

CANADA

PROVINCE OF NOVA SCOTIA

IN THE MATTER OF THE  
*FATALITY INVESTIGATIONS ACT*

S.N.S. 2001, c. 31

**THE DESMOND FATALITY INQUIRY**

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**TRANSCRIPT**

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**HEARD BEFORE:** The Honourable Judge Warren K. Zimmer

**PLACE HEARD:** Port Hawkesbury, Nova Scotia

**DATE HEARD:** March 22, 2022

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1 MARCH 22, 2022

2 COURT OPENED (09:31 HRS.)

3

4 THE COURT: Good morning.

5 COUNSEL: Good morning, Your Honour.

6 THE COURT: Mr. Murray, I understand we have Mr. Parkin,  
7 John Parkin is back for some additional evidence this morning?

8 MR. ANDERSON: Yes, Your Honour.

9 THE COURT: Mr. Parkin, could you come forward, please?

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1           **JOHN PARKIN re-sworn, testified:**

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3           **THE COURT:**           Good morning.

4           **MR. PARKIN:**           Good morning.

5           **THE COURT:**           Mr. Parkin, when you were last here and you  
6 testified, we had a discussion about the protocols in this room  
7 in relation to COVID. They really haven't changed very much as  
8 far as the Inquiry goes. You're entitled to remove your mask if  
9 you're comfortable removing your mask. If you wish to leave  
10 your mask in place, that's entirely up to you.

11          **MR. PARKIN:**           Okay, thank you.

12          **THE COURT:**           All right, thank you. Mr. Anderson.

13

14                                   **DIRECT EXAMINATION**

15

16          **MR. ANDERSON:**       Thank you, Your Honour.

17          **THE COURT:**           Thank you.

18          **MR. ANDERSON:**       Good morning, Mr. Parkin.

19          **A.**           Good morning.

20          **Q.**           You have testified before this Inquiry about firearms  
21 officers providing medical assessment forms, the Form 6423, to  
22 clients and requesting the clients, that they have those forms

**JOHN PARKIN, Direct Examination**

1 completed by their medical practitioners. And I wanted to ask  
2 you something in addition to that. Would there be a value in  
3 medical practitioners advising firearms officers of a change in  
4 mental health circumstances of their patients or that the  
5 client, so the firearms client and the physician's patient, are  
6 no longer a patient during the five-year period that the  
7 firearms license is valid?

8 **A.** The short answer to that would be yes. I would add to  
9 that that in consideration of the present realities of the  
10 province, there is a much wider audience now than merely doctors  
11 as far as people who individuals will go to for assistance when  
12 they're in times of crisis. So to limit it to medical  
13 practitioners or certified medical practitioners may be rather  
14 restrictive when you have therapists and counsellors and a much  
15 wider audience of people ... a large number of Nova Scotians who  
16 do not have access to have physicians that may rely upon going  
17 to walk-in clinics to be seen by people with a different  
18 qualification or different certification to be able to examine  
19 them and offer them assistance.

20 So the short answer is yes, but to restrict it to medical  
21 practitioners may be rather limiting to it.

22 **Q.** Okay. And what value would such information be to a

**JOHN PARKIN, Direct Examination**

1 firearms officer?

2       **A.** The value is in that we rely on external sources to  
3 provide us with a lot of the, for lack of a better word "alerts"  
4 when an individual is experiencing crisis or when there are  
5 difficulties, to bring it to our attention.

6       For example, there's more than 75,000 license holders in  
7 Nova Scotia at the present time. We have a staff of nine  
8 people, effectively, to monitor those individuals for any signs  
9 of distress or anything else that's going on. So we rely upon  
10 external sources of information to come to us and let us know  
11 that there is possibly a public safety risk or an individual who  
12 is at risk.

13       **Q.** Okay. And what value would the information, if we're  
14 talking about a medical practitioner, that their patient is no  
15 longer their patient?

16       **A.** It would open the door to the possibility that there  
17 was an individual who we should take a closer look at or revisit  
18 simply because the circumstances have changed and they no longer  
19 have an individual who they're going to.

20       Now, of course, all of this is entirely dependent on  
21 whether the individual is attending that physician or that  
22 therapist or specialist on a regular basis, if they're seeing

**JOHN PARKIN, Direct Examination**

1 them, because if they choose to stop seeing them oftentimes,  
2 it's not a matter that they have discontinued their  
3 relationship, it's simply a matter that the individual doesn't  
4 feel unwell and is not going to their doctor. And that can  
5 result, and does result quite often, in extended periods of time  
6 that they're not being seen by these individuals.

7 **Q.** Now would it be viable to have clients provide an  
8 enduring direction to their medical practitioners or, as you've  
9 indicated, some other individuals involved in providing support,  
10 to provide the information that we've talked about? So a  
11 direction signed by the client to provide. And if we start with  
12 the medical practitioner, directing the medical practitioner  
13 provide the information?

14 **A.** As I understand it, what the word "enduring" means  
15 would be for whatever the term was that was ascribed to it. I  
16 guess the benefit to that would be the fact that it would  
17 release that person from any confidentiality requirements, or  
18 anything that they were bound by, or any fear that they could be  
19 held to consequence for releasing information if they became  
20 aware of a change in their client or their patient.

21 So, as I understand it, yes, I think there would be a  
22 benefit to that.



**JOHN PARKIN, Direct Examination**

1           **Q.**   And do you have any concerns about an enduring  
2 direction to, if it's the medical practitioner, to provide that  
3 information?

4           **A.**   I guess the issue there, or the concern that I have,  
5 would simply be to the fact as to whether it's discretionary or  
6 whether it's an obligatory direction. The 6423, as it currently  
7 exists now, is essentially discretionary. It gives or is a  
8 release signed by the individual or the patient for their doctor  
9 to be able to give information. And, normally, the way that the  
10 6423 is completed, we would be asking in relation to a specific  
11 event, or a specific series of events, or a specific period of  
12 time; where ... and, again, correct me if I'm wrong, but as I'm  
13 understanding the interpretation of it, the idea of the enduring  
14 authorization would be that it would not necessarily be limited  
15 to a single event, it would span a period of time. Then the  
16 issue becomes what if that doctor changes? Not because,  
17 necessarily, the individual or the patient has severed the  
18 relationship, but because the doctor or the therapist or the  
19 psychologist retires, moves out of province, or some other set  
20 of circumstances changes the ability of that professional to be  
21 available or accessible to the individual to be able to provide  
22 that information. And I guess I don't have a solution for you

JOHN PARKIN, Direct Examination

1 in my mind as to what that bridge would look like as to how we  
2 would carry on with something like that but that's one risk that  
3 I would see.

4 Another one, I think, that I have mentioned in the past  
5 that concerned me a little is that I think this would be a  
6 unique situation in Canada, as far as jurisdictions, that if we  
7 imposed a requirement on specialists or doctors or medical  
8 practitioners to disclose information. If we're the only ones  
9 in the country who are doing something like that, would it stand  
10 up in the face of a reference hearing, because if we refuse a  
11 license or if we revoke a firearms license, under the **Firearms**  
12 **Act**, that individual always has the right to challenge that  
13 decision of the CFO and take it to a reference hearing and  
14 question the reasonableness of that decision. Would it be  
15 reasonable or would it be ... again, I don't have that answer, I  
16 don't have that scope of expertise in that area of law to say  
17 whether that would be a real challenge or not.

18 **(09:40)**

19 **Q.** Okay. Other than a direction to the physician, would  
20 it be viable to have clients provide an enduring authorization  
21 or consent to the physician to allow the medical practitioner to  
22 contact the firearms officer if he, she, or they had concerns

**JOHN PARKIN, Direct Examination**

1 about a change in mental health or that if the client was no  
2 longer their patient, again, during the period of the license  
3 validity?

4 **A.** Again, I guess my short answer to that would be yes  
5 because you're authorizing the individuals and specialists who  
6 know the individuals, presumably, to offer an opinion as to a  
7 change in that person's character or behaviours that might pose  
8 a risk either to the person themselves or to other persons with  
9 respect to their access handling or ownership of firearms.

10 **Q.** So are you identifying a difference between directing  
11 physicians to provide the information; differentiating that from  
12 providing them consent and allowing them to contact the firearms  
13 office?

14 **A.** Yeah. The difference that I see between them is that  
15 one is discretionary, you're allowing, which is essentially what  
16 the 6423 does now because it allows the doctor to provide us  
17 with information, but inherent in that is one of the issues that  
18 we have seen materializing slowly, and I have heard anecdotally  
19 from other jurisdictions, is that we have medical specialists  
20 and practitioners who are simply declining to exercise that  
21 discretion, who tell us that they do not want to become involved  
22 in offering an opinion.

JOHN PARKIN, Direct Examination

1           In the case of people who are not specifically trained as a  
2 psychiatrist or somebody who deals specifically with mental  
3 health, to protest that they haven't the expertise, that their  
4 knowledge as a general practitioner is at a different level, so  
5 they don't have that expertise. We have had individuals ...  
6 more recently, I'm thinking of one of my firearms officers who  
7 called me to ask for an opinion and direction on how to pursue a  
8 certain line of inquiry because they had spoken with a medical  
9 practitioner who professed to have known their patient for 20  
10 years, but wasn't comfortable in offering an opinion. So then  
11 that leaves us to go through our traditional avenues of trying  
12 to locate friends, acquaintances. And as the broad wording of  
13 section 55 of the **Firearms Act** puts it, "any individual who may  
14 have information relevant to an individual's eligibility to hold  
15 a firearms license".

16           So our inquiries can be quite broad, but that can also be  
17 quite time consuming. And then, again, because the nature of  
18 our mandate is different than policing, there's no culpability  
19 that attaches itself, and there's no threat of consequences if  
20 somebody chooses to, or chooses not to, disclose information to  
21 us. So individuals are free to withhold information or to share  
22 information as they see fit.

**JOHN PARKIN, Examination by the Court**

1           So we are encountering those types of issues right now  
2 where individuals who are the specialists who we are going to  
3 for opinions. And that's really what it is. We are not looking  
4 for, typically, a specific diagnosis. Sometimes we look for  
5 interpretation of a condition that we may not have heard of.  
6 What does that entail? What are the characteristics of that  
7 type of a condition? Medications, dosages, and what the impact  
8 of taking that dosage could be or the impacts of not taking that  
9 dosage. But it's largely an opinion and then we substantiate  
10 that with other information.

11           **MR. ANDERSON:** Those are my questions. Thank you, Mr.  
12 Parkin.

13

**EXAMINATION BY THE COURT**

15 (09:44)

16           **THE COURT:** Thank you. Well, I'm just going to  
17 intervene at this point in time and have a discussion, okay.

18           Many of the concerns that you raise, I think, can be  
19 addressed, appreciating that the lack of information following a  
20 6423, and a follow-up might engage your staff in a lot more work  
21 because the information is not forthcoming; or perhaps, more  
22 likely, when you don't get a 6423, in the case of a physician

**JOHN PARKIN, Examination by the Court**

1 who has a patient for 20 years, looks at the form and says, Mmm,  
2 I'm uncomfortable signing that, so I'm not going to do that.  
3 That then leaves you in a situation where, I would assume, on  
4 the license application or the renewal application, there is a  
5 disclosure by the applicant/prospective license holder that  
6 there's reason for you to be looking for a 6423. Correct? I  
7 mean something in the application triggers you to go in that  
8 direction.

9 **A.** Either in the application or, potentially, through a  
10 FIP. One of the ...

11 **Q.** Through a FIP.

12 **A.** Yeah.

13 **Q.** Okay. And if you have your 6423 and the physician  
14 signs and gives you all the information that you're looking for,  
15 that information becomes part of your evaluation of an  
16 individual's eligibility to hold a license under Section 5.

17 **A.** Correct.

18 **Q.** Right? You've got 5, you've got 5(1). 5(2)(b) is the  
19 section that deals particularly with mental health, I think it  
20 is.

21 **A.** Yes, I am familiar with the section you're referring  
22 to, Your Honour.

**JOHN PARKIN, Examination by the Court**

1           **Q.** I'm just checking to make certain that I'm referencing  
2 it correctly that's all.

3           **A.** Yeah.

4           **Q.** So Section 5(2)(b). Subsection (2) says that "in  
5 determining whether a person is eligible to hold a licence under  
6 subsection (1), that a chief firearms officer or, on a reference  
7 under 74, a provincial court judge shall have regard to whether  
8 the person within the previous five years ..." and then (b) "has  
9 been treated for a mental illness ..."

10           And there's other parts to it but, basically, that's what  
11 would get you, if you have that information, then look to a  
12 physician or a doctor. Actually, the way it's defined, it  
13 presently needs to be a licensed medical practitioner. Is that  
14 how the definition is?

15           **A.** I don't believe the legislation or anything requires  
16 that.

17           **Q.** Let me see here.

18           **A.** It speaks to a medical practitioner which is an  
19 undefined term.

20           **Q.** Let me see here. I know Form 6423 speaks of an  
21 acknowledgment by a medical practitioner. And I think that  
22 Judge Halfpenny-MacQuarrie had a case in this court where there

**JOHN PARKIN, Examination by the Court**

1 was an issue with a registered psychologist who was not  
2 technically a medical practitioner. Were you aware of that  
3 decision?

4 **A.** I'm not familiar with the case, sir.

5 **Q.** Okay. Well, we'll see if I can make arrangements to  
6 get that to your office at some point in time so you can have a  
7 look at it.

8 At any rate, when they talk about, in terms of the  
9 instructions, it's a medical practitioner, and then you're  
10 looking at medical practitioner's initials.

11 In the regular course of events, leaving aside whether or  
12 not there was an enduring consent, authorization, or direction,  
13 leaving that aside for a moment, if you don't have a 6423, then  
14 you need to conduct a different kind of investigation or a more  
15 extensive investigation, is that correct?

16 **(09:50)**

17 **A.** That's correct.

18 **Q.** And do you treat an applicant's refusal to even  
19 consider going to his doctor and requesting the doctor provide a  
20 6423, that refusal to give you the information, do you treat  
21 that any differently when you come to consider their eligibility  
22 to hold a license; that is, if they're not prepared to disclose



**JOHN PARKIN, Examination by the Court**

1 information in relation to, perhaps, a mental health issue?

2 **A.** If I understand the question, we don't treat it as an  
3 absolute in the decision-making process.

4 **Q.** No, appreciate that.

5 **A.** It's part of a whole.

6 **Q.** Mm-hmm.

7 **A.** So we would still make additional inquiries.

8 **Q.** Some parts are given more weight than other parts?

9 **A.** Other parts, yes.

10 **Q.** Like a 6423 is ...

11 **A.** We are getting an opinion from a professional who is  
12 trained to a higher level than myself, certainly, and my staff,  
13 in assessing individuals' health and well-being and the  
14 consequences of certain behaviours, medications, and so forth.

15 **Q.** Okay. So an outright refusal to engage in the 6423  
16 process by an applicant would be given consideration. It's not  
17 an absolute, but you would determine ... I would expect that  
18 would be a weighty consideration.

19 **A.** Yes.

20 **Q.** Okay. You have 75,000 license holders in Nova Scotia  
21 presently.

22 **A.** Correct. Little better than that, yes, sir.

**JOHN PARKIN, Examination by the Court**

1           **Q.**    Present, all right. Do you know, percentage-wise, how  
2 many of those would have filed or you would've requested filing  
3 of the Form 6423?

4           **A.**    I've never done an audit on exactly 6423s. I can tell  
5 you, having recently done the annual statistics, that there's  
6 out of the 75,000, there's approximately just under 12,000 last  
7 year submitted for renewals of existing licenses. That number  
8 is a bit higher than normal because of the backlog caused at the  
9 central processing site.

10          **Q.**    Sure.

11          **A.**    From that, about 3,600 and more files required a  
12 follow-up of some sort. Most of that would be attributable to  
13 information that was missing. Maybe not enough money submitted  
14 with the licensing fee because of the changes in the **Fee Act**.  
15 Following up on minors' licenses, which comes to our office  
16 because we have to check with the guardians and make sure minors  
17 are allowed to have licenses and doing such follow-ups. Another  
18 3,500 or so, a little more than 3,500 license holders who are  
19 existing license holders, required follow-up for various other  
20 factors. Now that may have been a disclosure made on their  
21 application itself for renewal or on a new application where  
22 they disclosed that they were receiving treatment, that there

**JOHN PARKIN, Examination by the Court**

1 had been a ... well the "Personal History" questions include  
2 whether there had been a prohibition order issued or whether  
3 there was other criminal charges; whether it's known if they had  
4 been reported to authorities for violence, whether they had a  
5 partner, a spouse, or other conjugal partner, and whether that  
6 relationship had broken down within the past two years. A  
7 variety of stressors and other factors.

8 **Q.** So the number of requests that your office would make  
9 for a completed 6423, is there a way to audit that? Is there a  
10 way to ... you know, do you have your own database? You can go  
11 to your database and do a search? That kind of thing?

12 **A.** Not one necessarily that specifically identifies  
13 whether a 6423 was actually issued or put out. We would  
14 probably have to go through that manually.

15 **Q.** Yeah, okay.

16 **A.** I could suggest that on statistically approximately 40  
17 percent of the files that are reviewed have a mental health  
18 component. That's from national statistical databases.

19 **Q.** 40 percent?

20 **A.** About 40 percent of all files that are reviewed have a  
21 mental health component.

22 **Q.** And are mental health components in any way related to

**JOHN PARKIN, Examination by the Court**

1 the average age of your licensed firearm population?

2       **A.** Moreso adults, I would suggest, and from middle age  
3 onwards, from what I've seen. And I'm speaking just from what I  
4 have seen in my own office. As aging populations ... because a  
5 mental health component, I guess I would clarify, is not  
6 necessarily something that has generated a FIP or a violent  
7 aspect to it. We have an aging population, and more and more  
8 often, we see cases of dementia, declining faculties, and other  
9 factors that are coming to the forefront that family members;  
10 and in some cases, physicians and other people, will bring to  
11 our attention. And then we are going in and we're doing  
12 eligibility assessments on that.

13       Then there would be a middle bracket within the adult  
14 realm. Those are the ones who would be more likely to have  
15 interactions with authorities or have other information that's  
16 brought to our attention.

17       Younger individuals, from what I've seen, that tends to be  
18 rare.

19       **Q.** How many cases do you think would come to your  
20 attention by way of referral from the domestic violence  
21 coordinators and that have been designated as high-risk cases?

22       **A.** Again, unfortunately, I don't have that statistic at

**JOHN PARKIN, Examination by the Court**

1 hand.

2 **Q.** Just general ... just ...

3 **A.** But we get them every day. We have a close  
4 relationship, actually, with the domestic violence coordinator.  
5 And as Your Honour is probably familiar with the **Act**, the  
6 licensing regulations requires that a CFO who reviews the  
7 eligibility of an individual to have a license, considers  
8 revoking any time they become aware of domestic violence or  
9 stalking incidents. But the provincial domestic violence office  
10 sends us the Form 1 High Risk forms on a regular basis. We get  
11 those daily; sometimes, more than one, and if the individual ...  
12 what we'll do then is we'll automatically do a review of the  
13 name of the individual who is submitted. If they are a client  
14 of ours, whether they have an application in the system or they  
15 have an existing license, that will immediately be placed under  
16 review.

17 **Q.** Okay. We heard some evidence from Sharon Flanagan  
18 yesterday. I don't know if you know Ms. Flanagan or not.

19 **A.** Yes, I do.

20 **Q.** Do you? All right. But one of the things discussed  
21 was the designations of high risk and how they would come about  
22 and where they would go to. So, for instance, if you have an

**JOHN PARKIN, Examination by the Court**

1 officer who is engaged in an investigation and they happen to do  
2 an ODARA, that the ODARA, if it's high risk, it goes to the  
3 domestic violence coordinator and then the process starts there.  
4 And, I take it, if that was the same ... it was determined that  
5 that, in fact, was a high-risk candidate, that would come to  
6 you.

7 **A.** Yes.

8 **Q.** There are others that could be designated as medium  
9 risk or low risk that don't go to the domestic violence  
10 coordinators. And I take it that you would never see those  
11 unless there was a charge associated with them that resulted in  
12 a FIP or some other source of information gets to you. For  
13 instance, the officer may call you and advise your office of  
14 some circumstances.

15 **A.** There's a number of levels. I don't know that charges  
16 are necessarily laid, but when an emergency protection order is  
17 sought, then we would be informed of those situations as well.

18 I do know, having looked at a number of the high-risk forms  
19 myself, that the score is not necessarily always on the high end  
20 of the ODARA levels as to whether it's a risk level. So,  
21 domestic violence, to our mind, is a risk factor. It tends to  
22 be cyclical.

**JOHN PARKIN, Examination by the Court**

1           **Q.**    Right.

2           **A.**    There's a whole variety of factors that Your Honour is  
3 no doubt familiar with. It is not treated lightly and we  
4 automatically review all of those for our client base.

5           **Q.**    How do they get to you?

6           **A.**    They can be phoned in to us directly by members of the  
7 public or by law enforcement. We have, in the past, and have  
8 files that are currently under review that have been called in  
9 by family members; by spouses, current or ex, who have concerns  
10 about their situation, call in on the public safety line and  
11 alert us. We do also get the high-risk forms. The FIPs will  
12 generate information sources that come in to us. But all of it,  
13 yes, is dependent upon outside sources reaching in to us and  
14 alerting us.

15    **(10:00)**

16           **Q.**    If the police respond to a disturbance call.

17           **A.**    Yes.

18           **Q.**    So that's the way it comes into them. There's a  
19 disturbance, they attend at the scene, and they find out that it  
20 was a couple that were involved in a loud dispute, for instance.  
21 No charges are laid. They determine before they actually go on  
22 the call that the individual has a firearms registered to them

**JOHN PARKIN, Examination by the Court**

1 or at least has a firearms licence, but no charges are laid.  
2 They don't do a risk assessment because there's no crime,  
3 there's no offence that's actually been committed that would  
4 form the basis of an ODARA. Is there any way that that  
5 information would regularly come to you? Like once they create  
6 the file and it's domestic disturbance or I guess it's a  
7 function of how they put it into the system?

8 **A.** Yes.

9 **Q.** Whether it would create a notice, such as a FIP that  
10 would go to you, even though no charges are laid.

11 **A.** Yes. To answer your question, I think the best way I  
12 can answer it is to say the ones that don't come in to our  
13 office, we are not aware of and can't be aware of, and because  
14 of the way a call can be closed and how it's coded, it is always  
15 possible, we are aware.

16 I can't remember the exact example but relatively recently  
17 one of my staff was commenting on an incident that we became  
18 aware, it might have even been through the media or a media  
19 release. We saw an incident and looked into it. No FIP had  
20 even been generated on it. So it still happens and it can  
21 easily happen that matters that ought to come to us slip past  
22 our office.



**JOHN PARKIN, Examination by the Court**

1           **Q.** I guess that no system of reporting is waterproof.  
2 There's always going to be some that are going to slip through.  
3 Be more concerned with changes in the system that would help  
4 close those gaps so that things don't slip through, that there's  
5 a way to make certain that when ... or make more reliably get  
6 information to your office when there's a call involving  
7 domestic partners or intimate partners, no charges are laid but  
8 it was a call of sufficient note or concern that the police were  
9 notified, police attend, no charges are laid, but clearly there  
10 was something going on that day. Those don't necessarily get to  
11 you.

12           **A.** It's not 100 percent guarantee.

13           **Q.** Okay, my question is, are those the kinds of ... and  
14 the person has a firearms license and has firearms. Is that the  
15 kind of call that you would like to know about?

16           **A.** Whenever there's any kind of incident with an  
17 individual who owns or has access to firearms, then to my mind  
18 at least, that is something that we should be aware of and that  
19 we would certainly be interested in looking at. And listening  
20 to what Your Honour is saying, I'm thinking that maybe there are  
21 other bridges to be explored as well. NWEST, National Weapon  
22 Enforcement Team, might be a bridge between law enforcement and

**JOHN PARKIN, Examination by the Court**

1 agencies and what they're responding to that can screen.  
2 Because I know that from my experience in policing that watch  
3 commanders do a nightly report of all significant incidents.  
4 Maybe there is a mechanism in there that could be used to help  
5 bridge the gap.

6 Q. I know that over the course of time both Mr. Murray  
7 and, previously, Mr. Russell, now Judge Russell, have had  
8 discussions with you. You've also had discussions with Mr.  
9 Anderson and kind of certain questions have been posed. So I'm  
10 going to go through some of those in an informal way so I have a  
11 clear understanding and we could perhaps have a discussion about  
12 it.

13 I know one of the things that Mr. Anderson brought up this  
14 morning that was the question of how long would an agreement or  
15 an authorization be binding. So when we talk about the  
16 authorization or agreement, you're really talking about looking  
17 at the question of the practicality and the effectiveness from  
18 your perspective; that is, Section 5's perspective, in having  
19 this additional document at the time that an applicant is  
20 providing you with a 6423. So you have a situation where the  
21 applicant can go to their physician, the physician is prepared  
22 to complete the 6423. You get that information, you get the

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1 opinion. You give it as much weight as you think is due at that  
2 point in time in the context of all the other information that  
3 you have and you make a decision. So if you make a decision to  
4 grant the license, I would assume that it's important to be  
5 aware if there's changes in the individual's health status and  
6 that would be not only physical health but mental health status.  
7 Because it may vary, and if it varies from the opinion in the  
8 original Form 6423, then the amount of weight that you had  
9 originally put on that will change and it might change your  
10 decision about eligibility to hold a license. Is that correct?

11 **A.** Yes.

12 **Q.** I'm kind of paraphrasing a lot of it, or abbreviating  
13 it, but generally that's it. So now you get this situation  
14 where you say, All right, well, we want to be able to cover off  
15 a situation where circumstances change and there's an  
16 outstanding letter. Because, clearly, that's the circumstances  
17 that I think that Mr. Desmond found himself in where you had  
18 letters from a couple of physicians and the reports and his  
19 circumstances, leaving aside how accurately they reflected his  
20 circumstances at the time. And we know that his circumstances  
21 changed. His mental health circumstances changed. And, for  
22 instance, one of the psychiatrists that he had seen for in

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1 excess of four years had provided a letter. And then I think  
2 some four months later, he left the Canadian Armed Forces, he  
3 was no longer seeing that psychiatrist and he had then moved on  
4 to another psychiatrist/psychologist in an Operational Stress  
5 Injury Clinic in Fredericton. So that was a major change in  
6 circumstances.

7 **A.** Yes.

8 **Q.** But it was never captured. And then once he was with  
9 this new medical team, new psychiatrist, new psychologist, he  
10 was with them for a period of time and they eventually referred  
11 him to the Operational Stress Injury residential treatment  
12 facility in Quebec. So his stability had ... they were, I guess  
13 ... they weren't able to provide a level of stability that he  
14 needed to engage in therapeutic sessions at that point. My view  
15 is that another major change in circumstances and not positive.  
16 But there was, in effect, no way for the CFO to know that the  
17 original physician, treating psychologist, psychologists were no  
18 longer seeing him and to the extent that he had been treated for  
19 many years and that doctor at that time was confident in the  
20 opinion that they gave but that relationship ended.

21 **A.** Yes.

22 **Q.** And then the new relationship didn't appear to be

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1 successful in establishing stability in the therapeutic  
2 relationship that was needed. If there had been, if CFO had at  
3 least been alerted to the fact that the treating physician, the  
4 psychiatrist was no longer on the case, then it would have  
5 perhaps triggered a review to see what Cpl. Desmond's  
6 circumstances were and what had become of him from the mental  
7 health/medical treatment perspective. That is a gap. Even  
8 though that all happened in New Brunswick, you can face that  
9 same problem here.

10 **(10:10)**

11 **A.** Absolutely.

12 **Q.** Right? And if you look at trying to fill that gap  
13 with another document. So appreciating that Form 6423 requires  
14 a consent and every doctor has, I guess, makes a decision  
15 whether they're comfortable in completing the form or not. I  
16 would say that if they don't complete the form, that's just a  
17 factor that you have to take into account. You may not be able  
18 to get the information the way it can most effectively come to  
19 you in a compact form. But the undercurrent of that is, of  
20 course, is that you need more staff, more people, more  
21 investigators, and more resources to be able to track down that  
22 information if it's not forthcoming through either a 6423 or

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1 some other reporting document. Would that be fair to say?

2 A. I agree with you, absolutely.

3 Q. I may say that I've read a lot of your evidence from  
4 the last occasion and I read my notes and some other documents  
5 last night. So I know your commentary about staffing  
6 requirements and what you need and what you don't have and I  
7 appreciate as well that when ... So let me ask you. Has your  
8 staff been added to since you were last here?

9 A. We have filled the vacancies and we have some new  
10 people so we are up at our full complement, but that is only the  
11 number that we have had for the last 10, 11 years in our office.

12 Q. It doesn't take into account the backlog created by,  
13 that you have to try and clear.

14 A. And we are still clearing that backlog.

15 Q. All right. Has **Bill C-21** ... 71?

16 A. C-21? I don't believe they've re-tabled that one.  
17 That was the one just before the election. C-71 is the one with  
18 the reference to requiring businesses to keep records and the  
19 verification of the license validity and status of licenses and  
20 those sorts of things.

21 Q. Would any of those activities increase your workload?

22 A. **Bill C-21**, I believe, has some aspects to it that will

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1 see an increase to workload because that is the legislation that  
2 proposed the yellow flag laws.

3 Q. Is that the legislation as well that proposes for the  
4 sales of nonrestricted firearms, that there be a check on the  
5 license at each sale?

6 A. No, that was **Bill C-71** that received Royal Assent in  
7 2019.

8 Q. Okay, that one just hasn't ...

9 A. Hasn't been implemented yet.

10 Q. Is not implemented. Will that increase the workload  
11 that you have?

12 A. Not significantly because the verification of the  
13 license check itself and the status of the license, as I  
14 understand it, is to be done through the registrar and through  
15 the central processing site. So it would be a call in to the 1-  
16 800 number, they would verify the license. That  
17 notwithstanding, however, the **Firearms Act** does allow an  
18 individual to check now if they voluntarily chose to do so.

19 Q. I appreciate that. The change in the legislation by  
20 Order-in-Council that reclassified a large number of firearms,  
21 some 1500 or thereabouts from restricted to prohibited, those  
22 firearms are still in the possession of ... Generally, the

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1 government hasn't implemented a program to either take them out  
2 of the hands of the licensed owners, or the registered owners at  
3 the time, and have not implemented a buy-back program.

4 Do you have any idea of how the ... I'm going to talk about  
5 the return of those firearms is likely to impact you however  
6 they're returned. Is that something that you're going to be  
7 engaged in, your office is going to be engaged in?

8 **A.** My understanding and what I have been told thus far is  
9 that should impact us minimally because that's going to be  
10 through Public Safety Canada. Now they have just extended the  
11 amnesty for 18 months. What that program will look like between  
12 now and then, I have no idea.

13 **Q.** So you have no idea on. So, presumably, if there's a  
14 decision made somewhere along the line that impacts you that you  
15 would expect additional resources to be able to deal with it.  
16 Because otherwise it's going to take away from all the other  
17 valuable work that you do.

18 **A.** It could potentially. Because one of the services  
19 that we offer law enforcement right now and that we still  
20 provide, it dates back from a ministerial directive from many  
21 years ago is firearms that are forfeited by courts or  
22 surrendered by individuals to the police for destruction. Then



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1 my field investigators travel around to district offices and  
2 collect those when the police want to empty their storage rooms  
3 and then we take them for destruction and stand by and  
4 facilitate the destruction of them. So it occupies or can  
5 occupy a significant amount of time depending on volume.

6 **Q.** The enduring direction, just what that might look like  
7 I would suggest is that the ... So the first part you might need  
8 is, again, just like you have with your 6423 is you have your  
9 client or your applicant, the doctor's patient signed a consent  
10 permitting the doctor to provide information to you for the  
11 purposes and as outlined in the consent. Because there's a form  
12 of consent that goes along with the 6423, correct?

13 **A.** Correct.

14 **Q.** That's signed and those are the documents that are  
15 produced by the RCMP.

16 **A.** Yes.

17 **Q.** Correct? And as an opt-in province. But you still  
18 continue to use those documentations.

19 **A.** That's correct, yes.

20 **Q.** Okay. So that part of it is really the same in terms  
21 of the consent and the explanation for how the information is  
22 going to be used. So that's one part of it.

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1           The other part of it is it has to be enduring and I would  
2 suggest at least for the period of the license or for five years  
3 from the date of the signature of the document. So you're going  
4 to capture most of the license period if you build that into the  
5 document. And I'm not suggesting that creating that document or  
6 building these features into that document is something that you  
7 would necessarily do out of your office because you have legal  
8 counsel that can help you build that.

9           **A.** Correct.

10          **Q.** And if, in fact, at the end of the day I make a  
11 recommendation, I may turn my drafting skills to that very  
12 issue. But be that as it may. So you have a consent. You have  
13 the other part of it, it's enduring, of course. But I think the  
14 other part of it is that you've asked the question about, well  
15 if it becomes voluntary for the doctor to do it or not. You  
16 know, for instance, like in the **Motor Vehicle Act**, you're  
17 familiar with the **Motor Vehicle Act** as it relates to reporting  
18 of information. So section 279 of the **Motor Vehicle Act** relates  
19 to, the heading of that section is, Immediate suspension or  
20 revocation by a Registrar. So section 279(7), reads:

21                   Every qualified medical practitioner,  
22                   optometrist, nurse practitioner, or occupational

**JOHN PARKIN, Examination by the Court**

1           therapist may report to the Registrar the name  
2           and address of any patient attending upon him for  
3           medical services who, in the opinion of such  
4           qualified medical practitioner, optometrist,  
5           nurse practitioner, or occupational therapist, is  
6           afflicted with mental or physical infirmities or  
7           disabilities rendering it unsafe for such patient  
8           to drive a motor vehicle upon highways.

9           **A.**    Yes.

10          **Q.**    So the word in that section is "may".

11          **A.**    Yes.

12          **Q.**    All right? Now it might be argued that because  
13          there's a provision that allows them to do it on a may basis  
14          that no liability would attract if they do that. They have a  
15          decision. Across the country there are provinces that make it  
16          mandatory and it appears to not create any great amount of  
17          litigation because it's a mandatory obligation.

18          **(10:20)**

19                So when you have a physician and if you're concerned about  
20          may report it or may not report it, I'm going to suggest to you  
21          that the way you can deal with that is a consent authorization  
22          but also a direction, a particular direction. An authorization

**JOHN PARKIN, Examination by the Court**

1 and a direction to the physician to, in fact, report to you and  
2 thereafter you can, you know, you can make a determination of  
3 the things that you want to know about. So, for instance, if  
4 there's a change in mental health circumstances, if there's a  
5 change in medication, if there's a change in marital  
6 relationship, they're aware of it. If there's a change in the  
7 doctor/patient relationship; that is, if it gets terminated by  
8 either the patient, if it gets terminated by the doctor. Doctor  
9 can move, doctor can retire, doctor can say I don't want to deal  
10 with this patient anymore. Or, again, if the patient is no  
11 longer compliant with the doctor's direction with regard to  
12 mental health, medication or any other advice. So you could  
13 create a whole list of things that you might think are important  
14 to know as it might affect your decision to review in a broader  
15 sense the continuing eligibility of the individual. The fact,  
16 you know, when you say, Well, what about if there's just a  
17 change of a doctor, the doctor retires, what do you do then?  
18 Well, first off, you need to know that happened.

19 **A.** Yes.

20 **Q.** So you can create the list of things that you think  
21 you want to know from that doctor, you would have your applicant  
22 consent and provide a direction to the doctor to report to you

JOHN PARKIN, Examination by the Court

1 any information with regard to that list. So now the doctor  
2 doesn't have to worry about may or may not because he's been  
3 given a direction and if he accepts the direction from the  
4 client. He may say to his patient, I'm going to do this on a  
5 one-time basis but after that you're on your own. And if you're  
6 looking for that consent and you can't get it, well, then that's  
7 something I think that you might just have to weigh into the mix  
8 again. Because if you have these concerns but you have no way  
9 to effectively monitor them and you think it's important to be  
10 able to monitor them, and if you are not able to do it in that  
11 fashion, and that's the only reasonable way you think you can do  
12 it, then I'm going to suggest to you that that's going to enter  
13 into the weight of your decision-making. Because if you have to  
14 wait for another five years to get a report, in Cpl. Desmond's  
15 case, I see that as a real gap.

16 **A.** Yes. I agree. And any significant changes. And the  
17 way the **Motor Vehicle Act** addresses it in the legislation there,  
18 my mind goes to the fact that does "may" impose a duty. Because  
19 then there is an obligation for individuals to participate in  
20 the process if there's a public safety hazard has been  
21 identified or a risk. That carries with it other potentially  
22 consequences whether they be criminal, but it may be civil, if

**JOHN PARKIN, Examination by the Court**

1 an individual fails to inform an authority of a change. I guess  
2 it all comes back, and I think I've given the evidence on this  
3 before, again it's my opinion, I guess, is that it's the  
4 communication and the information and we are talking about the  
5 access to ownership and handling of firearms and we can't act if  
6 we don't know what's going on and what changes are happening.

7 Q. I know and it's really beyond our concerns here. I  
8 know that the Canadian Medical Protective Association on their  
9 website revised, at least in November of 2021, offers an opinion  
10 and there are ... I guess the opinions that they put out in  
11 their documentation off their website would be for the general  
12 public to read but it's also for their physicians to read. They  
13 would be in a position to give their clients, the doctors,  
14 advice on what kind of liability they might have when there's a  
15 statute that talks about a may report versus a shall report and  
16 whether they face any liability, particularly in a high risk  
17 situation where there's only a may report and whether or not  
18 there's actually a higher obligation than may. But, again,  
19 that's something that would be really for the doctors and their  
20 insurers to deal with, particularly if, you know, you make the  
21 decision that this is what you need to be able to do your job,  
22 to do your due diligence with regard to that, whatever advice

**JOHN PARKIN, Examination by the Court**

1 they get. And I guess at the end of the day when you ask, Well,  
2 what if they won't?

3 **A.** Right.

4 **Q.** Well, if they won't, and it becomes a broad enough  
5 problem, then maybe there needs to be a legislative change so  
6 that there's a shall. But, again, that's out of the **Firearms**  
7 **Act**, firearms regulation, and that's something that I can't deal  
8 with in particular. It's beyond the scope of my jurisdiction  
9 but that's something that certainly could be considered if it's  
10 serious enough. And as I said, in this particular case, I'll  
11 express my opinion in my written reasons, but my decision that I  
12 consider it to be important.

13 So I know that one of the issues that we raised was, what  
14 if the applicant stops seeing a doctor. Again, then that was  
15 just something that would be reported to you and then they have  
16 to make a determination as to how you're going to follow that  
17 up, I would think.

18 **A.** Correct.

19 **Q.** But at least you know.

20 **A.** At least we know.

21 **Q.** At least you know to make the inquiry.

22 **A.** Yes.

**JOHN PARKIN, Examination by the Court**

1           **Q.**   And I think that that would be the important aspect of  
2 it is to get the information into your hands so that you can  
3 make a decision on how to pursue it or how to follow up.

4           I know that, you know, in terms of concerns that you might  
5 have about what criteria would be used to determine, you know,  
6 in what particular cases you would use that second consent  
7 document, if I can call it that, I would think that in ... You  
8 can make a decision based on what the original 6423 is but you  
9 might look at it and say, you know, that you might look at  
10 something and say this particular condition has been so stable  
11 for so long and it's not something that's likely to become  
12 unstable given the history or whatever is disclosed in a  
13 document that you might look at and say it's not necessary to do  
14 it.

15           **A.**   Absolutely. And we apply a similar criteria now. I  
16 guess you would call it triaging a case and looking at it, how  
17 recent was the event, has the event been singular in its nature  
18 or has it been repetitive in its nature, have there been  
19 relapses, if the individual is receiving treatment, have they  
20 been compliant with the treatment or are there periods when they  
21 are noncompliant. And all of those factors are things that we  
22 look at today.



**JOHN PARKIN, Examination by the Court**

1           **Q.**   And there was a time when, I don't know whether it is  
2 now, but the review that you would ... you'd go back five years.

3           **A.**   Yes.

4           **Q.**   But now you can go back, as far back as you want to  
5 go, can you not?

6           **A.**   Correct. And to an extent, we always could because  
7 the five-year mandatory requirement review was a certain list of  
8 events that had happened within the previous five years. But if  
9 there was a pattern of behaviour and even before the current  
10 legislation, it would be utilized from time to time. If there  
11 was a trend or a pattern of behaviour that might go back longer  
12 than the five years, we would look at that.

13          **Q.**   I know that one of the concerns was that if this was a  
14 document that was unique to Nova Scotia, would it be  
15 characterized as unequal treatment of applicants because of the  
16 disparity between what happens in this province and versus  
17 another one? You know, I'd offer the opinion that not likely,  
18 because you have opt-in and opt-out provinces.

19          **A.**   Correct.

20          **Q.**   And once you opt in, then your control over the  
21 process in the province is in the hands of the provincial  
22 government in terms of how far they want to go, within the terms

**JOHN PARKIN, Examination by the Court**

1 of the **Act** and the Regulations.

2 **(10:30)**

3 **A.** Correct.

4 **Q.** How you get there is something that you get to design  
5 in that province.

6 **A.** Correct.

7 **Q.** And this is simply a design, it's a little different  
8 than what you might find in another province. Considering that  
9 all the provinces probably use the 6423 and all you're doing is  
10 creating an additional way, it's an enhancement of your access  
11 of that same type of information or a continuation of access to  
12 that information that your original judgment was based on.

13 **A.** Yes.

14 **Q.** So I would think that you wouldn't have a lot of  
15 concern there. But I'm not answering that, your solicitors  
16 would be able to give you that opinion more reliably than I can.  
17 But, you know, I raise it now so if we could have an additional  
18 discussion just for clarification.

19 **A.** And when I raised it, Your Honour, it was not an  
20 objection so much as the reality of the we can face judicial  
21 reviews over our decision-making and whether it's reasonable,  
22 and would this be a course that might be challenged.

**JOHN PARKIN, Examination by the Court**

1           **Q.** If you ... one of the questions that ... or a  
2 circumstance that you might face is you might have an applicant  
3 disclose that they have had mental health issues but they no  
4 longer have a doctor, haven't had a doctor for some period of  
5 time. I think that that would be a case that you ... so you may  
6 not have a doctor who can complete a Form 6423 and if there's  
7 not a doctor then you wouldn't get the follow-up enduring  
8 authorization or consent ... consent or authorization or  
9 direction. I think those are the cases that might be the one-  
10 offs and are just going to be the tougher cases to investigate.

11           **A.** They're more time consuming obviously and they occur  
12 fairly regularly. They're certainly not a rarity. Individuals  
13 either don't have a physician or they don't want to participate  
14 in the process themselves and in which case we will follow all  
15 those similar courses that we just discussed.

16           **Q.** Right. Yeah. All right.

17           You know what, I think I've covered most of what I wanted  
18 to cover. Sorry for taking over. Mr. Murray, do you have any  
19 questions?

20           **MR. MURRAY:** I don't think I have any additional  
21 questions, Your Honour.

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

**JOHN PARKIN, Cross-Examination by Ms. Grant**

1 **MR. MACDONALD:** No questions, Your Honour.

2 **THE COURT:** Okay. Ms. Grant? Sorry.

3

4

**CROSS-EXAMINATION BY MS. GRANT**

5 **(10:34)**

6 **MS. GRANT:** Thank you, Your Honour, just a couple of  
7 things.

8 Good morning, Mr. Parkin, once again. My name is Melissa  
9 Grant and I'm representing the various federal entities,  
10 including Public Safety and the RCMP, for your information.

11 We were focusing, I think, earlier on the medical field,  
12 people within the medical profession, and you said earlier, I  
13 think I got this right, where you said that your office can't  
14 act if you don't know.

15 **A.** Essentially, yes.

16 **Q.** And so you rely on a lot of the external sources of  
17 information, correct?

18 **A.** Most of the information is fed to us externally, yes.

19 **Q.** And in talking about, you know, medical professionals  
20 and people that you might see every once in a while, would you  
21 agree that people who see someone on a day-to-day basis, family  
22 members, partners, spouse, friends, would also have an idea of

**JOHN PARKIN, Cross-Examination by Ms. Grant**

1 the stressors and events in a person's life that might be  
2 relevant to you?

3 **A.** Yes.

4 **Q.** And, again, when you're saying that you rely on  
5 external sources, if in the day-to-day someone is coming across  
6 a person who is a licence holder who is saying things like  
7 they're going to snap, like they are making specific threats  
8 with respect to a firearm, that is information that you would  
9 hopefully want to have reported to you, agree?

10 **A.** Yes, correct.

11 **Q.** And if that information doesn't come to law  
12 enforcement or doesn't come to you then, as you said earlier,  
13 you can't act if you don't know?

14 **A.** Correct.

15 **MS. GRANT:** Thank you. Those are my questions.

16 **THE COURT:** Ms. Miller?

17 **MS. MILLER:** No questions, thank you.

18 **THE COURT:** Mr. Rodgers?

19 **MR. RODGERS:** No questions, Your Honour. Thank you.

20 **THE COURT:** Thank you. Mr. MacKenzie?

21 **MR. MACKENZIE:** No questions, Your Honour. Thank you.

22 **THE COURT:** Anything further, Mr. Anderson?

**JOHN PARKIN, Cross-Examination by Ms. Grant**

1       **MR. ANDERSON:** Nothing further. Thank you, Your Honour.

2

3

**EXAMINATION BY THE COURT**

4       **(10:36)**

5       **THE COURT:** Okay. The question that Ms. Grant asked  
6 somebody makes a comment like, I'm going to snap, and friends  
7 and family can hear a person or may hear a person over time, I'm  
8 going to use the expression "rant and rave" and they know that  
9 that's part of that person's makeup.

10       **A.** Mm-hmm.

11       **Q.** I'm going to suggest to you that the words ... and  
12 they're a licenced firearm holder and they possess firearms.  
13 And in the domestic circumstances in which those words are  
14 spoken I'm going to suggest that there may be times when it's  
15 just a rant and a rave, but those are the words that are  
16 important for you to know from your perspective?

17       **A.** The implication that could be hidden behind them is  
18 important for us to know, yes.

19       **Q.** Yeah. And so, for instance, if the police show up at  
20 a domestic ... at a disturbance scene and that same person is  
21 ranting and raving but there's no crime committed, you would  
22 expect that police would conduct an investigation to try and

**JOHN PARKIN, Examination by the Court**

1 determine from the people that are around what was actually said  
2 to get it to make some kind of judgment as to the individual's  
3 stability? Because they would be able to check on their  
4 computer to see if he had a firearms licence before they  
5 responded to the call, would they not?

6 **A.** They can run what's called a CFRO, yes.

7 **Q.** They can do that, okay. And if, in fact, that  
8 information comes back you'd expect that you'd be hopeful that  
9 that information would get to you. But now again, that was  
10 something we discussed early on, that would be a function of how  
11 it gets reported?

12 **A.** Correct.

13 **Q.** How it gets coded?

14 **A.** Yes.

15 **Q.** And whether a FIP gets created or whether they call  
16 you or whether ... otherwise you would never be apprised of it?

17 **A.** If the initial call came in and it was closed as  
18 something as simple as a noise complaint or something like that  
19 we may never be apprised of it.

20 **Q.** Yeah. So I guess then we're really talking about  
21 perhaps more awareness. And that's not to say that police are  
22 not aware and not to say that they don't pay attention to those

**JOHN PARKIN, Examination by the Court**

1 things. But from an operational point of view I'd suggest there  
2 should be an emphasis placed on where an area of investigation  
3 or concern or inquiry when they respond to those types of  
4 offences if it has any kind of domestic dispute element to it.

5 **A.** And even those authorities when they are responding to  
6 those types of calls might offer an opinion as to the  
7 circumstances and give it context for what happened. So two  
8 individuals standing on a street in downtown Halifax outside a  
9 pub exchanging words may have little ultimate meaning to it and  
10 it may be something we might inquire into if we became aware  
11 they were a licence holder, particularly depending on the nature  
12 of the language that was used, but ultimately it may have no  
13 impact on their ability or eligibility to hold a licence.

14 **Q.** Yeah. But it's just more information for you ...

15 **A.** It's information, yes.

16 **(10:40)**

17 **Q.** That goes into the mix to make your professional  
18 judgment about eligibility. So I appreciate that.

19 Again, Mr. Parkin, thank you for your time, I wanted just  
20 to have a final discussion with you to see what your concerns  
21 were in the context of that additional enduring authorization or  
22 consent document. I think it's something very important that



**JOHN PARKIN, Examination by the Court**

1 needs to be considered. So, again, thank you very much for  
2 time, appreciate it.

3 **A.** Thank you.

4 **WITNESS WITHDREW (10:40 HRS)**

5 **THE COURT:** Mr. Murray, any further witnesses?

6 **MR. MURRAY:** No, Your Honour.

7 **THE COURT:** Thank you. Counsel? Mr. Anderson, Ms.  
8 Lunn, any further witnesses?

9 **MR. ANDERSON:** No further witnesses.

10 **THE COURT:** Ms. Grant?

11 **MS. GRANT:** No, Your Honour.

12 **THE COURT:** Mr. Macdonald?

13 **MR. MACDONALD:** No witnesses, Your Honour. Thank you.

14 **THE COURT:** Ms. Miller?

15 **MS. MILLER:** (Shakes head "no".)

16 **THE COURT:** Mr. Rodgers?

17 **MR. RODGERS:** No, Your Honour.

18 **THE COURT:** Thank you. Mr. MacKenzie?

19 **MR. MACKENZIE:** No, Your Honour.

20 **THE COURT:** And I know that Mr. Hayne advised that he  
21 was going to be watching through livestream and unless I get a  
22 text message from him within the next 10 minutes I assume he'll

**DISCUSSION**

1 have no additional witnesses either. So thank you.

2 We've set a date for briefs and I think Mr. Murray has had  
3 discussions with all counsel about how much time they think they  
4 might require for oral submissions. I think generally we're  
5 looking at anywhere from an hour to maybe an hour and a half for  
6 some counsel. That's fine, whatever you might think.

7 So I think we'll close for the day, returning on April?

8 **THE CLERK:** 19th.

9 **THE COURT:** April 19th at 9:30 for submissions. I think  
10 we'll be here probably for a couple of days listening to  
11 submissions and then we'll likely close the proceedings at that  
12 point in time. All right. Thank you then.

13

14 **COURT CLOSED (10:43 HRS)**

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**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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**DARTMOUTH, NOVA SCOTIA**

**March 25, 2022**