RELEASE DATE: June 24, 2026

Manitoba

THE PROVINCIAL COURT OF MANITOBA

IN THE MATTER OF: *The Fatality Inquiries Act*, C.C.S.M. c. F52

AND IN THE MATTER OF: LAWRENCE BEAULIEU, Deceased

(DATE OF DEATH: October 30, 2020)

Report on Inquest
Judge Cindy Sholdice
Issued this 19th day of June, 2026

APPEARANCES:

Ryan Amy, Counsel to the Inquest
Neil Steen, Counsel for Shared Health
Thomas Reimer, Counsel for Ste. Rose Health Center
Adam Meyers, Counsel for Dr. Fanous
Alexander Menticoglou, Counsel for RCMP

Manitoba

THE FATALITY INQUIRIES ACT, C.C.S.M. c. F52

REPORTED BY PROVINCIAL COURT JUDGE ON INQUEST

RESPECTING THE DEATH OF: LAWRENCE BEAULIEU

Having held an Inquest respecting the said death on December 8, 9, 10, 11, 12, 15, 17, 18, 19, 2025, at the City of Winnipeg in Manitoba, I report as follows:

Lawrence Beaulieu; (Date of birth: March 1, 1993), was pronounced deceased at 4:10 p.m. on October 30, 2020, at the Ste Rose General Hospital in Ste. Rose du Lac, Manitoba.

Lawrence Beaulieu's death occurred in circumstances of lawful and necessary police intervention, during which he suffered cardiac arrhythmia due to methamphetamine toxicity and could not be resuscitated. The manner of death is undetermined.

Attached as Exhibit A to this report is the list of exhibits filed during the Inquest.

Dated at the City of Winnipeg, in Manitoba, this 19th day of June, 2026.

"Original Signed by:"
Judge C. Sholdice
Provincial Court of Manitoba

Copies to:

1. Dr. John Younes, Chief Medical Examiner (2 copies)
2. Chief Judge Ryan Rolston, Provincial Court of Manitoba
3. Honourable Matt Wiebe, Minister Responsible for *The Fatality Inquiries Act*
4. Mr. Jeremy Akerstream, K.C., Deputy Minister of Justice and Deputy Attorney General
5. Michael Conner, Assistant Deputy Attorney General
6. Jennifer Mann, Executive Director of the Manitoba Prosecution Service
7. Ryan Amy, Counsel to the Inquest
8. Neil Steen, Counsel for Shared Health
9. Thomas Reimer, Counsel for Ste. Rose Health Center
10. Adam Meyers, Counsel for Dr. Fanous
11. Alexander Menticoglou, Counsel for RCMP
12. Exhibit Coordinator, Provincial Court of Manitoba
13. Aimee Fortier, Executive Assistant and Media Relations, Provincial Court of Manitoba

Manitoba

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RESPECTING THE DEATH OF: LAWRENCE BEAULIEU

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I. INTRODUCTION

[1] Mr. Lawrence Beaulieu was pronounced deceased at the Ste. Rose General Hospital in Ste. Rose du Lac, Manitoba, on October 30, 2020, at 4:10 p.m. At the time, Mr. Beaulieu was in the custody of Royal Canadian Mounted Police (RCMP) officers following his arrest earlier that day at Ebb & Flow First Nation.

[2] A subsequent autopsy revealed that Mr. Beaulieu's manner of death was undetermined, however his cause of death was cardiac arrhythmia due to methamphetamine toxicity. The autopsy report noted that physiologic stress of struggle and restraint by police contributed to but did not cause Mr. Beaulieu's death.

[3] On August 31, 2021, the office of the Chief Medical Examiner (CME) wrote to the Chief Judge of the Provincial Court of Manitoba directing that an Inquest be held into Mr. Beaulieu's death to determine:

1. the circumstances relating to Mr. Beaulieu's death, and

2. what, if anything, can be done to prevent similar deaths from occurring in the future.

[4] Calling an Inquest was mandatory given Mr. Beaulieu's death occurred while he was in the custody of a peace officer.

[5] Mr. Ryan Amy was appointed Inquest counsel. Standing was granted to the RCMP, Shared Health, Ste. Rose Health Centre and Dr. Fanous.

[6] The Inquest was held December 8, 9, 10, 11, 12, 15, 17, 18 and 19, 2025 at the Law Courts Building, 408 York Avenue, Winnipeg, Manitoba. Ten witnesses testified and four exhibits were filed, including: RCMP detachment video surveillance, 911 call recordings, recorded audio witness statements, photographs, medical reports, RCMP protocols, correspondence and Mr. Beaulieu's autopsy report. Inquest counsel also read out a statement prepared by Mr. Beaulieu's family describing Mr. Beaulieu's placement into Yvette Malcolm's care as an infant, his happy childhood, his difficulties as a young adult, his partner and their children, and the impact of intergenerational trauma on his life as a result of his family's attendance at residential schools. Mr. Beaulieu's foster mother, Yvette Malcolm, and other family members attended every day of the Inquest.

II. CIRCUMSTANCES RELATING TO MR. BEAULIEU'S DEATH

[7] At the time of his death, Lawrence Beaulieu was 27 years old and in otherwise good health. He was an Indigenous male from the community of Ebb and Flow First Nation, who had unfortunately developed a problem with drugs, specifically methamphetamine.

A. RCMP INTERACTIONS WITH MR. BEAULIEU

[8] On October 30, 2020 at 11:23 a.m., Ste. Rose du Lac RCMP officers were dispatched to attend Ebb and Flow First Nation in response to several 911 calls reporting that Mr. Beaulieu appeared agitated and under the influence of

methamphetamine. Members of the Ste. Rose du Lac RCMP detachment were familiar with Mr. Beaulieu. RCMP officers deemed the situation high risk due to allegations that Mr. Beaulieu had slashed a tire with a knife and had been waving a machete around and threatening people in the community.

[9] Three Ste. Rose du Lac RCMP officers, including a Staff Sergeant, a Corporal, and a Constable, attended Ebb and Flow First Nation to locate Mr. Beaulieu. Mr. Beaulieu was eventually found at his foster mother, Ms Malcolm's residence. Mr. Beaulieu exhibited behaviour consistent with methamphetamine use, including wide open eyes, sweating, pacing, not making sense, changing emotions, paranoia, and "super strength".

[10] Mr. Beaulieu was placed under arrest, but he did not want to leave Ms Malcolm's residence with police. Despite his lack of cooperation, kicking, trying to bite fingers and flailing to get away, the RCMP officers were able to remove Mr. Beaulieu from the residence. With the assistance of Mr. Beaulieu's family members, the RCMP officers placed Mr. Beaulieu in the backseat of their RCMP vehicle.

[11] After leaving the scene at 12:35 p.m., Mr. Beaulieu's erratic behaviour continued during RCMP transport, including screaming, banging his head into the silent partner, spitting, jumping back and forth on the seat, fixating on objects, and making non-sensical comments. While concerned that Mr. Beaulieu had ingested

methamphetamine, RCMP officers determined that it would be unsafe to take him to hospital given the level of Mr. Beaulieu's agitated and uncooperative state, in combination with the RCMP officers' inability to control him on their own. Mr. Beaulieu was transported by the Staff Sergeant and Corporal directly to the RCMP detachment in Ste. Rose du Lac with the intention to lodge Mr. Beaulieu into the RCMP detachment cells in the hopes of calming him down and assessing his behaviour. Once at the RCMP detachment, if required, Emergency Medical Services (EMS) could be contacted to attend.

[12] Upon arrival at the RCMP detachment at 1:02 p.m., Mr. Beaulieu remained uncooperative, resisting RCMP efforts to remove him from the back of the police vehicle and lead him into the cell area. A spit hood was placed over his head due to his continued attempts to bite the fingers of, and spit on, the RCMP officers.

[13] Upon being placed into a cell at 1:10 p.m., Mr. Beaulieu was taken to the floor and placed in a prone position. He continued to struggle while the Corporal attempted, for safety reasons, to cut off Mr. Beaulieu's sweater and belt and remove his handcuffs. The Staff Sergeant attempted to assist by using her body, hands and knees to control Mr. Beaulieu's movements.

[14] At about 1:15 p.m., after Mr. Beaulieu's outer clothing and handcuffs were finally removed, the RCMP officers retreated from the cell. At that time, Mr. Beaulieu was breathing heavily and was moving slightly but remained laying

on his stomach on the floor. Mr. Beaulieu appeared to be exhausted from the struggle. RCMP members initially monitored Mr. Beaulieu from the cell door window but re-entered the cell at 1:18 p.m. Mr. Beaulieu was breathing and his eyes were opening and closing but he did not respond to the Corporal tapping him on the shoulder with his foot.

[15] RCMP members stayed in the cell with Mr. Beaulieu to monitor his condition and placed a call for service to EMS at 1:20 p.m. Another call was made at 1:25 p.m. to update EMS on Mr. Beaulieu's condition when his breathing became shallow. Mr. Beaulieu was placed on his side in a recovery position.

[16] At approximately 1:30 p.m., Mr. Beaulieu's breathing stopped and a pulse could not be detected. Mr. Beaulieu was placed on his back. The EMS paramedics who were enroute were updated on Mr. Beaulieu's change in status. The Corporal delivered one shot of [1]Narcan spray, but there was no reaction. RCMP members began Cardiopulmonary Resuscitation (CPR) chest compressions. An Automated External Defibrillator (AED) was brought to the cell and attached to Mr. Beaulieu. The AED did not order to shock Mr. Beaulieu but rather instructed to continue CPR efforts.

[1] **NARCAN, also known as naloxone, is a drug used to counteract opioid overdose. Naloxone will not counteract methamphetamine overdose as methamphetamine is a stimulant, however administering naloxone is safe even when an opioid has not been ingested.**

B. EMS INTERACTIONS WITH MR. BEAULIEU

[17] EMS paramedics arrived at the RCMP detachment less than 15 minutes after they were first summoned. After entering the cell area at about 1:35 p.m., the EMS paramedics immediately took over airway management while the Corporal continued chest compressions. An intravenous line was inserted into Mr. Beaulieu's shinbone to quickly deliver lifesaving medication.

[18] Upon assessment of Mr. Beaulieu's condition, EMS paramedics could not find any evidence of neurological response. Mr. Beaulieu did not react to pain. His pupils were dilated and his eyes were non-reactive to light. He scored 3, the lowest score available, on the Glasgow Coma Scale (GCS), a scale used to assess level of consciousness. Mr. Beaulieu's nervous system had completely shut down; his brain was not functioning at all. EMS paramedics removed the AED attached to Mr. Beaulieu and connected their defibrillator which revealed pulseless electrical activity, meaning that Mr. Beaulieu's heart had electrical activity but was not pumping blood through his body.

[19] Through CPR efforts, a weak and irregular pulse was eventually detected. Mr. Beaulieu was then placed on a stretcher and removed from the cell area at about 1:46 p.m. He was transferred to the EMS ambulance to be taken to the Ste. Rose General Hospital just minutes away.

[20] Enroute to the hospital, Mr. Beaulieu's pulse dropped from 133 to 48 beats per minute, his skin changed from warm to pale and his pulse became thready. As a result, at 1:50 p.m. EMS paramedics began transcutaneous pacing. Although Mr. Beaulieu's heart was not able to beat on its own, through pacing, the EMS paramedics were able to reach and maintain a 70 per minute heartbeat.

C. STE. ROSE GENERAL HOSPITAL INTERACTIONS WITH MR. BEAULIEU

[21] The Ste. Rose General Hospital was alerted that EMS paramedics were enroute with Mr. Beaulieu. It was not a common occurrence for a small rural hospital such as the Ste. Rose General Hospital, to receive a patient undergoing transcutaneous pacing. On shift at the hospital that day were four nurses and one on-call doctor, Dr. Fanous. Dr. Fanous had only recently started working at the Ste. Rose General Hospital. It was her third or fourth shift, and first code situation since she was hired on October 1, 2020.

[22] Upon arrival at the Ste. Rose General Hospital, Mr. Beaulieu was transferred to the resuscitation room and placed onto a hospital bed. Due to the COVID-19 epidemic at the time, hospital staff were required to suit up in full Personal Protective Equipment (PPE). Shortly after Mr. Beaulieu's arrival into the resuscitation room, hospital staff disconnected a crucial cable for maintaining pacing that connected Mr. Beaulieu's pads to the EMS defibrillator. Disconnecting the cable caused pacing

to be lost, resulting in Mr. Beaulieu going into cardiac arrest. Pacing was never recaptured, but CPR efforts continued. Life saving drugs were administered under Dr. Fanous' orders. Pulse rhythms were obtained but lost several times. Based on the evidence at the Inquest, it was clear that this was an unusually lengthy, chaotic and stressful scenario.

[23] Dr. Fanous sought consultation from an on-call Intensive Care Unit (ICU) specialist and contacted other ICU's in the province in an unsuccessful effort to transfer Mr. Beaulieu to their care. After all resuscitation efforts failed, Dr. Fanous was instructed by the ICU specialists she contacted for advice to cease life-saving measures. Resuscitation efforts were then terminated, and Mr. Beaulieu's time of death was called at 4:10 p.m.

D. PATHOLOGIST FINDINGS

[24] Pathologist, Dr. Raymond Rivera, an expert in causation and mechanism of death, performed Mr. Beaulieu's autopsy on November 1, 2020. I accepted Dr. Rivera's undisputed evidence regarding Mr. Beaulieu's cause of death and the factors that, in Dr. Rivera's opinion, did and did not contribute to Mr. Beaulieu's death.

[25] Toxicology results from the autopsy revealed that Mr. Beaulieu had 1,031 nanograms per milliliter (ng/ml) of methamphetamine in his blood. Dr. Rivera explained that a methamphetamine level of 50 ng/ml is potentially fatal and that a

level of 500 ng/ml is almost certainly fatal. A reading of 1,031 ng/ml meant that Mr. Beaulieu's level was more than double the lethal threshold. It was this lethal amount of methamphetamine that caused Mr. Beaulieu's fatal heart attack.

[26] Dr. Rivera opined that the only potentially contributory factor to Mr. Beaulieu's death was that Mr. Beaulieu had exerted himself during his struggle with police. However, Dr. Rivera was very clear that while this exertion may have contributed to physiologic stress by elevating Mr. Beaulieu's heart rate, the struggle did not cause Mr. Beaulieu's death. Dr. Rivera explained that the interaction with police, including the Sergeant's use of her knee to control Mr. Beaulieu's movements resulted in only very minor bruising and abrasions to Mr. Beaulieu's body and was not in any way contributory or causal to his death. In Dr. Rivera's opinion, the methamphetamine toxicity alone was high enough to cause death even if Mr. Beaulieu had quietly sat down without any struggle.

[27] Dr. Rivera testified that without breath or pulse, the heart does not pump oxygen to the body and the resulting insufficient oxygenation of tissues quickly causes irreversible damage, most notably to the brain. Dr. Rivera explained that when the brain does not receive oxygen for even three to four minutes, invariably the person will not recover neurologically. In Mr. Beaulieu's case, being without a pulse for 11 minutes was 'almost undoubtedly fatal'.

[28] Dr. Rivera also described that the loss of pacing at the hospital due to the detachment of the defibrillator was inconsequential to the death of Mr. Beaulieu. Dr. Rivera's evidence was that even if a pulse or heartbeat was returned, with no change to Mr. Beaulieu's pupil response or his GCS scale, this only meant that Mr. Beaulieu's heart was responsive to some sort of treatment but the rest of his body, specifically his nervous system was already shut down. In Dr. Rivera's opinion, it did not matter if the treatment team could get his heart pumping again, it was not going to change the fact that Mr. Beaulieu's brain and nervous system had checked out irreversibly. Mr. Beaulieu had already died.

E. CONCLUSION

[29] Based on all of the evidence before me, I find that Mr. Beaulieu's death occurred in circumstances of lawful and necessary police intervention, during which Mr. Beaulieu suffered cardiac arrhythmia due to methamphetamine toxicity and could not be resuscitated.

III. WHAT, IF ANYTHING, CAN BE DONE TO PREVENT SIMILAR DEATHS FROM OCCURING IN THE FUTURE

[30] Section 33(1.1) of *The Fatalities Inquiries Act* (*FIA*), allows for the making of recommendations on changes to provincial laws or the programs, policies and practices of the provincial government or of public agencies or institutions to prevent deaths in similar circumstances. The *FIA* does not provide for the making of recommendations for federal organizations, such as in this case, the RCMP.

[31] Based on all of the evidence at this Inquest, given the lethal amount of methamphetamine in Mr. Beaulieu's blood, it was clear that nothing could have been done differently in the circumstances to have prevented Mr. Beaulieu's death. RCMP officer interactions with Mr. Beaulieu were lawful and necessary, with the use of as little force as necessary to carry out their duties. Given Mr. Beaulieu's level of agitation and non-compliance with RCMP officers, Mr. Beaulieu could not have been safely taken directly to hospital. CPR was administered immediately once Mr. Beaulieu's breathing stopped, and a pulse could not be detected. EMS responded and attended very quickly, carrying out their life saving roles professionally and diligently. Unfortunately, Mr. Beaulieu was already clinically dead prior to his arrival at the hospital. Despite well intentioned resuscitation efforts by RCMP, EMS, and hospital medical staff, there was nothing that could have been done to have prevented Mr. Beaulieu's death or anyone else's in similar circumstances, with such lethal levels of methamphetamine in their system.

[32] Nevertheless, I will make one recommendation. While hearing from the witnesses, it became apparent that the emergency department at the Ste. Rose General Hospital does not, on a regular basis, encounter emergency code situations similar to the circumstances in this Inquest. It was also clear that there is some turnover of paramedic and hospital staff such that the parties are not regularly

working together, potentially causing some misunderstanding about each others' roles and expectations.

[33] As such, I recommend that the Ste. Rose General Hospital, Prairie Mountain Health and Shared Health examine the feasibility of running regular mock code scenarios between the EMS paramedics, nurses and doctors who would be directly involved in patient care during emergency code situations. If it is impossible to hold regular mock code scenarios, I would suggest, at the very least, that mock code scenarios are conducted when there has been a new hire. Running mock code scenarios could assist in building rapport, clarifying roles and expectations, becoming familiar with each other's emergency equipment and saving lives.

IV. FINAL COMMENTS

[34] Methamphetamine addiction carves a devastating trail of death, destruction and despair. As a result of Mr. Beaulieu's untimely and tragic death, his family has lost a son, a brother, a dear loved one. Mr. Beaulieu's two biological and two stepchildren have lost their father. Those who tried to help Mr. Beaulieu are left asking themselves what they could have done differently, replaying the event over and over again in their minds. While of little to no comfort to those impacted by Mr. Beaulieu's death, there was simply nothing that could have been done to save him that day. My sincere condolences go out to Mr. Beaulieu's family and friends.

[35] I thank all counsel for their professionalism and assistance during the Inquest.

[36] I conclude and submit this report on the 19th day of June 2026, at the City of Winnipeg, in the Province of Manitoba.

"Original Signed by:"
Judge C. Sholdice
Provincial Court of Manitoba

Manitoba

THE FATALITY INQUIRIES ACT, C.C.S.M. c. F52
REPORT BY PROVINCIAL JUDGE ON INQUEST

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EXHIBIT LIST

Exhibit No.	Description
1	Inquest Binder
2	USB
3	Photobook
4	Response from Mr. Philippot