

## Public Hearing

## Audience publique

### Commissioners / Commissaires

The Honourable / L'honorable J. Michael MacDonald,  
Chair / Président

Leanne J. Fitch (Ret. Police Chief, M.O.M)

Dr. Kim Stanton

### VOLUME 1

#### Held at :

Halifax Convention Centre  
1650 Argyle Street  
Halifax, Nova Scotia  
B3J 0E6

Tuesday, February 22, 2022

#### Tenue à:

Centre des congrès d'Halifax  
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## II Appearances / Comparutions

Ms. Violet MacLeod	Commission Senior Communications Advisor / Conseillère senior en communication pour la commission
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### Panelists / Panélistes

Ms. Starr Cunningham	President & CEO, Mental Health Foundation of Nova Scotia
Ms. Cheryl Myers	Chair of the Board for the Along the Shore, Community Health Board Northern Zone
Ms. Crystal John	MSW, RSW Social Work Coordinator, Adsum House
Dr. Keith S. Dobson	F CPA, FCAHS, FRSC, Professor of Clinical Psychology, University of Calgary
Ms. Susan Henderson	Executive Director, CMHA Colchester
Ms. Katherine Hay	President & CEO, Kids Help Phone

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1 Halifax, Nova Scotia

2 --- Upon commencing on Tuesday, February 22, 2022 at 9:31 a.m.

3 **REGISTRAR DARLENE SUTHERLAND:** Good morning. The  
4 proceedings of the Mass Casualty Commission are now in session, with Chief  
5 Commissioner Michael MacDonald, Commissioner Leanne Fitch, and Commissioner  
6 Kim Stanton presiding.

7 **--- OPENING REMARKS BY COMMISSIONER MacDONALD:**

8 **COMMISSIONER MacDONALD:** Hello and welcome. I am  
9 Michael MacDonald, Chair of the Mass Casualty Commission, and I'm here with  
10 Commissioners Leanne Fitch and Kim Stanton.

11 Bonjour et bienvenue à tous. Je me présente. Je suis Michael  
12 MacDonald, président de la Commission des pertes massives, et je suis ici avec les  
13 commissaires Leanne Fitch et Kim Stanton.

14 We join you today from Mi'kma'ki, the ancestral and unceded  
15 territory of the Mi'kmaq. We thank Elder Marlene Companion, from the Qalipu First  
16 Nation. Yesterday Elder Marlene came into this space to cleanse it through smudging  
17 with tobacco, sage, sweet grass, and cedar, and to say a prayer that proceedings will  
18 begin with positive energy and open hearts.

19 Today, we begin our public proceedings for 2022, an important step  
20 in the Commission's ongoing investigation into the April 2020 mass casualty in Nova  
21 Scotia. Many of you are here to find out what happened, why it happened, and how we  
22 can make sure something like this never happens again. That, in essence, is the  
23 Commission's mandate – to get those answers and to deliver findings and  
24 recommendations that will make our communities safer.

25 Les procédures publiques de 2022 commencent aujourd'hui. C'est  
26 un grand moment pour l'enquête de La Commission des pertes massives survenue en  
27 avril 2020 en Nouvelle-Écosse.

28 Beaucoup d'entre vous sont ici pour en savoir plus sur ce qui s'est

1 passé et les raisons pour lesquelles cela s'est passé et faire en sorte qu'une telle  
2 situation ne se reproduise plus jamais.

3 Voilà pour l'essentiel le mandat de la Commission: répondre à ces  
4 questions, présenter des conclusions et formuler des recommandations pour rendre nos  
5 collectivités plus sûres.

6 During our opening remarks, we will talk about the following: The  
7 Commission's purpose and approach; who is taking part in our work; the phases of our  
8 work and how they deliver on our mandate; what to expect during public proceedings;  
9 and the important role that you, as members of the public, have to play.

10 Following the latest Nova Scotian COVID-19 related public health  
11 guidance on events, at this time we are only able to host Participants, their legal  
12 counsel, and Commission team members here at the Halifax Convention Centre.  
13 Arrangements have been made so members of the public can attend at our Truro  
14 community viewing site in person, and of course, everyone is welcome to follow public  
15 proceedings through our website.

16 As gathering restrictions continue to ease in the coming months, we  
17 hope more of you will be able to attend proceedings in person, once it is safe to do so.  
18 Given the last few years of the pandemic, it has also likely been a while since many of  
19 you have gathered in such relatively large numbers as we have here today, so please  
20 be kind to each other as we all adjust.

21 Many of the events and issues we will be dealing with in these  
22 proceedings are going to be difficult and potentially distressing to hear. Please think  
23 about that and how to prepare yourselves for this information and how to ask for support  
24 when you need it.

25 For those of you joining us here in person, we have dedicated team  
26 members and wellness supports available here at the convention centre and at our  
27 Truro viewing site. In addition, a comprehensive list of provincial and national wellness  
28 supports is available on our website. It is always okay to step away when you need

1 time for yourself. All our proceedings are being recorded and key materials will be  
2 published on our website, which means you can be in control of how much you watch or  
3 read, and when you do it.

4 The events of April 18th and 19th, 2020 took the lives of many  
5 innocent people, caused serious physical and emotional injury for others, and left  
6 people in Canada and beyond feeling fear, anger and grief. As part of honouring their  
7 memories, I will now read the names of those whose lives were taken, and following  
8 that, I ask you to join me in a moment of silent reflection for them, their loved ones and  
9 those affected by this tragedy.

10 We remember: Tom Bagley; Kristen Beaton, who was expecting a  
11 child at the time; Greg and Jamie Blair; Joy and Peter Bond; Lillian Campbell; Corrie  
12 Ellison; Gina Goulet; Dawn and Frank Gulenchyn; Alanna Jenkins and Sean McLeod;  
13 Lisa McCully; Heather O'Brien; Jolene Oliver, Aaron Tuck and Emily Tuck;  
14 Constable Heidi Stevenson; Joanne Thomas and John Zahl; Joey Webber.

15 Please let's take a moment in silence.

16 (Short Pause)

17 **COMMISSIONER MacDONALD:** To the families, once again, we  
18 offer our deepest and heartfelt sympathies for your loss.

19 Some family members have asked if they can be able to honour  
20 their loved ones and share their experiences as part of our process. The answer is yes,  
21 absolutely. As part of our continuing engagement with the families, we are asking  
22 family members how they want their loved ones remembered and if they want their  
23 experiences shared in the Commission proceedings and/or in our final report. If you  
24 have yet to share your preferences, please let us know.

25 This mass casualty has affected a broad range of people, groups  
26 and organizations across Nova Scotia, Canada and beyond, starting with those who lost  
27 their lives or were harmed, their families, and also including witnesses who were there,  
28 saw what was happening and were in harm's way, first responders and service people,

1 including police, Emergency Health Service professionals, firefighters, and others  
2 providing frontline services like tow-truck drivers and medical examiners, people living in  
3 the affected communities who lost their friends and neighbours, whose sense of  
4 community safety has been severely affected, the wider public in Nova Scotia, across  
5 Canada and beyond, including, for example, family and friends of Joanne Thomas and  
6 John Zahl in the United States of America.

7 All these people join with the affected communities in grief and  
8 concern about community safety.

9 Part of our responsibility as a public inquiry is to acknowledge the  
10 breadth of the impacts, taking into account the many different people and groups  
11 affected.

12 Our opportunity is to draw on the experiences and expertise of  
13 these many different people and groups, leading to strong and implementable  
14 recommendations.

15 There are many communities right across Canada like those  
16 directly affected by this mass casualty. There are lessons we can all learn to protect the  
17 people and places we care about.

18 I'm a proud Nova Scotian, born and raised in Cape Breton. I have  
19 had the honour of serving the people of this province for over 24 years, first as a judge  
20 and then as Chief Justice of Nova Scotia.

21 As a fellow Nova Scotian, there are some important things for me to  
22 say, starting with this: we are absolutely committed to answering the questions of what  
23 happened and why, and delivering recommendations to make communities safer.

24 We are doing so with independence, respect and transparency.  
25 Those are our values and our guiding lights.

26 We are working in ways that are restorative, which means striving  
27 to be inclusive, collaborative, flexible, non-adversarial and forward focused and,  
28 importantly, not to do more harm.

1                   We are working in this way to support our clear and unwavering  
2 commitment to determine the difficult and painful truth of what happened and a  
3 willingness to have challenging conversations and to ask difficult questions required to  
4 understand how and why, so we can assure accountability and responsibility, the  
5 accountability and responsibility needed to make us all safer in future.

6                   Our task is immense.

7                   The mass casualty involved up to 17 crime scenes, multiple  
8 casualties, and hundreds of witnesses and first responders.

9                   It shocked the nation, reverberating throughout our communities,  
10 institutions and governments. The ripples run deep and wide, touching on many  
11 related issues and areas of law and policy.

12                   And this happened during a global pandemic, meaning our  
13 investigation and work has also needed to navigate the same public health responses  
14 and restrictions that have interrupted all of our lives for the last two years. But we are  
15 up to that challenge, and here's why.

16                   Public inquires like this Commission are powerful and flexible  
17 processes, well designed to investigate something as complex and far-reaching as this  
18 mass casualty.

19                   Our approach from the start has been deliberate, focused on how  
20 we can best deliver on our mandate in the time we have in ways that are principled,  
21 efficient and effective. The steps of our work interconnect with and reinforce each  
22 other, building on layers of understanding so we can get to the best possible  
23 recommendations.

24                   We are here to conduct a thorough, independent, transparent and  
25 respectful investigation into what happened following the evidence where it leads so we  
26 have a strong foundation of understanding. We are here to build from that factual  
27 foundation, exploring research and policy on related issues that shed light into the  
28 causes, context and circumstances of the mass casualty.



1                   And we are here to look forward, make findings and  
2 recommendations that can shape laws, public policy, public institutions and community  
3 approaches.

4                   The issues before the Mass Casualty are much larger than they  
5 would be before a court, not simply who did what when, but broader, systemic issues  
6 that can help answer the questions of how and why.

7                   As a public inquiry, we have the opportunity to be creative and  
8 flexible in our approach to get the answers we need, drawing on a range of tools and  
9 proceedings like affidavits, Foundational Documents, community panels, expert  
10 roundtable discussions, and, of course, conventional witness testimony.

11                  We can combine factual investigations with policy considerations,  
12 allowing for a more thorough understanding and better-informed recommendations.

13                  We also have greater access to expertise to examine the  
14 complexity of the relevant issues and can focus time and resources in a way that is  
15 rarely afforded to governments, rarely afforded to courts, and rarely afforded to other  
16 institutions.

17                  As a public inquiry, we can do things a trial cannot do. For  
18 example, in criminal law, trials are used to establish the facts of a case to determine if  
19 the accused committed a crime. The focus is on the accused and, if found guilty, how  
20 they should be punished. In the criminal approach, victims are not even parties; they  
21 are confined to the role of witness and often feel ignored in the process.

22                  In civil trials, one person sues another for various wrongs. Here,  
23 assuming liability is established, the focus is on victims and how much they suffered to  
24 determine how much compensation they should receive.

25                  Trials end at what happened. Guilty, not guilty, everybody goes  
26 home. In the civil context, liable, not liable, everybody goes home.

27                  Here, finding out what happened is not the end. It's the important  
28 foundation. It's the important foundation for which we will build, find out why and build

1 stronger recommendations.

2                   And this Commission is not a trial. It's a public inquiry. We are not  
3 here to assign blame or award damages.

4                   At the same time, a public inquiry, can also do things that an  
5 independent panel review cannot do. Unlike such a review, we have the ability to issue  
6 subpoenas and compel witnesses. We have already and will continue to exercise those  
7 powers as needed. Our focus is always forward facing, using all of our power and  
8 flexibility to learn the lessons we can and to share them with all of you.

9                   This inquiry is built on independence, built on transparency, and  
10 built on respect. Naturally, there will be many things people will not agree on  
11 throughout this process, and many components of our mandate. We understand that.  
12 We knew from day one, as we set out to do our work of the Commission, that  
13 confidence in our institutions around us has been shaken. We have heard throughout  
14 our work, concerns about trust, trust in people, and community, and institutions, and in  
15 this Commission.

16                   Let me allay your concerns and speak directly to what we've heard.  
17 Independence is the backbone, the be all and end all, of inquiries. Some people are  
18 concerned about the Commission's independence, believing that we may be  
19 susceptible to covering up for either the RCMP or for government. Let me assure you,  
20 nothing could be further from the truth.

21                   I was Chief Justice in this province for over 20 years. Protecting  
22 the judiciary from outside institutions and outside interference was fundamental to my  
23 role. I would never tolerate any attempt by any institution or by any individual to tamper  
24 with our independence. I am absolutely committed to the independence of this  
25 Commission, its findings, and its recommendations, as is the entire Commission team.

26                   Some people are concerned that the Commission is not being  
27 transparent and inclusive. In a moment, Commissioner Fitch and Commissioner  
28 Stanton will talk more about all the ways we have been transparent and inclusive,

1 working closely with Participants and many others.

2 I also want to address at the outset specific recent questions we  
3 have heard. Some of you are concerned we will not be calling witnesses, or if we do,  
4 they will not be cross-examined.

5 Let me assure you once again, where a fact or event relevant to our  
6 mandate is unclear, despite a thorough investigation, if there is a witness who can  
7 provide more information, we will bring them here and ask them questions, and we will  
8 enable their legal counsel representing Participants to put forward questions and  
9 witness recommendations as well.

10 Cross-examination is one way to do that, and rest assured, where  
11 appropriate, it will happen, including questioning by counsel for Participants. And the  
12 Commission will be robust, robust in our response if witnesses try to mislead. There will  
13 be robust cross-examination.

14 But there's another important consideration. Given the mass  
15 impact of this casualty, we expect many witnesses who come before us will be hurting;  
16 we expect many witnesses who come before us will be even broken. That has to be  
17 factored in when determining how a witness will be questioned. If we can get to the  
18 truth in ways that will not cause more hurt, then we have a responsibility to do so. We  
19 will try to use the right methods to get the truth, but the truth we will get. We will ensure  
20 we are being attentive to the needs of those people who have information to share, but  
21 we'll also be attentive to the impacts of trauma on those who have already been directly  
22 affected.

23 Foundational Documents will play an important part in answering  
24 what happened. So here's a sense of what they are and why we are using them.

25 The Commission began its work over 16 months ago, hiring key  
26 staff, establishing offices and technology systems to securely manage the information  
27 and materials, building an entire team from scratch with a wide-ranging area of  
28 specialities, and ramping up an independent investigation.

1                   To date, the Commission has gathered and analyzed more than  
2 40,000 pages of information collected through over 50 subpoenas, including  
3 investigative files, emails, notes from first responders, transcript of police radio  
4 communications, and visuals like photographs, a thousand video and audio files, and  
5 extensive information collected through over 150 witnesses -- witness interviews across  
6 Nova Scotia, and in locations in Canada and the United States, and we have conducted  
7 numerous site visits.

8                   Foundational Documents organize and share all this information  
9 efficiently and contribute to a restorative approach.

10                   For example, the first Foundational Document we will look at next  
11 week on Monday focuses on what happened in Portapique on April 18<sup>th</sup> and 19<sup>th</sup> in  
12 2020. This document includes inputs from over 70 witnesses. And that is just one of  
13 many Foundational Documents. Working through all those witnesses involved in this,  
14 and other Foundational Documents in real time, proceedings would lead to potential re-  
15 traumatization for the hundreds of witnesses connected to the mass casualty and it  
16 would take several years to work through all of that testimony in cross-examination. So  
17 we've developed Foundational Documents. Each Foundational Document has been  
18 shared with and reviewed carefully by Participants, an important group that includes the  
19 families of those most affected. Participants were given the drafts of Foundational  
20 Documents and access to all the evidence they are based on. Then the Commission  
21 held working meetings with Participants over many weeks to identify their questions and  
22 concerns about the accuracy of the Foundational Documents.

23                   Participants, thankfully, provided us with a lot of information. And  
24 we have acted on it. We appreciate it. We've incorporated much of what we've learned  
25 into our documents, sharing it with our investigators to pursue new leads, and using  
26 other aspects to shape important questions we'll follow up on during proceedings in the  
27 coming weeks and months.

28                   The Foundational Documents represent what we know to date.

1 However, we anticipate that along with Participants identifying gaps, we will have to  
2 hear from you, the public, on areas requiring further follow-up. And the Foundational  
3 Documents would then be adjusted accordingly.

4 As we work our way through what happened, each Foundational  
5 Document, along with the relevant source material, will be entered into evidence and  
6 shared publicly on the Commission's website, where all can read them.

7 So you know what to expect, the list of Foundational Documents  
8 can be found on our website. Some of the Foundational Documents are location lists  
9 and will convey the following: what happened in Portapique on April 18<sup>th</sup> and 19<sup>th</sup>, the  
10 first responders' actions in Portapique, the containment points in and around  
11 Portapique, what happened overnight in Debert, what happened at 2328 Hunter Road,  
12 what happened at Highway 4 Wentworth, what happened on Highway 4 Glenholme,  
13 what happened on Plains Road, Debert, what happened at on the Onslow Belmont Fire  
14 Brigade, what happened in Shubenacadie; what happened on Highway 224, what  
15 happened at the Enfield Big Stop.

16 Other Foundational Documents for the first phase of our  
17 investigation are organized by topic and will convey the following: the involvement of the  
18 Truro Police Service, the RCMP Emergency Response Team response, confirmation of  
19 the replica police cruiser, the air support narrative, RCMP public communications,  
20 RCMP command decisions, the involvement of the Halifax Regional Police and the  
21 Halifax District RCMP, an overview of the radio communications system in Nova Scotia,  
22 an overview of 911 call-taking and dispatch in Nova Scotia, applicable legislation and  
23 regulations, the perpetrator's access to and use of police vehicles and associated  
24 equipment, kit and clothing, the perpetrator's access to firearms, and public  
25 communications from the RCMP and governments about the mass casualty.

26 Each Foundational Document conveys a piece of what happened  
27 and the big picture will emerge as we share more of the documents over the coming  
28 weeks. Given this, it is very important not to draw conclusions based on just one

1 Foundational Document.

2                   Developing these Foundational Documents has been a massive  
3 undertaking involving all members of our legal, investigative, and research and policy  
4 teams. We are, in effect, “front-end loading” our process by pulling together and  
5 organizing all of the information rather than simply releasing huge volumes of  
6 unprocessed information.

7                   The process has been transparent, as Participants have had  
8 access to the full document production and the opportunity to comment on draft  
9 Foundational Documents before they are made public.

10                   Getting these Foundational Documents ready and doing it right  
11 takes time and care.

12                   Now, in our public proceedings, we take the time needed to ensure  
13 the public understands what is conveyed in each Foundational Document. We will do  
14 so at a pace that allows people to deal with the difficult information they contain.

15                   We are sharing this information and the Commission’s  
16 understanding of what happened in real time during proceedings as it is vital for  
17 Participants and the public to understand the important work ahead.

18                   This does not mean that these Foundational Documents in this  
19 form are the final word on what happened. We will continue to ask Participants to  
20 speak up if they have remaining questions or concerns arising from the Foundational  
21 Documents, including if they feel the need to hear from witnesses where more clarity is  
22 required.

23                   As new information comes to light through these proceedings or  
24 through our ongoing investigation, we will update the Foundational Documents as  
25 required.

26                   Our goal is to efficiently and effectively develop a common  
27 understanding about what happened to ensure we are being transparent and inclusive,  
28 collaboratively establishing what happened so we can spend time in public proceedings

1 focused on why the mass casualty happened, and exploring the causes, context and  
2 circumstances to determine where we go from here.

3           After we organized our office and staff last spring with all security  
4 clearances arranged, et cetera, we began receiving under subpoena tens of thousands  
5 of documents, so let me add this important context surrounding the process we are  
6 following. Tens of thousands of documents came in through subpoena involving up to  
7 17 crime scenes and hundreds of witnesses, as I've mentioned. A clear reality  
8 emerged.

9           This inquiry could drift and drag on for years if we were to call all  
10 the witnesses involved in this 17 crime scene inquiry. I speak from experience. I have  
11 seen firsthand over and over, too often I have seen the emotional toll of processes that  
12 go on and on, lives waiting in the balance. This process cannot drag on for five years.

13           We have the responsibility as Commissioners and it is in  
14 everyone's interest for us to manage our process, so we developed a process that is  
15 just as, if not more effective, than calling witness after witness, a process that will not  
16 drag on and on, that will result in a lot less trauma, so instead, we chose to subpoena all  
17 the relevant documents and conduct a thorough investigation, which is ongoing.

18           We then shared all our disclosure with all Participants as quickly as  
19 we could on a rolling basis. More than 25 rounds of disclosure have been made to  
20 Participants, the fruits of dozens of subpoenas. Indeed, given the sheer volume of the  
21 information we received, we delayed our initial proceeding schedule in order to better  
22 handle the volume.

23           And then, with the help of the Participants, which I repeat is greatly  
24 appreciated, we sorted through it all and pieced together facts that, at least so far,  
25 appear to be accurate.

26           We are now ready to share these initial findings with you, an  
27 eagerly awaiting public, starting this Monday. This then will allow us to spend our public  
28 proceeding time filling in gaps, identifying gaps, identifying where there is uncertainty,

1 material -- areas that are material to our mandate, and we've set aside time in our  
2 schedule for that and to hear from Participants as to who else should be called to make  
3 sure that all gaps are filled and that all uncertainty relevant to our mandate is  
4 addressed.

5 So we aren't starting like as in a trial with witness lists. We're  
6 starting with a process that has identified as best we can what happened based on the  
7 information we have to date. We will then hear from counsel on gaps and who should  
8 be called to fill those gaps material to our mandate.

9 That will then allow us to spend time learning why things happened  
10 the way they did and coming up with meaningful recommendations to keep us all safer.

11 Finding out what happened is the important foundation to start  
12 building, building why it happened, and to come up with recommendations why this  
13 might not happen again.

14 This approach will provide the public with as much information as  
15 we can at the very earliest opportunity, save an enormous amount of time and cost, and  
16 avoid unnecessarily re-traumatizing many potential witnesses.

17 I will now ask Commissioner Fitch to talk more about who has been  
18 involved in our work and the role they will play in proceedings.

19 Commissioner Fitch brings the experience of more than three  
20 decades in municipal policing, including seven years as Chief of Police for the  
21 Fredericton Police Force. Throughout her career, Commissioner Fitch has helped lead  
22 and shape many initiatives aimed at making our communities safer.

23 It is an honour for me to serve with her and with Commissioner  
24 Stanton.

25 Commissioner Fitch.

26 **--- OPENING REMARKS BY COMMISSIONER FITCH:**

27 **COMMISSIONER FITCH:** Thank you Commissioner MacDonald  
28 and good morning everyone. Merci, commissaire MacDonald, et bonjour à tous.



1                   It is an honour to be here serving you as a Commissioner helping to  
2 lead this inquiry. As noted by Mr. -- Commissioner MacDonald, I served as a municipal  
3 police officer for more than three decades, and in doing So I dedicated my life's work to  
4 community safety and well-being, police ethics and the positive evolution of policing.

5                   As a proud born and raised Atlantic Canadian, I chose to become a  
6 police officer to help make our communities safe for all people, especially those most  
7 vulnerable, and I became a leader in policing because of the opportunity it presented to  
8 make positive changes in community safety and well-being and the role that police play  
9 in a democratic society. As a police officer and leader, it is always critical to act  
10 ethically, with compassion, and collaboratively with communities to ensure that all  
11 citizens are served with integrity, respect, professionalism, accountability and care.

12                   When I was asked to serve on this Commission, I did not make the  
13 decision to accept lightly. I was moved to say yes as I saw the people in Nova Scotia  
14 and elsewhere step up to care for each other and protect one another, people being  
15 "Nova Scotia Strong". What I accepted was a request to help, to use my experiences in  
16 a way that can make a positive difference for others.

17                   I am personally committed to bringing all my experience and insight  
18 to help the Commission work in ways to ensure that policing organizations remain  
19 accountable and have what they need to serve and protect communities, not just in  
20 Nova Scotia, but across Canada. As Commissioners, we are committed, we are  
21 committed to give space to those most affected to be heard; to ensure responders --  
22 emergency responders are prepared in their work going forward and to help  
23 communities across Canada find ways to be safer and stronger.

24                   The Commission's work is very much about communities, about  
25 people and how they are affected by something as harmful as the mass casualty, and  
26 how they come together to support each other. I truly hope we will continue to see that  
27 community spirit in the ongoing work of the Commission, which has been and will  
28 remain highly collaborative.

1                   We have asked many people to step up again by engaging in our  
2 investigations, in our public proceedings and other ongoing work, to help us make  
3 meaningful recommendations and then to help carry those recommendations forward to  
4 implementation. Here is an overview of who is taking part in the inquiry and what they  
5 do:

6                   Commissioners MacDonald, Stanton and myself were appointed to  
7 lead this inquiry, hire staff, design its process, fulfil its mandate, make important  
8 decisions and ultimately deliver findings and recommendations that will help protect  
9 Canadians in the future. We lead the independent Commission team, which includes:

10                   Seasoned and independent Investigators, who were carefully  
11 chosen from outside of the Province of Nova Scotia and outside of the RCMP. These  
12 skilled investigators have been painstakingly compiling information and speaking with  
13 witnesses over the past 16 months, helping build from scratch an independent picture of  
14 what happened. They are continuing this work throughout the proceedings as new  
15 information comes to light.

16                   Our team includes research and policy specialists, who are  
17 exploring the issues set out in our mandate through their own research and through  
18 reports commissioned from Canadian and international experts. This work will become  
19 more evident through proceedings, and -- later this year and in our final report.

20                   We have mental health specialists, who have helped us support the  
21 application of restorative principles in our work, and who continue to ensure supports  
22 are there for people taking part.

23                   And we have community relations and communications specialists,  
24 who are helping community members and organizations learn about the inquiry, how  
25 they can take part and how they can stay informed.

26                   Another important part of our team are Commission Counsel.  
27 These are experienced and independent lawyers assisting us in our work. They make  
28 sure things run in an orderly and efficient way with Participants and others, and they

1 play a vital role in presenting the facts to the public.

2                   During proceedings, you will see Commission Counsel doing a  
3 range of things, including leading presentations and discussions about what happened,  
4 questioning witnesses and working closely with Participant Counsel to discuss their  
5 questions and suggestions. It is important to note that Commission Counsel are not  
6 acting as prosecutors or for defendants. Like us, they are objective and impartial,  
7 working in the public's interest.

8                   All of this work is supported by a dedicated secretariat that looks  
9 after the administrative needs of the Commission.

10                   Moving on from the Commission team itself to the Participants.  
11 This group is a very important part of our work. The Commission has 61, 61  
12 Participants, including those most affected individuals, families, first responders and  
13 organizations, including advocacy groups and both levels of government. These are  
14 people and groups who were automatically granted or applied for the opportunity for  
15 appropriate participation and who have a substantial or direct interest in the subject  
16 matter of the inquiry.

17                   Participants are represented by their own lawyers, Commission  
18 (sic) Counsel. To date, we have collaborated with Participants and their counsel over  
19 many conversations and meetings to shape the Commission's approach and Rules of  
20 Practice and Procedure. We have listened when Participants have asked for more time  
21 to review information and prepare, adjusting the Commission's schedule while  
22 continuing to advance our work.

23                   Importantly, we have worked closely with Participants to review  
24 information about what happened, as shared in the Foundational Documents, to ensure  
25 these documents are as accurate as possible for the public proceedings to commence.  
26 During this time, we expect documents to be further informed and explored.

27                   Towards the end of 2021, and earlier this year, the Commission  
28 held working meetings with Participants over many weeks to review the draft

1 Foundational Documents, which, as Commissioner MacDonald said, will play a very  
2 important role in our work to understand what happened. During proceedings,  
3 Participants and their counsel will provide input to the Commissioners and may  
4 participate in questioning witnesses or experts or in sharing information and  
5 perspectives.

6                   It is important to note that you do not need to be a Participant to  
7 play a role in this inquiry; there are many other ways to contribute. This is consistent  
8 with the Commissioner's independence; we control our own process, we must. While  
9 we will always listen with respect and a collaborative spirit, we must not be directed by  
10 Participant groups or any other group. We are creating many different opportunities for  
11 you to take part and provide input.

12                   As needed, Commission Counsel will be calling witnesses to  
13 answer questions where more insight is needed on key information or events.  
14 Participant Counsel may also make recommendations for witnesses or request to call  
15 and question a particular witness. As Commissioners, we will consider these requests  
16 and determine if they are essential to fulfil the Commission's mandate or responsibilities  
17 in the public interest.

18                   In addition, you will also hear from a number of other people during  
19 proceedings this year, including community members invited to take part in panels and  
20 other sessions, experts at roundtable discussions on the related issues, and family  
21 members or others most affected who may wish to publicly share their experiences.

22                   Last, but certainly not least, there is you, members of the public.  
23 The word "public" is just as important as the word "inquiry", and a public inquiry is really  
24 a two-way street.

25                   As we work through the proceedings this year, we ask you to reach  
26 out if you have information that the Commission needs to know related to what  
27 happened or why and how things happened, watch and listen to proceedings, and  
28 speak up through the "Share Your Experience" survey, which is available on our

1 website.

2 Through that survey, we want to hear from people across Nova  
3 Scotia, Canada and beyond. No matter who you are or where you are, your experience  
4 and perspectives matter to us.

5 Finally, we ask all members of the public and everyone involved to  
6 reflect on the kinds of recommendations you would like to see coming out of the  
7 Commission's work. We will be inviting you to share your thoughts and submissions  
8 later in the year.

9 Now I will ask Commissioner Stanton to talk about the phases of  
10 the Commission's work and what to expect from proceedings.

11 I am honoured to be serving with both Commissioners and want to  
12 highlight here that Commissioner Stanton brings expertise from her longstanding  
13 scholarship on public inquiries and from a legal career spanning diverse areas including  
14 constitutional and human rights law. Commissioner Stanton has also contributed to  
15 many initiatives focused on building equality and inclusivity.

16 Commissioner Stanton. Thank you.

17 **--- OPENING REMARKS BY COMMISSIONER STANTON:**

18 **COMMISSIONER STANTON:** Thank you, Commissioner Fitch,  
19 and good morning, everyone. I'm honoured to be serving the public on this inquiry with  
20 Commissioners MacDonald and Fitch.

21 I became a lawyer as a way to work toward social justice, to  
22 contribute to making the world fairer and safer for everyone.

23 Over the course of my career in law, I have come to greatly  
24 appreciate the role that public inquiries and commissions can play in bringing people  
25 together to investigate and address events and systems that have caused great harm.

26 As I've explored in my scholarship, including my book written prior  
27 to this Commission, public inquiries can be a rare opportunity to bring together many  
28 people, groups and organizations to gain an understanding, a shared understanding

1 and a shared purpose, and to take the time needed to look at both what has happened  
2 but also across the many issues that may have contributed to it, and to shine a light on  
3 the places where systems and structures may have failed us, and how they can be  
4 improved in the future.

5                   Raised in southern Alberta and having lived and practised over the  
6 years in B.C. and Ontario, part of my commitment is to help bring a broader national  
7 perspective to the Commission's work, not only because this is an important part of our  
8 mandate, but also because regardless of where people live or come from, everyone in  
9 Canada should feel safe in their homes and communities.

10                   I acknowledge it can be harder to feel safe when we're two years  
11 into a global pandemic and all the uncertainty and anxiety that comes with it. It's as if  
12 our lives have been turned upside down several times over, and many of the ways we  
13 would normally come together to provide comfort and support have not been possible  
14 and, we must not forget, were not possible for the families and communities following  
15 the mass casualty. We're living in an unusual time and, even though it's hard to extend  
16 good faith, compassion and empathy to one another, we need to take care of each  
17 other and to work together well.

18                   As we've heard, there are many people engaged in the  
19 Commission's work and, quite rightly, many people are watching, waiting to see where  
20 this inquiry goes.

21                   The Commission is required to act in the public interest, and the  
22 public interest does not necessarily mean doing what is popular. It means designing a  
23 process that takes into account all aspects of the Commission's Terms of Reference,  
24 including the systemic public policy issues that we're required to explore. It means  
25 investigating without fear or bias, including using our subpoena power to ensure we're  
26 getting access to all the information we need and to compel the attendance of any  
27 witnesses from whom we need to hear, following the evidence where it leads us using  
28 an inquisitorial, not adversarial, process.

1                   Doing all of this in a way that is focused on how to make things  
2 better in the future.

3                   Our Terms of Reference require us to draw on restorative principles  
4 to shape the Commission. As Commissioner MacDonald said, being restorative  
5 includes designing processes that are inclusive, collaborative, flexible, non-adversarial  
6 and forward focused.

7                   A restorative process is also powerful because it allows us to look  
8 at the systems and structures in which this mass casualty took place and how well  
9 those systems and structures are serving the people who are living in communities or  
10 working in roles intended to provide protection, safety and critical services.

11                  Whatever your perspective on the mass casualty and whatever  
12 your views on the work of this Commission, I believe we all share common ground. We  
13 all want to make our communities safer. I ask you to keep that common ground in mind  
14 as we continue with our work.

15                  Here's how we are organizing this inquiry and proceedings this  
16 year.

17                  At a high level, we planned our work in three overlapping phases.  
18 Each phase is important and builds on the others to help us get where we need to go.

19                  In Phase 1, our focus is on establishing the foundation of what  
20 happened leading up to, during, and after the mass casualty. Some of the main tasks  
21 here have been to obtain documents, carry out investigations, and speak with  
22 witnesses.

23                  The Commission began to analyze all of this information as it  
24 became available and to bring it together in Foundational Documents that organize and  
25 share an understanding of the very large volume of information we've gathered. Taking  
26 a careful, detailed look at what happened helps us ensure we ask the right questions  
27 about why and how it happened.

28                  Another part of learning about what happened has been to take

1 steps to understand the perspectives of those most affected and community members.  
2 To this end, one of our first priorities was to meet with the families of those whose lives  
3 were taken and with those who were injured. And what we heard in those meetings has  
4 grounded our work ever since.

5           Early on, we also initiated our research program, canvassing for  
6 individuals and groups who might assist us in carrying out our mandate. We appointed  
7 a Research Advisory Board to support our work with their expertise in areas such as  
8 community engagement, policy processes, criminology, law and psychology.

9           Some of the questions you may have today will be answered in  
10 Phase 1. Other questions about why and how the mass casualty could have happened  
11 will be explored in Phase 2. And we have a few months ahead of us to do that work.

12           In the second phase of our work, we will be building on what we  
13 learn about what happened and work through the difficult questions about why and how  
14 it happened, exploring the broader context, causes and circumstances that will help us  
15 all understand how and why it happened.

16           Here our focus is on exploring the related issues set out in our  
17 Terms of Reference as requiring particular attention, including firearms access, police  
18 and service-provider responses and emergency communications.

19           In Phase 3, we'll build on everything we've learned in Phases 1 and  
20 2 to shape the inquiry's final report and recommendations. Throughout our mandate,  
21 we're taking a forward-focused and outcome-focused approach, and we expect this will  
22 come to fruition in Phase 3, ultimately helping to strengthen safety in our communities.

23           This deliberate, careful approach is intended to ensure we fulfil the  
24 Terms of Reference we have been entrusted to carry out in service of the public  
25 interest. We've made progress on Phase 1 and 2 work over the last year and will  
26 continue to advance all phases in 2022.

27           Our public proceedings this year will follow the same three-phased  
28 approach.



1                   Public proceedings focused on Phase 1 begin today and are  
2 planned to continue through to April 14, when we'll pause proceedings for a week for  
3 the commemoration of April 18th and 19th.

4                   This week, we'll focus on a number of panels and presentations to  
5 provide important context for our ongoing work. We'll look at the broad human impacts  
6 of the mass casualty, the communities and geography where the mass casualty  
7 occurred, and the structure of policing and emergency services in this area.

8                   We know there are people following the work of the Commission  
9 across Canada and beyond our borders. It's important that everyone has an  
10 understanding of the context and communities where the mass casualty happened to  
11 better understand the Commission's work.

12                   Beginning next week, we'll work our way through a series of  
13 presentations and discussions about what happened. This includes beginning to share  
14 the Phase 1 Foundational Documents, which, as Commissioner MacDonald outlined  
15 earlier, have been subject to thorough critique by Participants, all of which we  
16 considered with care. We're sharing our understanding with the public because it is vital  
17 for Participants and the public to inform the work ahead, to examine how and why this  
18 happened, and to form meaningful recommendations.

19                   Where events or relevant facts remain unclear, we'll take the time  
20 for more discussion, we'll call witnesses where required, and we'll take into account the  
21 questions and recommendations brought forward by Participants, who have a wealth of  
22 knowledge to contribute, and who we will continue to engage in testing and responding  
23 to the evidence. It's critical that we establish a clear and shared factual foundation, to  
24 ask the hard and important questions to support accountability for what happened, and  
25 effective recommendations for what needs to happen in response.

26                   In the spring, Phase 1 hearings will continue and Phase 2  
27 proceedings will begin. Phase 2 will explore the broader context and issues relevant to  
28 the Commission's mandate.

1 Over the course of the Phase 2 proceedings, which will take us  
2 through to the summer, more than a dozen commissioned reports will be shared  
3 publicly. More Foundational Documents will be released publicly, we'll have more  
4 counsel-led presentations, discussions, and witness sessions, and we'll hold a series of  
5 round tables, where subject matter experts will join us to discuss and assist us in  
6 understanding issues relevant to our mandate and required of us to understand in our  
7 Terms of Reference.

8 Then we anticipate beginning Phase 3 work in the summer by  
9 inviting Participants to make final submissions and the public to inform the  
10 Commission's final recommendations to make communities safer.

11 Throughout each phase, there will continue to be ways for  
12 Participants and others to provide input and feedback. In addition to bringing forward  
13 questions and recommendations during proceedings, Participants can provide written  
14 submissions at the end of each phase of our proceedings and make final submissions in  
15 the fall. And as Commissioner Fitch said, we invite members of the public to take part,  
16 whether through the "Share Your Experience" survey that's open on our website, or by  
17 watching the proceedings to reflect on the kinds of recommendations you'd like to see,  
18 and then sharing those recommendations with us later in the year.

19 All of this adds up to an extensive schedule of proceedings ahead  
20 of us this year, with many people involved and many moving parts.

21 Later today, one of our team members will share an orientation to  
22 Commission resources that can help you learn where to find the information, supports  
23 and tools you need to take part.

24 My fellow Commissioners and I, along with the entire Commission  
25 team, are committed to providing you with information about what is happening, why it is  
26 important, and how it connects to fulfilling the broader mandate in the public interest.

27 I'll turn it now back to Commissioner MacDonald. Thank you very  
28 much.

1                   **COMMISSIONER MacDONALD:** Thank you, Commissioner  
2 Stanton and Commissioner Fitch.

3                   And thanks to all of you. Thanks to all those most affected people  
4 for your courage and your commitment. Thanks to Participants and Participant Counsel  
5 for all your hard work over many hours spent working with us to shape this process and  
6 carry out this work. Thanks to the many witnesses and community members who have  
7 spoken with us about their experiences. Thanks to the community organizations who  
8 have stepped up to share your perspectives and support. Thanks to the media for  
9 sharing the work we are doing. Thanks to the public for your ongoing engagement.  
10 Thanks to the Commission team for your hard work. And thanks to everyone who has  
11 made such valuable contributions to our work to date and will be stepping up again in  
12 the weeks and months ahead.

13                   The Commission has a broad mandate and an ambitious timeline.  
14 Clearly, we have a lot of work to do in 2022.

15                   When we get to the end of this inquiry, we will have done our jobs  
16 if, to the utmost of our ability, we have answered the questions around what happened,  
17 and we've explored why this happened, and we have developed findings and  
18 recommendations that are taken up by policy makers, public institutions, community  
19 organizations, and the public at large, all working together to make communities safer.

20                   So now we continue. Coming up later today, as mentioned, we  
21 have an orientation session to help you know where to find key information and  
22 resources. After that, we will have a panel discussion focused on the human impact of  
23 this mass casualty, its broad reach, and effects on wellness.

24                   This is an important way of establishing context for our coming  
25 investigation and discussion.

26                   Thank you so very much.

27                   On continue.

28                   La prochaine activité est une séance d'orientation pour vous aider à

1 savoir où trouver les informations et les ressources clés.

2 Une discussion de groupe sur les profondes conséquences  
3 humaines des pertes massives, notamment sur la santé mentale, aura lieu plus tard cet  
4 après-midi. Cela nous aidera grandement à définir le contexte pour l'enquête et les  
5 discussions à venir.

6 Merci. À cet après-midi.

7 Thank you all so very much. Thank you.

8 **REGISTRAR DARLENE SUTHERLAND:** Thank you. Lunch will  
9 be served at noon and the hearing will resume at 1:00 o'clock.

10 --- Upon breaking at 10:37 a.m.

11 --- Upon resuming at 1:00 p.m.

12 **COMMISSIONER MacDONALD:** Good afternoon, everyone. We  
13 will now have Violet MacLeod from our public engagement team join us. We have  
14 asked Violet to provide us with an overview of the Commission's website and its  
15 resources, including where to find the Foundational Documents and the assorted  
16 materials that will -- we will start presenting next week.

17 Violet will talk through where to access these documents, including  
18 Commission reports, how to get in touch with us and take part, find daily schedules, as  
19 well as wellness and resources. So thank you so much, Violet.

20 **--- WEBSITE OVERVIEW BY MS. VIOLET MacLEOD:**

21 **MS. VIOLET MacLEOD:** Thank you, Commissioner MacDonald,  
22 and thank you to everyone joining us today.

23 As Commissioner MacDonald said, my name is Violet MacLeod,  
24 and I am the Senior Communications Advisor at the Mass Casualty Commission. And  
25 today, I'll be sharing information about the Commission resources. It's going to be quite  
26 a lot of information. It'll also include orientation to the website and how to find some of  
27 the helpful information as we move through the proceedings and throughout our work.

28 So more specifically, I'll be sharing information to help you know

1 more about what to expect and how to take part in the Commission's public  
2 proceedings, as well as the ongoing work, and this orientation will show you where to  
3 find key information and resources, including Commission documents and information  
4 specific to the public proceedings.

5                   First, some important things to know about the Commission's  
6 COVID-19 response planning. The health and safety of everyone taking part in public  
7 proceedings is an absolute priority. We are focussed on the safety of our team  
8 members and all those participating in the Mass Casualty Commission, as well as the  
9 public.

10                   For those who are able to join us in person today, it's important to  
11 know that all public health protocols are being followed and our team members are  
12 adhering to guidelines, such as physical distancing, mask-wearing, frequent  
13 handwashing and cleaning.

14                   Due to the current gathering restrictions, for the beginning of days  
15 of the proceedings, only Participants, Participant Counsel, Commission team members  
16 and members of the media are able to attend in person here at the Halifax Convention  
17 Centre. Members of the public are welcome to attend our community viewing stations,  
18 and those are in Truro. And I'll show you where to find information about those  
19 throughout the course of this session. So community members may also watch the  
20 proceedings online or dial in via the proceedings phone line, and I'll also indicate where  
21 that as well in a moment.

22                   Everyone attending in person, either in Truro or in Halifax, they  
23 have been asked to register using a tool on our website and to show proof of  
24 vaccination to enter the public proceedings spaces, and we will continue to adjust and  
25 adapt our approach as public health guidelines change. We do look forward to  
26 welcoming more people to attend in person once it's safe to do so.

27                   Now, I will be opening the Commission website. You will be able to  
28 see it on the large screens both to the left and the right of me. As well, if you are

1 watching from home, you will be able to see it on your screen as well.

2 I think we have it up there? Yes.

3 So I will be providing a real-time demo of the various information  
4 and resources you can find. For many, the Commission's website has been an  
5 important hub throughout our work, and it will be -- continue to be the main location  
6 where you can find updated information throughout our public proceedings and of  
7 course until the end of our mandate in 2022, November 2022.

8 The website URL, you can see it up top here, is  
9 [masscasualtycommission.ca](http://masscasualtycommission.ca). It's available in both French and English, and you can  
10 see here, you can toggle between the two languages, and it's also mobile friendly for  
11 anyone who is watching on a cellular device.

12 As I mentioned, there is a number of ways so you can watch and  
13 listen to the public proceedings. So right here on the Home page, you can see it and  
14 click on "Watch the Webcast" and that will bring up the live recording as it's happening  
15 in real-time. If you are unable to watch in real-time, there will be recordings of each  
16 webcast session saved and available for viewing at a time that's convenient for you, and  
17 I will show you where you can find those archived content as well.

18 As I mentioned, if you are unable to access the webcast, the phone  
19 number is here, and you can call in. It's 1-877-385-4099, it's toll free, and then use the  
20 code 1742076, followed by a pound sign that will connect you through.

21 For those of you who would like to be joining at one of the Truro  
22 viewing locations that I mentioned, you can also register. There is a register to attend  
23 proceedings in person, and that's specifically for Truro at this time. And as I noted, we  
24 will be opening up to the general public in Halifax as we are able to following COVID-19  
25 health protocols.

26 The Commission -- if we just come down a little bit here, important  
27 is the Stay Updated section. So the Commission shares regular email updates to  
28 ensure the public knows what is underway and what is upcoming. And you can sign up

1 for those by simply clicking here, and you'll see an email address pop up and enter your  
2 email address; you'll be added to that list.

3 Updates are also listed on our website. You can see they're  
4 toggled here at the top, and these are the last most recent to. You'll see an update from  
5 the Commissioners on the proceedings. You'll also see community notice about the  
6 Truro viewing. And there is archived content here as well, and it's updated frequently.

7 Before I go too far into the website, I'd like to speak about some  
8 very important information about where to access mental health and wellness supports.  
9 So there is a button directly at the top, it's also threaded throughout the website, and if  
10 you click on it what you'll see is a number of resources. There is phone numbers, there  
11 are a mental health and wellness resource tip sheet as well. You can click, and that has  
12 a variety of tactics, and it's downloadable and printable.

13 And the importance of this is, as we know the nature of the events  
14 and issues that we'll be discussing over the course of the proceedings, they can be  
15 difficult and will be difficult, and there is detailed information that will be shared with the  
16 Mass Casualty. So if anytime anyone is feeling overwhelmed by the content on the  
17 website, specifically, for example, reading Foundational Documents, which we enter into  
18 evidence throughout the proceedings, you can find also a quick exit button here at the  
19 top, that's throughout the website as well, and it quickly closes down the entire website  
20 for you.

21 For those of us in Nova Scotia, if anyone is struggling in any way,  
22 and would like help finding mental health or wellness support, you can call 211, and  
23 their information is listed here as well towards the top, or visit them on their website,  
24 which is ns.211.ca, and their trained staff will be able to connect you directly to the  
25 services for your needs. Additionally, if you're feeling overwhelmed, emotional, or  
26 distressed, you can call Nova Scotia's provincial crisis line, and that's available 24/7.  
27 Their information is here, I'm just highlighting on the screen, and their number is  
28 1-888-429-8167.

1                   So those are some local information numbers and provincial  
2 numbers. There is also national resources here as well. So if I scroll down, for  
3 example, resource for youth, Kids Help Phone, and they have text and phone service  
4 both available.

5                   Additionally, if you are attending one of the Commission's public  
6 proceedings sites in person, numbers of our mental health team are on hand. They are  
7 onsite to provide support as needed. And the full list of services, as I said, is here on  
8 the website. I didn't go through all of them, but please I invite you to visit and have  
9 these well on hand.

10                  Now, we're going to move through the website. And you will have  
11 heard the Commissioners speaking about the mandate. So here is where you find that  
12 information. It's under "About Mandate", and the details of our mandate are written in  
13 official documents known as Orders in Council, which provide the guidelines and  
14 boundaries for the work of the Mass Casualty Commission.

15                  And I am going to go down to a graphic of the mandate which is  
16 here. If there is any graphic that you'd like to see larger, you simply click "download"  
17 and it will open a secondary browser. And as you can see, our mandate requires that  
18 the Commission examine and make findings on a number of topics and issues which we  
19 organise into phases. So Phase 1, what happened on April 18th and 19th, 2020 in  
20 Nova Scotia. Phase 2 will be exploring related issues and the context and issues,  
21 which are listed in the Order in Council. And finally, in Phase 3, the Commission will  
22 produce a report and make recommendations to help keep communities safer in the  
23 future.

24                  There are two Orders in Council that guide our work, and they are  
25 both available on the website in multiple locations, but perhaps most easily under the  
26 "Mandate" section. And if you click here, you can -- the original copies are here; you  
27 can download them if you need them.

28                  The next part I'm going to share is what to expect. So we're going



1 to quickly look at this page and I just want to share the overview of our work.

2                   The back graphics available here, it's the inquiry process overview,  
3 and this brings us back to those three phases I was just speaking about and how our  
4 work is organized within them.

5                   So you can see "Milestones" here, as well as the various activities  
6 taking place. As you'll see, the phases are overlapping. So for example, you'll see  
7 Phase 2 is going to begin in the spring, but at the same time Phase 1 will still be  
8 underway.

9                   As you all heard Commissioner Stanton share in her opening  
10 remarks, the Commission has engaged a Research Advisory Board that will support our  
11 work by providing expert input into our research and policy process, and this is ensuring  
12 we are well informed. The members of the Commission -- apologies. Members of the  
13 Research Advisory Board are well known academics with deep expertise in community  
14 engaged policy processes. Their collective research expertise spans areas that will be  
15 important to our work, and this includes criminology, law, and psychology.

16                   You can find a list of their biographies here on the website. So it's  
17 a simple dropdown menu; it includes detailed information on each of the members of  
18 the Advisory Board.

19                   Also under "About" we have our Foundational Document section.  
20 You will hear us use this term many times. Foundational Documents help the  
21 Commission to share what's learned to date during our independent investigation, in an  
22 efficient and a sustained way. On the website you'll find information about the steps  
23 taken to create the Foundational Documents; so those are here. And you'll see a high-  
24 level progress bar of how a Foundational Document is created. And here, there's a  
25 dropdown menu.

26                   So for example, step one is to gather and analyze information and  
27 evidence, which is a process that's been ongoing for the Commission for -- since the  
28 beginning, for a number of months; many months.

1                   Step two is to draft the documents by organizing and sharing the  
2 information. Then we consult with the Participants to ensure accuracy, or gaps or errors  
3 that remain; make them public on our website. So we're at this step right now. So  
4 these documents will be available to the public throughout the proceedings as they are  
5 entered into evidence. And I will share more information regarding those exactly; those  
6 will be downloadable in just a moment.

7                   Also shared will be the source materials. Source materials are the  
8 documents which underpin Foundational Documents. So source materials have been  
9 gathered over the course of the Commission's work and include documents like witness  
10 interviews, police notes, 911 call transcripts, and more. And also share where those will  
11 be available as well.

12                   Another report that was mentioned by the Commissioners are the  
13 Commission reports. So there's two kinds of Commission reports; there are Technical  
14 Reports and Expert Reports. And the Technical Reports provide factual information  
15 about matters from our Orders in Council, such as the Structure of Policing in Nova  
16 Scotia.

17                   And you'll see on this page, this is an overview of what they are.  
18 And then there's a list of the anticipated ones to be entered throughout the public  
19 proceedings. You'll see the one I was just speaking about, "Structure of Policing in  
20 Nova Scotia" at the top of the list here. If you open it up, you'll get an overview of what  
21 to expect within that report, as well as the author. And you'll see there's a lengthy list  
22 here, and each includes that information. And, you'll see many of these begin to be  
23 shared as early as Phase 1 but many during Phase 2 as well.

24                   These will support the Commission's work by providing an objective  
25 and factual account as to some of the key government policy structures that are  
26 relevant to our mandate. I'm just going to open a few on the screen so we can see how  
27 the interface interacts.

28                   So Expert Reports gather and analyze public policy, academic

1 research, and lessons learned from previous mass casualties. These reports will help  
2 further the Commission's mandate by analyzing matters such as policing, emergency  
3 services, responses, communications with the public, and how to best support  
4 individuals and communities following a mass casualty. You'll see many of these, as I  
5 said, throughout Phase 2 of our work, which is beginning in the spring.

6                   On the website you'll also find information about the steps taken to  
7 create the Expert Reports. Similarly to the Foundational Documents, that progress  
8 graphic is here. And a full list of the Commission reports will be released over the  
9 course of the public proceedings on a rolling basis. As they're entered into evidence,  
10 they will be available under the "Document" section, which is the next section of the  
11 website I would like to review.

12                   So the "Document" section is the fourth in at the top of the bar here.  
13 And if we were to click on it, what you're going to see is all the documents that are going  
14 to be downloadable throughout the proceedings and throughout the Commission's work.  
15 This includes things that will be entered into evidence as exhibits during the  
16 proceedings.

17                   So we will be providing these to the public, and I'm going to begin  
18 with the two boxes down here, and then we'll talk about Foundational Documents and  
19 the Commission Report second.

20                   So first, "Process and Mandate." So this includes documents such  
21 as -- example is our Rules of Practice and Procedure. So these are the rules and  
22 procedures that guide the Commission's proceedings. For example, within this  
23 document would be the rules with regards to, for example, submitting or accessing  
24 evidence during a public proceeding.

25                   Additionally, within this you'll be able to download Participation  
26 Decision and information about various addendums with regards to participation. And  
27 the last one here -- here we are. So you can see what one looks like here on my  
28 screen. And this would be the decision by the Commissioners with regards to providing

1 standing or participation to those who applied and have direct or substantial interest in  
2 our mandate.

3 Moving back to that, you can always just click back on  
4 “Documents”; it’ll bring you back to this page, which is categorized with all the various  
5 documents that are downloadable.

6 “Community Resources”; so what you can find here is information  
7 like packages for the community on the Commission’s work, as well as information for  
8 example, public open houses and the information on open houses that were held this  
9 previous fall.

10 How to download Foundational Documents. The Foundational  
11 Documents will be entered, as I’ve said, throughout the course of the public  
12 proceedings, and they will be made available to the public on our website. This is the  
13 page where you will be able to download those and view them.

14 So we’ve set up a test file for today, knowing that the first  
15 Foundational Document is anticipated to be entered into evidence next week, but so  
16 that we can see what it will look like, there will be the name of the Foundational  
17 Document. So here we have, “Sample Template” as example. The exhibit number will  
18 be listed, and if you open it, there’ll be a very short description and you’ll be able to view  
19 the PDF.

20 So this is a sample Foundational Document. It’s been on the  
21 website for a number of months. All this is, is an example of what to expect, and you’ll  
22 see it’s -- it includes information; mental health wellness information; there will be a  
23 table of contents; an overview of special terms. This isn’t exactly what the final  
24 Foundational Documents will look like, I just want to be clear, but it’s a good sample to  
25 know what to expect.

26 They’ll vary in page length as well. And you’ll see that -- this is the  
27 underpinning documents that I was speaking about earlier, so the source material. And  
28 the source material will be available as well and will be linked in the Foundational

1 Document. But we've also set it up on the website so that you can search source  
2 material.

3           So you'll see that here, the source function. Or, sorry; the search  
4 function for source material. Again, we just have a test in for today, knowing that items  
5 will begin to be entered shortly. You can do a keyword search if there's something  
6 specific you're looking for; it can relate to a specific Foundational Document, knowing  
7 that there will be many entered into evidence; you can filter for that qualifier, and the file  
8 type, which right now is only PDF, as that's the only sample we have. But if it varies, if  
9 there's video, audio you'll be able to also qualify for that.

10           So if you were to click on it, it would open for you. We could view  
11 the material as a PDF. This is just going to say "test" today.

12           Similarly, the "Commission Reports" page will be a twin page to  
13 this, so you'll be able to do the similar functions. There will be a dropdown. You'll have  
14 the name of the Commission Report, the number, the exhibit number, and you'll be able  
15 to drop down and open that. So that will be available if you go back to the four squares.  
16 It'll be available under "Commission Reports."

17           So as the Commission progresses in our work, we know there will  
18 be questions and if you have questions about the Commission, the Commissioners,  
19 Commission team, the work of the inquiry, frequently asked questions, those are all  
20 available on our website as well.

21           So there is an "FAQ", or a "Frequently Asked Questions" section.  
22 And you'll see it's following a similar treatment to the other sections of the website with a  
23 dropdown. You can Control F and search this page if there's a specific item you're  
24 looking for.

25           So for example, "Background on the Commission" is the first.  
26 They're organized by theme.

27           Information about the Commissioners, like I said. Inquiry process,  
28 nquiry format. There are a number of FAQs, and these are informed by community

1 members and questions we received from community members. And they are updated  
2 regularly and added to regularly as well.

3           Additionally, we know that the terms used by the Commission are  
4 not typical. For example, I've used the words "proceedings" today and "Foundational  
5 Documents", and we've created a key terms section on the website which I'm going to  
6 scroll to the top. It's at the top of the FAQ page, and it's bolded here.

7           So if you have questions about a key term that you've heard or a  
8 word, you can check to see if it's here. You can also send us an email. We're always  
9 happy to update this if there's a term we're missing that's not clear.

10           You can see a number of terms here as well.

11           For members of the media, there is a section on the website here.  
12 It includes things like "Media Protocols." These are the rules that media follow when  
13 covering our events. It's of interest to media, certainly, but perhaps also to those who  
14 choose to attend our public proceedings.

15           Also any news releases issued by the Commission are available  
16 here as well. These would be previous webcasts from previous live streams or  
17 announcements that are available. We also have a photo gallery which is updated  
18 depending on the events. You can see investigative work being done here, open  
19 houses, so we try to keep that updated as well with images that are usable and  
20 respectful.

21           So as mentioned, the Commission's work will be ongoing  
22 throughout much of March and there will be many opportunities for public and  
23 communities to share with us. I am going to pull up the "Share Your Experience"  
24 section on the website. It's under "Proceedings."

25           So we know the scale of loss and impact is broad and far-reaching.  
26 It affected the sense of safety for many people in our communities, our province, our  
27 country and beyond, and it's important for the Commission to capture the far-reaching  
28 and ongoing effects to help inform and shape the findings and recommendations to help

1 keep communities safer.

2 We're asking the public and members of the public to share their  
3 experience, and you can complete an online survey which is available on this section of  
4 the website that I'm going to show you.

5 It's right here under "Fill out the survey". If you were to click it, it  
6 would launch the survey for you. It looks like this. And your experiences will help  
7 inform the Commission's recommendations and ensure the broad impact of the mass  
8 casualty is reflected in the final report.

9 In that section of the website, which is the "Share Your Experience"  
10 section, you can also learn more about other ways to share, especially as we move  
11 through the proceedings into the summer where phase work -- Phase 3 work will be  
12 happening. That includes -- will include a number of opportunities for community  
13 engagement.

14 I've shared a lot of information and access points to various  
15 resources, but if in doubt where to find the information on our website is the calendar.  
16 So the calendar is toggled here at the top of the website. This includes various  
17 scheduled days of activities, proceeding including the public proceedings and the Phase  
18 1 proceedings that we're in now. It's retroactive. You can go back through it and see  
19 what the Commission's been doing over a number of months, including the public open  
20 houses or meeting with various community groups.

21 This is the view I prefer. I will let you know there is a list view as  
22 well, and then you will only see for each month the activities planned for that month.

23 I'm going to click on tomorrow because if I click on today we'll see  
24 our own live webcast. So these are going to be updated on a weekly basis and there  
25 will be schedule.

26 So you'll see here tomorrow we'll have a panel introducing  
27 communities and a presentation on the structure of policing. You also can see the  
28 dates, the times and any primary or secondary viewing locations.

1                   So here you have the Halifax Convention Centre and our  
2 community location, which for tomorrow is Inn on Prince. You can also register here.

3                   We have the phone number for listening in to the proceedings. You  
4 can watch the webcast. And after this day happens and it's in the past, all of this  
5 material will still be available here, so this is where you can watch archived webcasts as  
6 well if you missed a proceeding.

7                   The agendas included below, so you can see the panel, anticipated  
8 panelists and the presentation that we were just speaking about, the structure of  
9 policing, for tomorrow.

10                  As the proceedings take place, there will also be downloadable  
11 content, so any exhibits that were entered, you'll be able to link through to them from  
12 this page as well and that's why I'm saying this is, without a doubt, one of the most  
13 important pages to remember if you're looking for information.

14                  You'll also be able to link to any copies of transcripts here. If we go  
15 back to the calendar, just quickly look at tomorrow -- or not tomorrow, apologies, the  
16 28th.

17                  You'll see we're updated here as well. So again, the webcast link  
18 will be available. The agenda is available. And next week is when we plan to share the  
19 first of the series of Foundational Documents, and that information will be here as well,  
20 including names of documents planned to be shared on each day.

21                  One other thing I'll show on the calendar is, it is populated weekly,  
22 like I said. It is up to about June right now. We will be adding to it.

23                  There are public proceedings planned throughout 2022. There is a  
24 break in March, you can see, and that's why there's no public proceedings on these two  
25 weeks.

26                  And if you were to open these now, they wouldn't have full  
27 agendas, but those will be added as we progress through the proceedings and, like I  
28 said, weekly information will be added.



1 In April you'll see we've loaded things beyond just the public  
2 proceedings as well. The Interim Report is planned for the 30th of April.

3 With that, I'm going to -- perhaps one of the most important pieces  
4 is our contact information, and that's because we want you to get in touch. If, at any  
5 time, you have questions about our work, things you've heard during the proceedings,  
6 please email us at [info@masscasualtycommission.ca](mailto:info@masscasualtycommission.ca).

7 We also have two phone numbers. We have a local number as  
8 well as a national number that we can be reached at. You may be pushed to a  
9 voicemail, but those are listened to daily and we will get back to you within a reasonable  
10 time period.

11 Additionally, the Commission's investigation is ongoing and in  
12 parallel to the public proceedings, so if you have any information that can assist our  
13 work, you can also get in touch through here as well.

14 To stay informed, you can also sign up for the regular email  
15 updates, which I've shared. You can email us to be added to the list, call us to be  
16 added to the list or on the home page there is a signup button.

17 With that, we appreciate your interest in the Commission's work  
18 and, again, I encourage you to please stay connected and I'll hand it back over to  
19 Commissioner MacDonald.

20 Thank you.

21 **COMMISSIONER MacDONALD:** Well, thank you so much, Violet.  
22 Our next panel is scheduled to start at two p.m. Because it's a hybrid panel and folks  
23 are coming in by way of -- remotely, we will break now until two, and look forward to  
24 beginning that panel at that time. So thank you again, Violet, and we will break until two  
25 p.m. Thank you.

26 **REGISTRAR DARLENE SUTHERLAND:** Thank you. The hearing  
27 is now on break and will resume at 2:00 p.m.

28 --- Upon breaking at 1:31 p.m.

1 --- Upon resuming at 2:01 p.m.

2 **REGISTRAR DARLENE SUTHERLAND:** Welcome back. The  
3 proceedings are again in session.

4 **--- THE HUMAN IMPACT: BROAD REACH AND EFFECTS ON WELLNESS:**

5 **COMMISSIONER FITCH:** Thank you. The days, weeks and  
6 months following April 18<sup>th</sup> and 19<sup>th</sup>, 2020, many people have experienced and continue  
7 to experience a wide range of emotions. So many of us were affected either directly or  
8 indirectly by the mass casualty, and we know that much of what we will share  
9 throughout these public proceedings will be extraordinarily difficult information to hear.

10 Over the next hour, we will focus on the personal and community  
11 impact of the mass casualty. To help us do so we have invited community leaders in  
12 the field of mental health to join us today for a panel conversation titled "The Human  
13 Impact Broad Reach and Effects on Wellness." We have asked the panelists to share  
14 their experiences and independent perspectives about the impacts of the mass casualty  
15 events of April 2020.

16 Before we begin the panel, we want to acknowledge the ripple  
17 effect caused by the mass casualty that began with those whose lives were taken and  
18 the impact on their loved ones. The ripples extend to witnesses who saw what  
19 happened, and those who were close by, those who were injured physically and  
20 otherwise, the first responders, police, firefighters, emergency health service  
21 professionals, and others that we may not immediately think of, such as funeral home  
22 directors, remediation and cleaning services, food delivery services, tow truck drivers,  
23 and others that were providing frontline service.

24 The ripple effects touched everyone living in affected communities  
25 and elsewhere, because few of us could ever imagine something like this happening in  
26 the places we call home. Some people may have been thinking about it every single  
27 day since then, while others may not, either intentionally or unintentionally. We  
28 acknowledge that people are in different places along this continuum, and through this

1 panel, we hope to validate the range of responses felt by people across the country and  
2 beyond.

3 Our facilitator for this panel is a strong and well-recognized voice  
4 and personality in Atlantic Canada, especially here in Nova Scotia. Starr Cunningham  
5 is the President and CEO of the Mental Health Foundation of Nova Scotia. She is a  
6 best-selling author and the recipient of several prestigious honours, including multiple  
7 journalism awards. Starr will introduce the panelists and guide the panelists through  
8 this important conversation.

9 Thank you so much, Starr, and panelists, for answering our call to  
10 help, to help the people of Nova Scotia and beyond, and for stepping up. Thank you.

11 **MS. STARR CUNNINGHAM:** Thank you, Commissioner Fitch.

12 As the President and CEO of the Mental Health Foundation Nova  
13 Scotia, I have been following the impact of the mass casualty from the very beginning.  
14 Our role at the foundation is to ensure Nova Scotians who are living with mental illness  
15 and addictions are thriving in our communities. We do that by raising funds and putting  
16 them to work in our province. Needless to say, our team has been working diligently to  
17 try and keep up with the demand for mental health supports following the events of April  
18 2020, and it has not been easy. As you heard, beyond the direct impacts, the ripple  
19 effects have been significant, and this afternoon we have a team of experts who are  
20 joining us to share their thoughts on maintaining mental wellness during the work of the  
21 Commission.

22 So I'm going to make some introductions and I'll start with the  
23 person to my right, Crystal John. Crystal is a social worker with a passion for  
24 community development. She is an advocate for women's empowerment and earned  
25 her Bachelor of Social Work and a Master of Social Work degree from Dalhousie  
26 University. She is currently a social work coordinator at Adsum House for Women and  
27 Children. She has worked in areas of gendered and sexualized violence, research,  
28 adult and parenting education, housing in Afro-centric interventions which include

1 counselling, parenting support, resource, and service advocacy.

2                   Next to her we would like to introduce you to Cheryl Myers. Cheryl  
3 acted as chair of the Along the Shore Health Board for two-and-a-half years, and she  
4 has been a member of the board for the last 10 years. She has lived in the rural  
5 communities of Colchester and Cumberland Counties most of her adult life. She is a  
6 residential nurse who has worked and continues to work in long-term care and  
7 community sectors. Cheryl resides in and represents the community that runs from  
8 Onslow to Five Islands.

9                   Now I'll turn our attention to the computer screens and welcome  
10 Susan Henderson, who is joining us from her office in Truro. So Susan is a life-time  
11 resident of Colchester and she is the Executive Director of the Canadian Mental Health  
12 Association Colchester East Hants Branch. Susan currently serves as a board member  
13 of the Colchester Sexual Assault Centre and the Colchester Anti Poverty Network. She  
14 is also co-chair of the Northern Patient Rights Advisory Committee and the chair of  
15 governors of the Jane Norman College. Thank you for joining us from your office in  
16 Turo, Susan.

17                   Next up we have Robin Cann, who is joining us from Amherst.  
18 Robin graduated from the Dalhousie Faculty of Social Work in 2013 with a Master's in  
19 Social Work. Since then, she has been living and working as a clinical social worker in  
20 Cumberland County. In 2020, she opened a small private practice in Oxford, where she  
21 collaborates with people of all ages to assist with challenges related to mental health  
22 and harmful involvement with substances. Robin is passionate about rural practice and  
23 rural life. Thank you, Robin, for joining us from Amherst.

24                   Our next panelist is coming from Calgary, Dr. Keith Dobson. Keith  
25 is a Professor of Clinical Psychology at the University of Calgary and a principal  
26 investigator for the Opening Minds program of the Mental Health Commission of  
27 Canada. He has published extensively in areas related to depression, mental health  
28 policy, and psychological treatments. He is a former president of the Canadian

1 Psychological Association and the current president of the World Confederation of  
2 Cognitive and Behavioural Therapies. Dr. Dobson has been recognized with many  
3 awards for his work, including the Gold Award for lifetime contributions to psychology in  
4 Canada and election to the Royal Society of Canada. Welcome to you, Dr. Dobson.

5           And finally, we have Katherine Hay, who is joining us from her  
6 office in Toronto. Katherine is the President and CEO of Kids Help Phone where she  
7 provides strategic leadership and drives innovation in the implementation of the  
8 organization's five-year strategic plan. Its goal is to be the most nimble, accessible and  
9 effective access point of support for young people when they need it. As a passionate  
10 changemaker in Canada, Kathy is dedicated to encouraging innovation and amplifying  
11 the voice of young people. She received the 2021 RBC Women's Entrepreneur Award  
12 of Social Change and the Arts 2021 Alumni Achievement Award presented from the  
13 University of Waterloo. Welcome to you, Kathy.

14           As you can see, we have a wide, a wide, wide-reaching berth of  
15 expertise and guidance to share with you here today, and we are going to start it off by  
16 speaking broadly. And, Cheryl, I think it would be -- could start with you on this  
17 question, to talk about how the broad effects have come to the surface, and what the  
18 broad effects of the mass casualty have been, not just for people in Nova Scotia, but all  
19 across our country.

20           **MS. CHERYL MYERS:** Thank you. As you know, many  
21 Maritimers move on from our small communities. We have folks from our community  
22 living all over the world.

23           The feelings of loss, anger, frustration, the feelings of loss, the  
24 grieving process, mourning, has all affected -- is affecting everyone throughout the  
25 country. Nova Scotia most of all. Our Nova Scotians, our families, our friends that live  
26 in the rural areas, have suffered significantly, their sense of trust, wellbeing, sense of  
27 loss, frustration again.

28           I speak on behalf of the -- as the Chair of the Along the Shore

1 Health Board. And we acknowledge the 23 members of our community that we lost that  
2 day.

3 We have been working with our community, which extends from  
4 Onslow through to Five Islands, approximately 8,200 people. And of those folks, we  
5 have everybody from doctors, lawyers, nurses, stay at home moms, single moms and  
6 dads. Their support systems were altered. Who do you trust now? Who -- how do you  
7 move on after this? When the phone rings, when something goes on in the night, what  
8 do you do?

9 We have students, we have children of all ages that were involved  
10 in this, and we had teachers that were involved in the tragedy as well. So we have  
11 students that are -- we first heard were having difficulty sleeping, eating, coping with  
12 anything. They didn't have the skills, or the abilities, or the language to use to discuss  
13 how they felt.

14 We have family members like that. How do you move on with a  
15 tragedy such as this in our community?

16 We have been working with our community to provide supports.  
17 We hope that there's support for family members that live elsewhere.

18 The 1-800 number, the 1-877 number is available to those, but is it  
19 -- has the information been passed on?

20 I am not a mental health expert. I am a nurse. I am the Chair of  
21 the Health Board, and I wanted to be here today, they asked me to be here today to  
22 support our families. That's who I'm speaking about. Our community, our families  
23 throughout the country, our abilities to move on, first became shock, the numbness,  
24 tears. This happened everywhere.

25 The Community Health Board listened and we heard of the needs  
26 in our community. We've heard the anger. We have been asked why, why, why in this  
27 small province, in this small community, in this small area?

28 We heard that people looking for help themselves for the children

1 involved, whether it was directly or indirectly.

2 We started hearing of grief, and what is trauma-informed grief, and  
3 understanding that that's different.

4 We brought in Serena Lewis, who did a grief counselling session  
5 with the community over Zoom.

6 Community contact groups developed so the people would feel  
7 safer. If anything happened in the community, they can actually turn to one another  
8 now over Zoom, over Facebook, and notify each other of issues in the community.  
9 Sometimes it's, "Did you see the big cat that's around? Your animals are at risk. We  
10 live in rural Nova Scotia."

11 But rural communities exist across Canada. We support one  
12 another in rural communities. That's what we've done throughout the years, whether it's  
13 making -- having an understanding with a neighbour that you will watch for their light to  
14 go on or off in the morning to know that they're safe in their home, whether it's picking  
15 up a casserole and taking it to the folks in need, whether it's calling asking if you want  
16 something, if you need something, or just visiting. These are the strengths of our  
17 communities throughout Canada in small communities.

18 **MS. STARR CUNNINGHAM:** Carol, I think I asked for a break  
19 here, because I'm thinking that Kathy, you may want to jump in, because when we're  
20 talking about broad effects on the wellness, I think you're in a unique position with Kids  
21 Help Phone to actually have data and information on, you know, what the impact was  
22 when the mass casualty unfolded. So could you share some of that with us, Kathy?

23 **MS. KATHERINE HAY:** Yes. Thanks so much. And happy to.  
24 And just happy to be having this conversation with the folks of Nova Scotia, and all of  
25 Canada, actually.

26 We saw, almost immediately, within hours, a doubling of  
27 interactions with people across Nova Scotia shortly thereafter the mass casualty. So let  
28 me just talk about that a little bit. One third of all conversations coming from Nova

1 Scotia -- and we are in every province, territory -- one third of all conversations were  
2 talking about grief for months after the mass casualty.

3           And I do want to put out there, compounded by COVID-19 and  
4 lockdowns and the trauma that was already ensuing prior to this horrific mass casualty.  
5 So grief and loss are definitely a top conversation in Nova Scotia right now. And I do  
6 want to say, we saw it ripple right across the country. Canada did experience grief and  
7 loss alongside Nova Scotia and Nova Scotians without a doubt.

8           So I do want to put that out there as well. And this is such a crucial  
9 conversation for all of us to have.

10           **MS. STARR CUNNINGHAM:** I'd like to shift over to Robin now, if  
11 we could, because, Cheryl, you mentioned our rural communities, and we're talking  
12 about allowing children and youth to be connected when they don't feel so connected.

13           Robin, I wonder, would you say that there are unique impacts on  
14 those Nova Scotians who live in our rural communities?

15           **MS. ROBIN CANN:** Yes, absolutely. You know, the effects of the  
16 mass casualty, you know, they're really, they're really deep and wide ranging and, you  
17 know, they still persist even today, you know, two years and ongoing. I think that, you  
18 know, a lot of folks are grappling with what looks to be a longstanding change.

19           What I most often hear is that, similar to what Cheryl referred to,  
20 people's sense of safety within their communities has been really deeply shaken. We  
21 know that rural communities often have this tight knit sense of, you know, depending on  
22 neighbours and a high degree of personal safety, at least in a sense, and you know, this  
23 sense of being safe among your neighbours. And since the mass casualty, this really  
24 has been shifted and what people are describing is an increase in, like, a vigilance or  
25 unease in their community. So my role is to really open up spaces for people to discuss  
26 and process emotions related to these experiences, whether, you know, they were  
27 directly impacted or are part of the ripple effect that's impacting the broader community.

28           And what I'm hearing are examples like people are locking their



1 doors day and night, when previously that was sort of an unheard-of experience in  
2 these communities. You know, not something that people would have thought to do,  
3 maybe, is even kind of the afterthought. Or I hear a lot of folks describing feeling unsafe  
4 walking down their road in their rural community. When previously that just would have  
5 been part of their daily routine, now they're, you know, considering driving into town to  
6 go for their walk, for example.

7 So what we see is these really wide-ranging changes that are  
8 impacting people's day to day decisions still and people's sense of safety in their  
9 community.

10 And when people talk about, you know, to return to the grieving  
11 that's been so prevalent so far in our conversation, they describe these changes with a  
12 deep sense of profound grief, that their communities have been shaken in this way.

13 **MS. STARR CUNNINGHAM:** And do you believe this is true of all  
14 communities right across the country?

15 **MS. ROBIN CANN:** That would be my guess. You know, as  
16 others have mentioned, that they grieve alongside of us in Nova Scotia. And so this  
17 ripple effect, you know, it would follow that this would be similar.

18 **MS. STARR CUNNINGHAM:** And in a rural community, you know,  
19 I'm thinking in an urban center, you may not know your neighbour who is six blocks  
20 over, but in a rural community, you know your neighbour who is six kilometres down the  
21 road, so ---

22 **MS. ROBIN CANN:** Exactly.

23 **MS. STARR CUNNINGHAM:** --- does that make it a unique  
24 situation as well?

25 **MS. ROBIN CANN:** Yeah, when you think of the proximity effect,  
26 right, how folks feel so connected and tied into, you know, each other, and the lives are  
27 so intertwined that when something shakes a sense of safety that is shared, there's --  
28 there is not just a wound that is a one event, but it's a relational wound. Right? There's

1 like a relational piece to this that goes beyond just the events of a couple of days.

2 **MS. STARR CUNNINGHAM:** I'd like to bring Susan Henderson  
3 into the conversation now.

4 Susan, you're at your office, as I mentioned, in Truro, as the  
5 Executive Director of CMHA there, what are your thoughts on the rural impacts as  
6 opposed to those of the people who are living in towns and cities in our province?

7 **MS. SUSAN HENDERSON:** Well, much like what Robin is saying,  
8 the relational impact I think is huge. I mean, this is how we regain our mental well-being  
9 is through connections with other people. We've already talked about the impacts of  
10 COVID, but let alone the sense of security that was robbed, you know, used to feel  
11 pretty safe to wander around the community, and now our reaction to the sight of a  
12 RCMP car, you know, which, which was supposed to be or used to be a sense, again,  
13 another sense of security, of safety, "I know I'm okay because I see." But those -- all  
14 those things were shattered and left you feeling with a "What do we do now? Where do  
15 we go, and what do we do?"

16 So you know, at CMHA we did see an initial flurry of activity, but  
17 then people really retreated to their homes. They really -- it -- you know, to find I think  
18 that sense of safety. Locked the doors, gathered your loved ones around really, you  
19 know, as close as you could, and then said, "Now what? What do we do?"

20 **MS. STARR CUNNINGHAM:** And do you get a sense that's  
21 changing with time or are those behaviours staying with people?

22 **MS. SUSAN HENDERSON:** I think those behaviours -- it's a sort of  
23 a sense of people are trying to move on but we haven't forgotten. And myself, speaking  
24 personally, I just sort of wait for another ball to drop. I know it sounds horrible and kind  
25 of negative, but you know, you worry about "Well if this could happen what else could  
26 happen?" because it was just so unbelievable and horrific. And yet if this happened in  
27 that little community very close to me, what else can happen? So it really did erode a  
28 sense of safety emotionally and physically for all of us I believe.

1                   **MS. STARR CUNNINGHAM:** Thanks, Susan. You know, I want to  
2 kind of want to shift now to those people who we may not have thought had been  
3 impacted by the mass casualty. We're talking about people in rural communities close  
4 to it.

5                   But Crystal, you like to draw attention to the fact that there are  
6 people that we may not have ever considered impacted by the impact -- by the effects  
7 of the mass casualty. Who are those people?

8                   **MS. CRYSTAL JOHN:** Yeah. So I can think of a few groups of  
9 people that we initially probably wouldn't think too much about, and of course one of our  
10 most vulnerable populations are our homeless. And our homeless live in rural  
11 communities in the wooded areas. They, they are in the cities, but they are also  
12 throughout Nova Scotia in the wooded areas. And often they don't have access to  
13 communications for many reasons. One, they are in -- they live in encampments in  
14 wooded areas, but they also don't have a means to provide themselves with access to  
15 social media, to news.

16                   And so you know, when you think about the mass casualty  
17 happening in areas where they may have felt safe in the woods, and now all of a  
18 sudden that safety has been shifted, so they, they are -- they're vulnerable and they are  
19 unsure of "How -- where can we feel safe in Nova Scotia?", and they already feel a little  
20 out of place because they are without homes in our city.

21                   **MS. STARR CUNNINGHAM:** What about when, when you talk  
22 about people who are living in wooded areas of Nova Scotia ---

23                   **MS. CRYSTAL JOHN:** Yes.

24                   **MS. STARR CUNNINGHAM:** --- what are we talking about  
25 number-wise?

26                   **MS. CRYSTAL JOHN:** So we have a point in count that kind of  
27 counts all of our homeless population, our citizens who are homeless, and last year I  
28 think our count was at about 493 throughout, and probably a third of them are living in

1 encampments, in wooded areas. I think recently we've seen a couple of parks right in  
2 HRM that have been, you know, inhabited by people who don't have homes. And it's  
3 important to remember that when they don't have homes, which is a basic for most of  
4 us, then it leaves everything else very frightening for them. They don't have homes,  
5 healthcare is really challenging to access, so all of these things impact. Yeah, so about,  
6 about a third of -- close to 500 people.

7 **MS. STARR CUNNINGHAM:** That's a pretty high number.

8 **MS. CRYSTAL JOHN:** It is.

9 **MS. STARR CUNNINGHAM:** It is a high number. And I'm just  
10 thinking while the events were unfolding ---

11 **MS. CRYSTAL JOHN:** Yes.

12 **MS. STARR CUNNINGHAM:** --- in April, one of the -- one of the  
13 kind of the comforts, I guess if there was one, was being able to follow it real-time so  
14 you knew when it was over.

15 **MS. CRYSTAL JOHN:** Yes.

16 **MS. STARR CUNNINGHAM:** I'm thinking people who are living in  
17 our wooded areas of our province may not have even known when it began.

18 **MS. CRYSTAL JOHN:** Yes, that's the hardest part is they wouldn't  
19 know when it began, they wouldn't know when it was safe to maybe emerge from their  
20 homes in the wooded areas, and so that makes it very frightening, absolutely, and  
21 ongoing. I mean, the concern now is, you know, "Can this happen again? Will it  
22 happen again? Will I be safe if I'm out in the wooded areas?"

23 **MS. STARR CUNNINGHAM:** So is that the group of people that  
24 you wanted us to think about most?

25 **MS. CRYSTAL JOHN:** Well, I think we also need to think about  
26 African Nova Scotian -- the African Nova Scotian community. And the reason with that  
27 is because we've always had a strained relationship with law enforcement, and you  
28 know, it's been seeped in racism throughout our history, and the false narrative of even

1 the mass casualty has a way of kind of further damaging and confusing the idea of  
2 safety for African Nova Scotians because, you know, we already have a very precarious  
3 relationship with law enforcement and now this false narrative gives a sense of "Who  
4 can we trust. Will it happen again, and," you know, "what -- will that be enough for us?"

5 I know for myself, as an African Nova Scotian, the messages being  
6 delivered were very confusing, and you know, you have to kind of be able to -- there's a  
7 sense of trust that has been lost and so trying to rebuild that trust, you know, through  
8 just a process of understanding that this was one incident. But it does -- it does bring  
9 up trauma from past as well in those -- in our communities.

10 And in Nova Scotia, African Nova Scotians are throughout Nova  
11 Scotia, but we are a very close-knit community, and so although someone might be  
12 from Truro or Digby, they will still connect with all of Nova Scotians across the province.

13 **MS. STARR CUNNINGHAM:** A very interesting perspective.

14 **MS. CRYSTAL JOHN:** Yeah. Yeah.

15 **MS. STARR CUNNINGHAM:** I'm going to head back to Truro now,  
16 and Susan, I wanted to kind of break it down in -- into two chunks, the immediate  
17 impacts and then the longer lasting impacts.

18 So what would you say were the immediate impacts in April 2020  
19 on mental wellness?

20 **MS. SUSAN HENDERSON:** Well, as I've already spoken about,  
21 you know -- just let me back up a little bit, actually. We were just so shocked and  
22 horrified, as everyone was, I mean, this shook us to our very core, and in some ways  
23 continues to; it's still unbelievable. And again, I want to say this in all -- in deep respect  
24 for everyone who has lost a loved one, but it was a collective grief, and our need to  
25 bring a sense of comfort to our community that's driven many of the activities CMHA  
26 has taken on and continues to.

27 You know, we just wanted everybody to know that we're here for  
28 them because it was just so -- it was just so traumatic. Nobody knew what to do, so we

1 froze after our initial reaction. Our phones went silent. People retreated to their  
2 houses. And collectively, I know people talked about having so much fear and anxiety  
3 and also helplessness, like "How do we help the people that we know are so impacted  
4 by this?" You know, we, we wanted to be -- respect their sense of privacy, but also we  
5 wanted people to know that we care deeply, and actually are, you know, trying to walk  
6 this journey with them as much as we can in the situation.

7                   You know, again, it was "How can we fathom these things? How  
8 could it happen?" You know, "How could a human being take to some destruction and  
9 to be" -- you know, "just how could it happen?"

10                   So there was those initial reactions, and then I also want to bring up  
11 the fact around some collective trauma that I think that is important to recognize. And I  
12 remember the last -- the next week, I think it was Thursday of the next week, there was  
13 a construction site down in Halifax/Dartmouth area, and there was some bangs or  
14 something that was experienced from it. My daughter actually lives in Bedford, and  
15 when this hit Twitter, man I was tweeting her and saying, "Get into cover", because  
16 nobody knew what was going on and we thought this was a repeat situation. It turned  
17 out it was some construction site noise.

18                   And there was a situation also in a parking lot in a store down in  
19 Halifax/Dartmouth again where some water guns were purchased where people, again,  
20 we were on such high alert and such vigilance that anything out of the ordinary, like  
21 people were looking around and scanning and trying to make sure that themselves and  
22 their loved ones were safe. So you know, it's really important to recognize that our  
23 community suffered a collective trauma.

24                   So you know, over two -- the last two years, if anything can be  
25 realized is that mental wellness and mental health is -- affects us all and it's extremely  
26 important for us to maintain. You know, we've been seeing some profound emotional  
27 reactions, things like anxiety attacks developing; people who had, you know, already  
28 existing disorders, they've gotten worse; maybe some new have emerged as well,

1 particularly in the anxiety and depression area. They have -- you know, some folks  
2 unfortunately if they were already feeling depressed post or previous are now -- you  
3 know, we're dealing with -- we're hearing lots of thoughts of suicide and suicide ideation  
4 and just this general fear that the world is not a safe place and how do I -- where do I  
5 get that from, where do I get that sense of security back.

6 Another things that we were seeing was an obsession -- and I  
7 guess that's kind of a negative word, but certainly an obsession or thinking over and  
8 over again about the loved ones who passed away and, you know, what their final  
9 moments were and almost like a survivor's guilt set in, too, is like, "Well, that could have  
10 been me if I had been walking on that road" or "What if my daughter had been driving  
11 on the road at that time?", you know, so running this over and over again, which I'm  
12 sure isn't healthy for our emotional health and well-being. But over and over in our  
13 minds trying to make sense of it and -- and, too, I think trying to rationalize some of the  
14 fear that we had because it was just such -- again, such an unpredictable situation.

15 And then, I guess, if I can just mention, too, are the fact that, you  
16 know, grief in itself raises risks of major depression, excessive use of alcohol and  
17 anxiety disorders I just chatted about there. And so we're certainly seeing that in terms  
18 of longer-term effects.

19 We're seeing, you know, people that maybe haven't -- were  
20 successful in overcoming their addiction going back and relying on those old coping  
21 strategies again, you know, just feeling -- feeling overwhelmed and not knowing how to  
22 cope, so they're, you know, going back to some of their old maladaptive coping  
23 behaviours.

24 So you know, the thing is that I think people need to understand  
25 and it's already been alluded to is these things are going to be with us for quite a long  
26 time and I'm really hoping that people utilize the wellness resources that are available to  
27 them.

28 You know, people are here for you. No one has to go this alone.

1 It's really important for folks to reach out -- remember to reach out as we go through  
2 this, which is going to take a number of -- a number of years if we ever really truly  
3 recover.

4 **MS. STARR CUNNINGHAM:** And I can't pick up on the body  
5 language or hear other people virtually, but Crystal, I can hear you say "M'hm".

6 **MS. CRYSTAL JOHN:** Yes.

7 **MS. STARR CUNNINGHAM:** What are you picking up from what  
8 Susan -- you're hearing from Susan?

9 **MS. CRYSTAL JOHN:** So I think about, you know, we talked  
10 about the -- because there's been a shift in our collective lives. I think of the mass  
11 shooting and then we have the Black Lives Matter with the death of -- murder of George  
12 Floyd and that is compounded on top of.

13 So in our community, you know, there's trauma on top of trauma on  
14 top of trauma that really has affected us. And another population I think we don't really  
15 think too much about is those who were connected to the professional life, those who  
16 were in -- they were in a position of vulnerability with authority and so you know, when  
17 you think about somebody who holds that position of authority in your life, you know,  
18 and then that -- you know, the what ifs when you go back over what if it could have  
19 been me, what if -- what if this had happened.

20 So people tend to go back to an incident and think about how they  
21 could have been affected by that, so.

22 **MS. STARR CUNNINGHAM:** And when we talk about -- we've  
23 talked about the immediate effects there, Susan, and you kind of alluded a little to the  
24 longer-term effects.

25 But Robin, I'm wondering from your perspective, what do you  
26 believe the longer-term impact will look like?

27 **MS. ROBIN CANN:** That's a good question.

28 I think, you know, long term, it's really about re-establishing these



1 connections that have been severed or challenged by this event, so you know, the  
2 longer-term impacts have really been this disconnection, right, disconnection from the  
3 self, from the emotions, from the community and from each other, and so you know,  
4 yeah, I think that next steps in that longer-term walk are around reconnection.

5 **MS. STARR CUNNINGHAM:** Dr. Dobson, I'd like to bring you into  
6 the conversation now. I haven't forgotten about you because you're way out there in  
7 Calgary.

8 Knowing what happened in Nova Scotia in April 2020, can you  
9 discuss a bit what people can do to support their own mental health and wellness going  
10 through this?

11 **DR. KEITH DOBSON:** So first I have to express my deep empathy  
12 for everybody who was affected by the mass casualty experience. This has been a  
13 trauma not just for people in Nova Scotia, but right across the country and, indeed,  
14 other countries as well. Certainly from Calgary we spent a lot of time watching media  
15 and trying to understand what was happening there as well, so I'll just say that at the  
16 outset.

17 I'll also just say from the work of the Mental Health Commission, we  
18 recognize that everybody sits somewhere on the mental health continuum, so hopefully  
19 we're doing well and coping reasonably, but we recognize that there is a range of  
20 responses and even within the same person that they might from time to time struggle  
21 more or have mental health challenges so you know, we need to all be mindful of our  
22 experiences psychologically, emotionally, behaviourally.

23 I've also been listening very much to the discussion of everybody  
24 and hearing a lot of the natural responses when a trauma occurs. Our typical  
25 responses ---

26 **MS. STARR CUNNINGHAM:** I wonder -- I'm going to interrupt you  
27 just for one ---

28 **DR. KEITH DOBSON:** Sorry?

1                   **MS. STARR CUNNINGHAM:** --- one sec, Keith.

2                   I'm having a difficult time hearing Dr. Dobson. I'm thinking others  
3 may be, too.

4                   So is there any way we can boost his audio up a little?

5                   Give it a whirl now. Sorry about the interruption there, Dr. Dobson,  
6 but we need to be able to hear what you're saying.

7                   **DR. KEITH DOBSON:** I can speak more loudly.

8                   **MS. STARR CUNNINGHAM:** Please do. Close to the mic.

9                   **DR. KEITH DOBSON:** It's natural when a crisis occurs that we  
10 stop for a moment, we sort of look around to see what's happening and then we try to  
11 either make it predictable so to understand what's happening or to make it controllable.  
12 And I've already been listening a lot to some of the other speakers about how, in this  
13 particular circumstance, we stopped and asked ourselves, "Why did this occur?", and  
14 we still don't have answers fully for that -- that answer, of course. So we look at what  
15 we can do. We look at what can we control.

16                   And what we've already heard is that, for many people, they  
17 withdrew, you know, sort of locked their doors or, you know, became more careful, more  
18 mindful of what's going on around them. And this is a very normal, natural response  
19 when people face an unknowable crisis situation.

20                   So in terms of coping, I guess my general advice for people would  
21 be some of the things that we've already been hearing about. Pay attention to your own  
22 self. Be mindful of the signs and symptoms you're experiencing. You do the things that  
23 are healthy for you, so this would include things like trying to sleep regularly, exercise,  
24 eat well. You know, just sort of, you know, basic kind of natural things to do.

25                   And then the main thing I think that we've heard, and Robin just  
26 said this, is we need to get out of ourselves and to make contact with other people.

27                   Social connection is one of the main things we can do to rebuild  
28 trust, to rebuild our sense of safety in our social environment, in the people with whom

1 we interact, and so if I had one sort of general piece of recommendation it would be for  
2 everyone as much as possible to re-establish or establish, if they didn't have them  
3 before, social connection.

4 **MS. STARR CUNNINGHAM:** Those social connections are so  
5 crucial.

6 And Cheryl, I'm wondering if you're having thoughts over there  
7 about things that, you know, people can do to take care of themselves.

8 **MS. CHERYL MYERS:** Well, thank you.

9 I'm just speaking to Dr. Dobson's note that, as we're getting  
10 together now -- COVID has kept us apart for so long, but we don't understand how our  
11 neighbours be feeling. We don't understand where they are in the -- in their own mental  
12 wellness journey or their well-being. We may see changes and we're going to have to  
13 accept our friends and families where they're at, not try to force upon them what we  
14 think they should do or where they -- we want them to be. So it's accepting people and  
15 acknowledging them where they're at and moving forward with them, helping them now  
16 where they're at, hopefully finding if they haven't found resources in the community, find  
17 the resources, the health centres, those in Truro.

18 Dr. Dobson, your team out in Calgary. This is what will be needed.

19 COVID was not kind to any of us. You'll recall, at the time of the  
20 event, we were all in lockdown. Some of us has brought family members in. We were  
21 already struggling with support and mental health issues, as many have noted.

22 So we have to move forward one step at a time as our communities  
23 open up to understand where we're going. We can't just jump in when the masks come  
24 off. Our safety net that we've had for so many months is going to show who we are  
25 again. We've possibly been able to hide a bit behind our mask, but now we'll be open  
26 and visible and be recognizable, so.

27 Also we'll have more visitors in our communities and more  
28 strangers, which we must have -- we must recognize that that is something that's going

1 to happen and we have to prepare ourselves for that, not to be afraid, but we're going to  
2 be leery. The trust is gone in our community and we have to recognize that as we see  
3 more tourists, more friends, more family moving around.

4 **MS. STARR CUNNINGHAM:** Kathy, what are you thinking about  
5 things that people can do for their own mental wellness during this time?

6 **MS. KATHERINE HAY:** I'm going to take a view from a young  
7 person because I have -- I have the view or the voices of young people because we  
8 speak to it every day. At Kids Help Phone, a typical day for us is speaking with kids as  
9 young as five all the way through to about 26. And I remember after the horrific mass  
10 casualty in Nova Scotia, our volumes doubled out of Nova Scotia, so we were seeing  
11 double.

12 I think there's a really important thing that everybody has pulled a  
13 thread through on COVID, lockdowns, additional isolation. For a young person -- and  
14 there were lots of lost milestones as well as they're coping with this grief lots of lost  
15 milestones, as well as they're coping with this grief and loss that none of us could  
16 actually put into words.

17 I'm going to -- without minimizing anything, I just want to put a little  
18 bit of a silver lining here, because when I see what young people do, day in and day  
19 out, they are reaching out, and that is help-seeking behaviour and there's a big, huge  
20 silver lining in that. That's a resiliency in action, if I could use that word.

21 So in the midst of horror and deep grief, they were reaching out in  
22 record numbers. And to put some context to that, and we were talking earlier about  
23 rural -- the challenge around mental health support in rural Nova Scotia. In Canada,  
24 Kids Help Phone, about 40 percent of the work we do is in rural areas in Canada. In  
25 Nova Scotia after the mass casualty, we were trending about 71 percent of all contacts  
26 in Nova Scotia, in rural Nova Scotia.

27 So that does say that retreating to their home was the right thing for  
28 them to do, and they were reaching out. "They" being young people. But, interestingly

1 enough, about 24 percent of all contacts were from people over 30 years of age after  
2 the mass casualty.

3                   So there is silver lining here in the resiliency and courage of the  
4 folks in Nova Scotia. And I guess my advice, if I could give any to caring adults, is that  
5 young people are reaching out on really, really acute things; suicide ideation, anxiety,  
6 stress, isolation, and grief. And that's trauma. And they are reaching us; there's help-  
7 seeking, encourage your young people to reach out, whether it's to Kids Help Phone or  
8 CMHA. Incredible programs demystify what reaching out might feel like. And without  
9 judgment. Just be okay with some of the big emotions you might see in your young  
10 person.

11                   That's just a little bit of advice from the virtual frontlines, I suppose;  
12 is get your young people to reach out.

13                   **MS. STARR CUNNINGHAM:** I like the fact that you mention the  
14 word, "Without judgment," the word, "Judgment," because when you enrol in a mental  
15 health first aid course, you learn an acronym, ALGEE, A-L-G-E-E, and the L stands for  
16 listen, but not just listen, listen non-judgmentally. Which is often very hard for us to do  
17 as adults when it comes to listening to young people.

18                   **MS. KATHERINE HAY:** And one thing I also want to remind caring  
19 adults, is that your young person isn't going to tell you everything, no matter what. No  
20 matter how fantastic a parent or an aunt or a teacher you are, they're not because  
21 they're teens, they're going through what it is they're going to go through.

22                   When they have reached out to Kids Help Phone, our -- we know,  
23 our data tells us, that 73 percent of young people tell us something they wouldn't have  
24 told anybody else before.

25                   So again, there's really important tools that young people have  
26 available to them, caring adults, but not have a judgment that if they're reaching out to  
27 Kids Help Phone or Bounce Back at CMHA that's a reflection on their parenting; it is not  
28 at all.

1                   **MS. STARR CUNNINGHAM:** So during these proceedings, over  
2 the next number of months, we are going to be opening some wounds; we're going to  
3 be sharing information that is going to be difficult for children, for adults, for all of us. I  
4 guess the question is, Susan to you, because you see people in your offices day in, day  
5 out, and talk to people in the area as a resident there; what is your overwhelming  
6 message to people as they tune into the news from this Mass Casualty Commission?  
7 How can people protect their own mental health?

8                   **MS. SUSAN HENDERSON:** Great question, and I'm sure there's  
9 other folks here on the panel who'd like to jump in on this.

10                   I would initially say -- or off the top say just take it in pieces; don't  
11 do too much. As I understand, it is recorded, and it's recorded for that very purpose, so  
12 that people can take breaks from the material as they're watching it. And if you find  
13 yourself distressed, you know, do some -- do some deliberate actions to try to address  
14 some of those things. Make sure you're spending, you know, an hour outside in a walk;  
15 make sure you reach out to someone on the day that you watch these proceedings, to a  
16 loved one or friend so that you're making those social connections; you're getting some  
17 recreation involved. And the other thing is I also say is make some time for yourself to  
18 do things that are, you know, creative activities. You know, so many of us are working,  
19 working, working and then you go home and you immerse yourself in this.

20                   Yeah, we need to create opportunities for, I guess, our brains to  
21 apply themselves in different ways. And whether that's a craft or, you know, some  
22 knitting or planting some seeds or some gardening, right? Just something that's  
23 different from your ordinary, everyday lives. And be deliberate about that.

24                   **MS. STARR CUNNINGHAM:** Dr. Dobson, would you add there?

25                   **DR. KEITH DOBSON:** If I can just add to that?

26                   I think that's great comment, Susan. But I was going to say also is  
27 that we need to be also mindful of the way we're talking to ourselves and towards  
28 others.

1                   So one of the other things we know about people who struggle with  
2 mental health problems is often they are stigmatized by others. So people tell you to  
3 get over it or to, you know, sort of buck up which, again, is not a helpful comment. We  
4 need to be supportive of each other and we need to be supportive of ourselves. So if  
5 we find ourselves saying negative things to the way we're coping, we need to be more  
6 gentle and more caring, and to be able to reach out again and get the support we need.

7                   **MS. STARR CUNNINGHAM:** What would you add to that, Cheryl?

8                   **MS. CHERYL MYERS:** You guys are bang on. I agree. Getting  
9 out, taking care of you is the -- when you go on the airplane, they say put your oxygen  
10 mask on first and then provide help to this person beside you. We have to take care of  
11 ourselves. When we recognize the stress in ourselves, we have to deal with it  
12 immediately. Don't bottle it up, the frustration. Seek out services, seek out a friend. As  
13 you said, do a craft, plant a garden. I call -- I said -- I have a large speech; I  
14 misinterpreted today, but as I was going -- this year when we plant our gardens, I want  
15 us to plant garden -- seeds of hope; seeds of hope for the year ahead.

16                   The Commission, moving forward, as we find out more information,  
17 but what do we want? What do we want in our community? The seeds of hope are  
18 there, and let's work on that together. Let's feed our bodies nourishing vegetables and  
19 admire the flowers; give ourselves time to work on ourselves. And that's what we need  
20 to do. And our families, our kids.

21                   As -- the Health Board will continue to support our community by  
22 giving out monies through -- to non-profit organizations through the Health Board. This  
23 year we are supporting youth groups and throughout the area, one in Portapique, one in  
24 Debert, to help them we also have had -- met -- we did a support system group meeting  
25 and brought some folks from the Commission there so they could see what our  
26 community was and identify what strengths we do have in the area. So those things we  
27 know are there.

28                   I like the idea that we're normalizing seeking out mental health.

1 That is the best thing -- since sliced bread, really -- that we can think of when we ask  
2 people, "How are you feeling? How can I help?"

3 **MS. STARR CUNNINGHAM:** Normalizing asking for help, and  
4 then the other part of it all is understanding and validating emotions.

5 **MS. CHERYL MYERS:** Exactly. Exactly.

6 **MS. STARR CUNNINGHAM:** So Robin, I see you shaking your  
7 head to that one.

8 How important is it for us to be there to validate what others are  
9 feeling?

10 **MS. ROBIN CANN:** I would say crucial. It's crucial to feeling  
11 connected to others and building that. Validation really is the sauce or the lubricant that  
12 kind of allows those positive social connections to grow and regrow.

13 Yeah, so I would say that it's at the heart of all of that, ---

14 **MS. STARR CUNNINGHAM:** And what would you say ---

15 **MS. ROBIN CANN:** --- that we meet people where they are.

16 **MS. STARR CUNNINGHAM:** And what would you say about  
17 hope? Because we heard Cheryl mention that word, "Hope". How important is that  
18 word in the grand equation?

19 **MS. ROBIN CANN:** I think it's also another crucial aspect. And  
20 hope comes from when we find these places of shared empathy and shared emotion  
21 and shared care. And moving, taking these -- someone else used the word, "Small  
22 steps forward," right? That really is hope in action. So I think that's crucial, yeah.

23 **MS. STARR CUNNINGHAM:** One of the things that I've heard  
24 from people is they'll say, "Don't worry about me. I wasn't directly involved; I wasn't  
25 directly impacted. I'm okay. You know, put your attention and provide the care to those  
26 were most directly impacted." Do you hear that, Crystal, from people, and if so what's  
27 the learning behind that we should apply to it?

28 **MS. CRYSTAL JOHN:** I think people do feel like that. But we are



1 -- in Nova Scotia, I'd say we're a community of communities, and we really do look out  
2 and step up for one another, and we've seen that throughout COVID, just really making  
3 an impact and ensuring that Nova Scotians were safe from COVID. And I think that,  
4 you know, as we move forward, recovery is going to take some time, but I encourage  
5 people to be gentle with themselves, to be able to recognize how they are impacted by  
6 this, because they may not feel a connection, but if they think about all that is going on  
7 has occurred over the last two years, and this mass casualty has really affected us all, I  
8 think we need to just really take some time to be gentle and allow yourself to feel those  
9 emotions and move through those emotions.

10 **MS. STARR CUNNINGHAM:** It's interesting, because we talk  
11 about terms like suicide, suicidal ideation, and some people may think we shouldn't talk  
12 about that topic out loud. We shouldn't ask someone if they are thinking of self harm or  
13 suicide. But Kathryn, I see you're shaking your head to that there too. It's, like, asking  
14 a child if they're -- you know, what they know about drugs isn't going to make them say,  
15 "Oh, I never thought about drugs. I'm going to go out and take drugs." So I think it's  
16 important that we normalize the conversation around those difficult parts of mental  
17 illness and addiction, things like self harm, suicide. Would you agree that that's an  
18 important step, Kathryn?

19 **MS. KATHERINE HAY:** A hundred percent. I don't think that  
20 silence is an option, quite frankly, when someone is struggling with anything, let alone  
21 suicide ideation, self harm. I know my colleagues around this panel would agree.  
22 Research says that when you ask about it, it does not plant a seed. It actually opens a  
23 door to dialogue and hope. We talked about hope. The reason why young people,  
24 when they reach out to us, I consider that a silver lining, is they're grabbing onto  
25 something that's hopeful, someone on the other side of a phone, chat, text, whatever.  
26 So to have them reach out and then not speak about something like suicide ideation,  
27 self harm, or depression, or, I don't know, having an argument with a friend, whatever  
28 the reason is that they are reaching out or speaking to a, you know, peer, adult, no one

1 should be afraid of having the tougher type conversations. And if you're uncomfortable  
2 with those conversations, then I would recommend having your young person, or your  
3 friend, or yourself, reach out to someone who is comfortable having those  
4 conversations. So that's crucial to it too.

5 **MS. STARR CUNNINGHAM:** Dr. Dobson, what are your thoughts  
6 there as far as, you know, how we should openly just make this part of our daily  
7 discussion and conversations?

8 **DR. KEITH DOBSON:** Yeah. No, I think, you know, Kathryn's  
9 points are exactly what I would say if I was speaking. We know that one of the major  
10 factors, risk factors for suicidality is hopelessness, and, you know, if you're going to  
11 address it, you need to find reasons for hope. And so doing what we can to build that  
12 hope is critical.

13 There's a great irony too I want to point out, which is the only way  
14 that we can restore trust or build trust in our relationships is by being vulnerable. That  
15 we need to open up, and we need to express our concerns, and to put our faith and  
16 trust in other people to let the ... let them give us the opportunity to respond. And so  
17 again, I think to the extent that I can encourage people to take that risk, I would  
18 encourage it.

19 **MS. STARR CUNNINGHAM:** The other thing that's vitally  
20 important is when people know where to turn when they need help. I think here in Nova  
21 Scotia, our plan is to really direct people toward two on one, to get them to reach out,  
22 and to make contact to get the information that they need, within their own communities.  
23 And, I mean, we've said the community word over and over here today. Susan, is  
24 providing the resources something that you'll be really focussed on over the next couple  
25 of weeks and months?

26 **SUSAN HENDERSON:** Oh, most definitely, just as we were when  
27 the tragedy occurred. It's ... also it's not just that. It's also figuring out how does it  
28 make sense to somebody who's maybe not sure about reaching out, you know, and

1 make provisions for that. So one of the things, for example, we've been talking about is  
2 going out and joining up with other community groups who ... and then together, you  
3 know, for example, maybe a food bank, or a public library, so not just staying in our  
4 building and hoping people come to us. We have to somehow figure out how to go to  
5 them, you know, the right place and the right time in the right way for people. And as  
6 someone's already alluded to, the spectrum of mental wellbeing, so you know, you may  
7 be contemplating reaching out, or maybe you already are involved with somebody, but  
8 there's also different stages of ready that need to be considered, and also supported, as  
9 someone's already said, unconditionally. Very important people do not feel a sense of  
10 shame about, you know, their lack of whatever, or fear of reaching out because  
11 someone said about vulnerability. That's a tough one. And you need to feel safe, and  
12 secure, and that you're in a trusted place in order to do that, to make that, you know,  
13 strong sense of connection, yeah. So we definitely will be looking at that and, you  
14 know, whether it's small ways, or large ways, what we can do to support our community  
15 through this process, absolutely.

16 **MS. STARR CUNNINGHAM:** And I like that about small ways and  
17 large ways because it's not always about helping a great number of people. It's about  
18 helping the neighbour next door.

19 **MS. SUSAN HENDERSON:** That's right.

20 **MS. STARR CUNNINGHAM:** Make their ...

21 **MS. SUSAN HENDERSON:** It can be a flower. It can be a kind  
22 word. It can be a hug, not that we can do in this COVID time, but it can be something  
23 very small ...

24 **MS. STARR CUNNINGHAM:** It can be an elbow. A fist punch or  
25 something, yeah.

26 **MS. SUSAN HENDERSON:** Yeah, a fist punch. But it's all ... you  
27 know, it all is an expression of caring. When I take a pot of soup to my next-door  
28 neighbour, they've known I've put a lot of love into that, and that's really what I'm trying

1 to express is love for my community member, and love for my community, and my deep  
2 concern there for their wellbeing.

3 **MS. STARR CUNNINGHAM:** Sometimes it's just that simple.

4 **MS. SUSAN HENDERSON:** Yes.

5 **MS. STARR CUNNINGHAM:** We're getting close to wrapping up  
6 here. We have six minutes left, so I'm thinking that it would be a good idea to give each  
7 panelist the opportunity to just share some closing thoughts. And, Cheryl, I'll put it over  
8 to you first. As far as it goes with ripple effects and the impact on our mental health,  
9 what are your thoughts?

10 **MS. CHERYL MYERS:** We as a community do not want to be  
11 defined by the events of April 2020. We as a community want to be known as strong,  
12 supportive, caring community that we are, that we're family oriented, that we're resilient.  
13 We will move on one breath at a time, if that's what it takes, one minute at a time, one  
14 hour, one day. We will move on. We've got the Portapique Build Up, we've had Nova  
15 Scotia Strong, Portapique Strong, Canada Strong, we are stronger together. So I have  
16 a quote that was sent to me this morning, and it says, "At the very core, we understand  
17 that resilience is not armour that protects us from the pain, rather resilience enables us  
18 to feel pain and anger, anxiety and guilt, all that we're feeling now, and to move through  
19 these emotions, so that we find a way to feel joy, awe and love. Fundamentally,  
20 resilience is about marshalling that what is in us to make it through and maybe even  
21 transform what is before us." It's by Al Horne. We as a community health board  
22 acknowledge the pain in our community. We applaud our community as it moves  
23 forward. And we know the 23 are gone, but not forgotten.

24 **MS. STARR CUNNINGHAM:** Thank you, Cheryl.

25 Crystal, what are your parting words for people who are watching,  
26 not just here in Nova Scotia, but all across the country and beyond?

27 **MS. CRYSTAL JOHN:** I think I want to say, you know, send my  
28 condolences to those who lost loved ones. And for all us, as Canadians, that we look

1 out for one another. If you see your neighbour or someone that maybe you haven't  
2 seen, maybe make an inquiry. Just keep one another in touch. As we move through  
3 these proceedings, it's going to bring up lots of emotions that have not been tapped into  
4 over the last two years. Some of us tend to shut down and ignore those emotions. So  
5 as those emotions come up, it's important to reach out. It might even be reaching out  
6 through journaling, finding ways to release some of the pressure and some of the fear  
7 that we are experiencing. Take care.

8 **MS. STARR CUNNINGHAM:** Dr. Dobson, your final thoughts?

9 **DR. KEITH DOBSON:** Yeah. No, and I would support so much  
10 that has been said in this past hour in terms of the importance of recognizing where  
11 everybody is in terms of their own journey and their own recovery because it is  
12 individual. And even people who have been coping well up until now, as the  
13 Commission starts to report its work, I think somebody's stress and responses may get  
14 worse now for a period of time, so we should anticipate that. So as much as we can  
15 encourage people to be open and honest with themselves and with each other and to  
16 support everyone, the better we all will be.

17 **MS. STARR CUNNINGHAM:** Kathy, over to you, and perhaps you  
18 can look at it through a lens of the young person.

19 **MS. KATHERINE HAY:** Yes, I think I'm just going to speak to the  
20 young people of Nova Scotia and just reinforce that you are not alone. The Kids Help  
21 Phone is here. Good to Talk Nova Scotia is here. Crisis Text Line Nova Scotia is here.  
22 Phone, chat, text. There's tons of self-help tools on Kids Help Phone gateway. It's 24-7  
23 in both official languages. You're never alone. Without judgement. Please reach out.

24 **MS. STARR CUNNINGHAM:** Thank you very much for joining us,  
25 Kathy.

26 And Susan, to you, in Truro.

27 **MS. SUSAN HENDERSON:** I just want to add to what everyone  
28 else is saying, by just, you know, saying, we are certainly -- everyone is being held in

1 our thoughts, in our hearts. You were from the beginning and you'll continue to be all  
2 the way through this. And we are here for you.

3 I loved the poem that Cheryl spoke about. It made me think about  
4 something about hope which I've heard, which is hope is both an anchor and a sail.  
5 And so I hope that we can do whatever we can to instill hope in people and help us  
6 through this. But please reach out and get your comfort.

7 **MS. STARR CUNNINGHAM:** And Robin, from a rural perspective,  
8 what are your closing words?

9 **MS. ROBIN CANN:** Yeah, thank you. I want to echo what  
10 everyone has said. I agree completely. And I just want to highlight, you know, the  
11 pieces around self-care, for sure. You know, taking care of ourselves through this time  
12 and ongoing, but also to bring forward that idea of collective care as a highlight as well.

13 So as much as we need to take care of ourselves, you know,  
14 seconding what our folks are saying about taking care of each other within our  
15 communities as well, reaching out and not feeling like we need to be alone with it.

16 **MS. STARR CUNNINGHAM:** Thank you very much. I feel  
17 comforted, in a way, just by having had this conversation and again would like to  
18 reiterate the part about you're not alone and there is help. You just have to ask for it  
19 and it will be there.

20 So I'm going to wrap it up from our point of view over here and  
21 hand it back to you, Commissioner Fitch.

22 **COMMISSIONER FITCH:** Thank you, Starr and panelists. We'd  
23 like to thank you all for joining us today and giving us a chance to draw from your  
24 expertise. We have learned much through this discussion and we encourage everyone  
25 entrusted in engaging with our work going forward to consider how best to receive the  
26 difficult information that is upcoming and the best ways to process the work of the  
27 Commission, which I think you shared with us very well.

28 For those of you who will be joining us in person to watch the

1 proceedings, we have a dedicated members -- team of members and wellness support  
2 available here at the Halifax Convention Centre and at our Truro viewing station. We  
3 also have a comprehensive list of provincial and national wellness supports available on  
4 our website at MassCasualtyCommission.ca, including, as you've heard, 2-1-1 Nova  
5 Scotia and the Nova Scotia Provincial Mental Health Crisis Line, and the Kids Line.

6 All of our proceedings will be recorded and key materials will also  
7 be available on the website, meaning you can choose to watch and follow our work at a  
8 time that is best suited for you.

9 The pandemic has made our work and our collective healing even  
10 more difficult.

11 It has also been a while since many of us have gathered in  
12 numbers. Not so many here today, but we are expecting more over the coming weeks.

13 So please, as our panelists have suggested, be kind to yourself and  
14 with each other as we come together to participate in this very important work. We  
15 thank you very much for joining us.

16 Commissioner MacDonald?

17 **COMMISSIONER MacDONALD:** Yes. Thank you all so much.

18 And allow me to thank the panelists as well. This was a very moving and enlightening  
19 experience for me and I think so important to start our work and to remind us all of the  
20 ripple effect that is in play throughout this province and country, but felt most deeply in  
21 those communities most affected, those families most affected. And we have to keep  
22 that foremost in our minds.

23 That has to drive our work, the memories of those who lost their  
24 lives, those who were injured, the families who are coping, and the communities who  
25 are coping have to be, everyday, the center of our work and what motivates us. And I  
26 know it motivates us as Commissioners, and we will continue to do our very best to do  
27 right by those who have been most affected and the people of this province, this  
28 country, and of course, the Thomas-Zahl family in the United States. So we should

1 always, and we will, keep that in mind.

2                   Tomorrow we will continue our work. The first two days are really  
3 to get us ready for what, no doubt, will be the very challenging task of learning, minute  
4 by minute, hour by hour, what happened beginning in Portapique. And that will be  
5 starting next week, but tomorrow we will, again, try to set the framework for those  
6 important presentations and -- so we will hear from people in the communities, life in  
7 rural Nova Scotia. It will be a hybrid panel again, because of COVID, of course, and  
8 other challenges, but it will be introducing those communities and how important that is  
9 because we, you know, we talk about them, but let's hear from folks who were there,  
10 let's learn from that, and I think as was said earlier today, you know, there's a  
11 Portapique in every province and territory in this country, and there's a Truro in every  
12 province and territory, and a Wentworth, and a Plains Road, and all the various areas  
13 that were so affected, Debert and elsewhere.

14                   And it's important to understand that community perspective, and  
15 that's what we will do tomorrow.

16                   And then as a segue into Monday's work, we want to lay out for you  
17 a report that highlights policing in this province. It's not simple. It involves RCMP and  
18 municipal police in various agreements. And we have a comprehensive report that has  
19 been prepared. And our senior counsel, Rachel Young, will, tomorrow, present that  
20 report for all of us. And that, again, will set the stage to better understand, when we  
21 hear the minute by minute and hour by hour, to better understand if a police officer is  
22 coming from this place, where is it on the map? If other first responders and volunteer  
23 firefighters, who I acknowledge some are here today, where are they on the map?  
24 Where do they come from?

25                   So just to set the stage of -- for policing in Nova Scotia, that will be  
26 done as well.

27                   We purposefully, as an abundance of caution, wanted to space our  
28 presentations for the first couple of days until we get used to our settings, our



1 processes, our surroundings, with ample time. And so we had some breaks today that  
2 were longer than one will expect as we get into more of the system. But we wanted to  
3 err on the side of having more time than we need than less time than we need because,  
4 you know, these are -- this is a challenging process and we wanted to start. We didn't  
5 want the added stress of rushing people.

6 So I say that because tomorrow I'm predicting -- we have the same  
7 thing for tomorrow essentially, and we will probably, now that we've got our first day  
8 done, be able to bridge the time a little bit tomorrow and not necessarily take the entire  
9 day, but we will certainly keep you up to date on that.

10 So I just wanted to close with a huge thank you to all of you,  
11 obviously, for the families, a very difficult and challenging day and just want you to know  
12 that I really appreciate the fact you're here. And some of you may be watching from  
13 home, and we really appreciate that and we really appreciate Participant Counsel for  
14 being here all day and for joining us and for everyone who has engaged with us today,  
15 of course our panelists and all who made it happen. We really, really appreciate it. This  
16 is a very important first day and a very important process for all of us and we really  
17 appreciate your participation.

18 So we will break then until tomorrow morning. Thank you all.

19 **REGISTRAR DARLENE SUTHERLAND:** Thank you. The  
20 proceedings are adjourned until February the 23<sup>rd</sup>, 2022 at 9:30 a.m.

21 --- Upon adjourning at 3:10 p.m.

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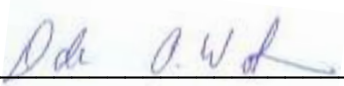
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**CERTIFICATION**

I, Dale Waterman a certified court reporter, hereby certify the foregoing pages to be an accurate transcription of my notes/records to the best of my skill and ability, and I so swear.

Je, Dale Waterman, un sténographe officiel, certifie que les pages ci-hautes sont une transcription conforme de mes notes/enregistrements au meilleur de mes capacités, et je le jure.

  
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Dale Waterman, ICDR/ICDT