement. I'm not here to debate that point. I want to say that there is a number, many veterans, who we are working with in case management who have some form of cognitive limitation. So absolutely. I was never denying that that was the case with Mr. Desmond.

What I have a harder time getting on board with is this idea that he was more incapable than capable in several aspects because, like I said, I have seen him navigate some things for himself at times.

Q. But if I ... I guess, is it possible that you might have overestimated his ability to find a psychiatrist in his

community in Nova Scotia and to be diligent in following up with that psychiatrist?

A. It's possible, yes. He gave me the impression at that ... during that conversation that he was capable and that he was going to go look for that. And if I didn't do follow up in due time, I take responsibility for that.

The other piece is that health providers in the community can also assist the veteran in saying, If you have a case manager, can we be reaching out? Can we ... like if there's ...

Q. And, ideally, from your standpoint as case manager, ideally, if you could've had Helen Boone sooner as a clinical care manager, or identified even in advance - somebody arranged even in advance of you coming along - she could've made those efforts to get that put in place.

(15:10)

A. Well, it would've ... yeah, it would've been a joint effort. It was the whole philosophy. It is the reason why the CCM resource was what we were prioritizing, because we knew there would be so many parts. And having a person on the ground makes a difference but, at the same time, I could not have, in good faith and felt good about saying, Oh, you're moving provinces? Then we're just going to transfer your file to

someone brand new when you no longer have providers supporting you. I couldn't ... to me, that made no sense whatsoever.

Q. So we're going to move to Exhibit 291. This is the Area Counsellor Client Centred Assessment that was done January 5th, 2016. This is your assessment?

A. Yes.

Q. And we're going to turn to page 2. And there is a section there in the middle of the page. It says, "Mental Functioning".

A. Mm-hmm.

Q. Below it is a question that seems to be a pretty scheduled-type question. "Have you noticed any change in your memory recently?" And it's ticked off "Yes". So Lionel Desmond reported in January, he had problems with his memory? Recent problems with memory?

A. Yeah. I would've checked off any item that he touched on in the conversation or that he had suggested.

Q. Below that it says, "Counsellor's perception". So is that your perception? Is that what it's referring to?

A. Yeah, I believe so.

Q. And it's checked off, "Concentration - yes. Comprehension - yes. Memory - yes." So does this mean that

what was identified, your perception when you did this assessment in January 2016, that he had problems with concentration, comprehension and memory?

A. Yes. Well, based on the discussion that I had with him that day. Let's be fair. I didn't test his memory, I didn't do any formal, you know, assessment, but based on the conversation and what I'm observing and the, you know, just the conversation, I checked off those boxes and ... sure, yeah. Sorry.

It was ... In most cases, when we're doing an assessment of a veteran, there is generally something checked off in there.

Q. So, at this point, you don't know what the underlying cause is but you know in your meeting with Lionel Desmond and your conversations, there's something going wrong with his concentration, his comprehension, and memory.

A. Yes. And he is, you know, reporting examples and difficulties of that but I think it's important what you mentioned. We don't know what the underlying cause of this is and someone with PTSD or depression can suffer from concentration challenges. And if you're under a lot of stress, the short-term memory can go, like, so it all ties in to his mental health, in my opinion.

Q. It then says, "Explain". And you write in here:

> Veteran described inability to recall things like passwords which he must write down despite once having a sharp memory for numbers. He also said it takes longer for him to learn new things. Example: Musical chords. Veteran disclosed his most vivid memories are from his time serving in Afghanistan.

And then under "Comments", it says:

> Comments. Explore responses. Query coping with stressors.

And you write:

> Veteran is cooperative. Engages in meetings with case manager. Writer often had to repeat questions for the sake of clarity as he seemed to have comprehension difficulties. Veteran also tends to talk a lot as opposed to answering questions concisely. Speech is rather slow.

These are observations you made in January?

A. Yes.

Q. And we've heard from his family that ... I think the phrase they used, at times, he would talk almost nonsensical. He would bounce all over the place and wouldn't stay on topic. And it was a recurring theme as well ...

A. He ...

Q. ... with professionals. Did you notice further signs of this during your conversations and meetings with Lionel Desmond after January

A. Yes. I remember a tendency, he would smile a lot. He had a very nice smile. And he would often answer, sort of full smiles, but I don't ... like I wouldn't say nonsensical. I just ... sometimes, I just had to bring him back to the question or ...

Q. So you ... I guess, so you identified that there were issues with his outward cognition and being able to understand and engage. You've noted that here. I guess, is it fair to say, you knew that but you didn't know what was causing it?

A. Absolutely.

Q. You knew this in January. Did you ever consult with Dr. Murgatroyd as to ... did he have any explanation of what was going on here or what he might need for that?

A. Specifically on that specific topic? No. I believe

that if I was able to make note of these things in a single assessment that Dr. Murgatroyd and Dr. Njoku probably had way more in-depth information than I did on what may be happening here. They are more specialists with the matter than I am. So I guess I'm not sure.

Q. Okay. And he also talked to you about losing paperwork that he had and misplacing things. In terms of his ability, I guess, and maybe need for a clinical care manager - this idea that somebody that might help him remember things, set up appointments, keep passwords, keep things noted for him, explain things in detail, was it on your radar in January that, You know what, Lionel Desmond may be a good fit for a clinical care manager?

A. Like I said before, it wasn't really top of mind in January because we were looking ahead to inpatient treatment, which was the recommendation, and I had a lesser caseload then, so I had some time to take on a bit of additional tasks.

So the best example I could give you is for the exceptional prepayment of his travels. It was a lot of documentation that needed to be filled out.

Q. So I'm mind- ...

A. So we did collaborative ...

MARIE-PAULE DOUCETTE, Cross-Examination by Mr. Russell

Q. I'm mindful of the fact that you're doing things and you're busy, you're very busy in your role. I certainly agree with that. But this sort of information, you have a veteran that is struggling with basic sort of comprehension. He's off topic. He's not remembering things. He's reporting to you difficulty with concentration, comprehension, memory. Would that signal to you, normally, had you had the time, that maybe we should put in a request for a clinical care manager, even at this early stage? It's January. This guy really needs somebody on the ground because he's having a tough time cognitively.

A. But he wasn't going ... you know what I mean? He was going to inpatient treatment, so if I was going to request the assistance of a clinical care manager, it would've been for the time previous to his admission.

Q. It could also have ...

A. So that's ... when I say ... Sorry ...

Q. Would you agree that it could also involve when he comes out as well? You put one in place or you start to look for one. He's still got four months to go. He's still spiraling in those four months. And then he's going to come out on the other end. Is there a problem with being proactive in identifying ...

A. It's not a problem. No, there's not a problem with it, but there's ... it's not as straightforward as you make it sound because, was he releasing to New Brunswick? Was he releasing to Nova Scotia? That's a big difference. The CCMs operate in the province in the same way that the other providers do and ...

Q. So were you prohibited from putting in place a clinical care manager, or even looking up where the possibilities could be, in New Brunswick or Nova Scotia? Was there anything preventing you from doing that?

A. No. There's nothing pre- ... well, there's nothing preventing me. I wasn't ... like, a clinical care manager, I'm just going to remind you, is a temporary resource that is meant to help the veteran with some of the things you described, but in a coaching sort of manner. So they don't manage the client's schedule. They're there to provide coaching to help them sort of take charge of their own. So at that ...

(15:20)

Q. I now know what a clinical care manager does. Was there some benefit to him maybe having a clinical care manager in January 2016? Could there have been a benefit?

A. Well, like I said earlier, there would be a benefit to

anybody having a clinical care manager. To me, it was more important in the fall because of all the changes.

Q. Okay.

Neuropsychological assessment. Had you ever arranged for a neuropsychological assessment for any client before?

A. One.

Q. One. When was that? Do you recall?

A. No, I couldn't tell you for sure.

Q. Was it ...

A. I can tell you that it was in New Brunswick and it was for a client who was admitted to the program for a head injury specifically.

Q. Was this client before Lionel Desmond or after?

A. It was probably simultaneous to some degree. I don't know ... He arrived on my caseload later than Lionel Desmond, that's for sure, but I can't tell you for sure at what time period.

Q. How did you go about finding ... was it a psychologist that did this neuropsychological assessment?

A. There's a ... there are a select few psychologists who ...

Q. But in this particular case, you found one, you

arranged for one. Was it a psychologist?

A. It was a psychologist who specialized in neuropsych assessment, yes.

Q. And that was in New Brunswick.

A. Yes.

Q. You couldn't find one for Lionel Desmond.

A. Okay, let's be fair. I didn't find one for Lionel Desmond in the time period that we're looking at. That's not to say that it was impossible. The chances of finding one in the small community where he resided were not very high.

Q. How long does it take to do a neuropsychological assessment? Do you know?

A. Well, in my experience, and probably every practitioner is different, it was like an eight-hour assessment ...

Q. Okay. It takes eight hours.

A. That a client had to ... yeah.

Q. And, presumably, you know there isn't one in Guysborough or Antigonish, Nova Scotia, but it takes eight hours. It's critical to Lionel Desmond's rehabilitation. Would you agree? It's critical to his rehabilitation.

A. I know you want me to say it's critical.

Q. You don't have to ...

A. I ...

Q. You don't have to take my word for it. I can show you where Ste. Anne's has indicated that in order to get a handle and understanding of treatment for Lionel Desmond, you need a neuropsychological assessment. I could show you that passage. But do you agree that it was critical to Lionel Desmond's rehabilitation that he needed a neuropsychological assessment? Do you agree with that?

A. "Critical" is not the word that I would use.

Q. What word would you use?

A. I agree. I agree that it could've provided important insight into his rehabilitation, yes.

Q. Would you agree that Ste. Anne's had specifically said that in order to begin to understand the trauma treatment and the various struggles he had, we strongly recommend a neuro- ... strongly recommend a neuropsychological assessment? Yes?

A. Yeah. I don't disagree with their recommendation.

Q. In terms of level of importance for it navigating his rehabilitation plan as he left Ste. Anne's, would you agree that that neuropsychological report was very, very important?

A. Well, if I may, I would like to take the opportunity

to explain my reasoning for some of the choices that we made.

Q. Yes, but I still want you to answer the question of did you think it was important and to what extent? That's my question.

A. I think it was important.

Q. Okay.

A. I think it was important. I think it was important. Does that answer?

Q. Yes.

A. I think it's also important for me to clearly explain the steps that were taken and not taken in the period that we're looking at.

Q. Sure.

A. So he's leaving Ste. Anne's and we haven't, you know, I mentioned the fact yesterday that Ste. Anne's was talking about this in June, of something of a specialized assessment, and I told them, You're in Montreal. You're in a specialized facility. If there's anything I can do on the VAC end to help you, you know, to see if we can pay for this service, let me know. I will ... so the offer was there. So, to the end of treatment, then they recommend this at the end of his specialized treatment.

Okay. He is moving provinces. He is losing the providers who are actually doing the work with him. So when I look at the recommendation for a neuropsych assessment, I'm not saying it's not important. I'm saying, Okay, so if all of our energy right now is going into finding a neuropsychologist who can do a neuropsych assessment, and having the veteran put in the energy to participate in this assessment - it's not a sort of a light thing to do - who is going to be working with him once we have the recommendations?

So I can receive recommendations from a neuropsych as a case manager, but I can't necessarily put into a practice what it is that will help in terms of his psychotherapy.

So, hence, why, if you want me to say we prioritized this over that, I thought, we need to have providers in place. If he had been released in New Brunswick, yes, we could've said, Hey, there's that one provider. Let's get the neuropsych assessment done. And who would've run with the neuropsych assessment? Dr. Njoku, Dr. Murgatroyd. But we didn't have these people in Nova Scotia.

Q. I'm going to break it down so we can have a question/answer. And you presumably knew where Lionel Desmond, or a resource where Lionel Desmond could get a

neuropsychological assessment. You had done one simultaneously, or before, for someone else.

A. In New Brunswick.

Q. In New Brunswick, which is, would you agree, that Lionel Desmond is very familiar and used to driving back and forth between New Brunswick and Nova Scotia?

A. Okay. Yes.

Q. Yes. We're not talking about a neuropsychological assessment, in fairness, in Las Vegas. We're talking about a neuropsychological assessment in a province that he's familiar with, that he travelled routinely. Did you ever tell Lionel Desmond, I know where you can get this neuropsychological assessment that they say is important in your Ste. Anne's discharge report? Did you ever have that discussion with him?

A. No. No, I didn't.

Q. Why not?

A. And I can't say ...

Q. Why not?

A. Well, I can't say on the record ... I can't say on the record that I knew this person at that time, like I ... those days are not clear in my mind, and to be fair.

Q. Why were you keeping ...

A. And the other ...

Q. Why were you not ... If you presumably did it ...

A. I'm not keeping anything ...

Q. If you did it for someone before, and you said you did, why not do it for Lionel Desmond? Why not arrange for that neuropsychological assessment or, at a minimum, have a discussion with him as to where he can go to get one?

A. Okay, so I understand that, in your mind, it's clear that I know a provider, the provider is in New Brunswick, and that I can arrange that. To me, it's not that simple.

Q. You said you knew. You said you knew one.

A. I know, but I'm telling you that I don't know if my other client saw that provider later that fall. I don't know when it was. I know that I had these two people on my caseload, so I can't say for sure that, at that time, I knew the provider, I could be in touch, and that we can make this happen quickly. There's also wait times.

So without making excuses, I am just trying to explain to you why, initially, the energy went into trying to secure the CCM and the other professional resources who could take the recommendations - the eventual recommendations - from a neuropsychological assessment to inform their work with Mr.

Desmond.

Q. You indicated yesterday that you were waiting for Helen Boone, as clinical care manager, to help assist in trying to find someone to do a neuropsychological assessment. You indicated that on the record yesterday.

A. Yes. I asked her.

Q. Why were you waiting?

A. Pretty sure I asked ...

Q. Why were you waiting for her if you knew?

A. I don't ... I'm telling you that I don't know if I knew, at that very moment, the provider in New Brunswick. Like I can't say that for sure. I'd have to have access to my other client's case notes and it ...

Q. Exhibit 1- ... Go ahead. If you ... Go ahead.

(15:30)

A. Well, I just ... it's okay, I think I've said what I need to say.

Q. Exhibit 116, page three. Just to sort of clarify, I want to put the passage to you so I wasn't paraphrasing. This is directly out of the Ste. Anne's report that was provided to you and it's under "Recommendations", the very first item under recommendations from Ste. Anne's and it reads: "Firstly, due to

observed and reflected difficulties in the area of behaviour inhibition and memory as well as reported incidents in which head injuries might have been present, we recommend a detailed neuropsychological evaluation."

A. Mm-hmm.

Q. And then I'm going to turn to ...

A. Can I ...

Q. Sure, go ahead.

A. Can I ask something?

Q. Sure.

A. In the recommendation it also talks about "continued work involving skills and emotional regulation would also seem beneficial in helping the client manage life stressors, particularly emotional self-regulation". So what I'm ... I guess what I'm trying to say is I understand that this a recommendation, the assessment, and that it is important but where there were a number of things that needed to be put in place, we had to prioritize something and I'm just trying to explain why I prioritized the providers.

Q. That's fair, that's certainly fine. If we turn to page four, the next page, under Ms. Beauchesne, she was the occupational therapist at Ste. Anne's. Probably the second last

sentence it says, in that first paragraph: "Mr. Desmond gave his consent to a screening evaluation for mild cognitive dysfunctions. The MoCA test was used for this purpose. The results of the evaluation did indeed indicate the presence of mild cognitive dysfunction." And then again, if we go under "Recommendations" just below that, again they repeat: "A neuropsychological evaluation is recommended in order to determine Mr. Desmond's cognitive capacities." So they highlighted, you would agree, more than once in the report?

A. Mm-hmm.

Q. So I'm going to move on to this concept of a functional assessment. They make, the same page four under "Recommendations", they refer to, Ms. Beauchesne says: "A functional assessment by an occupational therapist is also strongly recommended in order to determine the client's actual functional capacities or limitations having a clear portrait of the actual impact of cognitive deficits on the client's functioning, if any, will serve to orientate treatment." Did you ever reach out and assist Lionel Desmond in coordinating occupational therapy services between leaving Ste. Anne's and his death?

A. No, we weren't there yet.

Q. Why not?

A. Because as I mentioned, we were trying to coordinate other also very important services and I appreciate that, well I can't say actually what you're thinking about this, but we have a person leaving treatment and we have a series of recommendations and we have no providers and we have to hit the ground running with that. There has to be priorities. So if what you're suggesting is that I prioritized the wrong things, I mean that's okay that you ...

Q. Do you think in your role as case manager that VAC, given your caseload, allowed you an opportunity to the time to reflect and the time to prioritize these things and the time to sort of simultaneously line all these up, did you have sufficient time to do that?

A. No. Well, no, when you consider the amount of people like ... and, again, this is not me dismissing Lionel Desmond or his problems but he is one of anywhere from 35 to 40 people needing coordinated services, okay. So I understand when you say things like, Could you be more proactive? Of course I could if I had ten people on my caseload or if I had ... so there's not reality and I know it's easy to lose sight of that. But in terms of did we have time to sit back, reflect, there were

things in place like the interdisciplinary team meeting, consultations with the mental health officers or other experts, so those things existed as supports. They also required time so we had to prepare for those meetings, we had to present cases, we had ... so I don't know, I guess, what more I can say to demonstrate the ...

Q. And I want to be very fair to you in my question that you may perceive the questions as you feeling as though you didn't do it and why didn't you do it and you should have done it. Part of the questioning is trying to find things were suggested to happen and they didn't happen and we're simply, through questioning, trying to learn as to why they didn't happen. For example, is there a reason why maybe Lionel Desmond, the topic of neuropsychological assessment, the topic of functional assessment didn't become a part of an interdisciplinary team meeting within VAC. Do you have an explanation for that?

A. Like is there a reason for that? Probably because I used the time with Mr. Desmond to focus on other things but what I also want to qualify is that they did not, they hadn't happened yet. I understand that it can seem like a big gap of time but there is no one, well, I can only speak for myself but

saying that these recommendations were not important and were forgotten. So had Mr. Desmond, and I'm not faulting him for this, I'm just doing a comparison, had he released to New Brunswick where he already had providers in place, he would have been right back in with his psychologist and his psychiatrist. Perhaps the neuropsych would have been the first thing that we would have tried to initiate because those resources were in place to continue to work.

Q. So you know in July that that's not going to happen, he's going back to Nova Scotia.

A. End of July.

Q. End of July.

A. Yeah.

Q. Was there a reason why he wasn't put on the docket of the interdisciplinary team and say, We've got this gentleman who's got a long list of significant needs, why isn't he put on the docket of interdisciplinary team meetings where you can coordinate with that team of in-house specialists and they can say, You know what, I can find him this, I can find him that. Why didn't that take place?

A. Well, it's not necessarily how that rolls, they don't necessarily find things for you, they tell us.

Q. Or sit down, well why didn't you sit around the table and they suggest things, why didn't that happen?

A. Because I probably chose to use my time otherwise. I chose to consult directly with the mental health officer because the one-on-one consultations, like that's the answer I can give you today. There's no ... I agree that it's not a bad idea to bring this to IDT but essentially when we're having the meeting with Ste. Anne's there is an IDT, like they are essentially an IDT, you know, making recommendations and whatnot so when I came out of that conversation and they said the neuropsychological assessment will be coming through the final recommendations, I made note of that, it was my own notes. But I came out of that with, okay, the unanimous ... everybody around the table was saying, yes, a CCM because there's going to be a lot of things that need to be put in place given the move and so I contacted the mental health officer and focused on that initially.

MR. RUSSELL: I'm wondering, Your Honour, if we could give the witness a break. I figure I will be finished by 4:30.

THE COURT: Okay. So what we'll do is we've been going for almost two hours so Ms. Doucette, I think we'll take a break, thank you. Let's take a break until 4 o'clock.

A. Okay, thank you.

THE COURT: That's about 20 minutes, okay. All right, thank you very much.

COURT RECESSED (15:40 HRS)

COURT RESUMED (16:03 HRS)

THE COURT: Mr. Russell, the clock is ticking.

MR. RUSSELL: Yes, I'll move it along, Your Honour.

Ms. Doucette, in the Ste. Anne's report I'll list a few things that were identified as things either Lionel Desmond was looking for post-Ste. Anne's or was recommended by the Ste. Anne's team in August of 2016.

A. Mm-hmm.

Q. The Wounded Warriors Program, neurofeedback therapy, continuation to address alcohol and substance abuse which had been in remission at the time, as well as trauma for healing. In your opportunity as the case manager, those items, did they ever get sort of put in place after Lionel Desmond left Ste. Anne's? I can repeat them if you wish.

A. No, that's fine. I don't believe that he had gone for neurofeedback. Trauma for healing he talked about, he mentioned actually in passing before where he said that would be a potential interest of his but I'm not sure that that connection was made, I certainly did not initiate it and, yes, you can

repeat now because I'm probably forgetting.

Q. Yeah, sure, sure. Wounded Warriors Program?

A. I've heard the terminology but I'm not 100 percent sure.

Q. Okay. And anything in terms of ...

A. Except for ...

Q. ... and anything put in place in terms of maybe continuation with alcohol or substance abuse issues in the past, were any resources put in place?

A. Specific to alcoholism and substance abuse, no, although that is something that a psychotherapist may be able to report with.

Q. Okay. And do you recall what Lionel Desmond's reaction was to being assigned a case manager on November 27, 2015?

A. When I first started working with him?

Q. Yes.

A. Well, there were ... I think I mentioned yesterday that engagement was sort of positive and it wasn't, like it wasn't a challenge to meet with him and ...

Q. I guess my ... you might have misunderstood my question or I didn't ask it probably. Did he seem happy that he

finally got a case manager with Veterans Affairs?

A. Yeah, it's fair to say that he seemed happy.

Q. In terms of if we turn to Exhibit 292, pages eight to ten, we're going to refer to, well really eight and nine. So this is the client screening document. We know that the date of this given, based on the supplemental we received, this was on November 27th of 2015 and it says, "Mode of contact - by telephone". This is a conversation you had with Lionel Desmond on this particular date. On page nine up at the top it says "Reasons for Contact/Comments": "Client returned writer's call and expressed being pleased to have finally been assigned a case manager." And then under "Screening Comments" it indicates: Without being probed, client spoke at length regarding his family situation which he describes as difficult at the moment. His (immediate relationship) ... his intimate relationship is unstable

and he has been back and forth between his home in Oromocto and his wife's family home Nova Scotia. Client and his wife have an eight-year old daughter. Client said he saw OSI clinic psychologist in Fredericton today, plans to see him again next week.

And on that particular day, did anything seem unusual about Lionel Desmond that would have prompted you or caused you any concern?

A. During that phone call?

Q. Yeah. I guess if there was, would you have noted it?

A. Well, yes, more than likely. I see that I did a quick assessment of risk of self-harm or suicide so he potentially would have said something that prompted me to ask that question but I don't recall anything specific.

Q. So I'm just trying to get ... sorry, in your practice as a case manager, when you did that assessment for suicide or self harm, would there be notably something that would have prompted you to sort of switch into that mode and say, Look, I'm gonna do a little assessment here of suicide and self-harm, would something have prompted that?

A. You mean, sorry, I'm just ... I just want to be clear,

you mean something in the system or just within the conversation?

Q. Just in the conversation based on what he would have told you.

A. Struggling to cope with mental health symptoms. So, yeah, it was probably just in the discussion of his struggles, I saw a need to check in. It's not out of the ordinary that we will check in with a client but I don't usually do it just randomly either so I can assume ... we can assume that he would have said something that prompted me to ...

(16:10)

Q. And you indicated he's not thinking of suicide or self- harm. Totally understand that there's no proven scientific method or instrument that someone could get hooked up to and they can ... suicide or self-harm and it's not that simple or easy but based on your interaction that day and your questions of him, would you say the answer was no, he did not appear to be at any risk for suicide or self-harm?

A. Yes, if I wrote it down that way then that would be the case.

Q. And naturally, had there been you would have taken action and alerted authorities if proper, that sort of thing?

A. I would have done a more thorough assessment of the risk and, if needed, alert authorities, yes.

Q. My point of bringing this up and pointing it out is we almost have sort of a complete turnaround because on November 27, 2015, on that particular date, we know that Lionel Desmond is in New Brunswick, Shanna Desmond phones the police, that's one of the first encounters Lionel Desmond has with the police where she expresses to the RCMP that she had concerns about him and his reference to suicide and that's when they go and they retrieve his guns. And I'm just sort of curious that they seem to be very two extremes on the same day and it's not often that we have interactions with two entities that have two different experiences. Was there anything in the conversation with you that would really suggest that that particular night he was going to threaten self-harm?

A. No, like I said, I would have noted that and I would have taken the proper steps to address the risk.

Q. Based on sort of your recollection, do you find it somewhat surprising that you could go from having this conversation in the afternoon and asking him directly, I guess, and him saying he's not thinking of suicide or self-harm to actually making that threat later on in the evening?

A. Am I surprised?

Q. Yes.

A. I mean I didn't know Lionel Desmond very well at that time, I was just meeting him but if I think in general terms, it's quite possible that someone would feel okay in the afternoon and then later in the day, for "x" reason, struggle with a thought of suicide. Yes, it can fluctuate like that.

Q. Okay.

A. And the reason I ... if I can add, like the reason I say that is that's our training, that's all the training that we get and that we're expected to refresh in our field speaks to that, that when we do safety planning we're in the immediate and then in the hours that follow there's no guarantee, like we can't predict what's going to happen.

Q. Okay. And if we turn to Exhibit 117, page 11, there's an entry from July 28, 2016, there's actually more than one, I just want to make sure we get the proper one.

A. Mm-hmm.

Q. I'm going to try to move on quickly. Without seeing it, I know that in this particular date he called you and you made a reference that he was too agitated. You said he was too agitated to be talking about coping strategies or to reason. He

eventually apologized, stated he could not continue to talk and abruptly ended the call. Have you had similar experiences on more than one occasion with Lionel Desmond that were similar to this or was this a one-off?

A. It's a one-off in the sense that he apologized and ended the call prematurely, he had never done that on any other occasion before or after. It's not out of the ordinary in the sense that, like I mentioned earlier when speaking with Judge Zimmer, that he had times where he was feeling very emotional and would call and the only thing that we really could do at that time is go into sort of helping mode and support. So it had happened before that he had been very emotional over the phone. This was specifically in reference to feeling upset about the travel for his wife and daughter not being paid if I remember correctly.

Q. Did he ... as a rule were you able to ... did you find that he was able to sort of come down from the anger or was it difficult to get him to sort of diffuse, as a rule, in your interactions with him?

A. On that day it was obviously more difficult for him and he chose to hang up the phone and I can only make assumptions as to why but my assumption was that he didn't want

to be verbally aggressive towards me or and I've experienced that with other clients as well. As a rule, I'd say when he would call and feel very emotional, there was the time at that moment on the call was spent just trying to help him find a state of calmness and then usually whether on the same day or in the days that followed, a follow-up call where we could sort of discuss in a more focused way.

Q. Okay. Exhibit 117, page four. If I could just have one second, I think I might be on the wrong page. I apologize, page 15. I'm going to put to you a series of progress notes you made over four dates in May. They're going to be May 16, May 20, May 25, and May 30 so these all predate and are very close in time to Lionel Desmond going off to Ste. Anne's.

A. Yes.

Q. So if we first look at May 16th, it indicates at the first progress note, it states: "He stated he is worried about his marital relationship. He said he believes his wife has divorce papers in her possession that she often refers to jokingly. The jokes he said cause him to be concerned."

If we turn to page 14, May 20th, I'm trying to find it here, the second progress note: "He was ... he was expressed, he was having a hard day, described some hurtful communication he

had with his spouse today and stated she has ruined his life. Case manager attempted to help him strategize what he has to do before his departure for Montreal."

If we turn to page 13, May 25, 2016, it's another phone call between you and Lionel Desmond.

> He expressed he was having a bad day and proceeded to tell case manager how his wife continues to play games with him and mess with their already precarious financial situation. It took many attempts before case manager could diffuse the situation as he kept raising his voice as he ranted his frustrations.

Then above that, the fourth entry, May 30th, again it's a conversation between you and Lionel Desmond. You note: "He was talkative and looking forward to the time he will spend at Ste. Anne-de-Bellevue. However, remains upset about the status of his marital relationship. He and his spouse are not getting along and he feels she is playing mind games with him."

So in total we have four different phone calls: May 16, 20, 25 and 30, all with the recurring theme of Desmond being upset with his wife. Would you agree that that was the source of his

frustration?

A. Yes.

Q. And did it seem, in particular, in your interactions with him up to that point, we know that he expressed similar frustration before but these all seem to cluster together just as he's going to Ste. Anne's. Did he seem to be more focused and frustrated with the relationship than normal during this short period of time of about a week?

(16:20)

A. I guess you could say that, yes. Like he ... there were times where he ... other times where he'd talk about the difficulties but he was particularly upset at that time.

Q. He's referring to divorce papers, he's saying she's playing hurtful games, she's ruined his life. Did you get a sense of what was going on between the two of them at that particular moment in time? Did he ever say what was happening?

A. Well, I can gather from what he was saying that his wife was contemplating leaving him or like officially separating so that could reasonably be a cause for him to be more upset than normal. Finances were often mentioned, too, mixed in.

Q. And I believe you indicated ...

A. Yeah ...

Q. Sorry, and I believe you indicated as well, before he's coming out of Ste. Anne's you might have had a conversation with Kama Hamilton, that she didn't give you maybe all the details but she had some sort of call that she initiated with Shanna Desmond, do you recall that?

A. Yes, yes.

Q. Did you get a sense of how that went? Did Kama Hamilton tell you whether that went well or if there was any concerns?

A. Well, not specifically. I do recall seeing my note where she said that his wife provided some good insight into his anger, I believe.

Q. Did she ever indicate to you that I'll give you sort of a head's up or idea that, you know, we were privy to some of those conversations between him and Shanna Desmond while he was at the clinic and they were heated and they ended with her hanging up or they still weren't getting along at all?

A. Not that kind of detail, no.

Q. So I guess we have a scenario where going into Ste. Anne's, Veterans Affairs knows that he's very upset with his wife, things aren't going well. As he's leaving Ste. Anne's, Ste. Anne's knows that he's upset with his wife, things aren't

going well. Looking sort of back, is there any sort of ... was there room there maybe to communicate between those two entities to somehow try to figure out how we were going to minimize this, the potential for sort of a more of a marital struggle once he got out because it seems like going in and coming out it's pressing.

A. I know for sure that both Kama Hamilton and myself had a conversation about his living arrangements but, and like I said before, as case managers, we sometimes can suggest things but we have to be mindful also that we're not there as the expert so ... and both of us had suggested to him to think about another plan for accommodations because we knew that there was the discord and the frustrations and he felt too overwhelmed, I believe he said, to consider that.

Q. And so you, as his case manager, your evidence is that you had made efforts to sort of try to steer him or recommend that he perhaps move his own way, not go back with her but keep his distance a little bit?

A. Not not go back with her, I just ... we talked about how in the scenario pre-treatment, he had a place in Oromocto that he tended to still retreat to especially where he found the in-laws' home to be triggering for him. So it was sort of a

conversation about that saying, Listen, you talk a lot about the struggles between you and your spouse, you're used to having this place that you can go to if you feel the need to spend time alone or I remember talking to him and saying, you know, what if you had a little apartment somewhere where your wife and daughter can visit or you can be there by yourself if you feel like you need to, like that conversation and ...

Q. And at that point you're trying to gather up, you've testified to, sort of gather up all the recommendations and find all the resources. At that point are you aware that there was anything provincially that could maybe, I know he didn't have a therapist in the community at that point, he didn't have a clinical care manager, he did have Dr. Murgatroyd that he's declined, was there anything else out there for him, in Nova Scotia, that could assist him in the interim to deal with that sort of turmoil that was in his relationship and to some extent, the real focus on his anger as it related to his relationship?

A. Well, I mean, obviously therapy resources were there all along as an option. I'm sure ... like I can't say that at that moment I knew of specific resources. I know that Helen Boone had directed him to like a family service organization local to his community but certainly I can imagine that there

are some resources that would have been available.

Q. But I guess at the time, you weren't aware of them or they just sort of weren't on the radar to sort of try to get him immediately streamlined and suggested that he should access these services in the meantime, we're going to work on a therapist, we're going to work on a clinical care manager, other things, but in the meantime you're upset with your wife, this is a causing a major problem, check out this service. Were you aware of any of those and if you were, why didn't you maybe suggest that to him?

A. Well, there's two things, one of which being when I was having a conversation with him at the point of discharge, he wasn't expressing to me that he was angry at his wife. I brought the conversation up because of the historical frustrations that we had seen. He was actually very eager to get home, he was saying he wanted to spend the two weeks with his daughter before school. So in terms of recommending resources, I mean, I had, like I said many times before, like I had no indication that the CCM resource would take as long to set up so we were looking at that as a resource and someone who could facilitate more easily through the community.

Q. Sure.

A. But there's also the piece and this is not me saying it's not my job but I'm also wondering in my role as case manager how much is it my place to decide for him and his wife that they need, you know, I don't know, extra services. Like I don't know if at the time my thought was that I needed to do more for their relationship if that makes sense.

Q. Okay. I'm looking at the clock and technically I've got two minutes to ask two different areas. I think it would be just ...

THE COURT: Mr. Russell, I'm going to give you some dispensation.

MR. RUSSELL: Thank you, Your Honour, we're certainly getting close and these won't be lengthy.

THE COURT: Take your time.

MR. RUSSELL: In terms of, I'm just trying to get a sense of your contact with Lionel Desmond towards the end in the fall and winter of 2016. From the review of your case plan notes and the, I keep pronouncing it wrong, CSDN notes I believe.

A. Yeah.

Q. It looks as though the last maybe contact or communication you might have had with Lionel Desmond was November 30, 2016?

A. Yeah, possibly.

Q. I'm just wondering was there, and I couldn't see any sort of suggestion that you had any contact or communication with him in December of 2016, it seemed to be really the only month that even when he was at Ste. Anne's you had contact. Was there a particular reason why there was no contact between you and Lionel Desmond in December of 2016?

A. Yeah, I would say because he had connected to his new providers and he was putting more time into the work with the CCM and attending some of his appointments in psychotherapy. I found out after that some were missed but that makes sense to me that there would have been less of a ... I wouldn't call, no, dependency's not the word but I mean he ... there were officially more supports around him so it would be natural that he wouldn't need me to be so present, if that makes sense.

(16:30)

Q. Yes. Because up until that point, I guess those services really, they didn't even start to get off the ground, I guess that's a fair comment between August and the end of November?

A. Well, the services that we were planning for didn't get off the ground as soon as we had, but I would say that I was

still quite present and offering some of those services. So to say that he was without services completely, I don't think is necessarily fair.

Q. Sure. The last question, and it's more about being thorough and curiosity. Exhibit 273, page two. It's on August 8, 2017. So we're eight months after the tragedy and created by M.P. Doucette, which is you.

A. Uh-huh.

Q. And then it says: "Writer accessed file information today as part of a review into circumstances surrounding the veteran's death." What prompted you eight months later to go into his file? Because we ... yeah, I guess I'll leave it at that. What prompted you eight months later to then go back in his file?

A. If my memory serves me correctly, I mentioned, I think it was in the conversation with ... It is Mr. Macdonald, right, who questioned me yesterday?

Q. Yes.

A. I don't know if I'm ... Okay, so he had asked about VAC officials or higher-ups who would have reached out. So in the summer of 2017, I was contacted by the chief psychiatrist, Dr. Alexandra Heber, to just meet and have an informal

discussion about my involvement in the case. So my calculated guess is that I had access to the file to sort of refresh my memory on some things before I engaged in that conversation with her.

Q. Exhibit 299, these are your notes made post tragedy. Did you ever indicate when you made those particular notes? Was that in August 2016?

A. No, no, it was like ... No, it was two days after. So I don't remember the days of the week, specifically. I think we received the news of the tragedy on a Wednesday. So this would have been the Friday.

Q. So just so I get it straight, and these particular notes came at the request of someone from Veterans Affairs as well?

A. Through my area director, I believe through the ... It was from the Deputy Minister's office.

Q. And the final area that I wish to ask you a few questions about is the OSI Nova Scotia and Natasha Tofflemire.

A. Uh-huh.

Q. And, in particular, Exhibit 147, and then page two. This is a note that was made by Nurse Natasha Tofflemire. She was the intake nurse at the Nova Scotia OSI Clinic. Had you

ever seen this note before? Maybe you didn't.

A. No, I don't believe I have.

Q. So this is a note she made. I'll read it:

> Called VAC case manager, Marie-Paul Doucette (it lists the number) to discuss referral of client by New Brunswick OSI. Case manager voiced that client decided to proceed with the community therapist as he lives in Antigonish but that she will do a referral to the clinic for psychiatry as client has recently done inpatient at Ste. Anne's and requires psychiatry follow-up. She will verify if he has a family doctor before proceeding with the referral. File will be placed on hold until then.

And she has testified to her recollection of that note to the accuracy of what she believed the discussion was.

A. Uh-huh.

Q. You indicated yesterday that you don't recall any discussion with Natasha Tofflemire as it relates to you, I guess, undertaking to make inquiries about whether or not Lionel Desmond had a family doctor.

A. I don't remember that specific detail. I think as I mentioned before, potentially because if that was necessary for a referral, I didn't consider it a huge hurdle that they would try to figure out if there was a physician in the local community. What I'm ... I'm not questioning the note. I'm questioning the time that the note went in because, obviously, the conversation that I had with Mr. Desmond about psychiatry, which I had hoped that he would go to OSI for psychiatry, he turned down that option. So I don't know if that note went in before that was confirmed again. So I'm not really sure.

Q. She indicates and has testified it was on October 6, 2016. This was the conversation she had with you. It was the initial conversation.

A. And I remember talking to her. I was on the road.

Q. And she testified, she said that one of the ... She didn't quite say it was a prerequisite but it was a preferred requirement, I guess, I'm going to use the word requirement loosely, that a veteran have a family physician before they could access psychiatric services at the Nova Scotia OSI as sort of a required condition or recommended condition. And do you remember having any sort of discussion with her about him needing or preferred that he have a family physician before he

is able to access that service in Nova Scotia, OSI?

A. I don't recall. I don't recall that specific detail. However, it is quite possible that we discussed that and that, you know, and in anticipation of my conversation with Mr. Desmond, we would see about ... He was returning to his home community. So, in my mind, there was a chance that maybe his spouse and daughter were connected to a family physician. So that's what I mean. I'm not ... I believe her, that we discussed this, I just don't recall it.

Q. And I know you recall from your conversation with Lionel Desmond that he said he would rather access psychiatry in ... around his area in Nova Scotia.

A. Yes.

Q. Do you recall any sort of discussion about him and a family doctor? Do you recall ever bringing that up to him?

A. Not specifically, no.

Q. And do you recall ever saying to Natasha Tofflemire that one of the things you were going to do after that phone call was, as she noted, you will verify if he has a family doctor before proceeding with the referral.

A. Uh-huh.

Q. And that she told you that the file was going to be on

hold until then.

A. Well, this is what I'm questioning. So I spoke to Natasha Tofflemire that day, I was on the road, the date makes sense to me. Is this a note from our first phone call? Probably, because it says nine so ...

Q. Yes.

A. So was I telling her at that time, Okay, he already told me that he would prefer a therapist in the community but we will seek to get the services of a psychiatrist. Then I follow up with Mr. Desmond. He tells me, No, I don't want to go there for psychiatry. And then I am pretty confident that I called back but, like I said yesterday, I may have left a voicemail message letting her know that we weren't proceeding with a referral at that time.

Q. And the final entry, Exhibit 244, page 42, I'm trying to find exactly where it is. This is a note from Dr. Murgatroyd from October 18th of 2016 and he notes a conversation that he had with Lionel Desmond at 10 o'clock in the morning on that date. He indicates that: "Writer had a brief chat with Mr. Desmond. He said he is in the process of being assigned a family doctor."

(16:40)

A. Uh-huh.

Q. To your knowledge, do you know of anyone that said to Lionel Desmond that he was going to be assigned or have arranged for him a family doctor?

A. No, I would only know that from him, if he provided me that information.

Q. So I'm just a little curious. So we have Dr. Murgatroyd saying he hears from Desmond. Desmond tells me he's being assigned a family doctor. We have Nurse Natasha Tofflemire saying that you said that you were going to check to see whether or not he had a family doctor. Do either of those straddling entries kind of provoke your memory to say, maybe I did have a discussion with Lionel Desmond about a family doctor and him having one?

A. Not specifically, no.

Q. Were you ever under the impression that you could not proceed with the referral to Nova Scotia OSI because Lionel Desmond had yet to get a family doctor?

A. Like I said, no, because I don't really recall that being a major detail in my conversation with Natasha. And, in New Brunswick, he was at OSI Clinic without an assigned family doctor. So I had no reason to believe that it was a requirement

or that it was mandatory. But then because he decided that he didn't want to go ahead with that, we didn't ... You know what I mean, like there was no follow through on the referral. So I ... like the issue of the family doctor is not ... like it's not something that I recall.

Q. And my final question ...

A. I imagine if I had submitted the referral then probably I would remember that but ...

Q. And my final question is, did you ever alert Dr. Murgatroyd, who was the individual that felt it was important for Lionel Desmond to go to the OSI in Nova Scotia, and he articulated why. Did you ever alert Dr. Murgatroyd and tell him Lionel Desmond is not going end up at the Nova Scotia OSI psychiatry?

A. I don't know if I called to alert him of that but we did have that one phone call prior to (inaudible). So I am confident that I shared that with him. And I see that Mr. Desmond himself did the same.

MR. RUSSELL: No further questions, Your Honour.

THE COURT: Thank you. Mr. Rogers, Mr. Rory Rogers. Mr. Rogers, do you have any questions?

MR. ROGERS: No questions, Your Honour.

THE COURT: Thank you. Ms. Miller?

MS. MILLER: Yes.

CROSS-EXAMINATION BY MS. MILLER

(16:44)

MS. MILLER: Good afternoon, Ms. Doucette.

A. Good afternoon.

Q. My name is Tara Miller and I am counsel representing, personal representative of Brenda Desmond, Cpl. Desmond's mother, and Mr. Macdonald and I share representation of Aaliyah Desmond, Cpl. Desmond's daughter.

So you've been asked a lot of questions over the last two days. I will try to be very focussed. I do want to go back in time to yesterday and just review and make sure I understand a little bit more about your background and I may have missed some of this yesterday.

A. Okay.

Q. Your degree in Social Work, when did you complete that degree?

A. My initial Social Work degree, I completed December of 2009.

Q. And then where did you work from that point up until

when you indicated you joined the Federal Public Service in 2011?

A. My first year out of Social Work school, I guess, is I worked in a nonprofit sector with the Canadian Red Cross. I was coordinator for a prevention education program, violence prevention education program.

Q. Did you have any case management experience in that role?

A. In that role, specifically, no. It was more teaching and community partners and et cetera.

Q. And then did you move from that role at the Canadian Red Cross into the Federal Public Service, and I think you said as a community parole officer with Corrections Canada?

A. Yes, in 2011.

Q. And in January of 2011?

A. No, it was May, I believe.

Q. And if I understood your evidence from yesterday, you spent four years there in that role?

A. Not quite but between three and a half and, yeah.

Q. And your role as community parole officer with Corrections Canada, where was that position?

A. The first two years I was in the Saint John, New

Brunswick parole office, and then moved into the Fredericton parole office. The cities are an hour away, if you're familiar.

Q. And at some point, I think you said in 2013, you started your Masters in Social Work?

A. Yes, on a part-time basis.

Q. And you completed that in 2016, your Masters.

A. Yes.

Q. And so your role with Corrections Canada, did that involve any case management?

A. Yes, very intensive case management, in fact.

Q. And how did that differ, if at all, from the case management that you then did when you joined VAC?

A. One of the big difference was, it was a mandated clientele. So I'm sure you understand the term so, essentially, I worked primarily with men being released from federal institutions and they didn't really have a choice but to work with me. So I had an ongoing caseload and another big difference is the expected frequency of contact. So because they were mandated clients and they have a number of conditions ... You're a lawyer, I don't have to explain everything to you but there was an expected, a very firm expectation in terms of how often you would meet the clients in person. So that was a

difference and in terms of sort of the authority that you had over the clients. Because if, of course, conditions were breached and you were responsible for making the call if they were returned to incarceration or modification of the community release plan.

Q. Okay. So would you have worked with health care providers as you did with VAC in terms of making sure medical services and supports were in place with that cohort of clients that you had when you worked for the Federal Public Service at Corrections Canada?

A. To some degree but not as much. So when I was at Correctional Service, followed up a lot and, as I said, clients in setting up the mental health counselling. So psychology, psychotherapy, I'm trying to think. Not a whole lot of interaction with physicians but psychiatrists out of the institutions and, what other health services. I'm trying to think of other health services. We had some nursing within Corrections. So I wasn't too involved in medication management but just sort of liaising with clients sometimes and the people who were responsible for that.

(16:50)

Q. Is it the same sort of experience when you worked with

Corrections Canada in collaboration as you described with Cpl. Desmond that you were trying to empower him with the ability to set this up himself or did you play more of a role in terms of executing the setting up of the mental health services when you worked with Corrections Canada?

A. There was some expectation on the client that they would ... Basically, they would arrive to the community with, I forget the proper terminology, it's been a while, but there would be a community plan that we had made for them prior to their release and some expectations were laid out in there. So if it was expected that they would be connecting with psychotherapy counselling then, yes, the onus could be on the client to do that and then my role was more as sort of monitoring, making sure they're going, attending appointments. And I wouldn't get like the details of their discussions with therapists, for example, but I had to do the collateral contact checks. If I compare that with Veterans Affairs, I'd say, yeah, in both roles, there was some onus on the clients to set up some of their services and then if in a case where the person really was not able to, then we could provide a little bit more support.

Q. And in that group of men that you worked with that

were being released from federal institutions, are you able to say how many of them would have had PTSD?

A. No, not with, not with any certainty because they weren't ... like we weren't privy to all specific diagnoses for the clients. Like they had a health care file parallel to their Corrections file. So I definitely worked with some people who had PTSD but it wasn't sort of the focus of my work with them so I couldn't give you a number.

Q. When you moved in September to Veterans Affairs, I think you said you arrived in September and, really, the next couple of months were focussed on training.

A. Uh-huh.

Q. I just want to make sure I've understood your evidence from yesterday in terms of that timeframe.

A. Yes.

Q. I captured that Mr. Desmond was in the first set of clients that you received after your training was complete.

A. Yes.

Q. And I think you said you had about six clients that would have been given to you in late November 2015.

A. Yes, I don't remember if ... Yeah, somewhere around that.

Q. And so is it fair to state that he would have been the first military veteran that you worked with that had PTSD arising from military service?

A. Oh, well, not necessarily the first because there were other veterans assigned to me at the same time and I'm trying to think, in Corrections, I think I may have had a few clients who had had a short career in the military but I can't ...

Q. Who had a short career in the military and had PTSD in Corrections or just people that had had a career in the military?

A. I can't recall for sure.

Q. So to the best of your recollection, Lionel would have been the first individual that you would have worked with as a case manager when you arrived at Veterans Affairs. There were six of them and maybe some of them had PTSD diagnoses but definitely he was in the first six that you would have ever worked with.

A. Fair.

Q. And I think you said yesterday as well that Lionel was your only client who ended up going to Ste. Anne's, the inpatient facility. That's how I understood your evidence.

A. Yes, I think I thereafter worked with people who had

previously gone to Ste. Anne's but that I was in charge of the facilitating his admission, yes, I believe so.

Q. So from your time at Veterans Affairs, when you first got clients in late November of 2015 to when you left in January of 2019, Lionel would have been your only client that you would have facilitated the attendance and admission to Ste. Anne's and then the discharge from, is that correct?

A. Yes. If I may qualify, though, I had some other clients who were admitted to different inpatient treatment that was not Ste. Anne's but specific to Ste. Anne's, yes.

Q. How many other of your clients prior to May/June of 2016 would have been admitted to other inpatient treatment centres?

A. Oh, prior to May/June? I'm not sure. I don't know. I can't recall if there were any that were prior. I just mean over the course of my work with Veterans Affairs I had other people who were in inpatient treatment.

Q. Fair enough. So it's possible that Cpl. Desmond was not the only client that went to Ste. Anne's but he would have been the first client that you had dealt with while at Veterans Affairs in your role as case manager by the time he did go to Ste. Anne's in the summer of 2016.

A. It's possible.

Q. Just a quick question. We heard from Mr. Marshall ... Well, we heard, of course, from Helen Boone and we heard from Mr. Marshall. One of the questions that came up was the BHSOL training.

A. Uh-huh.

Q. And neither one of them seemed to have a clear recall of exactly what the training was and how it was delivered and how long it took. However, you did say yesterday, I think, that you had done that training.

A. Yes.

Q. Can you share with us from your experience, Ms. Doucette, what was that training? Was it online? Was it in person? How long did it take?

A. What I recall from the training is that it was delivered online but sort of live. So it wasn't ... There may have been a component that you needed to do at your own pace but there was definitely like a live component. And I believe, it was a while ago, but I believe it could be completed in the course of one day.

Q. And was it delivered to you and others or was it delivered to you individually? Like did it ... I'm just trying

to get a sense did there need to be a group of people?

A. Me and others.

Q. You and others.

A. Managers, yeah.

Q. All right. I want to move now through some of the documents, just with some questions. I wanted to pull out, Ms. Doucette, to see if you had any additional information you could share with us.

I'm looking at Exhibit 273 and I am at page 17. And I am looking at an entry of ... Sorry, just for the record, these are the CSDN notes, the paper file, the online paper file, as you described it.

A. Yes.

Q. That would have involved the touch and contact with various people in VAC. And I'm looking at a chart, an entry dated November 16th, 2015. So this is a couple of weeks before you are engaged as Cpl. Desmond's case manager. I have to find it myself. And it says, yes, so November 16th, 9:30, Position: TAC, Analyst. And then you see social worker visits. It says provider and there's a number. "Zandra Pinette called for authorization of individual visits. Assessment not required. Client is A line with no history of this benefit with MPC link

of PTSD. Approved request up to grid max and advised provider."

First of all, I'm going to ask you to translate that, if you can, for us what some of that means and then I'll ask you some more specific questions.

A. Okay, so the A line benefits is the equivalent of the coverage that a veteran would have through Medavie Blue Cross. It's referred to also as treatment benefits. I believe Mr. Marshall had mentioned POCs, programs of choice, like that's all that same program. So some people who had been at Veterans Affairs longer would refer to A line coverage, but it's just another way to call it.

(17:00)

And then the "grid max", it's just the tool that the person authorizing the requests would've gone into the Medavie Blue Cross system to see what was the maximum amount that could be approved for Mr. Desmond.

Q. And then the position, TAC Analyst. Does that ...

A. TAC was a treatment authorization centre.

Q. Okay. And it's in reference to social worker visits. Are you aware of Cpl. Desmond having been referred to, or prescribed, social worker visits in and around the middle of November 2015, just weeks before you started working with him?

A. I'm aware of the ... like Zandra Pinette, the name, as I remember her name as a provider in the Oromocto area. I am not ... I wasn't made aware of any prescribed or ... It sounds to me like this would've been a service that Mr. Desmond obtained on his own. So when veterans use their treatment benefits, they can initiate this themselves and ... so ...

Q. Do you have any knowledge or evidence to offer the Inquiry, Ms. Doucette, as to what the nature of those social work visits were?

A. No, I don't.

Q. All right. I'm going to stay on these notes. And if we can go to page 16? Actually, I'm going to ... I'm trying to get a handle on what exactly was the day that you, Ms. Doucette, would have completed the Area Counsellor Client-Centered Assessment.

A. Mm-hmm.

Q. And I'll tell you why, because the Exhibit 291, which we'll look at, which is the Area Counsellor Client-Centered Assessment, is dated January 5th, 2016, but when I look at these notes on page 16, it looks like your first attempt to meet with Cpl. Desmond was in person and it was January 12th. You told us yesterday you went to his home and he wasn't there and you had

to get a colleague to access the phone number. Then if we look at page 15, you were able to contact him. He was at a funeral in Toronto.

A. Yes.

Q. Yeah. So you didn't do this assessment on January the 5th. Is that fair to say?

A. Not exactly. If my memory serves correctly, the assessment was done over two visits. So it is possible that I started it on the 5th, like that the first visit was on the 5th, and that he wasn't home the second time. I'm not a hundred percent sure, but I seem to recall that when he wasn't home, it was the second time we were going to meet.

Q. Okay. So if you had met with him the first time, it would've been January the 5th and then you would've followed up to complete it a second time, is that what your evidence is?

A. I think that's how it happened. It's probably possible to verify that through the notes but ...

Q. Well, that's why I'm asking what you recall. When I look at the notes at page 16, the only note ... well, I'll let you take a look and help you with ... get you to help us with the translation. I see ...

A. Mm-hmm.

Q. ... several notes on page 16 that are dated January 5th. One, two, three, four. There's four of them. None of them seem to refer to doing any kind of an assessment, although there is a reference at 9:52 to "client screening completed", but that's an embedded tool, I think you said, in the VAC system?

A. Yes.

Q. Okay.

A. Yes. So the information in that document would probably answer our question but ...

Q. Okay, the information in the embedded document? Okay.

A. Mm-hmm.

Q. So let's go to that. That's Exhibit 292 and it's at page 4 of that exhibit. We understand from the companion documents that this screen print at page 4 is dated January 5th, 2016.

A. Mm-hmm.

Q. It says:

> CM contacted client for purpose of scheduling a visit to complete AC assessment and develop rehab plans. He confirmed his availability for next week. CM also updated

client on communication with OSI Clinic. Recommendation for referral to inpatient treatment has been received. Copy of psychiatry report will assist with CM's assessment and referral process. Client expressed he remains interested in the proposed treatment. He goes on to talk about good holiday season in wife and daughter's company. New cell phone number. He presented as calm ... et cetera.

So does that help you with whether you would have met him in person on January the 5th or this would've been a phone contact that you initiated?

A. Well, if it says "phone contact", it was obviously a phone contact. The reason I question if I did the assessment in two parts is because I remember reading somewhere - now I don't know exactly where; probably in one of these notes - that I had had a short visit with him. And I thought that predated January 12th. I may be confusing some information.

Q. Okay.

So let's go now to that Area Counsellor Assessment. And one of the things I wanted to ask you, just to make sure I'm

clear, you're the case manager for Lionel Desmond, and if I'm understanding ... not necessarily Cpl. Desmond, but you can be a case manager for someone and not have a rehab plan. Is that correct?

A. Yes. At that time. Well, we use the same tool but we call it the "case plan" instead of a "rehab plan".

Q. Okay.

A. The rehab is a specific program under the **New Veterans Charter** where case management is, I think I mentioned yesterday, in instances where a person may need case management support for some time, but are not necessarily rehabilitating.

Q. Mm-hmm. Okay. And as someone ...

A. Or qualifies.

Q. Sorry. As someone's case manager ...

A. Sorry.

Q. ... we talked about your core functions yesterday.

A. Mm-hmm.

Q. But is it fair to say that you're an advocate for the veteran in your role as a case manager?

A. I'd say we advocate sometime but I wouldn't say we're purely advocates.

Q. No, no. I appreciate it's broader than that but, you

know, in your role doing those core functions, certainly the Veterans Affairs website describes a case manager, or case management, as "a collaborative process of assessment, planning, coordination, evaluation, and advocacy for options and services to meet your (I'm assuming the veteran) needs."

A. Mm-hmm.

Q. So, from that, I take it you are an advocate for the veteran ...

A. Yeah, yeah.

Q. ... in establishing all of those ...

A. I can act as a ...

Q. ... core functions. Okay.

And for someone who is trying to understand, a veteran who is trying to understand what it means to be a case manager, you know, I looked at the Veterans Affairs website and I'm going to read to you what is there and see if you agree with that, from your perspective. It's under "Do I Need Case Management?" It says:

> When the challenge is too much to handle alone, the assistance of a case manager can help you and your family. There are many factors that can lead to a need for case

management services. Some of the most common include:

An ongoing decline in your physical or mental health;

Financial uncertainty;

Housing issues;

Family-related stress;

Social isolation; or

Active substance abuse or addiction issues.

Does that accord with your understanding, from actually doing this job, as to what a case manager ...

A. Yeah. I mean yes, sometimes there's a mix of those issues but we do ... we ... like we do case management with veterans who are homeless or at risk of homelessness. So it all fits. I don't know if it's a complete picture but ...

Q. Okay. There's nothing in that description on the VAC website that a veteran would read that you're disagreeing with in terms of whether or not that's an accurate reflection of case management?

A. Exactly.

Q. Okay.

A. I wouldn't disagree with that.

Q. And how is a case plan different from a rehab plan?
(17:10)
A. So it's in the type of work that you're doing with the veteran. So I can give you an example to describe.

So if a veteran is being case managed, not in the rehabilitation program, it could be for something like they're at risk of homelessness and need support to access safe housing. I could be ... I had some clients, I think I mentioned yesterday, who had a diagnosis of ALS, which is, you know, a major degenerative disease. So there was like an overwhelming amount of service providers that get involved coming to the home. So that was another example of a time where I would've case managed or prepared a case plan for someone who wasn't necessarily in rehabilitation.

Q. Mm-hmm.

A. So rehabilitation program itself has more of a ... I don't want to say "framework", but more clear guidelines as to who's eligible, what exactly the aim of rehabilitation is, what we're ... what we can approve and not approve under rehabilitation. Like there's a ... there's some funding that is available through the rehab program that you wouldn't necessarily access through case management, if that makes sense.

So some of the resources, you can approve. So I don't know if that helps.

Q. Yeah. So everybody could be eligible for case management of the veteran, but not everybody is eligible for a rehab plan. If I understand your evidence ...

A. Exactly.

Q. ... correctly, someone has to apply, make a rehab application.

A. Mm-hmm.

Q. And we certainly know from the VSTM notes that Cpl. Desmond took steps to do that early on.

A. Yes.

Q. And we understand that his application was submitted shortly after his release, but it was approved in and around November of 2015. Correct me if I'm wrong, Ms. Doucette. You did not have any role in approving his application for rehab? Is that correct?

A. Yes, that's correct.

Q. Okay. And so do you normally, or would you ever have a role in approving someone's application for a rehab plan?

A. Yes, because it is part of the core functions of a case manager. So the person who processed Mr. Desmond's

application and approved it would've been a case manager. And I've approved a bunch of other ones but we're not always assigned the case after they become eligible.

Q. So for Cpl. Desmond ...

A. So we can't ... yeah, sorry. So my colleague, I think it was Al Duguay who completed the decision or the ... and then sent it along to a VSTM, and it was assigned to me as case manager for the rehabilitation program.

Q. Okay. And when you would have received Cpl. Desmond's file for case management through the rehab program, again, I just want to drill down a little bit more on what information you can recall that you had access to ...

A. Yeah.

Q. ... because I'm not entirely clear from your earlier evidence. Would you have had access to his Canadian Armed Forces medical records?

A. No.

Q. No. Would you have had access to any of his records from OSI New Brunswick?

A. Not his ongoing records but any treatment, summaries, or recommendations that the providers would've forwarded to VAC, yes.

Q. Okay. So if they were ...

A. So were ...

Q. ... provided by ...

A. They keep their own documentation.

Q. Okay. And would you have had a complete copy of Cpl. Desmond's rehab application and supporting material?

A. That, I ... yes, I ... yeah, I'm pretty sure that I would have had access to that.

Q. Okay. So we are ... Your Honour, I think, after, we're going to talk about putting the rehab application in as an exhibit. It's found in different pieces. I think we've located it.

THE COURT: Okay.

MS. MILLER: But there's one component of it that is about three pages of handwriting from Cpl. Desmond which has been entered as an exhibit earlier through Cassandra Desmond. It's dated July of 2015. Your ...

A. Okay.

Q. Your evidence is that you would've had a complete copy of his rehab application which would've included the material he submitted in support of that.

A. I believe so, yes.

Q. All right. So you're assigned as case manager. You make contact with Cpl. Desmond. One of the first key things, I guess, for you to do is to meet with him to do the Area Counsellor Client-Centered Assessment. And the purpose of that, Ms. Doucette, if I can summarize, is to inform the case plan and the plan moving forward for managing Cpl. Desmond or any veteran. Is that correct?

A. Yes. Yeah.

Q. And I think you said earlier today - I wrote it down - "I was responsible for assessing the state of his health globally." Those are the words ...

A. Yeah. That's ...

Q. Yeah.

A. I know. It just sounds kind of weird when I rehear it.

Q. Yeah.

A. I guess what I'm trying to say, it's like a global health assessment or ...

Q. Right, yeah. It's important to have an informed case plan to look at the totality of his health. Correct?

A. Yes. Although it's important to specify that the rehab program is ... they remained eligible on the basis of the

condition or specific conditions. Sometimes there's multiple ones.

Q. But if you are doing this assessment ... I just ... I'm going to choose Cpl. Desmond as an example. He was approved, as you said, on the basis of his PTSD condition, but you're responsible for assessing his health globally. And, certainly, there's ...

A. Yes.

Q. ... evidence that you would've had that supported chronic back problems and also evidence that was included in his rehab application of some head trauma. You would've had that information.

A. Perhaps, yeah.

Q. Okay. And ...

A. But ... but ... okay, keep going.

Q. Well, my question is, you know, you're not going to just silo your work with the veteran if you see there are other health issues separate from PTSD in terms of your work with him or would you?

A. To some extent. I wouldn't call it "silo". It's just that when we identify the ... when we're going to approve a resource, so say I'm going to approve ... like we talked a lot

about a psychotherapy resource. I can make a direct connection to the condition for which he was admitted into rehab, so that is more easily approved through the rehabilitation program. Chronic back pain wasn't admitted into rehabilitation at the time of his death, so if he wanted to access services for chronic back pain, it's not impossible, it's just trickier in the sense that what we have to look at, what barrier it's creating, and is there a link to his admissible condition?

Now, outside of that, if a veteran ... We talked about A line coverage earlier. So sometimes veterans have disability awards for conditions that are not a condition of their rehab, so they have access to some treatment benefits outside of rehab so, in a sense, we don't ignore necessarily another injury, but we're limited in what we can approve if it's not a rehab-eligible condition.

Q. But would you ...

A. If that's ...

Q. I understand the parameters around approving treatment that's not linked directly to the approved condition but, surely, if you're case managing someone through a rehab plan and it's evident that they're having issues with something outside of the condition - in this case, PTSD, so for example, the

chronic pain - would you work with that individual to assist them with whatever necessary steps were to secure treatment or to secure approval, to have it added to the rehab plan?

A. To some extent. Like it depends on the barriers it's creating. It depends on the services that they're looking for. I sometimes may not be able to pay for a service but it doesn't mean that ... because it's not an approved condition in rehab but it doesn't mean we can't offer support in other ways.

Q. Okay.

A. So like medication is a good example. Like medication is not something that we generally pay through the rehabilitation program because it's not a rehabilitation treatment.

Q. Okay. So let's go look at your assessment plan, Exhibit 291. I mean it is evident throughout this document that the back pain that Cpl. Desmond was complaining of was ... appears to be quite significant. I think this was reviewed with you yesterday. Shooting pain. He described the pain as sometimes crippling. And do you recall what you would've done to assist him with addressing that component of his health and wellness?

(17:20)

A. Yes. I had encouraged him to, at that time, to submit like a ... it's like an addendum or just like a ... it's not the complete application, but there was a form that he could fill out to try to add a condition to his rehab plan.

So my understanding is that he did complete the form and then I had a consultation at some point in the spring with one of our subject matter experts, (inaudible) STEO or whatnot. And we didn't have the necessary supporting evidence to admit that, so then my role was to turn around and let Mr. Desmond know that we will need further supporting evidence, so from a physician or someone somewhere. Some evidence of this injury and the length of service.

Q. Okay. So I'm going to take you to your case plan which is Exhibit 117, just specifically on this issue of the back pain and of the plan that you were assisting him with as his case manager. So I'm on page 16 of 17 in Exhibit 117.

A. Mm-hmm.

Q. And this is a progress note dated March 10th, and it's your note, "Consult with STEO." I think that's who you just indicated.

A. Mm-hmm. Yes.

Q. ... evaluating for the eligibility of

another health problem for rehab in his case. Veteran has problems with his back that he reports is the result of a fall accident that occurred while on tour. Discussed the process to follow in order to arrive at a decision. It was determined, based on info included in the veteran's form to add a condition, that case manager will need to obtain more information from him. This can be done when they are speaking to each other in the near future.

Do you recall doing that? Gathering that additional information from Cpl. Desmond, Ms. Doucette?

A. Not gathering the information, no. That is obviously the responsibility ... like I can't go to a physician and obtain that information for him but ...

Q. So what does it mean when you wrote in your note, "The CM will need to obtain more info from him"?

A. From the veteran. So the veteran submits ...

Q. Did you do that? Did you follow up with Cpl. Desmond to get that additional information?

A. I believe we had a conversation about it but I don't

recall him submitting new evidence.

Q. I've not been able to find any record in your notes about you following up with him on that. Do you have a memory, an independent recollection, that you would have done that?

A. Had that specific conversation at a specific time? No. I can't say for sure.

Q. And if you didn't follow up with him, he would never have known more information was needed and that addition of the condition to his rehab plan would never have been actioned. Is that a fair follow-through?

A. Well, yes and no. Yes, but I do believe we had a conversation about it, but it's possible it didn't make it into documents.

Q. I want to go back to the assessment report which is Exhibit 291. At page 3 ... you talked ... you were asked earlier what "VIP" meant, and that was the Veterans Independence Program, and that Cpl. Desmond was given the application for that. And if I can summarize your evidence, the purpose of that program is to provide support in the home for activities around the home.

A. Mm-hmm.

Q. And it's typically accessed by more elderly veterans

because of ...

A. Yes.

Q. ... functional issues that would come with aging. But that was an application ...

A. Exactly.

Q. ... that was given to Cpl. Desmond. Correct? On page ...

A. Yes.

Q. ... 3 of the assessment, it's ... well, it's the activities of daily living, the ADLs, and at the top of that page, we see scores of five and six; five, "needing occasional assistance/supervision", six meaning "independence", but then we see "repair and maintenance" too ...

A. Mm-hmm.

Q. ... which indicates "significant supervision or assistance required". It says:

> Repair and maintenance - Veteran reports doing nothing more than changing light bulbs. He relies on spouse for painting, and professionals for any electrical, plumbing, structural issues.

A. Mm-hmm.

Q. And then under "Comments", it says:

Veteran maintains a certain level of independence, but appears to run into barriers as a result of his mental and physical health difficulties.

Would that have been why you would have given him the VIP application?

A. No. I don't believe I was the person who gave him the VIP application. It's not a program that I managed.

Q. Okay. Would you have, as his case manager, though, having identified and written down that there were some issues with respect to his activities of daily living in terms of repair and maintenance, would that have been something you would've canvassed with him as his case manager?

A. It would've been, I believe, I'm not a hundred percent sure, the decision-makers for the VIP program could've used the information, this information, contained in the case plan as part of their decision-making process. But from what I can remember, VIP had very sort of straightforward criteria that I'm not sure that Mr. Desmond necessarily qualified for.

Q. Okay. I'm just wondering, what's the purpose of gathering that kind of information in the assessment plan if

it's not anything that you're going to put in the case plan or action?

A. Well, it's not that I'm not going to action it. Like I can't ... like if he needs help with repair and maintenance, it's not really like a rehabilitation service, but I could be case managing or working with a veteran who has significant difficulties with IDLs or ADLs, and then that can become part of the case planning or, yeah, case management. I mean, in his case, like independence in his ability to do these activities is fairly good.

Q. Okay.

A. So we assess ... not everything that we assess ends up in the case plan, obviously, but we assess to figure out what the problem areas are.

Q. Okay. I'm going to move on now to page 7 and this is a section that deals with primary caregiver.

A. Mm-hmm.

Q. And we've seen reference - we just looked at it - about his reliance on his spouse for repair and maintenance.

A. Mm-hmm.

Q. You indicated in your evidence earlier today that ... when asked about couple's therapy, and you indicated that Lionel

was not asking you for couple's therapy. And that is ...

A. No.

Q. ... why that didn't get included in the case plan.

So I want to take you to a section on this page. "Area of assistance provided" at page 7. It says: "Veteran relies on his wife, Shanna, the most for coping with stressors. He does not find this to be working effectively given their difficulties communicating and wants the assistance of professionals."

When I read that, Ms. Doucette, it strikes that he's specifically asking for help with the marriage relationship, but those are your words, so perhaps you can reconcile, you know, your evidence this morning that he's not asking for couple's therapy and this quote that says he "wants the assistance of professionals".

A. So I understand this sentence to mean, I rely on my spouse for coping with my stressors and that's not working for me; therefore, I prefer to rely on professionals to help me with my stressors. So not specifically couple's therapy, but wanting to rely more on professional resources for himself.

Q. So you did not understand him to be expressing to you that he wanted couple's therapy or marriage counselling. That it was strictly restricted to himself. That's what you

understood.

A. From what I recall, yes. It wasn't like a request for couple's counselling.

Q. But you did indicate this morning that you were aware that, in terms of the priorities for Cpl. Desmond, there were two ... I think you identified two key things. One was the state of his relationship with his wife and the other was finances.

A. Yes.

Q. And you weren't able to rank them in terms of priority. So knowing that, the state of his marriage, and having this statement in the assessment report, your evidence is that it just didn't seem to you that that was something that would warrant any ... Well, you said he didn't ask you. He wasn't asking you for couple's therapy.

A. No, that's not what I understand that to be. And, also, as I mentioned this morning, this is my read on the situation. The providers that he had been working with at that point were talking about, you know, great emotional instability. So couple's therapy, if he wanted to access that, like there's nothing preventing him from doing that. He can ask me. He can go through A line coverage. He would be able to ...

(17:30)

So remember, earlier, you asked me about Ms. Zandra Pinette? Well, that would be an example of a veteran can access services sort of alongside the rehabilitation program. So ... but ...

Q. You didn't raise with him, though, the possibility that one of the things you could assist him with was marriage counselling? Whether it was right that moment or down the road, you didn't address that with him?

A. I don't recall addressing it on that specific day, no.

Q. Okay.

A. But I'm ...

Q. On the balance of this document or, sorry, this page, the answers aren't filled in. It talks about Shanna being the primary caregiver and it says: "As the care recipient, do you feel your caregiver is managing physical, emotional health?" It says "Good". "In providing assistance" is fair. But then the rest of it is blank. Is there any reason why the detail around the caregiver who's identified as Cpl. Desmond's wife wasn't completed?

A. Mm-hmm. Yes, because if you look closely it says that's a section that you fill out if the caregiver is present

giving answers. So sometimes when we're doing the assessment with veterans we'll have a spouse or a support participating and sometimes not. So in this case, there wasn't a caregiver to be asking questions to.

Q. Okay. And did you ask Cpl. Desmond if you could follow up with his wife to gather that information, that collateral information, to complete this assessment to make it as robust as possible?

A. It wouldn't have been sort of the standard practice. We generally would say to the veteran if you would like to have someone participate with you at the assessment invite them to be present and ...

Q. When you say it wouldn't have been the standard practice, Ms. Doucette, Cpl. Desmond was one of the very first veterans you worked with, so I would assume ...

A. Mm-hmm.

Q. ... there was really no standard practice in terms of what you had experience with at that time. Is that fair to say?

A. Well, I'm also talking about I think case managers in general when I say standard practice because if I was going to have a follow-up call with Ms. Desmond without the veteran present that's what I mean, that's not sort of standard unless

he had said, I really want you to talk to her and we would have signed a release of information and obtain information from third party.

Q. Okay, but you didn't have that conversation with him about contacting his spouse to fill in the balance of this information?

A. Not specifically about that.

Q. Okay. But did he ever prevent you or tell you directly that you were not allowed to contact her?

A. Well, it's not ... you asked me earlier like the difference between, you know, working at Correctional Service or Veterans Affairs and the fact that he ... this is mandatory client, I am not going to suggest to him that I need to be talking to his family members if that's not his initiative. If that makes sense.

So he ... it's not up to me to say, Oh, we're going to call your wife because we need this extra information. If he wanted her to participate in the assessment she's welcome to do that. He can grant me permission to do it but I am not going to suggest that that is ...

Q. Did you raise it with him and ask him to grant you permission to contact his wife?

A. No.

Q. Okay. The last question I have about marriage counselling and moving forward in time, Ms. Doucette, and now we are in August of 2016, and I am looking at Exhibit 254 and I am at page 267 of this exhibit. So just to give you some background, Ms. Doucette, these are the records from Ste. Anne's hospital.

A. Mm-hmm.

Q. And the document that I am referencing is a progress note signed by Kama Hamilton that's dated August the 12th, 2016, and I'm looking at page 2. And this is a continuation of obviously page 1, it says: "Writer pointed out this is a new starting point for them and can help to rebuild their relationship but suggested that they would benefit from couple's therapist to coach them through this process."

And then the last sentence on this page is "Follow-up. Share above information with the external team and in the inter-disciplinary."

Did Kama Hamilton ever convey to you, as Lionel Desmond's case manager, that she had suggested that the couple could benefit from couple's therapy?

A. Outside of this report? Like in ... I don't remember

specifically her saying that to me, no.

Q. Okay. So I'll ask you this. Did you get a copy of this progress note?

A. I'm not sure.

Q. It doesn't indicate that you were copied on it so that's what I want to know if you recall ever seeing this note.

A. No, I've never seen the details of her communication with Mrs. Desmond.

Q. Okay. And you don't have any recollection of receiving a phone call from Kama Hamilton to convey that information?

A. She had mentioned that she had spoken to Mr. Desmond's wife, but I wasn't privy to all the details because it was sort of the confidential ... it's one of those need to know situations.

Q. Yes. Specifically I think the progress that you record in your ... this is in your ...

A. Case file.

Q. ... case file, thank you, which is Exhibit 117.

A. Yeah.

Q. We don't necessarily need to go there, but on July the 28th you do record a call with Kama Hamilton where she tells you

she's contacted his wife.

A. Mm-hmm.

Q. So it's what I'm looking at it for is whether or not post-August 12th, which is about a month later, if you recall ... there's no record of it in your notes and maybe it just never happened, I'm wondering if it was ever conveyed to you that Ste. Anne's was recommending couple's therapy?

A. Not that I recall.

Q. All right. I just have a few last things to review.

We know from earlier evidence, Ms. Doucette, that the OSI New Brunswick team had identified the need for Lionel to have a clinical care manager as early as December 2015 and again on May 2016, and I can give ... we can go to those documents, I can show you the references, but we do know from that evidence and from the records that internally they had identified that Cpl. Desmond would benefit from a clinical care manager as early as December 2015 and then again in May of 2016.

Do you have any recollection of being advised or receiving any documentation from the OSI New Brunswick team with respect to that recommendation?

A. Not specifically, no.

Q. When you say "not specifically", did you receive ...

A. I don't have a specific recollection of receiving written information.

Q. Okay. Yeah. So you wouldn't ... is it your evidence that you had not heard prior to this Inquiry that there had been identified the need for a clinical care manager by the OSI New Brunswick team?

A. Not that I recall.

Q. And the clinical care manager became more crystalized, I guess, following recommendations from Ste. Anne's.

A. Mm-hmm.

Q. And from your records, it looks like as of August 16th you had located Helen Boone ...

A. Mm-hmm.

Q. ... and you also had conversations with Cpl. Desmond. Actually, the records show that he had ... you advised him on August the 15th, and I'm going to find the document just so that we can pull that up, bear with me.

(17:40)

I think I'm looking for Exhibit 117 and at page 9 and 10 of that document. No, it's ... actually, if I can take you to the bottom of page 9 looking over into page 10. So this is an August 15th, 2016 note from you. It says you spoke with the

veteran by telephone. You provided flight information and then if we ... et cetera, et cetera. And then if we go over to the continuation of this note you indicate that sort of halfway through it:

> Case manager explained the services of a CCM to veteran. He initially did not seem to comprehend, kept stating that what he needs is neurofeedback for his brain function. Case manager persisted to describe how having a clinical care manager to help him set up new resources, establishing supports, follow through with treatment recommendations, et cetera, in Nova Scotia could alleviate and prevent some of this stressors and worries. He agreed that this would be beneficial for him and confirmed his willingness to work with CCM once he returned to his home province.

So you were able to talk him into understanding the value of the clinical care manager and he had that expectation in mid-August before he even left Ste. Anne's that that resource was going to be in place for him. Is that fair to say?

A. Yes.

Q. And, as I read your note, that this person was going to follow through with the treatment recommendations, et cetera, in Nova Scotia. That was the information that you provided Cpl. Desmond, that that clinical care manager would take care of implementing the treatment recommendations?

A. Well, obviously in collaboration with myself and Mr. Desmond. It was an example that I gave him of how she could support.

Q. And he never gave you any resistance other than an initial not really understanding what the role was, but he never gave you any resistance to that clinical care manager and seemed quite eager to have one. Is that fair?

A. Eager. I think open is the fair ...

Q. Yeah. And so that was August 15th and we know for a variety of reasons ultimately he didn't get to connect with that clinical care manager until November 30th when they met in person and you joined that call.

A. Yes.

Q. That's correct? Okay.

A. Yes.

Q. And is it also fair to say that, and you made an

exception to some extent staying on as Cpl. Desmond's case manager when he relocated to Nova Scotia, because you wanted to provide that continuity of care, correct?

A. Yes. Yes.

Q. But that your plan was as soon as that clinical case manager was in place that you would then transfer his file over to Nova Scotia case manager?

A. Not necessarily as soon as the CCM is there. I think I explained it as once we have stable resources and that the veteran is reaching out and has built some rapport. So logically speaking, in the ... it would ... the period of time that I stayed on I understand that the outcome was really not what was anticipated by anyone. But, I mean, in the New Year probably would have looked at transferring the file once ... because he had started accessing therapists and whatnot.

Q. I want to move now to Catherine Chambers and her retainer. So you actioned the clinical care manager in mid-August. The first we see of any action in terms of a psychologist in your notes is two months later, October 14th, and I'm looking at Exhibit 117, page 8. And this is a progress note dated October 14th. And we've looked at this before. "Multiple conversations with the veteran this week due to some

difficulties in his living situation." You're getting ready to go on vacation. You talk about a plan. And you say: "Case manager researched options for psychologist in his area and provided three options for him to look into." What was it ...

A. Yeah.

Q. ... that triggered you to look into psychologists for Cpl. Desmond at that point in time, two months after he left Ste. Anne's?

A. Because at that time, as I've said before, he had decided against the services of OSI Nova Scotia, preferring instead a local provider and in these conversations it became evident that he hadn't ... he didn't ... he hadn't looked into this any further so we searched together. I provided three names, he helped select. I was giving him ... I remember I was sitting in front of my computer, I was giving him the different addresses so he could determine how close it would be to like where in town, that sort of stuff. We selected three people. I made sure he was comfortable making a call, which he was, and I was going to follow up when I came back after my week off, and you know the rest of that story.

Q. Yeah. I was curious about that because you do come back on November 7th and you talk to Lionel and he hasn't

followed up on those three names but then you seem to do additional research. And looking at your emails, Exhibit 297 and it ... just ... I'm trying to understand why you ended up doing additional research and getting this email out there on November the 7th in terms of psychologists in your area when you'd already given him three names. Was there a reason why you took this initial or this additional step?

A. Well, my best guess is because he said he lost the piece of paper, so I gave him this information over the phone. So he was writing everything down. So I didn't necessarily keep a copy of the different providers that we had done the search for so I turned around again and thought okay, well, this is a good opportunity to check in with a colleague and see about recommendations.

Q. Okay.

A. That's how I can explain it now.

THE COURT: Excuse me. The October 14th contact when you discussed the list, that was over the phone?

A. Yes.

THE COURT: Not in person? Thank you.

A. No.

THE COURT: Okay.

MS. MILLER: Okay, I want to talk now a little bit about the discharge report, Ms. Doucette. We know that it wasn't finalized until early October but then it was provided to you and the expectation was that you would take that report and in concert with the clinical care manager move forward the rehab plan as it intertwined with those recommendations. Is that sort of a fair assessment?

A. Yes.

Q. Did it ... at any point did you take that report and summarize the recommendations and put it in your case plan or any other kind of document?

A. Well, no, the report would have gone on file ... on the veteran's file and he and I had a conversation about it over the phone. So we discussed the recommendations live and then identified some priorities and then there was that follow-up call that you referred to with him and Ms. Boone, the three of us at once ...

Q. Yeah.

A. ... we were able to share the first steps that ...

Q. So at page 17 ...

A. It was ...

Q. ... is the progress note dated November 7th. So this

is after he's called the contact centre. We're going to come back to that note from October the 12th. He's very upset and he says there are no supports for him in his area.

A. Mm-hmm.

Q. We'll come back to that. But then he asks for a copy of the report because he's going to have to take care of it and do it himself. We don't know, you don't know if he was ever given that report, but what we do know from your notes is that on October the 7th you returned from your vacation. And this is at page 7 going to page 8 of Exhibit 117. It says: "Phone discussion." I just want to ... I'll wait that's up for you.

A. That would have been ... October 7th would have been before my vacation. I know it's a detail, but I just want to put that out there.

Q. Oh you ... oh, I'm sorry, November the 7th. Sorry. You went on vacation ...

A. Okay.

Q. ... in October, I think, the records reflect, yes.

A. Okay.

Q. Apologies. So this progress note at the bottom of page 7 is November the 7th. It's your note. "Full discussion with veteran on November the 4th. Case manager called him a

plan made prior to her leaving for one week", and we go through all that. Again, he's discouraged; still waiting for when the clinical care manager can get together. "Clinical care manager was scheduled to complete the training she needs last week and case manager advised the veteran she will be connecting with her later today or early Monday."

(17:50)

And then it says:

> Case manager reviewed with veteran the recommendations from the treatment team at Ste. Anne's hospital. From these recommendations, case manager and the veteran were able to establish priorities for him. These same priorities can help guide the clinical care manager once she begins to provide support.

So what were the priorities that were established between you and Cpl. Desmond based on your phone review with him of the recommendations?

A. Do you want me to give you an accurate list of these priorities?

Q. Well, I'm wondering why ...

A. I know ...

Q. ... they wouldn't have been captured in writing somewhere. Because when I read that your reviewed the recommendations and they were going to inform the work with clinical care manager, my question is how are you going to transfer that knowledge, that information to the clinical care manager? We don't even know what these recommendations were that you reviewed with Lionel.

A. It is quite possible that I had written it down in a notebook and that Mr. Desmond was making notes as well. And then when we would follow-up with a typed very likely, actually, and then when we followed up in the discussion with the CCM, which is a few weeks after that, we ...

Q. So what do you recall ...

A. ... I went from those notes.

Q. What do you recall, Ms. Doucette, were the recommendations ...

A. I recall ...

Q. ... that you and Cpl. Desmond identified as priorities?

A. I recall that the gym was important to him. That's something that was a priority for him. We certainly had a chat

about psychotherapy services but which we were working on those actively, both of us.

I know that the neuropsych assessment was discussed because there's no reason that I would have hidden any of the recommendations from him. Like I went through the recommendations. I don't recall that was part of Mr. Desmond's top priority but I know that that was ... I did mention it to Ms. Boone that we were going to have to ... like we're going to have to look into securing that resource at some point. But I don't ... I can't give you like an exact list, I apologize. I know that in hindsight you would love to have that very distinct list.

It is possible that Mr. Desmond brought up couple's counselling at that time, because with Ms. Boone I know that they were looking into that earlier on. Now I'm not sure if Mrs. Desmond was onboard, however, but it is possible that that was another of the priorities identified.

Q. Did he mention the neurofeedback? We know from your note on August the 15th that was something that he understood from his time at Ste. Anne's and that did make its way into the recommendations in the discharge report. Did he follow up with you or did you follow up with him on the neurofeedback?

A. Possibly. Like there's a good chance. If it was in the recommendations we discussed everything and then the purpose was to say, Okay, well, we can't implement all these recommendations and find all these providers all at once so what do we ... what are the first steps that we want to take. So it's possible that he brought that up again, I don't recall exactly.

Q. And other than you making a note in a notebook, a handwritten note in a notebook, there is no record that you're aware of that exists that confirms what the discussion and agreement of priorities was of Cpl. Desmond?

A. Perhaps there's ... I don't know, perhaps there's a ... you know, a discussion with Ms. Boone, but in all fairness I'm not a hundred percent sure. I can tell you that I carried a notebook around with me all the time, like it was a common practice that I had to take notes so ...

Q. And at that point in time knowing that or understanding that Helen Boone's retainer was imminent, although it still did get delayed 'til the end of the month ...

A. Mm-hmm.

Q. ... would you not have been able to get verbal permission from Cpl. Desmond at that point in time to forward

the discharge report to Helen Boone as soon as she was on his team?

A. Could I have normally? I'll get a person's verbal consent to maybe share some information over the phone. I don't ... I can't recall many times or any times in my career where I would have submitted a document authored by someone else without proper consent.

Q. But you could have gotten ... I mean, I note somewhere in Exhibit 117 in your case notes, you do write "Lionel provided verbal consents to do." So, you know, we know that you have been waiting for months ...

A. Yes.

Q. ... for the clinical care manager to be assigned and this issue of consents and privacy, you could have gotten permission from him to authorize the transfer of that report.

A. So, as I'm saying to you, normally when I get verbal consent from a client I use that to initiate contact with a provider or to provide some summary information in live voice. If I am going to submit someone else's report, first of all I have to find a secure way to submit it. And so the way that I chose to go about this with Mr. Desmond was to have ... to review the recommendations together, establish a list of

priorities, and then discuss that in a three-way phone call ... well, when they were together in a three-way phone call. So I understand that perhaps you see another way that I could have done that but this is the way we decided to proceed.

Q. Okay. So did Helen Boone ever get that discharge summary report?

A. From me? I don't believe so.

Q. Okay, I thought you just said you discussed it in the three-way with ...

A. Yeah, we discussed it ...

Q. Yeah.

A. ... but I didn't give her the report.

Q. And you were waiting on what to give her the report after the three-way?

A. I'm not sure that I was waiting on anything. So if we can pause and talk about consent and what is shared. I've said this before in my testimony, I would rarely take someone else's full report, like in very exceptional circumstances, and share it freely with another provider when it's not something that I've authored.

So if it was Mr. Desmond wanting to share it and he was signing that consent that's one thing, but the Ste. Anne's

report doesn't belong to me. So in this instant we decided to do the work over the phone, she was taking notes, that's as much as I can tell you right now.

So I don't recall if I had a specific plan to send her that report but I don't believe that's ... I don't have ... I don't do that as a common practice unless it's something that I authored and I feel like it's okay to share.

Q. Part of the Inquiry's mandate is to come up with recommendations to solve some of the problems and some of the problems that have become painfully evident is this adherence to needing consent which slows things down. And we look at in this specific case Catherine Chambers didn't have any reports and certainly Helen Boone who you were relying on to work in concert with you to execute and implement these recommendations from Ste. Anne's didn't have the report. And it strikes me that there were a number of opportunities where you could have gotten Lionel's verbal consent. He asked for the report himself, it's not clear that he was ever given it.

A. And ... I understand. In theory, it's Ste. Anne's job to give the report that they authored to the client ...

Q. Yes.

A. ... because it is their report to him. I'm not saying

that I would have refused to give it to him, but I ... based on the way the notes read and the way we operated we went through the report together over the phone and I don't recall if I put a copy in the mail for him or not. I don't believe I did.

Q. You wouldn't have required him to make some sort of ATIP application to get a copy of that report, would you have?

(18:00)

A. No, not specifically. But when clients are asking for I need "x" information on my file we usually ... I can't just hand over files, everybody knows that. So if he is asking for something very specific, and I understand that in the October 12th note he mentioned it to my colleague, I'm not withholding any information from him, we took the time on the phone to go over the recommendations together. If he had said to me during that call, I need a copy of that report, send it to me, I'm sure I would have done that but I would share the information in this fashion. So I don't know.

I understand that people see confidentiality as creating barriers. At the same time I have concerns about the idea that we can just freely share people's medical information with a simple verbal consent here and there and who is authorized to share what. So I guess that's a bigger debate but that my take

on it is it's the veteran's medical information and we take privacy seriously.

Q. My last area I want to cover is this note of October 12th that is found in Exhibit 292. These are the client initiated screening notes. I want to understand what the date is of this report. In the document 293, which is companion document, it says that it's October the 12th, but in the decision that's rendered, the internal decision, and bear with me while I find it. In VAC's internal review, Exhibit 303, at page 3 of 6, they reference this note as being dated October 22nd. So I'm curious about whether you're able to offer any insight, Ms. Doucette, into what is the actual date that this note would be? And perhaps your counsel can circle back and address that for us, if it is actually October 12th or October 22nd.

A. Well, according to the screening document that we saw ...

Q. Yeah.

A. ... I'm not sure which note you're ... are you referring to the note where he spoke to my colleague ...

Q. Yes.

A. ... and was in distress? Okay.

Q. Yeah. We just had two ...

A. So the report ...

Q. ... different dates.

A. ... that you're ... Okay, well, the report that you're showing me I did not author so I'm thinking is it a possibility that that is a typo and they meant to say the 12th and they wrote the 22 perhaps, I don't know.

Q. Mm-hmm.

A. But I would ... I would believe that the date on the client screening would tend to be accurate because it's saved in the system.

Q. So your evidence yesterday and certainly the documents confirm that the conversations with Cpl. Desmond about accessing the OSI clinic in Nova Scotia took place in the first two weeks of October and that's why I'm trying to pin down the date. Because your evidence is that it was during those conversations with Cpl. Desmond that he said to you I don't want to access these services, I'm going to go local. I'm going to ... I'm going to access ...

A. Yeah.

Q. ... I don't want to access outside of Nova Scotia, I'm going to go local here. And that's certainly what's reflected

in ... well, they're not in your case plans but that's what's reflected in Exhibit 299 which is your summary.

A. Yeah.

Q. And you talk of ...

A. So ...

Q. Go ahead.

A. I don't mean to interrupt, I can just say that from one of the documents that Mr. Russell showed us earlier, I definitely had a conversation with Nurse Natasha from OSI on October 6th.

Q. Yeah, so that helps establish that the communication you had with Cpl. Desmond where he said I don't want to access OSI Nova Scotia because I'm going to access local services happened before October the 12th or October the 22nd, whatever the date is of this.

A. For sure.

Q. Okay.

A. Yes, because I remember being on the road that first week of August and making calls.

Q. Okay. And so as I understood your evidence to be, his preference was to work with local providers and that's why he declined OSI Nova Scotia, but in this client intake note it

looks like he's changed his mind to me. It says: "Spouse doesn't ..."

A. Okay.

Q. "...understand PTSD." And I'm back at Exhibit 292.

VOICE: What page?

MS. MILLER: Page 2. "Spouse doesn't understand PTSD. Services not available where they are living. Veteran very agitated, cursing, et cetera, et cetera."

When you followed up with Cpl. Desmond after this note, Ms. Doucette, where he has communicated that services are not available where they are living, did you revisit with him returning to OSI Nova Scotia?

A. I believe that we ... that was when I helped him locate the psychological or psychotherapy services locally.

Q. No, that wasn't ...

A. So I don't read that ...

Q. ... that wasn't my question. That wasn't my question. My question was ...

A. Well ... I understand ...

Q. Did you revisit it with him? When he advised your colleague on October the 12th or the 22nd service is not available where they are living, did you revisit with him the

option of returning to OSI Nova Scotia?

A. I don't recall that I did that. I also don't necessarily agree, reading this note, that he changed his mind.

Q. Well, he's ... you told us earlier that the reason he wanted to stay locally and not access OSI Nova Scotia was because he wanted to work with local providers and now he's ...

A. Yes.

Q. ... saying these services are not available where they're living. So it's a reasonable inference ...

A. Well it's not true, there are services available where he's living ... some. He ...

Q. Well, we know as of that point in time he didn't have a psychologist. We know at that point in time he didn't have a psychiatrist. We know that none of the treatment recommendations from Ste. Anne's had been actioned in any meaningful way with respect to Lionel's perspective. I know you had a clinical case manager in play but he had been told on August the 15th that a clinical care manager was going to help implement those recommendations and by early October ...

A. Yes.

Q. ... nothing had happened from his perspective.

A. Yeah ...

Q. Is that fair to say?

A. ... from his perspective.

Q. From his perspective.

A. I had kept him ... to be fair, I had kept him informed of the delays with the CCM, that's in my notes so ...

Q. Hundred percent. There's no dispute with that but you have also said that he said he was going to work to get local providers. You left it to him ...

A. Yes.

Q. ... to find a psychiatrist, you talked about St. Martha's. He comes back on October the 12th and with a statement to your colleague that she or he records that same service is not available where they are living. Would this not have been ...

A. Well if it ...

Q. ... an opportunity for you to revisit with him if you're having difficulties locating the services, Lionel, what about you reconsider OSI Nova Scotia?

A. Well, this wasn't an opportunity because I was not on the phone with him, my colleague was.

Q. I understand that ...

A. And also ...

Q. ... but you ... evidence was that you followed up with him. You got this note, you followed up with him. So you were aware of this note, correct?

A. I ... yeah, I most likely had read it. But what I'm trying to say to you is I interpret this differently. I read this as he is frustrated perhaps because he hasn't been able to locate a service. And when we spoke again we took the time to talk and that's when I became more involved in helping him select providers for psychotherapy. So could I have brought up the OSI question again? I perhaps could have, that's not what happened.

Q. No. Okay. Thank you, Ms. Doucette, those are my questions.

A. Thank you.

THE COURT: Mr. Rodgers?

MR. RODGERS: Thank you, Your Honour.

A. Mr. Rodgers, I don't know if it's possible to just take five. I just need a very quick break.

THE COURT: Yeah, of course, Ms. Doucette. Let's take ... we'll take 15 minutes, all right.

A. Okay. Thank you.

MARIE-PAULE DOUCETTE, Cross-Examination by Mr. Rodgers

THE COURT: All right. Thank you.

COURT RECESSED (18:10 HRS.)

COURT RESUMED (18:32 HRS.)

THE COURT: Thank you. Mr. Rodgers?

CROSS-EXAMINATION BY MR. RODGERS

MR. RODGERS: Thank you, Your Honour. Good evening, Ms. Doucette.

A. Hi.

Q. Can you hear me?

A. Good.

Q. Great.

A. Yeah, I can hear you. Thank you for allowing that break.

THE COURT: No worries.

MR. RODGERS: Oh certainly. No. Everybody took advantage.

Ms. Doucette, I'm Adam Rodgers. I'm the lawyer for the personal representative to Cpl. Lionel Desmond. So I have some questions for you. A lot of the ground has been already covered but I do still have some questions.

MARIE-PAULE DOUCETTE, Cross-Examination by Mr. Rodgers

I want to just start with a broad statement, I suppose, which is to suggest that Cpl. Desmond's case was one of the more complex that would be on your roster. That seems to be a fair statement from what we've heard the last couple of days.

A. Definitely not the most complex but certainly amongst some of the complex ones, yes.

Q. Towards that end of the spectrum, we could say. And so, therefore, a more complex case would require more time and effort on the part of the case manager, it would seem.

A. Yes, to some extent.

Q. I'm curious about the bureaucracy behind you, Ms. Doucette, when you're working as a case manager. Is there a limit to the amount of money, for example, that you are allowed to approve as a case manager?

A. That's a good question. I don't know of a specific overall limit. Certain resources ... like when I talked about A line coverage before, there's a maximum associated to that but, in general, the cost of a resource can be justified. There wasn't ... let's just say that when I started working there, I was impressed at the amount of money that we could approve for resources, if I could put it that way.

Q. Yes. And I'm curious about the autonomy that a case

manager might have in making those kind of decisions on resources, whether it's a money limit or just the nature of requests that you were permitted to approve, particularly as ...

A. Ahh ...

Q. No, go ahead.

A. Well, I ...

Q. Maybe if you could make a comment on that as a ...

A. Autonomy. I think the best way to summarize that is we have the authority to approve resources but we are not necessarily the decision-maker as to which resource. Like the decisions are always based in some kind of evidence or recommendation; hence, the consultation we've talked about. So we have autonomy and creative problem-solving, that sort of stuff but, in general, when we make a decision, it's not necessarily all up to us. No.

Q. So if the veteran needs treatment and it appears to be recommended by a professional and you agree with it, then you can approve the treatment and the cost of the treatment generally or do you ... does that go somewhere else to be approved?

A. Generally, but, I mean, there are certain types of treatment, certain amounts. I mean there's a difference

between, say, authorizing a small number of sessions of a treatment versus an inpatient treatment, for example, which is very costly. And so I'd say, in general, if I can speak for myself, I wasn't going to authorize physiotherapy visits, for example, and I have, you know, a sound recommendation from a health professional that I can link to the client's condition, then I would feel comfortable going ahead. Then when a resource has maybe more ... there's more involved in the resource financially, and like the nature of the resource is maybe a bit more I don't want to say "complex", but if we take a CCM, for example, I don't think I've ever approved a CCM without first consulting internally.

Q. And then a decision like an inpatient treatment program that Cpl. Desmond attended in Montreal, that would require somebody else's approval too, or committee's approval, or how would that work?

A. I was able to make the final approval on that but, again, with solid evidence and recommendations and proper consultation. But there are resources. If we ...

The other example I could give you would be when Mr. Desmond's health-related travel was to be paid upfront, I didn't have the authority to authorize that. I could only get all the

documentation ready, prepare the rationale, and sort of, you know, it was documents to demonstrate the financial concerns. And then I have to provide the rationale for why we are requesting upfront payment and then it goes up to the manager and area director level.

So there are some resources, depending on what they are, that are outside of my authority but, generally, if it's under the rehabilitation program, under the **New Veterans Charter**, then it's a CM approval.

Q. The prepayment issue is a curious one to me. Certainly, you know, Cpl. Desmond would be reimbursed for that travel expense.

A. Yes. Yes.

Q. So there's no additional cost to Veterans Affairs to pay it upfront or reimburse, yet, you need to go up two levels of management to have that approved. Natural time lag. Natural ...

A. Yes.

Q. ... use of time and resources to make that approval, which has a cost.

A. Yeah. Yeah. I can ... and I'm not sure why that is. I can only guess that if everything had to be prepaid for every

veteran, then that is also quite complex and time-consuming.

So I don't know the reason for that but, like I said, it's certain resources. Generally, what we approve in rehab is paid upfront, not out of pocket by a veteran, so ...

Q. And the veteran in that case would need to provide information, financial need information, and so that puts a burden on them as well. Just ...

(18:40)

A. Detailed financial information. Again, normally, they would just be reimbursed. If they want exceptional prepayment, then they would need to provide, yes, significant proof.

In the case of Mr. Desmond, I was actually assisting him. I did that with him in a face-to-face meeting where he gathered the documentation that we were going to need and we filled out the paperwork together.

Q. I notice, reading through the internal review, I didn't see that as one of the recommendations for change. Is that still the case, that something that's not going to cost Veterans Affairs anything more - they're going to reimburse it anyway - that it still requires the effort on the veteran's part, several layers of management, to make a decision that's a pretty small amount of money?

A. Yeah. I couldn't say for sure and I'm sure there's a reasonable explanation for it, because the health-related travel, as a ... I don't know if you'd call it a policy, but let's say a veteran has to travel a certain distance to access psychotherapy services because they don't have that in their immediate location. And they are eligible to submit for reimbursement, so veterans could be doing that. Like they're doing that on a very regular basis. So exceptional prepayment is when the cost is too big for ... Like in the case of Mr. Desmond, we were talking flights and cab fares, that sort of stuff, so ...

Q. I don't want to spend too much time on the issue, I mean, but it seems indicative, perhaps, of bureaucratic layers that are unnecessary.

A. Yeah. Well, perhaps. My take is yes and no because I've seen the amount of reimbursement that veterans ask for. It's a lot. So the normal procedure probably is less cumbersome or less involved than exceptional prepayment.

Q. Cpl. Desmond's family asked to have their trip to Montreal to visit him at the inpatient facility paid for and that was denied. That's seems ...

A. Mm-hmm.

Q. ... that's in the internal review, as well, as something to be examined. Your experience after ... you know, up until the time you left the role as case manager, did you notice any change in that policy or in that practice?

A. Not that I remember specifically, no, although I do understand like the basis for the decision that my colleague rendered. But, no, I don't recall a change in policy, but it's possible there has been one. Like I said, I haven't been there in a few years.

Q. We looked ... You've already talked some about obtaining ... I'm going to switch topics to medical records and obtaining those.

A. Mm-hmm.

Q. Has there been any change to that policy? I guess you talked about the privacy issues in this already, but when ... It seemed early on, in your dealings with Cpl. Desmond, you were aware of his back issues, but only aware of some of his medical conditions, not all of them.

A. Mm-hmm.

Q. Has that changed? Is there not an easier way to get medical records for a veteran as his case manager? Is that not ...

A. Not to my knowledge. The simplest way I can, I guess, put it to you is, the veteran, sure he's operating within ... like accessing services through Veterans Affairs, but as a civilian like you and Im he or she is the person requesting their records.

So to be able to request health records, all of the health records, of another person on their behalf is kind of an exceptional ... So when we talk about VAC not being a keeper of medical information, it has to do with who is the owner of. That's my understanding anyway.

Q. Wouldn't you have found it helpful, though, to know all of that ... have that medical information upfront to know more about your veteran? Certainly, there could be something upfront when they get the case manager, that your case manager is going to know your medical history, and I'm sure most veterans would appreciate that.

A. I'm not sure that most would appreciate that. And in terms of whether it would be helpful, I guess consider a veteran who has had, you know, a 30-year career in the CAF and suddenly is applying for a program. If I was a case manager receiving all of their medical records for the last 30 years, I'm not sure that would be super-helpful to me. I think it would be very

overwhelming.

So I think there's a balance and I guess I understand the philosophy where we access only those records that are necessary for the particular service or program.

Q. I'm going to switch topics again, Ms. Doucette, and talk about the departure from Ste. Anne's and the phone call that you had with the service providers at Ste. Anne's - Cpl. Desmond's service providers. I understand this took place August 9th of 2016. And the documents are contained in Exhibit 116, but we don't need to review them. I think you've reviewed them in some detail already.

A. Mm-hmm.

Q. I just want to go through some of the recommendations. These were provided to you verbally. We've heard from the Ste. Anne's care providers who've testified.

A. Mm-hmm.

Q. So I just want to talk a little bit about that.

A. I just want to say some were provided verbally. I don't believe they were all provided, but that's my ...

Q. Well, that ... Okay, good. That's what I want to ask about because we have the discharge summary and I want to go through some of those recommendations with you.

Dr. Gagnon, who is the psychologist, had recommended a neuropsychological evaluation and you've been asked questions about that.

A. Mm-hmm.

Q. She recommended emotional regulation therapy and also scheduled physical activity and we know none of that was done or arranged for Cpl. Desmond.

Julie Beauchesne is an occupational therapist who also recommended a neuropsychological evaluation and a functional assessment by an occupational therapist. And that, we know, wasn't done as well.

A. Yes.

Q. Ms. Hamilton, the social worker, had recommended pet therapy, participation in leisure activities such as maybe a cycling club or a yoga class, and that was not done.

Ms. Riccardi, the art therapist, had recommended that Cpl. Desmond get involved in some kind of art program in the community and that psychotherapeutic art-based treatment was strongly recommended.

A. Yeah.

Q. That was something that seemed to be, you know, very helpful to him when he was at Ste. Anne's, but that wasn't done

either.

Marie-Eve Royer, if I'm pronouncing that correctly, the psychoeducator, had recommended that he see an addictions counsellor, which was not arranged.

And then Ms. Ferland, the osteotherapist, had recommended nordic walking or training in a gym under the supervision of a trainer, and I understand that was not done either.

A. Mmm.

Q. So I guess what I'm wondering, Ms. Doucette, is were those recommendations clear to you on the phone call? Or which ones were not? I guess which ones weren't covered, if maybe that's easier.

A. It was clear to me that the neuropsychological evaluation was coming through the final recommendation. It was clear to me that CCM services were recommended. And psychotherapy, obviously, ongoing services, that was all clear.

As for the other ones you've mentioned, I don't believe that we had gone that in-depth in that phone call with all those recommendations. And when you think about the fact that the report arrived in October, probably some of those recommendations weren't ready when we had the phone call. So that's my interpretation, obviously. And if I may comment, I

hear you naming everything that was not done, and when I hear it, I try to put myself also in Mr. Desmond's shoes and thinking, how can we realistically implement all of those services and all of those providers for one person?

(18:50)

So I guess I understand. There's a list of recommendations and, more than likely, in every scenario where someone is being released from inpatient treatment, not all of them are going to be put in place. Some of them will.

Q. Not here.

A. So I just wanted to comment on that because it's a pretty hefty list and throwing that, all at once, at a person, I don't think it's very realistic.

Q. In Mr. Desmond's case, none of the recommendations were implemented, though, Ms. Doucette. And, you know, we heard from Ms. Beauchesne who said that ... or, sorry, Ms. Hamilton said that she told you, if there was any questions, if you were unclear about any of the recommendations, feel free to call. And she was never contacted, or nobody at Ste. Anne's was contacted, by Cpl. Desmond's case manager to ask or to clarify what some of those recommendations might've been. You didn't make such a call. You didn't make any calls to clarify?

A. Actually, I remember making a call to find out where the report was at one point. I don't know if I was calling for something else, but I remember having a contact to say, Is the final report recommendations ready?

And just to circle back to the first part of your statement, I disagree that nothing was put in place. I understand, from that long list, that you've mentioned many things that were not put in place, some of which I would qualify and say they were not in place yet, but CCM services were put in place. I understand that not in as timely a fashion as we would've wanted. Psychotherapy was put in place.

And then there's the question of, you know, we talked about gym and all sort of stuff which ... some of which can be of the veteran's undertaking as well.

Q. When Ms. Hamilton says if you had any questions, you could call back. And so when you don't call back to ask for clarification or more details, it lends ... some might conclude, well, then you felt that you did understand the recommendations and didn't need clarification.

A. Well, as I mentioned before, on the phone call, I don't recall all those recommendations being made. And if all those recommendations were ready, why then did the report ...

why was this report only submitted in October? So I did call back. At some point I had a chat just to know where the list of recommendations was, where the report was so ...

Q. That seems to be a pretty significant issue, I guess, too, Ms. Doucette, in fairness to you, certainly, that it took two months for that written report to get from Ste. Anne's to yourself.

A. Mm-hmm.

Q. Is that uncommon in your experience with veterans that have gone to residential treatment?

A. That's a good question. Like I said before, it was my one sort of dealing with Ste. Anne's. I'm trying to think of other inpatient treatments. I do feel that ... I mean I do believe that, generally, clients that are veterans, or any other member of the civilian population, leaves a treatment facility with some form of paperwork. So whether it be recommendations or a summary for themselves because the document is written for them.

So I don't know if it's standard procedure. What I can venture to guess is to say, Well, think about the number of providers that you just listed. So maybe they were waiting after some people to complete reports. I mean I'm sure they

have very busy jobs. So that could potentially explain the delay.

Q. Potentially. Although we've heard from the witnesses who've indicated they provided their recommendations over the phone, but that's ... We can go back to the transcript.

A. All of them?

Q. Well ...

A. All of them said that?

Q. I believe so but I'll defer to the transcript and I won't ... don't want to ask any more about that.

But what I want to move to, though, Ms. Doucette, is next we have Cpl. Desmond is discharged from there in August and quickly moves back to Nova Scotia. And we know that there were no services in place at that time.

A. Mm-hmm.

Q. We know he didn't have a family doctor and didn't have any therapists or anything at that time, and, really, for a few months, in Nova Scotia. And just thinking about who would know that? Who would know that he was back in Nova Scotia without services in place? Certainly, you would know because you're his case manager. Others that were involved in his care, though, may not. I mean, certainly, the individuals at Ste. Anne's,

they've discharged him and passed him on to his case manager.

A. But they would've known he was moving to a different location so ...

Q. Yes. Dr. Murgatroyd, he knew he was moving to a new location but was told that connection had been made with a local care team.

A. Mm-hmm.

Q. Cpl. Desmond didn't have a family doctor that would know that he was without care. He didn't have a commanding officer. He didn't have a mentor. He didn't have a psychotherapist at that point yet anyway either. His wife would've known ...

A. Did he not ...

Q. Sorry. His wife ...

A. Just to ... sorry, just to clarify. Did he not have access to a doctor? I know you said he wasn't assigned to a family doctor, but I heard through the Inquiry that he did have access to a physician in his home community.

Q. Well, he went in October to re-establish a connection to a family doctor.

A. Okay.

Q. Or try to speak to a family doctor. Actually, he

spoke to a locum family doctor, Dr. ...

THE COURT: Could it be Dr. Harnish?

MR. RODGERS: Dr. Luke Harnish. Yes. In October of ... October 13th.

A. Okay.

Q. And this was a locum doctor in Guysborough. And Shanna Desmond and Cpl. Desmond went there together.

A. Okay.

Q. And he started going online at that point to try to figure out how he might get the records from Ste. Anne's himself or figure out how to do it.

A. Mm-hmm.

Q. And we heard from Dr. Harnish and he was asked about whether he was aware that Cpl. Desmond had a case manager and he wasn't. Nobody brought it up to him. And it's not quite clear why. If it was, at that point, maybe not a relevant part of Cpl. Desmond's life in his mind. I don't know. Do you know?

A. To the ... do you mean the family ... like the physician didn't know that he had a case manager?

Q. Yes. And nor did Cpl. Desmond or Mrs. Desmond suggest that it was a possibility to go through the case manager to get his medical records.

A. Okay.

Q. Does that surprise you that they wouldn't think of the case manager at that point?

A. No, because, as I've mentioned before, there's ... I'm quite limited in what I can do to access his CAF records. That said, if he was consulting the physician ... I don't know why he was consulting the physician, but if he was consulting a physician and there was relevance and need for the physician to be in touch with the case manager, then that would've been up to Mr. Desmond and/or his spouse, if she was with him, to mention that. The doctor couldn't have known otherwise.

Q. We heard from the physicians or the treatment providers at Ste. Anne's who say that a neuropsychological examination is not an uncommon recommendation for them to make for their veterans that are in-house and going through the residential treatment program.

A. Mm-hmm.

Q. But if I take your evidence, it seems that that might be a difficult thing for a case manager to arrange. Is there not a roster or a list of providers of neuropsychological examinations that you could reference when that recommendation comes?

A. To my knowledge, neuropsych assessments are completed by psychologists who specialize in this, and there's not an enormous amount of them, particularly in rural areas. But it is possible that it's a common recommendation.

Like based on my experience, it was not the most common resource that we approved. Like I said before, in my entire caseload, there was one instance where it was recommended and approved, but I can't speak for all case managers, obviously.

(19:00)

Q. But each case manager certainly wouldn't have their own set of documents or have their own resources. You would certainly, I would think, collaborate on these things and if other case managers need neuropsychological examinations arranged, and that's not an infrequent recommendation, wouldn't it seem sensible that there would be a list somewhere or a roster of providers?

A. Perhaps. As I mentioned yesterday, I, although it's not all documented on file, informally when I was having conversations with some of the providers we were connecting with and colleagues in Nova Scotia I asked the question if they knew or were aware of a psychologist who conducted neuropsych assessments in the area and I hadn't found an answer through

these people.

And in terms of the list, if my memory serves me correctly, is the challenge is we go into let's say Medavie Blue Cross to see who are the registered psychological providers, or we could go on, I don't know, maybe ... I don't know if it's called ... I forget what it's called in Nova Scotia, but the Association of Psychologists. But I don't know if it's clearly identified who are the psychologists who conduct neuropsych. Because, like I said, it's not the majority of psychologists, it's a smaller number. But I agree, like it would be nice to have a steady list and to know their availability in that ...

Q. It ... yes, it seems like you shouldn't even have to go beyond outside the office to figure out where to start at least with that kind of question.

A. Yeah, potentially, but the certainly the geography is a factor here. I think most small communities likely don't have neuropsych ...

Q. No, because that's ...

A. ... someone who does a neuropsych assessment in their area.

Q. No, I'm sure you'd have to go to Halifax for that, but that's fine.

A. Good chance.

Q. Speaking of that, Ms. Doucette, I want to talk about the question of the OSI Nova Scotia versus local health providers situation.

A. Mm-hmm.

Q. You're saying that Cpl. Desmond declined the OSI Halifax option ...

A. Mm-hmm.

Q. ... in favour of local health providers. I just want to deconstruct that somewhat. There were no local health providers. It seems to me that it was a choice between a real but inconvenient perhaps option and a convenient but theoretical option. The OSI ...

A. Why is that?

Q. OSI existed and was there and was ready to take him and the local health providers were unknown and unestablished and he didn't ...

A. No.

Q. ... he didn't have any local health providers at that point. So what was his ...

A. Well, he didn't ...

Q. Was he making a real choice is what it ...

A. He didn't have ... well, it didn't happen yet, but it's not accurate to say that there are no established providers. There are people practicing psychotherapy. There are psychiatrists ...

Q. I mean established as ...

A. In other ...

Q. Sorry, I don't mean to interrupt. But I mean established as his provider. So he didn't have any local ...

A. Well ...

Q. ... health providers.

A. No, because he had just moved there.

Q. Yes. So was it a real choice? Was that clear to him? I mean it seems to me when I look at that that we may be back to the prepayment issue and here he is living three hours' drive away from Halifax and maybe wondering ...

A. Mm-hmm.

Q. ... whether he could make it to Halifax and pay for that and afford to get treatment. Would ...

A. No, he would have been aware ... he would have been aware that his travels ...

Q. Would be reimbursed.

A. ... would be reimbursed. And also that the option of

telemedicine existed because I had the conversation with him. So perhaps he wouldn't have needed to go to Halifax.

Q. Telemedicine was pretty in its infancy at that stage, really. It wasn't in much common use as it is now. Wouldn't that be fair to say?

A. Yeah, it was a service that OSI offered that probably not many clinics offered. But if I remember correctly, I think when you heard from Mr. Marshall I think he mentioned 2008 or something, so it wasn't that new in the OSI network.

Q. Do you recall talking to him about the expenses of going to Halifax and did you ever talk about offering, Well, if that's an issue we can deal with prepayment like we did for you in Montreal? We know that's a problem and it's on your mind.

A. I don't recall that specific conversation. I recall him saying he didn't want to travel. Like he hadn't raised finances as that barrier, but just he would rather work with someone in his own community. Were finances a motivator? Perhaps. But that's not how he expressed it.

Q. And maybe he thought that the local options would manifest themselves much more quickly than they did.

A. Maybe.

Q. Now I want to talk about the CCM and arranging that

service for Cpl. Desmond. The Exhibit 273, which we don't need to bring up, but it says that you had located Ms. Boone/Ms. Luedee as of August 16th it looks like of 2016?

A. Yes ...

Q. When ...

A. ... something like that.

Q. When Cpl. Desmond left Ste. Anne's that was ... you had made contact, but then it took months for her to be able to start working and it seems like it was this training issue was the big issue.

A. Yes.

Q. Now we've heard from Ms. Luedee who says the training, as you've gone through, the training was fairly elementary.

A. Mm-hmm.

Q. It was really just about how to post notes to the system, it really didn't ... it really wasn't necessary for her to begin her work from her perspective to actually do the work. Of course to record ...

A. Mm-hmm.

Q. ... the work, you'd need to access it, but to start doing the work it wasn't necessary.

A. Mm-hmm.

Q. So were you not authorized to just tell her go ahead, start it and you'll get the training when you get it?

A. That's not the directive that I got, no, through my training. It ... because I partly agree with Ms. Boone that you can engage with a veteran. Like I said earlier, I had a tendency to take handwritten notes and ...

Q. Sure.

A. ... probably in the same way that she would. The part that I don't as much agree with is that she can just go ahead and do the work without the system because things get approved through the system.

So the CCMs not being VAC employees, being contracted out by VAC, don't have an authority to approve certain things. So that's why the case manager remains sort of the authority and oversees the work that the CCM will do with the veteran.

Q. But it seems like eventually you got frustrated perhaps and just told her yes, go ahead and do it, please, you start to work even though you don't have the training.

A. Well, yes. Yes, but if my recollection is accurate it was after she had completed the training and was trying to gain her access. So it had to do with like, I don't know, passwords and whatnot. And we were told by, I don't know who from central

office, that they were missing forms. And both she and I were adamant that those forms had been sent in, so it was this additional step. So at that point I said, Well, the directive that I got is that training has to be completed, training is completed, go. Because yes, I was growing a bit frustrated, in all fairness.

Q. It seems like a situation of process trumping substance. You know, this bureaucracy was dictating the situation that she couldn't get to work even though her role was quite important and the situation called for it, but the system wouldn't allow it. The system being the VAC system and the bureaucracy.

A. Mm-hmm. Mm-hmm.

Q. And you, as the case manager, were not empowered to cut through that and direct that she start even though she didn't have everything completed?

(19:10)

A. Well, like I mentioned, I, at one point, checked in and said this seems to be taking a bit more time. I was surprised with the time it was taking as well, so I checked in with a consultant and they just sort of reiterated that well, that's the policy. And if it's my job to approve and I can't

receive the information because the person is not ... I get the logic, but I agree with you that it seems in that very scenario that, you know, the bureaucracy was a bit much. I mentioned it in my documents as you've seen, in my discussion with Mr. Macdonald yesterday, I believe.

Q. So who would need to approve something like that? Who would have the autonomy or the authority to tell Ms. Boone or Ms. Luedee to just go ahead and start? We'll get the training later. We'll get the system set up later.

A. Well, technically it would be me but I would be doing it against what I know is the directive and what allows us to do our work the way we are supposed to do it. So I understand what you're getting at. There are policies and sometimes we can go around policies and I didn't do it that time.

Q. Well ... no, that's ...

A. I decided that I would be patient and continue supporting the veteran in the meantime ...

Q. And I'm not ...

A. ... as best as I could.

Q. I'm not trying to make this personal, Ms. Doucette, I'm just thinking of the system and the VAC atmosphere and how that operates. You know, is it a situation where case managers

are given the autonomy to make decisions that you know would be the right decision but is against a policy.

A. Yeah.

Q. And is that a difficult thing to do? Is it discouraged? What's the atmosphere like?

A. Well, you would have to do it sort of under the radar and then figure out how you're going to get the info in the system. So I ... yeah, that's how I can understand that.

Q. Well, you've answered many of the questions that I might have asked, Ms. Doucette, so I'm going to skip ahead and I'm going to go to just after the tragedy. We heard from Junior MacLellan who was a warrant officer, and a family member of ...

A. Okay.

Q. ... Cpl. Desmond, in relation that he was on hand and doing the bulk of the coordination after the tragedy for arranging funerals, this sort of thing.

A. Mm-hmm.

Q. Was that something where you considered getting involved? Were you encouraged or discouraged from getting involved in that? Did you have any involvement in arranging the funerals or anything after the tragedy?

A. No, I had no involvement in that. And so post-

tragedy, as we've mentioned, I was asked to produce some additional information but I was given the sort of direction that there would be someone designated from the Halifax office who would be doing all the follow-ups with family. So I was specifically told that that would not be my role. It wasn't a matter of if I wanted to do it or not, it was decided.

Q. Somebody else in VAC was going to be doing it?

A. Yes.

Q. Do you know who? Not who specifically, maybe not a name but do you know what ... was there a person in a role that you thought was going to be taking care of that stuff?

A. I believe it was either a Veterans service team manager or an area director in the Nova Scotia area. I'm not a hundred percent sure, I think that's my recollection, though.

Q. Now, Ms. Doucette, we have the internal review that's made some recommendations and ...

A. Mm-hmm.

Q. ... we've heard about some delays and gaps in the explanations and we've heard that from you in the last few days and we've heard from other witnesses as well. Some of it is systemic, some of it is not. But what we haven't heard in the last couple of days is any real sense of contrition, if I can

put it that way, from you. And I guess I just want to give you an opportunity, I guess. Do you ... how do you feel? How do you feel about this?

A. How do I feel?

Q. Yes.

A. Okay. Well, I'm just going to start by saying French is my first language and I'm not sure what you mean by "contrition".

Q. Sorry.

A. No, no, it's okay.

Q. Some combination of regret and responsibility. Whether it's appropriate or not that you feel it that's not for us to conclude right now but it doesn't seem apparent that you do. Do you?

A. That I feel a sense of responsibility?

Q. Yes, or regret or any of those ... any of those things.

A. Oh, okay, well, I have no problem being upfront about my feelings. I can tell you that when I received the news of the tragedy I wept like a small child and I'm not going to do that today. And that is kind of second nature for a person in the helping field to ask themselves questions: Could I have

seen something? Could I have ... is there something I missed? But at the end of the day what we know is no one's perfect.

I said it yesterday, I don't claim to have been perfect in this process. But when I go over what I've done, what I've not done, because this has been pointed out many times during the course of the last few days, I do not feel responsible for the deaths of these four people.

Do I wish I could have done something more? Absolutely. That I could have prevented it? Absolutely. But I think realistically it's human behaviour, it's not always predictable. And in this case I mean, I'm sure you've heard from other witnesses, I don't know anybody who really saw this coming.

So, yeah, I've lived through the emotions. I will tell you that this Inquiry process has been not easy. I am not a victim, however, I want to point that out. But I think suggesting, and I'm not saying you're saying that, but sometimes it feels like the suggestion that I may be responsible for the decisions that an individual made to take three lives including his own, I don't think that's fair or reasonable.

And one thing I'd like to offer the Inquiry because I've thought about this a lot obviously and the matter is interesting to me. Interesting in the sense that I, like you guys, would

want to know, you know, why and we never will. But what I've learned is in across the helping field, whether it's social work, whether it's psychology, whether it's psychiatry, whether it's nursing, very few helpers are actually trained in detecting homicidality.

We all get quite a bit of training in suicide prevention through the different jobs that we have but in terms of detecting homicidality there are studies that actually speak to this that it's an under sort of ... and this is beyond VAC, this is not a VAC issue, this is ... we don't learn this in school. And, like, you know, I have many obviously colleagues in the field and I think many would agree.

So that's a long-winded answer to say I actually appreciate you asking me how I feel because, I mean, it really changes a person's outlook. There were moments where I questioned if I wanted to stay in the field, but I don't feel responsible for what happened. I have no ill feelings towards Mr. Desmond. He was never aggressive towards me.

(19:20)

What I find challenging, though, is when I hear him being described as someone who was not capable. And I understand he had limitations and I agree with that, but no one ever deemed

him to be not competent to make decisions. So that's as much as I can really say about that.

Q. Thank you, Ms. Doucette. I know that was probably a difficult question but I thought it was important to ask it and I think it's important for people to understand how you feel.

A. Thank you.

Q. And so thank you for giving the answer and those are all the questions I have, so thank you.

A. Thank you.

THE COURT: Thank you, Mr. Rodgers.

MR. RODGERS: Thank you, Your Honour.

THE COURT: I think I've canvassed everyone. Is there anyone that has anything remaining to ... No? All right. Ms. Grant, do you have anything to follow up on?

MS. GRANT: I'm searching wildly for my mask, sorry. I probably ...

THE COURT: You don't need your mask to stand up and say no.

RE-DIRECT EXAMINATION

(19:21)

MS. GRANT: Thank you. Ms. Doucette, if you're seeing

my face you know we're getting close to the end. It's been a long couple of days so I thank you for your patience. Just a couple of questions. I promise I won't be long.

The VAC Assistance Service and number was maybe perhaps in jest referred to as the hotline earlier, I'm just wondering if you can explain what that is and why somebody might call that number.

A. Sure. So my understanding of the VAC Assistance Service is that it provides short-term mental health counselling on a ... when I say "mental health" you don't need to have a diagnosis or anything, it could be for just about any issue, family related, work-related, as long as you're a veteran or the family member, immediate family member of a veteran you can use those services. It's free. It's 24 hours. And it also, I think, would provide a certain level of crisis intervention. So if you're experiencing a crisis any time of the day or middle of the night and you don't know where to turn it's a good resource to turn to.

Q. In your ...

A. It's very similar to EAP program.

Q. Oh.

A. And I feel comfortable speaking about that because I

actually have worked in an EAP program.

Q. Okay, that was going to be my next question because I think across the Government of Canada, you know, it's generally the EAP program, but it comes maybe under different names, but is it ...

A. Mm-hmm.

Q. ... sort of a Health Canada entity.

Do you know if maybe social work services could be something that someone might be able to get under that EAP type program?

A. Yes, I think. As far as I can recall, it was a number that you could call to obtain short-term services. So they could set you up with probably directly through Health Canada, but generally there's like independent health providers who are registered with Health Canada and then you would get a number of sessions approved per issue kind of thing. So I think social work falls under that category in terms of being able to provide, as long as you're qualified to provide short-term counselling.

Q. Thanks for that explanation.

Earlier today you were asked some questions today about the risk tool and I just want to just briefly touch on the concept

of risk. And would you agree that like talking about a risk of an unsuccessful transition does not equate to a risk of harm or imminent harm to people?

A. Absolutely. Two different things.

Q. And that what somebody would refer to as success or not successful would potentially vary greatly from case to case?

A. Yes. And I think I was perhaps trying to express that today when I said for one veteran a successful re-integration may mean returning to the workforce, for another it may mean being able to stay home as opposed to placement if they're, let's say, elderly. So yes, it varies from case to case and depends on what the rules are for rehabilitation.

Q. And I think we understood this but I just wanted to clarify that veterans may be able to obtain case management services without necessarily having an assigned case manager.

A. Yes. Well ... Can you repeat the question? Sorry.

Q. Yeah, sorry. I'm just trying to think of a concrete example, but if I'm a veteran and I call and I don't have a case manager assigned to me but I have some sort of issue that involves something a case manager would normally do, is that something that I could get as a veteran?

A. Absolutely. So the intake case manager, that falls

under their hat if you want. And not only calling, I've been on intake many times where I've met with veterans who have walked into the office or called and needed assistance with something and were willing to come into the office. So, yes, absolutely. It would not be sort of on an ongoing basis but you can receive sort of short-term help from a case manager. And if, through that contact, we determine that you're eligible for rehabilitation or that case management would be of benefit then we can initiate that process.

Q. Thank you. I think earlier when my friend had mentioned you used the phrase sort of transition from CAF to VAC, and I guess I just want to ask for you to confirm is I think what we're really talking about is transition from CAF to civilian life.

A. Mm-hmm.

Q. And I think you've stated this ...

A. Absolutely.

Q. ... a number of times, but with being a civilian you would also expect to interact with the provincial health care system.

A. Yes, like you and I.

Q. Potentially, also like you and I as federal public

servants, when we travel we pay for our hotel and car rentals upfront, reimbursed later.

A. Yes.

Q. Just one more question area. Yesterday ... well, I guess I'm just wondering, you use a lot of sort of shorthand or a lot of abbreviations sort of a new ... it's sort of a different language. When ... in your notes if you were referring to a psych assessment ...

A. Yes.

Q. ... is that ... what do you mean by that?

A. Well, if you're ... if we're talking about one of the discussions that happened yesterday in reference to psych assessment not needed at that time I was referring to a psych assessment from that provider. If I had wanted to say neuropsych assessment I would have said neuropsych assessment.

Q. So you ...

A. So ... and yes ...

Q. Yes. So Catherine Chambers at the ...

A. ... so I was talking about ...

Q. Sorry, I'm talking over you. Catherine Chambers at the time you thought was a psychologist, but you weren't hiring her to conduct a psych assessment?

A. Well, actually I appreciate the opportunity to be able to clarify. So in that note, essentially, I understand that it's probably not clear now when we read it, but the conversation that was had with Ms. Chambers that day was to determine, one, if she had availability and how she wishes to proceed.

So I specifically remember asking her how ... like how do you work when you have a new client; how do you want to go about that because it's her decision, not mine. But mentioning without great detail that we did have some recent assessments on file and for the Inquiry. And to put that in context, I'm talking about assessments that would have been at the same time by Dr. Murgatroyd. So we had psychological assessments available. So in the context, I didn't specify those. I just said that we had recent assessments.

(19:30)

So in the context of that conversation, there was an agreement that it was not necessary for her to conduct a new psych assessment but I was not referring to neuropsychological. I don't think she had the specialization to provide neuropsychological assessment.

Q. Okay, thank you for clarifying that and those are all

of my questions.

A. Thank you.

EXAMINATION BY THE COURT

(19:30)

THE COURT: All right, thank you. So just so I understand, you actually had a conversation with Ms. Chambers and you specifically said to Ms. Chambers, it's not necessary for you to conduct any psychological assessments with regard to Cpl. Desmond. Am I correct?

A. No, sorry, I may not have explained myself correctly. What I said was I asked her how she wished to proceed. And I mean, you've met her, she's a very friendly person and, from there, just mentioned to her that there was some recent assessments on file, if she wished to access them at a different time. And it was just ... It was not my decision. I know it reads like it was my decision but it was sort of the outcome of our conversation.

Q. I'm sorry, then I misunderstood, because I thought you had a conversation with her and had told her it was not necessary for her to do any assessments in relation to Cpl. Desmond herself. That's not what you said.

A. I didn't say to her that she didn't need to do it. I gave her the choice of how do you want to proceed. Because some psychotherapists will meet clients and, in a very informal way, initiate their services. Some people will do a more detailed assessment in the beginning. So what I gather from what I recall from that conversation and when I reread the note is that we had understood it wasn't my decision, it was just we discussed. I told her that there were recent assessments on file and the end result was the decision that she wouldn't necessarily need to conduct a new assessment. That's what it meant.

Q. So you told her that there were recent assessments on file.

A. Yes.

Q. And it would not be necessary for her to conduct any new or additional assessments and that, at some point, with the consent of Cpl. Desmond, that she would be able to access those assessments. Do I have that correct?

A. The beginning and the end is correct. It's the middle part. I didn't say to her it's not necessary for you to do one. I gave her the choice. So I said, just so you know, we have recent assessments on file.

Q. So you told her that if she wanted to conduct her own assessment, she was free to conduct her own assessment. Is that correct?

A. Absolutely, yes, I can't tell providers how to do their job.

Q. All right. Thank you.

So when Mr. Rodgers was asking questions about neuropsychological assessments and the question about whether or not, I'm just kind of paraphrasing, whether or not there was a roster of neuropsychologists that conduct assessments, and I think at the end of the day you said that you had spoken to some of your colleagues but your colleagues didn't have names of any providers. Am I generally correct with regard to your answer?

A. That's my recollection, yeah, that none of them had, off the top of their head. So I'm not suggesting that I did an extensive search. I had initiated ...

Q. Did you do any search ... Sorry, let me ask, did you do any search? For instance, when you put the term "neuropsychological assessments Nova Scotia" into a search engine, it comes up with a certain number of names and providers. Did you actually do ... did you go that far to do that?

A. I don't remember doing that. What I'm saying is that I had started searching informally while I was doing other things by asking the contacts around me.

Q. All right, so you never did, for instance, you never went to your computer and went online and put in that as a search term and looked to see what might come up in Nova Scotia for those that provide neuropsychological services.

A. I can't say, no, with certainty. No, I don't think I did.

Q. While I was sitting here and listening, I took a moment to do exactly that and it was as easy as putting in that search term that I just referred to. It brought up a number of individuals who provide neuropsycho/neurological assessment services and, in fact, one who is referenced here who ... We frequently complete neuropsychological and neuro ... and psychoeducational assessments for the Nova Scotia Department of Community Services, Mi'kmaw Family and Children's Services. And Jordan's principle. We also routinely provide independent neuropsychological evaluations for Workmen's Compensation Board, Veterans Affairs Canada, Royal Canadian Mounted Police, insurance companies, legal professionals, university employees. That took me maybe two minutes while I was listening to Mr.

Rodgers.

So it's not a difficult task, is it? Would you agree with me?

A. I agree that that's not a difficult task.

Q. All right, and I appreciate that that's an easier task than you've gone through for the last two days. We have a lot of information. We have documents and we go through the documents and we compare what is written in the document and what is written in another document and evidence that we've heard. And part of what we try to do is to try to get as complete and as comprehensive a view of all the circumstances as we can. And I would agree with you that when you made the comment to Mr. Rodgers that human behaviour is unpredictable. And I, for one, would suggest that it would be astonishing if anyone would suggest that you could have predicted anything close to what occurred on January the 3rd. That would be grossly unfair for anyone to suggest that. We will look at this at the end of the day and I will hear from Counsel and the suggestions that are made and we will try to, in our way, sort of out and we may all have our own views of how the evidence or what the evidence presents and the recommendations that may come out of what we have heard to date.

I would like to thank you for your time and, clearly, the thought that you put into your preparation for the evidence for the last two days, Ms. Doucette, and wish you all the best. Thank you.

A. Thank you.

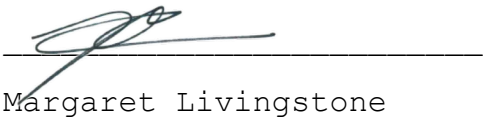
THE COURT: All right, thank you. So will just cut that link. We will adjourn for the day and I'm just going to ask counsel to remain for a few minutes so we can have a discussion.

WITNESS WITHDREW (19:38 hrs.)

COURT CLOSED (19:38 hrs.)

CERTIFICATE OF COURT TRANSCRIBER

I, Margaret Livingstone, Court Transcriber, hereby certify that the foregoing is a true and accurate transcript of the evidence given in this matter, **re Desmond Fatality Inquiry**, taken by way of electronic digital recording.



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July 9, 2021