In the Matter Of:

The Long-Term Care Homes Public Inquiry

ELIZABETH WETTLAUFER VOL 1

February 14, 2018

---

neesons

77 King Street West, Suite 2020
Toronto, ON M5K 1A2
1.888.525.6666 | 416.413.7755

THE LONG-TERM CARE HOMES PUBLIC INQUIRY

INTERVIEW OF ELIZABETH WETTLAUFER

--- This is Day 1/Volume 1 of the interview of ELIZABETH WETTLAUFER in the above Inquiry proceedings taken at the Grand Valley Institute for Women, 1575 Homer Watson Blvd., Kitchener, Ontario, on the 14th day of February 2018.

REPORTED BY: Helen Martineau, CSR

A P P E A R A N C E S:

William McDowell, Esq.	Commission
& Elizabeth Hewitt, Esq.,	Counsel
& Rebecca Jones, Esq.	

I N D E X

PAGE

INTERVIEWEE: ELIZABETH WETTLAUFER
EXAMINATION BY MR. McDOWELL,
MS. HEWITT and MS JONES.....5

INDEX OF EXHIBITS

NO./	DESCRIPTION	PAGE
1	Diagram of the location of the med room and treatment room relative to the nursing station. Hand-drawn by Elizabeth Wettlaufer.	61

--- Upon commencing at 8:39 a.m.
EXAMINATION BY MR. MCDOWEL,
MS. HEWITT AND MS. JONES:
BY MR. MCDOWEL:
Q. Ms. Wettlaufer, as you know we are lawyers for the Public Inquiry for the offences that you committed, and one of the things that we will accomplish in the inquiry is to determine the circumstances surrounding how all of this happened. And also to look at recommendations to prevent offences like this from happening in the future.
So we wrote a couple of letters to you, one through Ms. Beulitch [ph], your probation officers, and we mentioned in the first letter to you that if you want to have a lawyer present you could have one, and we were happy to communicate through that lawyer, but you're content to go ahead without a lawyer today?
A. Yes, I've chosen not to have a lawyer.
Q. All right. I appreciate that.
-- DISCUSSION OFF THE RECORD --
BY MR. MCDOWEL:
Q. So starting anywhere you want to the start is there anything you want to tell us before we start into our questions?
A. Um, not that I can think of.

If there's something that -- I've done a lot of thinking about it so if there's something that your questions don't cover then I'll bring it up at the end. But basically you wanted to know what I thought could happen to prevent it? My background, things like that?

Q. Right.

A. So that's going to be covered by the questions you ask.

Q. Right. All right. Let's start there. So where did you grow up?

A. Woodstock, Ontario. I was born in Toronto and when I was 4 we moved to Woodstock.

Q. What did your parents do for an occupation?

A. My dad was a salesman and my mom worked as a secretary.

Q. You went to high school in Woodstock?

A. Yes.

Q. Which high school?

A. Huron park.

Q. How did you do in high school?

A. I didn't -- I was an average student. I didn't try very hard.

Q. Did you have any problems with alcohol or drug in high school?

A. I dabbled. I used drugs once in a while and I drank once in a

while but not -- I wouldn't say I was addicted at that time.

Q. So when you finished high school you decided to go to community college?

A. Yes and I did a year of journalism in Toronto.

Q. Where was that?

A. At um...

Q. Ryerson, or George Brown, or Seneca?

A. I can't think of the name of it. It starts with a C. I didn't graduate. I flunked the year.

Q. Right.

A. And then after that I went to London Baptist Bible College in London for four years.

Q. Uhm hmm.

A. And I got my Bachelor of Religious Education with a minor in Counselling, and then I took a year to upgrade my high school sciences and maths and then I took nursing at...

BY MS. HEWITT:

Q. Conestoga?

A. Conestoga in Stratford.

BY MR. MCDOWEL:

Q. And the Bible College that was a four-year degree?

A. Yes.

Q. And did you live at home

when you were doing that?
A. For three of the years I lived at home, for one year I lived in residence.
Q. And how did you do in the courses in Bible college?
A. Average.
Q. Any problems with alcohol or drugs during Bible college?
A. No, didn't touch it while I was in Bible college.
Q. I suppose it's not really the atmosphere with a lot of alcohol and drugs around is it?
A. No.
Q. So let me ask you this, how is it that you decided to go into nursing?
A. Well, I was going to -- when I was in Bible college I really felt like God was calling me to be a missionary. And I was told as a single woman the best thing to do would be either a teacher or a nurse.
So I chose to go through a fifth year of Bible college to become a nurse -- to become a teacher; and then the summer before that was to happen I just did a lot of thinking and decided to become a nurse instead because I liked to look after people, and I felt that it was something I could do and that would be a good income. So I applied for nursing the year after I

updated my sciences and maths.

Q. Go backwards a little bit here. A number of people, we've been reading obviously the witness statements that people gave to the police. A number of people have talked about your family having quite a strong faith background, is that correct?

A. Yes.

Q. Did you go to church a lot as a kid?

A. Oh yes, every Sunday and Wednesday nights as well.

Q. Wednesday nights were Bible study kind of thing?

A. Wednesday nights were prayer meeting for the adults and then, like, Bible meeting for the kids or youth group for the kids.

Q. And obviously I guess when you're at Bible college you're going to services all the time?

A. Yes.

Q. And when you got out of Bible college and you were doing your studies were you still going to church regularly?

A. Yeah, I was staying with my parents for the year that I went back to high school. So pretty much the rule was if you were in the house you have to go to church.

Q. And which church was that?
A. South Zorra Baptist, it's just outside of Woodstock. It's actually no longer in existence.
Q. And then at some point did you stop going to church quite regularly or was it pretty constant in your life?
A. When I was in nurses' college I lived in residence for the three years and I didn't go to church. If -- the weekends I was at nurses' college I didn't go to church. If I visited my parents I would go to church with them.
Q. Right. So you went to Conestoga?
A. Uhm hmm.
Q. You got your qualification?
A. Yeah.
Q. And how did you do in Conestoga?
A. Straight A's.
Q. Really?
A. Yeah. Straight A's all the way through.
Q. Did you find it difficult?
A. No, not really. I did -- I studied and did what I was supposed to and I just was very good at learning about health things.
Q. So you finish at Conestoga and get good grades, what did you decide to do at that point?

A. I stayed in a little town called Geraldton, Ontario, it's 16 hours north of Toronto. And I stayed there as a nurse and also I was working with the Geraldton District Association for Community Living.

Q. Which dealt with developmentally handicapped people?

A. Which works with developmentally challenged, yes.

Q. Why Geraldton?

A. Well, that was where I did the final part of my training. At that time when you trained as a nurse in college the last semester was practical and you chose where you wanted to go; and you were buddied up with a nurse and you did nursing. You did their shift with them.

BY MS. HEWITT:

Q. And that was at Geraldton hospital.

A. That was at Geraldton because I thought I would like to work up north.

BY MR. MCDOWEL:

Q. What was the attraction of up north?

A. It just -- it was different. There's more opportunities and I just wanted to see -- I thought it would be okay.

Q. So how did it go in Geraldton?

A. I was fired from my job in September of '95 because I couldn't stand the isolation and I had depression that was untreated, so I stole 30 milligrams of Ativan from the hospital and attempted to take my life.

BY MS. HEWITT:

Q. How many pills would that be?

A. It was 30 pills.

Q. So a milligram a pill.

A. It was 30, 1-milligram pills.

BY MR. MCDOWEL:

Q. So 30 pills of Ativan?

A. Yeah. And I took them right before I left my shift at the hospital. And I became -- I started stumbling around, slurring my words. And so the nurses noticed so they grabbed me and put me in a hospital bed and saved my life.

Q. They pumped your stomach?

A. No, I was sick to my stomach. I don't remember much of the first two days that I was in the hospital.

Q. So up to that point then you'd been abusing drugs before?

A. Drinking very heavily. The three years I was in nurses' college I drank very heavily. Like, probably three

times a week where I got drunk.
Q. What prompted that? Was it just the culture of the program or more than that?
A. It was, I really enjoyed being drunk. And it was -- I'd often drink by myself.
BY MS. HEWITT:
Q. I have a question. So my role, and I've been looking at all of the facilities and the agencies and trying to build the employment history.
A. Uhm hmm.
Q. And one of the things that I noticed on I think when you applied to Geraldton for a position is there were a couple of other places mentioned, Park Place and Cedarcroft Place?
A. Oh yes.
Q. Did you do placements there? Or what were you doing there?
A. No, I worked there as a student.
Q. As a student nurse or as a student?
A. Well, I was hired there to work like a -- I guess now they call it a PSW. I did PSW duties.
Q. At both of those?
A. At both of those, yes.
Q. And are they retirement facilities?

A. They're retirement facilities, yes.
Q. And it mentioned Woodstock and District Developmental Services?
A. I worked there, yeah, I worked there the year before I went to nursing. The year I went back to high school to upgrade I worked for developmental services.
Q. And that would be like a community living, a group home with the disabled?
A. Yes.
Q. And any issues while you were working at any of those places at all?
A. No, no.
Q. Sorry, Will.
MR. MCDOWEL: No, it's okay.
BY MR. MCDOWEL:
Q. So during your nursing program you're binge drinking effectively?
A. Yeah.
Q. And did you ever ask anybody about that or think about getting any treatment for that?
A. I did get treatment when I was fired from the hospital.
Q. Uhm hmm.
A. I was part of the nurses' Union so they stepped up and gave me a lawyer, and also had it looked into as to

whether or not I was an alcoholic.

And I was -- instead of the College of Nurses taking away my license they had me down as a -- I forget what it's called but it's a nurse who's basically incapacitate. And they set up a -- I have a counsellor that I saw once a month. I moved back home eventually and they set up I had a counsellor that I saw once a month and I was to go to -- twice a week I was to go to meetings.

And basically I worked at -- I didn't work in nursing -- well, I did. I worked at Christian Horizons while this was going on.

Q. Okay. Let me stop you for one second.

A. Yeah.

Q. So you were fired. The Union is ONA, the Ontario Nurses' Association?

A. Yes.

Q. And do you remember who your lawyer was way back then?

A. No.

BY MS. HEWITT:

Q. I think it was Liz McIntyre?

A. That sounds familiar, yes.

Q. Yeah, I think it was Liz from Cavalluzzo.

A. Yes.

BY MR. MCDOWEL:
Q. And so they got you into a program, or a course of treatment?
A. Yes, I was seeing Dr. -- I want to say Johnson but that doesn't sound right. I saw him once a month, and once a month -- once a week I went to a group that he facilitated and it was strictly for health workers, doctors, nurses, with alcohol and drug problems.
Q. Was that in London?
A. Yes.
BY MS. HEWITT:
Q. And how did you feel -- Marlene was I think the one that was dealing with what happened at the hospital? Marlene....
A. Marlene Pavletic [ph].
Q. Pavletic?
A. Yeah.
Q. And how did you feel the hospital handled it? Do you feel they handled it well, or not well, they could have done better?
A. Um, I never gave it much thought.
Q. Uhm hmm.
A. At the time -- of course I wasn't happy to be fired but I wasn't giving things very much thought. I was just sort of going along.
Q. Right.

A. And I believe I deserved to be fired because I stole the medication on shift. I took it at the end of my shift while I was still working. So not only did I steal from the hospital I also put patients at risk because I had Ativan in my system while I was still giving out meds to people.

BY MR. MCDOWEL:

Q. Am I right that this was a month into your stint up there?

A. Less -- over a month.

BY MS. HEWITT:

Q. Yes, September I think was the incident --

A. Yeah, it was September.

Q. -- and you were hired back in June?

A. I was hired in June, yeah.

Q. How did you get the medication? That type of medication at that point in time how was it managed?

A. The med room there was a nightmare. They had -- the med room you would go in and unless it was something specific that needed to come from pharmacy there were bottles of pills; and when you filled your med cart you just took the bottle of pills and you counted out what you needed for each person.

Q. Kind of like what a pharmacy does when you go to fill a prescription?

A. Yeah. You count out the meds, you put them into the paper cup for that person, put it into the slot that you need to use.

So Ativan and Valium at that time were not considered controlled substances so I was able to just take 30 Ativan out of one of the pill bottles.

Q. And was that the first time then that night?

A. That was the first time that I had tried -- that I had done it to harm myself, but I had taken Valium and I had taken Ativan.

Q. At the hospital?

A. At the hospital, yeah. I had taken it from the hospital. I had also tried morphine once.

Q. From the hospital as well?

A. From the hospital.

Q. How was that kept, then?

A. It was counted but if a patient refused --

BY MR. MCDOWEL:

Q. So you went with the dose and the patient said, I don't want it?

A. Yes, and I did try it once when a patient refused.

BY MS. HEWITT:

Q. So at that point in time there was no counts -- other than the morphine there was no actual counts of the

Valium or the --
A. Or the Ativan.
Q. -- or the Ativan at all?
A. No.
Q. Just when it was empty it was refilled by the pharmacy then?
A. Yeah. You let them know when you were down to 5 or 6 pills and they sent up a new bottle.
Q. Okay.
BY MR. MCDOWEL:
Q. So during this period of supervision that the college had, so the college imposed a term?
A. Yeah. I think it was three years but I'm not sure.
Q. There was a period where you couldn't have any alcohol for six months or something like that?
A. I didn't touch -- once I was back home and working for Christian Horizons I didn't touch alcohol or drugs ten years.
Q. Wow.
A. Yeah.
Q. So when did you get the job at Christian Horizons?
A. 1996, I started in June of '96.
Q. Working as a nurse?
A. No, I was working similar to a developmental services worker, but

because I was a nurse I looked after the -- I taught people how to give meds if they came in and didn't know how to give meds. I taught a safe lifting class that I taught all over the district. I used my skills so I still counted myself as being in nursing. And when I let the College of Nurses know, you know, what I was being -- doing, they counted it as still using my skills and so I kept my nursing license.

Q. Safe lifting? What's that?

BY MS. HEWITT:

Q. Transferring patients?

A. Yeah, transferring patients. It was just, you know, how to properly look after your back, how to properly lift, how to -- yeah. I used -- I developed the course actually.

Q. And the -- do you mind me jumping in like this? Is that okay?

A. Not at all, no.

MR. MCDOWEL: I mind.

MS. HEWITT: You can yell at me later.

BY MS. HEWITT:

Q. Before you get to Christian Horizons there's a couple of places that your resume shows that you worked, one was Victoria Rest Home?

A. Oh yeah.

Q. And the other one was Geraldton and District Community Living?

A. Yes. I worked at Geraldton and District Community Living from June of '95 to February of '96, and that's when I moved back to Woodstock was February of '96.

Q. So you were still doing shifts there and working at the hospital?

A. Yes. And then when I was fired from the hospital I worked at Geraldton -- I worked at the Community Living.

Q. And how was that when you worked at both places? Did you ever -- were you working consecutive shifts sometimes?

A. The night that I took the Ativan and attempted on myself I had worked 8 hours at Geraldton and then come in and worked the nightshift at the hospital.

Q. And was there -- at that time at the hospital you wouldn't report to them, I've just worked an 8-hour or shift, or anything like that? It was just you just came from one to the other?

A. Yeah.

Q. And then Victoria Rest Home, couldn't find much. It's been through a lot of different changes since then.

A. Yeah. I actually forgot I worked there.

Q. No, I couldn't find much on

it. What I did find though was Liz McIntyre, your lawyer at the time, wrote a letter saying it was okay to speak to Jane Windmill [ph] but you had some concerns about your employment there.

A. Oh.

Q. Do you remember what was that?

A. Oh, she was, she was the owner and my concern, my concerns about my employment there were that she -- I had -- I don't know how to explain this. She reported some false things about me to the College of Nurses.

Q. Okay. That was that you refused shifts and stuff like that?

A. Yeah.

Q. Okay.

A. She also claimed that I checked on a patient who I thought was dying and called the family without doing their vitals, which wasn't true.

Q. Yeah.

A. That was when the College of Nurses asked her about how I was doing. She sent some -- what I felt was some untrue information.

Q. Right.

A. And then when I got my job at Christian Horizons I told her, I'm getting a part-time job somewhere else and I'll give you my hours. And when I gave

her the hours that I was available the next -- the next -- sorry.

Q. It's okay.

A. I haven't been awake for very long. The next schedule that came out every day that I said I was unavailable she had put me to work there.

Q. Okay.

A. So I gave her my two weeks' notice but I also worked the shifts. I did some switching around because at that time I felt that I wanted, you know, to do it right so I worked the two weeks so I worked several shifts back-to-back between the two.

Q. Between the two again?

A. Yeah, but I was okay.

Q. Okay. And then Geraldtonn -- one question, just going back, so I asked you how you felt the hospital had handled everything. And it didn't look like there was any -- the College of Nurses put any interim measures on you until you had the agreement in '97. So you could have worked as a nurse in between there after leaving from Geraldton until the agreement with the College? Is that right? No restrictions on you?

A. I don't -- I never thought about it. I just knew that the College of Nurses was doing an inquiry on me so I didn't bother to try to get a job as a

nurse somewhere else.

Q. You decide yourself to stay away from it?

A. Yes. And then when I moved back to Woodstock in '96 then I did apply to work at Victoria Rest Home as a nurse and I was hired there as a nurse; but while I was in Geraldton, no, I didn't -- I had a job and I was trying to get over what I'd done.

Q. Uhm hmm. Okay.

BY MR. MCDOWEL:

Q. So let me go back to something. You said that when you took the Ativan you were suffering from an undiagnosed depression?

A. Uhm hmm.

Q. Did you see a psychiatrist at some point after this incident where you took the pills?

A. Yes.

Q. Yeah. I saw a psychiatrist in Toronto and that was at the behest of the College of Nurses?

A. Uhm hmm. And he diagnosed me with major depression.

Q. Do you remember who that was?

A. No, I don't.

Q. It was a long time ago.

A. Yeah. And then I saw -- twice I went to Guelph and saw a substance

abuse counsellor, he was a doctor.

Q. At Homewood?

A. Yes. And he diagnosed me with alcoholism.

Q. So you got the diagnosis from the psychiatrist in Toronto. And, sorry, that was the Union who set that up for you or the College?

A. I'm not sure if it was the College or the Union. No, I believe it was the College. I know that they were -- the Union was pushing to have me seen as an incapacitated nurse as opposed to having me lose my license.

Q. Right.

A. So I'm not sure who set it up. Like I said -- like you said, it was a long time ago.

Q. We can probably find out from them I suspect.

But once that diagnosis was made did you then get a psychiatrist in London or Woodstock to follow you up or --

A. No. I went to my doctor and I went for group counselling for depression in Woodstock, and I also started seeing the doctor in London. I want to call him Dr. Johnson but I started seeing him once a month for my substance abuse issues.

Q. And then the depression group was that different I guess from the

substance abuse group?

A. Yes. Yeah. The depression group was -- it was just group counselling available through Woodstock General Hospital.

Q. So Christian Horizons, I've seen a note somewhere that you had some issues with medication errors there? Is that -- do you remember that?

A. Not that I know of. I had a couple of medication errors but everybody did.

Q. Right.

A. Yeah. But nothing that I was ever -- nothing that ever got me in trouble.

BY MS. HEWITT:

Q. There was one letter, I think in '96, for a one-day suspension I think. There was three in a row, December of 1995 and then I didn't see anything after that. There was med -- I think they report medication errors, forgot to give so and so his Gaviscon and stuff like that?

A. Yes.

Q. Are those all self-reporting type things?

A. At Christian Horizons, yeah, your med errors are self-reporting or they would be caught by another person.

Q. Right.

A. Any med errors I usually made were forgetting to sign.

Q. Yes, I saw that. And so did they -- there is one letter that says, you know -- or memo that says, early on that there was a one-day suspension. But after that do you remember --

A. At Christian Horizons?

Q. Yeah.

A. I don't remember -- oh, that had nothing to do with meds. I was accused of emotionally neglecting and emotionally abusing the residents, and that was found to be false. And I was off for one day while that was going on, while -- like, I was off for one day with pay while they were investigating that and it was found to be false.

BY MR. MCDOWEL:

Q. And you're still a member of ONA at this point I'm assuming?

A. No, once I left the hospital I no longer paid my dues.

Q. Okay.

A. So I'm not sure when they considered me to not be a part of them.

Q. And just so I have it in my mind, when did you join the Union again?

A. When I started at Caressant Care, which was 2007.

Q. Right. So you're at Christian Horizons for a good long chunk?

A. I was there for 11 years.
Q. How did you like working there?
A. I really enjoyed it. Really enjoyed it.
Q. What was the workload like?
A. There were five residents that we supported and three staff to support them.
Q. Five residents?
A. Yeah.
Q. And three staff?
A. Yeah. Because we had one gentleman who could get very aggressive like this at the snap of a finger and it would take two people to handle when that happened. So they always had to have three on, two to handle him if something happened and one to look after everybody else while that was going on.
Q. So all shifts then three staff?
A. Nightshift there was one staff on because he never got out of bed.
Q. And were there only five beds in the facility?
A. Yes, it was a group home.
BY MS. HEWITT:
Q. It was a group home.
A. Now I think they have eight beds but I'm not sure.

BY MR. MCDOWEL:
Q. Okay. Did you have some good working relationships with the people you worked with there?
A. Yeah. Yeah. There was, you know, one or two people I butted heads with but the rest of the people I got along fine with.
Q. Who was your supervisor there, do you remember?
A. Dave Petcoff [ph] was the supervisor that hired me. And then we had two other supervisors, Tim, I don't remember his last name and then Mark, but I don't remember the last name.
Q. That's fine. And obviously no issues with harming patients at Christian Horizons?
A. No, no.
BY MS. HEWITT:
Q. Did you have access to those same types of -- like Ativan and Hydromorphone and morphine at that type of --
A. We had access to Ativan.
Q. Uhm hmm.
A. But they were in, like, bubble packs.
Q. Okay.
BY MR. MCDOWEL:
Q. So you couldn't get --
A. And there was Valium in

vials that we had for one of the gentleman who had seizures, but I never used meds from there.

Q. Because you were under control in terms of your substance abuse?

A. Yes, yes.

BY MS. HEWITT:

Q. And you had to tell, at some point, them about the agreement with the College of Nurses because they said, you know, you need to tell your current employer.

A. Yes.

Q. How did they receive that? How did that go?

A. I told my -- I told Dave Petcoff, who was the supervisor at the time, and he said okay. Because I wasn't hired there as a nurse.

Q. Right.

A. I was hired as a support worker, same as everybody else, but I was using my nursing skills for the company to help with things with the company.

Q. I read your -- when you did your self-performances through the years you kept saying you wanted to use more of your nursing skills while you were there, that was one of your goals to hopefully -- okay.

Sorry I'm butting in but I'm just filling in my history too.

-- DISCUSSION OFF THE RECORD --
BY MR. MCDOWEL:
Q. So why did you decide to leave Christian Horizons?
A. My husband and I broke up in 2007.
Q. Let's back up a little bit. When did you get married?
A. 1997.
Q. So you had been married almost ten years?
A. Almost ten years, yeah. We broke up in January of '97 (sic) because I was pursuing same sex relationships.
Q. Right.
A. And in May -- in April of '97 (sic) I started seriously dating a woman who was from New Brunswick; and the plan was that I would move down there to be with her. So I left my job -- I gave my notice at Christian Horizons and I was going to move down to New Brunswick and then the relationship fell apart.
So I applied at Caressant Care because they had a job available. I didn't want to stay at Christian Horizons because at the time they had a standard where you could not work there if you were in a same sex relationship. They don't have that any more.
BY MS. HEWITT:
Q. Right.

A. It's been challenged through the courts.

Q. Yeah, yeah.

A. But at the time they had that standard.

So I had given them my notice to move and -- because I was moving. And then when the relationship with my partner in New Brunswick broke up I decided to not go back to Christian Horizons because --

Q. That must have happened fairly quickly did it? Because you left a note at Christian Horizons saying, It's great to work with you guys. I'm moving to New Brunswick, in June of 2007 and you started at Caressant Care in -- so that happened --

A. Yeah. So we broke up and I had given up my apartment and I had given up my job. And very quickly I found another apartment in the same complex and I applied at -- there was a thing in the paper about Caressant Care and I applied there and I got the job.

So I was on two weeks' -- I had taken my last two weeks of vacation at the end of my term with Christian Horizons.

Q. Right.

A. So then, yeah, I applied to Caressant Care. And when I got to Caressant Care I didn't -- it wasn't a job interview. Helen Crombez took me around

and showed me the home, and talked about what the nursing duties were, and how many people I would be giving medication to at a time and then told me I was hired.

Q. That same day?

A. Yeah.

BY MR. MCDOWEL:

Q. Any discussion about your record at the College of Nurses?

A. No, none whatsoever.

Q. Nothing about references from Christian Horizons or anything like that?

A. I did -- no, I don't remember. Because I sent a -- like, an application and they -- and a record of who I had worked for to them when I applied. But when she actually interviewed me it was -- it was run more like an orientation than a job interview.

Q. So it's as though you had the job and they were showing you the ropes?

A. Yeah. So basically I guess they decided they needed an RN and they hired me, which was -- that's the only time that's ever happened where they just -- it was more like an orientation.

Q. Sure. And Christian Horizons, when you quit because you thought you were going to move to New Brunswick to be with your same-sex

partner, did you tell them that that's why you were quitting?

A. No, I told them I was moving for a job.

Q. Right.

A. And then once I was just -- I did tell a couple of people when I was leaving, I told them the truth, my co-workers.

Q. And did you think that you could go back there or not?

A. I didn't think I could -- didn't want to.

Q. Right.

A. I had come out to my family at that time and to my friends, and I didn't want to work in a place -- like, I could have fought it. I know somebody was very brave a few years later and did fight it.

Q. Right.

A. And so it got that taken out of Christian Horizons, but at the time it was -- it was just -- everything was such a mess. I thought I was moving to be with my partner; we broke up; I ended up staying in Woodstock; then we got back together; and then she and her kids moved in with me in September of '97. Like, it was quite a tumultuous time.

Q. And when you came out to your family how did that go over?

A. My parents were very upset, very upset, and my brother didn't talk to me for the ten years that I lived a same sex lifestyle.

Q. How about your parents? Were you still in touch with them?

A. Oh yes, yes. They were initially extremely upset but they stayed -- we stayed in contact and we stayed close.

Q. Did -- were you still going to church with them at that time?

A. No, no. I didn't go to a church at that time.

Q. Okay.

BY MS. HEWITT:

Q. At Christian Horizons in 2006 you had -- you had a leave, it said a psychiatric leave.

A. In 2006?

Q. Yeah.

A. That wouldn't be Christian Horizons I wasn't working in Christian Horizons in 2006. Oh yes, I was. Okay, sorry.

Q. Yes. And it was a physician's form that said, obsessive-compulsive behaviour started in February. So just to try and --

A. Sorry, I had forgotten about that. I'm sorry.

Q. That's okay. We're filling

in holes for you and you're filling in holes for us, that's all right.

So do you remember what was going on?

A. Oh yeah.

Q. If you're comfortable talking to us about that?

A. I had totally forgotten about that.

In 2006 I started having depression and obsessive thoughts and I was trying to manage it basically through my religion and through my family contacts. And it ended up getting so bad that I ended up in a psychiatric hospital in Woodstock, Ontario, in the psychiatric ward for two weeks.

Q. And what were the type of obsessive thoughts you were having?

A. They were religions themed. Like, I had to be right with God and if I wasn't and if I had a thought I didn't want immediately I would have to have a Bible verse that countered that thought and I would have to say or sing it out loud.

And then I also was diagnosed with borderline personality disorder at the time as well. So I went on medication and I got better.

BY MR. MCDOWEL:

Q. Sorry, how long were you

hospitalized?
A. Two weeks.
Q. You went on medication?
A. Yes. I was on medication. I was on Seroquel and Fluvoxamine, just call it Luvox, L-U-V-O-X.
Q. That's okay. I was just going to ask you to spell it for the reporter.
A. F-L-U-V-O-X-A-M-I-N-E
BY MS. HEWITT:
Q. It's like a spelling bee today.
A. Yes.
So I was put on 200-milligrams of Seroquel and 200-milligrams of Fluvoxamine, and they raised it to 300 of Seroquel. And I was on that for -- until I went to CAMH. No, I was on that -- I was on the Seroquel until I came here and then they had to take me off of it.
BY MR. MCDOWEL:
Q. So what do each of those medications do?
A. The Seroquel is an antipsychotic and it's also -- I guess it's mainly an antipsychotic. And then the Fluvoxamine, the Luvox, is an antidepressant but it's also an antiobsessional.
Q. And are you still on that drug?

A. I'm on the Luvox, yes, I'm not on the Seroquel any more.

Q. Why is it that you came off the Seroquel?

A. Because I can't be on it and be here unless I have a diagnosis of schizophrenia, which was not my diagnosis.

It's one of the meds -- there's people here who seek drugs and it's one of the meds that drug-seeking people go after. So if you don't have -- it's just -- that's just the standard here, if you don't have a diagnosis of schizophrenia you can't be on the -- you can't be on Seroquel.

Q. And you were on it for ten years?

A. Yes. So they weaned me off of it very slowly.

Q. What's it feel like being off it?

A. My head is so much clearer. My emotions are so much clearer. I -- it's just different. It's like being -- not like being a different person but everything is so much clearer and my reactions are so much clearer. I have so much more remorse for my crime now than I did when I was on Seroquel.

Q. We noticed that in the video interviews you're much flatter in those interviews --

A. Yes.
Q. -- than you are sitting here today?
A. Yes, and that was the Seroquel. It's a -- oh, as well as being an antipsychotic it's -- I want to say anaesthetic but --
BY MS. HEWITT:
Q. Sedative?
A. Sedative, yes. It's a sedative as well. I was very flat and I didn't feel thinks the way I do now.
Q. And did anybody ever revisit your needing to be on it or should you be on it that long or anything like that?
A. I saw a doctor. Every month I saw a doctor in Woodstock called Dr. Fernando. So from 2006 right through to 2017 when I turned myself in I was seeing Dr. Fernando once a month.
And we had some personal issues so I didn't really trust him so when I went in it would be basically, How's it going? How's your work? How do you feel you're doing on the drugs? And I would be like, fine, fine, fine, because I needed the Seroquel I felt.
Q. Did you feel the flatness at that time or is it just now that you realize how you were feeling then?
A. It's just now that I realize how I was feeling then.

Q. And I'm not the expert on the College of Nurses but when these things happen when you have to -- when you go in to voluntarily -- even voluntarily in a psychiatric you don't have to report any of that to the College?

A. No.

Q. None of that? Your addiction diagnosises (sic), nothing like that?

A. No.

MR. MCDOWEL: Do you have any questions about that, Rebecca?

MS. JONES: Not yet.

BY MR. MCDOWEL:

Q. So personal issues with Dr. Fernando?

A. Oh --

Q. What do you mean?

A. When I went into the hospital I had attempted to commit suicide in 2006 by taking a drug overdose.

Q. Right.

A. I went into the hospital and while I was there I stole a bottle of cleaning fluid and I was going to drink it to kill myself; and I told one of the nurses instead.

So Dr. Fernando told me that I was acting like a ridiculous little kid and that I needed to smarten up and that I was going to be kept in the hospital for a

couple of weeks; and if I didn't behave myself I would be sent to the psych ward in London where there's "bad people".

And every time I saw him in the hospital he was just very mean, in my opinion. But he was the only psychiatrist that could stay my psychiatrist. He was the only one available so I just -- because I knew I needed the drugs to stay level when I would go in to see him I would give him a minimum of information.

We did try reducing to Seroquel at one point but that didn't work. And he did put me on Abilify for a period of -- well, it was supposed to be -- I upped the Abilify and weaned off the Seroquel but I got extrapyramidal symptoms, like the Parkinson's disease symptoms from the Abilify so I went off that.

BY MS. HEWITT:

Q. You said that didn't work when he was trying to wean you off of Seroquel. What did you notice was different?

A. Well, he put me on the Abilify at the same time so I would shake, my gate was affected, I felt like acid under my skin all the time. So he took me off of that.

Q. And what was the -- what drug did you overdose on?

A. When I was at the -- okay,

so before I ended up in Woodstock I was at a psychiatric hospital in London and there I was on Remeron and Seroquel. So I took Seroquel, Remeron, Tylenol, Benadryl and Gravol all at the same time in an attempt to kill myself after I got out of the London hospital.

BY MS. HEWITT:

Q. And how did that not work? Did somebody find you? Did you report to somebody or call the hospital?

A. I was living with my husband.

Q. Okay.

A. And he noticed that something wasn't right so he basically kept bugging me until I told him what I had done.

BY MR. MCDOWEL:

Q. So Abilify, what is that? Is that a serotonin inhibitor?

A. I have no idea.

Q. There used to be bid ads on television for Abilify?

A. It's an antidepressant, antipsychotic as far as I know.

Q. So in these appointments with Dr. Fernando there was no -- there was no sort of talk therapy --

A. No.

Q. -- as far as you were concerned?

A. No. I would just go in, he'd say, How are you doing? I'd say, Pretty good. What do you think about the meds? They're fine, they're working.

I gained a hundred pounds in ten years on the Seroquel.

Q. Is that a recognized side effect?

A. Yes. So at the point where we decided we'd try to take me off the Seroquel and put me on Abilify that was the main reason was the weight gain. And I couldn't tell you what year that was.

But I started getting all these symptoms with the Abilify. And they recently tried to put me on Abilify here as well and I had agreed to it because I wasn't on the Seroquel any more. And originally -- at first it really worked, and it does really work with my depression but, again, I started getting what they call "extrapyramidal" symptoms where I was shaking, I was slurring my words, my gate had slowed down, I had decreased use of my muscles so I'm off the Abilify.

Q. And do you see a psychiatrist in the facility?

A. Yes. I see a psychiatrist to talk about meds and then I see a psychologist -- well, it's supposed to be weekly but she's not always available.

Q. So at Caressant Care, as you

say, you showed up and effectively got an orientation before you were offered the job even really.

You gave them a letter of reference from Christian Horizons?

A. Yes, my boss gave me a letter of reference.

Q. And it was a good letter?

A. Yes.

Q. And you began working there as of June 2007?

A. Yes.

Q. Something like that?

A. Yeah.

Q. How did you find it in the early going? Different question, they gave you some kind of orientation did they?

A. Yeah, yeah. I think it was two weeks -- yeah, it was two weeks of orientation full time.

Q. And did you shadow another nurse?

A. Yes.

Q. How was that? Was there any training specifically?

A. Well, the shadowing the other nurse that was the training.

Q. Right.

A. Yeah.

BY MS. HEWITT:

Q. Do you remember who that

would have been?
A. Well, it was different nurses for different shifts.
Q. Okay.
A. So I know that the one that I shadowed on afternoons and nights her name was Shelly.
Q. Shelly, I've seen her name. Clark.
A. Yes. Because she still works there.
Q. Uhm hmm.
BY MR. MCDOWEL:
Q. Right. Right. And she made the comment that you were quite familiar with different medications?
A. Yes. Because I was a medication trainer at Christian Horizons I had to know them myself.
BY MS. HEWITT:
Q. And the five guys at Christian Horizons did any of them need insulin at all?
A. No.
BY MR. MCDOWEL:
Q. So back to the question I did ask which was, before I cut myself off, which was, how did you find it in the early going at Caressant?
A. It was busy. As an RN on days and afternoons I had 32 patients to give meds to; and then also expected to do

the treatments for them; change dressings; put on lotion, things like that; and keep up with the paperwork. And initially I kept up with it okay but it was really busy.

BY MS. HEWITT:

Q. Were there RPNs at that point in time when you started with Caressant Care?

A. Yes, but they had their own workload.

Q. What would they do?

A. Same thing. Same thing as the RN. The RN was considered to be the in-charge person except during the day when Ms. Crombez was there, she was the one that you go to, but on afternoons and evenings once Ms. Crombez was gone the RN was the in-charge person.

Q. So you as the charge RN would have your own set of patients to give meds to and the RMNs would have their own wings, or floors, or something like that?

A. Yes.

BY MR. MCDOWEL:

Q. How many patients?

A. 32. 32 patients.

Q. Each?

A. Each.

Q. It's a bit of an adjustment from Christian Horizons.

A. It was busy.
Q. And did you find you could manage that change of work environment?
A. I managed it. I don't think I managed it well but I managed it. I certainly didn't enjoy it.
Q. When you say you didn't manage it well what do you mean?
A. Just in terms of my attitude towards it. I just felt like it was -- what I had to do to be there so I did it. But I never got involved -- like, there was a couple of different nurses who tried to get them the change the workload on the RN, because we basically were doing the same work as the RPNs plus being the charge. So if there was an emergency, or somebody came to you and said, this needs to be done. If there was extra paperwork it fell on the RNs.
BY MS. HEWITT:
Q. So if somebody fell they would report -- you'd have to go over there, whenever it was, and would you do the incident reports or help out on that type of thing too?
A. The RPNs could do the incident reports and help the person if they were on their wing.
Q. Okay.
A. But, like, for example at night there was -- the new part of the

nursing home and the old part of the nursing home.

Q. Right.

A. So in the new part there was a total of 64 patients.

Q. Okay.

A. And in the old part I think there were a hundred patients so there would be an RPN on duty in the new part all night and I would be on duty -- the nurse would be on duty in the new part -- or in the old part. And if something happened that the RPN had a concern about in the new part then it was the RNs job to go over there and help her deal with it.

Q. Yeah, okay.

BY MR. MCDOWEL:

Q. So my math is terrible, so overnight potentially how many residents were you having to cover?

A. Well, overnight on the old side there was 96 and on the new side there was 64. So basically if something happened to one of those people, like 158 I think, if it was something that the RPN thought she couldn't handle I would be called over to consult with.

Otherwise it was -- I was responsible for the 96 people and they didn't have regular meds, like if they needed something for pain.

And then there was nursing responsibilities such as checking in the new medications once a week.

Supervising the PSWs and making sure they were doing their job. And just doing regular paperwork plus catching up on things from the day before.

BY MS. HEWITT:

Q. And how were you mentally at that point in time? Because you had just broken up and you weren't moving to New Brunswick. What was your mental state like?

A. It was actually pretty good because we had gotten back together and she moved with her kids to live with me.

BY MR. MCDOWEL:

Q. That's in Woodstock?

A. In Woodstock.

Q. Where are you living in Woodstock?

A. James Street, where I lived until I gave myself in to --

Q. So in the apartment?

A. Yeah, in the apartment.

Q. And how many kids did she have?

A. She had two teenagers. They were 13 and 15.

Q. And getting ahead of ourselves here, but when did that relationship break up?

A. Pretty much in January of 2008. In March of 2008 I took her children back to New Brunswick at her request. And then she left in June of 2008.

Q. So where in New Brunswick?

A. Not to go -- I took her kids back to Fredericton to live with their grandparents and she left to go to somewhere in Toronto I believe.

Q. And was she working when she was in Woodstock?

A. No, she had Parkinsons disease and diabetes and epilepsy and so she wasn't working.

Q. Okay.

A. She didn't work the entire time she was with me.

BY MS. HEWITT:

Q. So were you having to be a caregiver for her?

A. No, she was able to look after herself, but I was -- I was the person financially responsible for the apartment; and the only money she ever got was mother's allowance for the two kids. So she would buy groceries sometimes but I was basically the financially responsible person for the four of us.

BY MR. MCDOWEL:

Q. Was it that tension that led to the break-up?

A. That and she wasn't who she'd represented herself to me. She was an alcoholic as well.

Q. And were you using alcohol when she was living with you?

A. Sometimes, not on a regular basis.

Q. Okay. So to move ahead here, you told the police, and you admitted in the agreed statement of fact, that you attempted to murder Clotilde Adriano and Albina Demedeiros sometime between June and December of 2007?

A. Yeah.

Q. Just walk us through how you get to that point that you think you want to do that?

A. You know, I've asked myself that question.

Q. And take your time. We have all kinds of time?

A. It goes back to when I was in the Woodstock hospital in 2006 I had so much anger about what was going on with me and as part of my -- as part of the disease. I just had so much anger that I couldn't concentrate. But I found, and this is going to sound really strange, but I found that if I thought about, in one part of my mind, if I thought about killing somebody while I was talking to other people I could talk normally to them

but in this part of my mind I was thinking about somebody I'd like to kill.

Q. It was welling up?

A. Yeah.

Q. Yeah.

A. So I would find that that would handle the anger, keeping that part -- it was like I had two heads.

BY MS. HEWITT:

Q. Not necessarily the person that you're talking to --

A. No.

Q. -- you're thinking of somebody else at the same time?

A. I was thinking of somebody else I would like to kill. And that's where the thoughts of killing somebody started was just using that to sublimate the anger.

BY MR. MCDOWEL:

Q. Just trying to understand this, when you say you're thinking about someone else you'd like to kill is this in the abstract just somebody or did you have anyone in mind?

A. No, I thought about killing Dr. Fernando, I thought about killing one of the nurses, I thought about killing people I had worked with at Christian Horizons, and it would -- I would just keep that in one part of my brain and I was able to convert -- I was able to talk,

you know, or play cards or whatever as long as I had that part going on in my brain.

Q. So it was compartmentalized?

A. Yeah. So then when I got to Caressant Care eventually it got to the point like fairly quickly that I was finding it hard to handle things emotionally with being at Caressant Care, and all the workload, and having a partner living with me with two teenage kids.

And one night I was working and Clotilde was on insulin. And it just -- this thought came into my head, just give her too much insulin and see what happens; so I did.

Q. Had you researched how this would work?

A. No, not until afterwards. And then a few weeks -- she didn't die and then I did the same with Albina, which was her sister.

And it was because they couldn't self-report. I chose them based on the fact that they couldn't self-report because they had dementia, and they wouldn't fight back because the one was on insulin, the other I could tell her it was a vitamin injection.

BY MS. HEWITT:

Q. Were they in the same room?

A. No, they were in rooms

across from each other.
Q. Oh, across from each other. Okay.
And Clotilde -- both of them seemed to have an issue in October.
A. Yeah.
Q. There was a big issue with Clotilde; and with her sister-in-law she fell and she felt dizzy. So did you administer the insulin at any time on same shift or consecutive shifts with them at all, or do you remember?
A. Not that I remember but I may have.
Q. Right.
BY MR. MCDOWEL:
Q. So what did you know about the effects of overdosing insulin?
A. Well, I knew that low blood sugar, could -- low enough blood sugar could kill somebody is what I knew.
Now, when I dosed Clotilde the thought wasn't to kill her it was more, let's see what happens.
Q. Right.
A. Same with Albina, the thought was more let's see what happens.
So I was charged with assault with both of them not with --
Q. Aggravated assault?
A. Yeah.
Q. Okay. But when you -- just

to clarify because I have to go back and see the agreed statement of facts, but when you did it it wasn't with the intent of killing them it was rather an experimental thing?

A. Yes.

Q. I'm sorry, I misspoke there.

A. That's okay.

BY MS. HEWITT:

Q. I was going to correct him but I didn't want to.

With both of those do -- the agreed statement of facts talk about, you know, you did it more than once. Do you remember how many times approximately you would have done it with each of them?

A. I think it was once with Albina. I know with Clotilde it was at least twice.

Q. And it said that between June of 2007 and December of 2007 so not after the end of 2007?

A. No.

Q. Okay.

A. And it was -- actually I think it was -- I think it was September, October '97 when I actually killed Maurice Granat and...

BY MR. MCDOWEL:

Q. 2007? You said '97.

A. Sorry, 2007. When I actually killed Maurice Granat and -- who

was the other person.
BY MS. HEWITT:
Q. James.
A. James Silcox.
Q. But James was in August I believe. And you said I think that --
A. So I --
Q. -- you first gave it to those two before James?
A. Yeah. So it must have been -- it couldn't have been September then.
Q. But there was --
A. It was ten years ago.
Q. No, no, no --
A. I'm not really clear with the dates.
Q. Yeah.
A. I'm sorry about that. But I know they were prior, prior to killing James Silcox and killing Maurice Granat. I experimented with giving overdoses of insulin to Clotilde at least twice and to Albina at least one.
Q. And then after those two deaths, before the end of the year did you do it again, do you remember or no?
A. Not that I remember, no.
And then there was a period of time from '97 to 2011 where there were two people I attempted to kill but I didn't actually kill anyone. Between 2007 and 2011, you know, I didn't kill anybody.

BY MR. MCDOWEL:
Q. And these are the ones that aren't in the agreed statement of facts.
A. Oh no, they're --
BY MS. HEWITT:
Q. Is that Mr. Prittle --
A. Mr. Prittle and --
Q. -- Mr. Hedges?
A. Yeah.
BY MR. MCDOWEL:
Q. Okay, just confused there.
So a couple of questions. When you're describing this anger, this welling up because of the disease, which disease are you talking about?
A. Oh, my mental illness?
Q. Yes.
A. I believe it was the depression.
Q. Okay. And --
A. But it's also -- when I was in the hospital in 2006 I just, I had all this anger.
Q. Uhm hmm.
A. And I just didn't feel I could be honest with the doctor about it.
Q. Yes.
A. And so I developed that way of dually thinking. And then when -- when the drugs started kicking in, like when the Seroquel and stuff started kicking in and I was back working at Christian

Horizons those thoughts started going away.

Q. Right.

A. And then when I was under stress at Caressant Care the thoughts started coming, you know, maybe I should kill somebody. Maybe I should hurt somebody. And I never got help for that.

BY MS. HEWITT:

Q. And that's the first time -- so 2006 is the first time you thought about intentionally harming somebody?

A. Yes, but I never did anything about it.

Q. Not until you got to Caressant Care?

A. Not until I got to Caressant Care, and there was a huge stress and huge workload there and the thoughts came back.

Q. And am I right that if I looked at your schedule am I right that sometimes you would work a double shift?

A. Yes.

Q. And was that very often?

A. Um, that was at the beginning when I didn't have a set routine. So during that time -- yeah, it could happen. It probably happened at least twice a month.

Q. And how was that? Working a double shift?

A. Oh, that was crazy. It was

always from afternoons through -- like, it would start at 3:00 in the afternoon and go through to 7:00 in the morning.

BY MR. MCDOWEL:

Q. So you describe how you've compartmentalized that you're managing to carry on conversations and so on, but in some part of your brain you have the idea that you want to kill someone or other, and then you listed a number of people. How did the people get on the list, as it were? Was it just random people?

A. Yeah, just people I was angry at. Like, I was angry at Dr. Fernando so I would think about hunting him down and killing him. I was angry at one of the nurses. I was angry at somebody from Christian Horizons who had gotten a promotion that I didn't get. Things like that. So I just -- in that side of my mind I would think about killing them so that I could have a normal conversation with other people.

BY MS. HEWITT:

Q. So before Caressant Care was there anybody on that list that would have been a patient, or a resident, or was it all other individuals who you had run into?

A. It was other individuals, it wasn't a resident or a patient.

BY MR. MCDOWEL:

Q. Obviously you could have killed people or attempted to kill people with various different medications why did you pick insulin?

A. Because it wasn't counted, and because I knew that it was something that could kill people.

Q. Well, let's talk about the access to insulin.

A. Okay.

Q. So there's a medication room?

A. There was a medication room and then there was a -- there were two rooms side-by-side; one in which we kept the medication carts and certain medications, and the locked container that you put -- like, if somebody didn't take their morphine you put it in the locked contain and the pharmacy would pick it up and destroy it; and then in the other room there was a refrigerator with the insulin in it and just apple sauce and things like that that we used to give the residents their pills with. And there was also -- one was called the "med room" the other was called the "treatment room", and they were both locked and neither had windows.

MR. MCDOWEL: Off the record for a second.

-- DISCUSSION OFF THE RECORD --

-- RECESSED AT 9:49 A.M. --
BY MR. MCDOWEL:
Q. So, off the record Ms. Wettlaufer did a diagram showing us where the meds room was, where the treatment room was all relative to the nursing station. We will mark that as an exhibit.
EXHIBIT NO. 1: Diagram of the location of the med room and treatment room relative to the nursing station. Hand-drawn by Elizabeth Wettlaufer.
BY MR. MCDOWEL:
Q. So you were saying that there are solid wooden doors in each of the meds room and the treatment room. The fridge is in the treatment room, and then you began to say something else?
A. The insulin is kept -- extra insulin is kept in treatment room.
Q. Uhm hmm.
A. Each patient who has insulin has a pen assigned to them with their name on it. So it's cartridges of insulin that get inserted into an insulin pen, which is what we use.
So when I would take the insulin that I would do my crimes with I would go into the treatment room, take insulin cartridges out of the fridge and just put them in my pocket. And then I could go

into the med room, and we always had at least one insulin pen that wasn't in use, like, it was an extra. So I could just put the cartridges in that and use it without having to use anybody's insulin.

Q. What did you do with the pen when you admin -- after you had administered the insulin?

A. I would take it apart; I would take the cartridge of insulin out and throw it in the garbage and I would put the pen back where I found it.

BY MS. HEWITT:

Q. The insulin that's kept in the fridge does the cartridge have the resident's name on it or just the type, or is it just separated by type of insulin?

A. No, it has the person's name on it. Each person gets a certain amount of insulin from the pharmacy.

So that was one of the -- that's -- the lack of following up on insulin is what made it available to me.

Q. Yeah, I had a question about the pharmacy.

A. For example, each person gets a box with the cartridges. When I say "cartridges" they're round and they look almost -- and they're clear and they're filled with insulin.

Q. Uhm hmm.

A. So each person who's on

insulin gets insulin from the pharmacy; and then when we notice that their insulin is running low we send a note to pharmacy to reorder it. There was never a time when it was questioned why were we at some times going through insulin more so than others?

Insulin is not counted. Like, it's not counted the way narcotics are. Basically the way it's kept track of is if we need more we order it from pharmacy, so pharmacy could look and see if we were using a lot of insulin and they could say, hey, what's happening.

Q. But would anything twig to them or would it be -- were those sliding scale insulin that you were using for some people who --

A. Some people were on a sliding scale, some people were on normal insulin. So each person had their own insulin pen.

So, let's use Clotilde as an example. Clotilde had her own insulin pen so when I gave her insulin when I overdosed her I gave her her dosage of insulin plus I added insulin. So I dialed up. You dial up the amount you're going to give so I would dial up more than what she was diagnosed and I would give it to her.

Q. So how would -- do you know

from your perspective how would pharmacy know too much is being used or just that, you know, they happen to have high blood sugar that day and a little more was needed?

A. Well, they would -- the only way they would know that a lot of insulin was being used, like, for example I think there was one time when a whole box got broken and so we called pharmacy and told them we needed a box and we had to say why, but otherwise just when you noticed the insulin was getting down you would reorder insulin for that person and it would come.

So I guess the pharmacy was keeping track of the amounts each person was supposed to get a day and therefore they knew how much that person was supposed to get per month.

If that was kept track of by pharmacy it would have shown that too much insulin was being used.

BY MR. MCDOWEL:

Q. So there's an insulin supply for each patient kept in the fridge?

A. Yes. And then there's --

Q. But then is there kind of an overflow?

A. I think there's -- like -- at least one person -- I'm just trying to think.

Yeah. The insulin was for each person, but they had a box with the different cartridges in it so I could just, like, for example, for Mr. Silcox I took somebody else's cartridge of insulin out of their box, not out of their pen.

Because they each had their own pens and those were kept in a drawer in the med room; and at the beginning of each day if you had five people who were on insulin you would find their pens, you would draw up the insulin, you'd have another nurse take a look at it for you and you'd put it in your -- and then after a while it got to where when you were drawing up the insulin you didn't have another nurse check it.

Q. Let's talk about that.

A. You can change the amount. Even though you have another nurse check it you can change the amount at any time.

BY MS. HEWITT:

Q. Like, between when they check it and when you walk into the room?

A. Yeah.

BY MR. MCDOWEL:

Q. When the other nurse is checking what are they checking?

A. That it's the right amount for the right person. They're checking it with the -- they look at the med book and check on the med book, yes, this is for

Clotilde Adriano; yes, it's 24 units of regular insulin; and then they say, yup, that's right. So then you just -- it was more verifying you were giving the right amount.

Q. Right. But once they made that check you can circle back and get more? Is that what you're saying?

A. Or put -- like, when you dial the cartridge there's -- I think there's 120 units of insulin per cartridge so say I dialed up 15, when I left the nurses' station I could take out the insulin pen and dial up another 50.

Q. And there's no control over that?

A. That's no control over that.

BY MS. HEWITT:

Q. And the cartridges themselves though are labeled with the patient's or the resident's name?

A. The box that the cartridges come in, the cartridges themselves are not labeled with the patient's name.

Q. And would you just -- how would you dispose of the cartridges if one became empty?

A. Just throw it in the garbage.

Q. Just throw it in the garbage.

A. Also with there not being --

because I've given a lot of thought to changes that could have been made where I would not have been able to do this.

BY MR. MCDOWEL:

Q. What exactly are those?

A. Well, if the treatment room and med room were completely made of glass --

Q. Yes.

A. -- there's no way I could have done what I did without somebody seeing me. But, again, there's all sorts of places between each to go and dial up the insulin.

But if insulin was counted the same way that we have to count narcotics then it would show up that, hey, extra insulin was used. Where did it go?

Q. Right. So treated like Ativan or anything else?

A. Yeah, treated like Ativan or morphine. Even if there had been windows in the treatment room and med room I could still have taken the insulin and gone somewhere else to dial it up, like gone into the bathroom, because it's just pens that you pick up and put in the med cart so sometimes I'd stick it in my pocket.

BY MS. HEWITT:

Q. So the pens themselves give you the ability to change at any time the amount of insulin because of the amount

that they hold?
A. Yes.
Q. The cartridge.
A. Yes.
So if there was, say, a stopgap measure on the pen that once you dialed up a certain amount you couldn't dial any more, or even if -- even if pens came preloaded. I mean, that's a pretty -- if you had to send the pens to pharmacy every week and have the pens themselves loaded and then come back there wouldn't be the excess insulin.
Excess insulin was kept to refill the pens. So that, like, we'd get say a week's supply, or whatever. So if that was changed, I mean, if there was a -- if there was a way that the insulin was counted I would not have been able to do what I did without getting caught.
BY MR. MCDOWEL:
Q. Well --
BY MS. HEWITT:
Q. So sort of, and this is just different -- if you had to -- if you had to show the co-worker it's 15 units, and then go give it, and then you had to show it when you came back that only 15 units was gone, would they have been able to, you know, verify that?
A. Yes.
Q. Can you see if more than --

A. Oh yes, yeah.
Q. You wouldn't be able to dial it back once you dialed it ahead?
A. Well, once you dial it ahead and give it the pen itself doesn't keep track of the insulin. They would have to look at the actual -- it's more a vial than a cartridge. You'd to look at the actual vial and the vial does not have markings on it as to how many units.
So if vials were made with units marked on them then, yes, if you had to show the cartridge before you gave it and bring it back and show that only 15 was given.
And I'm not -- I am not blaming what I did on the lack of supervision of insulin. I chose to do what I did.
BY MR. MCDOWEL:
Q. But you're helping us with ideas about how we can stop things like this from being possible.
A. If insulin was more closely supervised it would have been way harder for me to do what I did.
Q. Did you ever do any computer research on how to do any of this?
A. I did do -- after I started giving people insulin overdoses I did look up things on the computer about insulin deaths and using -- someone else who had murdered using insulin, things like that.

Q. Was this in the U.S. or Canada or where?
A. I have no idea, I just remember looking it up.
Q. It's one of the things that I don't think we have yet but there was a search done of your computer?
A. Yes, and there was records found on it of insulin murders and using insulin to kill people. Yes.
BY MS. HEWITT:
Q. And did you do that research all at once or over a period of time?
A. Over time I did look at it because I was also obsessed with having done it and with doing it.
Q. So James Silcox, can you talk about the lead up to that offence?
MS. HEWITT: I have some questions more about the other two. Do you want me to do that now?
MR. MCDOWEL: Let's reserve those for the time being.
MS. HEWITT: Okay.
BY MR. MCDOWEL:
Q. But tell us about James Silcox?
A. So James Silcox. Well, I was under a lot of pressure at home. I had just come -- I was living on my own at the time because my partner didn't move in

with me until September of --
Q. Of 2008?
A. Of 2007.
Q. Okay.
A. But we had gotten back together, and I was talking to her, and I had a high level of workload and I was feeling very pressured and angry at work.
And James Silcox, I remember getting angry with him because of the way he would treat and talk to me and treat and talk to the PSWs.
And one night I was working a double and I just, I just decided that I was going to give him an insulin overdose and see if he died with the intention that he would die.
I really don't know what made me decide that. It was just an impulse that got in my head that I fed by considering it and then I went ahead and did it.
Q. And how did you decide on the doses involved?
A. Um, just --
Q. For him I mean.
A. For him? I just -- he didn't take insulin. He wasn't a diabetic. So I just decided on what I felt would be a large enough dose to putting him into a state of low blood sugar that would eventually kill him, so I guessed at it basically. And also based

on what I had given Clotilde and the other lady that didn't kill them.

BY MS. HEWITT:

Q. Right.

A. So I gave him a bigger dose.

MR. MCDOWEL: Why don't you go back to first two.

BY MS. HEWITT:

Q. Yeah, I have -- there was -- Ms. Demedeiros there was -- on her plan of care that was done it said that she began to be very -- have a lot of anxiety regarding her diabetes and her blood sugar, and was afraid to go out with her family in case something happened. Did you know -- did you note that and did you think -- was that anything you think that had to do with what you had done in 2007? Or any connection?

A. I don't remember that part.

Q. Okay. It was later on so it wasn't in 2007 but it did say she started having anxiety due to blood sugar and health, even refusing to go out with family as she was afraid she would die when she was out with them.

A. And that may have been related to what I did but I don't remember that.

Q. Would she have been -- would either of them have known what they felt at the time would have been intentional?

A. Well, with Clotilde Adriano they did give -- they did find out that she had low blood sugar and they treated it with giving her juice and pudding and got the blood sugar back up again.

Q. Uhm hmm.

A. So she knew that she'd had a low blood sugar incident.

With Albina I don't really remember, but it certainly might have been related to them having had that incident.

Q. And did you ever say to any of them, this is what I'm doing? Like, I'm doing this on purpose? Did you ever have any of those conversations with any of the victims?

A. With the patients?

Q. Yes.

A. No.

Q. Okay.

A. Every patient I ever picked had some dementia and that was part of what became my criteria. If they had dementia so they couldn't report or if they reported they wouldn't be believed.

Q. And did anybody ever report?

A. Any of the patients?

Q. Yeah.

A. Yes. There was a patient who said I'd given her a shot but I told her it was -- I told her it was a vitamin shot. And she did tell one of the PSWs,

hey, she just gave me a needle.
Q. Do you know which resident that was?
A. That was Marie Pickering.
Q. Marie Pickering.
A. And that was further down the line but, yeah.
Anybody I ever did that to had dementia. That was -- part of the not getting caught was...
Q. There was -- I have -- I think I'm getting ahead but there was a resident named David Westra?
A. Yes, I never gave him insulin.
Q. Yeah. Because he reported at one point in time he didn't want you giving him insulin because he thought you didn't know what you were doing. So I didn't know how, whether that was part of a dementia thing with him or what it was.
A. Oh.
Q. You don't remember anything about that do you?
A. No, I don't.
Q. Sorry.
BY MR. MCDOWEL:
Q. Let me go back to James Silcox for a second. So you administer the insulin, he dies?
A. Yeah.
Q. And then the doctor has to

pronounce him or sign the death certificate, right?

A. Yeah.

Q. Were you worried about that?

A. A little bit. That was the first person who died after I gave them insulin.

Q. And who was the doctor who came to deal with that?

A. I don't know. I don't know which doctor it was.

Q. And I know that --

A. I know that he was -- it was diagnosed that his death was due -- that his death was due to possibly a clot from his hip surgery that he had had recently.

Q. Post-surgery embolism?

A. Yeah.

Q. And do you know how the doctor came to that understanding of things?

A. No idea. The doctors would just come in, you'd have the chart ready, you'd have the list of medications ready, you'd have stuff up on the computer that might help the doctor. The doctor would come in, look at things, ask questions and then write down what they thought the cause of death was.

BY MS. HEWITT:

Q. It was Dr. George. Does that sound familiar?

A. Yes, yeah.
Q. And was he one of the medical doctors that worked at the home?
A. The main doctor we had at the home was Dr. Reddick [ph]
Q. Reddick, right.
A. But it was usually -- everyone I overdosed pretty much I overdosed at night so usually it was the doctor on call that would come in.
Q. And you filled out, I think, the institutional death record for James?
A. Yes.
Q. And you had to tick all those boxes?
A. Yeah.
Q. And I was curious about some of the information that's on it because, and Rebecca, you might be able to help me with that. But there's some boxes like, is there a pattern in the home? How would you know? What if that was your first shift, how would you know if there was a pattern of those deaths in the home?
A. That's a good question. I can -- looking at when new people were hired that's nothing that was ever discussed with nurses was whether, gee, there's a lot of people dying.
There was a record that we had to keep that when somebody passed we had to write it on the record; and when we got

up to I think it was every ten people that died then the coroner would have to review that just as a matter of -- so if you looked and you saw on average per month there was six people who died, if all of a sudden on average per month there was 10 or 15 people who died I think something would have been done about that.

Q. And did you get any training on each of those sections what they meant? How to fill it out or?

A. On the job training with another nurse.

Q. Right. And any --

A. That was part of your training when you first started was this is how you look after when somebody dies.

Q. And any administrator have to review that record? I didn't see a spot where they signed?

A. I think they did have to review. Yeah, I think they did.

Q. Rebecca, what were some of the other boxes that --

BY MS. JONES:

Q. So there was a record that said, for example, was his death sudden and unexpected? And is it the case that the nurse would fill out all of those little boxes?

A. Yes, that's correct.

Q. And so in filling out those

boxes, you know, whether a death was sudden or unexpected, what would you look at or think about in filling out that box?

A. That was up to the nurse. Like, that criteria was in the nurse's own mind. So if a person was eating fine, drinking fine, walking around and talking one minute and, say, two hours later they were dead that would be a sudden death.

We had an incident where a lady was admitted in the evening, and I came in on the nightshift and I didn't have a chance to check on her. Like, I just wanted to see that she was a new patient. So at 1:00 in the morning I went and checked on her and she was dead.

So in that case when I filled out her record I checked that it was sudden and unexpected.

Q. Okay.

A. But each of them was the nurse's own judgment.

And sometimes I would -- we would be told, if we had checked off sudden and unexpected, we were told, no, if they're in a nursing home they need care, their death isn't unexpected.

BY MS. HEWITT:

Q. Who would tell you that?

A. Mrs. Crombez told me that once, the nurse supervisor. But Dr. Reddick also said it once too. He

said, Pretty much it's not unexpected if they're in the nursing home.

Q. So did you change it then that one time when --

A. No. I left it and the coroner came in and it was a coroner case.

Q. Okay. The night that Mr. Silcox, that you administered the insulin to him, I have down that you started a double shift. Would that have started at that 3:00 o'clock in the afternoon until 7:00 the next morning?

A. Yes.

Q. And there was a progress note by Suzanne Kugel [ph] that morning actually of the 11th saying that, "He continues to touch staff inappropriately." That particular day was he involved with you at all or do you remember?

A. No, not with me.

Q. Okay.

A. But another thing that would trigger me to chose somebody if I was angry or annoyed with them. And I was angry and annoyed. He kept yelling out, [redacted] And I knew that was the dementia but I became angry and annoyed with him. So that was another thing that would influence if I was going to try to kill someone.

Q. You mentioned Dr. Reddick.

We didn't talk about what the medical doctors would do with this changing blood sugars all the time. Like, when I looked at Clotilde and Albina their sugars were going up, sometimes they were high and sometimes they were low, and you were intervening at certain points. What would the medical doctors do, if anything, when this was going on?

A. It was our job as nurses if we had a concern to let the doctor know, otherwise when they came in to review their charts, like, to review their medications they would check at that time.

But if we had a concern where, say, somebody's blood sugar was always high then as an RN we would put in a call to the doctor saying, hey, this person's blood sugar is running really high all the time, or it's running really low all the time. And then the doctor would regulate the insulin based on what we said and the numbers we gave him.

Q. And while you were at Caressant Care did you find the doctors responsive?

A. Yes, yeah. If it was insulin, if it had to do with blood sugar they would respond right away.

Q. There was one more thing. With Mrs. Adriano in October there was a progress note saying that she was found

diaphoretic and clammy, et cetera. And the person, the RN at the time, RPN at the time called Dr. Yu [ph] and Dr. Yu said that a nurse had called him earlier to inform him of an insulin overdose. Was that you at all?

A. No.

Q. So that would have been -- there's no record that I can find of who that was. So it just came into my head that I had that question. Because I couldn't -- so far I haven't been able to determine whether or not that would have been you or not so thank you for that. Okay.

BY MR. MCDOWEL:

Q. So just pulling back, there's Clotilde and her sister who you experimented on first?

A. Yes.

Q. And you described the anger and the feelings that led you to do that. Did you consider telling anyone about these feelings or the fact that you'd acted on these feelings? Did you tell Dr. Fernando or anybody else?

A. No.

Q. Why is that?

A. Not at first. I just -- no, I didn't tell anybody that I was having those feelings, because it would happen fairly quickly.

When I was on a shift I'd be angry and annoyed with them, I'd feel overwhelmed with my work. They had dementia and so they would be someone that I would choose.

And it was -- I never came to work planning, this is the day I'm going to kill somebody. It would always come into my head while I was at work and while I was doing my job. Okay, let's give this person an insulin overdose.

Q. And after you'd done it did you ever have misgivings about doing it, or remorse about having done it, or maybe I should tell somebody now?

A. I did tell people along the way. There were a few people that I did tell along the way. In 2008 I told my girlfriend at the time that I had killed two people with insulin and she didn't do or say anything about it. She just said, well you need to stop doing that.

BY MS. HEWITT:

Q. Did she believe you do you think?

A. I don't know. A lot of people that I told say that they didn't believe me and that's why they didn't go to anybody.

BY MR. MCDOWEL:

Q. Sorry, who was your girlfriend at the time?

A. Her name was [redacted] And that was in 2008.

Q. And what exactly did you tell her?

A. Just that I had killed two people with insulin overdoses and that -- I think at that point I had tried to kill another person. I think I tried to kill Wayne Hedges at that point as well.

And so I just -- I told her and she said, well, don't do it any more because you don't want to get caught. But I don't know if she actually believed me or not.

Q. What were the circumstances in which you told her?

A. Just -- we were talking about things and sharing our life and I just told her.

Q. What was her emotion when you told her this?

A. She was shocked.

Q. We're getting a bit out of order but who else did you tell?

A. I told [redacted] I told a -- in 2011 I told a friend named [redacted] she was a student working at the nursing home.

Q. And this is during --

A. This is -- we were -- I took her out for her birthday.

Q. To Medieval Times?

A. Yes.

BY MS. HEWITT:
Q. How did she react?
A. Well, at the time she said, well, are you doing it still? And I said, no, I've stopped doing it.
BY MR. MCDOWEL:
Q. Let me just jump in. Is the situation that she asked you?
A. That's what it says in the court report but that's not what happened.
Q. That's what it says in the police disclosure?
A. Yeah.
Q. Okay. So you tell us what happened.
A. Okay. So I took her to Medieval Times. And I had decided a couple of days before that I wasn't going to give people insulin overdoses any more, and that I was going to do my best to get as close to God as I could in my relationship and have that as a way to not do this any more, because I was ashamed of myself and I was aware that it wasn't right.
And so we were on our way to Medieval Times and she was saying, you seem really different. And I said, well, you know, I've given my life back to God and I was doing some bad things. And she said, well, what were you doing? And so I just told her. And she said, okay, well,

you're not doing them any more? And I said, no. And so she made the decision to not tell.

Now, she claims that I threatened her and told her that I would just say that she didn't like me disciplining her, and that it wasn't true that I killed people. I never did that. She just told me, okay, I won't tell. And then she ended the friendship a couple of days later.

Q. How old was she at this point?

A. She was 17 or 18.

BY MS. HEWITT:

Q. And as a nursing student any duty to report?

A. She wasn't a nursing student, she was a student, she was a high school student. We had high school students that came in in the morning and evening.

Q. Like help feed people and stuff like that?

A. Yes, make their beds and so on.

BY MR. MCDOWEL:

Q. Do laundry and things like that?

A. Yeah.

Q. And how is it that you took her to Medieval Times?

A. We were friends. We had a friendship so I took her, you know, as a -- for her birthday.

Q. Did you think there was any risk in telling this teenager about the fact that you had committed these crimes?

A. Not at the time, no. I -- in my head I wasn't doing it any more and she was a close friend and so if I told her then she wouldn't do anything about it.

I know it sounds really -- to me as I say these things out loud I keep thinking, wow, I sound really strange but I'm being honest.

BY MS. HEWITT:

Q. We appreciate that.

BY MR. MCDOWEL:

Q. Well, it's nothing that we've experienced before but that's why we're here asking you questions?

A. Yeah.

Q. So did she say to you, look, if you don't tell either Ms. Crombez or the police I'm going to have to...was there ever that discussion?

A. No.

Q. You know that that's what she said to the police?

A. Yes, I know that's what she said to the police. No, she said, well, you're not doing it any more and you say

God's forgiven you so let's just move on. And then she said, now I can't be your friend any more because it's really hard on me to know what I know and not tell.

Q. Was she a religious person?

A. Not that I know of.

Q. Who else did you tell?

A. Okay, so that was 2011. So then in 2014 was it? The next people I told were my pastor and his wife. Pastor [redacted] I don't remember the last name.

Q. That's all right. And how long had he been your pastor?

A. A couple of years. And I told them that I had -- because I was dormant. From 2011 to 2014 I was controlling my actions through really kind of -- or sorry, 2011 to 2013 I was controlling my actions and thoughts through my devotion to God.

And then I killed Helen Young in October 2013. That might not be the right date. And then I went to, I went to Pastor [redacted] and his wife and told them what I'd done and what I had been doing and they prayed with me. And they said, now, this is, this is grace and this is forgiveness but if you do it again we'll have to report you.

BY MS. HEWITT:

Q. Were you surprised at that response at all?

A. Yeah, I was surprised. But obviously if I wanted the police to be involved I would have gone to the police. So I chose them as somebody I trusted that I could tell what was going on. But they -- I don't know how it works if pastors have a duty to report or not but they never reported me.

BY MR. MCDOWEL:

Q. How much detail did you give the pastor and his wife?

A. I think I just said that I killed people by giving them insulin overdoses so I know that I told them that much.

Q. Did you tell them how many people?

A. No, I don't think I did. I'm not sure about that.

BY MS. HEWITT:

Q. And did you tell them one was recent?

A. Yes, yes, that I had started doing it again.

Q. So you told them about that there was a previous episode and now a new episode?

A. Yes.

BY MR. MCDOWEL:

Q. Was there anybody else?

A. Yeah. In 2014 I was in contact with an ex-boyfriend, [redacted]

who lived in [redacted] and I told him. I was on vacation and we were texting back-and-forth and I told him through text how many people I had killed, and how I wanted to stop, and that I was thinking of turning myself in to the police.

Q. How did he react to that?

A. He basically said, why don't you change your job so that you're not -- so that you don't have that opportunity? Why don't you just stop being a nurse? And he also said, why don't you come and live with me and I'll leave my wife and I'll look after you.

BY MS. HEWITT:

Q. Is that still all through text?

A. All through text, yeah.

Q. And you never kept any of those?

A. No.

BY MR. MCDOWEL:

Q. And what's [redacted] last name?

A. [redacted]

Q. So back with [redacted] --

A. Back with [redacted] So I told him. And I decided that when I came back, when I came back to Canada after my, after my little vacation there that I would go to a lawyer first because I had decided I

was going to turn myself in.
Q. All right. So we don't want to hear what you told the lawyer because that is clearly privileged. That's between you and your lawyer.
A. Okay.
BY MS. HEWITT:
Q. We can ask what did you do as a result of it.
BY MR. MCDOWEL:
Q. Right. So you spoke to your lawyer and then what did you do?
A. Then on [redacted] advice --
Q. Whoa, whoa --
BY MS. HEWITT:
Q. No, you can't give us --
A. Oh, sorry.
Q. Did you do anything? Did you go to the police?
A. Yes. I went to the Canadian Mental Health Facility in Woodstock and I got help for addiction, because at that point I was abusing morphine and using morphine that I got from work. Whenever I could get a hold of it I was using it.
Q. So is this now still CC or is this now Meadow Park?
A. This is now Meadow Park.
BY MR. MCDOWEL:
Q. And what year is this?
A. 2014. So I went to Canadian Mental Health, I took -- I gave my notice.

At this point I was working at Meadow Park, I gave them my notice that I wouldn't work there any more. And through Canadian Mental Health I went for rehab, to a rehab facility, which I completed.

Q. Which one was that? Guelph?

A. No, it was in Port Colborne. I don't remember the name of it.

BY MS. HEWITT:

Q. And we're really skipping ahead, but I think when you left Meadow Park you said, I'll never -- I'm going into treatment. I won't be able to be a nurse during treatment or after treatment?

A. Did I say that?

Q. I think so.

A. I know --

Q. As I said, we're getting ahead of --

A. I know I said that when I left my last jobs that I had in 2016 I said I can no longer work as a registered nurse.

Q. Yeah. It said that you said:

"I will be unable to work during this treatment and also unable to work as an RN following treatment."

A. Oh, okay. I don't remember that.

Q. But did you -- can you

remember whether or not once you went into that treatment were you intending to go back to be a nurse or doing something else or do you remember?

A. I was intending to go back to being a nurse, yeah. I thought that getting the treatment for the substance abuse would help me to not have the urges to kill people.

BY MR. MCDOWEL:

Q. And are you seeing Dr. Fernando all through this period?

A. Yeah.

Q. But not opening up to him about any of this?

A. No. So then when I was -- after telling the lawyer and getting treatment I was a part of the Narcotics Anonymous group in [redacted] and I told my sponsor that I had killed people.

Q. And who was the sponsor?

A. I can't remember her name.

-- DISCUSSION OFF THE RECORD --

THE WITNESS: I think her name is [redacted]

BY MR. MCDOWEL:

Q. [redacted]

A. Yes. Yeah.

So when I started Narcotics Anonymous and she agreed to be my sponsor I told her I had killed people. And I don't think she believed me because she

said, Well, you can't kill me and [redacted] and she just kind of laughed about it so I don't think she believed me.

Q. And let me back up, as you say you've had a lot of time to think about all of these events?

A. Right.

Q. And had you had a pattern of telling people lies through the years or being untruthful so that people were less likely to believe you when you told them this?

A. No, no.

Q. I mean, I'm not accusing you I'm just sort of asking you because you're telling people very explicit things and some seem not to believe you. I'm just kind of exploring why that would be?

A. I don't know. I don't know. Maybe they saw me as looking for attention. I don't know.

Q. And the 12-step program at Narcotics Anonymous that's what you were following?

A. Yes.

Q. And she says that at step number 4, that's the point at which you told her. Do you remember what step 4 is?

A. I don't remember what step 4 is but I told her before she ever became my sponsor.

Q. Oh.

A. We were in her car and she was dropping me off after a meeting and I said, you know, before you agree to become my sponsor I want you to know this, and I told her. And that was when she kind of giggled and said, well, you can't kill me and [redacted] And I don't think she took me seriously that I had killed people.

And then when we got to step 4, yes, we did talk about -- she says I would simply putting an "M" and circle it but that was in the writing part. But when we talked about it I did talk about having done it.

BY MS. HEWITT:

Q. And what was the "M" to symbolize?

A. Murder.

Q. And so did you do that?

A. I think it was a "K" instead of "M" but, yeah, that's what I --

Q. Was this a diary or a journal?

A. Yeah. It was a journal that we worked out of through -- to work through my steps.

BY MR. MCDOWEL:

Q. I see.

A. I would put "K" behaviour. That's what I would put, "K" behaviour and

circle the "K"
BY MS. HEWITT:
Q. And did she or you keep that journal?
A. It's gone now. I threw out a lot of stuff but I kept -- it was kept in my possession because it was for working through steps with.
Q. And you explained to her what the "K" meant?
A. Yeah, but she already knew that from me telling her before she became my sponsor.
Q. Did you figure that she believed you at that point in time or was still --
A. She acted like she believed me because she talked about, you know, when you get to the step where you have to make amends she said, you know, we'll figure out what you need to do for amends for that. So I thought she believed me because she acted like she did.
BY MR. MCDOWEL:
Q. Right. She said and did the logical things you would do in the program. If you admit to wrongdoing then --
A. Then you have to make amends.
Q. Right.
A. And she said, when we get to

making amends we'll deal with it then. And she even said that she herself had a sponsor [redacted] and that he made amends a certain way. So I honestly thought she took me seriously because she acted like she did. She never said, you're just trying to get attention, or the drugs have stewed your brain, or anything like that.

MS. HEWITT: Yeah.

BY MR. MCDOWEL:

Q. Apart from [redacted] did you tell anyone at Caressant Care about this?

A. Not at the time. Later on right before I turned myself in to --

Q. CAMH?

A. -- CAMH, I did tell someone that I had worked with there, her name is [redacted] And she said, well, you better go and do that; if I hear that you haven't I'm going to call the police.

Q. Right.

BY MS. HEWITT:

Q. There was a Ms. [redacted] [ph].

A. Yeah, Ms. [redacted]

Q. She was an RN as well?

A. Yeah.

BY MR. MCDOWEL:

Q. Did you have confidants at Caressant Care? Were there people that you had close relationships with?

A. [redacted] was one of them, otherwise I wouldn't say I was -- like, I was -- I had friendliness with them, like, but not really confidants.

Q. Right. So there's no one to whom logically you would have opened up?

A. No.

Q. Did you have much to do with your Union during your years at Caressant?

A. A couple of times I got suspended and, yes, I dealt with the Union. The Union dealt with things with me then. And then when I was fired the Union went to bat for me and Caressant Care they had to seal my record, they gave me a monetary settlement, they gave me a letter of recommendation and I think that was it.

Q. Let's take a little break here.

-- RECESSED AT 10:42 A.M --

--- Whereupon the examination was completed at 10:42 a.m.

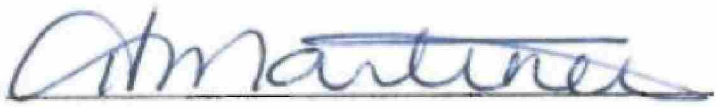
REPORTER'S CERTIFICATE

I, HELEN MARTINEAU, CSR, Certified Shorthand Reporter, certify;

That the foregoing proceedings were taken before me at the time and place therein set forth;

That the testimony of the witness was recorded stenographically by me and was thereafter transcribed;

That the foregoing is a true and accurate transcript of my shorthand notes so taken. Dated this 18th day of February 2018.



PER: HELEN MARTINEAU
CERTIFIED SHORTHAND REPORTER

EXHIBITS

EXHIBIT 1 - Diagram of the location of the v1:61