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: March 5, 2021

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INDEX

EXHIBIT LIST

MARCH 5, 2021

COURT OPENED (09:30 hrs.)

THE COURT: Good morning.

COUNSEL: Good morning, Your Honour.

THE COURT: Ms. Ward, before we begin, I understand that when we left off yesterday, we had a discussion with regard to some documentation?

MS. WARD: Thank you, Your Honour. The Attorney General of Canada is seeking to enter a four-page document. It consists of an emergency report with respect to an antimalarial drug called malarone and an antimalaria questionnaire pertaining to doxycycline, Malarone, and the last page is a post-deployment screening and assessment form.

I understand that my friends have been canvassed. I understand there's no objection to the document and so we would just seek to enter it as an exhibit for future reference. Thank you, Your Honour.

EXHIBIT P-000258 - EMERGENCY HOSPITAL RECORDS - FOUR PAGES

THE COURT: All right, thank you. The documents that are referred to by Ms. Ward collectively will be entered as Exhibit 258.

MS. WARD: Yes, Your Honour.

THE COURT: All right, thank you.

MS. WARD: Thank you, Your Honour.

THE COURT: Good morning, Ms. Beauchesne. How are you today?

A. Good morning. I'm fine, thank you.

Q. All right, thank you. We just have to clear up something from yesterday. Thank you for joining us this morning. Before we begin, I think we would generally swear a witness and you'll be given some options. The Clerk will tell you what those options are.

JULIE BEAUCHESNE, affirmed, testified:

THE COURT: Mr. Russell? Thank you.

DIRECT EXAMINATION

MR. RUSSELL: Thank you, Your Honour. Good morning, Ms. Beauchesne.

A. Good morning.

Q. I just want to make sure that I'm pronouncing your name properly. Clearly, French isn't one of my strengths at all. How do I pronounce your name?

A. You can pronounce it BO-shen but I'm ... yeah, BO-shen.

Q. BO-shen. Okay.

A. Yes.

Q. So thank you for joining us this morning. So I understand that you are an occupational therapist?

A. Mmm, yes, I am.

Q. And how long have you been an occupational therapist?

A. I've been an occupational therapist since 2005.

Q. And how long have you been working with the Ste. Anne's clinic in Quebec?

A. I've been involved with the clinic since 2007. I was working as an OT. I joined the team before the clinic was in its actual form, the residential clinic as it is now, ten-bed inpatient treatment clinic. There was a program called the stabilization program. It was offering services to the same clients, same clientele, and I was already involved with them then part-time, then it became full-time, and then I was already involved and working for the residential clinic when it opened in February 2010.

Q. So is it fair to say that you've spent your entire career as an occupational therapist dealing with military veterans?

A. Pretty much, yes, because before that at ... since 2005, I was working at Ste. Anne's. So I was working for some time with older veterans in geriatrics rehab, yes.

Q. So if you could tell us ...

A. So already ...

Q. Go ahead, sorry.

A. Well, just saying already involved in working with the population, the veteran population, and becoming aware of the military culture and veteran culture.

Q. So if you could tell us, what is an occupational

therapist?

A. Yes. An occupational therapist is a healthcare practitioner that works with people of all ages that, because of different conditions, it could be psychiatric conditions, physical health problems or illnesses, that these conditions have an effect on their capacity to function. So an occupational therapist works with these people to see how to overcome any limits or barriers brought about by the symptoms of those conditions and their impact on their daily life. So in a nutshell, that's what OT does.

Q. I'm just going to stop right there. Your Honour, I know I can make out the witness. I just want to make sure because there seems to be a bit of a reverb or a pop kind of on our end, so I'm checking with court staff as well, may be picking it up? But I just wanted to check, kind of poll the room and Your Honour to make sure.

THE CLERK: If she can say a few words? If you could ask her a couple of questions because we can't ...

MR. RUSSELL: Ms. Beauchesne, we're just going to test it just because on our end, there seems to be a little bit of a pop from the speakers. So ...

A. Okay.

Q. I guess how are things in Quebec? We're just going to test the audio?

A. They're okay. It's the week of the, oh, how do you say that? Spring break. It doesn't feel very spring-like today. Very cold.

Q. And how are you enjoying ...

A. Pardon me?

Q. How are you enjoying the curfew? Is that still in place?

A. Yes, it's still in place, yes. It's not a big, big barrier, but in this context of this week - spring break - it is a little bit more, has a little bit more of an impact, but it's okay. We're resilient ...

THE CLERK: Do you find it better?

MR. RUSSELL: I'm just going to check ...

A. Is it sounding better?

Q. I'm just going to check with the Judge.

THE COURT: I can hear fine. There's sometimes there may be just a fraction of a delay, so maybe after you kind of ask a question and there's a response, you might just have to give it a second but I'm good. Sounds good here.

MR. RUSSELL: Okay. All right, so we're back on script, I

guess.

So you were saying the role of an occupational therapist. So what is the role of the occupational therapist in the Ste. Anne's setting?

A. In the Ste. Anne's setting, well, first of all, the occupational therapist is working with a team, so it's never a role that's in a (solo?) at Ste. Anne's in the clinic. It's always a collaborative work. And the role is to bring in the perspective of the occupational therapist's viewpoint and how the person is doing so we can anticipate in terms of functional issues. The role is to observe and evaluate either an individual follow-up or group format to observe the behaviour of the person, the capacity of their functioning in our setting, and also to inquire about functioning prior to admission and what's expected when a person is going to leave the program, and eventually to formulate recommendations to help again maximize the occupational participation of the person so that they're able to live the life that they want, meet the occupational demands in their environment, carry out the obligations relative to their goals, et cetera.

So even if a person has not followed an individual process in occupational therapy, they will be seen in a group setting at

some point for sure by an occupational therapist who will be coordinating or animating a group.

Q. So what is your general caseload at Ste. Anne's? So how many veterans would you see sort of month to month, I guess? How many would you follow through at any given time?

A. I don't have a set caseload. I don't have a set caseload, especially that in the last years, my role has changed pretty much. We have another person that's in the function of occupational therapy that's more ... my role right now is clinical coordinator, so I am still involved in some animation of group sessions. Sometimes (inaudible) manner because somebody will not be there and we will want a person to co-animate a session, et cetera, but I don't have a set caseload.

In my functions of clinical coordinator, I won't say it's a caseload in occupational therapy, but it's a caseload I will have, you know, I will be following the evolution of the ten clients that we have at the clinic. So progress throughout their treatment and coordinating their treatment plan and discharge planning and everything like that. So I don't follow ... I don't have a set caseload in occupational therapy. Is it ... are you ...

Q. I'm just checking. I'm always looking over to the

side to check with the Judge to make sure everything is on track so he can hear and ... okay.

So Ms. Beauchesne, could you tell us a little bit about ... so you said you are now the clinical coordinator at Ste. Anne's.

A. Mmm, yes.

Q. So that would be the position that used to be held by Dr. Gagnon?

A. Yes, yes. The last ... before me, yes.

Q. If you could tell us a little bit about ... we know about occupational therapists, but what is unique about being an occupational therapist when you are treating military veterans as opposed to clients in the civilian population?

A. Okay. What is unique is the clients. What is unique is the culture that you have to be aware of. The culture ... the cultural aspects of the military lifestyle. We have to ... well, you have to ... it's a process but, of course, the more you know about the specifics of the military lifestyle and the structure in the military and, you know, the components related to transition between military release from the forces, so many aspects of that, the more you become familiar with, the better able you're ... the better you are able to understand where the person is coming from, what kind of demands they were facing.

For instance, in their role as military or now as a veteran, it really helps better to understand the context, it helps to understand better also some of the barriers that can be identified and difficulties in adapting to the demands of their roles now as a civilian, for instance.

So there's ... I mean it remains that you're still working with a person, whether it's a veteran, whether it's a civilian, whether it's a man or woman. The focus of the OT remains the same. You're looking to find out, you know, what is that person not able to do, or not able to do the way they would like to do it, and what's expected of them, and so ... and what is limiting them in that sense?

So in that sense, like I said, the focus remains the same, but to have that knowledge will definitely help be more sensitive also. It will have an impact, for instance, on how to establish an alliance. You know, you could better understand, for instance, how it could be difficult maybe for a person that's been released from the forces or the (inaudible) that have experiences that are not common in the civilian world, how that could impact maybe their capacity to engage and develop a sense of safety and a relationship with the clinician, whether it's an occupational therapist or any other clinician, actually,

on our team.

Q. So on a very practical level, a military veteran who sort of leaves Ste. Anne's, returns to their community ... and I know it very much depends on what their conditions are but, for example, someone like Lionel Desmond, what you know about Lionel Desmond. What are some of the things an occupational therapist could assist Lionel Desmond when he returns home to his community after he leaves Ste. Anne's? What were some of the things an occupational therapist could help with?

A. Many things, many things. First of all, the occupational therapy in the community would be able to have a much more, like, a comprehensive understanding of the demands of the environment of the person, of his life habits, of his goals, of his ...

Q. I'm just looking over at the Court.

A. Yeah. Like, so a person could help the person. First of all, even when ... if it's already set up, if it's possible to start a follow-up early, after he returns to his community. Just that transitioning from leaving the hospital to reintegrating in his home. There's a lot of help there that could be ... a lot of support that can be offered to the client to just even find a way for them, you know, use strategies to

structure his routine, for instance, and kind of make a plan for himself to balance things out and how (inaudible - audio) the need to be able to be involved in his ... everything related to his treatment. Going to his appointments and everything like that.

Q. Sure. I wonder if ...

A. As well as ...

Q. Sorry, I apologize. I wonder if you could just stop. I'm going to turn it over to ...

(INAUDIBLE DISCUSSION BETWEEN THE COURT AND CLERK)

MR. RUSSELL: So what we're going to do is we're going to try to reconnect and just test the ... on our end, there's some popping, I guess, of the speakers, so ...

THE COURT: What we ... the sound fluctuates and sometimes it drops low and comes back and we have to record all of our proceedings and then the proceedings are transcribed and that presents some difficulties for us. So I think we're just going to try and sign off and then re-establish a connection and hopefully, it will be a little better next time. So thank you.

(AUDIO/VIDEO FEED RE-ESTABLISHED)

CLERK: Okay. Sounds like you're coming in much clearer, I think. Do you find it much clearer, Mr. Russell?

MR. RUSSELL: We'll give this another try. So I'm just going to talk to you in general terms.

A. Okay.

Q. Baseball or hockey? Which one is better?

A. No, I don't really ... I'm not a fan really of either.

THE COURT: You can just begin, Mr. Russell.

MR. RUSSELL: Okay.

THE COURT: We'll see how we make out.

MR. RUSSELL: So ...

A. I can say hockey just for the (inaudible).

Q. Okay. All right, we'll give this another try. Back on the task.

A. Okay.

Q. So you were describing some ... if we could maybe back up a little bit. You were explaining to the court some of the ways an occupational therapist could assist Lionel Desmond when he returns to the community after he leaves Ste. Anne's. I wonder if we could start that again and if you could explain that.

A. Okay. So one of the things I was saying is that first of all, just the ... we don't ... we cannot underestimate the stress that can be brought about returning home after a period

of hospitalization for several weeks. So just in that transition, there could be help offered to the client to see how we can implement what he's learned throughout his therapy, throughout his treatments, how he can put pieces of that that are important for him, that he finds helpful, in that context, how he can reproduce that at home to maintain the foundation or the routine that's going to be stable enough that will allow him to profit as best as possible from the continuity of his treatment with other professionals. So it continues to be a collaborative process with the client and also hopefully with other team members, other members, even if it's not a team like it is in the context of the residential setting.

So accompanying the client in that way. Give interventions for occupational ... planning of occupations, restructuring team, organization strategy, or anything to do with reducing the stress of his anxiety. How to integrate. Like I was saying, strategies that maybe other professionals have taught him. Like, for instance, I'm thinking, in the context of the clinic, the person, every day, will be invited to practice relaxation techniques, participate in mindfulness sessions, to practice that, and so how is that ... how the person can bring this home and set the stage to continue to build the life that they want

for themselves.

So the occupational therapist would be working closely with the client to identify what the priorities are of the person, what activities they want to go back to, what is the context with them? Are they returning to work, civilian work? Are they ... you know.

If they're with their family, it's also an adaptation to come back home when people at home have, you know, started to adapt to him being away. Now, when the member is coming back home, it's an adaptation for all the family so it can also be some support for the family to educate also the family about ... to set the stage and explain to them what they might feel, how it's a bit destabilizing, that phase of transitioning back home. Help them clarify among themselves in collaboration maybe with the contribution of the social worker to see how they can best communicate. So communication strategies. If I come back just to the client himself, like Mr. Desmond would be (inaudible) well, for instance, in your role of a father, in your role of a spouse, what would be your priority? You say you want to develop a ... develop more satisfaction in carrying out, you know, those roles. What would that look like that? So to continue such work would be some types of interventions that

could be done in terms of support.

Q. So I take it there's a, kind of with Lionel Desmond, there was a key val- ... there was a real value in what an occupational therapist could assist him with in his day-to-day functioning.

A. Yes, absolutely. It could be an occupational therapist. It depends also because it could be a case ... a clinical (care?) manager that could assist with that, and that clinical case manager would ... could be an occupational therapist, could be a social worker, could be a nurse, clinician, psychoeducator, I think. There's different types of professionals.

The occupational therapist, if that's the person that's in that mandate, or it's not in the mandate, but it's of a clinical care manager but it's just in its own occupational therapy mandate will provide ... will be able also to provide, if needed, a functional assess- ... a full functional assessment to make links and really to describe, if any, what are the potential causes of different barriers faced by the person in their managing of their daily life.

Q. Okay.

A. So again, they are ... the occupational therapists

won't have all the answers but we'll bring that in. And again, taking (inaudible) of the team as observing or ...

Q. So when you had contact with Lionel Desmond at Ste. Anne's, did you have contact with him both at the stabilization phase and the residential phase?

A. Yes. Throughout his stay, I've had contacts with him.

Q. And how frequently would you meet with Lionel Desmond, whether it was on an individual setting or in a group setting? What was the frequency of your meeting with him?

A. I don't recall the frequency. I know I've ... I know my notes reflect for sure that I've seen him six times, but I have seen him in other contexts where, for instance, I was doing ... administering a MoCA test with him, but there's also ... I know we're going to eventually talk about that.

I also met with him in a situation where we were offering supports to him when he was facing challenges in adapting to different situations that you heard. Emotions of anger or of anxiety. But at the same time, I just want to mention that in those times, I was starting also in a role of manager of the clinic.

Q. Okay.

A. So I was kind of sitting in two chairs at the same

time. My OT chair and with my manager chair. So yeah. So I was on the unit, so every day I was at work, I would see him. So I had a ... yeah.

Q. So in terms of ...

A. It was not (inaudible - audio).

Q. Sorry, you cut off there.

A. Okay. I was just saying I wasn't ... I didn't see him only in a formal setting, like a planned session, but I would also see him on the unit every day.

Q. So you would see him in both group and individual settings. What are the advantages of having both group and individual settings with Lionel Desmond?

A. Okay. Well, I would say, with him and with everybody, the combination of those two clinical settings allow for different types of opportunities. Our solicitating different capacities from the clients can be triggering more or less a different (inaudible) depending on the situation. So the combination of both is really I think the best. Lionel Desmond, in the sense of a person like him who has some trust issues and has difficulty maybe sometimes concentrating on, like, on a specific subject for a matter ... for some time. Well then the individual setting could be more solicitating, more anxiety

provoking maybe because all the focus is just on him (that will be?) confronting. That can be a lot to manage.

At the same time, it's also meant to be a very safe place and the person can feel eventually that they're able to confide, that they're able to express themselves maybe without being concerned by the (speaks in French) ... by what other people think, their peers, for instance, like in a group setting.

At the same time, a group setting for Lionel Desmond, is one thing I remember. It's so a while back, but I do remember that he benefitted, I think, from that setting too because he could contribute to that setting, he could be a person sometimes that would give advice or that would support a peer, and that's ... it's very (speaks in French) ... it ... empowering, (enriching?) to feel that you have, you know, a role ... a positive role.

At the same time, there's the other side of it where it can be solicitating and difficult if you have attentional difficulties. You're in a setting where there's more things going on and ... but that peer support is ... it's a richness to have both. I don't know. I could go on.

Q. Okay. Sure. If I could just have one moment.

A. Sure. It is so hard ... yeah.

Q. So in terms of your overall sort of initial impressions of Lionel Desmond, how would you describe Lionel Desmond and what did you see that he might have been struggling with, some of the challenges he had faced? What were your overall impressions?

A. My overall impressions, I keep in mind a man that was willing to do some work with our team at the treatment clinic to get his life back on track. I remember a person that had a hard time navigating and, you know, that ... hard time letting go and being vulnerable with the clinicians but that wanted to. I remember him putting on a facade sometimes and sometimes I'm not sure it was a facade, sometimes it was pretty authentic where he was a happy-go-lucky guy, cool dude, very friendly, well-mannered, well-liked, while expressing his wanting ... expressing his motivation toward ... and regaining a sense of control in his life and, like I said, having things get back on track.

At the same time, he was going through a lot. There were a lot of stressors in his life, a lot of concerns on his part. There were obviously, you know, work-related stressor, the loss of a significant role, the unknown about his future. Him upholding the belief having ... reporting observations of having

some difficulties with cognitive function, memory. Him struggling also with emotional regulation, lack of ability or a poor ability to self-regulate, requiring a lot of support in that sense, requiring a lot of ...

But at the same time, that's what it is. That's what I ... I still remember that he was kind of fighting against himself, he wanted to really be involved and to progress. At the same time, he was stuck sometimes having to deal with what I was just mentioning, the anxiety, the trigger that triggered anger and that prevented him sometimes from being able to ground himself and address other issues, other life concerns, and eventually identify more specific concrete things he wanted to work with.

He had the big stressor also about his relationship with his wife. How was he going to be able to get that aspect of his life not repaired but ... like, have a new start? He was very concerned about how his family perceived him and did they have confidence in him to be able to be the father he wanted to be, to be the spouse he wanted to be. He had doubts himself. He had doubts himself. He doubted himself, of course, because he was ... yeah, he did have some insight about his behaviours, his reactions, the impact of that on his family and his relationship. But at the same time, again there was that not

(inaudible), but there was that dynamic where it's confronting. So yes, he would be reactive. If that was reflected back to him, he would be reactive to that, like, you know, he wanted to take the responsibility, and at the same time, he didn't want to take the sole responsibility for all the problems that he was having in his life or in his relationship with his family.

Q. So from what I take from that is he appeared motivated to get help and make changes. Is that correct?

A. Yes.

Q. But there were some sort of barriers from within, and given his condition, that sort of were stepping in the way of that.

A. Yes. I think you're expressing it better than me, yes, it is ... exactly, yeah. So there was that internal fight going on, you know, but ... because he did stay at the clinic for many weeks. He could've decided to leave, because others have in the past when it becomes too difficult and they don't ... and maybe a person is not ready to let themselves, like I said, again be vulnerable enough to allow for some work to be done. If it seems too difficult, they might leave, but he was able to manage, to ... despite his trust issues or the difficulties in that area, he was able to ... or maybe in

satisfaction, but I don't have a concrete example of in satisfaction except for maybe one about his progress in the treatment. He still stayed throughout the program till the end. So that too, for me, and I think with the time was evidence of his willingness to try to engage as much as possible and to, you know, make changes in his life and open up to see how he could do things differently, but he was where he was at and with the capacity that he had.

Q. How were his ... you touched upon it a little bit. What observations did you make about his interactions with others while at the clinic, other residents or other clients, other staff, and what were you making of those observations?

A. It's hard to distinguish between what I really remember, what I think I remember, what I remembered, because now, in the last months, we've talked more about it, but I really (hold?) this, like a very positive image. Even if I also have images of him more in situations where he was angry and irritated and difficult to calm down, I still remember the man on the unit that was joking with others, that could be sarcastic but in a funny way, but sometimes also a bit intolerant and sarcastic in a not-so-funny way. Expressing his perception of not being in agreement with someone or, you know, using humour

not in the best ... the most appropriate way. Not ... but at the same time, it's a strategy to compensate maybe sometimes, to filter out some of the things he might've said.

But I remember him ... yeah, I remember that he had some rough times. I remember being in meetings with ... at least two meetings with him where he was ... it was difficult for him to be able to calm down in a situation where he was activated and he was very triggered by his emotions and situation that, yes, I remember that ... like I said, that man that was smiling, that was saying "hello" to people that ... so, again, there are some times probably a facade, some times probably very authentic. I think there were times where he was authentic. It's hard to measure, you know, the extent to which he did develop an alliance with the team or members of the team.

Personally, I remember ... I don't ... from what I remember, there was some form of alliance because, you know, he accepted to (inaudible), the MoCA test. He accepted to meet. He accepted to meet with the team in situations where he was highly triggered and activated. So, again, there he felt safe enough is my hypothesis. He felt safe enough that he could sit down with us and go through whatever he was going through as opposed to avoiding it and flying.

Q. If we look at page 270 of the Ste. Anne's records ...

A. 270. Yes.

Q. This was the interdisciplinary discharge summary ...

A. Yes.

Q. And on this page is the section that has your observations and recommendations.

A. Mm-hmm.

Q. I'm just trying to find ... if we look to the third line under "Observations", it says: "Difficulties for Mr. Desmond to manage his anxiety or his anger were the issues mainly addressed as it was difficult for him to discuss more indepth daily functioning challenges."

So I'm going to ask you a series of questions there. So anxiety and anger seem to be the prominent issues that you're seeing as it relates to Lionel Desmond?

A. What ... if I come back to what I was saying at the beginning, the role of the OT at the clinic is to assess more a capacity of the person, how they function in the context of the clinic and also ... well outside of the clinic. But in the context of a very structured ... a routine, very structured program these were elements that were observed as being barriers sometimes in him being able to function as expected. In a

sense, being able to present himself to a group or meeting or be able to ... in that sense. So that ... in that context is what's stand out ... is that ... what stand ... stood out as elements that I could identify that, you know, needed attention for him to be able to participate better in his daily activities.

I really ... I don't recall that there were other issues with functioning at the clinic so these were the things that were coming out.

And when it says the score ... difficult more ... difficult to discuss more indepth daily functioning challenges, I just want to say, I might have said that in the past time, the last (little time, the?) changes. Also sometimes when we are discussing difficulties with functioning with a client, it's very confronting and it triggers anxiety. It's very hard for a person to be discussing, you know, subjects that remind them of some limited things that they know they have and so it's very common that before we get to identify more specific things, that there's a lot of work in the first sessions and group setting or individual setting, a lot of work done to bring the person to feel safe enough to open up and discuss functional challenges.

Q. As well, on page 270 you noted in the same paragraph:

"Mr. Desmond would find himself getting activated and so the interventions done with him centered around helping him ground himself on these occasions."

What does it mean that he would find himself being "activated"?

A. Okay, so that would refer to the manifestation ... manifestations of his anxiety. Manifestations maybe with ... I don't recall specific but ... well actually I recall examples of observing that he was becoming stressed, he was becoming ... there was tension we could see in his body. His speech was less fluid.

Q. Sorry, I missed that. If I could have one moment.

A. His speech (inaudible - audio) fluid. His speech (inaudible - audio).

THE COURT: Wait. We're having some audio difficulties. Sorry, we're having some ...

A. Oh ...

THE COURT: We're having some additional audio difficulties and I think what we're going to ... I think we're going to have to see if we can make some adjustments and maybe re-establish some connections. So we're going to break here and we'll be in touch with you at your end to see if there's some

changes we can make. I don't know if there's a microphone that's available that could be moved around or moved closer but I'm going to let you explore that kind of off the record.

So we're going to adjourn briefly and I'll ask you not to go far and the clerks will be in touch with you in a moment there. So we're just going to take a short pause. Thank you.

A. Thank you.

COURT RECESSED (10:12 hrs.)

COURT RESUMED (10:55 hrs.)

THE COURT: I understand that ... Mr. Chabot you can hear me, I take it?

MR. CHABOT: I can hear you well, yes.

THE COURT: All right, thank you. Ms. Beauchesne, thank you for standing by.

We're having some audio difficulties here, and as I said earlier, one of the things that we need to be able to do is to have the proceedings recorded. It's a hearing of record and we need to be able to produce a transcript from that as well. We also have counsel in the room, they're having some difficulties and it's critically important for them, as well, to be able to follow the evidence in a way that allows them to ... I'm not going to use the word "digest", but appreciate the way that it's

presented and to be able to follow up with questionings that may follow as well.

So I think what we're going to do is adjourn your evidence for the day and I understand there's a witness that's scheduled for this afternoon and we're going to adjourn that evidence as well and in the meantime, we'll make some efforts to have further discussions and see if we can find a technology solution to the audio, and once we do that, we'll reschedule and have Ms. Beauchesne back, but what I'd like to do is just to thank you for your time and your preparation to date, and for your forbearance, and we certainly appreciate and we look forward to having you back to testify on another date. So ...

A. Okay.

Q. All right. Mr. Chabot, I'm sure, will be in touch with you and we'd like to thank him for his efforts as well. So we'll ...

MR. CHABOT: Thank you, Your Honour.

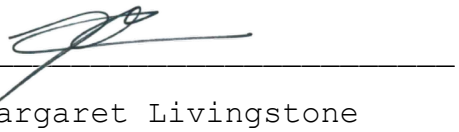
A. Thank you.

THE COURT: ... we'll adjourn for the day. All right, thank you.

COURT CLOSED (10:58 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.



Margaret Livingstone

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March 6, 2021