Office of the Chief Coroner
Bureau du coroner en chef

Verdict of Inquest Jury
Verdict de l'enquête

The *Coroners Act* – Province of Ontario
Loi sur les coroners – Province de l'Ontario

We the undersigned / Nous soussignés,

[redacted] of / de Thunder Bay
of / de Shuniah
of / de Thunder Bay
of / de Thunder Bay
of / de

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de:

Surname / Nom de famille	Given Names / Prénoms
McKay	Marlon Roland

aged / à l'âge de 50 held at / tenue à Thunder Bay, Ontario

from the / du October 11 to the / au November 4 20 22

By / Par Dr. / Dr David Cameron Presiding Officer for Ontario / président pour l'Ontario

having been duly sworn/affirmed, have inquired into and determined the following:
avons fait enquête dans l'affaire et avons conclu ce qui suit :

Name of Deceased / Nom du défunt
Marlon Roland McKay

Date and Time of Death / Date et heure du décès
July 20, 2017 at 1:34 a.m

Place of Death / Lieu du décès
Thunder Bay Regional Health Sciences Centre

Cause of Death / Cause du décès
Hypertensive Heart Disease

By what means / Circonstances du décès
Natural

Original [redacted] par: Président du jury [redacted]

The verdict was received on the / Ce verdict a été reçu le 4 (Day / Jour) day of / November (Month / Mois) 20 22

Presiding Officer's Name (Please print) / Nom du président (en lettres moulées)	Date Signed (yyyy/mm/dd) / Date de la signature (aaaa/mm/dd)
David Cameron	2022-November-04

Presiding Officer's Signature / Signature du président

We, the jury, wish to make the following recommendations: (see page 2)
Nous, membres du jury, formulons les recommandations suivantes : (voir page 2)

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We the undersigned / Nous soussignés,

[redacted] of / de Thunder Bay

of / de Shuniah

of / de Thunder Bay

of / de Thunder Bay

of / de

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de:

Surname / Nom de famille	Given Names / Prénoms
Mamakwa	Donald

aged / à l'âge de 44 held at / tenue à Thunder Bay, Ontario

from the / du October 11 to the / au November 4 20 22

By / Par Dr. / Dr David Cameron Presiding Officer for Ontario / président pour l'Ontario

having been duly sworn/affirmed, have inquired into and determined the following:
avons fait enquête dans l'affaire et avons conclu ce qui suit :

Name of Deceased / Nom du défunt
Donald Mamakwa

Date and Time of Death / Date et heure du décès
August 3, 2014 12:03 a.m

Place of Death / Lieu du décès
Thunder Bay Police Service

Cause of Death / Cause du décès
Ketoacidosis, Complicating Diabetes Mellitus, Chronic Alcoholism, and Septicemia

By what means / Circonstances du décès
Undetermined

[redacted] ésident du jury [redacted]

The verdict was received on the / Ce verdict a été reçu le 4 (Day / Jour) day of / November (Month / Mois) 20 22

Presiding Officer's Name (Please print) / Nom du président (en lettres moulées)	Date Signed (yyyy/mm/dd) / Date de la signature (aaaa/mm/dd)
David Cameron	2022-November-04

Presiding Officer's Signature / Signature du président

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Verdict of Inquest Jury
Verdict de l'enquête

The *Coroners Act* – Province of Ontario
Loi sur les coroners – Province de l'Ontario

Inquest into the death of: Donald Mamakwa and Roland McKay
L'enquête sur le décès de:

JURY RECOMMENDATIONS
RECOMMANDATIONS DU JURY

Statement of Principle

The following recommendations are made in recognition and acknowledgement of the following principles:

1) It is essential that services provided by all institutions listed below be reflective of Indigenous cultural needs. Inclusion of and consultation with Indigenous communities/agencies is essential. This will require consultation with and inclusion of a diverse group of Indigenous communities/agencies, in recognition of the fact that Indigenous cultures/traditions/ways of being are not monolithic and that Thunder Bay is home to Indigenous peoples from across the North who possess a spectrum of cultural values/languages/ways of being.

2) That care and services must be provided using a trauma informed approach to ensure that individuals who have suffered complex traumas are not excluded from the services that may assist them. This should incorporate recognition of the historical and ongoing traumas faced by Indigenous communities and adequate cultural competency to provide care/services in a manner that recognizes these traumas.

Recommendations

To the Thunder Bay Regional Health Sciences Centre, Ministry of Children, Community and Social Services, and the Ministry of Health of Ontario:

1. That a Task Force be developed with a mandate to establish a sobering centre in Thunder Bay. The task force would involve representatives from, and meaningful input from:
    a. Members of the Thunder Bay community including individuals with lived/living experience;
    b. St Joseph's Care Group;
    c. Dilico Anishinabek Family Care;
    d. Anishnawbe Mushkiki
    e. Members of the Thunder Bay District Mental Health & Addictions Network;
    f. Members of the Thunder Bay Drug Strategy;
    g. Thunder Bay Police Service;
    h. City of Thunder Bay;
    i. Superior North Emergency Medical Services;
    j. Shelter House and Grace Place;
    k. Fort William First Nation;
    l. Nishnawbe Aski Nation and Anishinabek Nation;
    m. Other Indigenous and community partners who wish to participate;
    n. Urban Abbey; and
    o. Salvation Army.

2. That an accessible sobering centre with a locally developed model of care appropriate to meet the needs of Thunder Bay and surrounding communities be established.

3. That the sobering center meet the criteria for the designation of an alternate level of care by the Ministry of Health to permit paramedics to transport patients to the sobering center rather than an emergency room.

4. In recognition of the shortage of beds in detox/treatment (rehabilitation) facilities in the City of Thunder Bay, the number of beds in such programs should be increased to adequately meet

the needs of the community. This increase shall:

a. Not come as an alternative to the creation of a sobering centre, in recognition of the fact that these institutions would provide different services.

b. Follow a study to determine the scale and volume of increase that is necessary to address the shortage of beds in Thunder Bay for all communities that access Thunder Bay for services.

c. Include the development of strategic partnerships between the sobering centre, managed alcohol programming, medical providers, all subsidized housing providers and community care teams to provide and facilitate appropriate discharge planning for individuals who are to be released from the centre.

5. In recognition of the fact that law enforcement agencies in the City of Thunder Bay lack the appropriate training, cultural competency, and resources to provide appropriate services to individuals suffering from Alcohol/Substance Use Disorder and/or chronic housing insecurity, work to ensure that community-based programs which provide outreach and services to such individuals are maintained and continued, including and not limited to:

a. The Street Outreach Service ("SOS") program operated by Shelter House;
b. The Care Bus, operated by NorWest Community Health Centre; and
c. The WiiChiiHehWayWin street outreach initiative, operated by Matawa First Nations Management.

6. In recognition of the seriousness of Alcohol/Substance Use Disorder as a medical condition which may mask the appearance of other serious medical conditions, a program should be established in the City of Thunder Bay to provide medical alert bracelets to individuals at high risk for adverse medical outcomes. Such a program should:

a. Operate only upon the consent of each individual participant;

b. Be managed in partnership between a sobering centre, managed alcohol facility and community care teams; and

c. Include a system by which first responders can contact case managers/care team members to: inform them that an individual in their care has been in contact with first responders (EMS, Police, Fire); inform them if an individual has been taken into custody/to hospital/to detox/to a sobering centre; and inquire about any medical concerns that such institutions shall be aware of.

7. In recognition of the seriousness of Alcohol/Substance Use Disorder ("A/SUD") as a medical condition which puts individuals at a high risk for other precarious positions including chronic housing insecurity and poor medical care, the availability and scope of managed alcohol programming ("MAP") in the City of Thunder Bay should be increased. Aspects of this increase shall include but not be limited to:

a. The provision of medical care including the appropriate dispensing of medications to participants in the program, in recognition that participants may face barriers in accessing medical care and carrying out treatment plans independently;

b. The provision of therapeutic care. This shall include adequate training and resources for all care providers and all staff within MAPs so that individuals with a likelihood of violent behaviour as a result of trauma are still able to receive care and services from the MAP; and

c. The provision of MAP that is available to individuals who are released from correctional facilities/hospitals or other residential institutions, in recognition of the increased risk of death following such release.

To the Thunder Bay Police Service and Superior North Emergency Medical Services:

8. That joint training be scheduled on an on-going basis, allowing first responders to learn more about the roles and responsibilities of other agencies.

9. That the services collaborate to discuss the practice of "wave offs," and develop policies and training for first responders, on how a "wave off" should not occur. Communication between first responders at the scene must be documented.

10. That all police officers be trained that paramedics cannot 'medically clear' any person, and that an assessment by a paramedic does not mean that a patient does not require medical treatment.

11. That mandatory training for all first responders and all staff of both services be provided on an ongoing basis that addresses issues around impacts of systemic and structural racism. The foundation of training should include, but not be limited to, the history of colonization and the impact on Indigenous peoples; residential schools; trauma informed approaches; anti-Indigenous racism; unconscious bias; and Indigenous cultural safety training. The training should address:

    a. managing implicit bias;
    b. understanding how emotional prejudice impacts decision making; and
    c. tactics/solutions for mitigating the harmful impact of stereotyping on health and criminal justice outcomes.

12. That both services consult with Indigenous Nations, Provincial Territorial Organizations (PTOs) and community agencies to create a process to audit the effectiveness of the training listed above.

To the Thunder Bay Police Service

13. Conduct a review and consider the role of jailers, the level of supervision given to individuals in custody, and training given to staff in that role, and in particular:
    a. Review the level of staffing, and consider a policy that links the number of staff to the number of prisoners, similar to the Ontario Provincial Police's standard of using one 'guard' for seven individuals in custody;
    b. Review whether the policy for the care and handling of individuals in custody needs to be clarified, particularly in relation to which individuals in custody should be considered "high risk";
    c. Review whether one on one supervision needs to be provided to individuals in custody who pose particularly high risk, such as individuals who expressed suicidal ideation; and
    d. Report to the Thunder Bay Police Services Board on the above.

14. That the Thunder Bay Police Service (TBPS) provide access to counsel as required by s. 10(b) of the *Canadian Charter of Rights and Freedoms* to all individuals, including those charged with minor or public intoxication offences.

15. The arresting officers and jailers must clearly indicate/communicate verbally and with diverse signage the procedures and rights of people in custody. Visual signage should be placed in the booking area and cell blocks.

16. That where an individual dies in cells, all officers involved in the arrest or monitoring of the deceased be provided information about the cause of death, and training on symptoms that may be related to this cause of death, as soon as reasonably possible following the death.

17. Institute a policy to mandate regular debriefs with officers involved with incidents that engage the Special Investigations Unit to ensure that supports are in place and the incident to be used as a learning tool so that future incidents can be prevented.

18. That bystander training be provided to police officers so that officers feel more comfortable addressing inappropriate behavior by colleagues.

19. That the use of 'medically fragile' flags be considered for the TBPS records management system.

20. That the use of paper "green sheets" be discontinued, that the booking process and prisoner management systems be digitized, and that documentation used for charges in court be separated from the documentation used to manage and care for individuals in custody.

21. That officers and jailers continue to be trained on an ongoing basis to seek out and record answers from the arrested person about their medical condition.

22. That the Community Inclusion Coordinator be part of the process for reviewing relevant TBPS policies, to review these policies with a cultural lens to ensure they are culturally appropriate and reflective of Indigenous cultural needs. The police service will ensure that the Community Inclusion Coordinator is provided with the capacity and support needed to complete such a review.

23. That the Thunder Bay Police Service review its Jailer academic programming and, if not already included, incorporate an educational component on the Human Rights Code and training on cultural sensitivity.

24. That the Thunder Bay Police Service ensure that the Reconciliation training currently being undertaken by the service is not a one-time training course, but rather provided as continuous training over the course of an officer's career and that the police service consult with Indigenous Nations, PTOs and community agencies to create a process for the community to audit the effectiveness of the police services Reconciliation training.

To the Thunder Bay Police Services Board

25. That the Thunder Bay Police Service Board consider creating a position of Deputy Chief, Indigenous Relations.

26. That the Thunder Bay Police Service Board retain an expert consultant for the purposes of providing an independent assessment of the level of staffing required of the Thunder Bay Police Service.

27. That the Board create a process for regular review of board policy to determine which policies need to be updated or created.

28. The Board will consider yearly public reports setting out the initiatives taken by the Board, the progress of those initiatives and an expected timeline for completion of the initiatives.

29. In compliance with its by-laws, the Board will create terms of reference for its governance committee and make the terms of reference public.

30. The Board's Governance Committee will consider creating an implementation plan that includes but is not limited to: a timeline for implementation of all recommendations received through various reports, inquests and inquiries; a plan for how the recommendation will be implemented; and how consultation and follow-up with Indigenous community will take place. The implementation plan should be made public in order to ensure accountability.

To the Ministry of Health

31. That the Ministry of Health immediately address patient flow at the Thunder Bay Regional Health Sciences Center emergency department to address police and ambulance off-load delays and code black events.

32. The funding formula should reflect the population of Thunder Bay and surrounding areas that uses Thunder Bay as a "Hub" for medical services.

To the Ministry of Health and Superior North Emergency Medical Services (EMS)

33. That access to electronic health records be provided to all paramedics in Ontario, and if such access is available, that Superior North EMS consider the introduction of the necessary technology to access this system and provide access to paramedics.

To the Ministry of Colleges and Universities

34. To the extent that this training is not already provided, that educational institutions such as colleges and universities provide training for first responders on the history of colonization; residential schools; trauma informed approaches; anti-Indigenous racism; cultural safety, and unconscious bias.

To the Solicitor General and Thunder Bay Police Service:

35. That training be delivered to police officers and jailers relating to medical issues that may mimic intoxication, or that may be concurrent with intoxication, and that this be provided both at the Ontario Police College and to serving officers.