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Chair

Mr. Garry Breitkreuz

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• (1530)

[English]

The Chair (Mr. Garry Breitkreuz (Yorkton—Melville, CPC)): I'd like to bring this meeting to order. This is meeting 18 of the Standing Committee on Public Safety and National Security.

Today we are continuing our study of tasers. We'd like to welcome as witnesses the Royal Canadian Mounted Police, the Vancouver Police Department, and the Ontario Police College.

Welcome, gentlemen. We look forward to your presentation. We're starting right on time because we understand it's a little more lengthy than usual. We'll ask the committee's indulgence in allowing you to make your presentation. Then we'll ask for questions and comments from the various political parties.

Without any further ado, please introduce yourselves and carry on with your presentation.

Assistant Commissioner Darrell LaFosse (Community, Contract and Aboriginal Policing Services, Royal Canadian Mounted Police): Thank you very much, Mr. Chair.

Thank you very much for the opportunity to speak to you today. My name is Darrell LaFosse, and I am proud and honoured to be the assistant commissioner in charge of Community, Contract and Aboriginal Policing Services, or CCAPS, which is the national policy centre for provincial and territorial policing.

Our purpose today is to provide you with information on the conducted energy weapon, how the RCMP came to adopt it, what role it plays in police work, how it works, what its effects are, and what policies and guidelines we have developed to manage its use.

I am very pleased to have with us today several experts in the field of training, policy development, and research around the CEW. What's more, most have direct, street-level policing experience that informs everything they do and provides a real-world context that is so important to this issue.

The men and women of the RCMP, and of all police agencies, in fact, have chosen this career for the most part because they have an affinity towards people and they want to help. Keeping our homes and communities safe is behind everything we do.

A policing career means meeting thousands of law-abiding citizens and most of the time working on positive initiatives such as crime prevention and community projects. I'm compelled to state that the vast majority of Canadians support and are proud of our various police forces. Police work, however, also requires stepping into the path of danger. It's a risky business. Those of us in

leadership positions in Canada's police forces must ensure that our members have the best training and equipment possible to do their work. Even then we will be spat upon, jeered at, injured, assaulted, and, unfortunately for some of us, killed because of our chosen career path.

So how do we prepare RCMP members? At the RCMP training academy in Regina, cadets are put through the paces with such subjects as physical fitness, self-defence, scenario-based training, and foot drill. They learn about Canada's laws, the Criminal Code, the Charter of Rights and Freedoms, and all the legislative issues that affect their work. They learn about themselves and about discipline and how resilient they can be in the face of adversity. They learn how to deal with mentally disturbed persons, the elderly, youth, and also people who simply do not want to cooperate.

When they are finally posted to detachments across the country, everything they learn in Depot is applied on every call. In addition, they are assigned field trainers to be their mentors as they launch their careers.

The tools and equipment we provide to our members are selected following extensive research and testing. We study fabrics for their uniforms, not only for comfort and appearance but for safety. We research ballistic qualities of their soft body armour. We examine reflective material to increase visibility of police vehicles. We track developments in police tools of all kinds to ensure that our members have the best equipment available.

The conducted energy weapon is one of many tools that we have researched for our members' use. It was adapted in 2002 after pilot projects and testing, and since that time training programs have been offered in its use across Canada. To date, some 9,000 RCMP members have received this training.

Often when RCMP members are called to an incident, things are highly charged. That's usually the time when people decide to call the police. Our members come into situations of danger and violence, and people look to them to take control and calm things down. That is simply our duty.

In a matter of seconds, a member must assess the situation and choose a response that will restore order, using only as much force as necessary. Protecting innocent people is paramount. Ensuring the safety of the police officer is essential as well, so that they can continue to defuse the situation.

You will hear much this afternoon of the incident management intervention model, the model on which our members base their decisions. If this model indicates that some level of force is required, the police officers are compelled to make a choice on how to react. Before the CEW was available to them, they could choose pepper spray, the baton, or physical holds and moves to gain control of a combative individual. If the officer risked serious bodily harm or death, their ultimate decision would be, and still remains, lethal force.

Much has changed in my 31 years of service, and there's been rapid change, I would suggest, in recent times. Frankly, the equipment and training I received in Depot in 1977 would simply not meet the needs of police officers working in Canada today.

• (1535)

Remember, all this decision-making relative to the use-of-force continuum could be happening in a chaotic situation where people are screaming, resisting, violent, and capable of anything. On the other hand, a situation that to the untrained eye looks completely benign, such as a highway check, can instantly turn deadly. Either way, the officer has to bring every scenario he or she has ever practised into mind and be ready.

The adoption of the CEW brought a whole new outcome to some of the ugliest situations police are called to handle. Where they once faced a real possibility of bruises and broken bones, now members could deploy the device at a few metres distant, stop the suspect in their tracks, and place handcuffs on them, with far fewer injuries to all sides. Now, following a violent incident, our members could be on the next call immediately, instead of taking several weeks to heal from their injuries. Suspects, many of whom are in a state of mental crisis already, could be brought under control and given medical treatment quickly. This is an extremely valuable policing tool with huge benefits to police and perpetrators alike.

I hope I've given you a bit of context around the CEW and how it fits into our work. My colleagues will provide you with greater detail on a number of fronts.

RCMP Sergeant Richard Groulx will explain what the CEW is, how it works, and how our officers are trained to use it. He is a seasoned police officer and trainer for emergency response teams, which are the equivalent of the American SWAT teams, and has expertise in tactical training and weapons.

Mr. Chris Lawrence of the Ontario Police College will give some context around sudden, unexpected deaths of individuals whose erratic behaviour often brings them in contact with police. He's a 28-year police veteran, instructor, and internationally known subject matter expert on police responses to excited delirium syndrome.

I also have with me Inspector Troy Lightfoot, who can talk about how we build our RCMP policy to guide members in the use of this tool. He is currently the officer in charge and manager of the use-of-force program in the RCMP and has 22 years of service. He most recently came from Nain, Labrador, where he was the detachment commander.

In addition, we have Sergeant Bruce Stuart, our national use-of-force coordinator. Bruce has 18 years of police service, and his most

recent field assignment was as a senior patrol NCO at our detachment in Surrey, British Columbia.

Also in our audience is Sergeant Kim Taplin, whose most recent field experience was in British Columbia. As you can clearly see, her approach to use-of-force situations requires a skill set that does not involve a lot of muscle power. She has called on that skill set many times in her 17 years of police work in traffic, general duty, and general investigations.

Finally, we have Staff Sergeant Joel Johnston from the Vancouver Police Department. He has over 20 years of service, much of it focusing on tactics using use-of-force issues in fact and in theory, and he is currently on secondment to the British Columbia ministry as the B.C. provincial use-of-force and emergency response team coordinator.

The RCMP is working closely with other police agencies to build consistency in our approach to the use-of-force issues. If the committee is interested in seeing a live demonstration of the CEW application on a regular RCMP member volunteer, we would be pleased to arrange that for you at an RCMP facility sometime other than today.

After the presentation we will have time to respond to your questions. Thank you very much for this opportunity.

With your permission, I will pass the floor to Sergeant Groulx.

• (1540)

The Chair: Thank you very much, sir.

You may go ahead.

Sergeant Richard Groulx (Tactical Training Section, Royal Canadian Mounted Police): Thank you, sir.

My name is Sergeant Richard Groulx, and I have been with the RCMP for just over 20 years now.

We do have handouts in French as well, and if you have any questions later on, feel free to ask in French; I'm fully bilingual.

My only relationship with Taser International is that I am a master trainer/instructor. I have never owned or purchased any of the shares, just for the record. I am in no way related to the company.

Today we're going to talk about how the weapon system works, under which guidelines RCMP members are to use the weapon system, and how it relates to the incident management intervention model, the use-of-force model.

We'll talk a little bit about technology. I will introduce the two models that the RCMP approved and that we currently use in the field—the M26 and the X26. We'll talk a little bit about nomenclature, how it works, and how it relates to the IMIM.

How does the weapon system work? Basically, when it's deployed it propels wire, and attached to the wire there is a probe that makes contact with the client on the clothing or on the skin. From there, it directs energy to the client, and it affects the sensory and motor functions and the nervous system.

Before I go on, I do have some spent cartridges here. They're not live. Feel free to have a look at them because that will help you during the presentation to visualize what goes on.

How does it work? When the probe makes contact with the individual, or the electrode on a conducted energy weapon, it just transfers electrical energy. The human nervous system communicates with simple electrical pulses. With the technology that Taser International uses, those electrical pulses are very similar to the ones the human body uses to communicate messages through the nervous system in order to function. What happens is those electrical pulses override the human nervous system.

How can we better explain this to make it easier to understand? Pretend you are on the phone with someone; you are communicating, so you are talking. If there is static on the phone, communication will be affected. If a third party jumps onto the line and starts talking louder than you are, you will lose communication with your partner, or whoever you are on the phone with. It's the same principle; electrical impulses are overriding the human nervous system.

The M26 and the X26 are the two models the RCMP has approved for use, and we do have both in the field. The M26 was released by Taser International in 1999. We did some studies, some evaluation, in 2001 and approved it for use in the field in 2002.

The X26 came in 2003; however, we waited a couple of years. We went through two evaluation phases and we released it in 2005. It is a much better technology than the M26. It is 5% more effective, and I will explain very shortly how it's measured. It's 60% smaller and lighter than the M26.

I have with me an M26 and the smaller version, the X26. They don't have batteries in them, so there is no power.

• (1545)

I think all of us have been exposed to the publicity in the media, in the papers or television. Even the vendor is promoting the conducted energy weapon or taser as generating 50,000 volts. It's their scary statement, and that's what we feel is really scaring the public.

What is important to understand here is that the voltage is not what is dangerous for human beings; it's the amperage, the amperes. I know that, like me, all of my colleagues experienced a Van De Graaff generator in high school. It generates over one million volts, but the amperage is so low it's safe.

Open circuit, the M26 and the X26 contain the pressure of 50,000 volts. Let's go back to your backyard where there's a water tap. When the water tap is closed, there is some water pressure behind it. That's the 50,000 volts. Once the water tap is released, you're losing pressure; you have a circuit of water going through the garden hose, but the pressure is less than when the tap was closed. That's probably how I can best explain this.

When we talk about amperage, what does it mean? Yes, 50,000 volts could be the amount of water. Let's pretend that over this ceiling here there's another floor, a 14-foot floor full of water. If the floor opened or collapsed, some of us might die because of the tremendous force of the water coming down on us. If I opened a water tap of about one inch in diameter, the floor and I may get wet,

but I'm not going to get injured. So the size of the garden hose, the conduit, is the amperage with regard to a conducted energy weapon. So there are 50,000 volts. However, when these are released, the voltage or pressure, the amperage, is minimal. That is why we strongly believe that the conducted energy weapon is safe to use.

When I talk about amperage, both units offer less than 4 milliamps. The X26 offers 2.1 milliamps and the M26 offers 3.6 milliamps.

As for the joules, the M26 has 1.76 joules. And each pulse represents 0.5 joules, as the current is not continuous but is sent as electrical pulses from the weapon system. So it's on and off. For the X26, it's 0.07 joules. External cardiac defibrillators typically deliver 150 joules to 400 joules per pulse to cause the heart to defibrillate. So you can see how low the voltage is, not only the voltage but also the current and joules, of the M26 and X26 are in comparison to the defibrillator.

How does it work? We need a circuit; electricity must be able to flow between two probes or electrodes. On the floor right now we have two probes attached to the wires. The wires are embedded inside the cartridge up to 21 feet, and the probes are attached to the end of it. At the end of the probes, there is a small harpoon. That's what hooks on the clothing or penetrates the skin.

• (1550)

The weapon system, when we take it out of the safety box, comes like this. At the front there are two electrodes. Of course, this one is live. I will activate it. There is a safety lever, and all the M26 and X26 models do have safety levers for activation. It comes also with a flashlight and a laser. You can see the electricity arcing in between the two electrodes, but I need a circuit for it to work.

When the probes are deployed on a client, the two probes must be attached to the client in order to work. If one probe breaks the skin and the other one only attaches to a loose jacket, a loose piece of clothing—it could be baggy pants, a big shirt—what happens here is the current is trying to arc into the body, to jump into it.

How far can the current jump? The vendor is suggesting up to two inches cumulative for the two probes, so not two inches per probe but a total of two inches.

If you've ever seen a video where the client basically seems to have the effect and does not fall down but is jerking, it's most probably because one of the probes is attached to the clothing and the current is trying to arc into the body, so it's on and off. The reaction we get from the client, in trying to control a client, is they have that jerking motion; they're moving. If they move and they fall and that probe gets closer to the body, then the circuit is on at that point. Without a circuit we have no effect.

The electricity follows the path of least resistance between the probes, with some dissipation. As I just explained, if one probe breaks the skin and the second probe is just attached to the clothing, there will never be 50,000 volts going through the client to start with. A lot of electricity will be dissipated. At the maximum, with an M26 we can anticipate about 5,000 volts, and with an X26, maybe 1,200 volts. Again, it's not the voltage that stops the client, that controls the client, it's the amperage.

The path of least resistance...electricity is very, very lazy. When it penetrates the human body, it just travels through the nervous tissue and muscle tissue at the surface of the body. It goes as quickly as possible by the easiest route to go to the next probe. Basically that is why you have strong, uncontrolled contractions.

I have been through this several times. I took some exposure for five seconds on a few occasions. In 2005 I took a 15-second hit, non-stop, for credibility, for court purposes as well. It just causes your nerves and your muscles to contract to the point where you don't have the ability to formulate a plan to lift one hand or to carry on with your goal. The muscles are contracting really hard, to the point where most likely you will fall to the ground. The risk of injury is in falling to the ground, or, again, if the situation is dynamic. Sometimes a probe can hit a sensitive area on the client, like an eye. That is a possibility in a dynamic situation.

The greater the spread between the probes, the greater the effectiveness, because we have more muscle mass contracting. Why do we use it? Why do we approve it? It reduces officers' and clients' or suspects' injuries by stopping the threat from a safe distance. The safe distance, the optimum range, would be anywhere from 7 to 21 feet.

It's extremely effective when it works, when you have two-point contact, even compared to lethal weapons, because it immediately causes incapacitation when successfully deployed. It does not replace a firearm. It's better than a firearm. It does control the threat immediately, which firearms most likely do not do. We talked about handgun calibre.

• (1555)

It's safe in numerous situations. It's safer for suspects and officers, and it's easy to use and maintain.

Before 2002, the RCMP did not possess any less lethal weapon that would effectively control individuals who were focused, aggressive attackers. For example, there is the baton. We have dealt with suspect clients who, when the officer has tried to control them with a baton, cannot feel the pain. The situation keeps escalating and we can't get immediate control of the client.

It's the same with OC spray. OC spray doesn't work. OC spray is no kung fu in a can. It doesn't work that way. Our officers now are trained, when they are OC sprayed, to fight for a minute or more, and they can do it. So OC spray is not stopping anyone. The conducted energy weapon does stop the individual immediately.

An emotionally disturbed person and the ones who are under the effect of certain substances, drugs....

What's the target zone? When we compare the conducted energy weapon with other weapon systems, such as firearms and OC spray... With OC spray, we must make contact with the face area to affect the client. Firearms have basically a lethal zone from the head down to the groin area. We can basically target the conducted energy weapon to any location on the human body and it will work. However, we do not train our members to deploy at the head area unless the situation dictates death or grievous bodily harm, such as if it's a situation in which a firearm is required but the member does not have access to it. We train our members to aim at the centre of the back.

There are two modes of deployment. One is push stun mode, which means pressing the conducted energy weapon into a preferred push stun location. That is done without a cartridge. If the member decides to use push stun mode, he simply removes the cartridge, activates the weapon system, applies pressure to the preferred location where there are some nerves—sensitive nerves, like the common peroneal radial nerves—and provides one application for five seconds using an overhand grip.

The X26, every time we pull the trigger, will deploy for five seconds. However, the member has the ability to stop that deployment at any time.

So what does it do? It seems to be the softest approach. You talk about probes and projectiles going, but what does it do? Personally, I don't like it, because nobody can stay still under an electrical discharge like this. The normal reaction is that we move.

Who fishes here? Who has fished before? What's your biggest fish?

Hon. Roy Cullen (Etobicoke North, Lib.): I have to brag. It was a sailfish that was 120 pounds.

Sgt Richard Groulx: Let's say 20 pounds. Let's say a small one, nine pounds. Can you hold it steady? When it starts moving, can you hold it without moving? No.

Imagine, we're dealing with human beings of 120, 210, 260, or 300 pounds. When they feel the energy, the electrical shock...I did experience that at home—15 amps, 110 volts, and what was my reaction? Ouch!

Nobody stays there. So when we apply a push stun, the client will move and will then get multiple burn marks, because electrical energy will burn the skin.

The second mode of deployment is probe mode, allowing some probes attached to wires from a preferred distance. That's what I talked about earlier, the probe attached to the wire. It connects with two locations on the human body. The transfer of energy causes the muscles to contract, a nervous mass as well, causing the client to go to the ground—all this to try to change their behaviour.

How does it work? With the cartridge you have, basically the probes are embedded inside the cartridge. When it sits inside the conducted energy weapon, the top probe is parallel to the floor. It works with the aiming system of the weapon system. So the top probe will deploy straight forward and the bottom probe will deploy eight degrees downwards.

What does it mean? It means that for every seven feet of distance between me and my client, the muzzle end of my weapon system and the client, I can expect 13 inches of spread between the probes. So if I am 14 feet from my client, I can expect about 26 inches between the probes.

How does it relate to the IMIM? As always, the primary objective of any intervention is public safety. That's what we aim for. The best intervention causes the least harm or damage. So every time an officer uses a conducted energy weapon, there is a circle of situational factors.

What is my best option here to respond and control the threat that I have in front of me? OC spray is very painful. I have been exposed to OC spray. The contamination process can last anywhere from 20 minutes to an hour and 10 minutes.

There's the baton. The baton may cause bone breakage, lacerations, serious injury, exchange of body fluids. We don't know who the client is for the officer's safety in this instance.

The conducted energy weapon will control the individual, and after the exposure, it's over. You get back on your feet, you sit in your chair, or, if you want, you can continue and fight again.

I'm going to tell you how I felt after 15 seconds of exposure. I felt like I had just finished a workout at the gym. I was tired. That's how I felt. I could get up and fight if I wanted to. There were 56 of us who took 15 seconds. It's part of our research. The report will come out probably this year—right, Bruce?

Sergeant Bruce Stuart (National Use of Force Coordinator, National Use of Force Program, Community, Contract and Aboriginal Policing Services, Royal Canadian Mounted Police): Yes.

Sgt Richard Groulx: I just felt tired, that was it, for about 10 or 15 minutes. I had a bottle of water and then it was life as normal.

Five seconds felt like you were a little bit tired but not as much, basically. It was probably like you just came up four sets of stairs, not a full workout. It caused some exertion.

Later on, my colleague will talk a bit about the incident management intervention model.

• (1600)

I just want to point out that we do have guidance. Our members are to use the conducted energy weapon when it is appropriate when dealing with clients who display resistant, combative behaviour and when we see that they present the potential to cause death or grievous bodily harm.

I want to get your attention. The conducted energy weapon is not a replacement for firearms. When I talk about death or grievous bodily harm, I'm only talking about isolated situations such as a suicidal person. Two officers show up; a person is suicidal. Yes, there is a potential risk for the person and the officer as well. We never know when the situation will reverse. In some situations it is safe to close the distance, but only with an officer who can provide firearm support so they become one unit. If they can get close enough and it's safe for the officer to intervene with a conducted energy weapon to control the individual, the victim, we may attempt that, but it's not a replacement for lethal force or when we deal with behaviour that could cause death or grievous bodily harm, contrary to what the vendor has been selling and what you hear that "Tasers save lives".

Have you heard that before? That's often how the Americans use it. They try to replace firearms with a conducted energy weapon, and they put themselves in very vulnerable situations. We don't want our members to do that. We don't teach that. So if I'm dealing with a client who's presenting a knife to me, a conducted energy weapon is not a solution. If I'm dealing with someone who's presenting a crowbar or a baseball bat, someone who can take my life, a

conducted energy weapon is not a solution. It's the same with firearms. I just addressed that.

Are there any questions?

• (1605)

A/Commr Darrell LaFosse: Mr. Chair, it's your pleasure, sir, if you'd like to ask questions at this time.

The Chair: Did you have more to your presentation?

A/Commr Darrell LaFosse: Mr. Lawrence, sir, and we have two more to speak for a short time. So again, it's your pleasure.

The Chair: I think we should finish the presentation. That's my original plan, because once we open it up for questions, that may take up the rest of the meeting. So if you still have some information for us that you feel is valuable, present it now and then we'll go to the questions.

A/Commr Darrell LaFosse: Okay, sir. Thank you very much.

I'll turn to my colleague, Chris.

Mr. Chris Lawrence (Instructor, Ontario Police College): Good afternoon.

My name is Chris Lawrence and I'm an instructor at the Ontario Police College. For the past 12 years my duties have included training Ontario police officers on how to gain lawful control of resistive, aggressive, assaultive subjects.

I'd like to begin by quoting one of Sir Robert Peel's nine principles of policing, which states:

Police, at all times, should maintain a relationship with the public that gives reality to the historic tradition that the police are the public and the public are the police; the police being only members of the public who are paid to give full-time attention to duties which are incumbent upon every citizen in the interests of community welfare and existence.

I'd like to point out that we are all in this together, and we should not lose sight of that. I don't think it should be looked at as a police versus public issue. As I said, we're all in this together—very much so.

Cases involving sudden death following a struggle precipitated by unusual or bizarre behaviour first appeared in the medical literature in Dr. Willis' *Oxford Casebook* in 1650. Since that time, reports in the medical literature were entered in 1832, 1849, 1867, 1939, 1944, and 1960. These reports did not involve the police, and they were essentially patients who would be recognized today as experiencing mental illness. The reports of these deaths subsided in the 1960s around the time that anti-psychotic medications became available. These types of deaths began to reappear in the medical literature in 1985 in southeastern Florida, and they were tied to cocaine consumption. Early modern reports began to use the term "excited delirium" in 1985. It was a term coined by Dr. Charles Wetli—a physician, not a police officer. That term was again used in 1993 and in 1995.

Critics point out that excited delirium is not a recognized medical diagnosis, and they're correct. It is a term used by police officers to efficiently convey a set of circumstances, much like the use of the term "domestic". If I were to tell another officer that I need help with a "domestic", that officer understands what I need when I call for assistance. I wouldn't have to use a lot of information to convey the needs that would be required. When the term "excited delirium" is used, another trained officer would understand that in all likelihood I'm dealing with a male, at least partially clad, who is acting in a bizarre manner, that a struggle may be involved, and the subject may be very strong, sweating, etc. "Excited delirium" is also a term that some physicians are becoming familiar with.

Deaths associated with these types of events have been related to a variety of causes over the years: prone positioning, a theory for which the scientific validity has been questioned; pepper spray, a theory that very few adhere to any longer; neck restraints—a recent Canadian Police Research Centre review did address this issue, I think it was last year—and today we're discussing conducted energy devices or weapons. Despite the mechanism of restraint being changed, people continue to die suddenly and unexpectedly.

Beginning in 1999, I began to examine these events in greater detail. I found a host of potential medical issues that seemed to be buried within the medical literature. The potential causes of death included arrhythmia caused by both substance abuse and by properly taken prescribed medications at therapeutic levels, cardiomyopathy or an enlargement of the heart, hypothermia, catecholamine rush, rhabdomyolysis, electrolyte imbalances, metabolic and lactic acidosis, and indeed there's some suggestion that there may be a genetic component to this problem. As a partial completion for my master's degree, I examined 29 of these sudden deaths in the province of Ontario between 1988 and 2004. One involved the conducted energy weapon.

Recently I examined some records from Ontario's Special Investigations Unit that are publicly available online, and I discovered that they've classified 109 deaths that occurred in custody between 2001 and 2007. After examining the synopsis of these events and adding the data that I gleaned from my earlier investigation, it appears there may be 40 events between 1998 and 2007 in a population of 12 million people. Of these 40 events, five involved a conducted energy weapon.

●(1610)

While the present common thread appears to be conducted energy weapon use, these types of deaths occurred long before conducted energy weapons were deployed in Ontario and continue to occur when conducted energy weapons are not used. Deaths of this nature have been reported since before policing began. They continue to occur in medical settings.

Recent research on conducted energy weapons has been inconclusive with respect to studies using the swine model. Pigs are used as human surrogates in medical research. There are limits to applicability. Despite the controversy, there is an ongoing Canadian effort to synthesize current research information and report on that later this year to the Canadian Association of Chiefs of Police.

I believe we can do better than that. There exists in Canada the ability to study this problem in real time in the real world,

completely independent of industry. Preliminary work has started. Current barriers include lack of funding and the capacity or opportunity to analyze that data. Much work has already been accomplished. Unfortunately, the information is not getting to the public very well. While controversy is reported, significant inaccuracies exist. Communication on the science and research efforts relating to this problem needs to improve. Members of the public would benefit from hearing this type of information.

An additional barrier to our understanding of these events, which I would submit for your consideration, comes from the popular media—what's been termed the "CSI effect", if you will. There is a confidence—indeed, an expectation—that an autopsy will find everything. It may not. Further, once a crime has been ruled out, the ability to thoroughly investigate the incident is significantly diminished. Often the necessary authority to secure search warrants that would allow the investigation to continue ends. The result can be a family left with unanswered questions and an investigation that can no longer provide them.

Another point that must be considered is the role of law enforcement agencies and the public expectation of their capacity. Police services provide exactly that: police service. Few are funded to such an extent that scientific research is being done within the organization. Statistics are being requested when reporting on them has never been required before. The information is available, but a mere push of a button will not bring it up. On this issue, Peel stated "the basic mission for which...police exist is to prevent crime and disorder". Sir Robert Peel mentioned nothing about research. Further, current expert opinion is that these types of deaths may be a complex, multifactorial medical crisis difficult for expert physicians to manage. Yet police officers armed with a first aid certificate are being asked to handle these events.

As a public citizen, I see today that there has been a devolution of public trust in the men and women who police our communities. In a country whose icons, recognized internationally, include a police officer, in a country with a reputation for being a peacekeeper, this is indeed unfortunate. Among Peel's admonishments was that "the ability of the police to perform their duties is dependent upon public approval of police actions".

I believe answers to our questions exist, and I believe they are discoverable, and in some instances in the near future, if barriers are removed. In other cases, the answers will come more slowly, but I believe they will come. Police agencies are trying to do what they think is correct and in the best interest of the public. The police are aware that, again, as Peel stated, "the degree of co-operation of the public that can be secured diminishes proportionately to the necessity of the use of physical force".

CEWs were deployed in the interest of police and public safety. As stated within the principles of the national use-of-force framework, police and public safety are intertwined and co-dependent: one cannot exist without the other. "Police use physical force to the extent necessary to secure observance of the law or to restore order only when the exercise of persuasion, advice and warning is found to be insufficient." Again, these are principles going back to 1829.

There are cases in which police officers have acted in an exemplary manner. I can think of one particular case in which the subject was never touched, was allowed to calm down and have his concerns addressed, and was convinced to go willingly to the hospital. The circumstances suddenly changed. An unprecipitated altercation ensued, and the subject suddenly and unexpectedly died. Despite the best efforts of very well-trained police officers, some people have died without the involvement of conducted energy weapons.

Peel also said that "police seek and preserve public favour not by catering to public opinion but by constantly demonstrating absolute impartial service to the law". Policing has always been a difficult task. The complexities of an officer's career expand as our social demands grow and our society's complexity broadens. What remains unalterable is our service to the law.

• (1615)

The deaths that have brought this problem to your attention have occurred for hundreds of years, and will continue, I believe, with or without the availability of conducted energy weapons.

There exists in Canada a research acumen and capability that may be able to answer some of these questions. I would seek the support necessary to get answers, and then to make an informed decision, rather than have it decided by something less.

I'd like to thank you for the opportunity to speak on this important matter, and I'll do my best to answer your questions at the conclusion of the presentation.

I'd also like to point out for the record that I have no current funding relationships with Taser. I did at one point purchase Taser stocks on the open market as part of a retirement portfolio, and when it became apparent to me that my work might have an impact on the integrity of that relationship, I disposed of the stocks on my own volition without anybody telling me to do so, despite the fact that some people assured me that they saw no conflict of interest. So I have no relationship with Taser. I've never worked for them, I've never been to Scottsdale, and I've never done any training for them. I just want to make that clear.

I'll answer any questions you have when the time is suitable.

The Chair: Okay. Thank you.

Mr. Johnston or Mr. Lawrence, did you have any brief comments to make before we open it up for questions?

Staff Sergeant Joel Johnston (British Columbia Use of Force Coordinator, Vancouver Police Department): I think Inspector Lightfoot has a brief piece.

The Chair: Okay, let's try to do it as quickly as possible.

Inspector Troy Lightfoot (Officer in Charge, Operational Program, Royal Canadian Mounted Police): I'll be as quick as possible.

First I'd like to provide a few details on our policy development process and then comment on a few recent developments in relation to our conducted energy weapon program.

The RCMP's operational policy section has developed one of the most comprehensive policy development processes for use by the RCMP. It includes approximately 30 steps from start to finish. Our process has been identified by a number of external and internal stakeholders as a best practice, including the Commission for Public Complaints Against the RCMP.

The presentation on our policy development process is approximately an hour and a half long. For this reason, we do not have time for a full presentation on the process. However, I would like to highlight some of its attributes.

Some of the attributes of this process include a needs analysis; a risk assessment; environmental scans; an examination of industry standards; and comprehensive consultation, including consultation of national and international experts on a regular basis. For example, while drafting our new excited delirium syndrome policy, international experts from the mental health community were consulted. A feedback process is also included, as well as a communications strategy.

I would now like to provide information on some recent developments in our conducted energy weapon program. In August 2007, the RCMP enhanced its conducted energy weapon policy by adding information on excited delirium syndrome, including reporting processes, data downloading, volunteer exposures, and deployment after care. We are currently working on a stand-alone excited delirium policy, which will further enhance this area.

In November 2007, the RCMP completed a review of CEW and excited delirium syndrome. This report was completed by Sergeant Bruce Stuart of the RCMP and Chris Lawrence of the Ontario Police College. This report was forwarded to the Minister of Public Safety, as requested.

Recently, the RCMP completed a draft framework for our CEW report, covering the periods between 2001 and 2007. We anticipate that the report will be completed by June 2008. The RCMP has completed a draft of our CEW quarterly report, in line with the recommendations made on our interim report by the Commission for Public Complaints Against the RCMP. Since December 2007, the RCMP has been monitoring, at a national level, all incoming CEW reports as and when they occur. This adds another level of accountability and shows consistency in terms of application.

The RCMP has appointed a national use-of-force manager as well as a national use-of-force coordinator and is augmenting resources to create a stand-alone unit dedicated to the use of force. The RCMP's use-of-force coordinator, Bruce Stuart, is involved in the conducted energy weapon study currently being undertaken by the Canadian Police Research Centre. This study has been labelled the most independent scientifically and medically based study ever undertaken on the subject of CEWs.

We're working on assembling an independent group to review the RCMP's CEW training, policy, and accountability. To further enhance our accountability, one of our divisions has piloted the attachment of the CEW report to one of our record management systems. This will allow immediate access to the report by supervisory and criminal operation sections for review.

On January 22, 2008, the RCMP drafted a unit level quality assurance form, an audit tool that will assist district and detachment commanders to ensure that the use of CEWs complies with policy.

On January 23, 2008, the British Columbia use-of-force coordinator, Joel Johnston, and I, the RCMP use-of-force manager, made a presentation to an FPT group consisting of deputy ministers and assistant deputy ministers from the Department of Justice and Public Safety Canada on the topic of CEWs and the use of force in general.

Now I'd like to turn the floor over to Sergeant Stuart, if I may, Chair.

• (1620)

The Chair: Go ahead.

Sgt Bruce Stuart: I was going to do a piece on our prevention model and use-of-force escalation. If we're pressed for time, I can skip through a bit of that and go to some of the other material. It's at your pleasure.

The Chair: How long would it take to go through the condensed version?

Sgt Bruce Stuart: Five, maybe six minutes.

The Chair: Okay.

Mr. Johnston, how long would you have?

S/Sgt Joel Johnston: Not that long.

The Chair: Not that long.

The usual practice here is to have the presentations and then we'll take turns. So if you can do it in five or six minutes, go ahead.

Sgt Bruce Stuart: Okay, I'll pare it down, sir.

The Chair: Sure.

Sgt Bruce Stuart: On January 10, 2008, consultation was led by Community, Contract and Aboriginal Policing Services with the National Incident Management Intervention Working Group. That's a group of subject matter experts within the RCMP who meet twice a year to discuss policies, training, and anything else related to use of force. Other law enforcement partners, including the B.C. use-of-force coordinator, a representative of the Calgary Police Service, and Chris Lawrence from the Ontario Police College were also involved.

These discussions resulted in recommendations that would see the alignment of the RCMP's incident management intervention module with the national use-of-force framework, which was created by the Canadian Association of Chiefs of Police. These changes have been presented to RCMP senior management, and their final decision on the implementation will be made in April 2008.

The CEW database for the RCMP was implemented on November 25, 2005, allowing reports of individual incidents involving the use of the CEW to be captured in an electronic database. Previous usage

reports were uploaded into the database from as early as 2001. The RCMP recognized that the current CEW database had limitations regarding analysis of the collected data and that only CEW usages were captured. As a result, in 2006, the RCMP began researching a method of reporting all use-of-force intervention options within the incident management intervention module that members would deploy as the result of a subject's behaviour.

The Commission for Public Complaints Against the RCMP's interim taser report also cited the need for the RCMP to capture all use of force within an appropriate reporting format. The RCMP began working closely with partners, such as the British Columbia use-of-force coordinator, to develop standardized use-of-force reporting, entitled "subject behaviour/officer response reporting".

I'll now turn the floor over to my colleague, Staff Sergeant Joel Johnston, and he'll comment further on this.

• (1625)

S/Sgt Joel Johnston: Subject behaviour/officer response reporting, or use-of-force reporting, became a priority in British Columbia when my position was implemented in November of 2005. It was established as our number one priority: to implement standardized reporting in the area of force response by police officers across the province, recognizing the reality that police officers respond to situations, that is, they observe with their own eyes. They're dispatched to or they're flagged down by citizens who need help because something bad is happening: a crime is being committed—violence, property crime, or some combination thereof.

Police go to these calls and they assess situations. Central to their assessment of the situation is their assessment of the person who's become the subject of police interest, hence the term "subject behaviour/officer response". Police officers assess that situation. They assess the behavioural profile of the person or persons they're dealing with, they respond according to their training, their experience, their force options, and so on, and they attempt to create a successful resolution to the existing problem.

The problem with it has been that reporting across the country has been inconsistent at best. Some agencies report at a very high threshold, some agencies report everything, and the rest lie somewhere in between. Mr. Lawrence talked about the ability to glean valuable research data that will support or negate certain positions that exist within society, but we need to have a sound reporting system based on consistent terminology, which Sergeant Stuart talked about, the alignment of the RCMP incident management intervention module and the CACP's national use-of-force framework. If we expect to see this reporting system go national, we need to have unity with respect to our terminology.

So we're working on that. We're working on putting a comprehensive system of subject behaviour/officer response reporting so that the answers the public deserves with respect to police/citizen encounters will be there; they'll be available. We can also, as a policing agency, discover existing and emerging trends in behavioural profiles and we can proactively direct our training so that our responses are the best they can possibly be, in essence, to make the public as safe as they can be.

So that's where we're going with reporting. It's a partnership with 14 municipal police agencies across Canada and the RCMP at this point.

The Chair: Thank you very much.

The usual routine now is to start with the official opposition, the Liberal Party. Then we'll move to the Bloc, the NDP, and over to the government for timed rounds of about seven minutes for questions and answers.

Mr. Dosanjh, you have indicated you would like to begin.

Hon. Ujjal Dosanjh (Vancouver South, Lib.): Thank you very much.

First let me thank you all for being here and talking to us about this very important issue.

We all recognize that while policing is a fundamental need in society, it's very difficult to do. You have a very difficult job. Whatever we say here by way of preface to our questions is not meant to be critical. We're trying to elicit information or your thoughts.

One of the impressions I get from reading the literature is that when the Dziekanski matter arose, the VPD had bought 70 new devices. I believe the RCMP added 160 new devices after that. I also remember reading about a region in Ontario going ahead, or wanting to go ahead, to purchase dozens of these devices.

The impression that we as politicians got was that the police were saying, "Look, we're going to go slow and look at these issues. These are very serious issues." But the actual events led me to believe that that didn't happen—so much so that the RCMP didn't fully implement Complaints Commissioner Kennedy's report.

I would like your response to the impression I've given you. If I'm wrong, please say so.

• (1630)

A/Commr Darrell LaFosse: Sir, thank you very much for your question.

I certainly can't speak to any agency other than the RCMP on the procurement side of things. For a number of months, if not years, we have been implementing training of our cadets at Depot Division, even up to today. Cadets at Depot Division are given only a familiarization period on the CEW as part of their self-defence program and instructions on the IMIM.

There are a lot of things we have to teach the cadets, and we only have five and a half months to do it, so something has to be dropped in order to put something else in. We're moving to the event that a cadet coming out of training and going to a detachment, wherever

that may be, is fully trained in the complete IMIM with the taser, the CEW, as well.

There were plans on the procurement side of things to purchase equipment and to purchase CEWs for that purpose, so it kicked in at that time. There were also orders on the books through our procurement functions—the same as any government department, we have to go through Public Works—to replace the old M26s through the regular evergreening of the program itself. On the report that we were stockpiling or augmenting our arsenal with CEWs, it was just a timetable of procurement, sir.

Hon. Ujjal Dosanjh: Sergeant Groulx, you said this device is not supposed to be an alternative to deadly force.

I don't always want to talk about myself, but I was the Attorney General in B.C. when this device was first introduced in Victoria through a pilot project. I was given the impression that it would be used sparingly, as a second-last resort; that if under normal circumstances you would draw a gun to deal with a serious issue, this would take its place some of the time—of course, not in all cases.

On the way you've approached the issue, it seems to me that your remarks indicate there has been the usage creep that some of us believe has taken place with this device. Am I totally wrong or partly right?

Sgt Richard Groulx: Since the very beginning, when the conducted energy weapon was approved, when we first began training, it was the very same message. The conducted energy weapon for the RCMP has never been a replacement to lethal force. So where an officer or multiple officers have to respond to a situation and the result of the current assessment is that the client or clients offer a potential to cause death or grievous bodily harm, the conducted energy weapon is not an option. There's nothing sure about the deployment of a conducted energy weapon, especially when a situation is dynamic. When it's dynamic, quite often the deployment will fail, which puts the officer at risk.

In order to maximize the success of a deployment, we need to cope with a person who is static. As I explained earlier, I assume a probe missed its point of impact or is embedded in loose clothing to the point where there is no circuit completed. There is no effect, so the client can close that distance in a very short period of time with a knife or a baseball bat or a weapon system that can cause death, putting the officer at risk. That's why it's never been the intent of the RCMP to introduce or approve that weapon system as a replacement for lethal force.

• (1635)

Hon. Ujjal Dosanjh: I have one more very brief question, if there's time, and then others can share it with me. You indicated you have been tasered several times, at five-second, 15-second intervals. Is there research to indicate that if you are not expecting something like this, what happens to you when you're tasered is perhaps somewhat different from what might happen to a police officer who, in training, is held by two comrades, one on either side, who is at least aware that it's coming and can get ready for it? Would you agree the reaction can be entirely different, both physiologically and psychologically?

Sgt Richard Groulx: Personally, sir, I cannot answer that because I always knew I was going to be exposed. I think Mr. Lawrence would like to answer.

Mr. Chris Lawrence: Research requires ethical practices to be put into place. You have to have an ethics review and people have to be informed of what they're about to endure in anything when it involves human research. I know people would like certain research to be conducted. It's precluded by the ethics requirements that are lawfully in place for very good reason. It would be difficult to get experiments that are not under controlled circumstances. That's just the way it is.

Hon. Ujjal Dosanjh: Thank you.

The Chair: Thank you.

Sgt Richard Groulx: Sir, I can add that there is stress induced from the person who is about to be exposed. I can say that for sure. We're all human.

Hon. Ujjal Dosanjh: I believe you.

The Chair: Thank you very much.

We're now going to go over to the Bloc Québécois.

Go ahead, Ms. Thi Lac.

[Translation]

Mrs. Ève-Mary Thāi Thi Lac (Saint-Hyacinthe—Bagot, BQ): Thank you for coming to testify this afternoon.

In your statements, you focused heavily on the need to ensure the safety, and protect the life, of officers, and this is a good thing. In the program *Enquête*, they indicated that you have stopped testing of tasers on officers in training as a result of a number of accidents during RCMP officer training. Can you explain why?

Moreover, if it's dangerous for officers in training, why wouldn't it also be dangerous for everyday people?

Sgt Richard Groulx: We had an exposure program, and all members of the RCMP were invited to test the effects of the weapon in question. A couple of years ago, a member of the RCMP in New Brunswick was subject to exposure and received a discharge. He then complained of lumbar pain, in his lower back. Shortly after, he took a month's sick leave. Management then questioned the weapon-exposure program and decided to review it and to see if there was a way of continuing the program while making it safer, in order to avoid injuries to the back and joints, which is the type of injuries suffered by athletes.

The program was reviewed and another program was instituted whereby probes are attached to the body with the exception of the lower back. Most police officers wear a weighted belt at the hip and a high proportion of officers, across all police forces and not just the RCMP, end up developing back problems over the years. So, we didn't want to increase the likelihood of back and joint injuries akin to those which are the result of people playing sports. So an exposure protocol was instituted whereby probes are only attached to the front of the body, far from the joints, two inches from the clavicle and under the abdomen, at 45 degrees. The protocol has been in effect for the past two years.

• (1640)

Mrs. Ève-Mary Thāi Thi Lac: Several studies have been carried out on the use of impulse devices. The majority, if not all, of these studies were commissioned, paid for, or carried out by Taser International. Have any independent studies been commissioned or carried out by the RCMP?

Sgt Richard Groulx: The RCMP carried out a study in 2001. I'm not aware of studies that other police forces or organizations may or may not have carried out. I know that there have been studies, but I can't give you an exact figure. There have been hundreds of studies. The conductive energy weapon is the most studied law enforcement device in the world. It has been studied and reviewed more than any other device to date, but I can't give you any exact figures.

Mrs. Ève-Mary Thāi Thi Lac: What were the results of the 2001 RCMP study?

Sgt Richard Groulx: It found that the weapon was very safe and that it could be used on members of the public and members of the RCMP.

Mrs. Ève-Mary Thāi Thi Lac: Do you keep any statistics on the use of this weapon by your service, as you would with any firearm? Do you have to write a report every time the weapon is used, that is when the CEW is deployed?

Sgt Richard Groulx: Yes, we do. Nowadays, reports are written up. Every time an officer uses a CEW, he or she must report the incident and all the details associated with the use of the device. For example, even if the weapon is simply drawn and aimed at the ground, whether it's been activated or not, it must be reported; it has been used.

Mrs. Ève-Mary Thāi Thi Lac: Are there any statistics on the number of injuries or deaths as a result of CEW use? Can we get any statistics on that?

Sgt Richard Groulx: As I said, we've been working a lot harder for about the last two years on gathering statistics. Our statistics only focus on the RCMP. What we're trying to get is the whole breadth of Canadian statistics, from every police force throughout Canada, in order to better assist the use, not only of the conductive energy weapon, but also of pepper spray, the nightstick, or any other response device.

Mrs. Ève-Mary Thāi Thi Lac: We learnt that a member of the RCMP who was responsible for providing training was paid by Taser International. Can you confirm this assertion?

Sgt Richard Groulx: Could you repeat the question, please?

Mrs. Ève-Mary Thāi Thi Lac: We learnt that a member of the RCMP who was responsible for training was paid by Taser International. Can you confirm or deny this assertion?

Sgt Richard Groulx: I'm not at all aware of that. He's not with the RCMP.

[English]

The Chair: Does anyone else...?

[Translation]

Mrs. Ève-Mary Thāi Thi Lac: Isn't he?

Sgt Richard Groulx: No, he isn't.

Mrs. Ève-Mary Thāi Thi Lac: I see. Thank you.

[English]

The Chair: Thank you.

We'll now go to Ms. Priddy, please, for seven minutes.

Ms. Penny Priddy (Surrey North, NDP): Thank you, Mr. Chair.

And thank you, everyone, for being here and for your presentations.

I'm wondering, Mr. Chair, if it's possible to get the presentations from those individuals who were not able to provide them ahead of time, because there was some interesting information provided.

It's nice to see people from Surrey. I've actually sat at this table a number of times, and coming from the largest city that's served by the RCMP, we're very pleased by that.

My first question is about data collection. I heard your acknowledgement that it has been quite a patchwork, if you will, in the past across the country in terms of how it's used and when it's used, so you're working at collecting that kind of data.

Here's my question, and I don't know what the answer to this is and I hope you will help me. I don't know how many taser reviews are going on—and that would be something interesting too, Mr. Chair, if it's possible to provide that to us, because there must be six, seven, eight, nine. I have no idea of the number of taser reviews going on across the country by provincial police forces, by individual cities, by whomever. We're going to have the work you're doing and we're going to have the work they're doing. I'm interested as to how all of that work comes together in a way that brings some consistency, not only to the collection of statistics but to protocols that are used and to outcomes from the use of tasers.

I know that in 2005 there was a B.C. review, and I see that the attorney general, Mr. O'Pal, has now ordered another review of tasers. So again, this patchwork of review going on across the country concerns me, in terms of how we bring that together in the most cogent, coherent way, so that people across the country know that we are keeping statistics in the same way, that the protocols are the same, that the response to individuals is the same, that the medical responses are the same, or that there's been research that says this is how it should be done.

How do you see all of that information coming together?

• (1645)

A/Commr Darrell LaFosse: If I may, Mr. Chair, that's an excellent question. We have had the same discussions, both in an official form and also over cups of coffee on many mornings. At last count we had at least nine, and it's probably up to eleven now, as far as the number we'd use is concerned, or studies, or however you want to depict it.

So yes, I would agree that is a concern.

I think we're well on our way to getting some format or singularity to it with the employment of the Canadian Police Research Centre and the engagement of the Canadian Association of Chiefs of Police. And of course the study that's being done by the Commission for Public Complaints Against the RCMP is helping in that vein as well. So I think there will be, just by a matter of default, some singularity—I hope—of those studies.

On your question relative to statistics, we collected all of the taser deployments in the RCMP, with the exception of a short period of time, probably six or eight months. And I agree with the finding of the interim report by CPC. We had the data right in our shop here in Ottawa; all the taser reports came in. We didn't have an appropriate database to do any form of data mining or analysis or what not.

I have to just pause for one second here. If Constable Jones uses a taser tonight, that is reviewed by his or her shift supervisor, reviewed by the detachment commander, can be reviewed by the district officer, could be reviewed by the criminal operations officer, and finally it goes into headquarters, into Inspector Lightfoot's shop. So there is a step process as far as review is concerned. We need to tighten it up, and we are tightening it up considerably. But every taser deployment was captured on a piece of paper and in a binder, for all intents and purposes.

We are moving right now through the subject behaviour database that we're building now. We will have a process so that we can go in and find out how many happened at night, how many happened with members with between three and six years' service—we'll be able to find that type of thing out. What we have to be able to do is look at the overview—and I'm talking about just in the RCMP now—for trends and concerns and then make appropriate changes.

Back when I arrived in Ottawa—going back seven or eight years ago—from an old detachment commander job, I found that there were a lot of things that were missing: member-involved shootings, in-custody death, and what we call EVOs—emergency vehicle operations or pursuits. You have to get that information, put it in a pile, and be able to do some analysis. We are doing that, and we'll do that with the taser.

The next step, through CPRC—and I point over here—and the CACP is to get all police departments to use that SB/OR form so that we can look at trends nationally, not just by jurisdiction.

• (1650)

Ms. Penny Priddy: I have two quick ones, if I might.

One thing is statistics. The other is a narrative, if you will, that goes with the statistics about what kind of training the person has, what the outcome was, where it was on the body, etc. There is a variety of narrative that goes with that that would give you that kind of information. Do you have an expectation that there would be some standard way that people would collect that information, other than just on the number of times it's been deployed?

Secondly, would you expect a standard medical response to the client who has been tasered to come out of this? There's been great discussion about positioning. I know there's still discussion about whether prone positioning is going to create difficulties for people; some people still think it is. I did hear you say after a taser...be seated in a chair.

And the other part of that is around cardiac arrhythmia. A certain percentage of the population has cardiac arrhythmia at any given time—8% or 9%, something like that. So I am interested in whether there will be a standardized medical protocol as well for what is done at the time. I know some people call EMS before they use the taser. Some might put a cardiac monitor on right away, because if you don't, you're not going to know if somebody is in cardiac arrhythmia.

Would you anticipate that coming out of this as well?

A/Commr Darrell LaFosse: Yes, absolutely.

On the standardized format question, that's exactly where we're going with the SB/OR report. It will be standardized so that there will be check-off boxes or a narrative portion on that form. Please remember, we're not looking just at CEW. When we enact this form, our goal is that any kind of intervention or any kind of use of force that a member of the RCMP, and hopefully across the board, utilizes, deploys, will be captured as well. So we will be able to use baton usage, for example. That's where we want to go.

On the standardized medical response, yes is the short answer. The long answer is we don't just police in Surrey; we are in Grise Fiord, Davis Inlet, and places such as that—

Ms. Penny Priddy: Yes, I understand that.

A/Commr Darrell LaFosse: So if the policy says, for example, you will have an ambulance standing by prior to the use of a CEW, that's simply not possible in some locations where we police. But our policies will be standardized enough that there will be latitude and room in there so the member understands that when something is used such as a CEW, they must as soon as practicable get medical attention for that individual.

Ms. Penny Priddy: Thank you. What was the date on which you think this will be completed?

A/Commr Darrell LaFosse: The SB/OR report?

Ms. Penny Priddy: All of it, the template, the whole thing.

Insp Troy Lightfoot: We're looking at seven to eight months down the road for SB/OR, but I must comment that we do have a standard practice in terms of our response with EMS. It is the policy that, where possible, when available, we will call EMS. So there is some standardization now. But as the assistant commissioner mentioned, we work in so many diverse communities that we cannot say there will be an ambulance that will go. So we have to leave it flexible but still have a protocol that allows for EMS, emergency services, to attend when able.

Ms. Penny Priddy: We do see it happen in cities, where they're not called. It is available but not called.

Insp Troy Lightfoot: Yes. I think what happens is just that, as Richard said earlier, these are dynamic situations and you're taking in a lot of information at the time. You're trying to get the appropriate information to determine what's going on.

Ms. Penny Priddy: Thank you.

The Chair: I think what Ms. Priddy asked for is beyond the record of what we would get from this meeting, the reports. I'm not sure if you can provide them to us. Some of you condensed your presentations. If you would be willing to provide us the full presentation, give it to the clerk of the committee, and then it will get translated and dispersed to the committee.

I'm interpreting what you probably requested.

Ms. Penny Priddy: Yes, and if possible a list of all the taser reviews going on, just to have a sense of where and how many.

The Chair: I'm not sure if the RCMP are responsible for all of those.

Ms. Penny Priddy: Well, someone must be able to put that together.

The Chair: Okay, we'll work on that.

Mr. MacKenzie.

Mr. Dave MacKenzie (Oxford, CPC): Thank you, Chair, and thank you to the members who are here presenting.

Mr. Lawrence, in some of what I've read here, we talk about positional asphyxia, carotid artery restraint, oleoresin death, but interestingly—and I think you were the one who brought it up—a lot of this goes back long before those things with respect to non-police deaths, probably excited delirium deaths. We've focused purely on the policing side of the thing, but do you know if there is anybody out there who is doing research on psychiatric facilities or hospitals where the same thing is occurring, which we could look at or should be looking at?

• (1655)

Mr. Chris Lawrence: Yes, a colleague of mine, Dr. Wanda Mohr, who I believe is now at the University of Medicine and Dentistry of New Jersey, has testified before the United States Senate and Congress with respect to that very issue. She has talked about these kinds of deaths occurring in group homes, psychiatric facilities, and medical facilities. So this is a broader public issue. It is not one that is merely confined to policing on the streets.

She is one who I know, but there are others who are looking into that matter as well.

Mr. Dave MacKenzie: At the same time, there is history in text of what we're seeing here with respect to police issues, but there is history in text of it happening in medical facilities and non-medical facilities over the last century perhaps.

Mr. Chris Lawrence: Absolutely. Yes, sir.

Mr. Dave MacKenzie: The other thing is that I think we end up focused on what we as people see in the news. There's a certain irony in that what we see in the news is always a situation that has gone bad, for lack of better words. Somehow we never see the situations we read about.

Today, as a matter of fact, I was reading the newspaper from the small southwestern Ontario city of Stratford—it's not my riding. An inspector was giving the history of three times when the taser has been used in that community, and each time we're looking at situations that would have been far more drastic; perhaps the results would have been catastrophic for someone, and the taser was used very effectively.

We tend to get focused on the negative situations. And I understand. That's human nature and that's where we are.

Do you know of any history or any press articles where it has been used to fit those circumstances that we talk about, where it has been absolutely necessary and done...?

Mr. Chris Lawrence: Yes. In fact, Inspector Sam Theocharis, who used to work with me at the Ontario Police College as a seconded instructor, called me and asked me to have a look at that article in which he was quoted.

But yes, indeed, version 14, which was the last taser disc for training sent out, still contains video footage that was filmed by Citytv in Toronto. A gentleman was in a park on a very icy, slippery day, and they believed he had a weapon. He had his hands in his pockets, and he was kind of catatonic in that he wasn't moving, wasn't reacting, and wasn't responding to the police. They used an armoured car and fired a taser through an opening in the side of the door and were able to strike the individual and put him down without having to deploy lethal force. So there's that one.

I know of another one in Toronto. A very tall man, who, looking at him from behind, appeared to be roughly my age—mid-40s, early 50s, sort of—had a knife. He wasn't a teenager. He was a mature adult. He had a knife, and he was not having a good day. He was suffering from a mental illness. The officers got close and deployed the taser, put him down on the ground, and were able to disarm him of the knife and use the conducted energy weapon in the way we would all like it used, and they didn't hurt him.

So there are videos that are actually part of training that show positive outcomes. But of course the bad ones are the ones we remember. The good ones are not so easily recalled, but there are some out there.

Mr. Dave MacKenzie: I have seen, as have others, a lot of the American videos. We tend to think of some of those as being issues of perhaps training and discipline as opposed to what we in Canada, at least, think of those things. Is that a fair assessment, or am I totally wrong there?

Mr. Chris Lawrence: Certainly, it's like anything. There are airline pilots who need better training and there are physicians who need better training, and there are teachers and police officers who need better training. I don't know of a perfect system devised yet, but if we—

Mr. Dave MacKenzie: But it's not the weapon that's the problem. That's my point.

Mr. Chris Lawrence: No, it's maybe the weapon holder. But if someone is using it incorrectly....

I think with the SB/OR idea—subject behaviour/officer response reporting—as it's called, which Staff Sergeant Johnston is champion-

ing in partnership with the RCMP, we're going to be able to find those incidents sooner and do the research.

As I said in my earlier remarks, research has not been part of policing up until very recently. And now it would seem that it's a requirement that the public is expecting. You're telling us that.

That is obviously going to come at some type of cost in additional funding. Right now, you call the police department to get a police response and they don't send somebody with a master's degree who is going to stand there and observe and check boxes. We're there to protect the public and protect property and things of that nature. But it will come.

• (1700)

A/Commr Darrell LaFosse: If I may add to that, sir—we only had this up on the wall for about 30 seconds—in the IMIM and in the national use-of-force framework, the most important portion is officer presence. It's right in the middle. People tend to go to the outside, to the lethal force side, to the impact weapons and that type of thing. The most important part is that inside part: officer presence. I may go into a situation, or my colleague, Troy, may go into a situation and look at it in terms of officer presence. With our presence, the situation might be completely defused or it could go through the roof.

That whole IMIM is not linear thinking. In order to get to here, you don't have to go there. It's a concept. It's an ideal of how you interact. And things can change with something as subtle as whether you're wearing a patrol jacket or a storm coat, because your whole ability to respond changes 100% because of that. So it's not as simple as having a model.

Going back to your question, sir, it's the training in how you use that when you get into a certain situation.

Mr. Dave MacKenzie: Do I still have time?

The Chair: Yes.

Mr. Dave MacKenzie: If we're talking about using a taser in a surprise situation, I was going to volunteer my friend.

Voices: Oh, oh!

The Chair: That ends the first round of questioning.

I just want to tell the members of the committee that we have about one or two minutes at the very end for some business on a budget for which we need approval, so please don't run away.

We now have five-minute rounds.

We'll go to Mr. Cullen.

Hon. Roy Cullen: Thank you, Mr. Chair, and thank you to the witnesses.

The whole question of the use of force is, I imagine, a function of a variety of things, and it's not a science, but a bit of science and art blended together.

If you have, for example, four trained RCMP officers trying to subdue one person who's somewhat agitated—I've been to Depot and have seen the training RCMP officers go through, and I know I'm alluding to what happened in Vancouver, but I don't want to drag you into opinions on that—they should be able to subdue one individual who doesn't have a weapon, apart from, I gather, maybe a stapler or whatever the situation was, but not a lethal force weapon.

I'm led to conclude that there could be some things that come into play here: first, that the officer deployed the taser inappropriately, or second, that.... Mr. Groulx, you mentioned the question of bodily fluids. It's easy for us here in Parliament to talk about arresting people on the site, but some of these people are pretty unsavoury. I'm not referring to the chap in the Vancouver airport necessarily, but some involved with drugs and what have you can be pretty unsavoury. Police officers could rightly be concerned, it seems to me, that if they're going to physically subdue someone, they could be exposed to some bodily fluids. I think that could be a factor. Third, we've heard testimony that sometimes the use of the taser is actually the preferred method to subdue someone, because if they're in an agitated state they could go over the top, so you taser them and get them under control. We've heard some testimony along those lines.

If you look at Vancouver, you could also argue that the taser might have—I don't know, because we're still trying to figure out the science on this—pushed that person over the top physiologically and played some role in his death. I don't know; I'm just speculating.

My question is how, for one thing, in the use of force, do you factor in the number of constables present and the kind of target you're working with, the kind of client? Second, I wonder whether you'd comment on this question of bodily fluids. I think it's important, and we should speak openly and frankly about it. If it's not an issue, then let's get it off the table. Third is the question of actually using the taser as a preferred method to subdue someone.

Would anyone want to comment on those?

• (1705)

Mr. Chris Lawrence: We had an incident in Ontario involving a gentleman and six or seven trained tactical officers. Those are officers who work in a full-time agency of around 400 full-time members. That is what they do; they attend dangerous calls. They were sent to gain control of an individual and they had great difficulty. In fact, I testified at the inquest, and I recall one of the officers describing how he, at well over 200 pounds, put as much weight as he could on the individual's arm, but the man was able to curl his arm in towards the side and extend it back as though the officer was not on his arm.

You need to appreciate that a human being can get into a state, which I think is best described as a runaway of the fight-or-flight response, and the capabilities that person possesses are extraordinary.

In the training we provide at the Ontario Police College, I tell the biggest recruits—and they haven't been trained in this aspect yet—to get the biggest person in the class and to use any method they want, other than hurting them...hold on to them in any way they like and just try to keep them on the ground. They grab his arms and his shoulders, they sit on his hips and they grab his legs, and within four or five seconds the person is usually at least at their knees.

Then we take the five smallest people in the class and the largest person in the class, and I show them how, in a perfect situation, to lock up the joints so that it limits the person's movement. I can get five of the smallest people to hold the biggest person on the ground and he can't really move. But that's an ideal situation, where the person has allowed those joints to be misaligned, if you will, to make the ability to hold that person optimal and the resistance minimal. Theoretically, it can be done.

Actually, in my policing career, my active career—I'm no longer a police officer; I've been at the college for 12 years now. I'm a citizen. But in my active career I had to subdue a woman who was experiencing this excited delirium state, if you will, and it took three of us to hold this woman down. She was about 40 years old. We tried everything we could. We didn't want to harm her because we knew she was out of contact with reality that day and was suffering from mental illness. It took us four or five minutes to gain control without harming her, to get the handcuffs on her and take her out to the car, and she survived. I didn't recognize it for what it was at the time because I was not even familiar with the term back at that stage of my career. But it is not as simple as it seems.

We believe that rather than fighting with an individual for 10, 15, and in some cases as much as 20 minutes, it may be more prudent, in fact safer and more effective, to use a device that can gain control or assist in gaining control in five to 10 seconds, maybe 15 at the top. You can get the individual in handcuffs and transition this event from a police response, which it traditionally has been, to a medical response, which is probably more what needs to happen.

So when we talk about multiple exposures, and you've seen that it's a five-second window...after that, my experience in having endured a taser discharge is that when the switch goes off, there is no lingering effect. Yes, you feel tired, but you are as capable of resisting after the event as you were before the event. We try to use those cycles to get the cuffs on, get the person handcuffed, and then put them on a stretcher so we can get them off to the hospital.

With regard to the exchange of bodily fluid, if you want to be frank about it, the old way involved punching somebody, kicking somebody, or whacking them with a stick, which is now a metal rod. You can break an arm. You hit the person; people move, they get struck on the head and the head bleeds profusely, despite the fact that it's not necessarily a lethal injury—we don't teach officers to hit people in the head, but accidents happen. You punch a person in the nose, the lips split, your knuckles get damaged, teeth cut into the knuckles, there's an exchange of fluid. We don't know what's going to happen.

You're right, we don't always deal with people whose background and medical history we know. Sometimes we do, but most often we don't. Those things all have to be considered. A person who's involved in a medical crisis...if the officer honestly believes this is something they've seen before and they don't think this is something that would be good for the subject, it may be prudent to gain control and transition that person off to the hospital, in their interest and in a public safety interest as well.

• (1710)

The Chair: Thank you.

Mr. Vincent, please.

[Translation]

Mr. Robert Vincent (Shefford, BQ): Good afternoon, everyone.

Mr. Groulx, most of my questions will be directed to you.

What year did the RCMP first get tasers?

Sgt Richard Groulx: The evaluation started in 2001 and the taser was approved for use in the field in 2002.

Mr. Robert Vincent: Do you have any statistics on the number of deaths caused by tasers in 2002?

Sgt Richard Groulx: In Canada?

Mr. Robert Vincent: Yes, in Canada.

Sgt Richard Groulx: I don't know, I don't have a list.

Mr. Robert Vincent: Well, how many deaths were there in the RCMP? I think that reference is made regularly to tasers. I imagine you have...

Sgt Richard Groulx: Only in the United States...

Mr. Robert Vincent: Did the RCMP have tasers in 2002?

Sgt Richard Groulx: Yes, it did.

Mr. Robert Vincent: Were there any deaths resulting from the use of tasers by RCMP officers in 2002?

Sgt Richard Groulx: I think that there was one or two in 2002-2003.

Mr. Robert Vincent: Are there any studies establishing the cause of death following the use of a taser?

Sgt Richard Groulx: For every death occurring in the process of an arrest, whether a conductive energy weapon was used or not, autopsies, and coroners' medical reports, have demonstrated that the cause of death was linked to an overdose. No report has found that the conductive energy weapon was directly linked to the cause of death.

Mr. Robert Vincent: So if I've understood you correctly, an individual with excited delirium syndrome may have used drugs. And it is the police officers' reflex, in such cases, to use tasers. So you're saying that when a person takes drugs and dies following the use of a CEW, autopsy results point to an overdose as being the cause of death. Is that correct?

Sgt Richard Groulx: No, not at all. When police officers appear at the scene of a crime, they must assess the risk. They respond, based on this assessment, with the tools at their disposal. And they don't always use conductive energy weapons. Sometimes they use self-defence techniques, and sometimes they use pepper spray. And if that doesn't work, they use the nightstick. And when it doesn't work, they use conductive energy weapons. Once again, you need to understand that conductive energy weapons enable you to control the client, when they work. Shortly after deployment, the fight ends and the client is handcuffed.

There have been incidents, not only in Canada but elsewhere in the world. A client did have a heart attack once afterwards. But what was the heart attack due to? To date, according to reports and based on an assessment of the various situations, the conductive energy weapon, when used, has not been associated with the onset of a heart attack.

Mr. Robert Vincent: Perfect. I have another question for you.

Sgt Richard Groulx: I would like to add something. We have the report from the Canadian Police Research Centre. When you have to deal with someone who is in a state of agitated delirium, you know that you're dealing with a medical emergency. You also know that if you can minimize the time it takes to control the individual, you are increasing that individual's chances of survival. So an officer would ask himself how he could control the person as quickly as possible in order to give this person the greatest chance of survival. If the officer tries to restrain the individual with his bare hands, the situation might be brought under control in three, five or seven minutes, but there is also a risk that the situation might escalate. Don't forget that the officer carries a gun, and it's impossible to say what will happen.

Further, some people just don't react when sprayed with pepper spray and they might put up even more of a fight. This approach does not minimize the length of the intervention. The same thing holds true with regard to the baton. When you are dealing with someone who is in a state of agitated delirium, this person often does not feel or perceive pain. So the baton is not the way to go. Don't forget that the objective of the officer is always to control...

• (1715)

Mr. Robert Vincent: I do not mean to interrupt you, but you are giving us so many details and I have other questions for you.

[English]

The Chair: You're out of time, but go ahead quickly.

[Translation]

Mr. Robert Vincent: Fine.

Has the use of tasers increased year after year, that is between 2002 and 2007? Do you have any statistics which show, for instance, that tasers were used 50 times in 2002 and 150 times in 2007?

Sgt Richard Groulx: We have the statistics. I believe it varies between 1,000, 1,200 and 1,300 times per year until now.

Mr. Robert Vincent: So that's between 1,000 and 1,300 times a year since 2002, but has taser use increased over time?

[English]

Insp Troy Lightfoot: Originally there weren't as many CEWs available to the officers, so in the first year there would have been diminished use compared to the following years. However, after a full procurement and rollout of the CEW, of course we'd see more CEW uses because there would be more CEWs. We now know that in the last two to three years we've had a consistent average of approximately 1,000 uses per year.

The Chair: We'll now go to Mr. Norlock, please.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): I'll just cut to the chase. We're here because of the Dziekanski affair, but we can't talk about it because we know it's under investigation.

Most of my questions will be for Mr. Lawrence, and then Assistant Commissioner LaFosse.

Mr. Lawrence, in your years of experience as a police officer and from your research, were there any deaths, whether by natural causes or of persons in custody, where after the post-mortems and investigations the causes could not be determined scientifically?

Mr. Chris Lawrence: There were some where the causes were undetermined.

Mr. Rick Norlock: Would it be realistic to assume that in some deaths, as a result of persons who were tasered, it would be possible to have scientific as well as other investigations—whether through post-mortems or otherwise—that showed the causes of death could not be determined?

Mr. Chris Lawrence: Yes. As I said about that *CSI* effect, the general public expects that an autopsy will reveal everything, but sometimes it can't. Sometimes the problems are so subtle that they escape detection. How do you know what you're looking for when you're not certain what you're going to find?

We recently heard at a conference that there may be a genetic factor. One person is doing some significant research with respect to the brain. I alerted some medical people to this potential back in 2000-01. This has become a very complex issue with a variety of potential causes. If there turns out to be a genetic component, I wonder how that will impact on people's perceptions of what has been taking place.

Mr. Rick Norlock: So with some of these investigations, it may be years before we can find out the cause of death. In the interim, those unexplained deaths in some quarters—and I won't make any accusatorial statements—could be fed by.... When we don't have an answer, a whole lot of people come out and want to blame somebody or find an answer. They won't find it, so all these theories will come out.

Would it be unrealistic to say that probably out of the nine or so investigations into the use of tasers of late, we will probably come out with some reasonable expectation that we will have some of the answers we don't currently have?

I'm going to ask your personal as well as your professional opinion here. Do you have confidence that these investigations will result in something of value?

Mr. Chris Lawrence: I hope they do. I don't know what the terms of reference are for many of the investigations or reviews currently under way, but I've also learned that when we get a few answers, it seems to open up the doors to a couple more questions.

The more we learn about this, the more we realize we have more to learn. In response to the member's question from earlier, we know a lot about the deaths—that's what I learned when I did my first research project; we know much about the deaths, but we know almost nothing about the people who survive.

Dr. Christine Hall has started the restraint study, which is in its infancy, but we hope her examination of people who survive may open some doors and answer some questions that we've been searching for in the past.

We're a long way, I think, from getting to the reason. I don't think we're going to find one mechanism. Dr. John Ratey at Harvard Medical School said one of the problems with science is that scientists are always looking for the one piece of the puzzle that answers all the questions. As I said to you in my comments, I found around eight different mechanisms, any one of which could cause the death in and of itself.

When you add three or four of these potential problems to the event, it's a wonder that people are surviving at all. And I'm not talking about the use of conducted energy weapons; I'm talking about the physiological stress that some people get themselves into, induced by either ingested substances or circumstances that are organic in nature. It's the way they were built and there's nothing they can do about it.

● (1720)

Mr. Rick Norlock: If I could, I'll just give you a hypothetical situation. If tomorrow Parliament or some other legal body said police forces must turn in their tasers—they can't use them any more because, well, the Canadian public just doesn't want police officers to have them—could you give a quick analysis of what you would see then?

What means would police officers have, in reverting back to pre-tasers? I guess what I'm trying to get at is this. Do you think the instances of injuries and deaths to persons with whom police come into contact would be increased or decreased with the removal of tasers?

Mr. Chris Lawrence: It's a good question, but it's one that I don't think we can really definitively answer. I would only be able to speculate.

As I said in my remarks, during a 10-year period, 35 of 40 deaths that occurred did not involve the conducted energy weapon. People have been dying under similar circumstances for a long, long time, and nobody, to date, has been able to say conclusively—at least in this country and I'm not aware of anyone anywhere else—that the taser has caused the death of an individual.

We still have in Ontario one of those deaths that involved the conducted energy weapon, the taser—that's the only one that's really being used in this country right now. Only one of those has gone to a coroner's inquest; the others are scheduled for one in the future. I think another inquest is going to occur in the next couple of months.

So until those processes have played themselves out, we don't know what the final result will be, whether the public thinks the taser was involved or not involved. As I said, 35 out of 40 didn't involve one.

As I said earlier as well, I think if you were to take those things away, we would still have deaths. You are not going to eliminate deaths of this nature by that single act.

The other thing we need to look at is that there are some circumstances where we have saved lives. I think there was a newspaper report today, or maybe it was yesterday, out of a jurisdiction in the United States where they had done exactly that. They had taken these devices away from the police, and they had to shoot and kill somebody. Now they're all looking at each other, asking whose idea it was to take them away, because now we have another family who's missing a member.

I recognize that the comments have to be taken with the understanding that we have families in this country who have lost members after an altercation with the police. Typically nobody expected the individual to die. We didn't expect the death. That's why we call them sudden and unexpected. You can call them in-custody as well.

We have a long way to go before we really know what's happening. I think we're doing the best we can as police organizations, at least in Canada. We're looked at as leaders in understanding this problem and in doing the best we can. The Americans are very interested in what we're doing and are trying to align themselves with us in some of our research projects.

Mr. Rick Norlock: Thank you.

I have just a quick question for either Acting Commissioner LaFosse or Inspector Lightfoot.

One problem we run into as politicians and as police officers when we deal with service to the people in our communities is the expectation that the officer, when he or she comes into work, is out on the road doing their job. Has your police force or any other force that you're aware of determined the amount of time spent in an office getting all of these statistics that everyone wants? Because the person who provides those statistics isn't some unknown person. It's the man or woman who wears the uniform. They actually provide the service.

Now, one complaint is that we don't see their carcass out on the road doing their job, doing the front-line policing that we expect. That is one of the issues we deal with, especially in municipal politics.

We're running out of time here, so I'll try to cut this down: have you actually done a study saying that 30 years ago a person providing police services spent x amount of hours on administrative work as compared with now? I personally can give you experiences of where police officers spend over half their time in the office providing answers to people like us just because some bad thing happened. They have literally thousands and multi-millions of dollars' worth of administrative work and are not out on the street catching bad guys.

Sorry about the diatribe, but quite frankly, it has to be put in its proper context.

● (1725)

A/Commr Darrell LaFosse: No, you're absolutely right, sir. One area that I'm responsible for is the records management systems of the organization, the how and the why behind the use of the systems available to us. The constant complaint is that the boys and girls aren't on the road but are in doing finger-poking to put information into systems.

First of all, we have to get away from the idea that paperwork is not police work. In my day, if we had what we called the C-237,

which was a serious crime report, you sat in there and pounded away on an old Olivetti, making triple copies and whatnot. We called it paperwork, but it was still police work. When you do a search warrant, you still have to type up a search warrant.

The other side of that very sharp sword is that when we need statistics, we have to be able...and this is what Troy and his team are trying to do. When you go into the electronic systems right now and you type in that you arrested somebody on the old C-13s, there's a drop-down list that comes up with the subject behaviour and officer response. There are check boxes on there. There's something that paints them into a corner. There's no interpretation of how they reacted. That bare-bones information comes in, under many categories, and then we can look at it.

So they're not locked in a room doing finger-poking. They're actually out on the road being able to do it.

I hear exactly what you're saying, because we hear the same complaints from the men and women out there, sir.

The Chair: I'm sorry, we have run out of time here. We're going to go in camera in a few seconds.

I want to thank our witnesses very much.

Did you have a comment, Mr. Lawrence?

Mr. Chris Lawrence: Yes. I just want to make sure that everyone understands something.

When I talked about 40 deaths in the province of Ontario, I had done a preliminary review of information on the special investigations unit website. I had not done an in-depth analysis, so those numbers may not be accurate. I don't want to paint somebody in Ontario into a corner, saying that we've had all these numbers, because I have a limited perspective. I did the best I could to gather relevant data to answer some of the questions that I had kind of anticipated for today.

The Chair: Right.

I want to thank all of our witnesses very much. You have given us invaluable information. We appreciate the work you're doing and we thank you for the time you've taken to come and be before the committee here today.

Members, we have one minute of in camera business left.

[*Proceedings continue in camera*]

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