

Mrs. Zilla Parker
20 Rainsford Rd
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Jan 12, 2016

Office of the Chief Coroner of Ontario
25 Morton Shulman Ave
Toronto Ontario M3M 0B1

Dear Dr. Dirk Huyer,

Request for a discretionary inquest into the homicide of Fireman Dominic Parker; date of death 16 Sept 2013

I am writing to ask your office to take on the duty of a discretionary inquest into my husband's death. I am compelled to work on ensuring that a death like Dominic's will not happen again in Ontario. I understand that an inquest is the best course of action, to obtain a safer society and prevent such tragedies from happening again. Now that the trial has concluded, I believe it is in the population's best interest that such an inquest be undertaken.

There have been several other similar tragic events which raise public concern about failures in the system. I note the Coroners' motto is "we speak for the dead to protect the living"

In the public document on Ontario inquests ('Aid to Ontario Inquests'), it states that:

...an inquest allows juries to make *useful recommendations to prevent other deaths* in similar circumstances. This preventative function...encourages changes that will result in a safer province. Recommendations from previous inquests have resulted in changes to legislation,...policy..., [and] procedures...

In the early morning hours of September 14th, 2013, my husband, Dominic Parker was mortally stabbed by Nabil Huruy. He died two days later from these wounds. I learned during Mr Huruy's trial that he had multiple interactions with the police and health care professionals in the days leading up to the attack on my husband. There were clear and unmistakable signs that Mr. Huruy was not of sound mind and was looking for help. I believe that there was a system failure in how Mr. Huruy was treated which directly contributed to my husband's death.

These are some of the court-recorded details which lead me to consider this. According to police reports:

September 11, 2013 at 06:21: police were called to a mosque to investigate a break and enter. Mr. Huruy was observed to be standing on the roof of the school attached to the mosque, waving clothing he had removed earlier from a charity box at the mosque. He was described as "possibly an emotionally disturbed person" (EDP). This conclusion was made based upon the way he was answering questions. Later the same day, motorists called police about a "possible jumper" on Morningside Bridge. When the police found Mr. Huruy, he was wearing a metal traffic ring around his neck and carrying a knife. The police deemed him

delusional and EMS were called. Mr. Huruy was taken to Centenary Hospital at 5pm. *He was discharged 45 minutes later.*

September 12, 2013: Mr. Huruy was arrested for Attempt Theft Under, and Break and Enter with Intent. He walked into a house with an open front door. The owner of the residence had just walked across the street and saw him enter the front door and go into the kitchen. She yelled at him. He walked out of the house, and said to her, "Sorry, I have the wrong house". A few minutes later, on the same street, he broke into a 2007 Infiniti, but left when the alarm went off. The owner saw him in the car - "he was violently trying to shift it back and forth trying to get it in gear". Nothing appeared to be taken. Witnesses also saw him looking into other vehicles. Police were called and he was arrested a short distance away. He was charged and released.

September 14, 2013: At 1:19 am, 911 was called to the Rotana Café about a stabbing. This stabbing proved to be the fatal attack on my husband.

Had Mr. Huruy been issued a Form 1 when he was brought into hospital on the evening of September 11, 2013 he would have still been under observation in the hospital at the time my husband was attacked. The police were obviously concerned about his mental state, since they transported him to Centenary Hospital. If he had been given an appropriate psychiatric assessment during this visit or on any of the subsequent interactions with police, the outcome could have been radically different. When individuals in our society are a threat to themselves or to others it is our obligation to care for them and to protect them from the harm they may inflict. This was not done. There is a gap in our system which needs to be explored and mended so that such devastation to our citizen's lives does not continue.

A number of immediate and urgent questions need to be addressed about the treatment of Mr. Huruy:

- Was the emergency room congested such that decisions about urgent physical care were prioritized over urgent psychological care?
- Did he receive a proper psychiatric assessment? If so, what was the conclusion/diagnosis?
- What plan was in place to care for Mr. Huruy? Was he discharged to his own recognizance or into the hands of family?
- Was appropriate and expeditious follow up provided for him so that he could obtain help if he needed it?
- Were the police informed of his discharge?
- What are the average wait times and how much did the wait time affect the discharge decision?
- What choices are available to medical personnel between issuing a Form 1 and freely discharging a 'disturbed' and potentially dangerous person? What evaluation was preformed to come to the conclusion that he was not a threat to himself or others?
- What resources are available to the emergency room doctors to admit a patient for observation?
- Was a psychiatrist called? Was a psychiatric nurse called? Was the entire decision to discharge the patient based on the evaluation of an emergency room physician?
- What follow up care is available for people with acute police encounters?

- What is the reporting system between police and medical personnel, about a specific individual's history of encounters, and is *he/she* fit for the purpose of community safety?
- Why is it not regular practice to have trained psychiatric personnel ride along with police on calls suggesting violent mental illness?
- What is the wait time for psychological or psychiatric appointments after acute police interactions?
- What powers do general practitioners have in getting urgent psychiatric appointments for patients?
- What is the incidence of suicide and homicide after 911 calls or other acute events?

The focus of the above questions is specifically directed at the intersection of the criminal justice system and first responders in the health care system. However, the system failure appears broader than this. Our society's ability to adequately address the mental health of our citizens is grossly lacking. Our emergency rooms have surgeons, intensivists, internists, family practitioners on call 24/7 for consultation; however, the vast majority do not have access to a psychiatrist. The burden of these consultations falls upon nurses trained in psychiatry to make the decisions of whether to admit. Is it not reasonable to consider that a homicidal individual be treated with the same Royal College Certified Experience as a broken leg? I strongly believe that a jury who represents the public safety and has our society's best interest in mind should be given the opportunity to deliberate upon the broad spectrum of this failure.

Justice Nordheimer concluded Mr. Huruy's trial by saying that:

...the family and friends of Dominic Parker are left to know that they lost their loved one for no reason, other than he was simply in the wrong place at the wrong time. It is a fate that could have befallen any other person who was in that café at that time, or, indeed, it could have befallen any other person who happened to encounter Mr. Huruy, while he was in his delusional state, and thus become a perceived threat to him. That reality will be of little comfort to the family and friends of Dominic Parker but it is the *reality that we currently live under when severe mental illness is not diagnosed and treated before such a tragedy strikes.*

The judge was clear and insightful. The system had failed Dominic Parker and I found little comfort in the outcome of the trial. While Mr. Huruy will now likely get the help he needs, what is to prevent another lost soul from committing another heinous act, causing another family to experience a profound and painful loss. For true justice to be served, I would hope to see the loss of Dominic acted upon. I would like to see an inquiry into the misgivings of the system and have them corrected so that in the future, our daughters, their friends and the wider public will be secure from the danger of untreated severe mental illness. The information that was brought forward at trial made it abundantly clear that Mr. Huruy was *not offered any* support by our medical system. At multiple points, he was *not* assessed, observed or treated.

Similarly, justice was not provided to Mr. Huruy's family. His mother has lost her son, and their family is irreparably changed. The devastation wrought by his actions spread across family lines - and it is the system that failed us all. In my attempts to come to grips with how this happened,

I have found broad agreement that a powerful factor in securing both community safety and a reasonable quality of life for people with schizophrenia lies in early diagnosis. Our system failed to work in obtaining a diagnosis for Mr. Huruy during his encounters with the justice and health care system. Inquest jury recommendations are sorely needed for *both* these areas.

Finally and significantly, there are disturbing parallels with several other recent events in Ontario. The cases of Jonathon Ross who fatally stabbed his sister Jeannine Ross-Armstrong, Andrew Roelink's fatal stabbing of his mother Hilda Roelink, Cassim Cummings' subway stabbing, and the fatal stabbing of Rosemarie Junor by Rohinie Bisesar strongly indicate that my husband's homicide is part of a pattern of distressingly preventable violence. Without a proper examination into the circumstances of my husband's death, we will be helpless to stop even more such tragic events in the future. I trust you understand the urgency - lives are being taken from us.

I look forward to hearing from your office.

With respect,

Zilla Parker

cc. Attorney-General of Ontario
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