

## **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 36**

#### **Held at :**

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Dartmouth, Nova Scotia

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**II**  
**Appearances / Comparutions**

Ms. Krista Smith

Senior Legal Advisor / Conseillère  
juridique principal

**III**  
**Table of Content / Table des matières**

	<b>PAGE</b>
<b>SMALL GROUP SESSION - EMERGENCY FIRST RESPONDERS (EHS):</b>	2
Facilitated by Ms. Krista Smith	2
<b>SMALL GROUP SESSION – 9-1-1 CALL TAKERS:</b>	62
Facilitated by Ms. Krista Smith	62

**IV**  
**Exhibit List / Liste des pièces**

<b>No</b>	<b>DESCRIPTION</b>	<b>PAGE</b>
-----------	--------------------	-------------

Dartmouth, Nova Scotia

--- Upon commencing on Monday, June 13th, 2022, at 9:32 a.m.

**COMMISSIONER FITCH:** Bonjour et bienvenue. Hello and welcome. We join you from Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq.

As many of you have become familiar with, we begin each day of our proceedings by remembering those whose lives were taken, those who were harmed, their families, and all those affected by the April 2020 mass casualty in Nova Scotia.

Through our work, we are continuing to learn about what happened, and how and why it happened, so that we can shape findings and recommendations to help make our communities safer. One important aspect of this work is hearing from people about the direct impact the mass casualty has had on various individuals and groups. We have been finding out about this in a number of ways, such as our ongoing conversations with Participants, witness interviews, through the Share Your Experience survey on our website, and Open Houses that were held earlier in the year.

This week, we are embarking on the first set of Small Group Sessions to learn from service providers, first and secondary responders, elected officials and others about the processes of information-sharing that took place during and immediately after the mass casualty; including post-event support.

The Small Group Sessions do not to replace our Phase 1 fact-finding work of what happened on April 18th and 19th. Rather, the Small Group Sessions bring together individuals who will discuss a particular aspect of their experience of, or related to, the mass casualty. These sessions will be facilitated to foster dialogue and deepen the Commission's understanding of the context and impact of the mass casualty. This will assist us as Commissioners in making recommendations that will be practical to implement.

1                   If in the course of a Small Group Session an individual shares  
2 something about their experience that significantly shifts the Commission's  
3 understanding of the factual record and its issues, it will be on the public record since it  
4 is webcast and being transcribed. We may then determine the issue requires further  
5 exploration through additional investigation, interviews, and if necessary, witness  
6 testimony.

7                   Our first Small Group Session today includes Jesse Brine, Jeff  
8 Aucoin and Melanie Lowe, who are paramedics for Emergency Health Services, also  
9 known as EHS. We are also joined by Bruce Cox, a paramedic who is also an  
10 emergency dispatcher. The second session will include Kirsten Baglee and Bryan  
11 Green, who will work with the Operational -- who work within the Operational  
12 Communications Centre.

13                   Hearing from those with direct experiences, will help us to make  
14 meaningful recommendations that will help protect communities here in Nova Scotia  
15 and across Canada.

16                   I will now ask Legal Policy Officer, Krista Smith to begin today's first  
17 discussion.

18                   Krista?

19                   **MS. KRISTA SMITH:** Thank you, Commissioner Fitch.

20                   **COMMISSIONER FITCH:** And thank you, everyone, for being  
21 here.

22                   **MS. KRISTA SMITH:** Thank you.

23                   **--- SMALL GROUP SESSION - EMERGENCY FIRST RESPONDERS (EHS):**

24                   **MS. KRISTA SMITH:** As Commissioner Fitch indicated, my name  
25 is Krista Smith, and I'm with the Research and Policy Team. So far in public  
26 proceedings, you may have seen me facilitate a few Roundtable sessions. Today, I'll be  
27 facilitating a different kind of session, what we've come to call a Small Group Session.

28                   Small Group Sessions are similar to Roundtables, in that they're

1 intended to help the Commissioners and the public to understand the context, causes  
2 and circumstances of the mass casualty. However, the format and type of information  
3 presented at Small Group Sessions will be quite different from Roundtables.

4                   Where Roundtables provide us with an opportunity to hear from  
5 experts and thought leaders on issues identified in the Commission's mandate, Small  
6 Group Sessions allow us to hear from individuals with direct experience related to the  
7 mass casualty and its impacts. Small Group Sessions are intended to deepen our  
8 understanding of the context around what happened, through facilitated discussion  
9 among small groups of similarly-situated individuals, who were directly involved in the  
10 mass casualty response. What these individuals choose to share will provide important  
11 context and insights that reach beyond a purely factual account of what happened;  
12 these individuals have a perspective that no one can provide. They can help us to  
13 better understand what facts alone cannot convey - the human experience.

14                   Specifically, hearing from Small Group Session participants will  
15 help the Commissioners to better understand how people experienced the systems that  
16 were able to respond to critical incidents of this kind, and secondly, to provide support  
17 and information to those affected by such incidents. Hearing from those with direct  
18 experience is part of the Commissioners' commitment to pay attention to the human  
19 dimensions of the systems, services, policies, and practices, so that the Commission's  
20 recommendations are as practical, implementable, and responsive to the real needs of  
21 those affected as possible.

22                   To date, the Commission has heard from several witnesses  
23 involved in the police response. Today, in the first of these Small Group Sessions, we  
24 will hear about the experiences of people in other first responder roles, roles that are  
25 equally vital for the safety and security of our communities. This morning we will hear  
26 from paramedics and a dispatcher from Emergency Health Services, which you'll  
27 sometimes hear referred to as EHS, and this afternoon, we will hear from the Dispatch  
28 Supervisors on duty at the Operational Communications Centre, also called the OCC,

1 the morning of April 19th, 2020.

2                   So I'm just going to turn for a moment now to explain the format of  
3 Small Group Sessions. As will be the case for each of our Small Group Sessions,  
4 today's will be facilitated, and I will pose a set of open-ended questions, to which each  
5 Session participant may respond. Broadly, the same type of questions will be posed in  
6 each of our Small Group Sessions.

7                   So we are bringing you together here today so that we can hear  
8 about your experiences, both as individuals and as members of a larger organization.  
9 The format of these sessions is structured so that each of you have an opportunity to  
10 contribute to each of the questions. I will pose a question, then each of you will have  
11 the opportunity to answer that question. You may choose to pass on a particular  
12 question, as you wish.

13                   When it's your turn to talk, you have the floor no one will interrupt  
14 you. As we have agreed though, I will intervene if we lose track of a question or if we  
15 lose track of time.

16                   Once each of you has spoken to the question, we'll call that a  
17 round, then I may pose the question again and invite you to follow up on what you said  
18 or what you heard from the others. If you don't wish to add anything, you can just  
19 indicate that and we'll move to the next person.

20                   When it comes to talking about how your organization works, the  
21 focus is on your experiences with the organization. So for example, if you have  
22 comments about policy and training within your organization, we're interested to hear  
23 what role they may have played in shaping your experience. So it may be relevant to  
24 share what it was like to follow the policy in the situations you encountered, or you may  
25 wish to comment on whether it was hard to reconcile your training with the  
26 circumstances you were facing.

27                   So now that I've outlined the format, I'm going to begin with an  
28 introductory round.



1                   If each of you can just introduce yourselves and tell us a little bit  
2 about who you are, your background, and the nature of your work?

3                   **MR. JESSE BRINE:** My name is Jesse Brine. I'm currently a  
4 primary care paramedic in Pugwash, Nova Scotia, for EHS. I've been there for nine  
5 years. I live outside of Pugwash in Northport. And I'm also the fire chief there and I've  
6 been fire chief there for four years now, volunteering for about 15. So that's me.

7                   **MS. KRISTA SMITH:** Thanks.

8                   **MS. MELANIE LOWE:** My name is Melanie Lowe. I'm a primary  
9 care paramedic out of Amherst. I've been with the company for about five years now.  
10 I've been with the company for about five years now. And I'm from the Wentworth kind  
11 of area, but now live in Shediac.

12                  **MS. KRISTA SMITH:** And what's a primary care paramedic?

13                  **MS. MELANIE LOWE:** So primary care paramedic would be the  
14 initial staging -- stage of your training. There's a couple different levels, but primary  
15 care is the initial level.

16                  **MS. KRISTA SMITH:** Okay.

17                  **MR. JEFF AUCOIN:** My name is Jeff Aucoin. I'm originally from  
18 Cape Breton. Now I'm residing in Amherst. I've been an advanced paramedic for the  
19 last 17 years. Just to expand on the scope -- to slightly expand on the scope of  
20 practice, a few different skills and education and procedures within the forum. I'm  
21 married, got three boys, a dog. Live in Amherst. Like any kind of outdoor activity,  
22 really. And that's me.

23                  **MS. KRISTA SMITH:** All right. Thanks.

24                  **MR. BRUCE COX:** Bruce Cox. Intermediate care paramedic and  
25 emergency medical dispatcher with EHS. Ninety-three ('93) when I began, and still --  
26 29 years later, still going strong. My main role is at the Comms centre. I'm a dispatcher  
27 and call taker for that agency and many roles and jobs through EHS as my years that  
28 I've put in with the service.

1                   **MS. KRISTA SMITH:** Thanks. So given that the nature of your  
2 roles can be difficult, I wonder why -- if you can share why you do this work and what  
3 brings you the most satisfaction in this work?

4                   **MR. JESSE BRINE:** I started volunteering with fire and that got me  
5 into that kind of realm of first responders. And learning how to do certain skills and help  
6 people out. Knowing those certain skills that could help someone always kept me going  
7 for higher training. And when it came -- I thought it was time, I took my paramedic  
8 course and started working here in Nova Scotia.

9                   And so basically just trying to have the skills that people depend on  
10 that not everyone is -- general public has that they call upon. And that really helps me  
11 getting going. Like, that they need the help and I have the set of skills that would help  
12 them.

13                   **MS. KRISTA SMITH:** Thank you.  
14 Melanie?

15                   **MS. MELANIE LOWE:** My family had been involved in  
16 paramedicine back when it kind of originated. My dad was a medic. And so when I  
17 graduated from high school, I had wanted to do that profession. They strongly  
18 discouraged me from doing that and, you know, 20 years later, I went back to school  
19 and decided this is what I wanted to do. I wanted to contribute more to my community.  
20 I had been kind of in a public sector. I had owned my own business and I felt like I  
21 wasn't really doing as much as I could and this would be a better avenue.

22                   So I did some research. I couldn't decide whether I wanted to go  
23 into corrections, policing, or EHS, and everyone that I spoke to at the time who was a  
24 medic kind of spoke very highly of the people that they worked with and so that's kind of  
25 one of the things that keeps me here, because the people I work with are pretty  
26 amazing.

27                   **MS. KRISTA SMITH:** Yeah.

28                   **MR. JEFF AUCOIN:** What actually drew me, I honestly don't know.

1 I was taking a welding course and didn't like that, and then got involved in wood  
2 building. Did some fiberglass, really enjoyed the work, but I didn't enjoy the itching  
3 when I got home. But eventually just went into paramedic school. And I think at the  
4 end of the day, it was just something that -- I always enjoyed helping people and it's  
5 very rewarding, whether you're helping people just getting out of their home, or  
6 somebody that's palliative, helping a family, that patient stay home, or even just helping  
7 a family that's grieving a loss of a loved one. There's so many different ways that we  
8 can help people in a great way and the feedback is always very rewarding.

9 **MS. KRISTA SMITH:** Thank you.

10 Bruce?

11 **MR. BRUCE COX:** Yeah, I mean, we all -- the same. You know,  
12 wanting to help people, wanting to be part of -- to make a change, make a difference.  
13 And whether it be in our communities, local or otherwise, and it's why we, you know, get  
14 into it. I, you know, kind of like -- I was teaching first aid for the local ambulance  
15 company and the owner made us all kind of go do our paramedic training to -- I kind of  
16 fell into it sideways, but I've -- that was, you know, many years ago and I'm still doing it.

17 It's, you know, the enjoyment of just being outside -- was being  
18 outside, now inside, helping people and just which day is different, and not sure who  
19 you're going to deal with is kind of, you know, the part that keeps you coming back  
20 every day.

21 **MS. KRISTA SMITH:** Okay. Thanks. So helper profession in full  
22 force here. I'm just -- as we go through our next round, I just want to remind everybody  
23 to talk really slowly and clearly for our accessibility partners.

24 But yeah, I want to take us now to sort of a scene setting question,  
25 just to give the folks listening a little bit of context, can you tell us a little bit about your  
26 involvement in the mass casualty response on April 18<sup>th</sup> or 19<sup>th</sup>?

27 We'll start with you, ---

28 **MR. JESSE BRINE:** So on April 18<sup>th</sup>, it was my first night shift of

1 four, or first night shift of two days, two nights. So started at 6 p.m. ---

2 **MS. KRISTA SMITH:** M'hm.

3 **MR. JESSE BRINE:** --- in Pugwash. And I'm not quite sure how  
4 we made it Truro, but we did. And we just cleared a call in Truro and the call came in in  
5 Portapique and we were the first truck assigned to it. We were the only truck in Truro  
6 that was available. And we were heading out that way. At that time, we were going  
7 Code 1, which is lights and sirens emergency, to the scene. We could see one RCMP  
8 in the distance ahead of us. Another one passed us on the way there.

9 When we got to the Great Village exit, that's when they made us  
10 put a staged note. So staging is we stay far back from the scene until the police have  
11 made it safe for us to proceed.

12 So our plans was to stage at the end of Portapique Beach Road  
13 and the main road there.

14 So and it was covid, so we -- at Great Village Fire Department, we  
15 pulled over and got all of our PPE on for covid issues because everyone was covid  
16 positive, basically, back then.

17 And once we left the Great Village Fire Department, we did notice  
18 an RCMP car slowly going the opposite way towards Great Village. At the time, we  
19 didn't see any real concern about it.

20 And then we looked off in the distance and we saw, like, a big large  
21 glow. And that's when we asked our Comms centre, like, was there a structure fire in  
22 the area? Because we just left the fire department knowing all the trucks were there.  
23 They're like, "Well, you know, it's at your 11:00 o'clock," which is like, 11:00 o'clock  
24 towards -- on our side. And he's like -- I was like, "Yeah." And he was like, "Well that's  
25 your scene." So that's when we decided to stage further back.

26 And then we staged there, I can't recall how long, but then our  
27 dispatch said that RCMP had a victim at the end of the road for us to go pick up. Still  
28 unclear if the scene was safe, but we went anyways.

1                   We went and there was a car on one side of the road and -- with an  
2 RCMP officer, two individuals inside the car, the driver, which was our patient, he was  
3 shot in the left shoulder. And there's -- I would say some other damage to the vehicle,  
4 because I had to work with the doorhandle to even open the door to get him out.

5                   At that time, there was only one RCMP officer with us. I did notice  
6 one walking down to the scene and when -- one pulled up once we got there.

7                   Once we got him in the truck, that's when one RCMP stood at our  
8 door with it -- with a weapon to guard us and we proceeded to treat him in the back of  
9 our truck. And then we didn't stay on there very long. We got what we needed to do  
10 and started heading to Colchester, Truro Hospital.

11                   And once we left scene, I knew that our comm centre didn't really  
12 know what was going on, not a whole lot of detail because no one really knew. And I  
13 went on our tac channel, which is just another channel that helps -- you can tell a story  
14 or go on because it doesn't interrupt with everyday or the calling out calls and stuff, so --  
15 -

16                   **MS. KRISTA SMITH:** What did you call it?

17                   **MR. JESSE BRINE:** A tac.

18                   **MS. KRISTA SMITH:** Tac?

19                   **MR. JESSE BRINE:** Yeah, tactical channel.

20                   And give a brief description of what we knew at the time, and then  
21 we proceeded to take them to Truro. Once we got to Truro, we advised the hospital  
22 there of the situation. That's when they put their hospital at lockdown.

23                   And so we stayed there for a bit, went over to the Truro -- once we  
24 cleared the hospital, we just stayed on Truro coverage. And then around 3, 4 o'clock,  
25 we headed back to Pugwash.

26                   And we went through Wentworth at that time. Nothing suspicious  
27 at that time, looking back.

28                   And so we -- once we got back to Pugwash, we logged off and

1 went home.

2 **MS. KRISTA SMITH:** Okay.

3 **MR. JESSE BRINE:** Yeah.

4 **MS. KRISTA SMITH:** And one question I had from the very  
5 beginning of your narrative was what was the initial dispatch? What did they call you  
6 out to do?

7 **MR. JESSE BRINE:** We came for a gunshot victim, so the first  
8 note I remember reading was that there was, I believe, 50-some year-old male on the  
9 back of a deck, shot, everything unknown.

10 **MS. KRISTA SMITH:** Okay.

11 **MR. JESSE BRINE:** Yeah.

12 **MS. KRISTA SMITH:** All right. And are you able to have  
13 conversation with your EHS dispatch?

14 **MR. JESSE BRINE:** Yeah, but usually if they know something,  
15 they'll put it in the notes.

16 **MS. KRISTA SMITH:** Oh, yeah.

17 **MR. JESSE BRINE:** Yeah. Usually that's -- they don't hide  
18 anything that way.

19 **MS. KRISTA SMITH:** Yeah.

20 **MR. JESSE BRINE:** Yeah.

21 **MS. KRISTA SMITH:** Okay. Thanks very much.

22 Melanie.

23 **MS. MELANIE LOWE:** Jeff and I were the second truck in. We  
24 were posted to Truro from the New Glasgow area at the end of a call.

25 Jesse and Emily had already gone at that point and we were kind of  
26 hearing some of the radio chatter, what was going on, so we figured we were going to  
27 be going next where Jeff is an advanced care paramedic and the possibility of  
28 gunshots, well, we would be the next-closest appropriate truck.

1                   So at that point, they told us to head in that direction, so we did.  
2 They told us to stage to the East Montrose Road. I had gone on to tac as well.

3                   Knowing the area and knowing that something was going on on the  
4 Portapique Beach Road, we had a discussion about that not being probably an  
5 appropriate spot. It's really quite close. And so they gave us the ability to make a  
6 choice of our own and go somewhere else, so we did. We held back.

7                   Where we were sitting, we could see the fires at the time and we  
8 sat there for a little while. Eventually, they told us that it was safe to proceed and go in,  
9 that there was another patient. No obvious injuries. And we drove into the mouth of the  
10 Portapique Beach Road.

11                  A few RCMP officers with weapons, obviously, came out and put  
12 that woman in the back of our truck kind of very quickly. We weren't prepared for what  
13 we saw. We thought we were going to a staging area and that someone was going to  
14 be brought out.

15                  It wasn't that. It was more of this person was put into the back of  
16 the truck and they were slamming on the back of the truck telling us, "Go, go, go".

17                  And that's when we kind of realized, okay, we're obviously in a spot  
18 we're not supposed to be, so we took the patient to another location, did our  
19 assessment, and she didn't have any injuries, didn't want to be transported to hospital,  
20 wanted to be with family, so we made contact with family and arrangements were made  
21 to come and pick her up.

22                  So we advised comms that there was a no transport. The patient  
23 didn't require any medical attention at the time.

24                  We obviously explained to her what was going on (inaudible - audio  
25 issues)

26                  So we staged in that area for an extended period of time. Jeff  
27 made the comment that it seemed like we were very close to the fires. Maybe this  
28 wasn't -- it was only, you know, a field between us and what was going on.

1                   So I believe he made some arrangements or some phone calls,  
2 and that's when we found out that a lot of our other personnel were at the Great Village  
3 fire hall, so we moved to that location.

4                   So we were there for the majority of the evening. We sat at that  
5 location for quite some time, obviously witnessing ERT and some of those people  
6 arrive. Our Life Flight team showed up, along with another truck from Antigonish.

7                   And I was just charting with -- from the first patient and received a  
8 phone call from one of the RCMP officers on scene, who I'm close friends with, that  
9 there had been a lot of radio chatter and they needed me to pass along a message and  
10 that she was going to be sending out some survivors.

11                   So at that point, we kind of got things ready and passed along the  
12 messages that she had given to the officer that was there, and then one of the RCMP  
13 officers came out in a vehicle. Not a police vehicle, just a regular vehicle, with four  
14 children. And we put all four of the children together in the back of our ambulance.

15                   One of the medics from the Antigonish truck got into the back with  
16 me and one of the RCMP officers and we kind of continued on doing an assessment  
17 with the children, and they told us the course of events of what had happened with  
18 them.

19                   We took our time with that because of kind of the nature of the call,  
20 let them just kind of tell us what they needed to tell us, slowly did some assessments  
21 and cleaned them up a little bit because some of them had blood on them, so we did  
22 that.

23                   At that point, we decided we were going to transport to Colchester  
24 Hospital and we separated the children by families, so we kept one family with us, Jeff  
25 and I, and the other family went into the Antigonish truck.

26                   Both of us had RCMP officers on board while we transported. We  
27 didn't have an RCMP officer with the first call that we did, but with the second we did.

28                   We transported to the hospital. Jeff did the patch into the ER to



1 kind of give them an idea of what was coming in, and I tried to prep the children for what  
2 to expect when we got to the hospital just because I knew there was going to be social  
3 workers and a lot of people asking the same questions again.

4 We had been notified that their family had been contacted, so I  
5 knew their family was going to be arriving, so just to try and prep them a little bit for that.

6 So we arrived to the ER and we, I believe, were followed by RCMP  
7 as well on the way in. We basically let staff kind of know what was going on.

8 They weren't completely aware of all the details yet, either, so we  
9 were kind of catching them up a little bit on that. And then we transferred care, gave the  
10 children over to the doctors and the nurses there and then continued out to our charting  
11 room just to kind of document what had happened.

12 Our supervisor did show up and we were questioning just because  
13 of the nature of the call -- we'd never dealt with anything like that -- how to properly kind  
14 of document everything, but we were given very little indication as to what we were  
15 supposed to be doing at that point just because he had never experienced anything like  
16 it as well, so.

17 We cleared out. We offered to go back just because we knew that  
18 we were already exposed. We figured it was going to be, you know, more people  
19 coming out or we didn't really know at that point. Kind of starting to grasp the severity of  
20 it, but still not really understanding.

21 They said that they would send in (inaudible - audio failure) back to  
22 Amherst and we went back to Amherst and restocked, kind of briefed our -- the people  
23 that were taking over as to what was going on just so that they'd have a heads up what  
24 they were coming into and then we drove home.

25 So that's much pretty much kind of the Cole's notes version.

26 **MS. KRISTA SMITH:** Yeah. Okay.

27 I apologize for the audio.

28 There were a couple terms that you used that I heard that I just

1 want to make sure everyone follows what it is.

2 So you mentioned ERT. That's Emergency Response Team, and  
3 that's the RCMP, hey?

4 **MS. MELANIE LOWE:** Correct.

5 **MS. KRISTA SMITH:** Okay. And you mentioned Life Flight. What  
6 is that?

7 **MS. MELANIE LOWE:** So it's a division of EHS. We have a team  
8 that's more like a critical care paramedic. We have what's called CC1, which is kind of  
9 like a -- almost like the size of a fire truck, but it's a larger ambulance, basically, where  
10 they can treat more things.

11 They have more medications, they have more skills than we're able  
12 to do, so it was on standby. Usually it's either the helicopter or a fixed-wing, but in  
13 weather or, you know, certain times when they can't use those, then they have to send  
14 this. So they brought that to Great Village and just put that in that area.

15 **MS. KRISTA SMITH:** Okay. Okay. And then you said that Jeff, on  
16 your way in, patched to ER? Does that -- does that her radioed the Emergency Room  
17 to explain ---

18 **MS. MELANIE LOWE:** So normally the medic in the back will do  
19 the patch to the hospital to explain what they're bringing in and what is going on, but we  
20 kind of had a little bit of communication where he's like, "Hey, do you want -- do you  
21 want me to do this?", basically so I wasn't going to have to speak in front of the children  
22 as to the ---

23 **MS. KRISTA SMITH:** Yeah.

24 **MS. MELANIE LOWE:** --- you know, the nature of what was going  
25 on. So he did that for me.

26 **MS. KRISTA SMITH:** Okay. Okay, that helps. And then you also  
27 mentioned the charting room. Is that what you said?

28 **MS. MELANIE LOWE:** Yeah. So there's just a little area outside of

1 the bays at the hospital where we can go in and take a few minutes. We have about  
2 20-minutes to chart at the end of a call ---

3 **MS. KRISTA SMITH:** Okay.

4 **MS. MELANIE LOWE:** --- and then we're expected to basically  
5 forward that information to the hospital and then go back into service ---

6 **MS. KRISTA SMITH:** Okay.

7 **MS. MELANIE LOWE:** --- to be ready for the next call.

8 **MS. KRISTA SMITH:** And you said that you saw your supervisor  
9 there.

10 **MS. MELANIE LOWE:** Yeah. Well, it was actually -- our  
11 supervisor that evening was on scene at Great Village, but we had a Provincial Watch  
12 Supervisor, and he stopped into the hospital to see if there was anything that he could  
13 do for us.

14 **MS. KRISTA SMITH:** Okay.

15 **MS. MELANIE LOWE:** Yeah.

16 **MS. KRISTA SMITH:** All right. So -- thanks.

17 **MS. MELANIE LOWE:** No problem.

18 **MS. KRISTA SMITH:** Thanks for the clarification.

19 So Jeff ---

20 **MR. JEFF AUCOIN:** Yeah.

21 **MS. KRISTA SMITH:** --- I don't know if we need to pass the mic,  
22 but let's see how you do.

23 **MR. JEFF AUCOIN:** Well, it seems like it's working, but ---

24 **MS. KRISTA SMITH:** Yeah.

25 **MR. JEFF AUCOIN:** --- yeah. So Melanie and I are partners, so I'll  
26 just kind of say what I have to say about that.

27 But yeah, so around 10 o'clock, I think Jesse and them got sent in  
28 first. The same thing, we kind of just always keep an eye out or listen, and then we

1 heard it was a gunshot wound, so we kind of went over to our tablet, which is like our  
2 computer that has all the information, the calls that went on and where we do our  
3 charting our PCRs. So we just kind of got ready, and there was notes of structures  
4 being on fire. So we're like, "Okay. So we're probably going to go." And shortly after,  
5 we got dispatched.

6                                   And on the way there -- yeah, so we just kind of got prepared.  
7 Okay, it was like -- then, as we're driving close, as Melanie said, we were looking where  
8 they wanted us to go, because they were requesting us at the mouth of Portapique  
9 Beach Road, and we were just like that's way too close. Actually, they wanted us on  
10 Montrose Road, right across, yeah. So we were way too close. We just kind of stayed  
11 back in just like a little, basically a parking lot, a driveway of a -- of a mini-home it was,  
12 basically, probably about half to a kilometre back from Portapique Beach Road.

13                                   We could obviously see the glow, like Jesse said. When we were  
14 out there, there was already three -- you could see there was obviously three buildings  
15 on fire, then as we approached the fourth one kind of came and got ablaze, engulfed.  
16 So yeah, so we just kind of waited there until -- we got our -- we got our PPE on. And it  
17 was the start of COVID, so this was kind of still new for us too, with just getting used to  
18 the COVID and all the screening questions, was just questions we go through to  
19 determine whether a patient was positive for COVID -- or with symptoms, possibly had  
20 COVID or not. So we just kind of got prepared with those things, and then eventually  
21 we got sent in.

22                                   And as we got sent in, like we were seeing -- like as we were just  
23 getting ready to do the screening and we put our window down, and the cops just  
24 basically crouching over to the ambulance and coming in. And so we were like, just  
25 like, "Okay. Just put her in the back and we'll do the screening through the window."  
26 And then as we -- as soon as they closed the door, they just tapped on the ambulance  
27 to get us going.

28                                   So like Mel said, obviously we were -- we were too close. We

1 should have never been sent there. Because -- but we didn't know, right, we were told it  
2 was safe to go or we were requested by police. So -- and usually when we're requested  
3 by RCMP it is safe to proceed. So we just went with that and returned to our, or the  
4 area we were staged. At that point, the Antigonish crew came beside us, they were  
5 there.

6                   So yeah, like Mel said, she was just -- she was just in total shock.  
7 Just no injuries and she didn't want to get transported. So she -- family came and  
8 picked her up.

9                   So we were just sitting there looking. And so there was like a  
10 house to our right and a big blueberry field in front of us between the fire and that.  
11 That's when we kind of -- we were just sitting there. We're like, "We're sitting ducks  
12 here. Like if he's on foot, which it seems like he is, who knows?"; right? So that's when  
13 we contacted our watch at that time, and actually the Antigonish crew kind of looked at  
14 the map. And he was -- on our map we can -- we have GPS on all our units, for  
15 ambulances, or whatnot, so we can see that he was further back from where we were.

16                   So he called our watch. Watch is just -- basically, Watch is like a --  
17 either a supervisor or a senior Operations paramedic that's needed to basically help out.  
18 If we need extra resources or extra equipment that -- and sometimes it's a few special  
19 stuff, like physical restraints or something that we're not trained to do, so they have a  
20 few different kind of specialities or procedures they can do there.

21                   So -- and when we spoke to him, he was like, "Where are you  
22 guys?" We told him where we were, and he's like "Are you guys there alone?" We're  
23 like, "Yeah. There's no RCMP with us." And then he said, "Well, we've got RCMP  
24 here." So at some point we kind of felt like -- when we heard that, we're like, "Well,  
25 that's kind of odd. Like you're you have RCMP, you're further back, and we're closer  
26 but we have no RCMP with us?" So he said to meet him there, and once we go there  
27 that's when they decided to do the staging area at the Great Village Fire Department.

28                   So when we got there, there was police presence, some firefighters

1 there on scene as well. They had a few tents set up. And just while spending time  
2 there, we were probably there about an hour before the crew came in. But at that time,  
3 we had -- we had been notified there was at least four fatalities, and possibly five, and  
4 that there is two groups of kids that were coming that their parents had been murdered.

5                   So we just kind of waited. And like I said, other -- other groups of  
6 RCMPs, the tactical teams and then the ERT team eventually rolled in. And when we  
7 saw the ERT team roll in, that's when we were kind of like, "Okay. This is -- this is a lot  
8 more serious than we thought"; right? We knew there was something going on,  
9 obviously, but that's when I think it really hit us, right, when their team rolled in because  
10 we had never been involved in anything like that, so...

11                   And -- yeah. So eventually, like she said, one of the officers  
12 brought the four children in a car, and we put them all in the same ambulance at first.  
13 Just -- one of the Antigonish medics and one of the LifeFlight medics got in the back,  
14 kind of settled them down and assessed them to make sure they were all okay, clean  
15 them up as she mentioned. And I was just in the front just kind of listening, and I  
16 mean...

17                   So eventually, you know, like she said, we split the kids by families.  
18 We transported, we were followed by RCMP. And just along the way, like even be  
19 driving, like the kids weren't holding back. They were -- they were -- everything they  
20 saw, heard, they said. So there was a lot of stuff that was said there that, you know,  
21 that was hard to hear from some young kids.

22                   So -- but the transport there was uneventful, nothing suspicious,  
23 like same thing as Jesse and them experienced. Once we got to the hospital, there was  
24 some other officers that met us there to guard the place, and the place was on  
25 lockdown. So eventually, got the -- I notified the hospital on the way, and like Melanie  
26 said, just -- of what was going on. And as she said, when we got there, they weren't  
27 really -- they didn't really know the extent of the actual incident.

28                   So we put the kids in a room, and they had their social workers or

1 whoever healthcare workers prepared to take them, and then we kind of went in our -- in  
2 our ambulance bay. That's where our supervisor met us there, asked us if we needed  
3 anything. I think I just wanted a bag of chips and Melanie wanted coffee. So they got  
4 us that, which was great, and we finished our chart, and went back to the bay, just to  
5 kind of regroup, restock up, and eventually made it back to Amherst and finished our  
6 shift and passed on our shift report to the crew just to make sure that they knew what  
7 was going on, and it was still going on, so -- and ongoing, and yeah ---

8 **MS. KRISTA SMITH:** Okay.

9 **MR. JEFF AUCOIN:** --- went home.

10 **MS. KRISTA SMITH:** Okay, thank you.

11 So Bruce, you were in a slightly different moment of this Mass  
12 Casualty Commission.

13 **MR. BRUCE COX:** Sure. So my role was six o'clock the next  
14 morning, when I started my shift at the Comms Centre. I was assigned to dispatch  
15 LifeFlight and call-take to deal with calls through 9-1-1 with people who were -- who  
16 were hurt and whatnot.

17 We had got a bit of a story from the night crew about, you know,  
18 there was a shooting and houses on fire, and you know, there was a few people that  
19 were killed. They really, at our centre, had minimal information of what had, you know,  
20 had gone on, they were just -- it's like, okay, well, that sounds, you know, not good, but  
21 nothing was, you know, really, you know, too suspicious. It was, you know, we --- the  
22 event it was -- it was over, you know, what had happened had happened, and we just  
23 went to regular, you know, regular operations for the day, and we, you know, started  
24 just doing our regular jobs and, you know, at the centre and, you know, until a bit later  
25 on in the morning when things ramped up again.

26 I know the LifeFlight team, as we said, was up there and they were  
27 back. They were just arriving back at the base, their base at the airport, when I started.  
28 And the day crew got a report -- the day LifeFlight crew would have got a report from

1 their night crew who was there. We don't know what was said to them, but they would  
2 have got a much more detailed report than we would have received. And the day crew  
3 wanted to immediately go back up to Truro to be at the hospital, to wait if more patients  
4 were found that the critical care team, the nurse and the paramedic from Life Flight,  
5 could transport and, you know, they're the best people in the province to, you know, do  
6 critical care transports, you know, no question. And they were told, no, you were  
7 staying at your base. You were not going in the air. You're not driving. You're staying  
8 put until further notice, because, again, people outside of our centre knew there's still a -  
9 - potentially, a -- an active event that was still happening. And, you know, no one was  
10 going anywhere.

11                   But, you know, calls were still being dispatched provincially. There  
12 was still, you know, things happening in the Colchester County, and other places in  
13 Halifax, and Sydney, and Yarmouth, so it was regular operations until a bit later on in  
14 the morning, I took a call for somebody who had found one of the deceased at the end  
15 of their driveway. Call was placed to 9-1-1, then came to us because it was medical in  
16 nature. And I think, at this point, we were aware there was something that had  
17 happened, and things were, you know -- we were getting bits and pieces of information  
18 that were now coming out from the media, from people who were there, and social  
19 media that were happening. And we kind of -- the first one who had called in for the  
20 person at the end of the driveway, you know, he was going to, you know, get a blanket  
21 to put over the person because he didn't want them visible from the road. And, you  
22 know, myself and the 9-1-1 dispatcher who are still on the line together, you know, the  
23 person was described as is not viable. So in that case of injuries that are, you know --  
24 that they aren't survivable, we don't initiate a lot of treatment because it's something that  
25 we can do. So we told the person basically to, you know, not to go out on the driveway,  
26 not to put a blanket, to go back in their house. You know, stay there. Do not leave your  
27 house until you are told by, you know, police. And I think the 9-1-1 operator interrupted  
28 saying, "We will call you when you can come out. Don't just go out for the police. Go



1 out when we tell you you can go out for the police." So I was, like -- and I thought that  
2 was odd, but nothing, you know, sure, whatever, sounds good. And, you know, we're all  
3 having conversation on the floor about, you know, what happened -- you know, we're  
4 trying to figure out ourselves because we're getting no information from anybody. You  
5 know, we're kind of in a social media blackout while we're working. We don't have  
6 access to a lot of things to look at, so we're kind of just, you know, making up things,  
7 you know, stories amongst each other to kind of figure out what might have occurred.

8           Second call then I took maybe half an hour later, a driver who found  
9 vehicles with their passenger windows that had been -- they described it as blown out  
10 with people in the driver's seats who appeared, you know, appeared deceased, that  
11 they, you know, appeared shot, bloodied, car damage, and just kind of on the side of  
12 the, you know, the road. Not quite in the ditch, but describing a, you know, a fairly -- a  
13 fairly, you know, violent scene, you know, to myself and then to the dispatcher. Again,  
14 we, you know, determining that people weren't viable potentially, that we had them, you  
15 know, continue -- you know, do not stop. Keep driving. You know, the person I believe  
16 said they -- you know, they saw a police car nearby. You know, should they go try to  
17 find the police? And we kind of -- you know, at that point, I'm speculating because  
18 we've heard more information, I asked the operator from 9-1-1, "Do you think this is  
19 what I think it is?" And she goes, "Yes, this is what we think it is." So we didn't -- we  
20 were, you know, having a private conversation almost between ourselves, and, you  
21 know, we told the person, "Keep driving. Do not stop your vehicle." And the person  
22 didn't know why we were telling them to do this, and they did. They followed the  
23 directions, and they came across the ERT team a little way -- you know, they described  
24 seeing a tank-like vehicle a little farther down the road. And we said, "Okay, they're --  
25 you can stop and talk to them." Just then a -- I think the 9-1-1 operator interjected and  
26 said, "Keep your hands visible." Don't -- they're being very, you know, very direct, you  
27 know, instructions with this person when they did approach the police and what to do.

28           You know, those are the only calls that we actually, you know, got

1 that morning for people who were deceased. You know, we had people who were sick  
2 and injured in that area, but we were now speculating, oh, is this one of the people  
3 maybe from that event, but we never got any more calls. And our centre was on  
4 lockdown. Nobody could come in or come out, you know, as it was still an event in  
5 motion. The ambulances were -- you know, we were being told, the day shift, you  
6 know, stay at your base. You do not leave. You do not get a coffee. You stay at your  
7 base unless you were told to leave by your dispatcher period. You do not leave.

8                   And, you know, the crews and -- we didn't know why we were  
9 telling them this. We were just told to tell the crews don't go. Stay put. Don't do  
10 anything unless we're told to do so. And, you know, and that, you know, was probably a  
11 good idea, but again, not knowing where things were happening, and we didn't know  
12 what was happening, so we didn't really know what to, you know, tell them to look out  
13 for. Simple as that.

14                   And that was just kind of the -- the morning kind of just went for,  
15 you know, from that that, you know, apparently, that around -- I talked to them a few  
16 days ago, they said about 8:25 that our centre, the management knew that there was a  
17 -- potentially a police car with someone in a uniform who was involved with these  
18 fatalities. We, the dispatch staff there who were taking calls and dispatching, didn't  
19 know for quite a period after that that that was -- it was not given to us as information  
20 that we could have -- would it have changed things? I have no idea, but just to know  
21 that would have been -- you know, our imaginations went wild, making up what, you  
22 know, is it a police officer, is it -- you know, not having any idea what was happening.  
23 And we just, you know, tried to maintain ourselves to, you know, to keep doing our job,  
24 because we still have a job to do. We -- you know, people are still being sick and  
25 injured outside of this one region. And, yeah, so we just kept doing that and waiting for  
26 things to, you know, to play out.

27                   I mean, I'm getting texts from my son with, you know, pictures of  
28 police cars on fire, and, you know, and I'm, like, I have no idea what's going on. And

1 he's, like, "Oh, you know, here's what the media's saying out there right now." Like,  
2 okay. And we're taking it with a grain of salt that we don't know is this true, is it not  
3 true? And, you know, we're now trying to make, you know, decisions about what to --  
4 you know, how to manage our resources when we don't know what we can -- what we  
5 should or shouldn't be allowing to happen outside of -- you know, with the paramedics in  
6 the streets. You know, they're being our primary concern is not putting them in harm's  
7 way.

8 **MS. KRISTA SMITH:** M'hm.

9 **MR. BRUCE COX:** --- but again not knowing where the harm is or  
10 what it is becomes a challenge.

11 You know, when we were cleared probably late morning, lunch  
12 time, when we were told that things were, you know, were clearing, that we could go  
13 back to regular operations, and we asked, "Well, what -- what's been cleared? Like,  
14 what are we clearing from?" And then we kind of got more information and, like, okay.  
15 And it still was very vague, but a little bit was trickled down at that point in time.

16 **MS. KRISTA SMITH:** Okay. I just have one clarification because  
17 I'm just trying to picture this in my mind. You said within the dispatch office, MCC ---

18 **MR. BRUCE COX:** M'hm. Sure.

19 **MS. KRISTA SMITH:** --- you were talking amongst yourselves.  
20 How many people were there?

21 **MR. BRUCE COX:** There would have been that morning, the day,  
22 four, five, six -- sorry, about eight people plus the supervisor ---

23 **MS. KRISTA SMITH:** Okay.

24 **MR. BRUCE COX:** --- I think, plus or maybe plus or minus one. A  
25 few more came in later on that morning when they -- we did -- I think they did -- I think  
26 the supervisors did a call out, like, if you want to come to work, you know, come on in.  
27 So two people showed up, and, you know, they came in blind as well. They had no  
28 idea. You know, the building's locked up. They had to call us to come -- to be in, and

1 so the people who are dispatching are in one kind of a pod, a section, and they're all,  
2 you know, talking and conversing about what's going on. And I'm a little farther away  
3 doing Life Flight, and so we're -- everyone's just, you know, talking back and forth, like,  
4 what's -- you know, what's -- what do you know? What do you know? What do you  
5 know? And trying to, you know, figure things out.

6 **MS. KRISTA SMITH:** Right. Okay. That helps. Thanks.

7 We're just going to do another round. So to give you an opportunity  
8 to add anything that you might have wished you'd added the first time, or speak to  
9 anything that may have come up as you were listening to the other people speaking.

10 **MR. JESSE BRINE:** No, I ---

11 **MS. KRISTA SMITH:** Okay.

12 **MR. JESSE BRINE:** --- said everything I needed to say.

13 **MS. KRISTA SMITH:** Thanks, Jesse.

14 Mel?

15 **MS. MELANIE LOWE:** The only thing I can think of is that it  
16 seemed very odd when we left the hospital and we were told that the hospital was on  
17 lockdown, and we're pulling away from the bays thinking there's no police presence  
18 here. There's nothing really there, and I just brought in four children, not knowing, you  
19 know, is this person -- you know, would they come back, knowing from the story of what  
20 the children had told me, that that person had left their house and come back. So it  
21 was, like, should I be concerned that they're inside the hospital and there's not anyone  
22 really here, as far as -- you know, they have their security staff at the hospital, and  
23 granted, you know, they do a good job, but they don't have the resources that the  
24 RCMP would have. So I just -- that struck me as really odd when we left.

25 **MR. JEFF AUCOIN:** Yeah, and then just to -- we had -- when we  
26 were on scene getting all the details about the incident itself, we had no -- we never got  
27 the details of what might have been going, like, if he was an officer, this guy's in a  
28 vehicle, we just didn't know if -- where he was or what he was disguised as. So just --

1 that's all I got to add really.

2 **MS. KRISTA SMITH:** Yeah. Okay.

3 **MR. BRUCE COX:** Hearing them talk about stage calls, stage calls  
4 happen, you know, many, many times a day. Not to this extent, but, I mean, violence  
5 calls, weapon calls, these are not unusual. People, you know, this stage in a course of  
6 a shift is not an unusual, you know, request. And, you know, we update the crews as  
7 much as possible to what's happening, and, you know, sometimes they're going to find  
8 out more from, you know, a police officer driving by to give them information than we'll  
9 find out in a lot of cases, but as I said, they realized they were too close and they're  
10 going to back up.

11 You know, we may not know that to tell them that sometimes,  
12 unfortunately, but you know.

13 **MS. KRISTA SMITH:** Right. Okay.

14 We're going to go to our second question, which really follows up  
15 from the first. Can you share with us what were among the hardest parts for you during  
16 your involvement in the mass casualty?

17 **MR. JESS BRINE:** I think the -- probably the one -- the hardest  
18 part was the next day coming into work and I had no idea what was going on through  
19 the day. I went home to sleep. Like I was getting ready for the next night shift and I  
20 was getting my emails from work, you know, as everyone did to stay in your bases. The  
21 person's still out there, so -- but that's not odd, either. We've had that before and it just  
22 means that they can't find him. Doesn't mean he's out doing things.

23 And then around noon hour, I saw one saying like, "You're good to  
24 go. Like all clear". So I was like okay, things are -- they found him or whatever.

25 And then I got to work that night and sitting there and my partner,  
26 Emily, shows up and she's like, "Did you hear about what was going on?". I was like, "I  
27 have no idea. What do you mean?".

28 And she's like -- she's like, "Oh, you know, he's been going around

1 shooting people and he was up in Wentworth and pretty close around here". I'm like,  
2 "Oh, really".

3 So I turned on the news and sat there like 10 minutes before my  
4 shift and got it all, all at once, you know, just before I was going to go work another shift  
5 and then, you know.

6 So just that overwhelming of information right before you're going to  
7 go to work was probably the hardest, and then just afterwards, every -- like I worked  
8 with Melanie that night. And I remember doing a call in Wallace, which is just a little  
9 village outside of -- in between Pugwash and Tata. And it was just like my senses were  
10 heightened and was really looking around corners and knowing my surroundings and --  
11 and I notice myself doing that now more often than I used to.

12 So after -- after calls like that, it's just now I take more time on  
13 seeing what my situation and my security of the scene is and anything that I see that's  
14 suspicious or out of the ordinary, you know, I note more, so.

15 Even just walking around, you know. And without -- not working.  
16 Just in town, you know. So that's probably the hardest thing, just knowing, on alert  
17 almost all the time.

18 **MS. KRISTA SMITH:** Being alert.

19 **MR. JESS BRINE:** Yeah.

20 **MS. KRISTA SMITH:** Yeah. And when you're learning, when  
21 you're training to be a paramedic, do they -- do they teach you some things to think  
22 about to keep yourself safe?

23 **MR. JESS BRINE:** They always tell you to, you know -- you know,  
24 in school for scenarios, you know, is scene safe and it's -- it's just like you -- you just  
25 voice it. It's not -- like they don't teach you like what to look for or how to look or how to  
26 approach a scene or, you know, how -- you know, driving to the call what you should,  
27 you know, be thinking of.

28 So I think that kind of stuff is very limited in school. They -- you

1 know, they put in your head that you need to know you're safe, but it's basically like  
2 does your patient have a knife, you know, or ---

3 **MS. KRISTA SMITH:** Right.

4 **MR. JESS BRINE:** --- is there a family member that's angry or, you  
5 know, is there something going to fall on you or are you going to fall into something.  
6 You know, you go to a car accident, is it on fire, you know what I mean. Like so not that  
7 -- anything like this.

8 **MS. KRISTA SMITH:** Right.

9 **MR. JESS BRINE:** Yeah.

10 **MS. KRISTA SMITH:** Okay. Thanks.

11 Could you share with us what were among the hardest parts for you  
12 during your involvement with the mass casualty?

13 **MS. MELANIE LOWE:** So obviously, the first call that we did.  
14 When we showed up to the mouth of Portapique Beach Road, the officer that was on  
15 duty -- excuse me -- had put the person in the back of our ambulance and was a very  
16 close friend, so as time was going -- as time was going on that evening, obviously a lot  
17 of concern for her and her safety, so that has changed our friendship considerably.

18 The other part is the kids. That's probably the most difficult part, to  
19 be honest. They were very frank with what they saw. They didn't, I think, really  
20 understand what had happened yet.

21 It was -- it was like it wasn't really real at that point. Like Jeff and I  
22 were just in the truck and at the time it was -- COVID was fresh so we were, you know,  
23 new at wearing masks and I'm sure I mouthed under my mask, like, "What the heck?  
24 What the heck?" so many times.

25 But the kids like explained in detail from minute to minute what had  
26 happened and how they had gotten from one home to the other and what had taken  
27 place and the things that they had seen and how their house was on fire and the things  
28 that were shot and, you know, people that were laying on the ground outside of their

1 home. And it was an information overload, initially. But I maintained it -- like I kept it  
2 together for that, obviously, day.

3 I didn't realize how much it was going to affect me at the time, but  
4 definitely like it was nothing that any child should ever see or hear or experience. And I  
5 have a harder time, I think, with it now than I did then just as information comes out  
6 more and more, so yeah. That's probably been the most difficult.

7 At the staging area where we had picked the kids up, we decided to  
8 split them up and put them in separate ambulances. I just remembered this poor lady  
9 who had come to volunteer, she had no idea what was going on and I remember  
10 opening the back of the ambulance and she had asked earlier, "Is there anything that  
11 we can do?".

12 And I was trying to like stay with the kids and as fast as I could I'm  
13 saying, "No, no, no. It's good. It's good. I'll let you know if there's anything".

14 And we opened the back doors and, you know, the kids were like,  
15 "Our parents are all dead". And I remember seeing her face just drop and I was like this  
16 poor woman. Like to find out this is how her friends have come to their demise. Like it  
17 was -- it was pretty surreal, so yeah.

18 Those kind of things are very haunting, but yeah. That's -- that call  
19 was -- that particular part of that call was hard.

20 **MS. KRISTA SMITH:** Okay. Thanks.

21 Jeff?

22 **MR. JEFF AUCOIN:** I think it's pretty well the same.

23 I mean, I wasn't face to face as much as Melanie was with the kids,  
24 but I sat in the front for the most part and, you know, like -- like she said, it's nothing you  
25 want to hear young kids say or see or experience, right. It's -- and like she said, they  
26 were frank. There's nothing that they hid.

27 Everything that they saw, heard, witnessed they voiced. And it's  
28 like she said, it's like they were in shock. They really didn't know what happened. Their



1 voices were calm. It was just -- it was just surreal, really.

2                   And you know, having kids of my own, it's -- it's not something you -  
3 - you empathize with those kids, for sure, right, and the families and all.

4                   And another thing outside the ambulance, I remember one of the --  
5 a family member had been notified that something had happened, whatever, and they  
6 didn't know the extent of it, though. And the officer had brought the kids in to us at that  
7 staging area spoke to her and she's like, "What happened?". She's like, "Are they  
8 dead?". He's like, "Yeah, they're -- the parents are all dead", right.

9                   So it's the stuff that just doesn't go away. Does it affect me every  
10 day? No, but some -- I don't know. Some days it might, right, so it's -- it's just  
11 something that's always there and it's hard to -- hard to get rid of, for sure.

12                   **MS. KRISTA SMITH:** Yeah. Okay.

13                   Bruce, I know your experience was much different. You were there  
14 on Sunday.

15                   **MR. BRUCE COX:** Sure. You know, with the -- what's said, when  
16 the day was over we all left and -- you know, left work and I kind of went off any kind of  
17 news or social media that night. I went home and it was my first day shift, so usually I'm  
18 not up too late.

19                   And then, you know, I didn't really know much of what had  
20 happened still and same as, you know, with these guys. Not until like 12 hours later  
21 when I go back to work and, you know, I'm reading the news in the morning before I go  
22 in. I'm like, wow, okay, this is -- you know, we had no idea this was occurring, you  
23 know, during our shift. Even, you know, when it was over, we had no idea that this had  
24 happened.

25                   And you know, the -- that, you know, not knowing, I think, is the --  
26 on our end, our job is to get information from the callers and then pass it on to the  
27 responders, the paramedics, whomever so they know what they're dealing with. And  
28 we were not, you know, giving them -- you know, very, very little.

1                   We didn't know anything. So we were giving them everything that  
2 we knew, which, you know, looking back, wasn't, you know, a whole lot. And, you  
3 know, fortunately they, you know, had the knowledge and skills to be able to size things  
4 up quickly when they're at these locations. You know, the -- you know, that was the  
5 hardest part, was not, you know, being able to, you know, do more for them, ---

6                   **MS. KRISTA SMITH:** Yeah.

7                   **MR. BRUCE COX:** --- in these events.

8                   You know, same with the callers, one of our primary, you know, as  
9 an MRT dispatcher, is the safety of the caller. That's our paramount goal, is the caller is  
10 safe. And, you know, if they're not safe, you know, our directive is leave, you know,  
11 "Leave the scene, go somewhere safe," and that's it. So in these cases, I mean, we  
12 wished we could have done -- you know, well I wished I could have done more for the  
13 people who had contacted us. But the scene not being safe and secured for these  
14 people who are in the midst of it, you know, "You need to leave now." And, you know,  
15 you kind of wish you could do more, but you know that, you know, you may suddenly  
16 have more casualties because you didn't have them leave the scene as quickly as  
17 possible.

18                   So that's a struggle. But you know that it's the right thing to do.  
19 But at the time, it's still hard to follow what you know you have to do.

20                   **MS. KRISTA SMITH:** Yeah. I think we'll take a -- can we take a  
21 short break?

22                   **COMMISSIONER MacDONALD:** Thank you. It's appropriate.  
23 We'll take a 15-minute break. Thank you.

24                   **MS. KRISTA SMITH:** Okay.

25 --- Upon breaking at 10:31 a.m.

26 --- Upon resuming at 10:53 a.m.

27                   **COMMISSIONER MacDONALD:** Ms. Smith.

28                   **MS. KRISTA SMITH:** Thank you.

1                   Okay. So we just took a little break there, and as is the usual  
2 custom with these, we'd like to -- we went through that question one time, of what was  
3 the hardest part. And I'd just like to, before we move on to our next question, give you  
4 an opportunity to follow up on that.

5                   So was there anything that you wanted to add or anything that you  
6 heard that you'd like to then sort of comment or build on?

7                   Jesse?

8                   **MR. JESSE BRINE:** I'm still good. I'm good.

9                   **MS. KRISTA SMITH:** You're still good?

10                  **MR. JESSE BRINE:** Yeah.

11                  **MS. KRISTA SMITH:** Okay.

12                  **MS. MELANIE LOWE:** I know we were discussing is -- I think  
13 that's working?

14                  **MS. KRISTA SMITH:** That's better.

15                  **MS. MELANIE LOWE:** Is it? Okay. And afterwards, like, watching  
16 the media unfold and getting more information from that than we were the actual  
17 evening during the course of the events, it seemed that we were quickly realizing that  
18 we had put ourself into an unsafe position and that we had no idea how bad it was in  
19 regards to where we staged in the Portapique area. You know, we had our first patient  
20 in the back of the ambulance for a considerable amount of time, and the next day, you  
21 know, or days after, because obviously Jeff and I worked together for quite some time  
22 after that, we would discuss the fact that we sat across from that field and, you know,  
23 did that person exit while we were in the back? Or did -- you know, cop cars were going  
24 back as we were staged? So we felt like we really were put in an unsafe spot at that  
25 point in time.

26                  And then the other thing that kind of hits home is hearing all the  
27 negative comments in media in regards to how certain things played out. And, you  
28 know, although I feel like there's definitely things that could have improved, especially

1 within our own organization, to not be there and have such a strong, you know, opinion  
2 on some -- for people that had no, you know, any kind of tie to it, it was like, it felt really  
3 like the RCMP, you know, have our back a lot, and I don't want to paint the picture of  
4 that was not the case or that isn't the case, because we have such a close tie and we  
5 rely on them so heavy, but that's a little bit hard sometimes also to kind of deal with.

6 **MR. JEFF AUCOIN:** Yeah, I think just to elaborate on the RCMP  
7 part, I think, like you said, we always want to help them, they always want to help us.  
8 That's how we work. And I think just that point, they were just worried, they were just  
9 trying to help those people that they could at that point, and they just wanted to get  
10 those people out and safe as quickly as possible. But at the same time, I think we were  
11 put in a position danger, which we shouldn't have ever been put in, because we have  
12 nothing. We have no bullet proof vest; we have no weapons. Right? We have nothing.

13 So -- but yes, that is -- that was a circumstance that nobody ever  
14 could have been prepared for, I don't think. You know, they did their best. Like, they  
15 were -- they were running around. Even at the staging area, you know what? They  
16 were trying to get information, get details. There was so much going on; right? They  
17 did their all. Like, yeah. So.

18 **MR. BRUCE COX:** I guess the same part of the communication,  
19 when that morning, around 8:30, when the RCMP called our dispatch centre to say, you  
20 know, police car, someone in a police uniform was doing this, our supervisor group  
21 knew, and then I took a call from RCMP about, you know, a few minutes later, where  
22 they said, "We just called and talked to your supervisor. Tell him he can't tell anybody  
23 what we just told him." And they made it very clear that they could not share that with  
24 us. And so I told the supervisor and said, "So what can't we know?" And they're like,  
25 "We can't tell you." And this was about -- you know, we're, you know, still hours away  
26 from knowing that this was what was kind of transpired.

27 So after the fact, our staff felt very, you know, who could we trust, --

28 -

1                   **MS. KRISTA SMITH:** M'hm.

2                   **MR. BRUCE COX:** --- you know, to share these things, because,  
3 you know, we're professionals. We want to keep our crew safe and we can't do that  
4 properly if we don't know what's happening out there.

5                   **MS. KRISTA SMITH:** Okay. So the next question is, what is  
6 something that might be hard for people who weren't there to understand about your  
7 experience?

8                   **MR. JESSE BRINE:** I think the hardest thing that the general  
9 public has that have a hard time to understand is just, like, the lack of communication  
10 between -- that's -- you know, that we don't get, you know, these phone calls come in  
11 and very little -- you know, people are distraught as it is making these phone calls and,  
12 you know, they're not -- they're giving whatever is coming to their mind, and a lot of  
13 times, we go to calls and it's completely different than what we were dispatched to. So  
14 that's very hard.

15                   Especially back then, it was the first of covid was happening.

16                   **MS. KRISTA SMITH:** M'hm.

17                   **MR. JESSE BRINE:** So the PPE and all the procedures were quite  
18 new to us. And, you know, we're wearing bright yellow gowns and respirators and  
19 goggles that fog up and, like, we haven't done, you know, the time to prep, like, all of  
20 our gear like we do now, that, you know, we've worked out the kinks in certain things.

21                   **MS. KRISTA SMITH:** M'hm.

22                   **MR. JESSE BRINE:** And so being on a scene like that, you know,  
23 looking like minions basically. So, you know, we do stand out, and things are a lot  
24 harder to see, and you don't get to see, you know, your full vision when you're out there  
25 on -- with your goggles and masks on. You're really muffled and you've really got to talk  
26 really, you know, loud and clear. And so sometimes things like that get, you know, lost  
27 in communication, even with you're talking to face to face. And that's been going on --  
28 you know, that's been an issue the last two years, so it's not new.

1                   Just unknown. You know, it's really easy to look back from the  
2 general public and say, like, why didn't you do this? Why didn't you do that? Knowing  
3 this, why did you do that? Well, you weren't there to -- and you didn't get the  
4 information -- you know, you're looking at the information, all of it, and we're looking at  
5 the very little bits of it. You know, and we can only do what we can do with the  
6 information we know, and sometimes, we don't have even hours to think of what we're  
7 going to do. It's seconds. And sometimes we make good decisions, sometimes not so  
8 great decisions, but, you know, your experience and training hopefully makes that  
9 decision to the best outcome of that situation.

10                   **MS. KRISTA SMITH:** Yeah. Thanks.

11                   **MS. MELANIE LOWE:** Just for the general public, it just -- like, it's  
12 -- you go to the supermarket afterwards, or you go to, you know, a friend's house, or,  
13 you're picking your kids up, or whatever, like, the scenario is, you're somewhere, and  
14 because it's in the media so much, and everybody's talking about it, you're just kind of  
15 standing there, listening to people kind of discuss their opinions and, you know, this  
16 should have been done, or that should have been done, or did you hear this, or did you  
17 hear that. Unless you are actually there, I don't think that you can grasp the magnitude  
18 of or how the experience is even going to affect people. So for me, it's -- I'm doing a lot  
19 of tongue-biting, shall you say, in regards to that because they just don't understand.  
20 And I don't expect them to, nor would I ever ask anyone, you know, to go through that  
21 experience in any way, shape or form, but to have -- to just take all of the information,  
22 like Jesse said, and be able to look back, and for us, like, not knowing anything at that  
23 point in time, it was incredibly difficult.

24                   **MS. KRISTA SMITH:** Yeah. Okay.

25                   **MR. JEFF AUCOIN:** Can you ask the question again, please?

26                   **MS. KRISTA SMITH:** Yeah, so what would it be hard for people to  
27 understand about your experience who weren't there?

28                   **MR. JEFF AUCOIN:** I mean, first off, I think it's just getting those

1 calls; right? Like, our -- we are always thinking ahead. We're never thinking behind.  
2 We're always thinking 10 steps ahead to figure out what's going on. And you get this  
3 call of a gunshot wound, multiple patients, so we get -- we kind of get the idea, okay, we  
4 might be going to a mass casualty incident; right?

5 **MS. KRISTA SMITH:** M'hm.

6 **MR. JEFF AUCOIN:** So how many victims? We're looking at our  
7 maps. How many other ambulances are available close to us or whatnot; right? How  
8 are hospitals? How -- just the regular call volume that night, that we usually have a  
9 good grasp on if Colchester, the Truro Hospital is on awful delay, meaning there's trucks  
10 stopped there that they can't get their stretchers off, or whatever, so knowing, like,  
11 where can we get out patients possibly. So, it's a lot of thought process. Like I said,  
12 you're always looking ahead towards the next step. So it's -- that can be mind blowing  
13 too.

14 But even, like, when we were sitting at the staging area, we're just  
15 watching these flames go up, and we're just thinking of waiting. And say now we forgot  
16 kind of a -- about our safety; right? So it's hard to -- and at the end of the day, our  
17 safety -- like, dispatch does their best job to keep us safe and same thing with RCMP, at  
18 the end of the day, it's our own discretion. So we did the discretion to not stage across  
19 Montrose Road, but at the end of the day, looking back, we were still staged too close.  
20 And that was our discretion; right? That was on nobody else. That was us. So I think  
21 it's opened up our eyes, like Jesse said, to really -- I mean, I've always been, like, it's  
22 my safety first, my partner's, the public's and then the patient's. That's how I've been  
23 taught in school, and that's how I go with it, but it still, I think, made us realize to pay  
24 more attention to that stuff.

25 And it's easily done; right? Like, you -- we were put, like I said, it  
26 just happened that we were -- and we want to help. That's what we're trained to do.  
27 We just want to help. And when we're asked to go, we go. And now I think we're a little  
28 bit more skeptical, not skeptical, but just cautious on that; right? Like, a lot more times

1 even local calls in town, like, if there's any indication that the patient might be violent, or  
2 potentially has a weapon, or something, we'll just say, no, we're staging. We're staying  
3 at our base or whatever, and we never get -- it's fine; right? Dispatch is always okay  
4 with it; right? It's now left to mostly our discretion, which is nice so.

5 **MS. KRISTA SMITH:** M'hm. Bruce?

6 **MR. BRUCE COX:** I mean, yeah, one of -- you know, same but  
7 different. We're -- you know, we're making decisions on calls about, you know, safety  
8 and what to do, what not to do. We have -- you know, we have seconds to make those  
9 decisions on our end. These calls that we received in this event were less than two  
10 minutes at the most in duration for both, and, you know, I remember I took the first one.  
11 And, you know, then I'm on, you know, a fall complaint in Sydney, and then a back pain  
12 somewhere else, and a chest pain. So about 20 minutes later, I kind of go back to the  
13 first one that I took and went, okay, so I'll think about -- you don't have time to digest or  
14 to even make sense of what you did or didn't do, then the next one happens. So you're  
15 -- there's no time to catch up. You're simply, you know, using your training to rely on  
16 these, you know, the volume of calls coming in to -- you know, and majority are not  
17 even remotely related to it, but you still need to make these, you know, split second  
18 decisions on what to do, what to choose, whose complaint, what to tell the person, what  
19 not to tell them. And it's very structured, but nonetheless, you still -- you know, your  
20 expectation is, you know, the phones are still ringing. This event is happening, but  
21 people are still needing services, and you need to, you know, now, you know, put that  
22 one behind you and go on to the next complaint and so on. So, you know, the centre  
23 itself is -- you know, the noises, and it's a -- like, constant noises, and bells, and alarms,  
24 and it's -- you -- it's challenging in a lot of ways if you're trying to focus and do things to  
25 maintain your -- you know, your composure, but they're good at it.

26 **MS. KRISTA SMITH:** M'hm. Thanks. It's helpful -- it's all those  
27 little details, you know, about sounds or, you know, those little things that it is the PPE.  
28 It's hard. As an average person, you know, I would never think of those things, that that



1 would impact your experience, and for sure, it does. So thank you for sharing that.

2 I'd like to shift the conversation a little bit now, and to talk a little bit  
3 about what might have helped in this situation. Is there anything -- and we're really still  
4 focussed on the mass casualty time itself. Was there anything that could have been  
5 provided that would have helped?

6 **MR. JESSE BRINE:** Information. It's always information. A lot of,  
7 like -- I don't think there's ever a situation that you can't have too much information.

8 **MS. KRISTA SMITH:** M'hm.

9 **MR. JESSE BRINE:** I do find working with other agencies, it's  
10 always difficult getting the information across. Either they're not relaying it properly, or  
11 it's stopping somewhere. But there's been multiple incidents a lot of times, like, when  
12 multiple agencies are, you know, involved ---

13 **MS. KRISTA SMITH:** M'hm.

14 **MR. JESSE BRINE:** --- no one really knows who's in charge, or  
15 where's the information's going to, or who is taking the information. And then once they  
16 have it, what are they going to do with it? And so that -- and another thing would be  
17 resources, you know, more quickly. You know, like, we were going there by ourselves  
18 at first, and we -- you know, we knew that we could have others come, but I think having  
19 those things automatic coming to those kind of situations, like, yes, our information  
20 probably didn't have -- or our comm centres didn't have enough information to make  
21 those kind of decisions on their own, but I think on the certain types of calls, a plan of  
22 having resources and multiple trucks available, and multiple -- you know, having a  
23 designated staging area where it should be, and who should be there, and how it's  
24 going to be set up is more -- it should be a more focus. And when -- maybe, like,  
25 instead of, like, us on the ground trying to figure things out like that, or telling them they  
26 want an update, I think it -- if they take those certain calls, like, with a violent patient, or  
27 a gunshot, or, you know, even just -- you know, we're pretty good with multiple vehicle  
28 accidents. That's usually pretty good. But maybe we should work at more, like, multiple

1 vehicle accidents, and how things get rolled automatically, and taken more seriously in  
2 the matter. You can always stand things down, but at least you get things going, you  
3 know, on a -- right at the get-go. You know, I'm sure Life Flight, or the ERT team, or,  
4 you know, or any kind of resource out there, EHS, fire, or RCMP, police, they don't mind  
5 -- I know speaking on my behalf, we don't mind going or getting the call to go and to be  
6 stood down halfway there. At least we were on the way, and having that is a -- it would  
7 be very crucial.

8 **MS. KRISTA SMITH:** Like, having a plan?

9 **MR. JESSE BRINE:** Oh, yeah, yeah, having a good plan, and  
10 having the resources laid out that, you know, dispatch will take a call for, and it was just  
11 automatic. Like, oh, it's a gunshot. Well, this, this and this is going.

12 **MS. KRISTA SMITH:** Right.

13 **MR. JESSE BRINE:** And ---

14 **MS. KRISTA SMITH:** And earlier in your answer, you mentioned  
15 that you -- when you're in a multi-agency response, it's not necessarily clear who's in  
16 charge ---

17 **MR. JESSE BRINE:** M'hm.

18 **MS. KRISTA SMITH:** --- or who's documenting what. Do you ever  
19 get opportunities to interact with agencies in, like a non-emergency type situation? So  
20 like in a ---

21 **MR. JESSE BRINE:** Like in a training situation?

22 **MS. KRISTA SMITH:** Maybe training, yeah.

23 **MR. JESSE BRINE:** Not for EHS, for ---

24 **MS. KRISTA SMITH:** Okay.

25 **MR. JESSE BRINE:** --- for say, but for fire, you know, we deal with  
26 other fire departments, basically.

27 **MS. KRISTA SMITH:** Sure.

28 **MR. JESSE BRINE:** But I think that inner -- you know, the multiple

1 agency mass, you know, casualty type of things aren't readily available for training  
2 around, and I don't -- you know, those would help a lot. You know, if you're used to  
3 working with your local police, your local fire all the time, and you know, like "Hey, we're  
4 going to go to this channel, we're going to talk to you here, this is who you're talking to",  
5 blah, blah, blah, you know, it makes things a lot easier and it makes things a lot  
6 smoother.

7 **MS. KRISTA SMITH:** Yeah. Would've helped.  
8 Melanie?

9 **MS. MELANIE LOWE:** Communication being the big thing,  
10 obviously that night it was very little, and the way we do things now, I think is a bit  
11 different. Like Jesse kind of said, we get the call notes now, and it's like, "Okay. Well, if  
12 this isn't as clear as I think that it should be in order for me to feel safe to go in, I'm just  
13 going to be like, no. I need more information, you know, what's the scenario here? Can  
14 we call for police if it's, you know, a questionable event?"

15 But training is a big thing because we've never dealt with anything  
16 like this before, and we still haven't had any training on anything to do with that. We  
17 don't really have, to my knowledge, any kind of active shooter training that... You know,  
18 we just did some kind of a mass casualty training in our recertification, but it was more  
19 to do with, you know, if you were at a -- an event, like a concert, or something along that  
20 lines, where, you know, some people could get up and walk out and other people had to  
21 be taken out, it wasn't that. This was a moving event, so it was completely different. I  
22 don't feel like that training even touches on the requirements that we would have  
23 needed for that night. Still, equally, it's good to have, but just -- it's not meeting that  
24 need. So should something happen again, we're still not trained for it. We don't have  
25 the protection, obviously.

26 Even just speaking with people who, you know, work in the field of  
27 like Brinks security, that kind of thing, they have Kevlar, they have the protection. You  
28 know, we're getting police to pat down patients before we take them to make sure they

1 don't have a knife, or a gun, or whatever; right? So a little added protection would be  
2 nice, and not kind of... Added -- added protection that you would be able to access  
3 through assistance with the company because right now we're told if we want something  
4 like that we're kind of on our own as far as purchasing the equipment. So, you know,  
5 it's pricey and it would be something I think that a lot of us, especially city medics would  
6 have. But yeah, the big thing being training. That I don't feel like we've done really  
7 anything different from that scenario.

8 COVID has changed things as well. And what I'm noticing,  
9 obviously, with the increase in call volume and the decrease of bodies on the ground  
10 that we have available at this point in time, just because of the nature of healthcare,  
11 we're showing up more and more often later in response times than what we're used  
12 because we are travelling such distances. And we get there, families' members by this  
13 point in time are angry, mad, on borderline violent, and so then, of course, it becomes --  
14 you know, you have step back and involve the police again.

15 So it's just a change maybe in the ways are time-wise and the lack  
16 of resources, but definitely way -- the way we approach scenes now is completely  
17 different, so more help would be nice.

18 **MS. KRISTA SMITH:** And like, the way you approach scenes is  
19 completely different. They way you approach it as an individual is completely different?

20 **MS. MELANIE LOWE:** Absolutely.

21 **MS. KRISTA SMITH:** Not necessarily that policies have changed?

22 **MS. MELANIE LOWE:** Yeah. When I say "we", I mean us.

23 **MS. KRISTA SMITH:** Oh, the four of you. Yeah, yeah.

24 **MS. MELANIE LOWE:** Yeah.

25 **MS. KRISTA SMITH:** Jeff?

26 **MR. JEFF AUCOIN:** I think -- I have nothing to add, really, on  
27 communication than what Melanie was saying as well, but resources, for sure. And I  
28 think if we would have a medical ERT team, I think there would be a lot of medics that

1 would probably be interested. Yes, this was the first event, but there's probably other  
2 events around that we don't hear about that are a little bit smaller in nature, but could  
3 use those same resources, and I -- and I know for sure there's a lot of paramedics in the  
4 province would probably be interested in something like that. So maybe a little bit of  
5 training.

6 We have a Special Operations Team that does some stuff. I don't  
7 think they do anything like that that I know of, they might, and maybe that's in the  
8 process, I'm not sure. But for something like that, even, like I know for bulletproof vests  
9 and whatnot, you kind of have to be fitted to -- for it to be better for you, but even  
10 thought there's some available, right, like on the Watch Commander Unit, or whatever,  
11 there's -- there is -- there was nothing there, right. So to try to protect us even a little bit  
12 -- that little extra in those circumstances, so -- yeah, so those resources of I think a  
13 medical ERT team would be -- it would be nice to...

14 And whether we like it or not, this was one incident, and they're  
15 probably -- it's probably going to happen again, it's just when.

16 **MS. KRISTA SMITH:** Yeah.

17 **MR. JEFF AUCOIN:** So and this is what -- this is what we're here  
18 for is to make it better for next time.

19 **MS. KRISTA SMITH:** Right. Bruce?

20 **MR. BRUCE COX:** I mean, wanted the same things, you know ---

21 **MS. KRISTA SMITH:** Yeah.

22 **MR. BRUCE COX:** --- information-sharing, getting the resources. I  
23 mean, there are resources, but there's minimal at night for these events. There's a -- it's  
24 called an EPSO, which is a specialty ambulance crew who are, I guess, additional  
25 training for rescues and standbys and stages and whatnot. Now, I don't know if they  
26 were sent up the night -- I'm quite sure they weren't ---

27 **MR. JEFF AUCOIN:** Not that night.

28 **MR. BRUCE COX:** --- now -- or the next day for that matter. And

1 they're -- that's kind of their extra training, liaising with police and fire and so on to, you  
2 know, help with these, you know, special events of that nature.

3                   Again, I don't know if they have any kind of, you know, wearing  
4 bulletproof vests on their trucks, I have -- I have no idea, but they, you know, have extra  
5 training in that capacity of these events, but, you know, they weren't sent that night.  
6 You know, it's a regular ambulance, they could be doing regular calls until it gets  
7 directed to one of these, but if they're tied up, they're tied up.

8                   **MS. KRISTA SMITH:** What was it called? I missed it.

9                   **MR. BRUCE COX:** Oh, EPSO, Emergency Preparedness, and I  
10 forget the initials, I'm sorry. It's ---

11                   **MS. KRISTA SMITH:** EPSO.

12                   **MR. BRUCE COX:** EPSO, yeah.

13                   **MS. KRISTA SMITH:** Okay.

14                   **MR. BRUCE COX:** Right now. But they're available -- there's one  
15 in the city and there's one in Sydney at night, and then daytimes, New Glasgow and  
16 Yarmouth. But after eight o'clock at night, they're, you know, just one in Halifax and  
17 Sydney.

18                   **MS. KRISTA SMITH:** Okay. I'm going to leave the topic of during  
19 the mass casualty, unless anyone has anything they want to add.

20                   Okay, so we're going to shift a little bit and talk about after the mass  
21 casualty. So can you tell us a little about your experience and that of your team in the  
22 days and weeks after the mass casualty? What was it like for you and how were you  
23 supported?

24                   **MR. JESSE BRINE:** So the next nightshift, my -- one of my  
25 partners showed up, and we -- you know, I was gathering all that info. She got a phone  
26 call from our supervisor, and because of other half-staffed trucks, they were going to put  
27 her on a support unit by herself. At that time for COVID, it was basically you take  
28 COVID screening calls. So every time you had a possible COVID patient you would call

1 her and you'd have to go through a checklist and make sure everything was done.

2                   So she said that she wasn't comfortable going by herself, which  
3 understandably, and the supervisor at the time basically said, "Well, that's what we have  
4 or you can go home."

5                   And so she went home, and I stayed. And that's why Melanie and I  
6 worked that night because Jeff also took the night off. And Melanie and I -- Melanie met  
7 me in Pugwash and we worked the night together.

8                   So you know, you hear other agencies and people saying, like you  
9 know, right out after it was done, like they put them right off work, you know, you know,  
10 make sure they're okay. Like, for us, it was like, no, you're right back at it the next night,  
11 you know, too bad, so sad, basically.

12                   And it was probably a few days after we got like a call from our peer  
13 and support -- Peer and Support Team, which is other medics that call us and ask us  
14 how we're doing and, you know, if we needed anything. But you know, like they are our  
15 peers, and you know, sometimes we're not -- we don't want to burden others with our --  
16 with our problems. And it does put more trauma on those individuals, and usually those  
17 individuals already have, you know, a past of medical or mental health, and you know,  
18 they've -- they've had some traumatic incidents in their -- that's kind of what guides them  
19 that way. And you know, you never know what you might say that would trigger  
20 something. So usually for myself, it's -- and I know my partner also, it was also like,  
21 "No, I'm good. We'll find our own -- you know, we'll do our own."

22                   And -- yeah. So then we -- it was a few weeks later, we had a --  
23 basically, a debriefing with Peer and Support, but because of COVID we're only allowed  
24 four people in a room at a time, and we weren't -- there was no choice of who you're  
25 with, so we got stuck with a crew from Antigonish that was on the next day. So we had  
26 no idea what they were involved with or what they -- they didn't know what we were  
27 involved with. So it would have been nice to have a nice, big, open room, like, an actual  
28 debriefing with, you know ---

1                   **MS. KRISTA SMITH:** M'hm.

2                   **MR. JESSE BRINE:** --- fire, police, you know, and all EHS that  
3 was involved. I think it would have helped out a few.

4                   **MR. KRISTA SMITH:** M'hm.

5                   **MR. JESSE BRINE:** There was a few that was struggling a lot and  
6 still not back to work, and probably never will. So because we -- you know, if they get  
7 that out and talk about it, they would, you know, know different sides of the story, and  
8 have, you know, seen different sides of it, and may have been able to cope better. It's  
9 hard to say.

10                   I think Melanie touched on a bit about, you know, yes, we had a  
11 mass -- or mass casualty scenario in our last in-service, which it was a -- just, like, a -- I  
12 think they -- for mine, it was, like, a bus accident.

13                   **MS. KRISTA SMITH:** M'hm.

14                   **MR. JESSE BRINE:** So -- but those -- you know, you're going in  
15 there, and it -- they basically just want you to do, like, a -- start triage system, and, you  
16 know, making -- deciding on what the patient's -- their needs are and how critical they  
17 are and what kind of resources you would need. So it's never, like, the situation where  
18 it was so spread out, and so dangerous really, and we're going in there with our  
19 scenario, like, everything's okay. You know, like, we're just walking in the -- on the side  
20 of the road, and we're looking at these patients and, you know, this one can breathe,  
21 this one can't, and okay, okay, you can walk, so forth. So and it's basically with some  
22 Lego figures on a table. So it definitely would be nice to have some real experience  
23 with other agencies like I mentioned earlier so.

24                   **MS. KRISTA SMITH:** M'hm.

25                   **MR. JESSE BRINE:** I think that's about it.

26                   **MS. KRISTA SMITH:** Okay.

27                   **MR. JESSE BRINE:** Yeah.

28                   **MS. KRISTA SMITH:** So, Mel, what was your experience like after



1 the mass casualty?

2 **MS. MELANIE LOWE:** Can you just repeat the initial ---

3 **MS. KRISTA SMITH:** Yeah. Yeah, so can you tell us a little bit  
4 about your experience in the days and weeks after the mass casualty? What was it like  
5 for you and your teammates, and how were you supported?

6 **MS. MELANIE LOWE:** So the morning -- the next morning ---

7 **MS. KRISTA SMITH:** Yeah.

8 **MS. MELANIE LOWE:** --- like, still the same morning, I guess,  
9 after going home, not realizing that it was still an ongoing event ---

10 **MS. KRISTA SMITH:** M'hm.

11 **MS. MELANIE LOWE:** --- and living in that area, other medics  
12 knew that's where I resided, so my phone was ringing off the hook as I was trying to get  
13 some sleep, just to make sure that I had gotten home safe, because obviously there  
14 were more shootings in that area. So there was that kind of factor of realizing  
15 afterwards that I had gone home and had no idea there was any potential danger there.  
16 And then afterwards, like both Jesse and Jeff had said, we were kind of set up to go do  
17 a debrief with Peer and Family Support. And while I appreciate very much what they  
18 do, because it is a -- our brother medics, basically, they're only minimally trained, and I  
19 feel like this type of event required a little more aggressive action, maybe, for lack of  
20 better description, on mental health than that.

21 It was just the one debrief, and when you kind of go over a system  
22 and how that's supposed to play out, within a certain timeframe you do this, and with a  
23 certain timeframe you have a second follow-up, there was more that should have been  
24 done, and that wasn't the case. So, again, with COVID, we were all separated, placed  
25 in different rooms. We weren't with the people that were on scene with us that night.  
26 So you felt like you were giving your story to people all over again who weren't directly  
27 involved and it just wasn't as effective as it could be. And it felt very much like once that  
28 was done, we were good to go. Like, that was, you know, we debriefed and it's all

1 good. But it wasn't a debrief on anything to do with the mechanics of the operation that  
2 evening in regards to what went well, what didn't go well, how did you feel this could be  
3 better as a medic on the ground. There was no discussion with that.

4           So unfortunately, like I say, I didn't understand how it was going to  
5 affect me, and you don't know if it's going to affect you or not, so that being said, you  
6 know, Jeff and I are very close as friends. The next night, I decided that I would go to  
7 work because I thought he was coming, and I didn't want to leave him there by himself.  
8 He called in, and I debated calling in, but then they explained Jesse was half staffed,  
9 and I thought perfect. You know, if I can -- at least I'll be with him, and he's already  
10 been there, so we can just kind of decompress a little bit in between calls together, and  
11 that's more or less what we did. We spent the whole evening kind of talking to each  
12 other, talking through the events.

13           But after that, it was -- you know, there was no offer of time off.  
14 There was no mention, it was just expected. I had no idea that other groups like the  
15 RCMP or whatnot were even taking time off, or that was an option, I guess, at that point.  
16 As far as time progressed and the Mass Casualty Commission, you know, were putting  
17 information out there about, you know, witnesses and people who took part in the  
18 program -- or that night, and that they wanted people to come and discuss their  
19 experiences, I had a close friend contact me and say, you know -- she was involved,  
20 unfortunately, in that evening, and they -- the gentleman showed up to her house. They  
21 were safe, luckily, but she had said, you know, "I know you were there," because it's a  
22 small -- it's Nova Scotian small. Everybody talks. "But have you been contacted by  
23 anybody by the Commission yet?" And I explained I had not.

24           So at that point, she's -- she gave me a phone number, and I  
25 apologize, I can't remember the lady's name that I contacted, but I gave her a call. I  
26 hummed and hawed about it for a little while, because, you know, talking about it is  
27 difficult, but I gave her a call, and she explained that they were gathering information,  
28 obviously, for this event, and took my number. And at that point in time, I was kind of

1 stunned, because she explained to me that EHS had a committee that were responsible  
2 for basically giving information to the Commission, and she had asked me if I had been  
3 contacted by the committee. And at that point, I had received zero contact from our  
4 company in regards to anything, any questions about what had taken place that night.  
5 So I explained to her no. And she was kind of surprised that I wasn't even aware that a  
6 committee existed. So still to this day, we've never -- other than, you know, when Mark  
7 Walker, who's kind of facilitating us to be here and taking care of us that way, which I  
8 greatly appreciate, doesn't pertain to the whole what happened, what could be better,  
9 how did we do, you know, what training would you like to see, you know, what are some  
10 things that we may have missed, things that I think are really important in order to grow  
11 from the whole situation, still hasn't been addressed. So we're hoping by being here  
12 today and kind of discussing our experiences that, you know, this can be thought about  
13 a little bit more so.

14 **MS. KRISTA SMITH:** Yeah. Thank you.

15 Jeff?

16 **MR. JEFF AUCOIN:** Yeah. So that morning, I got home, and I  
17 remember I went to bed, and my wife, I told her what happened and like I usually do  
18 going to bed. And she's, like, "I've never seen you like this." So I just went to sleep,  
19 thinking it was a isolated event. And then waking up to, well, 19, 20 people dead. And,  
20 you know, I think it was all the unknowns; right? We just didn't know. That could have  
21 been us; right? We had no clue. So I think, like they said that night, we were fine. We  
22 were ready to go back in; right? We were okay. We were ready to whatever we had to  
23 do that night, but we thought it was just going to be an isolated event. And when we --  
24 when I realized he was mobile and went on to, yeah, that -- it kind of really hit me hard  
25 so. So I called Peer Support and I activated myself. I said, "I'm calling because I'm  
26 crying, and I really don't know why." So and I figured they would have been notified to  
27 call us because I think you guys got a call later that day? Melanie did?

28 **MS. MELANIE LOWE:** I actually -- I have a friend that I just --

1 she's a medic, and we discuss everything, like, together anyways if we're having a bad  
2 day, and I just picked up the phone and called her on my way home, and then lo and  
3 behold, she was person assigned to my Peer and Family Support. So it just worked out  
4 that way but ---

5 **MR. JEFF AUCOIN:** Yeah. So anyways, so I remember, yeah, so  
6 the guy -- I don't know who it was, but he answered the phone and he said -- basically,  
7 this is what he told me, he's, like, "Well, I'm not supposed to take the line because it's  
8 supposed to be transferred but I guess I'll take your call anyway." So just in there, I  
9 didn't feel very supported right off the bat. So anyway, I told him what was going on,  
10 what happened, and he said, "Okay." So we hung up and I never had any follow-up call  
11 until probably about a month or so after, when they called us just to ask if we wanted to  
12 take part in a debrief, which we gladly all accepted. But like Jesse said, it would -- we  
13 were paired up with a crew that -- they worked that night shift, which was good, but they  
14 were in a totally separate -- they were the aftermath, after we had transferred all the  
15 kids. So it would have been nice to even have been put with the crew that -- the  
16 Antigonish crew even, because they were there on scene with us the whole time; right?

17 **MS. KRISTA SMITH:** M'hm.

18 **MR. JEFF AUCOIN:** So they were actually -- so I find that that  
19 wasn't really organized very well. It's like -- you know, it's almost like we were telling a  
20 story to somebody else who had no idea what had happened. And that's basically what  
21 it was with that group. They didn't know our part, we didn't know their part; right? So it  
22 would have been good to be able to kind of go with those people.

23 So yeah, so up until -- thanks to Melanie, because if not for Melanie  
24 talking to her friend, I don't think we ever would have been part of this Commission. So  
25 it was great that that happened. And asked for support. We never got -- we probably  
26 got a broad email from the CEO just saying, "Hey, Just Portapique," which we always  
27 do, "If anybody needs peer support, here's the number to contact." Whatever. Right?  
28 But we never got a personal text, email -- I don't want a text or email. I want a phone

1 call; right? I want a phone call saying, "Hey, how are you doing?"

2 **MS. KRISTA SMITH:** M'hm.

3 **MR. JEFF AUCOIN:** And one of our task operations guys -- we  
4 had just got into an accident, we were driving in the winter time, we had a patient on  
5 board and a piece of plywood -- a piece of plywood -- a piece of ice came off the back  
6 tailgate of a car and hit us like a sheet of plywood and shattered our whole window. So  
7 we pulled the ambulance over, everything was safe. So anyway, a few nights later, I'm  
8 just walking to Superstore and my phone rings and he's like, "Jeff?" And I'm like,  
9 "Yeah?" He's like, "I just wanted to thank you for keeping the ambulance and everyone  
10 else safe in that incident." Right? So I was like, "Yeah, no problem." Right? You felt  
11 appreciated. I feel this time we never got that.

12 Right. So I think that was -- yeah. I think that was hard on all of us;  
13 right? We just felt like it was another thing. I mean, you're talking about the biggest  
14 mass casualty, a shooter, a shooter incident in Canadian history; right? It's not just a  
15 regular call; right? It's affected two careers. We've lost two medics, right, from it. So.

16 And again, so going back to the night, so our direct supervisor,  
17 which was actually provincial duty that night, he was the one that was the hospital. So  
18 he was great at first; right? He asked us what we wanted. We said whatever, you  
19 know, to get us what we wanted. He said, "Anything else?" No. So he left. Fine. But  
20 we never heard back from him, he never reached out to us. We knew who he was  
21 personally. He was our direct supervisor. It's not like it was a guy from Cape Breton  
22 who came out that had no idea who we were; right?

23 **MS. KRISTA SMITH:** M'hm.

24 **MR. JEFF AUCOIN:** He was our working supervisor. So again, I  
25 feel like we weren't very supported. And I think he had some issues with it too, which  
26 was fine; right? And I reached out to him, I said, "Listen, I hear them -- I hear you had  
27 some issues. So whatever." But at the end of the day, where's the support? Where  
28 was the support? Where was the care; right? I just felt there was a lot of -- yeah, I felt

1 we were left on our own.

2                   And I mean, I think I'm okay; right? I'm okay now. But I shed a few  
3 tears just a second ago. So how okay am I? I really don't know. Right? I have -- like I  
4 said, I called in sick that night, I called in sick to go to work because I wasn't going to  
5 work that day. But why all of us -- none of us should have been going back to work that  
6 night. Right? So. And I feel a lot of it was left to us to decide what we wanted to do  
7 and deal with it. So.

8                   The initial steps were done; right? They called, activated, but there  
9 was never really much -- like, in two years, I contacted them once, Peer, and they  
10 contacted us twice, and just prior to this event. There's no random call. Just prior to  
11 this and -- prior to the first circle we did, and prior to today.

12                   **MS. KRISTA SMITH:** M'hm.

13                   **MR. JEFF AUCOIN:** So.

14                   **MS. KRISTA SMITH:** One thing you guys have mentioned that  
15 isn't clear in my mind, so maybe just to make it a little clearer, you were invited to a  
16 debrief, you said, in Truro like a month later?

17                   **MR. JEFF AUCOIN:** Yeah, about a month later or so. Yeah.

18                   **MS. KRISTA SMITH:** And you said CISM? Is that when -- what is  
19 that? Is that a different time?

20                   **MS. MELANIE LOWE:** Critical Incident Stress Management?

21                   **MS. KRISTA SMITH:** Yeah, go ahead.

22                   **MS. MELANIE LOWE:** It's a course you can take, but there's, like,  
23 a set protocol of how you follow things and how that -- there's supposed to be, like, a  
24 designated team that basically, you know, at a certain point, I can't quote the exact time  
25 frames because I haven't had the training, but, you know, you do this kind of debrief,  
26 and then you allow some time to pass and you do a second debrief, and then there's  
27 follow ups to that. You make sure that all of those steps are being done so no one falls  
28 through the cracks, basically.

1 **MS. KRISTA SMITH:** So is that with the Peer supporters?

2 **MS. MELANIE LOWE:** No.

3 **MR. JESSE BRINE:** No, it's its own entity. I've activated CISM for  
4 fire ---

5 **MS. KRISTA SMITH:** Okay.

6 **MR. JESSE BRINE:** --- for my members. So it's a different  
7 program that are specially trained in this kind of situation. They're third party. They  
8 don't know any of us personally. What I've dealt with them, they're really good.

9 **MS. KRISTA SMITH:** M'hm.

10 **MR. JESSE BRINE:** They've kept, you know, in contact and, you  
11 know, made sure my individuals were taken care of. So -- but it's not through EHS.

12 **MS. KRISTA SMITH:** Okay.

13 **MR. JESSE BRINE:** Yeah.

14 **MS. KRISTA SMITH:** Separate thing.

15 **MR. JESSE BRINE:** It's separate.

16 **MS. KRISTA SMITH:** Melanie, you were going to say something?

17 **MS. MELANIE LOWE:** Yeah, just to reiterate on the whole Peer  
18 and Family Support so people understand, those are volunteers, the medics that are  
19 doing that. they're not being paid, to my knowledge, for that.

20 **MS. KRISTA SMITH:** Okay.

21 **MS. MELANIE LOWE:** And the training that they receive is  
22 minimal ---

23 **MS. KRISTA SMITH:** M'hm.

24 **MS. MELANIE LOWE:** --- and has absolute -- it's all supposed to  
25 be confidential, and which it is, but it has absolutely nothing to do with the mechanics of,  
26 you know, the actual debriefing as a company or as an organization so that you can do  
27 a better job. So it's ---

28 **MS. KRISTA SMITH:** Right.

1                   **MS. MELANIE LOWE:** It is part of the mental health process, but  
2 again, it's a volunteer basis and there was minimal -- there was really no follow up after  
3 that. So they're not trained psychologists or, you know, that kind of thing.

4                   **MS. KRISTA SMITH:** M'hm.

5                   **MS. MELANIE LOWE:** They're doing the best they can, which we  
6 totally appreciate, you know. They're our friends, our colleagues. But probably not  
7 trained for this magnitude of an event as well.

8                   **MS. KRISTA SMITH:** Right. I take it to you, Bruce.

9                   **MR. BRUCE COX:** Okay. I mean, the day of, you know, we were  
10 expected to keep on working. We couldn't leave the building. It was locked down. We  
11 couldn't go get fresh air. It was, you know, "Go for a break, but all stay here." Later on  
12 in the afternoon there was a -- I think a Peer team was upstairs on the next floor up if  
13 you wanted to go upstairs to talk to some people, just to kind of have a conversation.  
14 We were discouraged from going from one of our four persons in charge that, "We're  
15 short staffed. If you guys leave, we'll be more short. We'll have to work harder. Can  
16 you go later? Can you, you know, follow up with them later? Like, we're just busy. Can  
17 you not go to this debriefing right now?" And I think one person of the staff went up  
18 because everyone else just felt bad, you know, that we're now going to make our  
19 colleagues work harder on a really bad day because, you know, we need to go upstairs  
20 to talk to somebody. So I think one or two might have gone up. Everyone else just, you  
21 know, kept working until they went home that day.

22                   There was, you know, the small person debriefings that happened  
23 as well. We had -- I went to one, I don't know, a few weeks later. Probably there was  
24 myself and three supervisors who were in my group. So I really didn't, you know, want  
25 to complain and, you know, I wasn't there to point fingers and blame people, but it  
26 wasn't really feeling comfortable, you know, just complaining about all of the things that  
27 I wanted to talk about when I'm sitting there with, you know, three supervisors who  
28 were, you know, on duty the same day. It's random assignments of people at these



1 groups, I presume, but I just kind of, you know, sat there and nodded and drank a  
2 coffee, and then we all went home.

3                   We had a larger one a few weeks later, a phone call, probably 15  
4 plus people who were there, the day shift and the night shift, the 18<sup>th</sup> and 19<sup>th</sup> attended.  
5 People were upset. They wanted to talk. They wanted to share their feelings and, you  
6 know, operationally say what they -- what went well and didn't. whenever somebody  
7 talked to kind of give suggestions and criticize the process, they were pretty much shut  
8 down and said, "Well, that's --" you know, the people running the briefing were more  
9 trying to justify their actions and inactions to us, versus actually hearing what we wanted  
10 to say to make things -- to give -- you know, to give our input of how we thought things  
11 might have gone better or improved for future times. You know, we -- you know, you  
12 could hear the clicks of people just disconnecting from the call because they were just  
13 being shut down and didn't want to -- and weren't heard.

14                   So I think there's -- I stayed close to the end. There was maybe  
15 five of us left, six of us left from the original group, you know, to talk. And some people  
16 actually brought people to the conference call to talk for them because they knew if they  
17 started, it would -- you know, it may not be pretty. So they, you know, gave somebody  
18 notes to speak on their behalf.

19                   And again, you know, they were more trying to give explanations to  
20 us than wanting to hear what we, as the people who did it, who ran the event, you know,  
21 had to say about it. And that was kind of -- at that point, people kind of said, "We'll do --  
22 we'll talk to our peers, to our actual people we worked with to make sure we're all, you  
23 know, healthy."

24                   And we lost people too who, you know, that was their careers, are  
25 done now. They said that was -- "Yeah, I'm good. I'm going to go to something else."  
26 And, you know, would they have been here if they had more people to talk to? I don't  
27 know. But that option would have been nice to do.

28                   I mean, you know, the peer group, good meaning, you know, great

1 people, but you know, sometimes you need to have, you know -- you know, a clinical  
2 psychologist upstairs to talk to you for an hour. If you want to go talk to him, great. If  
3 you don't, that's fine, too. But just go upstairs and talk for a bit and see how you're  
4 doing.

5                   And you know, that might help you or you don't know until you try it,  
6 and we didn't have that option that I was aware of but, I mean, we can make phone  
7 calls and I can chase down and call EAP and try to get a referral to go see a  
8 psychologist, but you know, that -- now there's more work for me to try to do and  
9 sometimes, you know, you want a bit -- as we said, have somebody call you and just  
10 say, "How you doing?" who can give you some real help sometimes, or different help.

11                   **MS. KRISTA SMITH:** Yeah. Is there anything you'd like to follow  
12 up on, on this question before we move on?

13                   I feel like we heard some ---

14                   **MR. BRUCE COX:** Yeah. Just one thing -- oh, sorry, jump in.

15                   That we -- we talked about, you know, the MCI training that you  
16 guys did on, you know, the bus accident, whatever it was, at the one -- our staff have  
17 asked, you know, it was -- even pre this event, probably by a year, if not two, prior to  
18 Portapique and even afterwards, we were told about getting active shooter training at  
19 our dispatch centre where our staff would be trained how to manage a call where there  
20 was an active shooter involved and didn't happen, didn't happen. Portapique  
21 happened. Didn't happen, didn't happen.

22                   I mean, COVID was there. I get it. But I mean, it's virtual. You can  
23 do things online. It's not -- I don't -- the training, I know -- I've been involved with it  
24 before. It's geared towards a small event, you know, or -- in a small area like a school,  
25 a church, a business, not, you know, X hundred, you know, kilometres of territory. But  
26 the principle still would have -- people still want to know, you know -- I got the two  
27 phone calls. If someone else did, they're like I don't know what -- you know, how I  
28 would have handled them, what I would have said or not said. You just don't know till

1 you've had that education.

2 **MS. KRISTA SMITH:** And so I heard you right that it still hasn't  
3 happened?

4 **MR. BRUCE COX:** Still hasn't happened. Yeah, no.

5 **MS. KRISTA SMITH:** Okay. So I feel like the way we've modeled  
6 these circles is that I ask the same questions with respect -- that we did about the mass  
7 casualty, we ask about the after part.

8 From your answers, it feels like it's all a little bit -- we're touching on  
9 some of the things at the -- you know, in the same answer, so I guess I just want to  
10 check in on if there's something more or different you'd want to add when I posed the  
11 question what's been the hardest part for you since the mass casualty.

12 **MR. JESSE BRIEN:** The unknown. Yeah. Everything's -- you  
13 know, you're, you know, just always on alert and -- yeah. You never know when it's  
14 going to happen again.

15 **MS. KRISTA SMITH:** Changes how you see everyday life.

16 **MR. JESSE BRIEN:** Yeah.

17 **MS. MELANIE LOWE:** Same thing. Like how we approach calls is  
18 completely different now. I know Jeff has kind of gone through a few places like if you  
19 go to this -- because I'm with a different partner now. "If you go to this apartment, you  
20 do not go into that apartment unless you call for, you know, police first".

21 And he gives me a list of places not to go, but definitely it's -- it's  
22 changed, you know, the way that you look at the scene in general, the way that you  
23 read the notes as it's dispatched, the questions that you ask the dispatcher. Like you  
24 just -- you don't know what to expect.

25 You never knew what to expect before, but you're less trusting of  
26 what's behind you as far as backup goes, as far as, you know -- if you do have a really  
27 bad call, it still seems like there's that disconnect between getting the actual help,  
28 possibly, that you need and just going with a volunteer group of the peer and family

1 support, so.

2                   You know, recently I had another event not anywhere close to this,  
3 but it did require for me to take a day or two off and same thing. Like when I called in  
4 and said, you know, "I'm having a hard time" it's like, you know, the field is of you did  
5 get into this business and yes, this is what you signed up for, but not everything you've  
6 signed up for. So you know, a little more compassion sometimes from the people who  
7 are trying to manage, which I understand they have the right to manage and they have  
8 a lot going on, but I feel like there's a bit of a disconnect there sometimes with their  
9 human element of their employees of knowing kind of where you're at or how you've  
10 been.

11                   You know, it could be a little bit better, but.

12                   **MS. KRISTA SMITH:** Yeah. Okay.

13                   **MR. JEFF AUCOIN:** I think for me it's the second one, support.

14 Like I've reached out to my supervisor every time we do -- we do performance  
15 appraisals every -- thirdly, I think, three times a year or whatever. And every time, I'm  
16 just like "Where's the support, where's the support?".

17                   And I don't feel there's any changes with that or changes to some  
18 stuff we've brought up earlier today, right. It feels like we've -- we've spoken to, well,  
19 what we thought were our higher-uppers [sic] and nothing's been brought to us,  
20 anyway, that we know of, right.

21                   Lately -- it's been better lately. There's a few little things or policies  
22 that kind of tried to change to make us get off on time and those things like that, so we  
23 feel a little bit more appreciated. It's coming. Some stuff is coming, but there's still --  
24 like we said, this one -- this one just required -- Peter's great. I mean, nothing to say  
25 bad about Peter, but like we just need those specialty people, I think, for this kind of  
26 incident.

27                   **MR. BRUCE COX:** I mean, again, the training, when it happens  
28 again -- not if, but when, will we make the same mistakes? I -- you know, from my

1 perspective, I haven't seen a lot of policy or directives or new equipment or new -- you  
2 know, nothing's really -- you know, we may know more, you know, about what  
3 happened, but you know, if it happened again tomorrow I don't see what would be  
4 different, you know, from our perspective, from the field perspective, you know, unless  
5 things are happening behind the scenes that we are completely unaware of.

6                   It could easily happen again and, you know, that -- yeah, we -- our -  
7 - you know, the people I work with in the field as well -- I'm not speaking for them -- they  
8 don't need that to happen again, at least, you know, if they do, that there's a process  
9 that they could follow that they know there's, you know, something that's going to  
10 happen that's going to get -- you know, that's going to be as best as they can in a bad  
11 situation. And we haven't seen that yet.

12                   **MS. KRISTA SMITH:** So has that been the hardest part for you  
13 since the mass casualty?

14                   **MR. BRUCE COX:** I think so just, you know, waiting. Next. Oh,  
15 soon? No, it hasn't happened yet. And okay, hopefully soon. Maybe this one? No, still  
16 hasn't happened yet. And more training? No, not yet.

17                   You know, are we going to have a -- you know, something  
18 somewhere to, you know, help us when it happens again that we could have some --  
19 even a working group of people who can -- you know, from the responder level who  
20 could, you know, try to design a process or something for it.

21                   Maybe it's happening, but we -- you know, from our level, we're no  
22 more prepared today than we were, you know, going on two and a half years ago.

23                   **MS. KRISTA SMITH:** Yeah. Okay.

24                   Anything to follow up on?

25                   My thought is the next formal question in the round is to ask what  
26 do you wish you'd had, what would have helped?

27                   I do feel like we've heard several things from you on this point. Are  
28 there any other things that would have helped that we haven't talked about already in

1 terms of your experience after the events?

2 **MR. JESSE BRINE:** I think what Jeff saying, like just a phone call,  
3 yeah. Yeah, follow-ups. Training, you know, equipment. I think that's -- that's where  
4 we're, you know, hoping that it's coming some day.

5 **MR. JEFF AUCOIN:** Same thing -- oh, sorry. Go ahead.

6 **MS. MELANIE LOWE:** Everything we do like as far as EHS goes  
7 and as far as protocols, it's all -- you hear it over and over, the managers or our  
8 education staff say evidence-based, evidence-based, evidence-based. And so you  
9 hear that and they do all this research to have evidence-based medical protocols, but  
10 here there's been no gathering of the evidence to get this evidence-based training for us  
11 at this point, so I feel like that part's being missed.

12 Like I would like to see that change.

13 **MS. KRISTA SMITH:** So evidence about what your experience  
14 was to figure out what you guys most need.

15 **MS. MELANIE LOWE:** And not just our experience. I'm sure  
16 there's experiences from other places in the country or the U.S. or wherever that, you  
17 know, state these are the protocols that they've followed, and like he said, in two years  
18 there's been no change. I feel like that's a fairly lengthy amount of time to have, you  
19 know, no discussion on that.

20 **MR. JEFF AUCOIN:** I think COVID is only an excuse. There's  
21 ways around COVID, right. There's tons of virtual stuff out there and, like you said, I  
22 think it's -- yeah, this whole evidence-based, whatever.

23 I mean, we were some of the evidence, right, and we were never  
24 approached to talk about our feelings or experiences or whatever to try to develop  
25 something that's better for next time, right, what can we do to protect ourselves better,  
26 what can we -- you know, there's a whole lot of -- there's a whole list of stuff that can  
27 make it better and I think that's why we're all here, is to make that better for the next  
28 people, right.

1                   Because like you said, it's going to happen again. It's just when.

2                   **MR. R. BRIAN COX:** I mean, these three are three of, what, five or  
3 six people who are -- you know, who are the only ones in our province as paramedics  
4 who've actually dealt with this situation before, have been exposed to this.

5                   There's been staging and other, you know, violent crimes, but for  
6 that -- to this extent, these guys are it. And you know, they're the ones who are, you  
7 know, now sharing, you know, to this group when, you know, it should have been to  
8 many other groups prior to this their experiences and recommendations for what they  
9 saw that night and the next day, for that matter.

10                  **MR. JEFF AUCOIN:** And even like there's -- I'm sure there's been  
11 other active shooters, but maybe just in a smaller scale, right. Around Halifax I'm sure  
12 there's been some that have been on the loose or whatever somewhere in the police,  
13 right, so there's other experiences other than us, so just maybe look around and see,  
14 you know, okay, we got -- this is something that we could work on, right, so.

15                  **MS. KRISTA SMITH:** So one of the last questions we wanted to  
16 ask you which, again, I feel like we've naturally gone there is why did you decide to  
17 participate here? You know, what do you hope will come out of it?

18                  **MR. JESSE BRINE:** I was -- I came because I hoped that my  
19 experience and situation would help either make, you know, things better, you know,  
20 better training, better, you know, protocols, you know, have -- you know, give the  
21 general public a better understanding what actually happened. You know, if anyone  
22 had, you know, questions like wondering about what actually happened like on our side,  
23 you know, here we are.

24                  And you know, the -- hopefully make a difference. Yeah.

25                  **MS. KRISTA SMITH:** Yeah.

26                  **MS. MELANIE LOWE:** Kind of the same idea as far as like, you  
27 know, when your friend comes to you and says, "Can you take part in this  
28 Commission?" and they've been, you know, part of that, that's what you do. So that

1 was part of it.

2 But the other part, of course, is for me, I didn't know like maybe the  
3 three or four of us, including the other lady that's not here, had a piece of information  
4 that you hadn't had yet, so to me, it was like it's -- it's not something I really want to  
5 actively relive over and over. However, there might have been information that you  
6 wouldn't have got otherwise if we hadn't participated, was our -- my thought. And again,  
7 to make things better just knowing that no one's been contacted and that we do have  
8 some information.

9 You know, we definitely don't think we handled the situation, you  
10 know, to the best of our ability if we had more training, but we definitely think we  
11 handled it to the best of the abilities that we had and I -- you know, these guys have  
12 done an amazing job, but it would be nice to have a little more training and I feel like it --  
13 it's something that we've brought up, but I don't know how far -- like sometimes you feel  
14 like you mention those things and it gets put to the side burner and it doesn't really ever  
15 exist, so this is kind of a little more out and centre, unfortunately, but it's just one  
16 example of this was a huge event and we really need to have more resources and more  
17 training to do our jobs properly and stay safe.

18 At the end of the day, we want to come home to our kids.

19 **MS. KRISTA SMITH:** Thank you.

20 **MR. JEFF AUCOIN:** For me, it was -- I wasn't really sure when I  
21 was approached by Donald or you -- I forget who it was initially -- but anyway, of  
22 coming. You know, I was like -- I was kind of hemming and hawing. And then my wife  
23 actually sat me down and she's like -- and as paramedics, we're pretty good at  
24 complaining sometimes about stuff that we're not happy with and -- but we often  
25 complain to each other, not to the right people.

26 So in saying that, she kind of said, "Listen, if you say nothing,  
27 nothing's going to change, but if you say something, something might lead to a change",  
28 and that's what brought me here.



1                   **MS. KRISTA SMITH:** Thanks.

2                   **MR. BRUCE COX:** The base of my involvement was out of a duty,  
3 an obligation. I mean, that -- as I said, if -- you know, I can, you know, complain and,  
4 you know, to my colleagues about what should happen or didn't happen. You know,  
5 this is the -- you know, I guess the next step coming to be, you know, videotaped and  
6 deposed many times over hours to give of what happened.

7                   You know, we all said our first questions, we want to help, we want  
8 to help, we want to help people and help people. This is why we're here. If we didn't  
9 want to help, we would, you know, be elsewhere today, not doing this. And that's, you  
10 know, how we -- how we're wired, is to want to, you know, make things better.

11                   But the helpers need help sometimes, and so we make sure things  
12 are out there that we can help the next people who deal with this.

13                   **MS. KRISTA SMITH:** Okay. Thank you so much for sharing your  
14 experiences.

15                   Is there anything else that you had hoped to speak about today that  
16 you haven't had the opportunity to talk about?

17                   Doing good?

18                   Okay. I just want to check in with the Commissioners. Do you  
19 have any follow-ups?

20                   No? Okay.

21                   Well, you know, what you talked about today was really hard and I  
22 know that we asked a lot of you to come up on a stage and talk about this experience.  
23 We can't thank you enough for that.

24                   It really helps us to understand and informs our work, so thank you.

25                   **COMMISSIONER MacDONALD:** And if I could thank you, Krista,  
26 for again ably facilitating a very important conversation.

27                   And if I could be bold enough to use first names, Jesse and  
28 Melanie and Jeff and Bruce, thank you so very much for sharing your insights.

1                   Many of the things we heard, we would have no idea about it. We  
2 were reminded of those and just your insights about your work generally, but most  
3 importantly, your insights about the experience you had. It's really, really important for  
4 us and we are so thankful.

5                   You've broadened our perspectives, you've broadened our  
6 horizons, you've added some important, very important, information for us. And I just  
7 wrote down, Bruce, your quote "that's how we're wired" and it seems like that's how you  
8 are wired. Your entire vocation involves public service, and thank you for that. But  
9 more importantly, you have performed very significant public service today and we  
10 especially thank you for that.

11                   It wasn't easy for you to relive your experience and we so much  
12 appreciate your candour, but more significantly, we appreciate your courage for coming  
13 and for doing it because you felt it's -- it was the right thing to do. And we want to come  
14 up with recommendations that will make positive change in so many aspects of what  
15 happened and particularly in the information that you've shared with us, so thank you  
16 again. We so greatly appreciate it.

17                   I say this often, but one very gratifying dynamic about our work is  
18 that when we ask people to help us, people like you who do that every day, but  
19 especially today, say yes. So we really, really appreciate it and thank you so much.

20                   And Mr. Murray, thank you very much for assisting in organizing the  
21 presentation as well, so thank you. It's greatly appreciated.

22                   We'll break until 1:30. If I'm wrong about that, we'll let you know,  
23 but I think it's 1:30. Thank you.

24 --- Upon breaking at 11:59 a.m.

25 --- Upon resuming at 1:34 p.m.

26                   **COMMISSIONER MacDONALD:** Good afternoon. Ms. Smith?

27 **--- SMALL GROUP SESSION – 9-1-1 CALL TAKERS:**

28                   **MS. KRISTA SMITH:** Thank you. So I'm Krista Smith. You

1 probably saw me this morning and I facilitated our first small group session. So I'm  
2 going to say in abbreviated form what I said this morning, just that small group sessions  
3 are to allow us to hear from individuals with direct experience related to the mass  
4 casualty and its impacts. And today we're hearing from first responders. So this  
5 morning we heard from paramedics and folks from Emergency Health Services. And  
6 this afternoon we're going to hear from 9-1-1 call takers, dispatchers, folks who work at  
7 the Operational Communications Centre, or the OCC of the RCMP. And they will --  
8 they'll tell you about themselves, that they were on duty the morning of April 19<sup>th</sup>, 2020.

9           So very same as last time, I'm going to ask a series of broad open-  
10 ended questions. It'll be the same questions as you heard this morning, and you each  
11 have an opportunity to respond, and no one will interrupt you, but I will kind of keep us  
12 on track if we lose track of a question or we start to lose track of time. We'll do a round,  
13 and then like you saw this morning, we'll just do another round to see if anything else  
14 came up for you, or if you thought of something else that you wanted to share.

15           And last piece is if we're talking -- if you end up talking about how  
16 your organization works, how training and policy works, that kind of thing, we're  
17 interested in your personal experience of that, so it's, like, what it was like for you to  
18 follow the policy in that situation, or maybe where the policy didn't give you what you  
19 needed in that moment possibly.

20           So with that, I think we can go ahead and get started. So we'll just  
21 start with maybe a little introduction. Tell us -- and tell us a little about your background  
22 and your role.

23           **MR. BRYAN GREEN:** Okay. I'm Bryan Green. I was a supervisor,  
24 team leader on the morning of April 19<sup>th</sup>. I started out in the RCMP in 2012. I had been  
25 a high school teacher mostly in Newfoundland and I moved here. And my wife was a  
26 regular member of the RCMP. I was at a point in my teaching career where I didn't  
27 think I could continue, so I didn't want to teach anymore, so I was looking for other jobs,  
28 other careers. And I had actually visited an OCC once in my life, seemed really

1 interesting, so job came up, she showed me the posting and I applied.

2 So, yeah, I started in 2012 September as a call taker, dispatcher,  
3 and now -- or after 5 or 6 years I became a team leader, supervisor, and right now  
4 currently, I am acting commander for a few months. We've been rotating at work, and  
5 this is my second stint.

6 **MS. KRISTA SMITH:** And your role on the morning of April 19<sup>th</sup>  
7 you said you were supervisor. Can you ---

8 **MR. BRYAN GREEN:** That's right.

9 **MS. KRISTA SMITH:** --- talk a little bit about what your  
10 responsibilities are?

11 **MR. BRYAN GREEN:** So as a supervisor, and there was actually  
12 two of us on a watch ideally, we oversee operations and -- on the floor on both call take  
13 and dispatch. There are two sides, a call-take side and a dispatch side. That morning, I  
14 was sitting on the dispatch side next to the risk manager, and my job was, at that time,  
15 to make sure everything ran smoothly on any shift, let alone that shift. Also, as  
16 supervisors, we are expected to be operational as well. Depending on staffing, we may  
17 end up call taking or dispatching at any given time.

18 **MS. KRISTA SMITH:** Okay.  
19 Kirsten?

20 **MS. KIRSTEN BAGLEE:** I am Kirsten Baglee, and I've been a  
21 dispatcher for 21 years. I started in 2001 in Kamloops, B.C. And then in 2008, I started  
22 in northern Alberta. I worked in that OCC. And my husband's in the military, so a few  
23 years ago -- well, in September of 2019, we moved to Nova Scotia, and I started in the  
24 H-Division OCC in January of 2020, so it had only been 3 months that I had been  
25 working in the province before Portapique happened.

26 On the morning of the 19<sup>th</sup>, I -- Bryan came in at 7 and I was to start  
27 my shift at 9. I lived quite a ways away from Truro, so I arrived at about 8:30, and I was  
28 the second supervisor for the shift. I was supposed to be on the call take side, but we

1 had ample staff, and because of COVID, we tried to space our operators out in the room  
2 a little bit, so there wasn't any space for me on the call take side, so I moved over to the  
3 dispatch side, and Bryan and I sat -- there's eight positions on the dispatch side when  
4 we were in Truro, and we were exact opposite corners. So my responsibility was  
5 overseeing the dispatchers, and making sure the information was flowing properly in the  
6 way it was or way it needed to be, and assisting anybody if they needed any assistance.

7 **MS. KRISTA SMITH:** So was your role any different than Bryan's,  
8 since you were both dispatch supervisors that day?

9 **MS. KIRSTEN BAGLEE:** Our main role is the same. We ended  
10 up taking on different responsibilities. Just due to his proximity to the risk manager, he  
11 took on some assistance of the -- for the risk manager. I more oversaw the dispatchers  
12 that day.

13 **MS. KRISTA SMITH:** M'hm.

14 **MS. KIRSTEN BAGLEE:** But generally, we have the exact same  
15 role.

16 **MS. KRISTA SMITH:** Okay. All right. So it's -- it can be -- there's  
17 no doubt it can be a difficult job, so why do you stay in it? What do you find satisfying  
18 about it?

19 **MR. BRYAN GREEN:** It's interesting, it's a challenge. We get to  
20 help people every day. Every day is different. Sometimes they feel the same, but every  
21 day is different, every call is different. And you never know what's going to happen,  
22 which is a blessing and a curse. I just -- I enjoy the job. I -- like I said, I was a teacher,  
23 and I found I would be counting the minutes down at the end of the day. I can go in and  
24 do a 12-hour shift now and it goes pretty quick. I enjoy doing it. I enjoy having more  
25 responsibility. There is a lot of responsibility no matter what level you're at in that job.  
26 About it.

27 **MS. KRISTEN BAGLEE:** Like Bryan said, it's different every day.  
28 You never know what you're going to get when you answer the phone or you answer

1 the radio. It keeps it kind of exciting, I guess. We get to help people. We are  
2 answering the phones when they are having their worst moment, and we get to help  
3 them and get them the help that they need.

4 I mean, I've been doing it for 21 years. I love the job. I love going  
5 to work. I love the comradery we have on our teams. You become very close with your  
6 team because you work such long hours with everybody. You're working four on, four  
7 off. So they become a second family.

8 **MS. KRISTA SMITH:** M'hm.

9 **MS. KRISTEN BAGLEE:** And I can't imagine myself doing  
10 anything else.

11 **MS. KRISTA SMITH:** Yeah. Okay. So I'm going to take us to the  
12 mass casualty. So we'd like each of you just to describe what your involvement was on  
13 April 19<sup>th</sup>, 2020.

14 **MR. BRYAN GREEN:** Okay. I got up in the morning to come to  
15 work. I live about 45 minutes away from work. Or at least I did at that time. I got up in  
16 the morning and I actually looked on Facebook and it was Colchester Fire and  
17 Emergency Facebook page was reporting fires in Portapique that they were unable to  
18 get to, just ensuring the public that they would doing the best they could.

19 So I thought that was weird. And the first thing I thought was,  
20 "Okay. We have a barricaded person somewhere." That was my thought. So -- and I  
21 noticed that the post was from several hours earlier. So I went into work thinking this is  
22 probably resolved. Got to work. Wasn't resolved.

23 I got there about 6:30 at work. The outgoing supervisor was very  
24 busy and tried her best to brief me on what had happened over night. Also the risk  
25 manager was -- outgoing risk manager was there, and he was trying his best to tell me  
26 what happened as well. And it was a lot to take in. It was kind of a moment where  
27 you're thinking, "Okay. Is this real? How is this real?"

28 But at that time, just as I was coming in, the subject's fiancé, I

1 guess, had come out of the woods and there was a lot going on in our office at that  
2 point, trying to figure out what was going on.

3                   So throughout the morning, things settled in a little bit. I was trying  
4 to get some information. My -- the OCC commander at the time was on the phone with  
5 me. he was with the -- with ERT, Emergency Response Team. So he was calling back  
6 and forth and we were getting more and more information coming in as the morning  
7 went on.

8                   I had had a couple of regular members who had worked all night  
9 drop in, and we were talking to them about what had happened, and we were getting  
10 information anyway we could.

11                   And at the same time, I was thinking, "Okay. This is still -- this is  
12 something that happened and for now it's over." However, we hadn't found him, so we  
13 have standard operating procedures. I went through them for an active shooter and just  
14 tried to adapt the situation we were in to that standard operating procedure and let  
15 everybody on both sides of the floor, the call take and the dispatch, know what was  
16 expected.

17                   And as new people came in, we had someone come in at 8:00  
18 o'clock and we had a group of people come in at 9:00 o'clock to work, I was briefing  
19 them on what was going on, until whatever time it was, 9:00/9:30/10:00 o'clock.

20                   Things escalated again. And I know because I was on call take,  
21 giving some instructions to someone, and one of the call takers put her headset on  
22 mute and said, "We have someone dead on the side of the road."

23                   So I ran across the room, relayed it on the dispatcher, and from  
24 then on it was just chaos. Organized chaos. We had some great operators on the floor  
25 who knew what they were doing, but it was as busy as I've ever seen it.

26                   So I think -- that was where Kirsten had come in shortly before that.  
27 She set up on one side of the room. I set up on the other. Normally we would have  
28 been one on call taking, one on dispatch, but we didn't have that kind of -- we didn't

1 have enough seats on call take due to COVID. We had everyone working. We had a  
2 leave restriction. So we just split up the tasks and tried to -- one thing we tried to do is  
3 we tried to make sure there was communication coming in and out of the OCC. If  
4 something happened, we would say, "Someone call EHS," or, "Someone call Truro  
5 Police," "Someone call Halifax." And if nobody was available to do it, we would do it.  
6 That was one of our goals.

7 I was calling helicopters, trying to get helicopters in the air.

8 And then when it was over, I remember having a minute. I put my  
9 head down on my desk for about five seconds and then Insp Rodier came over and  
10 asked me to call in the night shift because they were relieving us all.

11 **MS. KRISTA SMITH:** Okay.

12 **MS. KIRSTEN BAGLEE:** Do you want to know my role that day?  
13 Is that what the question was?

14 **MS. KRISTA SMITH:** Or what -- yeah. What your involvement  
15 was.

16 **MS. KIRSTEN BAGLEE:** So I, at the time, lived an hour and 20  
17 minutes away from Truro. My shift was to start at 9:00 o'clock. So I -- because I live so  
18 far away, I generally leave early so that I make sure that if there's anything on the road,  
19 I still arrive at work in time.

20 So I got there at about, I want to say, 8:25/8:30, and I was talking to  
21 my dad on the phone. And when I was in the parking lot, I looked on Facebook and  
22 there was a message on one of the pages that we have as Nova9-1-1 saying, like,  
23 "Thoughts and prayers to Truro Dispatch." And I had no idea what that was about. I  
24 said, "Dad, I've got to go."

25 I ran into the building and put my lunch in the fridge, figuring I -- you  
26 know, go figure out what's going on and come back down and get my breakfast. I never  
27 made it back down to get my breakfast. I went up to talk to Bryan and he filled me in  
28 and like he said, it seemed so unreal that it could possibly -- this was going on, that I



1 could -- just beyond the scope of anything I've ever dealt with, and I've worked in some  
2 very busy centres. So I said, "Well, I better go get my stuff and get set up on call take."  
3 And like I said, I went over to call take and there was no place for me to sit.

4                   So I moved over to the dispatch side and set myself up and I was  
5 probably ready to go at about 8:30 and just checking in with everybody, seeing -- I  
6 mean, nobody had been able to even go to the washroom that morning because there  
7 were so many members on the road that they were taking care of. So I would take  
8 areas so that the dispatchers could go run to the washroom. And it's a good thing that  
9 we did that because we -- once it ramped up again, there was no stopping.

10                   So like I said, I oversaw a lot of the dispatch side. A lot of the  
11 dispatchers are very experienced. The ones that we worked with. A lot of experience  
12 on that side of the room.

13                   There was some flow that had to happen because most of the  
14 events of the night before happened on the Colchester channel because it was in  
15 Portapique. And then the first call that we got that morning was actually in Cumberland  
16 County's area. So the dispatcher that's responsible for Colchester is also responsible  
17 for Cumberland. So we split it and the dispatcher who was -- who sits at the position  
18 that takes care of all of that area, I asked her to take Cumberland, dispatch the file that  
19 she had, and another dispatcher took on the Colchester to monitor that while this event  
20 was happening.

21                   Very soon after, the Cumberland one was not completed yet. It  
22 was still ongoing and things started to happen in Colchester County.

23                   When the urgency, I would say, of the Cumberland one went down,  
24 it doesn't make sense to switch dispatchers again, to give back Colchester to the initial  
25 dispatcher. So the one that took over Colchester to monitor, she stuck with that, stayed  
26 with that area. And then it's up to the other dispatchers to absorb, basically, the other  
27 areas of jurisdiction that aren't involved in a major event. So everybody already knows  
28 that. They already know the flow. If somebody has -- we're kind of in two partner pods,

1 sort of, Northeast Nova and Southwest Nova. So if a major event happens in, say,  
2 Colchester, in Northeast Nova, their partner knows to take the bulk of their jurisdiction,  
3 their areas, while they can focus on the critical incident that's going on.

4 So that's what we tried to do.

5 We also had two dispatchers that were not involved in the critical  
6 incidents at the time. They weren't involved in the Northeast Nova stuff. They had  
7 mostly Southwest Nova.

8 One of them even had the entire province except for where the  
9 critical incidents were going on, and they took care of everything else, like the entire  
10 province. So I mean, even though that was going on in Colchester and in Cumberland  
11 and then eventually in East Hants, the rest of the province didn't stop, so there was --  
12 there were -- there was a domestic that happened in one of the areas that I didn't know  
13 about because I was so focused on the critical incident, but we had very capable  
14 dispatchers that were able to make sure that everything was taken care of and they  
15 were. They were taking care of everything else.

16 They were also making calls. If somebody said that they needed  
17 an ambulance staged at such-and-such, if nobody could do it, I'll do it. So I was making  
18 those phone calls.

19 If we needed to pass on information, there was a lot of information-  
20 sharing that needed to happen with Truro, with Halifax, with EMS or EHS, I would make  
21 those phone calls. There was another dispatcher that would make some of those  
22 phone calls.

23 Another -- the ones that were taking care of the rest of the province,  
24 they were making those phone calls while our primary dispatchers were able to focus on  
25 what they were taking care of and the critical incident.

26 It's too -- it was too much for them to have to take on extra tasks  
27 other than just taking care of the police officers on the road and getting the information  
28 out to them.

1 I called Truro a number of times. There was -- there was one point  
2 when the risk manager on duty asked for somebody to call Truro and I was a  
3 supervisor. It makes perfect sense for me to make that kind of a call.

4 He -- there was two risk managers at one point. They were so busy  
5 they couldn't make all the phone calls that needed to be made, so it made sense for me  
6 in my position of a supervisor to make those phone calls, and I did. I passed on as  
7 much information as I could.

8 We got to a point when things started moving into East Hants we  
9 were changing the patches of the radios as they went along. At one point -- because  
10 East Hants is also part of -- part of the Colchester-Cumberland group, but from the very  
11 beginning of the morning a different operator had taken them because Colchester and  
12 Cumberland, we knew, were the ones that were most involved in the critical incident.

13 So when it moved into East Hants, it moved to another dispatcher.  
14 We patched those channels together. We had two dispatchers working on that channel.  
15 They were able to not cut each other off. They were able to work together on the same  
16 channel. They did a fantastic job.

17 Bryan and I were also standing the whole time. We had our desks  
18 up. We were standing so we could look because of the way it was set up. The four  
19 main dispatchers are in the middle of the room, so we could look down into the middle  
20 by having our desk raised.

21 So just a little bit of assistance in direction with the dispatchers.  
22 When it moved into East Hants, I had to ask another operator to take those -- the  
23 additional areas away from another dispatcher so that she could concentrate on the  
24 East Hants area.

25 As things happened, when Constable Morrison was shot, I called  
26 the ambulance to get them there. Then when Heidi was shot and killed and -- and we  
27 found out, the -- it was but a moment that we could stop, if that. Like I made eye  
28 contact with the dispatcher that had that area and then we had to move on because

1 there was so much. There was so much coming in.

2                   There wasn't any time to -- to feel, to sit in anything. You -- there  
3 was just -- there was always -- there was a new thing that you had to do. There was  
4 another task, there was another call coming in. It didn't -- it didn't stop.

5                   Very soon after that, as we know, the suspect was put down at the  
6 Big Stop and, like Bryan said, he then called in the night shift to relieve us. And as they  
7 -- as the relief was coming in because they came directly from home, they -- as fast as  
8 they could. As the night shift was coming in, I was trying to get them to relieve the  
9 operators I thought should go first and trying to put our room back the way it -- because  
10 each area -- each position takes a specific area of the province. We're trying to put it  
11 back to the way it should be as they were coming in.

12                   Clearing up files. We had a lot of files sitting in the queue that  
13 some of them were duplicates, some of them were -- had quite a time delay on them,  
14 making sure that they were all assigned and that everybody -- I would call -- I called  
15 some of the investigators to see who I should be sending these to, who is going to these  
16 specific scenes so that we could clean up to the board for the night shift who was going  
17 to be taking over for us so we weren't leaving them with a mess to clean up even  
18 though they did have to take over a huge -- a huge mess, a huge amount of information  
19 they needed to be caught up on when they got there.

20                   And once that was done, I unplugged and we didn't go home right  
21 away, Bryan and I. We had other things to do as supervisors.

22                   **MS. KRISTA SMITH:** Okay. We're going to do a second round on  
23 that question, but one thing, it gives you an opportunity to add anything you might want  
24 to add or comment on anything you've heard.

25                   What I found myself wondering about as you both were talking is  
26 making sure that everyone listening has a good -- a good picture in their head of what it  
27 looks like at the OCC and kind of how many dispatchers exactly you were supervising  
28 and kind of just make sure we're clear on the main difference between 9-1-1 call-taker

1 and then dispatchers, what it is that dispatchers do, and then also what you were doing  
2 as supervisors that was similar or distinct from what the risk manager was doing. Like  
3 what was it -- how does that -- how does that relationship work.

4 **MR. BRYAN GREEN:** At any given time, we hope to have four  
5 call-takers and four dispatchers. Call-takers answer 9-1-1 calls and they also answer  
6 our RCMP administrative line, so they can take a 9-1-1 call of a weapons complaint and  
7 then the next call could be someone who had their bike stolen and -- or the next call  
8 could be someone just trying to get a hold of one of our members, so there's the whole  
9 gamut of calls that come in, and that's what they do. They take the calls and they pass  
10 the information.

11 And at the time, it was to the next room to the dispatchers. And the  
12 dispatchers are dispatching those complaints to the members on the road, checking on  
13 the members, doing status checks. If a member pulls a vehicle over, we're checking on  
14 them. We're running queries on the person they pulled over. We're trying to keep the  
15 members safe.

16 That day, we had -- because of COVID and leave restriction, we  
17 had more people working than I've ever worked with so, like I said, four and four. We  
18 had seven and five, plus us, so we had fourteen people working, seven call-takers, five  
19 dispatchers and us.

20 We usually run with four dispatchers, four different areas. We had -  
21 - we had five, which was great that day. We needed everyone.

22 The risk manager sits next to one of the supervisors. On that day it  
23 was me. The risk manager is -- he's a Staff Sergeant. He's a regular member, usually  
24 a Staff Sergeant. In this case he was.

25 He gives advice and guidance to members on the road, some  
26 supervisory duties to the members on the road, and he's a great resource for us as well,  
27 or he or she, and there are various duties that he'll perform. Sometimes we will go to  
28 the risk manager for advice on a situation, or we'll go to the risk manager to get the go-

1 ahead to perform certain operations. Cell phone pings, for instance, we would look to  
2 the risk managers. But for the most part, our jobs are separate. He's working with the  
3 members on the road. We're supervising our operators. And like I said, that day, we  
4 had seven and five rather than four and four, so it was ideal. And as Kirsten said, we  
5 had some of the best -- some of the most experienced and some of the best operators  
6 we had at the OCC were working that day. And the other side of the coin, we had a half  
7 a dozen or more brand-new operators who were fantastic as well. I think we had five  
8 people on call take all in their 20s taking calls, and they have never seen anything even  
9 remotely like this, let alone this, and never wavered. It was a great job.

10 **MS. KIRSTEN BAGLEE:** Yeah. Not much to build on that. There  
11 were some times where we both had to go over to call take too because the call takers  
12 were constantly on the phone, especially when things started up again. They were  
13 having to -- we had to instruct them that if it was something that was not in progress and  
14 of a more administrative nature and unrelated to the critical incident, they needed to get  
15 off the call and instruct the -- or tell the caller that they'll need to call back at another  
16 time, whether it be the next day, or later in the day if they were going to get through, and  
17 we didn't know what was -- how everything was going to end up, of course. Our call  
18 takers answered so many calls. There was very little duplication. They were paying  
19 attention to what was coming in. They were adding the updates to the files. They were  
20 making sure that the dispatchers knew there were updates on the files. We tried really  
21 hard to make sure that the communication -- because, of course, the room was  
22 separated when we were in Truro, the flow of information is more difficult, because  
23 when you are that busy, you don't have a chance to check your internal messages as  
24 much. So sometimes it was just easier for one of us to go over there and speak to  
25 them, or to ask a clarifying question. If they created a file and a member wanted to  
26 know something, sometimes it was just easier for me to run over and ask that question,  
27 come back, and tell the dispatcher, so that they could relay it to the member.

28 There were a couple calls that I stayed over there for, just to make

1 sure that they were able to manage, that they didn't have any questions. Not that I  
2 didn't think they couldn't manage it, but if they needed a support, that's what I was for.  
3 A supervisor, I'm to support the people on my team. And because Bryan and I were  
4 both on dispatch, that's not the way we generally try to do things. We try to have one  
5 supervisor on each side, so that I could have been the call taker support and he could  
6 have been the dispatcher support, but just the way it ended up, and it probably was a  
7 good thing that we were both on that side, because there was so much to be done on  
8 the dispatch side, that it was okay that we were just running over to check in on call  
9 take, to give them updates. Sometimes we would -- if we had information that we got  
10 on the radio that maybe call take didn't have, we could go and tell them that rather than  
11 sending a message, because like I said, they were on the phone constantly.

12 I don't know if there's anything else that I have ---

13 **MS. KRISTA SMITH:** Yeah.

14 **MS. KIRSTEN BAGLEE:** --- to tell you.

15 **MS. KRISTA SMITH:** One thing I did wonder about, you were  
16 explaining how as the morning progressed, the dispatchers in charge of different  
17 regions found themselves to be in sort of in the centre of this -- the unfolding events.  
18 And you talked about how you would shift responsibility, so that they could focus  
19 completely on the members that they were supporting.

20 **MS. KIRSTEN BAGLEE:** Yes.

21 **MS. KRISTA SMITH:** I just -- again, because we don't live this  
22 world at all, like, what does that look like? What does it mean to -- like, what kind of  
23 support and what were the dispatchers doing in supporting the members?

24 **MS. KIRSTEN BAGLEE:** So in a -- on an average day, say you  
25 have a serious motor vehicle collision, and you have a lot of resourcing that you need to  
26 get moving, you have a lot of updates. It's called a hot dispatch. So as information is  
27 coming in from the call-take side, it's being input into the file, and the dispatcher is  
28 sitting on an open channel, relaying that information as they receive it to the members

1 on the road. Because they're on an open channel, because there's an active incident,  
2 the support dispatchers or the other dispatchers, if they're not tied up on a critical  
3 incident, they will then take the rest of the responsibility of the other areas, of that -- the  
4 dispatcher who's taking care of the critical active incident. So it's just basic support, so  
5 that way, the person who's dealing with the critical incident can concentrate fully on that  
6 one specific incident, because generally, there isn't three or four critical incidents going  
7 on. There's generally one.

8 **MS. KRISTA SMITH:** M'hm.

9 **MS. KIRSTEN BAGLEE:** So the rest of the dispatchers will  
10 support you.

11 **MS. KRISTA SMITH:** M'hm.

12 **MS. KIRSTEN BAGLEE:** And it doesn't necessarily have to be just  
13 north and south. If there's something going on in both north dispatcher's areas, a south  
14 dispatcher could take the rest of somebody's stuff. So it -- all it is, is, basically, picking  
15 from a list of jurisdictions on our CAD system, and then you have responsibility for their  
16 area. And they can drop, they can drop the rest of their stuff so they can concentrate on  
17 the one.

18 **MS. KRISTA SMITH:** Okay. So you mentioned CAD, that's  
19 computer-aided dispatch?

20 **MS. KIRSTEN BAGLEE:** Yeah, that's our CIIDS system, yes.

21 **MS. KRISTA SMITH:** And I may have this right, or I may not. You  
22 said hot dispatch. So am I understanding correctly that the dispatcher will relay what's  
23 coming up on the CAD ---

24 **MS. KIRSTEN BAGLEE:** Yes.

25 **MS. KRISTA SMITH:** --- because members are busy driving and  
26 such ---

27 **MS. KIRSTEN BAGLEE:** Exactly.

28 **MS. KRISTA SMITH:** --- so they can't necessarily ---



1                   **MS. KIRSTEN BAGLEE:** So if they're going lights and sirens, they  
2 don't have time to be looking at their mobile workstation.

3                   **MS. KRISTA SMITH:** M'hm.

4                   **MS. KIRSTEN BAGLEE:** It's not safe to do that anyways, so it  
5 makes the most sense for the call taker to keep that file open and type in the updates as  
6 they're receiving them from the caller, and the dispatcher to have that call open and to  
7 be relaying the information over the radio to the members on the road while they're on  
8 route to the call. So we call it a hot dispatch because it's ---

9                   **MS. KRISTA SMITH:** Okay.

10                  **MS. KIRSTEN BAGLEE:** Yeah.

11                  **MS. KRISTA SMITH:** That helps. The next question is a little bit  
12 obvious in the sense that this was clearly a very different experience than you'd ever  
13 encountered before. So in -- but again, we weren't there, so help us to understand how  
14 was this morning different than your average shift?

15                  **MR. BRYAN GREEN:** Like she said earlier, Kirsten said earlier, we  
16 have -- we still had calls coming from all over the province.

17                  **MS. KRISTA SMITH:** M'hm.

18                  **MR. BRYAN GREEN:** But this time we had one central event that  
19 we were all dealing with. And that happens from time to time but not like this. The -- we  
20 were all focussed on this one event, which is not usually the case. In the meantime, the  
21 other events, everything else in the province had to be dealt with as well. If there's a  
22 domestic in another county, somebody has to be responsible for that. And when we're  
23 responsible for the entire province, RCMP, the entire province minus HRM, we had to  
24 deal with the other stuff as well. And as Kirsten said, our standard operating  
25 procedures for an active shooter, it includes hanging up on people, hanging up on  
26 people who don't have information. So at times we had to deflect some of those calls.  
27 We had to deflect calls from people who were calling about that event if they didn't have  
28 any recent information for us. So we don't usually have to hang up on people. And that

1 day, our call takers would have had to definitely hang up on people to get information  
2 and that information was coming in faster than I've ever seen. It was -- I believe at one  
3 point, between 11 and 11:30 that morning, our call takers processed over 80 calls, and  
4 that's the ones they answered. There were ones that probably didn't get through. They  
5 answered over 80 calls, and that's 30 minutes for 7 people. So they were working fast,  
6 and they were working really well. It was as busy as I hope I'll ever see it.

7 **MS. KRISTA SMITH:** M'hm.

8 **MR. BRYAN GREEN:** There was -- I've been busy before, but this  
9 was just ---

10 **MS. KRISTA SMITH:** Next level?

11 **MR. BRYAN GREEN:** Someone described it as turning on a fire  
12 hydrant and it just gushed out. And there was -- the mere fact that they kept any of the  
13 information straight was a miracle and I feel like we kept 99.9 percent of it straight and  
14 made sure it got to the people who needed it.

15 The dispatchers, like I said, their job was to take the information the  
16 call takers gave them and relay it. In a lot of cases, they had to prioritize that  
17 information because there was so much radio traffic that if this wasn't -- if it wasn't  
18 recent information, it wasn't good information.

19 So normally we would relay everything.

20 **MS. KRISTA SMITH:** M'hm.

21 **MR. BRYAN GREEN:** Everything that comes across, that's our  
22 job. We relay information to whoever needs it. In this case, we had to pick and choose  
23 sometimes. We had to make some decisions we normally wouldn't have had to make.  
24 And I feel like we made the right ones, but there was just so much information so fast.

25 Other than that, it became really obvious really quick, our job as call  
26 takers and dispatchers is, like I said, collect information. And we're trying to find that  
27 guy as well. So we're trying to find him like the members on the road are trying to find  
28 him. And we're trying to find him through phone calls, people calling and saying what

1 happened, where he is, where he's been sighted. And we realized really quick that the  
2 only way we're getting any information is for something else horrific to happen. So  
3 every call that came in was worse than the next one, and that's the only way we knew  
4 where he was, and we were always 30 seconds behind him, and that was tough.

5 So yeah, it was a lot different than an average shift for sure.

6 **MS. KIRSTEN BAGLEE:** It was very reactive. Of course, I'm new  
7 to the province at that time and I pulled up a map and I was trying to figure it out. I was  
8 trying to see how we could get in front. And I said to one of the operators, I said, "I'm  
9 sorry, guys. I'm not from around here. Can you see any pattern? Any direction?" And  
10 they said, "There is no direction. It doesn't make sense." So it was -- it was a very  
11 reactive -- the next thing happened and we went to that.

12 And you can only get as much information as you can from people  
13 sometimes. And because the phones were ringing so off the hook, they had to get the  
14 quick and dirty of it. Get the quick information, get it sent over so that it could be  
15 relayed right now.

16 And the dispatcher that ended up taking over that area, she was  
17 very good at making sure she was heard, because, as you can imagine, there were a lot  
18 of members on the radio. On the road, there were tons.

19 **MS. KRISTA SMITH:** M'hm.

20 **MS. KIRSTEN BAGLEE:** She needed to make sure that she was  
21 heard every single time a new thing came in and she was very good at that. I don't  
22 think I'll ever forget that. I'll never forget the sound of that.

23 **MS. KRISTA SMITH:** The sound of what?

24 **MS. KIRSTEN BAGLEE:** She said -- she would say "Break for  
25 dispatch. Break for dispatch." And I can't even -- I don't even know how many times  
26 she said it. Like, how many times she had to say it, because of how many new files  
27 came in where another terrible thing happened and she had to get that information out  
28 now and had to stop everybody from speaking on the radio so she could get that

1 information out so we could go to the next place.

2                   There was one call where there was a possible sighting at a  
3 grocery store in Lower Truro. And of course, it came in third hand. That's not very  
4 reliable information sometimes. I ended up going over to call take just to verify some of  
5 the information from the call taker. And I went back over to my desk and called the  
6 caller and it turned out it was her son, who had called her, who had been put into -- so I  
7 mean, of course, information is lost or skewed. So I asked her, I said, "Can I have your  
8 son's phone number?" And I ended up calling her son and he couldn't even give me  
9 direct answers for my questions, that the suspect was -- I mean, it was relayed to us  
10 that the suspect was outside that grocery store.

11                   **MS. KRISTA SMITH:** M'hm.

12                   **MS. KIRSTEN BAGLEE:** So I needed to verify that information,  
13 because I had already called Truro Police and asked them to go there, because we  
14 were too far out and they would have been much closer. But I wanted to verify the  
15 information and make sure we had the most up to date information. I ended up asking  
16 him to put me on with a manager so that I could verify -- confirm that the suspect was  
17 seen at the store and get anymore information that I could, because we needed real-  
18 time information. We needed stuff that was happening right now.

19                   **MS. KRISTA SMITH:** M'hm.

20                   **MS. KIRSTEN BAGLEE:** And it turned out that he wasn't there.  
21 They had just been put into lockdown as a precaution and somehow the information got  
22 skewed that it was because the suspect was on site. So I mean, as soon as we find out  
23 that that information is incorrect, that has to be put out. And it's not just to our  
24 members. It also needs to be put out to the Truro Police because we'd already sent  
25 them there. We need to make sure that everybody gets the information.

26                   **MS. KRISTA SMITH:** M'hm.

27                   **MS. KIRSTEN BAGLEE:** We did a lot of -- it was a lot of support,  
28 that day.

1                   Yeah, I don't really have anything else.

2                   **MS. KRISTA SMITH:** Yeah. So one of the other areas I'm  
3 interested in with this topic is how the OCC is working within the bigger picture of a  
4 response of the operation.

5                   So you started to talk about that a little bit. It sounds like in your  
6 supervisor role in dispatch, that's really something you're spending a lot of your time  
7 doing, is talking to other agencies and trying to get them up to speed?

8                   **MR. BRYAN GREEN:** It is. As a supervisor, especially when we're  
9 given a chance to supervise and we don't have to actually take calls or dispatch, we  
10 could be doing anything. Like I said, that morning, I was -- and Kirsten was, we were  
11 relaying information to other agencies. We were talking to -- I was trying to get a  
12 helicopter in the air. At one point I had been talking to one of the staff sergeants and he  
13 had given me a list of members to call. And I went through a list of members and called  
14 them, called them in, called them into work, Bible Hill members. And that was -- it's not  
15 something that we normally do, because we do call members out in the middle of the  
16 night, but I had a long list and I had to call them. And I had time to do it. They didn't.  
17 So I did it.

18                   **MS. KRISTA SMITH:** M'hm. All hands on deck.

19                   **MR. BRYAN GREEN:** Right. All hands on deck. If there's  
20 something that needs to be done, we're going to do it. Doesn't matter if we've done it  
21 before. Doesn't matter if it falls within our scope of duties. Our scope of duties is pretty  
22 broad. And if something is happening like that, we're going to do -- if the Risk Manager  
23 needs something, I'm going to do it. And we ended up doing whatever needed to be  
24 done. The dispatchers ended up doing whatever needed to be done.

25                   We had dispatchers calling people they had never called before.

26                   Like I've said, we had a couple of dispatchers who had the rest of  
27 the province, and they were busy like we were, and they were busy calling out  
28 resources for that event as well.

1                   And yeah, it was -- there was no -- like I said, there was no set  
2 duties for anyone. Especially in a situation like that. We're just doing what we can.

3                   **MS. KRISTA SMITH:** M'hm.

4                   **MS. KIRSTEN BAGLEE:** Whoever is not busy at the time that  
5 something needs to be done.

6                   **MR. BRYAN GREEN:** Yeah.

7                   **MS. KRISTA SMITH:** M'hm.

8                   **MR. BRYAN GREEN:** And it's our job to make sure it gets done.

9                   **MS. KIRSTEN BAGLEE:** Yes. And then you have to make -- you  
10 confirm that it was done.

11                   **MS. KRISTA SMITH:** M'hm.

12                   **MR. BRYAN GREEN:** Yeah.

13                   **MS. KIRSTEN BAGLEE:** So when a Risk Manager says, "Call  
14 Truro and tell them to lock down their town, I don't ask for more clarification, because  
15 that's all he had to tell me, that's all he could get out, because he had so many other  
16 tasks that he did. And I said, "I'll do it." And I had direct line to the Risk Manager. He  
17 was along the window line with me. And, "I'll do it." I called. I spoke to a dispatcher, I  
18 spoke to a corporal, and then I spoke to an inspector. And I gave them every single last  
19 bit of information that I knew so that they could be better prepared. Where my job ends  
20 is that it's not my job to tell you how to take that information, what to do with that  
21 information. I can only tell you what I know. And what you do with it is up to you.

22                   **MS. KRISTA SMITH:** M'hm.

23                   **MS. KIRSTEN BAGLEE:** And I don't know what lockdown means  
24 for you. So if I say, "The Risk Manager has asked me to lock down your town," if you  
25 have protocol in place for a lockdown, then I would think that it would be time to start  
26 that protocol.

27                   **MS. KRISTA SMITH:** M'hm.

28                   **MS. KIRSTEN BAGLEE:** I am a dispatcher. I am a supervisor in

1 the OCC. But I don't work for your agency. I am an RCMP dispatching supervisor. So  
2 I know this is another -- this is a later question, but to -- to have doubt thrown as to  
3 whether what I said was -- was verified or had any authority, I wasn't -- I wasn't passing  
4 on information as an order, I was passing on information, as we do, as we information-  
5 share among agencies, and then what you do with it is up to your agency. Because I'm  
6 not -- it's not up to me to decide how you -- how you take that information.

7 **MS. KRISTA SMITH:** Right. So it becomes a matter of whether  
8 the same words mean the same thing to you ---

9 **MS. KIRSTEN BAGLEE:** I guess.

10 **MS. KRISTA SMITH:** --- versus the ---

11 **MS. KIRSTEN BAGLEE:** Yes.

12 **MS. KRISTA SMITH:** --- different organisations?

13 **MS. KIRSTEN BAGLEE:** And when I -- when I heard what Bruce  
14 told me, I understood what he meant.

15 **MS. KRISTA SMITH:** Bruce is your Risk Manager?

16 **MS. KIRSTEN BAGLEE:** Bruce was -- yeah, Bruce Briers was the  
17 Risk Manager that day. I understood what he meant, and I didn't need more  
18 clarification. And so I relayed what was told to me, and I relayed every other bit of  
19 information that I had so that they could better prepare for whatever they needed to do  
20 to carry out the suggestion, I suppose, that was passed on to them.

21 **MS. KRISTA SMITH:** Okay. So thinking over that really very brief  
22 period of time ---

23 **MS. KIRSTEN BAGLEE:** It was brief, yes.

24 **MS. KRISTA SMITH:** --- what -- what was the hardest part?

25 **MR. BRYAN GREEN:** I guess I touched on it before, it was  
26 knowing that in order to find him, we were going to have -- it was going to worse, so  
27 every call was going to be worse. And that's where -- we were waiting for the next call  
28 so we'd know where he was, and we knew that wasn't going to be a good thing.

1                   Kirsten mentioned when Heidi was killed. When that happened, I  
2 don't know if this true, it just felt like the room -- the air went out of the room for about a  
3 half-a-second, and then we just went on like it didn't happen. We had to go on like it  
4 didn't happen, and that was tough for everyone for sure.

5                   But yeah, it was -- it was not knowing what was coming and not  
6 knowing where it was going to go. And as Kirsten said, it seemed as though at the time  
7 there was no rhyme or reason to which direction he was going. He was out in  
8 Wentworth, he was in Debert, he was in East Hants. Maybe there was, it's hard to say,  
9 but it's -- there was no -- it was hard to tell, it was hard to tell. I mean, it was hard to  
10 piece it together as we were going along. And if we can't piece it together, we can't  
11 articulate it to the members on the radio.

12                   **MS. KRISTA SMITH:** Yeah.

13                   **MR. BRYAN GREEN:** So it was -- it was tough.

14                   We had -- and we -- we had training. We had IARD, Immediate  
15 Action Rapid Deployment training. The members do that, have been for years doing it  
16 on the regular. We started, actually -- in November of 2020 or 2019, we started  
17 attending training with them as dispatchers and sending two or three of our dispatchers  
18 to go and dispatch their IARD training. And that training is -- it's meant for a building, it's  
19 meant for -- it's meant for a school, unfortunately, meant for a school, and so all the  
20 training is geared towards that.

21                   So we had actually sent several of our operators. As a matter of  
22 fact, there was seven dispatchers, including myself and Kirsten that day. I believe five  
23 of us had been there in that year before they had to shut it down for COVID. So we  
24 were ready in that regards. We had that kind of training, but like I said, it's meant for a  
25 building, so we had to adapt it for what was happening, which I -- I don't know if there's  
26 any training that could help you anyway.

27                   **MS. KRISTA SMITH:** Yeah.

28                   **MR. BRYAN GREEN:** That was -- it was unheard of, so it was just



1 a situation we wouldn't have dreamt up, let alone been prepared for, so we had to go  
2 with what we knew and adapt it best we could.

3 **MS. KRISTA SMITH:** Yeah.

4 **MS. KIRSTEN BAGLEE:** And we had to just use our training, like  
5 do the right thing, do the -- that what you thought was right in the moment that... I mean,  
6 we had a lot of experience on that side of the room. We -- there wasn't -- I'm trying to  
7 think of how to word this. It wasn't -- Bryan and I didn't have to tell anybody, "You need  
8 to do this, you need to do this" because there was so much experience that they knew  
9 what to do and we were just there to support them in doing it.

10 It was tough when Chad was shot when he went to the -- to the  
11 ambulance station and was waiting for an ambulance. And after Heidi had been killed,  
12 he came on the radio, and I'll never -- I'll never forget him coming on the radio and just  
13 so unassuming, "Do we know where my ambulance is because I'm bleeding pretty  
14 badly?", and me getting back to on the phone and asking the ambulance where they  
15 were. And knowing that, of course, they need to be safe in their -- in their response, but  
16 I had a police officer out there that needed help, and that's what I wanted. I -- and so I  
17 tried to tell he's in this car, and he doesn't have a stripe on his pants, and this is his  
18 name, and he needs your help.

19 We want to protect our members. That's -- that's our -- our job is to  
20 protect the members, take care of them, make sure that they make it home. And we --  
21 we couldn't that day. It's our -- it's our worst -- our worst day, our worst nightmare  
22 coming true. That was -- that was hard.

23 But not having time to really react to, like to emotionally react, we  
24 certainly reacted in our -- in our action and in -- and in getting him the help and in  
25 getting people there for Heidi as quick as we could, but the -- the emotional reaction  
26 couldn't happen at that time because we had a job to do.

27 **MS. KRISTA SMITH:** Yeah. Yeah. Given those incredibly  
28 insurmountably difficult situations that you guys were in, is there anything that could

1 have helped, anything that you wished you had or known that could have...?

2 **MR. BRYAN GREEN:** Since -- since then, our boss has been very  
3 proactive in making changes, and by changes, not really changes, improvements. And  
4 we actually have a running list, I think it's up to 39 or 40 now, of things we have  
5 changed, improved ---

6 **MS. KIRSTEN BAGLEE:** And modified.

7 **MR. BRYAN GREEN:** --- added, modified since Portapique to  
8 make sure -- enhance operations and to be better prepared. A lot of it has to do with  
9 Communications, some of it's public communications.

10 But that day, I'm not sure what would have helped. I think we were  
11 as prepared as we could have been. And we did have some technology, there is more  
12 now, but I don't see any -- it's not like at the time I was thinking, "Oh, I wish I had this."  
13 It's a matter of six months later I've got this, but I never knew it existed in the first place.  
14 So it wasn't that I wanted something, it's just something that great, we're seeing some  
15 improvements, augmentations to what we already have. But there's nothing that two  
16 days after Portapique you could have come to me and said, "What would have made  
17 things better?", I would have said, "I don't know. Nothing." I'm sure there's stuff, but  
18 there was nothing top of mind for sure. I think we had what we needed.

19 **MS. KIRSTEN BAGLEE:** Best we could have had at the time.

20 **MR. BRYAN GREEN:** Right. So there's nothing -- yeah, there's  
21 nothing we have now that I would have even dreamed that we could have had, so but,  
22 yes, we are way better prepared now than we ever have been.

23 **MS. KIRSTEN BAGLEE:** I agree, basically the same, where we  
24 have our new centre now. It does make open communication easier than when we  
25 were basically in two rooms. It's still a large room though, so there's still a -- I don't think  
26 communication would have really changed. We have a lot more situational awareness  
27 now. But again, like Bryan said, we didn't know we needed that until we had it. We  
28 didn't know that that was an option until we had it. So I can't think of anything that could

1 have made that day go better, flow better, better prepared us in that moment. I think we  
2 utilized everything that we had to the best we could.

3 **MS. KRISTA SMITH:** Yeah. Okay. I think we're at a point where  
4 we're ready to move past the during the mass casualty and go to after. Is there  
5 anything though that you haven't spoken to about the during that you wanted to speak  
6 to before we move on?

7 **MR. BRYAN GREEN:** I don't think so.

8 **MS. KRISTA SMITH:** Okay.

9 **MS. KIRSTEN BAGLEE:** I don't think so.

10 **MS. KRISTA SMITH:** All right. Do you want a break? Okay.

11 All right. So moving to the after piece, the after the mass casualty,  
12 what was it like for you and your team in the days and weeks that followed? How were  
13 you supported?

14 **MR. BRYAN GREEN:** So immediately, like, within minutes after it  
15 was over, Inspector Rodier, she came over and asked me to call in the next team, the  
16 team that was supposed to come in on night shift. So we're looking at noon, we're  
17 calling in the night shift that was supposed to start at seven.

18 **MS. KRISTA SMITH:** M'hm.

19 **MR. BRYAN GREEN:** So I did, and then once they all got in, I  
20 realized, because it was my job to schedule the OCC at the time, I said, okay, now we  
21 have too many because someone's got to work until seven a.m. So I sent some people  
22 back, and I've never had as understanding a group of people before. They came all the  
23 way into work, and then we said, "No, go back, please." And they said, "Yeah,  
24 whatever you need."

25 So we were sent home. Kirsten and I did stay. We stayed for a  
26 few hours that day, and we came back in for an eight-hour shift the next day to do some  
27 paperwork, and to make some follow-up phone calls to our team. But we were sent  
28 home for eight days. I think the other team, due to scheduling and how it landed, were

1 sent home for five days, the team from the night before. During those -- that eight days,  
2 we did have psychological debrief. Oh, sorry, getting ahead of myself. On the way out  
3 of the office that day on April 19<sup>th</sup>, we met a Peer-to-Peer advisor on the way out, set up  
4 in a room downstairs from where we were, and before we left, we spoke to them. So  
5 later that week, we did have a psychological debrief. Due to COVID, we had to split our  
6 team in half, and we went to both sessions, as supervisors.

7                   And everybody was set up with phone numbers for psychologists,  
8 and everybody's name was given to -- was assigned to, I believe, a Peer-to-Peer person  
9 across the country. So within a few days, we would receive -- I think I received a call  
10 from a Peer-to-Peer person who worked at the RCMP in Saskatchewan. And he  
11 followed up twice with me. I did call a psychologist at one point. I had a session. We  
12 were of the understanding that if you needed help, you could call, and it was covered.

13                   We had normal employee assistance programs that exist, that are  
14 available to us. Some people took advantage of that. Some people took advantage of  
15 the psychologists. I'm not -- I've been asked if we -- several times if we did enough, if  
16 we should have gone back to work as soon as we did. Kirsten and I both have been  
17 part of the management team. We were then and have been since. We both had stints  
18 as the commander, and we've been dealing with a lot. And we know from Moncton, we  
19 were told, that people were sent off for a month in some cases, some of the  
20 dispatchers, and that wasn't necessarily a good idea. But then again, I don't know if five  
21 or eight days was enough either. It's almost impossible to say. So I think it's different  
22 people need different things. And we had some support. But if you ask somebody else,  
23 I feel like I had adequate support, if you ask someone else, I don't know what they're  
24 going to answer, but whatever they answer is the right answer.

25                   **MS. KRISTA SMITH:** M'hm.

26                   **MR. BRYAN GREEN:** So it's hard to say, but we did have plenty of  
27 opportunities, Peer-to-Peer and psychologists, for sure.

28                   **MS. KRISTA SMITH:** You said you went in the day after. Did you

1 end up taking any time or ---

2 **MR. BRYAN GREEN:** We went in the day after. We volunteered  
3 to go in the day after. And then went in for the debrief, but that was a Sunday morning.  
4 So we went in Monday, the debrief was Thursday, but we didn't back to work until the  
5 following Monday.

6 **MS. KRISTA SMITH:** Okay.

7 **MR. BRYAN GREEN:** So, yeah, we did take some time.

8 **MS. KRISTA SMITH:** Yeah. Okay. Kirsten, what was your  
9 experience like after?

10 **MS. KIRSTEN BAGLEE:** Well, we -- it was just a making sure  
11 everybody was being relieved, getting the room, like I said, back in order to the way it  
12 should be. Bryan dealt with sending some people home, so that they could stay until  
13 seven, and I was just trying to get people in and get our people out, and making sure  
14 that they went down to see the Peer-to-Peer person who was called in to -- you were --  
15 we asked them all to go and see the Peer-to-Peer person before they left the building.  
16 Bryan and I stayed a little bit longer. We did talk with our -- we spoke with our  
17 commander, I believe, that day. And then we had to talk about the schedule because,  
18 of course, that's two teams that were affected, and our team was supposed to come in  
19 for a day shift the next day. And we didn't feel like we could ask them to do that. So I  
20 think that day, I called all of our team a little while after they would have gotten home,  
21 just to check in on them, make sure that they were doing okay, they had somebody to  
22 talk to if they needed it, made sure that they knew we were available if they needed us.

23 I did hang around for a little while longer, because I -- the people  
24 who were working that night shift, they would have come straight from home, and  
25 wouldn't have packed a lunch for the shift, so I stayed, and I went and grabbed them  
26 pizza and brought pizza back for them. Because I lived so much further away at the  
27 time, I -- the -- one of the operators there, I used to stay at her house between my days  
28 and my nights, so I went to her place, and then came back in the morning with Bryan,

1 and we worked on the schedule. We told our -- I told our team that they should not  
2 come in to work the next day and we would call them about the night shifts. So we split  
3 up the team and we called them the next day, let them know that they were not  
4 expected to come in to work for their night shifts, and that the debriefing had already  
5 been set up ---

6 **MS. KRISTA SMITH:** M'hm.

7 **MS. KIRSTEN BAGLEE:** --- and that we were going to have to  
8 split it due to COVID, so we were going to have to do call takers in the morning and we  
9 did dispatchers in the afternoon. And it had already been -- it was already scheduled for  
10 both teams, so we would see them that day. We also -- we did some paperwork, some  
11 ---

12 **MR. BRYAN GREEN:** Worker's compensation?

13 **MS. KIRSTEN BAGLEE:** --- we did, like, our labe 10-70s, our  
14 hazardous occurrence form ---

15 **MS. KRISTA SMITH:** Okay.

16 **MS. KIRSTEN BAGLEE:** --- basically, for psychological impact.

17 We worked on the schedule.

18 We called the people that we were going to need to schedule for  
19 the upcoming week because we -- with two teams out, that left two teams, so we had to  
20 split them to work both days and nights, so we basically split them and we had one  
21 group worked all days and one group worked all nights, and everybody was on board  
22 with anything that we needed.

23 It was -- it was certainly everybody came together to take care of  
24 the whole OCC. And like Bryan said, we gave EAP, we gave contact information for  
25 peer to peer when we went for the debrief. We were provided with a list of  
26 psychologists that were available. And at the time, they were doing a lot of -- because  
27 of COVID, they were -- they were doing them over the phone or video calls, so it didn't  
28 really matter where you were getting some help, but the help was there.

1                   And I did have a peer-to-peer person call me and I think mine was  
2 from Saskatchewan, too.

3                   Some people didn't come back. Some people are off and may  
4 never come back. Some people are already not coming back.

5                   I did have to take some time myself. I probably pushed it a little  
6 longer than I should have, but I wanted to be there for my team and -- as a supervisor,  
7 as a support person, and in my -- I'm in this job because I want to help people and my  
8 team is no different than anybody else. I wanted to help them, too, so I wanted to be  
9 there for them to support them.

10                  And so I probably stayed a little bit longer than I should have, but I  
11 did end up taking some time myself. I took a few months off.

12                  And like Bryan said, I feel like I got the help I needed. I feel like the  
13 support was -- that was provided to me was what I needed. I hope that we gave  
14 everybody the support that they needed. I hope they felt supported because we  
15 certainly tried.

16                  **MR. BRYAN GREEN:** We -- it's a hard question to answer  
17 because we are both part of the management team. We were then and we're even a  
18 bigger part of the management team in the last year, so we have been dealing with all  
19 of this.

20                  We have 50 operator positions at the OCC, full-time operator  
21 positions, and they were pretty much full, I believe, at that time. We had 50. We have  
22 24 right now, full, 24 operator positions, most of those lost due to Portapique one way or  
23 the other.

24                  Some of those positions are still technically full, but there are  
25 people who are off sick, may come back, may not come back. So it's hard.

26                  I don't want to put words in anyone's mouth because we lost all  
27 those people. Maybe there is something that could be done more. I don't know what it  
28 is. But that's a lot of people, and we've lost great operators who I -- great employees,

1 great people that I wouldn't have thought we were going to lose and we did because ---

2 **MS. KIRSTEN BAGLEE:** The magnitude of it ---

3 **MR. BRYAN GREEN:** Yeah.

4 **MS. KIRSTEN BAGLEE:** --- was more than any one of us could  
5 have -- could have imagined.

6 **MR. BRYAN GREEN:** Yeah.

7 **MS. KIRSTEN BAGLEE:** It is something that -- that careers are  
8 lost on.

9 **MR. BRYAN GREEN:** We lost four people this past April, two  
10 years on, people who -- they weren't necessarily all directly related to Portapique, but I  
11 would be willing to bet it played a major role and, in some cases, they hung on, found  
12 new jobs. They hung on as long as they could, and so it's -- we're still feeling the  
13 effects.

14 We're trying to restaff, but it's hard to keep up with it.

15 So we're struggling, and we've -- when you ask that question, I  
16 think I got the support I needed. I know that there's going to be people who disagree  
17 with me, and I can't argue with them.

18 **MS. KRISTA SMITH:** The next question may -- you may have ---

19 **MR. BRYAN GREEN:** I think I jumped the gun, yeah.

20 **MS. KRISTA SMITH:** No worries.

21 But it is, what have been the hardest things since the mass  
22 casualty, not necessarily just the week after -- I mean, maybe in there, but also some of  
23 the longer-term?

24 What's been hardest for you personally?

25 **MR. BRYAN GREEN:** Yeah. I had no idea that it was going to be  
26 that much pain, that much trauma. And it's really hard to talk about that because in the  
27 end, we were on the phones, we were on the radio. Paramedics this morning were right  
28 out in it, and police members were right out in it. The victims' families, I can't even



1 imagine.

2                   So it's hard to talk about us because we were in a room. We were  
3 safe in a room and, still, it was -- there's still a lot of trauma, so I can't even think about  
4 what some people are going through.

5                   So it is hard to talk about it, but that -- that is the thing that  
6 surprised me the most. That's been hardest, for sure, that I didn't -- had no idea that I  
7 would be talking to my co-workers about events like that and trying to get them help that  
8 they needed and having no idea what to do myself.

9                   Other than that, I'm a little surprised by -- on top of all this, it's been  
10 a struggle because we've been in the news and our names have been in the news in  
11 some cases. And I've been watching a little bit of this Commission lately, and I can  
12 watch for three hours one day and then read two different news articles from two  
13 different trusted sources and every have a completely different slant, and a slant that I  
14 wouldn't have even dreamed of. And that's hurting -- hurting our employees.

15                   We had -- we had a tabloid publish the 9-1-1 calls. That was  
16 painful, very painful.

17                   So I found out that happened in the morning. I had to head it off. I  
18 had to -- had to do damage control. I was Acting Commander at that time. I had to find  
19 that employee and basically get that -- get those employees to give them a heads up so  
20 they don't come across it accidentally, give them a chance to avoid it.

21                   And again, that's us and the families of the victims, it's got to be  
22 worse. Way worse.

23                   So yeah, the media coverage and the fact that there was so much,  
24 so much pain and no real way to deal with it, I guess. That's been the worst.

25                   **MS. KIRSTEN BAGLEE:** We're still dealing with it. It's been more  
26 than two years and it's still like it just happened.

27                   There's not a day that goes by in the Acting Commander position  
28 that one of our tasks, one of our duties is to take care of the people who are off long

1 term, so we're -- we're constantly still dealing with it. And like Bryan said, trying to head  
2 off people. If we find out that there's a news story that's gone out that's got somebody's  
3 name or transcript published, we try to make sure that that employee knows so that they  
4 can, if they want to, read it or if they want to avoid it, they can because we don't want to  
5 reinjure anybody because they've already been through so much.

6                   Some of the media coverage has been pretty awful, pretty upsetting  
7 because they don't know what happened. They weren't there, so the spins on things,  
8 the -- I don't want to say accusations, but just the -- the way that things are being  
9 portrayed aren't necessarily the way it actually happened and so it's difficult to -- I try to  
10 -- it's hard to stay away from the media coverages.

11                   It is what it is. I mean, you can try and avoid it as much as you can,  
12 but it's still there and people still ask questions and they still want to know what  
13 happened and we just -- we lost a lot of really good people.

14                   **MS. KRISTA SMITH:** Yeah. What would you want people to  
15 understand about your experiences that you wouldn't be able -- they wouldn't be able to  
16 understand unless they've been there?

17                   **MR. BRYAN GREEN:** Well we -- like I said, we've been taking  
18 some flack. The RCMP in general. We've also had our names published for the OCC.  
19 I know that happened immediately after. Like, within a couple of days. One of our  
20 employees who worked that day with us, I remember she put up on social media, just  
21 that she wrote we tried so hard.

22                   And we just want everybody know that everybody, members on the  
23 road, everybody we talked to that day, tried so hard. We did whatever we could with  
24 what we had. It was a struggle and we -- everybody worked so hard. Members on the  
25 road. We worked so hard. Everybody. And it's hard to hear the negative after doing  
26 that.

27                   So yeah, that's what I want people to know. I want people to know  
28 how hard everybody worked.

1                   And an event like that, and I didn't know it at the time, but it's just a  
2 flood of information coming at you at once, and it's just a lot. It is -- it's the most difficult  
3 day I've ever worked and I wasn't even on the phones. The call takers on the phones  
4 were just taking in way more information than I could -- than I ever thought was  
5 possible. And they didn't miss a thing. And it was very hard. It was very hard. They  
6 did a really good job.

7                   And yeah, it's just you hear in the media things were missed. You  
8 don't know what it's like until you're there, until you're doing it. That you could be  
9 listening to something on the phone, you could be listening to something on the radio. I  
10 had someone play a radio broadcast a year later that I had listened to and I missed  
11 something when I had listened to it. It was just so much information to take in and  
12 you're trying to do so many things at once. Dispatching is -- and call taking are heavy  
13 on multi-tasking. It is the key skill you need. And it's so hard. And it is possible to miss  
14 stuff. I don't feel we did. But so much information and so -- it was hard to keep up with,  
15 but we did what we could.

16                   **MS. KIRSTEN BAGLEE:** Can you repeat the question?

17                   **MS. KRISTA SMITH:** It is what would you want people to  
18 understand who weren't there? That, you know, you would have to be there to ---

19                   **MS. KIRSTEN BAGLEE:** That we are human. If any mistakes  
20 were made, it certainly wasn't without lack of trying. We tried our hardest. We banded  
21 together. It was literally all hands on deck. We used every skill that we had. It worked  
22 out that the two most skilled and, I guess, experienced dispatchers ended up being two  
23 of the main dispatchers.

24                   You can't -- you can't imagine the amount of information that came  
25 at us in such a short period of time. It was -- the bulk of it was about two hours. And  
26 when you think about how many scenes there were in those many hours, and the  
27 amount of geographical distance that was covered in those two hours, and I can't  
28 imagine doing it with anybody -- any other group. They worked beyond my

1 expectations. And I hope they know that. I know that they did everything they could,  
2 everything in their power. They worked their hardest. They worked their butts off.

3 **MR. BRYAN GREEN:** Many of them are no longer working with  
4 us.

5 **MS. KIRSTEN BAGLEE:** Yeah.

6 **MR. BRYAN GREEN:** Yeah, I do too. I hope they know.

7 **MS. KIRSTEN BAGLEE:** I hope they know that they did everything  
8 they could, that they didn't -- I don't think there's anything they could have done better.  
9 And if I was involved in something like that, I wouldn't want anybody else on the other  
10 side of that phone.

11 **MR. BRYAN GREEN:** With covid, with the leave restriction, the  
12 number of people we had working, like Kirsten said, the operators who ended up  
13 dispatching that call, which were the best we had. Everything was right. Everything  
14 was going the best possible way. And it just goes to show that things are still going up.  
15 Like, things are still ---

16 **MS. KIRSTEN BAGLEE:** Things can still be terrible.

17 **MR. BRYAN GREEN:** Things can still be bad, ---

18 **MS. KIRSTEN BAGLEE:** Yeah.

19 **MR. BRYAN GREEN:** --- no matter what you've got going for you.  
20 And we had great members on the road. We had great supervisors. We had great risk  
21 managers. Everything was great. And it still was horrific and horrible and it all ---

22 **MS. KIRSTEN BAGLEE:** We had all the people with all the skills --

23 -

24 **MR. BRYAN GREEN:** Yeah.

25 **MS. KIRSTEN BAGLEE:** --- in the right places ---

26 **MR. BRYAN GREEN:** Yeah.

27 **MS. KIRSTEN BAGLEE:** --- and it was still horrific.

28 **MS. KRISTA SMITH:** Why did you feel it was important to come

1 here today to tell us about this? What do you hope we'll take from this?

2 **MR. BRYAN GREEN:** I think the OCC needed a voice ---

3 **MS. KRISTA SMITH:** M'hm.

4 **MR. BRYAN GREEN:** --- in this. Someone -- I want people -- I  
5 wanted people to know how hard we worked, and I wanted people to know that we did  
6 our best. And if there's any information we can pass on that was new, then great.  
7 Basically whatever needs -- whatever anyone needs, I'm willing to answer questions  
8 and I'm willing -- and there were several -- all of us were asked if we wanted to come  
9 and many people don't, for understandable reasons. I felt like I could, so I came. So  
10 just to spare from someone else having to do this. And it's hard. It's really hard.

11 So I know most of what we say and do at the OCC is recorded and  
12 all those recordings are out there, but if there's anything, anything, anyone, anything I  
13 could pass on today that was new or different, then that's great.

14 **MS. KIRSTEN BAGLEE:** M'hm.

15 **MR. BRYAN GREEN:** Yeah, that's why. I just wanted -- yeah,  
16 that's it.

17 **MS. KIRSTEN BAGLEE:** I didn't want to be another transcript. I  
18 wanted the OCC to have representation as humans, as people, as people answering  
19 the phone, as people doing the dispatching. And like Bryan said, the offer was put out  
20 to everybody, but many people didn't want to, or couldn't, because it probably would  
21 have retraumatized them. They might not have been able to make it through. And if I  
22 can be one of the people who can come up here and answer some questions and  
23 maybe offer some perspective into what we do and to how it went that day, I will do  
24 anything I can. I wanted to make sure that people saw the faces behind all those  
25 recordings that we -- that we are people doing our job, doing the best we can. I just  
26 hope that we offered a little more insight into the way things work and the way we try to  
27 operate.

28 And I still don't think I would change anything that we did. I really

1 think that we worked our hardest, we did our very, very best that day. I mean, we pulled  
2 out all the stops. We -- anything we knew how to do, we utilised our skills, and I just  
3 hope that people know that.

4 **MS. KRISTA SMITH:** Yeah. And sort of as a final question: Is  
5 there anything that you'd like to see come out of this Commission, the work that we're  
6 doing, based on your experience? Anything that would make the work better or easier?

7 **MR. BRYAN GREEN:** From the OCC's point of view?

8 **MS. KRISTA SMITH:** Yes. Yeah.

9 **MR. BRYAN GREEN:** I guess it's indirectly out of the Commission.  
10 It's -- we -- we've done a lot of it. Maybe there's more we can do. We are -- every day  
11 we're changing things, doing things a little differently. We had a major incident the other  
12 day, and I was working, and I said to the Risk Manager, I said, "This is a lot different  
13 than it was two years ago. If this would've -- when this happened two years ago, it  
14 didn't go like this. This is -- this is smoother, this is..." It was more ---

15 **MS. KIRSTEN BAGLEE:** Just procedure.

16 **MR. BRYAN GREEN:** Yeah. It was more precise the work we  
17 were doing.

18 We have -- there's several things that we -- that are -- that are  
19 different. Even in our OCC, now, if a major event is going on we have a Strategic  
20 Communications person in the office. So if a tweet or a Facebook post or a public alert  
21 go out, we're aware of it and we know when it's going out. Because when an alert goes  
22 out 9-1-1 sees the effects, 9-1-1 sees -- we get flooded with calls. Not as much as we  
23 did. I think there's a lot of education that's gone on the last couple of years, obviously.  
24 Before that, even when they would test the alert system, we would get slammed with  
25 calls.

26 But now, all of that is happening out of our office. We've got  
27 different technologies now that we know where our members are better than we ever  
28 did before, so I think ---

1                   **MS. KIRSTEN BAGLEE:** And more coming.

2                   **MR. BRYAN GREEN:** And more coming. And things have  
3 happened, and I guess indirectly that is because of -- because of this Commission in a  
4 way, but because of the event, of course.

5                   But yeah, if there -- if there is anything else we can do differently,  
6 by all means we'll do whatever we can. We're trying to make how we do business  
7 better all the time.

8                   **MS. KIRSTEN BAGLEE:** Not much to add, really.

9                   **MS. KRISTA SMITH:** Okay.

10                  **MS. KIRSTEN BAGLEE:** We want to be able to do our job the  
11 most efficiently, and our -- he was our commander at the time. He -- he advocates for  
12 our OCC, trying to get us the best technology, the best. He is constantly updating our  
13 procedure. We've been a part of that in the acting position making sure that people are  
14 getting the training that they need. It's been difficult during COVID, but there are still  
15 courses. So if we -- if we update a procedure and there's a course that could go with it,  
16 an online course, we try and get our people to do that to make sure that we're going full  
17 circle, we're not just "read this", also do the course and understand that -- just to  
18 understand why this is the procedure.

19                  **MR. BRYAN GREEN:** It feels like sometimes we're -- as  
20 commanders, we've been -- we're flooding the employees with more work, more work,  
21 more work, but it's all ---

22                  **MS. KIRSTEN BAGLEE:** It's for a purpose.

23                  **MR. BRYAN GREEN:** We don't get any complaints. It's for a  
24 purpose. It's like ---

25                  **MS. KIRSTEN BAGLEE:** It's to -- it's for preparation. It's to better  
26 prepare if this should ever happen again. So we -- we have the -- our skills are  
27 up-to-date, our skills are refined and we know what -- we want to be able to be in a  
28 position where you don't necessarily have to look at your policy and procedures

1 because you know, because you know what you need to do. And if we can train our  
2 people to know what to do things work better.

3 **MS. KRISTA SMITH:** Okay. Is there anything else you wanted to  
4 share today before we close? Anything you haven't had an opportunity to say that you  
5 had come here wanting to say?

6 **MR. BRYAN GREEN:** No.

7 **MS. KRISTA SMITH:** Okay.

8 **MS. KIRSTEN BAGLEE:** Not for me either.

9 **MS. KRISTA SMITH:** Okay, thank you. Good.

10 Okay. Well, thank you. I know this wasn't easy. So it's -- you -- it's  
11 -- it asks a lot of you, so please, thank you for coming and for kind of going through this  
12 with us to help us understand.

13 **COMMISSIONER MacDONALD:** And thank you so much, Krista,  
14 for again facilitating the -- again another difficult conversation, but I know so important  
15 conversation. And again, Bryan and Kristen, if I could use -- and Kirsten, if I could use  
16 first names, thank you so much for your insights and your insights, of course, new to so  
17 many of us, just your insights about your job generally, but more importantly, your  
18 insights as revealed in your experience, things that we wouldn't have known, you know,  
19 things that your -- the unacquainted mind wouldn't go to, like the rest of the province  
20 had or the entire province had other issues that day, and -- and so you've broadened  
21 our perspective and brought a human element to the work we're doing, and we greatly  
22 appreciate that.

23 We greatly appreciate your honesty and candour and courage for  
24 coming and helping us. And as I said this morning, it seems like you're in the helping  
25 profession, but your -- your real help today was to us, and we appreciate that. We  
26 appreciate you coming here and having the enormously difficult conversation designed  
27 to help us, and we want to and are committed to making recommendations that are  
28 meaningful, but also practical, that make sense, and it's through conversations like this



1 that we're able to come up with hopefully recommendations that make sense. So  
2 you've helped us and we greatly appreciate it. So thank you ---

3 **MS. KIRSTEN BAGLEE:** Thank you.

4 **COMMISSIONER MacDONALD:** --- so very much for being here.  
5 Commissioner Stanton?

6 **COMMISSIONER STANTON:** Thank you. Just to frame it a little  
7 bit, I mean, the Orders-in-Council that set out our mandate instruct us to examine the  
8 information and support that was provided to people who were affected by the mass  
9 casualty and to set out lessons learned and recommendations to improve the response  
10 in any similar events in the future.

11 And so, as was mentioned this morning, these Small Group  
12 Sessions are not the Phase 1 fact-finding activities, they're not a replacement for those.  
13 What they are intended to do, as alluded to by Commissioner MacDonald, is to help us  
14 understand how to make recommendations that are -- that are practical and  
15 implementable.

16 When -- today, we've heard from the people who answer the calls  
17 that we make to 9-1-1 as citizens, and they're the people who we want to respond next  
18 time, they're the people who we want to answer those calls and to go out in response to  
19 those calls. And so if we're going to make recommendations that affect their jobs they  
20 need to be sensible, they need to be recommendations that those people can enact.  
21 And so when we're listening to them talk about their experiences, we're the witnesses,  
22 all of us are the witnesses to what they experienced, and that helps us understand  
23 better how we can move forward.

24 So tomorrow, we'll have two more group sessions, Small Group  
25 Sessions. The first will include a number of service providers and secondary  
26 responders who were part of the response in April 2020, and we'll also hear from  
27 elected officials from the communities most affected, who also assisted people with  
28 navigating their way through this.

1                   Thanks so much for your engagement in this work, everyone who's  
2 witnessed along with us today, and we'll be back here tomorrow at 9:30. Thank you.  
3 --- Upon adjourning at 3:12 p.m.

4

5

**C E R T I F I C A T I O N**

6

7 I, Sandrine Marineau-Lupien, a certified court reporter, hereby certify the foregoing  
8 pages to be an accurate transcription of my notes/records to the best of my skill and  
9 ability, and I so swear.

10

11 Je, Sandrine Marineau-Lupien, une sténographe officiel, certifie que les pages ci-hauts  
12 sont une transcription conforme de mes notes/enregistrements au meilleur de mes  
13 capacités, et je le jure.

14

15



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16 Sandrine Marineau-Lupien

17