

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 42

Held at :

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

Thursday, June 30, 2022

Tenue à:

Centre des congrès d'Halifax
1650, rue Argyle
Halifax, Nouvelle-Écosse
B3J 0E6

Jeudi, le 30 juin 2022

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II Appearances / Comparutions

Ms. Krista Smith

Senior Legal Policy Officer / Conseillère
juridique principal

Dr. Emma Cunliffe

Director of Research and Policy /
Directrice des politiques et recherches

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Halifax, Nova Scotia

--- Upon commencing on Thursday, June 30th, 2022, at 9:34 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.

Please join us in 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.

Today, we explore more of the related issues in our mandate, which help us better understand how and why the mass casualty happened. This morning, we will hear a roundtable discussion addressing the needs of first and secondary responders who are exposed to traumatic situations because of their work; the best practices in exploring those needs; and existing models that provide support, promote healing and foster resiliency.

This afternoon, we will hear from a second roundtable that will discuss crime, firearms, and policing in rural communities. These important discussions will allow us to hear directly from experts and others with experience relevant to the issues in our mandate, which will assist us in developing recommendations designed to help make our communities safer.

Before we begin this morning's roundtable, I will turn the floor over to Commissioner MacDonald.

COMMISSIONER MacDONALD: Thank you Commissioner Fitch, and hello everyone and thank you for joining us.

Earlier this morning, we released an overview of the Commission's summer proceedings schedule, including anticipated witnesses who are set to appear in July and August. These updates will be on our website.

In our March 9th decision, we stated that the Commission would hear from a number of senior RCMP members once we had a greater understanding of

1 what happened in the lead up to, during, and following the mass casualty. Our
2 questions for these witnesses will be informed by everything we have learned to date.

3 These senior RCMP officers are scheduled to appear by subpoena
4 on the following dates: Superintended Darren Campbell on July 25th and 6th; Chief
5 Superintendent Chris Leather on July 27th and 8th; Assistant Commissioner Lee
6 Bergerman on August 22nd and 23rd; Commissioner Brenda Lucki on August 23rd and
7 24th.

8 Some of these witnesses may take more than one day for oral
9 testimony, so we have planned accordingly to ensure that we get all the information
10 required.

11 In our March 9th decision, we also said the Commission would hear
12 from Ms. Lisa Banfield, the perpetrator's common-law spouse. Ms. Banfield has since
13 participated in five interviews with the Commission and voluntarily shared materials as
14 part of the Commission's independent investigation. As with all other witnesses,
15 Ms. Banfield has been subpoenaed to address remaining questions relevant to the
16 Commission's mandate. We will hear from her on July 15th.

17 Ms. Banfield will provide testimony in person, and may be
18 accompanied by two support people. Questions for Ms. Banfield from Participants will
19 be asked only by Commission Counsel. Commission Counsel represent the public
20 interest; they do not advocate for a particular point of view, but rather, they inquire into
21 the matter at hand in an impartial and objective way.

22 There are 61 Participants, all of whom have been invited to submit
23 questions in advance. They will also have opportunities to identify and bring forward
24 further questions on the day of testimony during two caucus meetings with Commission
25 Counsel before Ms. Banfield is excused as a witness.

26 Over the course of proceedings so far, Participants have proposed
27 a number of potential witnesses. We consider those submissions carefully and we have
28 already heard from some of those proposed witnesses.

1 Participants suggested we hear from Constable Greg Wiley,
2 Constable Troy Maxwell and former Portapique resident Brenda Forbes. We agree this
3 would be helpful, and have directed Commission Counsel to schedule them to appear in
4 the coming weeks.

5 Since being proposed by Participants as a potential witness, Bjorn
6 Merzbach has been interviewed by the Commission and his interview transcript shared
7 with Participants. Based on this, we have determined we do not need to hear oral
8 testimony from Mr. Merzbach.

9 We have also determined that oral testimony is not required from
10 Constable Nathan Forrest, Corporal Jarret MacDonald, Constable Jeff MacFarlane,
11 Constable Matthew Bray, Constable Brenna Counter, Constable Richard Harvey,
12 Sergeant Robert Lewis, and Fire Chief Shane Slack. We have requested a sworn
13 affidavit from Corporal Rodney Peterson.

14 We thank Participants and their counsel again for their ongoing
15 submissions.

16 You can see more information about the summer schedule in the
17 Commission's media release issued this morning, on our website calendar and through
18 our most recent stakeholder update. If you are interested, you can always sign up to
19 receive stakeholder updates on our website.

20 I will now ask Krista Smith of our Research and Policy team to join
21 us with her roundtable members, and would ask Krista to facilitate the ensuing
22 discussion. Thank you.

23 **(SHORT PAUSE)**

24 **COMMISSIONER MacDONALD:** Thank you.

25 Krista, whenever you're ready.

26 **--- ROUNDTABLE: NEEDS OF FIRST RESPONDERS AFTER MASS CASUALTY**
27 **INCIDENTS**

28 **--- FACILITATED BY MS. KRISTA SMITH:**

1 **MS. KRISTA SMITH:** Good morning. As Commissioner
2 MacDonald said, my name is Krista Smith and I'm on the research and policy team.

3 And today we will be considering the needs of those whose
4 occupational and community responsibilities include helping when help is required.
5 These individuals may be exposed to trauma as a result of their employment or
6 volunteer activities. Because the risk of harm is inherent to the work, because it can, to
7 an extent, be expected and anticipated, responder organizations, both professional and
8 volunteer, have a role to play in keeping helpers safe as they do this essential and
9 sometimes dangerous work.

10 Before we begin, a quick word about some terminology that you'll
11 be hearing today. I'm going to define a couple of terms at the outset to assist with
12 understanding today's discussion, and then our roundtable members will define a few
13 additional terms once the conversation begins.

14 So I will be using the term "Emergency Responders" today, and this
15 is intended as a basket term to mean all individuals who respond to an emergency. So
16 it includes, fire, police, and paramedics, as well as others, who by virtue of their
17 occupation or volunteer role, are involved in responding to a critical incident either
18 immediately or in the hours, days, and weeks after a critical incident. This includes
19 everyone from the communications operator who takes a 9-1-1 call to emergency room
20 nurses, to those who volunteer in recovery efforts, and those who process and restore
21 crime scenes, including professional cleaners and tow truck operators.

22 You also may hear some of our roundtable members refer to these
23 individuals as public safety personnel, and sometimes they're called PSPs.

24 So for the purpose of this morning's conversation, these terms are
25 meant to be treated synonymously.

26 A word about the roundtable format. I will be facilitating today,
27 which means that I will be directing the questions, asking follow ups, and moderating
28 the dialogue.

1 I would ask those of you who are participating in this roundtable, to
2 please speak slowly for the benefit of our accessibility partners.

3 Roundtable discussions will form part of the Commission record.
4 They're being livestreamed now and will be publicly available on the Commission's
5 website.

6 And the Commissioners may choose to pose questions or ask for
7 clarification at any point.

8 We are so fortunate today to talk through these issues with this
9 thoughtful and experienced group, two of whom you met at our last roundtable last
10 Tuesday.

11 Before we proceed, I would like to pause and acknowledge that
12 much of the work underlying today's roundtable discussion was led by my colleague,
13 Nichole Elizabeth, who completed many interviews with emergency responders,
14 conducted extensive research to identify best practices and types of support, and
15 identified the individuals at the table today as having important and diverse perspectives
16 to bring to this discussion.

17 So this morning specifically, we will discuss the immediate, short
18 term, and long term needs of first -- emergency responders exposed to traumatic
19 situations by virtue of their jobs.

20 We'll also think about best practices for addressing those needs
21 and existing models that provide support, promote healing, and restore resiliency.

22 As with every roundtable discussion, the intention is to provide the
23 Commissioners and the public with a deeper understanding of the core themes so that
24 everyone is well positioned to engage in conversation in Phase 3 about lessons learned
25 and potential recommendations.

26 So with that, I would like to turn it over to our roundtable members,
27 and we will just start with a round of introductions. And if you can explain your
28 connection to this work?

1 So I think I will actually start with our friends who are joining us
2 virtually today. And I'll start with my upper corner, Megan McElheran.

3 **DR. MEGAN McELHERAN:** Good morning and thank you for
4 inviting me to participate today in the proceedings.

5 I would just like to acknowledge, as I start, I'm coming to the
6 proceedings today virtually from Calgary, Alberta, and thus just want to acknowledge
7 that I'm coming to the proceedings from the Blackfoot Confederacy, the Tsuut'ina, the
8 Nakoda, and Métis Nation here in Southern Alberta.

9 I also want to start by reiterating the condolences we shared on
10 Tuesday to the families of loved -- who lost loved ones, and the community as a whole.
11 It truly is an honour to be here today.

12 I'm a practicing clinical psychologist in Calgary. My work for the
13 last 20 years has been almost exclusively with public safety personnel or emergency
14 responders, including military, RCMP officers, and any number of folks who work on the
15 front line in our communities, providing essential response and protection services.

16 I'm also the developer of a primary prevention program called
17 Before Operational Stress that we've been researching since 2018 with the goal of
18 attempting to mitigate the impact of operational stressors.

19 So thank you very much for having me back.

20 **MS. KRISTA SMITH:** Thank you very much, Megan.

21 Aria?

22 **DR. ARIA BIRZE:** Good morning, Commissioners, roundtable
23 members, and those who have joined today. Thank you for having me. It's an honour
24 to participate and contribute to these proceedings.

25 And I offer my deepest and sincerest condolences to the
26 community.

27 My name is Aria Birze and I am here today as a researcher
28 interested in stress and trauma in the gendered work of public safety personnel, or

1 PSPs.

2 Some years ago, I worked as a research assistant on a study that
3 looked at stress and job performance in police communications personnel, so 9-1-1
4 dispatchers and call takers from various services across Canada.

5 In doing that work, it became clear to me that very little research
6 attention had been given to this particular group of PSPs, their work, and the health and
7 mental health impacts it was having.

8 In that study, we saw very high rates of trauma symptoms and
9 could see that there might be some unique organizational context factors at play in that.

10 This led me to pursue my own PhD at the Dalla Lana School of
11 Public Health at the University of Toronto, where I continued working with police
12 communicators.

13 That research examined the gendered nature of communications
14 work. For example, across Canada, about 75 to 80 percent of communicators are
15 women.

16 It also examined the profoundly emotional aspects of their work, as
17 well as some of the organizational factors that might be shaping their experiences of
18 stress and traumatic exposures in the workplace.

19 For example, as a specific group of PSP, or first responders,
20 communications work is sometimes marginalized or overlooked in the broader
21 conversation about the impacts of trauma on public safety personnel, perhaps because
22 it's done from behind the scenes or because of their civilian status, or because it's
23 sometimes seen as "women's work".

24 I also completed post-doctoral work at the Faculty of Social Work at
25 the University of Toronto and that research involved potentially traumatic exposures to
26 video evidence of violent crime within policing and other criminal justice professionals.

27 And finally, I'll just add that my partner of 25 years is a senior police
28 officer. And so we often share our perspectives on this important and sometimes

1 troubling work.

2 Thank you.

3 **MS. KRISTA SMITH:** Thank you so much, Aria.

4 Mary?

5 **MS. MARY FETCHET:** Good morning. Thank you for having me
6 again. And, you know, as Megan and Aria said, you know, I want to offer our sincere
7 condolences to the families and the community that's been so tragically impacted.

8 My name is Mary Fetchet, and I've been a social worker for
9 29 years. On 9/11, we lost our 29 -- 24-year old son, Brad, who was the oldest of our
10 three boys, and at the time was working in the South Tower on the 89th Floor, which
11 was the second building to be hit, but the first building to collapse. So my response to
12 the loss of my son was to start a non-profit organisation.

13 And social work underlies everything that we do. We provide long-
14 term support to the almost 3,000 families that live in 93 countries that lost loved ones,
15 but also, to the 90,000 responders and the 500,000 survivors that are still, many
16 struggling now with both medical and mental health conditions due to the exposure to
17 the toxic air on 9/11.

18 So we provide a wide range of services. We've provided -- well,
19 we've documented about a couple hundred thousand hours of social service support.
20 We've conducted over 2,300 support groups and peer support groups. We hold an
21 annual conference. I think we've had 35 conferences, but we're having our 21st annual
22 conference on September 9th and 10th in New York City that will be live but also
23 broadcast.

24 And then we've just -- because we've done so much research,
25 really beginning over a decade ago, we recognised that there were not best practices
26 for responding to these tragedies, so we went to Oklahoma City, Virginia Tech, Northern
27 Illinois University, to sunny Arizona, and we created a preparing for after manual, and --
28 which led to further research projects, both for the 15th anniversary. We did an

1 evaluation of the long-term needs of 9/11 families, and we're working with communities
2 impacted by other tragedies. We feel we have a lot to share in what we have learned,
3 you know, working with the 9/11 community.

4 We also did a lot of advocacy work. I was one of twelve family
5 members that pushed for the 9/11 Commission to be established, and that led to the
6 implementation of sweeping intelligence reforms. And also, very involved with
7 Memorial, from the beginning with the planning processes and the commemorative
8 services, but we also created an online living memorial that honours the lives that were
9 lost, and we collected over 87,000 photographs, which, you know, are on our website,
10 but we've also shared with the 9/11 Memorial. In fact, we were able to provide them the
11 last missing photograph yesterday, which was really a milestone, but now they've
12 completed their collection.

13 So again, it's an honour to be here, happy to help in any way that
14 we can to anyone in your community that may need support. So thank you.

15 **MS. KRISTA SMITH:** Thank you so much, Mary.

16 We'll turn now to those of us who are in person. Can I start with
17 you Deb?

18 **DR. DEBORAH NORRIS:** Good morning, everyone. Good
19 morning to all assembled here today. My name is Deborah Norris, as Krista has noted,
20 and I come to this event this morning with deep compassion and empathy for all of
21 those who have been affected by the mass casualty of 2020.

22 I am a professor at -- in the Department of Family Studies and
23 Gerontology at Mount Saint Vincent University, so a local -- a local contribution here. I
24 have spent most of my research life as a family scientist, focussed on the military and
25 veteran -- the families of military and veteran -- serving members and veterans.

26 Recently, within the last five years, my research program has
27 expanded to include the families of emergency responders. I'm grateful to be part of a
28 consortium, a multi-disciplinary group of researchers, a pan-Canadian group of

1 researches. We call ourselves The Families Matter Research Group, which tells you
2 what our central assumption is, is that families do matter to the mental health and well-
3 being of military and veteran members, but also, emergency responders.

4 So I am an applied social scientist, which means I take -- well, we
5 try to take the work that we do and move it out into the community where it can make a
6 difference for those that need support.

7 So I come to this today deeply humbled by the invitation to
8 participate, and I look forward to the discussion.

9 **MS. KRISTA SMITH:** Thank you, Deb.
10 Robin?

11 **MS. ROBIN CAMPBELL:** Thank you. I'm very honoured to be
12 here today.

13 My name is Robin Campbell. I'm a PhD candidate at Dalhousie
14 University through the Faculty of Health and the School of Occupational Therapy, and
15 my research focusses on the mental health and well-being of volunteer firefighters in
16 rural Nova Scotia. So I really explore the occupational environment of rural volunteer
17 firefighters and look at the barriers and opportunities in -- within the services and
18 supports that may or may not be available for them.

19 In addition to that work, I'm an associate researcher with
20 FIREWELL. FIREWELL is a national network in Canada working on all areas of health
21 of firefighters. And I'm an adjunct professor at Acadia University in the Department of
22 Community Development.

23 In addition to my academic work, I, myself was an emergency
24 responder. So I was a volunteer firefighter myself for 10 years in the Wolfville and
25 Greenwich fire departments. I also worked as a volunteer with Halifax Police in the
26 Victim Services Unit. And in addition to that, I am currently serving as a reservist in the
27 Canadian Armed Forces.

28 So all those experiences have led me to do the -- this type of

1 research. So thank you again for having me.

2 **MS. KRISTA SMITH:** Thank you, Robin.

3 Alex?

4 **DR. ALEXANDRA HEBER:** Thanks very much, and I'm -- again,
5 like my colleagues, I'd like to express my gratitude for being invited to be here, and I'd
6 also like to express my sincere condolences for all those, the family members, and
7 everyone who has been affected by this tragedy.

8 So for myself, I'm a Canadian Armed Forces veteran. I am the
9 Chief of Psychiatry for Veterans Affairs Canada and an associate professor at
10 McMaster University. I'm currently on secondment from my role at Veterans Affairs to
11 create a knowledge hub, to bring together some projects and information to help the
12 mental health issues that are affecting healthcare workers and public safety personnel
13 affected by COVID-19.

14 One of the other things that I -- so I've -- and I've had over 20 years
15 experience working with military veterans, and in the last several years, with public
16 safety personnel. I was also a member of the Chief Coroner's Expert Panel on Police
17 Officer Deaths by Suicide, which was held in 2019, which reviewed the nine deaths by
18 suicide of Ontario Provincial Police officers.

19 So I'm very -- I'm very honoured to be here. Thank you.

20 **MS. KRISTA SMITH:** Thank you so much, Alex. And just for the
21 record, I'd like to note that that -- that report that Alex just mentioned is
22 Exhibit P-002632. Thank you.

23 Julie?

24 **DR. JULIE MacMILLAN-DEVLIN:** Good morning, Commissioners.
25 It's a privilege to be invited to participate in this, and I wish you peace and the best of
26 luck in the work that you continue to do. So thank you. I'd also like to offer my most
27 sincere condolences to family members and the communities who have been affected
28 by this tragedy.

1 For -- I actually have my doctorate in psychology with a
2 specialisation in complex systems, and part of that is mental health. So I've worked with
3 various provincial, federal, and international organisations helping to develop mental
4 health strategies to care for people, you know, when they begin work with a specific
5 organisation, right through until after retirement, and their families as well. It's mostly
6 been with public safety personnel, our first responders.

7 And I was also part of an operational stress injury clinic in
8 Fredericton, New Brunswick, and during that time, our clinic assisted in both the
9 coordination and the provision of support after critical incidents in the Province of New
10 Brunswick.

11 So again, I -- I'm looking forward to the results to see what kind of
12 change can be effected from this Commission, so again, I appreciate the work you are
13 doing.

14 **MS. KRISTA SMITH:** Thanks, Julie.

15 So I'd just like to start us off today by setting the stage with a few
16 key terms so that we all understand -- have a common understanding of some of these
17 words that we hear so often. So I'd like to ask -- invite Alex to explain to us some of the
18 aspects or concepts associated with the word trauma and maybe give us a bit of a
19 primer on that, especially in occupational settings.

20 **DR. ALEXANDRA HEBER:** Thank you, Krista. I will start off this
21 conversation and I'm going to start by giving a definition of post-traumatic stress
22 disorder, which I think is one of the, you know, kind of key diagnoses that we hear
23 talked about all the time. I'll go through a few of these terms, but then I really invite my
24 colleagues to add to this, because there may be just things I miss, or there may be
25 something that they can add to enrich understanding.

26 So to start off with post-traumatic stress disorder, this is a diagnosis
27 and it's basically a very severe mental health condition that follows exposure to events
28 that involve severe threat to one's life or bodily integrity or to the life or bodily integrity of

1 someone close to you, or something that you've witnessed. The symptoms, the
2 experiences have to have lasted for more than a month, and the reason for that is that
3 after severe traumatic events, it's not uncommon for people to have some of these
4 symptoms for a while, and but that generally, within a few weeks, they tend to fade. In
5 PTSD, they don't fade. So the symptoms need to have lasted more than a month, they
6 need to cause significant distress or severe impairment in functioning, so often people
7 can't -- they can't work, they can't do their normal activities of daily living. It affects their
8 relationships, their close relationships. And another important aspect is that other
9 causes, possible causes of these symptoms have been ruled out, such as other medical
10 causes.

11 The -- then to just talk a little bit about some of the classic
12 symptoms, we talk about intrusive involuntary. Often clients describe them as movie-
13 like memories that come involuntarily into their head, are very, very vivid, and they can't
14 stop them. That's a very, very classic symptom. People can -- sometimes these
15 memories can be so vivid that the person actually experiences that they're back in the
16 situation and, like, they are within that movie, if you like. People experience nightmares,
17 often nightmares chronically, several times a week, sometimes every night, and
18 certainly, when I was working in the military, it was not uncommon to see people with
19 PTSD who would describe how they had had almost nightly nightmares for a decade.

20 The -- another very classic symptom is distress or very strong
21 reaction on exposure to queues. So something that is a reminder to the person, and it
22 may be an unconscious reminder, in fact, they're not thinking about it, to that original
23 traumatic event, so that they have a very extreme reaction. So often they get quite
24 frightened. Again, if I think about examples with military or with public safety personnel,
25 they may hit the ground like they would have in a truly -- an event where their life is at
26 risk. There's also -- people then -- they start to isolate themselves, of course, because -
27 - and one of the symptoms that then becomes really prominent is avoidance, because,
28 of course, they're trying to avoid all of these places where they're being triggered in

1 these different ways, which is very, very distressing. So it's not unusual to see people
2 beginning to isolate themselves. It -- of course, this affects their relationships with close
3 loved ones and with everyone in their environment, in fact.

4 People can become also quite -- besides avoidant, they can
5 become quite suspicious. And just again, it's -- if you think about it, and again, with
6 public safety personnel and with military members, they will often describe this it's like
7 they're on alert all the time and they're looking for the next situation of danger.

8 So then let me talk -- just sort of talk about a couple of other things
9 about PTSD. So if you ask why does one person develop PTSD in a certain situation,
10 and perhaps the person, if there was somebody standing next to them, that person may
11 not develop PTSD, and the truth is, we don't really understand completely why that is.
12 These are the kinds of questions that we still have, and we have some ideas, but we
13 really -- we don't completely understand.

14 Another question is what are the factors that can be protective of
15 the individual who is -- especially if we think about that their profession constantly puts
16 them in situations where they are exposed and at higher risk of developing these
17 symptoms. Again, there are a number of factors that can -- that seem to be protective,
18 a number of factors, if you look at the other side of them, can increase risk. But the one
19 that has the most significance is -- for increased risk is lack of social support, and on the
20 other side of that, of course, for protection is having good social support. So and I think
21 it's one of the things I'm hoping today we can talk about the importance of that, of
22 having that community, having those people and those relationships around one who
23 can help support them through this.

24 So I think that that's probably all I want to say so far about PTSD
25 and I don't know if anybody else wants to -- I mean, there's many terms that we use that
26 are kind of offshoots of this that are used kind of in public discourse, but I wanted to
27 kind of explain this -- as this what we call a mental health problem, and that's
28 diagnosed, this is what PTSD looks like.

1 **MS. KRISTA SMITH:** Any follow ups?

2 So I would like to take that term and expand it out a little bit. Julie, I
3 might ask you to talk about PTSI?

4 **DR. JULIE MacMILLAN-DEVLIN:** That's one of the terms Alex
5 was referring to. So PTSD is a diagnosed condition. Post-traumatic stress injuries are
6 a group of injuries, it's not a diagnostic term, under which PTSD is one of those. We
7 also have depression as a PTSI. We also have anxiety adjustment disorder, any kind of
8 substance use disorders, so that includes a variety of mental health conditions under
9 that umbrella of PTSI.

10 **MS. KRISTA SMITH:** Okay. And a couple of other terms that
11 we've heard in this conversation generally are things like direct, vicarious and
12 cumulative trauma. I don't know if we should spend a bit of time pausing over those
13 terms, Alex?

14 **DR. ALEXANDRA HEBER:** Sure. And again, I can start, and,
15 please, jump in and add.

16 So cumulative trauma, again, would be some -- it can be a number
17 of things. It can certainly be people who go through this kind of big T trauma that I've
18 been describing, or it could be events -- like, a number of events that perhaps are not as
19 distressing and traumatizing but that over a person's lifetime or over, say, their career,
20 they have a number of these events, and that certainly affects people's wellbeing to a
21 large extent, and after a number of these happen, people may in fact develop full-blown
22 PTSD.

23 Vicarious trauma is a -- it's an interesting term. It is often applied to
24 those who work with those who are suffering from PTSD. So, for example, I have heard
25 therapists talk about how when they're doing intense psychotherapy with somebody
26 suffering from PTSD and hearing about these stories, that they will sometimes, in their
27 own life, they will start developing some of these symptoms. They will start having
28 nightmares, which are not nightmares about their own life, but are nightmares that are

1 like what their patient or client has told them.

2 So it's -- and it's also something that is -- it's being studied. And I
3 think we don't have a total grasp on it, but we do know that this exists.

4 **MS. KRISTA SMITH:** Anyone else to add to that?

5 **DR. MEGAN McELHERAN:** I think I might just say -- sorry.

6 **MS. KRISTA SMITH:** Go ahead, Megan.

7 **DR. MEGAN McELHERAN:** Something I might just underscore,
8 especially in this conversation about emergency responders, and I think this is true for
9 other subsets of our population, is that it's not uncommon for multiple types of
10 exposures to traumatic events to be happening at the same time. So direct exposures,
11 vicarious exposures, oftentimes a single emergency responder can be experiencing
12 things that are happening directly to them, they're exposed to things that are happening
13 to their colleagues and their communities. So I think we have to understand that,
14 because that potentially complicates the picture somewhat when we think about
15 chronicity, and intensity, and the repetitive nature of trauma exposure in some subsets.

16 **MS. KRISTA SMITH:** And Megan, I wanted to follow up as well,
17 Alex had mentioned some of the symptoms or the way that PTSI or PTSD can manifest.
18 What might stand in the way of an emergency responder getting help for some of these
19 symptoms?

20 **DR. MEGAN McELHERAN:** I think that's -- it's a bit of a
21 complicated picture, quite frankly. I think there's a few things that probably compete.
22 One, significantly and simply, is that across Canada, most of our emergency response
23 organizations are tremendously stretched in terms of resources, in terms of personnel,
24 in terms of budgets. And so simply from an amount of time and resource to access
25 helper support or to identify that that help might be needed, there's oftentimes very
26 practical things that get in the way of help seeking behaviour.

27 I think significantly, in our work, and in various projects I'm involved
28 in, we're looking at culture in emergency response organizations. We're looking at

1 variables of psychological safety. And oftentimes there are factors at play, particularly
2 in emergency response or public safety organizations that can leave people to feel as
3 though perhaps they don't have a right or if they seem to be struggling or needing help,
4 that in some way, they're less competent or less effective in the dissemination of their
5 duty. And so there can be a tremendous pressure and a tremendous need to present
6 as though -- regardless of trauma exposure and regardless of symptoms that might be
7 developing, there's a need to present as though I'm good to go and I'm able to do the
8 job as demanded.

9 And then, frankly, I think when we look at help seeking behaviour
10 and the fact that we have seen some improvements relative to mental health
11 conversations and stigma in public safety organizations, the vast majority of emergency
12 responders working in volunteer capacities, working in rural and remote regions, they
13 may simply not have access to help, and so that can also create its own kind of
14 pressure, where I may identify that I'm starting to struggle or having symptoms, I may
15 take a very courageous step to try to say I need help, and help may not be there to be
16 received.

17 So it's a complicated question and I think we have to understand
18 there's many, many factors at play that really influence early intervention, ongoing
19 intervention, and potentially the mitigation of some of these symptomatic presentations
20 occurring.

21 **MS. KRISTA SMITH:** Thank you. I'd like to try to untangle some of
22 the complexity around the factors that you've mentioned. And I think a useful way to do
23 that is to have a conversation around what has been called operational or occupational
24 type of stressors versus organizational stressors. So -- and I'd like to ask Robin to give
25 us a little background on those two concepts.

26 **MS. ROBIN CAMPBELL:** Yeah. So a lot of times we hear those
27 terminology used interchangeably, especially occupational stress and operational
28 stress.

1 But if we look at occupational stress as sort of the overlying
2 umbrella, that concept, we have organizational and operational stress that falls under
3 occupation, because an occupation kind of covers both, at least in the literature.

4 So when we look at operational, we're looking at things that are sort
5 of happening on the ground when people are doing their tasks for their jobs as
6 emergency responders. So at the scenes, what that looks like, sometimes that can
7 even be, you know, nature of shiftwork. Various things. Whatever that looks like
8 operationally to actually do that emergency response task.

9 And then when you look at organizational stress, these are all the
10 other factors that are coming into play around organizational policies, organizational
11 culture, leadership. Those factors that influence that side of the stress.

12 So that's sort of the simplified explanation of very complicated
13 concepts.

14 **MS. KRISTA SMITH:** Thank you, Robin.

15 Arija, I'm hoping that you could tell us a little bit about what -- how
16 you've seen organizational stressors show up?

17 **DR. ARIJA BIRZE:** M'hm. Right. So I think one aspect -- one
18 important aspect of organizational stress is perceived organizational support among
19 employees.

20 So simply put, perceived organizational support is the extent to
21 which employees feel that their organization values their work and cares for their
22 wellbeing.

23 So importantly, perceived organizational support or employee
24 perceptions of support are informed less by the operational demands and stressors that
25 were just mentioned, so they're informed less by those demands than they are by the
26 structural and socioemotional resources that the organization provides or is prepared to
27 provide in times of high stress and need. So showing a true care and concern and
28 providing supports demonstrates organizational commitment to the employees'

1 wellbeing and it goes a long way towards supporting wellness in times of need.

2 And this is really important in high stress and high trauma contexts
3 because, as perceptions of support increase among employees, post-traumatic
4 symptoms decrease.

5 **MS. KRISTA SMITH:** If ---

6 **DR. ARIJA BIRZE:** Sorry, I could -- I would just add a few
7 concrete examples maybe in the communications context, of what I'm talking about.

8 So while -- as was mentioned earlier, while communicators might
9 expect and accept some level of risk in exposure to potentially traumatic content in their
10 line of work, a lot of things can contribute to feeling a lack of organizational support.
11 And some of that might look like chronic understaffing that places undue burden and a
12 relentless case of work on those who are present, sometimes being excluded, forgotten,
13 or not required to attend critical incident debriefings or similar meetings after events.
14 Otherwise, not feeling like other PSP recognize your work as vital to public safety,
15 seeing disparities, perhaps, in the benefits and pension plans that one has access to,
16 compared to other public safety personnel, when you actually know that you are
17 providing a similar vital aspect of frontline work. And then, of course, the stigma in the
18 workplace about acknowledging the profoundly emotional and difficult work of being a
19 communicator and sometimes having your emotional reactions to the work be perceived
20 as a sign of weakness or lack of fitness for work.

21 **MS. KRISTA SMITH:** Thank you, Arija. The other thing I'd like to
22 ask you to tell us a little bit more about is your research around -- with communications
23 operators and the distinction that you found between -- you introduced this concept of
24 surface acting that ---

25 **DR. ARIJA BIRZE:** M'hm.

26 **MS. KRISTA SMITH:** So maybe you can explain that to us and
27 how it has different effects in different contexts?

28 **DR. ARIJA BIRZE:** Okay. So the term "surface acting" actually it

1 refers to a sociological concept that's used to describe the emotional aspects of work
2 when you are required to engage with the public and colleagues in a way that falls in
3 line with your organisation's expectations of you. So I'm talking about this is emotional
4 labour, that's the sociological concept, and surface acting is one strategy of emotional
5 labour that people use to accomplish those tasks. So not showing too much anger or
6 frustration when you're doing your work, or always displaying emotional control over the
7 interaction while being caring and compassionate.

8 So surface acting, which includes hiding your own authentic
9 feelings and faking the prescribed or appropriate feelings, rather than deep acting,
10 which is closer to going with what you're actually feeling in the moment. So when
11 communicators are doing their work and they are surface acting, that has been shown
12 in other workplace contexts that surface acting can be detrimental to health and mental
13 health. Sometimes surface acting is just a required aspect of the job, and
14 communicators do a lot of surface acting with the public when they're taking calls and
15 providing that surface -- that service.

16 They also, it turns out, do a lot of surface acting with colleagues
17 and supervisors. And it appears that the relationship between posttraumatic stress
18 symptoms and surface acting done with the public is different than the relationship
19 between surface acting that's done with colleagues and supervisors. And what we
20 found in our research was that the surface acting that's conducted with supervisors is
21 actually positively related to posttraumatic symptoms in the workplace, and that kind of
22 hiding and faking feelings increases as posttraumatic stress increases.

23 When people are feeling the emotional impacts of their work,
24 they're more likely to hide those feelings and fake other feelings with their colleagues
25 and supervisors, which actually may be indicative of an organisational context that is
26 intolerant of openly acknowledging the difficulties with the work and kind of prescribes
27 this very emotionally-detached, emotionally in control comportment at work.

28 **MS. KRISTA SMITH:** Okay. So just to sum up, my understanding

1 is that the incidents of posttraumatic stress symptoms is lower in -- when people are
2 surface acting and just doing the job, but it's -- it tends to be higher when they have to
3 surface act with their colleagues and with their supervisors?

4 **DR. ARIJA BIRZE:** I would just put a small change to that. So
5 when the surface acting is with the public, there is not a relationship with posttraumatic
6 stress symptoms, but when the surface acting is with colleagues and supervisors, there
7 is a positive relationship with posttraumatic stress symptoms.

8 **MS. KRISTA SMITH:** Okay. Thank you. And just if anyone is
9 interested in reading the full article that Arija has produced, it's Exhibit P-002627.

10 So with that discussion of organisational-type stressors, I'd like to
11 pause now over occupational-type stressors. I'm wondering, Julie, if you can tell us a
12 little bit about that.

13 **DR. JULIE MacMILLAN-DEVLIN:** So referring back to Robin's
14 umbrella term, so occupational stressors, and sometimes they're defined differently, but
15 anything to do with your occupation. For example, and Robin, please correct me if you
16 have a different, you know, interpretation, and maybe the correct one, but it's things like
17 shiftwork. It's -- you know, Megan was talking about understaffing, we know that's a
18 large problem. It's the every day occupational, you know, hassles or stressors that are
19 experienced that obviously build up over time and contribute to the overall experience,
20 especially if then there's an operational stressor, and that would be responding to any
21 calls, that would be -- some people put shiftwork in there as well, but I think that it would
22 be -- those are the daily -- the daily challenges that you would, as a result of your
23 occupation, on a daily basis.

24 Robin, you can add to that if you don't mind.

25 **MS. ROBIN CAMPBELL:** Yeah, exactly. And then we are starting
26 to learn more, and I use the term "occupational environment" in understanding that
27 occupational stress might not just be within the, you know, the fire department or that,
28 it's the interlinking connections with the community, with their families, with all that

1 because of the type of occupation that they're doing as well. So it's starting to start to
2 expand in that way as well, considering all the different factors that make up an
3 emergency responder and what they do. So exactly what you're saying.

4 **MS. KRISTA SMITH:** And then, Robin, I'd just ask you to follow up
5 on that and to speak a little bit about occupational factors around status in an
6 organisation. So you -- your work has been with volunteer firefighters. You know, is
7 their context different? Does their context tend to be different than professional
8 firefighters?

9 **MS. ROBIN CAMPBELL:** I would say yes, and the reason is that
10 it's unique when you look at somebody doing that type of work as a volunteer. And
11 what I mean by that is that context of when you look at those who are firefighters who
12 are paid to do the work, versus volunteer, there is things like shiftwork, they go to the
13 firehall, they do their job, they go home. There is kind of that bit of separation that
14 exists. They do the same types of work. It's no difference, volunteers and paid, they do
15 the same, they respond to the type -- same type of emergencies, there is no difference
16 in that way, trained to the same levels.

17 But volunteer firefighters are on call 24/7. They carry a pager.
18 Some are new technologies, they get text to their phones, but they're always on call
19 every day of the year. So they have to leave their families, they have to leave their
20 work. So this is something they do in their -- in their leisure time, or what we call your
21 spare time, so it has a different level to it.

22 So yeah, thinking about the context of you leave these situations,
23 depending on what you do for, perhaps, your paid work or your other obligations in your
24 life, and you have to leave that to go perform an emergency service in your community.
25 And with that, in the research I'm doing, it's -- it's a bit different than maybe other things
26 you might do in your spare time, even as a volunteer, this level of moral obligation that
27 you feel to the work that you are doing.

28 So I know in my research a lot of volunteers I spoke to, you know,

1 they're in a middle of a wedding and they will leave because they feel that moral
2 obligation to respond because they're volunteers. There's not somebody at the firehall
3 necessarily to respond, like there would be in a paid situation. "If I don't respond who's
4 going to respond?" They'll leave their work, whether they're being paid or not to leave
5 that situation. Some might not even go on vacation out of fear of leaving their
6 community, especially when we get into rural communities where there are less
7 resources like that. So just a little bit of context to volunteers.

8 And then the other side of it, too, just to note is that unlike other,
9 especially when we look at paid emergency responders, volunteers have to, firefighters,
10 particularly, have to fundraise for their equipment, particularly in rural communities, to
11 do the work they do to pay for their personal protective equipment, to pay for firetrucks,
12 to pay for the -- to fund what they do, and that's very unique to that situation. So that's
13 why you generally see that your local firehall is putting on Bingo, for example, things like
14 that.

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

16 Before we leave this area of definitions and basic concepts, I
17 wanted to check in with Deb and Mary. We'll be hearing much more from both of you
18 later, but on this -- on this area, I just want to make sure, is there anything you'd like to
19 add, Deb?

20 **DR. DEBORAH NORRIS:** No, I'm good. Thank you, Krista.

21 **MS. KRISTA SMITH:** And, Mary?

22 **MS. MARY FETCHET:** One other concept I wanted to bring up is
23 collective trauma. And when you have a community that's impacted, it's collective
24 trauma. And also, burnout, burnout's a big issue that can really have a rippling effect in
25 a person's ability to work, or maintain, you know, the workload, or the empathy that they
26 need to provide to the people that they're serving.

27 **MS. KRISTA SMITH:** So how might collective trauma show up in a
28 workplace?

1 **MS. MARY FETCHET:** Whatever that entity is that you're referring
2 to is part of a community. I mean, you're a community right now that's grieving as a
3 community. So it's not just the responders that are impacted. It's community that's
4 impacted. And I think when things are complicate things further are other tragedies, or
5 any disagreement that's going on within the community contributes to a community's
6 ability to recover. So, you know, the recent shooting that you had is just a reminder of
7 what you all went through at the time that you're trying to recover. And COVID is
8 another factor. You know, depending upon when the tragedy happens, if people are
9 then more isolated because they have to stay at home, or they can't, you know, they
10 can't have a -- hold a funeral for their loved one because of COVID, or the necessary
11 rituals a family member or community has, you know, after a death.

12 So there's a lot of contributing, you know, contributing factors to
13 both ability of responders, and I think of it very broadly, I'll talk a little bit about that later,
14 but the community's ability to recover. And, you know, early identification and early
15 interventions are key.

16 **MS. KRISTA SMITH:** Okay. Thank you, Mary.

17 I want to turn now to two types of prevention. So there's a concept
18 of primary, secondary and tertiary prevention, and just, I think, it would help us if we
19 understood what that is exactly, so I turn it over to Alex to explain that.

20 **DR. ALEXANDER HEBER:** Thanks, Krista, I'll start, but I'm
21 actually going to then ask again my colleagues to add to this.

22 So when we talk about -- it's like -- I mean, you can take any
23 concept and you think about looking at primary, secondary and tertiary, and so you
24 have these levels where what do you do before an event happens. That's really -- and I
25 mean, if you think about for an organization or a community, as Mary discusses, if --
26 really, to make them the best prepared to handle any kind of a tragic or severely
27 disruptive event is to have beforehand looked at what are the needs of that community,
28 you know, if something like this happens. And unfortunately, so much of what we do is

1 more afterwards. So that's a primary prevention.

2 And then secondary prevention is actually once that event has
3 occurred, you don't wait for people to, for example, show symptoms of PTSD. You try
4 to intervene, and again, I really want to go back and stress this concept of the whole
5 community, to be looking at -- so we're looking at what happens to public safety
6 personnel, the first responders, but also, what happens to all the other people, the
7 families, all the other people affected in that community. And I think one of the
8 important reasons to do that is to help prevent, again, something that was referred to,
9 where you start having schisms and different things that start to happen in that whole
10 community because they've been so affected, so impacted. And because overall, we
11 want to find a way to give people the opportunity to go through those stages that they
12 need to go through of trauma recovery, or another way of looking at it is stages of grief
13 that everybody needs to go through. But obviously, depending on what your role was,
14 those stages will be different, the first responders who went into that situation and the
15 families impacted. Those stages are going to be somewhat different. But how do we
16 help them all to go through that, so that that community, however we look at it, whether
17 we think it's the community of Canada, or the community of Portapique, or the
18 community of first responders, that we help that community to recover.

19 And I'm going to pass it over to Julie too, because I think I got a
20 little bit kind of down a rabbit hole.

21 **MS. KRISTA SMITH:** No, that's helpful. Thank you.

22 **DR. JULIE MacMILLAN-DEVLIN:** So exactly what obviously Alex
23 said, primary prevention is what you had already said, the risk factors, the protective
24 factors, what can we put in place to develop that resource, both -- exactly what you
25 said, community, individuals, organizational. You know, we talk about mental health,
26 reach out if you need help. But let's reach out before that. Let's start talking about it.

27 Just this morning, one of the round table members had some bags
28 and a jacket, and somebody said, "Do you need help carrying that?" And she said,

1 "No." It's -- we don't like asking for help. You know, community members, first
2 responders, we're not good at it. And now we're saying -- you know, so the secondary
3 prevention, that's where we're expecting people to reach out. It's early intervention, as
4 soon as you notice that maybe someone you love, or know, or work with is struggling,
5 then you want to, you know, have that resource discussion, but we want to do it in the
6 primary. So primary is risk and protective factors, you know, individually, community,
7 socially, relationship-wise, at the organizational level, where do I get that support.
8 Secondary is the early intervention, so that's early.

9 So the tertiary prevention is how do we mitigate the effects of a
10 mental health condition, maybe prevention of becoming chronic, or how do we facilitate
11 rehabilitation going back to work if you're not, or getting back to feeling good, or feeling
12 a new good for you. So, you know, primary -- and Deb, I'm going to mention, she
13 provided us with a lovely analogy, but primary is protective and risk factors, get that plan
14 in place. Secondary, early intervention. And then tertiary is talking about preventing
15 chronicity, you know, rehabilitation, focussing on recovery. And, Deb, I'll leave it to you,
16 if that's okay.

17 **DR. DEBORAH NORRIS:** Yeah, we were chatting prior to
18 assembling this morning, just, you know, sharing our perspectives, and I noted that I
19 teach this primary, secondary tertiary typology in my classroom, one of the courses I
20 teach. And I -- you know, as we like to do with students, we like to provide analogies
21 and metaphors to help them understand, have it resonate, hopefully, more accurately.
22 So what I use in this context is the idea of a river, or a stream, and on the primary side
23 of things, you know, sort of anticipating that there could be people who would go too
24 close to the edge of the river, so awareness building. You know, maybe you should not
25 do that because there's a safety issue there. But if people do go too close, as people
26 will, falling in, you know, you rescue them, but say, you know, in the future, let's talk
27 about swimming lessons or a life jacket. So, providing them with the skills and the
28 capacities required that, should that happen again, they know how to support

1 themselves and save themselves, essentially. But if they fall in and they don't have
2 those skills and capacities, float down the river, the metaphorical river, provided they
3 don't drown, which is not the outcome anyone would want, there could be, at the tertiary
4 level, the intervention of hospitals, ambulances to save and rescue.

5 So hopefully what we want is more, and we use this term a lot, I
6 know it's not -- my profession's not the only one that would, but more upstream, upriver,
7 if you will, approaches, so that people have the capacities and the skills they need, that
8 they either don't get into those situations in the first place, but should they, that there --
9 they have the opportunity and the capacity to ameliorate the situation.

10 **MS. KRISTA SMITH:** Thank you. I hadn't heard that metaphor
11 before. My best friend says that she's my lifeguard, yeah.

12 So what I want to do next is pause over each primary, secondary,
13 and tertiary, and look at the types of prevention, the types of care that fall into each of
14 these baskets. And each of you have deep experience in these -- at these various
15 levels, so that's where we'll spend the rest of time until the break.

16 So I'd like to start with Megan, to ask you to speak a little bit about
17 the -- you mentioned in your intro this morning, I think you called it before occupational
18 stress, but if you can just talk about prevention and the work that you do with
19 emergency responders.

20 **MS. MEGAN McELHERAN:** Yeah, thank you. You know, I'm a --
21 I'm a clinician first and know enough about research probably to be a little bit
22 dangerous, but have fantastic research partners across the country that I work with.
23 And the genesis of the development of the Before Operational Stress Program—and we
24 do use operational and occupational a bit interchangeably in -- as we deliver the
25 program—really emerged from my experiences as a practicing clinician several years
26 ago, where I was frankly spending all of my time in tertiary care really trying to help
27 emergency responders regain mental wellness when they had developed fairly
28 debilitating trauma-related symptoms, commonly, posttraumatic stress syndrome.

1 And in clinical practice, myself and colleagues, we would talk about
2 certain common themes which would be, you know, educating emergency responders
3 about what was happening to them in the context of this injury they had sustained,
4 oftentimes led to conversations of them saying, "I wish I had known this before I started
5 my career because if I had, perhaps I would have been better able to protect myself."

6 And you know, those conversations, along with conversations
7 about oftentimes how stoic these emergency responders would come into treatment
8 contexts, presenting this notion that being stoic was actually equated to being
9 impenetrable or not impacted by the work, and that in some respects that was almost an
10 ideal that people were striving for, and those were variables that were particularly
11 influential over saying my and our research team's hypothesis is that there's something
12 that is problematic about that that may be contributing to these really high rates of injury
13 we're seeing in certain emergency response sectors in our country.

14 So the thinking in some of the hypotheses went, well, what if rather
15 than waiting until someone becomes symptomatic for a posttraumatic stress injury, what
16 if we actually tried to put some structure around the primary prevention of educating and
17 providing mental health literacy? Of normalising the reality that most folks working in
18 emergency response are going to be exposed to hundreds of potentially psychologically
19 traumatic events over the course of their careers; hundreds, if not thousands. And
20 perhaps, you know, we can help to some extent enhance the proactive, psychological
21 protection people can develop in skill development, in understanding the context and
22 the factors that they may experience in the dissemination of their duties that are unique
23 in public safety and emergency response.

24 So those kinds of experiences really influenced this, you know, sort
25 of recognition that in high psychological risk environments, like emergency response
26 and other frontline sectors, I think rather than trying to perpetuate this potentially
27 historical notion that this is the job and this is what you signed up for; and so therefore,
28 your job is just to endure, the conversation of the approach now is to say, "Well, let's

1 acknowledge the fact that there are unique risks that you face, and there are reasons
2 why you face high psychological risk." And so therefore, let's understand those risks,
3 let's have that be part of the orientation or the understanding of what the work may
4 involve, and then let's be focussed and deliberate in having a multi-factorial approach to
5 both potentially primary prevention efforts, so skill development, building awareness,
6 helping people to understand what changes from a mental wellness perspective might
7 look like for them, have clear understanding about secondary preventions. So, like has
8 already been discussed, when people start to notice maybe that they're being impacted
9 by the work that they are doing, that there are pathways to repair, there is pathways to
10 having conversations. Sometimes we'll see that that's where peer support programs
11 and peer support teams can come into play in that sort of bridge between primary and
12 secondary prevention. And then from a tertiary care perspective, let's make sure that
13 when people are identifying that they need help there is effective, culturally competent
14 help for them to be able to access.

15 So I think what we're really understanding increasingly is that there
16 is this need for a continuum of care that samples across primary and secondary and
17 tertiary prevention, and that, potentially, with some of these pieces into play, you know,
18 we may be able to see mitigation of the impact of these high psychological risks.

19 So circling back to the Before Operational Stress Program, it's
20 really intended to be in that primary and secondary piece, to potentially... I mean, you
21 know, in critical practice again, what I was seeing was people who had just held on for
22 as long as they possibly could, and finally, when they reached out for help, they were
23 facing inability to work, oftentimes their relationships had suffered, oftentimes they were
24 having, you know, maybe difficulties in their relationships with their children and their
25 spouses; there were often comorbid mental health conditions, you know, oftentimes
26 substance abuse problems that had developed. And you know, I think if we can
27 understand that the trauma and the adversities that our communities are unfortunately
28 probably going to continue to face is going to have this call to action to the folks doing

1 these jobs, to me, that just doesn't seem like a workable hypothesis or sustainable
2 approach to say, "Just try to deal with it as long as you can, and then really, you know,
3 be prepared to face the devastation that this can bring to your life."

4 So I'll just -- I'll end there, but those are some ideas on those three
5 ideas.

6 **MS. KRISTA SMITH:** Thank you, Megan.

7 Mary, I'm wondering if you could follow up and talk a little bit about
8 the work that you mentioned in your introduction. I think you called it -- it's called
9 Preparing for After?

10 **MS. MARY FETCHET:** Yes. Well, as I've said, we visited and
11 interviewed these communities that have been impacted, starting with the Oklahoma
12 City bombing, and you know, much of what Megan said is so true, that communities,
13 you know, are not prepared in advance, and of course, I think the responder community,
14 in particular, there is this delay. We sarcastically call it the "hierarchy of grief".

15 So when a tragedy happens, certainly you're focussed, first and
16 foremost, on the families and then the survivors who are injured, but we -- what we see
17 is this rippling effect, the circle of impact. And, you know, when we were talking earlier
18 about defining a responder, there's a lot of people that fall outside that concentric circle.

19 You know, I'm thinking, you know, the Medical Examiner's Office,
20 the students that are, you know, working in those labs, we have the chaplains
21 encouraging, you have the people that were there that day. I mean, you know, the first
22 responders are the -- is the person that's on the train when the bomb goes off, or in the
23 school, or whatever, and, you know, there's often not this recognition that they are
24 responders too. The mobilised, you know, to help.

25 And so, you know, we're finding even government leaders that are
26 now tasked with, you know, trying to help their -- the community recover. You know, all
27 of the community has these additional responsibilities, you know, and your time and
28 energy is really taken away from your job to really -- to help the community, you know,

1 recover. So I think there is a rippling effect.

2 One of the things that we found too, and I think is still today, is
3 there's a stigma around mental health. And so, and in particular, people that are trained
4 responders, and I'm talking about fire employees, you know, counterterrorism experts,
5 they have the training and the expertise, and they know that their life might be at risk.
6 But that said, when you have a small community, you know, like your community in
7 Nova Scotia or Newtown or Uvalde, there's no training that you can put in place that's
8 going to prepare somebody that's responding to see their neighbour's child, you know,
9 murdered in school.

10 And so there has to be some recognition of the impact that that can
11 have, you know, on these people, even if they have training, the impact of, you know,
12 when individuals that are trained and have some responsibility for responding are
13 responding to something that is absolutely impacting them directly.

14 And we see after 9/11, you know, depression, anxiety, and PTSD
15 are in the top 10 conditions, still today. And I do believe it's because there is stigma
16 around accessing health. And so there is this delay in these people coming forward.
17 Even though they recognize their symptoms, delay in them coming forward to ask for
18 help.

19 So I think that it starts from certainly with the leadership. The
20 leadership has to send that message that now this is something that they have to be
21 aware of and that has to be supported.

22 Absolutely correct, Megan, in the substance abuse, the spouse
23 abuse, the child loss, and the suicide rate after so many of these tragedies. So I think
24 those are the consequences of not really being proactive and making people aware that
25 mental health conditions are very serious and the sooner you ask for help, the better
26 prepared you're going to be to be able to maintain your job, to maintain your
27 relationships, and to recover.

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

1 So reflecting on what Mary's just shared about the stigma that
2 comes -- often comes up and the hesitancy to get help, Julie, I'm wondering if you can
3 talk a bit about the role of psychoeducational programs in assisting with some of that?

4 **DR. JULIE MacMILLAN-DEVIN:** I completely agree not to undue
5 all of the work that, you know, we've done in terms of reducing stigma. It's still -- and to
6 speak to Mary, you know, "I'm not worthy to reach out." There are still so many people.
7 "I wasn't directly there." You know, "I had nothing to do with it." You know, they feel
8 guilty that they need those services. There's a lot of people still in silence, ashamed
9 that they feel they need something. So, you know, compounding that.

10 And after all of our traditional rituals are over, it's further
11 compounded because now they're even more isolated. So we have people who don't
12 think they're worthy showing up to, you know, community events or something after the
13 incident, but then it's gone.

14 And we tend to forget, and we tend to forget how long-term, you
15 know, what a process this is. If you think about, you know, a lesson I learned, I was 18
16 and a friend of mine lost his father pretty tragically. And I remember being 28 and
17 asking him, you know, does he ever think about his father? And his response was
18 "Every single day."

19 So, you know, we have -- so the help seeking, I think, as far as
20 primary. I always say that anything we do to provide supports in terms of mental health
21 in first responders, you know, highly visible, easily accessible, multiple entry points. So
22 we have to have services. Some people, "I don't want to go to that community center
23 and discuss anything. I just want to have a conversation with somebody I trust." Well, if
24 I don't trust that person, well maybe I could communicate. We like people. We don't
25 like people. Multiple entry pints to provide lots of options.

26 And, you know, our employee family assistance programs serve an
27 incredible resource, but then if you have one experience, and "I will never use that
28 again."

1 The message in terms of leadership is, I always ask, you know,
2 “How many times do you give out your EAP number?” “Oh, all the time. We have a
3 magnet. We have a pamphlet.” But do you actually go to someone saying, “What has
4 worked for you in the past? Are you willing to try this? This is what it will be like when
5 you call the number.”

6 You know, I always ask leaders, “Have you ever called that
7 number?” “No.” So what -- “This is what it’s like when you call the number.”

8 And, you know, as equally, if not more importantly, “I’m going to
9 check in with you in a couple of days to see how you made out.”

10 So I think we have to play a more active role in providing the -- you
11 know, it’s like throwing spaghetti at a wall and hope it sticks. I think we have to do a
12 better job of facilitating looking for supports, both at the primary, you know, who would
13 you go to? And I always heard, “I’d go to my friends and family.”

14 But as you said, Krista, do you have a specific lifeguard in mind?
15 Because when you start to have difficulties, that becomes much more -- you start
16 second guessing yourself. You think, I don’t -- I hear it all the time, first responders, “I
17 don’t want to burden people. You know, “Are you honest with your therapist?” “No. I
18 don’t want to burden them.”

19 So it’s -- you know, we have to be a little more active in providing.

20 And this is obviously in the community as well. Our children. We
21 all know the mental health rates there. You know, community members, obviously, from
22 traumatic -- we have to have those discussions about the specifics of whether it’s the
23 primary or secondary prevention tools and resources that we have. I think we have to
24 do a little homework ahead of time and that tertiary prevention, you know, as you said,
25 we have to keep at it. It’s not that we do this until the next big thing comes along. This
26 is a long-term prevention strategy.

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

28 Deb, I’m wondering -- oh, I’m sorry. Alex?

1 **DR. ALEXANDRA HEBER:** Did you want to go first?

2 I just want to add something to this discussion that started with
3 Mary and continued with Julie about stigma, because I think this is such a -- you know,
4 if you think about it, when we think about conditions or problems with our brain and
5 mind, how do we think about those conditions and problems if they're in our heart or in
6 our stomach? You know? I mean, we go and we get help, and everybody expects us
7 to get help, and nobody says it's because you're weak, you know? Or because there's,
8 yeah, something inherently wrong with you. This is what we do. You get chest pain,
9 people know, you know, they have some sense of, "I've got to go and get this checked
10 out, and I need some help."

11 But there's so much, I think, shame-based thinking, which is
12 another way to talk about stigma, for all of us, including those leaders who are putting in
13 place the programs. You know, I mean, they're doing their best but, you know, what do
14 they actually think about these kinds of mental health issues or problems that people --
15 so I think there's still so much shame around this for all of us and that it's something we
16 really need to consider, continue looking at and thinking how do we change that and
17 correct it? Because, in a way, I mean, you know, we're looking at, again, secondary or
18 tertiary stages when the person is suffering, and then we're saying, well, you should go
19 and get help. Yeah, but I've had my whole life, everything in my environment has
20 taught me, including, often, my profession, my organization, that if something -- if I have
21 a symptom, if I develop nightmares, if I start fighting with my spouse, that that's a
22 weakness in me. I'm ashamed of it. So I think it's how do we change that?

23 And then just another little analogy I wanted to add. Before we sent
24 troops to Afghanistan for six months, we trained them for six months. They spent as
25 much time in preparatory training for that mission as they did overseas.

26 So, you know, if you think about -- and that was not mental health
27 training. That was so that they would know the kinds of situations they're going into.

28 We understand that, but in terms of mental health, somehow it's

1 hard for us to wrap our mind about the fact that we need to put things in place for that
2 primary prevention to occur.

3 Anyway.

4 **MS. KRISTA SMITH:** I'm so glad you waved me down there.

5 That's -- it's so important what you just shared.

6 Deb, to take it to you now, I'm wondering, in your work with families
7 and your other work around prevention, maybe just tell us a bit about that?

8 **DR. DEBORAH NORRIS:** There's two things that I would say, but
9 first of all, building off the contributions -- valued contributions of my colleagues on the
10 table here, what -- you know, your comment, Julie, about how it's a process reminds me
11 of resiliency. And this is where we land in our research, is how do we take the results of
12 our work and develop and implement and evaluate programs within the community that
13 focus on resiliency. We conceptualize resiliency as a process, so it's not a one and
14 done, you know, one-shot deal and you've got the magic that will -- you know, make you
15 immune to future trauma.

16 So an analogy that we can all relate to in the -- hopefully, as we
17 crawl out of COVID, is it's there's not an inoculation that we can get for trauma; that it is
18 a process, and it involves more than the individual. And this is the piece that we like to
19 promote through our work as well is -- you know, Mary mentioned something about
20 concentric circles earlier. We have to push the focus beyond the individual and
21 "responsibilize" -- I'm not sure if that's actually a word, but it makes sense to us when
22 we think about the -- what we hope will come out of our work is let's remember that it's
23 not just about the toughness of an individual but about the collective capacity of
24 communities and families -- which is where I come in -- to support those folks so that
25 they have those lifeguard and lifejackets, et cetera, at the primary and secondary level.

26 So that was my immediate thought coming off the comments of
27 Alex and Julie. But did you want me to talk about families now, or is that to be saved for
28 another point in our proceedings?

1 **MS. KRISTA SMITH:** I think that -- I think that primary begins to be
2 bleed into secondary, if I'm understanding this, so that families have a role both in early
3 -- you know ---

4 **DR. DEBORAH NORRIS:** Exactly.

5 **MS. KRISTA SMITH:** --- maintenance sort of life, and then early
6 intervention. So maybe you could help us transition?

7 **DR. DEBORAH NORRIS:** To the families?

8 **MS. KRISTA SMITH:** Yeah.

9 **DR. DEBORAH NORRIS:** Okay. Well, earlier this morning, Alex
10 mentioned that an integral factor in supporting individuals experiencing trauma is social
11 support, and I totally agree, and an element of the social support system that I feel is
12 important and which we spend our work in the Family -- spend our time in the Family
13 Matters Research Group is, indeed, the family unit as a very significant source of social
14 support.

15 But there are things that family members have to work their way
16 back from. They are, indeed, integral to maintaining or helping emergency responders
17 deal with their traumas, but they also warrant a lot of support in their own right. They
18 are a parallel track with the emergency responder, coping with their own -- the impacts
19 of this experience as it affects them.

20 So I can refer to some of these impacts, but they fall under the
21 umbrella of vicarious trauma, which is also experienced by families; Alex mentioned
22 earlier that helpers, you know, can obviously experience this, but so do families.
23 Secondary trauma is another term that's often used in the literature to reflect this point.

24 But what it all boils down to is that perhaps often unintentionally
25 there's a crossover or transference from the emergency responder to the family system
26 such that a lot of the behavioural changes and the impacts of their trauma are absorbed
27 within that immediate proximal context. And in order to be able to cope with that, the
28 family members -- and most of my work in the military context has focused on spouses

1 and partners; I've interviewed hundreds of spouses and partners over my career to this
2 point. And they talk a lot about what we call anticipatory vigilance; adapting your
3 expectations, you know, within the family unit, often being the conduit if there are
4 children involved, you know, helping everyone be sensitized to what, in this case, the
5 emergency responder will need in order to be able to live well that day or that hour,
6 whatever seems to be most significant at that time.

7 While they're doing this, they're also coping with something that is
8 referred to in my literature as ambiguous loss. So while they're monitoring symptoms
9 and trying to create a space in the family system that will be supportive of the person
10 living with trauma, they are mourning; they're grieving the loss of the person as they
11 once knew them. That's the ambiguous loss; they're physically present but
12 psychologically and emotionally absent, or present in a way that is not optimal, not in
13 the way that they are accustomed to.

14 So I'm sure it would not surprise us to know that the fallout for this
15 for a family member -- and this includes spouses, partners, and children and extended
16 members of the family as well, is a lot of anxiety that burbles up because you're dealing
17 with this; you are experiencing your own. I understand that hypervigilance is a
18 consequence of trauma for the person who is traumatized, but there is this secondary,
19 anticipatory vigilance as well that means that almost every other part of your life that's
20 unrelated to the primary trauma is also infused with anxiety.

21 Somebody mentioned gender and how gender enters into this
22 story. Particularly Sevus in the literature that particularly female-identified family
23 members internalize a lot of what's going on and say, "If only I could do this. If only I
24 knew how to do that. If only I was a better partner or spouse, my loved one would not
25 be going through this." So they take the blame and I think those of us who identify as
26 women are socialized to do this more frequently than perhaps others.

27 Sometimes there's anger. The family member can resent the
28 prominence of the emergency responder context within the family system and the

1 repercussions it has on their everyday lives.

2 I've also heard a lot in my interviewing about isolation, particularly
3 social isolation. The family member may feel unsupported by the organization, a point
4 that was brought up earlier, but particularly by those who are connected to them and
5 their proximal environments. They may feel that the work that their family member does
6 is not well understood by others. So they feel marginalized, and they feel, you know,
7 "Why will I put this on everybody else to talk about how we're experiencing this?"

8 They may also feel that their contributions to maintaining some
9 level of equilibrium in the family system are not being acknowledged or recognized,
10 even by the primary person who is traumatized, as well as by everybody else. They
11 may feel that they and their loved one are being subjected to unwarranted criticism and
12 harsh judgments about, you know, "Why aren't you doing this better? Just be resilient,
13 just be stoic and move on."

14 So those would be some of the familial consequences of trauma
15 that I think need to be addressed as a springboard to supporting families, if we
16 understand families to be an integral part of that primary and secondary, and maybe
17 even tertiary support system that traumatized people need.

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

19 So I think it's important to acknowledge that you -- we started by
20 considering how families and spouses can support emergency responders, but you
21 went on to acknowledge all of the -- that they need support too.

22 **DR. DEBORAH NORRIS:** M'hm.

23 **MS. KRISTA SMITH:** And I just want to pause over that because
24 it's a little bit different but equally important.

25 **DR. DEBORAH NORRIS:** Yeah.

26 **MS. KRISTA SMITH:** Okay. So I'd like to move away from the
27 family piece of it for the moment and turn to Arijia to talk a little bit about -- to talk now
28 about employers and what role they might play, both in preventative, so that kind of

1 primary prevention, as well as secondary early intervention type.

2 **DR. ARIJA BIRZE:** Sure. So I think kind of the way I've been
3 looking at it is that organizational supports -- from my perspective, the way I've been
4 looking at it, I recognize, you know, the primary, secondary, tertiary has a very important
5 role to play in the structure of how we look at support, but I think I've been looking at
6 organizational support more so in a way that it is the framework or it's the context that
7 all of these support programs are operating in. So I would say that it's a more general
8 perspective and way of looking at it, organizations, on the whole. I think openly -, you
9 know, on an ongoing, consistent, regular basis openly acknowledging the difficult work,
10 and like others have mentioned, it's very important in preparing and educating
11 individuals on what trauma response can look like, and also, eliminating the stigma, so
12 that people can speak openly and freely if they like. It's about workplace policies that
13 include those who should be included in these support systems, and then workplace
14 practices that actually follow through with the policy rather than falling back on old,
15 cultural artifacts, and silence, and exclusion, and that kind of thing. And it's about truly
16 valuing the work and recognizing the vital contributions that everybody is making, so
17 that employees do feel like they're recognized as part of the picture, organizations
18 taking explicit, concrete responsibility. So earlier, it was mentioned responsabilization --
19 I concur, that's a great word -- so that organizations do take responsibility for the care
20 and keeping of employees, and demonstrating that commitment in the everyday
21 workplace processes that are going on. And then also, very important, for organizations
22 to provide evidence-based supports. I think in a lot of cases, supports can be provided
23 without that evidence base. We don't always know that what we're doing is working and
24 it's important to kind of build that capacity and knowledge and understanding from the
25 get-go, so that we know that the supports that are in place and are being provided are
26 actually helping.

27 **MS. KRISTA SMITH:** Thank you very much, Arija.

28 I want to turn from employers now to peers, so we're kind of looking

1 at the different groups of people who might support emergency responders.

2 Mary, I was hoping you could tell us a little bit about the peer
3 supports for responders that, you know, over the course of the years that you've been
4 doing this work.

5 **MS. MARY FETCHET:** Well, peer support really provides an
6 opportunity for those that are from, you know, either a stakeholder groups, or the
7 families with families, or responders with responders, and so on and so forth. It gives
8 them an opportunity to connect with people that have a shared experience. And so
9 what happens over time, what we've found, is the longer the time from the event, the
10 less likely people have support from those people that understand it. So oftentimes, I
11 note you talked about, you know, the family and the spouse. You know, the responders
12 go in, in the case of 9/11, they were there for 9 months. So they spent more time down
13 at the site than they did at home. And you find this division in the relationship that's I
14 think caused by the wife's isolation and lack of understanding about what their family
15 member was living through day-to-day.

16 And of course, in a lot of cases, the responders are not able to
17 really talk about the graphic nature of what they've experienced. So it's the ability to talk
18 with somebody that lived it, that understands it, that saw what they saw, that feels how
19 they feel, and they have this -- not just shared experience, but this foundation of how
20 that's impacting them.

21 Now in some organizations like, you know, the police or fire, these
22 are cultural groups. I mean, they have their own culture. And it's very difficult for a
23 clinician to go in, unless you're part of that network, that you have a trusting relationship
24 with them. Similarly, you know, even in corporations, I know they have the story that
25 they have the therapist, you know, office set up, you know, and it was in a location that
26 anyone that went in could see that they went in. So you have to be thinking in terms of,
27 you know, how can you make this confidential support if there is a therapist, but then, of
28 course, how can you facilitate the peer support. And I would say that whether it's a, you

1 know, responder organization, or a corporation, or a government entity, you really have
2 to take and to consider the family as a whole because -- I know we're just doing a
3 workshop in a couple of weeks of, you know, how do you -- how does somebody live
4 with somebody that has PTSD? It's challenging. So, you know, I think that you have to
5 -- they have to have a supportive family outside that peer support group. And, of
6 course, a peer support group should not -- it should be, you know, augmenting, if they
7 need mental health care, you know, if they need to be seen by a psychiatrist, or a
8 clinician, and if they need to be on medication. So, you know, but I do think it's
9 important and I think it gives an opportunity for people to heal over the long term.

10 **MS. KRISTA SMITH:** It's helpful to think about that you need
11 different kinds of support. It kind of forms a package.

12 Julie ---

13 **MS. MARY FETCHET:** It's a holistic approach.

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

15 **MS. MARY FETCHET:** Another thing that I'd bring in -- up,
16 because I know it was mentioned about evidence based here, but I think it's really
17 important not to assume what people need. You really -- we do an annual survey of the
18 people that we serve, and we want to know, you know, are the programs that we're
19 providing helpful and or not. You know, what's their availability to participate, and then,
20 of course, what other services do they need, or what other topics. And I think
21 psychoeducation, providing with a peer support network and availability to mental health
22 care, confidential mental health care, you know, is really the way that you have to think
23 holistically about, you know, meeting the people's needs. And I think the
24 psychoeducation can also be focussed on, you know, eliminating the stigma.

25 **MS. KRISTA SMITH:** Yes, thank you.

26 Julie, I was hoping you could tell us a little bit about your work in
27 developing peer support networks.

28 **DR. JULIE MacMILLAN-DEVLIN:** So we talk about peer support.

1 You know, there's -- again, as we see in mental health, it's very difficult to tease
2 evidence for, evidence that it doesn't work, so we're going under the assumption that
3 peer support is helpful. We don't maybe know what degree or when, or what the
4 required training may be, but we go under the assumption we all have peers, we have
5 all used peer support. In terms of a formalized peer support, you know, it's -- again,
6 Mary, you just said we can't assume we know what people want. A national peer
7 support network would involve somebody who wants to talk to somebody about the
8 experience they've just been through, but I don't want to have to work beside them
9 every day. Somebody else will say, "I want a peer who I work beside every day, who I
10 know that they have my back." So there's even very different, I guess, ways that people
11 think of peer support.

12 Again, it should be -- and I'm taking you back to primary, it should
13 be part of that primary, paired with psychoeducation. You know, you're starting out in
14 an organization, whether it's first responder or anyplace where it's high stress, you're
15 met with a peer. I'm going to -- you know, we talk about mentoring. So you want it at
16 that primary. Again, it's another multiple entry point if you feel that you need that help.

17 So it's -- so there's a lot of different -- there's a lot of value in peers.
18 It's just the training that we have to figure out, what kind of training does a peer support
19 network need. You know, is it low-level psychological techniques? Is it communication
20 skills? Is it learning boundaries? Is it -- obviously, you have to have a knowledge of the
21 resources available, if, you know, you're moving into that secondary tertiary, you have to
22 have the knowledge. I mentioned earlier about, you know, an EAP program, employee
23 family assistance, or employee assistance program. A peer will be able to say, you
24 know what, I called it, and this is what you can expect.

25 You know, it's -- I hear so many different -- the best, most basic
26 example of someone being exposed to peer support who had no idea what it was, they
27 were listening to a police officer, and the police officer said, "You know, yes, sometimes
28 I'm angry." And that could be, you know, the term, the surface acting. You know, do

1 you ever tell anybody how angry you were? And it was just, like, a novel concept. And
2 he said, "Absolutely."

3 And so you could just see this relief that, "I'm not alone." You
4 know? "All these feelings are quite normal. You know, it's the, obviously, the event
5 that's abnormal."

6 So as far as peer support network, it has to be a coordinated effort.
7 It has to be something that's well thought out. But I say it's an invaluable contribution
8 on that process of, you know, taking care of ourselves and each other, at both individual
9 peer and organizational level.

10 **MS. KRISTA SMITH:** I would like to pick up on something that
11 came up at one of our small group sessions earlier this month. We heard some of the
12 paramedics talk about the peer support program that they had in place and their
13 frustration, really, with that system, and feeling like what they'd just gone through, that
14 the individuals who had been identified as peer supporters were just out of their depth.

15 **DR. JULIE MacMILLAN-DEVLIN:** Absolutely. And unfortunately
16 with bad experiences, we need to take those bad experiences as to what we're doing
17 and build on them, and how do we change that moving forward?

18 So, you know, you hear that about therapists a lot. "I went to
19 therapy. Never again." You do try again and you kind of learn and move forward.

20 You're exactly right. I hear that all the time when I respond to a
21 critical incident. It's like, "Don't bring them near me." You know, somebody who has
22 got 30 years on the service is approached by, you know, a two-year service saying, "I
23 took a course. What do you want to talk about?" That's not a great idea. And that's
24 why, you know, again, it's matching experience to experience. Officer involved
25 shooting. There's a network. There's a peer. And obviously they have to be in the right
26 space to be able to, you know, provide that support. "I've been there. I've been where
27 you have been." And so we pair them up that way, you know, rather than just kind of
28 having -- people want to rush in to help, and we all do, or we wouldn't be doing what we

1 do. And so I think it has to be a little more, again, coordinated and, you know, when
2 you're putting people in that position after such a -- you know, it's an acute stress
3 reaction, acute traumatic event. You have to have people in there who are going to be
4 of great -- perceived as great value.

5 And so -- and I've heard that -- I've heard those discussions and I
6 think, you know, yes, we have to do a better job at being more strategic about -- there's
7 a great network of peer programs all over the country, all over the world. I just think it
8 needs a little tweaking as to be a little more strategic.

9 **MS. MARY FETCHET:** Julie, could I add that we actually -- our
10 peer support groups are led by a clinician and we also do an assessment when
11 somebody joins a peer support group to make sure that they don't need a higher level of
12 care, because the last thing that you want to do is bring somebody into a group that's
13 going to disrupt the healing.

14 And so, you know, I think our peer support groups might be a little
15 bit different than, you know, a peer network. It's led by a clinician and there's an intake
16 that takes place prior to them joining the group.

17 **MS. ROBIN CAMPBELL:** I just wanted to add a little bit to what
18 you're saying and kind of two points.

19 The other thing we have to remember about emergency responders
20 is the ranking system. So our hierarchy.

21 So kind of like you said, two years/30 years, but also officers,
22 chiefs, deputy chiefs. That's a very different experience than a frontline -- and I'll speak
23 from firefighter because that's what I know, firefighter experience.

24 So having those peers, especially when you get to those higher
25 level officer positions, who do I go to? Who can I speak to that has this experience as
26 well? Because as you go through the ranks, that becomes less and less fellow peers.

27 And then on the other point with peer support, and this is from a
28 practical point, and kind of going back to what you were saying, Julie, is informal peer

1 support happens everyday with emergency responders. And so, you know, whether it's
2 your lifeguard or whatever it is, that person you go to, my fellow firefighter, that's who
3 I'm comfortable to go to. They might not be the token peer supporter of the fire
4 department or the fire service, or emergency organization.

5 So I believe that everybody needs that training, because I think
6 every first responder in, you know, general as well, you're going to run into a situation
7 where you're going to have to support your fellow peer. And I think we miss that
8 sometimes when we think more formalized peer support. There's also that really
9 important informal peer support that is occurring on the regular basis that we also need.
10 So it's a whole spectrum when we come to peer support.

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

12 **DR. ARIJA BIRZE:** Could I just add one more thought on the
13 informal peer supports?

14 **MS. KRISTA SMITH:** So I -- we are quite late for our morning
15 break.

16 **DR. ARIJA BIRZE:** Okay.

17 **MS. KRISTA SMITH:** So I ---

18 **DR. ARIJA BIRZE:** Yeah.

19 **MS. KRISTA SMITH:** Normally I would say absolutely.

20 **DR. ARIJA BIRZE:** M'hm.

21 **MS. KRISTA SMITH:** So let us take a short break and then we'll
22 follow up with Arija and Deb, because I know you both have thoughts.

23 **COMMISSIONER MacDONALD:** Yeah, thank you so much. So
24 enlightening so far.

25 We'll take a 10-minute break and be back. Thank you.

26 --- Upon breaking at 11:25 a.m.

27 --- Upon resuming at 11:40 a.m.

28 **COMMISSIONER MacDONALD:** Thank you everyone.

1 Krista?

2 **MS. KRISTA SMITH:** Thank you very much.

3 We'll just wait for our virtual members to rejoin.

4 Hello. Deb, I wanted to pick up with what we were talking about,
5 peer support.

6 **MS. DEBORAH NORRIS:** Okay. Just a quick point that flows from
7 the previous contributions, and that's about cultural competence. I think it came up in
8 the introductions. One of my colleagues emphasized the significance of that point.

9 So I've had the privilege of working with colleagues at the local
10 Operational Stress Injury Clinic that's facilitated by the Nova Scotia Health Authority and
11 by Veterans Affairs Canada. I've worked with clinicians there to develop a family
12 psychoeducation program. And one of the things that we've noted in our formative
13 evaluations of that program so far is how important it is for the veterans who are living
14 with trauma, Post-Traumatic Stress Disorder most notably, and their family members, is
15 to have someone have a context where people "get it"; right? They understand the -- in
16 this case, the military backdrop to the trauma.

17 So if we're thinking about, you know, building the plane, and flying
18 it, and landing it in the future, I think having that lens of cultural competence will be
19 significant.

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

21 And Arija?

22 **MS. ARIJA BIRZE:** Right. I was just going to also add a quick
23 note on the informal peer supports and what Robin had been saying. I was just going to
24 echo that I agree that training for all is probably a really important part of it.

25 Some of the other work that I have done with the traumatic impacts
26 of working with video evidence of violent crime, in that context, informal peer supports
27 came up. That was qualitative research. And what we learned was that in that informal
28 context, there are peers who are providing that support, but over time, as we've heard

1 as well today, there are the cumulative traumas that are occurring, and in some of those
2 instances among peers, sharing those experiences and really getting into the details of
3 what was happening can be experienced even for the peers who are trying to, sorry,
4 experienced as kind of compounding trauma in the peers who are trying to provide that
5 support.

6 So like others also mentioned, Julie, about, you know, being
7 strategic and well thought out and providing training and making good matches, and
8 making sure that everybody's in the right headspace to do that work, are all important.

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

10 I'd like to turn now to a slightly different conversation. We started
11 off this morning distinguishing between occupational or operational-type stressors and
12 organisational. And so in this last piece of time that we have today, I'd like to
13 accomplish a couple of things: One is to think about organisational stressors and
14 barriers to getting the types of support that we've been discussing; and then secondly,
15 we'll turn to sort of the where are we headed and sort of finding meaning in the -- in the
16 nature of this very difficult work that emergency responders often do.

17 So to start off, I was hoping that, Robin, you could talk to us a little
18 bit about what kinds, especially given your volunteer experience, what kinds of
19 challenges do organisations face in providing the support that responders need?

20 **MS. ROBIN CAMPBELL:** Yeah. So I think it goes back to that
21 unique volunteer context, which does create, there is definitely opportunities, but there
22 can be a lot of barriers when we're looking at these sorts of things.

23 And I just wanted to note too, that when I talk about volunteer
24 firefighters and the fire service, I'm not talking about a small segment of the fire service,
25 they actually make up 83-percent of the fire service in Canada and over 90-percent in
26 Nova Scotia. So when we talk about firefighters, we're generally, usually talking about
27 those in the volunteer context, which is really important. I just wanted to make that
28 note.

1 So there's kind of three areas, I would say with the volunteer
2 context with organisational resources, and the -- one of the most significant barriers for
3 volunteers is that there is no consistent structure that exists across the province that
4 says these are the resources available. Because when you think about fire
5 departments, mostly, I mean, there's always an "it depends" situation, but when we look
6 at the volunteer fire service, each fire department is truly its own entity. And depending
7 on that area or where you are in the province, it depends on that fire department, that
8 small fire department, to make up the resources for their people. So there's not
9 necessarily a provincial or municipal kind of structure that exists.

10 And firefighters are in the business of firefighting, not necessarily
11 creating all these organisational resources, and when you think about the fact that
12 they're volunteer and they do this in their spare time, again, that creates a lot of barriers
13 in that way. So when we think about the organisational constraints, there is accessibility
14 and affordability, because I go back to when I was saying that they have to fundraise for
15 their trucks and equipment, so when we get into other training and the various
16 resources available, we can understand that that can be very difficult for a volunteer fire
17 service.

18 And then appropriate. So you know, I hear different terms talking
19 about organisational structures, and -- or like the employer, the workplace. That's not
20 what exists for volunteers. It's not their workplace, it's not their employer. So it's a very
21 different structure and framework in that way.

22 So when I think about appropriate, when we think about services
23 and supports and resources in that organisational structure, it's not like everybody's at
24 the fire department on shift today, and we can just, "Okay, we're going to do this training
25 today." These people are doing this in their evenings and weekends, and so those are
26 the opportunities to have these resources and trainings and other supports and services
27 available.

28 So it creates -- delivering those, and having those available

1 becomes complicated when you think about the fact that they're taking the time out of
2 their spare time to do this. And so, again, going back to family, taking the time away
3 from their actual employed work that pays for their livelihoods. So lots of complicating
4 factors there, and that's just kind of the tip of that.

5 **MS. KRISTA SMITH:** Thank you, Robin.

6 Megan, I'd like to take it to you. Same question, probably from a
7 very different perspective. What challenges in your work have you seen that employers
8 or organisations face in trying to support their emergency responders?

9 **MS. MEGAN McELHERAN:** I think the challenges are numerous.
10 You know, I very much come from the perspective. And I see every day in clinical
11 practice, that the leaders I work with and the organisations that I work with by and large
12 care tremendously about their employees and the responders who are doing the work,
13 but the pressures that are faced by emergency response organisations are frankly
14 tremendous, and so I think there is a -- an absolute sense of competing demands. You
15 know, where and how do we put our resources, where should be put our focus? You
16 know, with a limited, you know, mental health budget or budgeting for mental health
17 training with a very limited budget, you know, we want to make sure that we are, you
18 know, deploying the most effective skills and interventions. And we're oftentimes
19 tremendously confused about what those should be, and so there's a -- sometimes a
20 challenge in terms of knowing what are the supports that would be the most effective.

21 You know, I hear a common thread, whether I'm talking to a new
22 member of an emergency response organisation, who's been on the job for a year or
23 less, or I'm talking to a leader, you know, who's at a high degree of rank, who has
24 25 years degree of service, I hear a common theme or a common challenge of this
25 experience of feeling dehumanised in the work. And I think there's a significant
26 challenge around how to reconcile in the holistic nature of an organisation or a system
27 that this is a human-centred industry in significant respects. And how do -- you know,
28 how can employers and organisations bridge the gaps differing experiences and

1 differing expectations so that really that human quality is at the core of how employees
2 within an organisation are relating to one another? And I think that's sort of out of sync
3 with oftentimes the task and tool response-driven, reaction-driven demands of these
4 occupations.

5 And so, you know, that's a significant challenge. I want to support, I
6 want to validate and humanise the people who are doing this work, and yet, we're not
7 necessarily set up in that respect. In many respects, we're not sort of permitted, or what
8 our communities, or you know, what our councils expect of us is not necessarily that
9 angle. So you know, I think the -- I think the challenges are they're really multi-factorial,
10 and therefore, as we've been talking about this morning, they really do require a multi-
11 factorial set of interventions and potential solutions.

12 But I -- you know, I just hear all the time this disconnect in the
13 sense of really not being seen for the contribution that I'm making, and that really arose
14 the sense of connection and investment, and frankly protection that people feel in the
15 context of their organisations and their jobs that they're doing. And I think we -- you
16 know, there's an oftentimes inclination to try to figure out why that's happening and
17 what's to blame, and that's probably a bit of a simplistic approach to a complicated
18 problem.

19 So I suppose, you know, when we think about how are we maybe
20 going to continue to address these challenges and think about how to continually
21 improve upon what we're learning and help this -- you know, inform organisations
22 moving forward, I submit, and my strong, yet humble opinion is that we really need to
23 spend time focussing on the relational factors and how people talk to one another, and
24 how they're connecting in the struggles that they're facing. And again, that's just
25 historically not really been the fabric of how these organisations operate or have
26 developed over time.

27 **MS. KRISTA SMITH:** Thank you so much, Megan.

28 I want to pick up on a couple of those pieces: the humanity of

1 emergency responders feeling seen, as well as the relationships. And I want to pivot a
2 little bit and take it over to those who become leaders in the organisation are humans as
3 well, and engage in relationships with the emergency responders in their organisations.

4 Can you, Julie, tell us a little bit about life from their perspective and
5 considerations for their care?

6 **DR. JULIE MacMILLAN-DEVLIN:** I always hear leaders, "I have to
7 make sure the people who I'm responsible for are well and safe. What do you do for
8 yourself? What do you mean?"

9 Whether it's --I don't feel entitled, I don't feel -- I should -- I've
10 reached this level. I should have that down pat by now. We have the same problem
11 with specialized units in policing. You know, who is more at risk, the constable on the
12 road, the forensic identification team, the child exploitation team, you know, the TRU or
13 the ERT or emergency response teams? Again, Robin, when you said it -- and there's
14 been calls. We have to enshrine mental health throughout everything we do. So if
15 that's occupational health and safety, a standing agenda item on meetings, put mental
16 health in there. And you have to start talking about your safety plan. Promotions, you
17 know, to get your inspectors or your superintendent, you know, put that as an aspect of
18 your advancement, so by the time you do get to a leader, it's part of that.

19 I know that there's a call now for support for senior leaders, and I've
20 done this, and I've seen it myself. You know, they feel it's -- that's something that
21 happens later. And it's almost like you're stealing from the cookie jar and there's not a
22 lot of cookies for everybody else first. Feed everybody else first and then I'll pick up the
23 leftovers. We have to acknowledge that it's everyone. We have to provide these
24 resources, put these plans in place ahead of time for everyone.

25 And, you know, when you're talking about peer programs, it's the
26 same thing. It's the ranks. You know, obviously, the numbers aren't there as you go up
27 in rank, but that's why it's a national -- we need a national group that will be, you know,
28 be able to provide those supports for people in any unit, at any rank, so you can match

1 them up accordingly.

2 **MS. KRISTA SMITH:** Thank you, Julie.

3 Related to this conversation about organizational factors, systemic
4 factors, I'd like to ask I think what's a hard question right now. What -- if you could take
5 one barrier away, which -- what would it be? Which would it be and why? What is -- so
6 to put it slightly differently, if an organizational factor was removed or mitigated, and
7 could make a big difference to the wellbeing of emergency responders, what would it be
8 so?

9 Alex, can I start with you?

10 **DR. ALEXANDER HEBER:** Sure. I guess I'll go back to
11 something that we spoke about earlier, and that is the -- that very strong feeling of
12 shame around having a mental health issue or symptoms. And if we could remove that
13 -- because again, I think a lot of very, very well-meaning people who are working very,
14 very hard for their people, but, you know, they have those same kind of feelings and
15 internalized beliefs about mental health. So I think that would probably be my number
16 one.

17 **MS. KRISTA SMITH:** Thanks. So it sounds to me like you've
18 identified a cultural factor. Yeah. Okay.

19 Robin?

20 **MS. ROBIN CAMPBELL:** I can't choose them all. I would say --
21 and this is coming from the volunteer firefighter lens, I would say the consistency, so
22 that way that there's the consistent support, and I think provincially, so that no matter
23 where you are in the province as a firefighter, you have the same access to the
24 resources as everybody else I would say would be really important.

25 **MS. KRISTA SMITH:** And just to expand on that a little bit, when
26 we spoke earlier, you talked to me about how experiences can really vary from one fire
27 service to another?

28 **MS. ROBIN CAMPBELL:** It can very much vary, and it depends

1 on the funding and the resources they have. It depends on the value that it's put. So
2 some fire departments, it's -- mental health is critical, but it's about but then where do
3 we go from there, how do we get these resources. Other departments, it may not be on
4 their radar yet, and it depends. It depends on the leadership, depends on knowledge.
5 So having that consistency would create so that that's not happening, so it's not so
6 piecemeal across the province. Because truly, for the volunteer fire service, there is
7 only one consistent resource, and that's the critical incident stress management team
8 through the Fire Association of Nova Scotia. But that again is a volunteer group, and
9 they only do one very specific intervention, which is the debriefing, so having more of
10 that type of resource that's for everybody, no matter where you are, I think would be
11 really important.

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

13 Deb?

14 **DR. DEBORAH NORRIS:** So for me the -- you know, the crystal
15 ball, blue sky change that I would hope for would be developing mechanisms
16 organizationally that will enhance the visibility of the work that's done and the validation
17 for that work, both within the units where that work happens and within the communities
18 where it matters. So, for me, it would be visibility and validation.

19 **MS. KRISTA SMITH:** So connected to Megan's point that people
20 tend to feel dehumanized ---

21 **DR. DEBORAH NORRIS:** Exactly.

22 **MS. KRISTA SMITH:** --- in the role?

23 **DR. DEBORAH NORRIS:** M'hm.

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

25 **DR. DEBORAH NORRIS:** And unacknowledged.

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

27 Julie?

28 **DR. JULIE MacMILLAN-DEVLIN:** I would go one step further from

1 Alex's and say we have to start actually having the words come out of our mouths in the
2 workplace about taking care of ourselves. So operationalize everything, all the anti-
3 stigma campaigns, all of the training, what does it look like when the words come out of
4 your mouth, how are you doing. When you -- it's still people, I don't want to say the
5 wrong thing. So let's -- we need to start practicing and creating structure and vehicles
6 to be able to have the words to come out of my mouth, this -- these are my supports. I
7 don't feel so well. I need help. We have to get those words out of mouths, from in our
8 hearts, as you said, out of -- into our mouths, so that's what I would say. Operationalize
9 it.

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

11 Taking it to our virtual friends, Arija?

12 **DR. ARIJA BIRZE:** I would say that removing kind of the unofficial
13 or assumed hierarchy of -- I don't want to say importance, it's not the right word, but of
14 value that's placed on the different work that different roles do, so that it speaks to that
15 validation piece, so that, you know, everybody who plays a part is getting the validation
16 that's required for that work.

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

18 And, Megan?

19 **DR. MEGAN McELHERAN:** You know, something that comes up
20 for me often, and did in our session on Tuesday, and has again today is a notion, I
21 guess, that no one person has the monopoly on suffering, you know, and that there's
22 this sense of I see kind of a, I guess, it talked about -- I refer to it as trauma relativism,
23 that, you know, there's an entitlement to support, or access to care if it's been bad
24 enough. And more often than not, people conclude to themselves that, you know, I'm
25 not deserving enough, and so therefore, I should just find ways to deal with things on
26 my own.

27 So, you know, I -- certainly the last 10 years, and I think we've seen
28 tremendous progress in the field as a whole on, you know, addressing stigma, on, you

1 know, making it more normal and accepted to have conversations about psychological
2 wellness. I don't think we're all the way there yet by any stretch, and there's more work
3 to be done there. A lot of that work that I've seen happen has been very much at the
4 level of the individual responder, or perhaps the individual, you know, family member.
5 And, you know, a barrier or something that I'd like to see moving forward is that we
6 really continue to shift towards a very holistic approach towards supporting the mental
7 health needs of emergency responders across this country, that, you know,
8 psychological safety within these organizations becomes table stakes, and that we are
9 teaching our leaders and our emergency responders in equal measure about the duties
10 they need to deploy, about how to have conversations with one another that are driven
11 by empathy and that support opening. Because I -- again, I hear this all the time, this
12 desire to be helpful, this desire to be supportive, especially from leaders. And I think we
13 need to really keep looking at how do we help people understand how to have those
14 conversations in effective ways, so that they can feel, you know, a greater degree of
15 empowerment, and they can feel a greater degree of comfort in really connecting at that
16 level human to human.

17 **MS. KRISTA SMITH:** So the role of education and training to help
18 shift culture and to bring sort of -- internalise those values in the organisation so that
19 leaders are capable, capable of supporting?

20 **MS. MEGAN McELHERAN:** Capable, and feel competent to. You
21 know, feel like they have a degree of confidence in the sense of, you know, how to have
22 conversations themselves; how to model, you know, self-awareness and self-regulation;
23 how to have reciprocal conversation; how to set boundaries. That we need to help our
24 leaders understand that obviously there's the practical organisational aspects of their
25 work, but in the context of organisational health and safety, psychological safety,
26 culture, in equal measure we need to be spending time on how do we have
27 conversations, how do we show up, embodying compassion and empathy as where we
28 start from, versus as afterthoughts.

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

2 Mary?

3 **MS. MARY FETCHET:** I think one organisational factor would be
4 the buy-in from leadership. And I'm talking about the buy-in from the government,
5 funding to support these programs. As somebody said, we're all providing peer-to-peer
6 support, and to make sure that when people are providing peer support that they're
7 trained and they're not going to do harm.

8 But I do think, and I have seen some movement, is for the leaders
9 to become champions in all of these organisations and agencies to have standards and
10 protocols and procedures, and to be the ones that are really setting the tone for their
11 organisations to make sure that their employees, you know, continue on. And you
12 know, we've seen so many instances, I know after Newtown, a lot of people that
13 responded never went back to work, and that's a consequence of not having the
14 training, and the funding, and the policies and procedures in place, you know, to
15 respond to these tragedies.

16 But I do think it needs to start at the top, and there has to be
17 funding to provide these programs, which is, of course, coming from the government.
18 So I think once that's in place and leaders buy-in, then they're going to be much better
19 prepared to make sure that their employees, and all responders, have the support that
20 they need.

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

22 I'd like to change topics a little bit now, and start to look at whether
23 there is -- where we find hope in this work. I think that, you know, obviously trauma is,
24 by and large, traumatic; right? But is there -- can any good come out of trauma?

25 Julie?

26 **DR. JULIE MacMILLAN-DEVLIN:** We had that discussion
27 yesterday about posttraumatic growth. So -- and, you know, the evidence, the material,
28 the article that's part of the evidence about the Swiss Air volunteers, you know, helping

1 out in the recovery mission, it's -- they look for meaning in what they do, and they look
2 for hope. And you know, the time where you do that varies, obviously.

3 Some people do it right away. Some people think, "Well, this is the
4 good that comes out of this." You know, "I now have a gift that, you know, whatever I've
5 been through somebody will know that I've been through something similar, and just by
6 the look that I have in my face that it'll be that lifeguard, it'll be that life raft." So I've
7 heard that very early on.

8 You know, it's sometimes difficult to look for hope. I think in terms
9 of, you know, posttraumatic stress injuries, I think that people are quite nervous to talk
10 about "Will you feel better? Is it something you have for the rest of your life, those
11 symptoms? The experience, yes, but do you have those symptoms? Can you cure it?"
12 Those are questions that, you know, are very difficult to ask.

13 Putting hope in terms of the meaning of the experience, I think
14 there's value in that, and again, it varies of when people are ready to do that.
15 Sometimes it -- you know, obviously it seems an impossible task to feel any differently
16 than you do in that moment, and that moment can go moment after moment. So I think
17 it's an individual experience, obviously, like grief, but I do think that there's value in
18 working at and attending to the meaning that comes from it in terms of the, you know,
19 the -- our humanity, basically, and why we're all here, basically, and how does that
20 integrate into the overall experience.

21 **MS. KRISTA SMITH:** Thank you, Julie.

22 And Megan, I think this is a concept you and I have talked about a
23 little bit as well.

24 **MS. MEGAN McELHERAN:** And I think it's so important. You
25 know, frankly, something that keeps me involved and able to do this work is what I have
26 seen for people who have experienced absolute devastation and absolutely devastating
27 losses in their life as a result of trauma come to a different place through the process of
28 healing of appreciating some change in their lives and being able to say, "If I hadn't

1 gone through this thing and gone through all -- faced all I had to face and confronted all
2 that I had to confront, I wouldn't have the same deep gratitude for the relationships I
3 continue to have. I have a purpose that I wouldn't have had or a sense of my place in
4 the world."

5 So that -- that is what motivates me. That is what keeps me
6 showing up to this work, because, unfortunately, we know that, whether it's a single
7 acute incident, or whether it's multiple exposures to traumas, or a ton, I mean trauma is,
8 unfortunately, a universal experience in the context of human civilisation. And so the
9 notion that we can actually grow and there is hope to be found, that the sort of notion of
10 the Phoenix rising from the ashes in the recovery process from trauma, I think that's
11 really important for us to be able to hold on to.

12 At the same time, these things don't occur in a linear, sequential,
13 you know, in linear, sequential passages of time. This takes -- this takes idiosyncratic
14 experience and time for individuals to work through. And so especially right now, in the
15 community in the east, you know, this is still very, very raw, and I think sometimes we
16 can run the risk of because growth is possible we don't want to run of risk of dismissing
17 the pain as real.

18 And in growth, and in the posttraumatic growth literature and what
19 I've seen in practice is that, you know, pain and hope can actually exist in space
20 together. And that's part of how we help people continue to grow and heal from these
21 kinds of events, is really to create the space where two seemingly opposing factors can
22 be true at the same time. I can be devastated and I can also know that there's a place
23 for me to be hopeful, that I -- that I can continue to recover or learn things or develop in
24 positive ways.

25 So yeah, I think, you know, we have to be so sensitive and so
26 careful about not going too quickly with this type of process. People need to feel just
27 profound and consistent and accurate validation and empathy for the experiences that
28 they've had, and for the losses that they've suffered, and there is no rushing through

1 that. And then at the same time, there is a place in conversation to, you know,
2 acknowledge that, you know, there is a place where things can change, where they can
3 come to lend differently, where we can find ways to grow and develop and finding
4 wisdom that we couldn't have had we not been forced to confront the loss and the
5 trauma that we've been forced to.

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

7 Mary, I wonder what you might offer to this topic?

8 **MS. MARY FETCHET:** Well, I agree with everything that Megan
9 said. I do think that out of great grief and trauma can come hope, and it's really
10 because, one, it resets your priorities; right? You know, people that have suffered an
11 incredible loss make changes in who their friends are, they start setting boundaries with
12 what they'll tolerate or not. I think it brings the community together in a way that you
13 can find great strength.

14 I've seen it change people's lives in the sense that after one
15 accepts the loss, that's where I saw really the turning point. Once I accept -- accepted
16 the death of my son, I was able to move forward. Now, that said, you know, the fifth
17 anniversary, the tenth anniversary, the fifteenth anniversary, the twentieth anniversary,
18 other tragedies still have an impact on you.

19 But that said, yeah, I think the advocacy efforts that so many
20 people, you know, become involved in, you think about here in the U.S., we've got 285
21 shootings we've had this year and all the people that are fighting for gun reform,
22 building memorials, you know, commemorating the life that was lost is really important.
23 And again, you know, bringing the community together, because it was a communal
24 loss and, you know, it brings people together. It rebuilds relationships. You really see
25 who is supportive and who is not.

26 And so I think having that shared vision, we've seen in our
27 research, giving back, so many people, like myself, I started an organization, did other
28 things, but people created, you know, things in memory of their loved one. You know,

1 they planted, you know, planted fields of trees or flowers. They supported things that
2 were important, you know, whether the person was a swimmer or whether they were a
3 boy scout. You know, they...

4 **MS. KRISTA SMITH:** Mary, we've lost your audio.

5 **MS. MARY FETCHET:** ... but then you see the community come
6 together as well.

7 So I do have hope that your community will heal as well and, you
8 know, I just, you know, want to say what an honour it is to be here with all of you today.

9 **MS. KRISTA SMITH:** Thank you so much, Mary.

10 I'd like to take it back to folks at the table. Similar question.

11 Deb, maybe you can speak a little bit about hope and also how that
12 might tie in with some of the resiliency work that you do?

13 **DR. DEBORAH NORRIS:** Yes, thank you, Krista.

14 So yes, I'm very moved by the contributions of my colleagues and
15 would say that, you know, I use the construct of resiliency, which I think has many
16 things in common with the notion of post-traumatic growth.

17 And to Mary's point, I think hope -- to the extent that hope and
18 resiliency are interrelated, it will involve a collective effort, engagement across the
19 sectors.

20 I come back to a point I know I've noted before, but I think it's an
21 important one, that it has to move beyond the boundaries of the individual. You know,
22 we've -- when we think about resiliency, resiliency science in particular was kind of
23 stuck there for a while. And I defer to the folks at the table that have more of a clinical
24 focus on this, but what I think about that is that, you know, developmental psychology
25 was one of the first to identify that there are some individuals that, for some inexplicable
26 reason, have a capacity for resiliency that defies all the odds. And is that about an
27 innate trait? Is that about something that's internal to the person? It may be. There
28 may be a function of temperament. But it may also be that in those -- the lives of those

1 people, there are factors, there are other support systems, beginning with the family,
2 which is, of course, my primary interest, but also at the community.

3 And when we're speaking of emergency responders, and with my
4 history in the military community, we also have to tackle the more ephemeral aspect of
5 this, which is the ideological piece, you know, that -- those meaning systems that are
6 everywhere and nowhere at the same time, that guide -- they're embodied within the
7 lives of people who served, be it in-- as emergency responders or military members,
8 that, you know, there's so much good about those meaning systems, but they also can
9 get in the way of people working toward developing and maintaining resiliency.

10 So I'd say hope and resiliency are intertwined, but it's not a singular
11 effort. It has to involve a whole bunch of people across all kinds of sectors.

12 **MS. KRISTA SMITH:** And just to be sure I can really understand,
13 can you give us an example of where a meaning system might get in the way?

14 **DR. DEBORAH NORRIS:** Well, in the military context, which is,
15 you know, I have spent years, you know, gratefully involved as an outsider within, within
16 that system. And so I'm mindful that I'm coming into this conversation as a civilian, but
17 as someone that has sat at a lot of tables with military folks over the years. Is the -- and
18 I know Robin and Alex could speak to this more directly, is that notion of having the right
19 stuff, being tough, of being able to forge through, which is an imperative when you
20 realize that the ultimate ideological goal of the military is combat readiness. So to be
21 combat ready, you need to be able to be strong and resilient, but that sometimes is a
22 deterrent to recognizing that, yes, I will be, and I probably can be, but it's not all about
23 me. I need to be able to pull in other supporters, including families, but also the chain of
24 command and other players in the system.

25 **MS. KRISTA SMITH:** Okay. That helps.

26 We have just a few minutes left, so I'd like to make sure each
27 person has the opportunity to contribute one more thing, and it could either look like -- I
28 wasn't able to ask each of you this last question, so if you didn't get a chance to weigh

1 in, this would be a chance. Or any other point that you hoped to share today that you
2 haven't yet had the opportunity to say.

3 Alex, I'd like to start with you.

4 **DR. ALEXANDRA HEBER:** Thanks, Krista.

5 Yeah, so I think -- and to build on, really, what I think others have
6 said here, the rest of my colleagues, around hope, is that aspect of finding meaning,
7 meaning making, that that is so integral to people being able to have a sense of hope.

8 And one of the things I'd add to it, which again comes from the
9 remarks of others, is how those in the community help each other to develop that sense
10 of meaning.

11 And I'll give an example from a different tragedy, just because I was
12 so struck by it when I read the article around the Swissair disaster. And this was
13 basically a recovery of, really, body parts at sea and the folks who were doing this work
14 had -- many of them had this feeling like, "What are we doing? We didn't save anyone's
15 life." Right? It was -- sorry, it was an airplane crash at sea. And so it was really going
16 and finding whatever remains there were to bring back, to be able to catalogue them
17 and so on to identify people.

18 And so the folks doing that work, you know, they talked in this
19 article very eloquently about a lot of the feelings they had.

20 And one was, you know, "What good did we do? Because we
21 didn't save anyone. There was no one alive to save."

22 And one person talked about how what was so incredibly helpful
23 was they would come ashore at the end of the day where they were doing this kind of
24 horrendous task, and the family members of those who had been in the crash would be
25 there and would thank them and say to them, "No, you did something incredibly
26 important. You did what you could do. Yes, I mean, no lives were saved, but you did
27 what you could do, and that has helped us."

28 And so when I think about it, and I don't know how this will play out

1 within this terrible tragedy, but when those different members of the community can
2 come together and help each other find meaning, I think that that is a way to hope for
3 the future.

4 Thanks.

5 **MS. KRISTA SMITH:** Thank you, Alex.

6 For convenience, I just want to note that that Swissair article is
7 Exhibit P-002631.

8 Robin?

9 **MS. ROBIN CAMPBELL:** I just wanted to go with that hope piece
10 as well. And just from a practical kind of perspective on it as a first responder, former
11 first responder, and that's one of the things that comes within the recovery, and Mary
12 spoke to this, about learning and the advocacy. And when I look at the fire service and
13 the resources that we do have, that's what it's come from. And people that have been
14 in recovery have become champions who have pushed forward these resources, even
15 though we don't have a lot. The few resources we do have, whether that's small peer
16 support groups in the community to help each other, even the critical incident stress
17 Management Team for the Fire Service Association, came from those that have had
18 these experiences and pushed those resources and advocated for that based on their
19 own experiences, and I think that's a really important thing as well. Just wanted to
20 mention that.

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

22 Deb?

23 **DR. DEBORAH NORRIS:** Well, I'm very grateful. I feel like I've
24 had lots of time and space to share the things that I thought might be helpful here this
25 morning. But I guess I will just say as a capstone comment, again, showing my
26 allegiance to the need of incorporating the family perspective within these
27 conversations, is don't forget about the families. The family is the launchpad and the
28 landing surface for so much of what -- the work that's done, the good work that's done

1 by emergency responders. And they are intrical [*sic*] to the mental health and wellbeing
2 of those individuals, those workers. So, yeah, I just want to put a line under that one,
3 and thank you.

4 **MS. KRISTA SMITH:** Thank you, Deb.
5 Julie?

6 **DR. JULIE MacMILLAN-DEVLIN:** I think I would reiterate actually
7 practicing for help, celebrate when you do ask for help. In terms of hope, celebrate with
8 each other, you know, for about two minutes today, I wasn't afraid. Celebrate that.
9 Celebrate that you do have hope when you do have it. And celebrate when you have
10 conversations with each other about how we take care of ourselves. So actual
11 practicing everything that we've learned, and just start operationalizing, whatever you
12 want to call it, practicing, you know, really connecting with each other on that
13 psychological health and safety, mental wellness piece, whatever you'd like to call it. So
14 I'd like to say just practice asking for help.

15 **MS. KRISTA SMITH:** Thank you. Arija?

16 **DR. ARIJA BIRZE:** I would like to say as a civilian and outsider,
17 this is very rewarding research and advocacy work that I've been able to participate in,
18 so I would like to thank all of the public safety personnel who I've been able to engage
19 with and form relationships with over the years, for allowing me that access and giving
20 me that trust in this kind of work.

21 **MS. KRISTA SMITH:** Thank you.
22 Mary?

23 **MS. MARY FETCHET:** I just want to stay with the theme of hope.
24 And, you know, it's my hope, and I think everyone that's been involved here today, that
25 the community comes together and heals. And, you know, you have to know that we're
26 all thinking of you and we're all here to support you in any way that could be helpful.

27 I think you've gotten through the worst, I mean, the horror, and the
28 loss, and the shock that goes with that, and now you're going to be moving forward, and

1 there's going to be ups and downs, and it's going to take time, but you can, with the
2 proper support, move through it. And so just to say again, you know, offering my
3 condolences and to the whole community and just know that we're all thinking of you,
4 praying for you, and we're here to do whatever it might be helpful.

5 **MS. KRISTA SMITH:** Thank you so much, Mary.
6 Megan?

7 **DR. MEGAN McELHERAN:** Yeah, thank you. I just want to
8 reiterate my sincere humble thanks for being invited to participate today. This has been
9 a tremendously meaningful conversation, and I also share my condolences with the
10 community.

11 I think my final point and what I would underscore as a theme that
12 we've talked about today is that -- and while this is somewhat simplistic in its
13 generalizability, we heal in the context of relationships. When we are in pain, a very
14 common reaction we have is to pull away and to turn into ourselves and to isolate. And
15 we simply know that the down range effects of that are not particularly helpful or good.
16 And so in many respects, we have at our disposal the best asset that we need in the
17 process of recovery, which is each other. And so again, while I understand that there
18 are many things that get in the way of connection, pathways to connection are
19 tremendously important in the ongoing healing.

20 **MS. KRISTA SMITH:** Thank you so much.

21 So it goes without saying how grateful that we are that you made
22 the time and brought yourself and your work to us, so that we could understand and
23 make meaning ourselves, as we go further down the road with this -- with the
24 Commission's work. And I'll pass it over to Commissioner MacDonald.

25 **COMMISSIONER MacDONALD:** Thank you.

26 Commissioner Fitch?

27 **COMMISSIONER FITCH:** Thank you. As I've said to our panels to
28 date, I would so enjoy being able to carry these conversations on much longer. I've

1 made some notes and have taken some great advice from all of you. I would just like to
2 say that one of my takeaways from today, when we first started with our commission
3 work, and have created -- I don't know if you'd call it our graphics for our commission
4 work, we started with the ripple. And we've talked so much about the ripple impact of
5 the mass casualty and how it starts with those most impacted and spreads out into the
6 community. And today, what -- it's layered on even more for me is that the terms that
7 you all use in terms of direct trauma and an indirect trauma, vicarious trauma, the
8 accumulated trauma, and then Mary added on the collective trauma. And so when we
9 look at where we started with our graphic for the Commission, you've layered on again
10 another layer of learning and understanding. At the end of your presentation today, you
11 talk about the importance of hope. And I just want to thank you so much for doing that
12 because if people don't have hope, they don't have anything. And if you take away
13 hope, you take away just about everything. And so I would like to see, based on what
14 you have all shared with us today, that by the end of our work, those circles start with
15 champions and support and help and spread out in the rings of hope. So thank you
16 very much for that, and I didn't mean to summarize the panel, but for me, that was the
17 greatest takeaway, so thank you very much.

18 **COMMISSIONER MacDONALD:** Thank you.
19 Commissioner Stanton?

20 **COMMISSIONER STANTON:** Thank you, and thank you all so
21 much for the work that you do and for the time that you've taken to be with us and to so
22 thoughtfully put together the strands of your research that also are so integral. And,
23 Alex, you mentioned it, and I think Julie and perhaps others, the way in which COVID is
24 an overlying context of what happened in Nova Scotia in 2020 and everything since,
25 and the isolation that that creates, and the challenges that that creates for everyone in
26 the various ripples.

27 The other thing that I really appreciated, and especially having you
28 here, Robin, is the light on people that you don't normally sort of think of immediately as

1 first responders, but certainly the volunteers that do this work tirelessly and with such
2 dedication, and the civilian first responders as well, who are often the people first there,
3 but last supported in some ways. And so it's really appreciated that that has been part
4 of the conversation today as well. So thanks all of you so much.

5 **COMMISSIONER MacDONALD:** Thank you. And thank you,
6 Krista, for, as always, a wonderful job facilitating this most interesting and important
7 panel, and, of course, thank you to Nicole Elizabeth for her very important work in the
8 leadup to today. It's all greatly appreciated.

9 I've said it many times, panelists, and it bears repeating that under
10 the heading of hope, or maybe I'll call it gratitude, a common experience that we've had
11 as commissioners from day one is that when we've asked for help, people have stepped
12 up. People have -- and that's so gratifying in our work. People have stepped up to help
13 us in any way they can, and today is a great example of that, and we're greatly
14 appreciative of that.

15 If I could, as I did on Tuesday, just refer to you all by your first
16 names in the order in which you introduced yourselves today, but Megan and Arijia and
17 Mary and Deborah, Robin, Alex, if I can call you Alex, and Julie, you know, we've had
18 lots of difficult conversations, and today was difficult, as always, but they are so
19 important and they're so helpful for us when we try to formulate recommendations and
20 you bring your expertise to us and you bring your personal experiences to us. But I
21 think what's most striking to me is you bring your caring to us; that you all really, really
22 care, and not just about our work but about all those most affected, and that's so helpful
23 and so important, and so enlightening. And thank you.

24 I'll conclude by saying thank you by you all concluding with the
25 concept of hope. And thank you, particularly, Mary, I'm sure your fellow panellists will
26 understand if I single you out and say what an absolutely example of inspiration you
27 are; and thank you particularly for sharing your experiences for us.

28 But we are very grateful to you all and thank you so very much.

1 We'll take just a 45-minute lunchbreak, so we'll come back at 1:20
2 with the next panel.

3 So thank you all again.

4 --- Upon breaking at 12:36 p.m.

5 --- Upon resuming at 1:35 p.m.

6 **COMMISSIONER MacDONALD:** Thank you. Good afternoon,
7 everyone. And apologies for our best intentions to start a little sooner than we are now,
8 and we are ready to go with the next panel, and Dr. Cunliffe, I'll turn it over to you.

9 **DR. EMMA CUNLIFFE:** Thank you, Commissioners.

10 **--- ROUNDTABLE: RURAL COMMUNITIES, POLICING AND CRIME**

11 **--- FACILITATED BY DR. EMMA CUNLIFFE:**

12 **DR. EMMA CUNLIFFE:** As Commissioner MacDonald has
13 indicated, my name is Emma Cunliffe, and I have the honour of serving as the Director
14 of Research and Policy for the Mass Casualty Commission.

15 As facilitator of today's roundtable, I will be directing the questions,
16 asking follow-ups, and moderating the dialogue.

17 I would remind our roundtable members please to speak slowly for
18 the benefit of our accessibility partners.

19 As you know, roundtable discussions will form part of the
20 Commission record. They're being livestreamed now and will be publicly available on
21 the Commission's website.

22 The Commissioners may choose to pose a question or ask for
23 clarification at any point.

24 The Commission has heard evidence and gathered information
25 about policing in rural Nova Scotia by many means. We've heard testimony from police
26 who served in Colchester, Cumberland, and East Hants Counties, and elsewhere in
27 rural Canada. We've interviewed community members and service providers, including
28 those who work closely with police. We've subpoenaed information, including planning

1 documents, reviews, and audits of policing in Nova Scotia and beyond, and we've
2 conducted an environmental scan of past reports that have made findings and
3 recommendations about rural policing.

4 We found research studies, policy documents, and empirical
5 research that has considered rural policing, including those studies that are included in
6 the roundtable package for today.

7 In this regard, I'd especially like to direct your attention to the report
8 examining police policies and practices in Mi'kma'ki, which is Exhibit P002639, prepared
9 by our roundtable member, Dr. Jane McMillan, with the Mi'kmaq Legal Support Network
10 and the Mi'kmaq Native Friendship Society, for Public Services Canada.

11 This report contains an extremely helpful historical account of
12 policing and police reform efforts in Nova Scotia, and also reports the findings of a
13 community engaged, participatory action study of policing practices in Mi'kma'ki.

14 This is also a good opportunity to remind you that we're presently
15 conducting a further public consultation, this one online, in which we're seeking input
16 about the recommendations that you would like to see considered as part of the
17 Commission's report. You can find more information about this consultation on the
18 Mass Casualty Commission website at masscasualtycommission.ca, under the
19 "Proceedings" menu. Look for the option called, "Public Submissions".

20 The commissioned reports produced by Dr. Karen Foster and Dr.
21 Anna Souhami provide important information about crime prevention and community
22 safety in rural communities, and about the research on rural policing, respectively.

23 Dr. Foster's report is exhibited at P002633, and Dr. Souhami's
24 report is Exhibit P002634.

25 We're fortunate to be joined today by these report authors, and also
26 by other experts who bring deep understanding of rural policing and rural communities
27 to the table.

28 In a moment, I'll invite these experts to introduce themselves to

1 you, and to share a little more information about themselves and their experience with
2 the matters we'll be discussing today.

3 As with all of the Commission's roundtables, today we will not focus
4 specifically on the mass casualty of April 18 and 19, 2020, nor seek to interpret the
5 evidence that's before the Commissioners about police resources in Colchester,
6 Cumberland, and East Hants Counties. That work is being done in other aspects of the
7 Commission's process.

8 Today, we will focus on the broader policy issues that have been
9 documented with respect to rural policing and rural communities. Our roundtable
10 members will share both their expertise and their experience with these matters.

11 The core themes of this roundtable are crime in rural communities,
12 including the rates and nature of crime committed in rural areas; firearms in rural
13 communities, with a focus on attitudes towards possession and use; and policing in
14 rural communities, including the unique challenges to policing rural areas, and the core
15 values and delivery of community-based policing.

16 As with every roundtable discussion, the intention is to provide the
17 Commissioners, Participants and the public with a deeper understanding of the core
18 theme so that everyone is well-positioned to engage in conversation in Phase 3 about
19 lessons learned and potential recommendations.

20 So to get us started today, I'm going to ask each of the roundtable
21 members to introduce themselves. We'll follow the convention of using first names at
22 the roundtable today, and so Karen Foster, if I could start with you, please?

23 **DR. KAREN FOSTER:** I knew I'd be the first person to screw that
24 up.

25 My name is Karen Foster, and I am an Associate Professor of
26 Sociology at Dalhousie; I'm in the Department of Sociology and Social Anthropology,
27 and I also hold the Canada Research Chair in sustainable rural futures for Atlantic
28 Canada. So my research looks at a lot of different issues in rural Atlantic Canada,

1 much of it focused on Nova Scotia. I look at work and economy primarily, economic
2 development, and community development.

3 Thank you.

4 **DR. EMMA CUNLIFFE:** Thank you, Karen. We're so pleased to
5 have you with us today.

6 Anna Souhami, if you could please introduce yourself.

7 **DR. ANNA SOUHAMI:** Hello there. I'm Anna Souhami, and I'm
8 Senior Lecturer in Criminology and the head of Criminology at the Law School in
9 University of Edinburgh in the UK.

10 And my work is about policing, and in particular, police and
11 community relations. And I'm an ethnographer, which means that my work is
12 observational. So I spend a long time with police services and police officers, seeing
13 the world through their eyes, and trying to understand what it is that they do, but also,
14 embedding myself in communities too, so that I can understand how communities
15 understand the police, and their experiences and expectations, and how those may or
16 may not fit together.

17 So there are two pieces of research I have done, which I think are
18 particularly useful for the Commission. And the first is a long study in England and
19 Wales about police and community relations in the aftermath of a racist murder in
20 London. So the focus there was really about racism and discrimination in the police
21 service.

22 And most recently, I'm conducting a -- an extended study of policing
23 and community relations in the remote islands in the north of Scotland. So it's -- my
24 research is about rural and remote policing and police and community relations.

25 And as Emma says, I'm a Commission -- I'm the author of one of
26 the reports that you've got there.

27 **DR. EMMA CUNCLIFFE:** Thank you so much, Anna, and thank
28 you for joining us in person today.

1 Dan Morrow.

2 **SUPT. DAN MORROW:** Thank you, Emma.

3 Dan Morrow. I'm a superintendent with the RCMP, and I'll have
4 30 years this coming winter.

5 A bit of my personal background, as it's relative to rural policing. I
6 would say I was raised on a farm in southern Manitoba. My father's a third generation
7 Canadian farmer. My mother's a status Cree Indian, born in northern Manitoba in a
8 fly-in community. Growing up on the farm, I thought I knew what isolation was until we
9 visited my family on the Reserve. When you're flying in and out of the communities, it
10 really increases the knowledge and awareness of what isolation is.

11 Relative to my experience with the RCMP, I've had eleven different
12 postings, a mixture of general duty, municipal policing, traffic services, federal
13 enforcement. Through my federal enforcement, I've had the opportunity to work in most
14 provinces in Canada. And almost 19 years of the -- of my service has been a
15 detachment commander, four different locations, two in Manitoba, two in Nova Scotia.
16 And I really believe that commander positions throughout Canada are vital and key for
17 the RCMP, as that oversees the administrative operational functions of the
18 detachments, but also, establishes the community policing priorities as we collaborate
19 with our partners.

20 And I just wanted to say thank you for inviting me here today.

21 **DR. EMMA CUNCLIFFE:** Thank you so much for joining us today,
22 Dan. We're so pleased to have you with us.

23 Signa Daum Shanks.

24 **DR. SIGNA DAUM SHANKS:** Hello, Tansi. It's great to be here.
25 I'm very humbled to be in Mi'kma'ki, and it has been very wonderful, all of the people I
26 have been meeting in this part of North America.

27 My name is Signa Daum Shanks. I'm an associate professor at the
28 Law School at the University of Ottawa. I'm trained as a lawyer. I graduated from law

1 school in 1999, but I found myself regularly thinking about both sides of my family that
2 are from rural Saskatchewan. And I keep going back to researching rural communities,
3 and I'm trained as a historian at the same time as that I'm a legal practitioner.

4 The projects I've been involved with have especially focussed on
5 what I like to call "nobodies" in the law, and my family was a bunch of nobodies,
6 according to others. And I'm very interested as well too in how non-lawyers learn about
7 the law, and the perceptions and the sometimes accuracies and inaccuracies that
8 happen in those moments that lead to community members feeling less attached to
9 whatever larger systems they're part of.

10 I guess I'd just sort of add there, as far as my family goes, I'm also
11 a member of the Indigenous Bar Association and have been for a very long time, and
12 with that, also, consider it imperative in all relations that all of us know how the treaties
13 function at the same time. When we think about how we're learning about property law
14 and rights and other realms, that they interact with the treaties for the space where
15 events happen as well.

16 Thanks so much.

17 **DR. EMMA CUNCLIFFE:** Thank you so much for joining us today,
18 Signa.

19 If I may now turn to the participants who are joining us via Zoom
20 today, starting with Professor Jane McMillan.

21 **DR. JANE McMILLAN:** Thank you, Emma.

22 My name's Jane McMillan. I'm a professor of anthropology at
23 St. Francis Xavier University in Antigonish, Nova Scotia. I moved to Mi'kma'ki in 1991,
24 shortly after the release of the Royal Commission on the Donald Marshall Junior
25 prosecution, where I became actively involved in working with the Mi'kmaw Nation on
26 matters of concern to them.

27 For the last three decades, our research has focussed on treaty
28 rights implementation, on the resurgence of Indigenous law, on assessing the impacts

1 of colonisation on Indigenous laws and the criminalisation of Mi'kmaw livelihoods. And
2 we are working to ensure that the recommendations of national inquiries, particularly,
3 the Marshall Inquiry, the Truth and Reconciliation Commission, the Missing and
4 Murdered Indigenous Women and Girls, and now, the *United Nations Declaration Act*
5 are being mobilised in ways that meet community desires and needs and that also
6 support their treaty rights.

7 Building on research that we conducted on internet partner violence
8 and family violence in Mi'kma'ki, I was approached by Public Safety Canada to engage
9 with Mi'kmaw communities as part of their interim response to Missing and Murdered
10 Indigenous Women and Girls, the report that Emma had referred to earlier, *Examining*
11 *Police Policies and Practices in Mi'kma'ki*. That was a pre-COVID report, and I would
12 say that work that we're undertaking right now, currently, for the Assembly of First
13 Nations, doing community engagements for selecting the priorities and concerns of
14 Mi'kmaw members as a co-drafting of legislation for First Nations policing as an
15 essential service, will be undertaken in the fall. Things are -- have shifted a little bit in
16 the dynamics there.

17 I'm a -- I'm a person who presents at the RCMP Indigenous
18 Perceptions training courses, and have done so for the last number of years, and I am
19 honoured to be a member of the MCC Research Advisory Board. Thank you.

20 **DR. EMMA CUNCLIFFE:** Thank you so much for joining us today,
21 Jane.

22 Rosemary Ricciardelli.

23 **DR. ROSEMARY RICCIARDELLI:** Hi, thanks for having me today.
24 I'm Rose Ricciardelli. I'm a professor of -- I'm a professor in the School of Maritime
25 Studies, but my PhD is sociology. I'm a research chair in safety, security, and wellness.

26 And what brings me to the Commission, to this roundtable, is I've
27 worked with policing in Newfoundland and Labrador across rural detachments, both
28 ethnographically for over an extended period of time, at least six months, but also, for

1 five years in a project that looked at the realities of rural policing, operational
2 organisational stressors, impact on well-being, nuance and challenges with diverse
3 communities, the resource shortages, and just the realities of policing in a space where,
4 you know, your vehicle is challenging, distances are long, the roads aren't great, and it
5 can be quite difficult.

6 So I'm here to speak a little bit about that work. Thank you.

7 **DR. EMMA CUNCLIFFE:** Thank you so much for joining us today,
8 Rose.

9 And Rick Ruddell.

10 **DR. RICK RUDELL:** Thanks, Emma.

11 I'm Rick Ruddell, the Law Foundation of Saskatchewan, Chair and
12 Police Research at the University of Regina. I've been in Regina for about 10 years,
13 and prior to that, I came from rural areas in northern California and Kentucky, where I
14 did quite a lot of research about rural policing. And as I've moved back to Canada, I've
15 developed an interest in rural and remote policing, and specifically, policing in, you
16 know, boom towns with natural resource extraction, and northern and Indigenous
17 policing as well.

18 So like Professor Shanks and Dan Morrow, I have a little bit of a
19 rural background, I've lived on a farm for 10 years, so I hope I can contribute a little bit
20 of my knowledge about rural policing to the -- to the group. Thank you.

21 **DR. EMMA CUNCLIFFE:** Thanks so much for joining us today,
22 Rick.

23 So begin our conversation today, I'd like to start with some of the
24 fundamental ideas that I think will help us to ground our conversation.

25 And Jane, if I can turn back to you and to the significance of the
26 fact that Mi'kma'ki is treaty territory. Why is it important, when we're discussing rural
27 policing and community safety in Nova Scotia, to begin from an understanding that
28 Nova Scotia is governed by peace and friendship treaties that were entered into

1 between the British and the Mi'kmaw, between 1725 and 1779.

2 **DR. JANE McMILLAN:** Thank you, Emma. The treaty history of
3 this territory is vitally important for all our relations at all times and the governance of our
4 interactions as settler people with First Nations' communities, and the living and
5 breathing resources that are around us, the tangible and the intangible.

6 The peace and friendship treaties are pre-Confederation treaties.
7 They've had to be litigated an awful lot for their validity to be upheld. One of the key
8 cases with the James Simon case, James Simon was charged in a traffic stop outside
9 of Shubenacadie First Nations, Shubenacadie -- close to Shubenacadie. And he had in
10 his possession a rifle and shotgun shells. These were violations at the time under the
11 *Nova Scotia Lands and Forest Act*, and Simon had argued that those Acts, those
12 regulations didn't apply to him because he had a right to hunt and fish under the 1752
13 Peace and Friendship Treaty. And the treaties all work together as a covenant chain of
14 treaties, and they're living treaties. They aren't ancient documents. They aren't ancient
15 relationships. They are very much in force and effect today, and it's very important for
16 everybody to have some sensibility of what they mean.

17 The Treaty of 1752 was signed by Mi'kmaw Grand Chief Jean-
18 Baptiste Cope and the Crown. Now the Nova Scotia province, at the time of Simon's
19 case, decided that the Treaty of 1752 isn't valid. They found him guilty. So that
20 interferes with his ability to provide food for himself. It interferes with the ability for him
21 to exercise his treaty right to hunt.

22 At the appeal, Bruce Wildsmith, who is a highly regarded Nova
23 Scotia lawyer, who has defended many Mi'kmaw treaty cases, argued that the Article
24 Number 4 in the 1752 Treaty that reads "Indians shall not be hindered from, and have
25 free liberty of Hunting & Fishing," has to be taken into consideration by the courts.

26 In 1985, the Supreme Court of Canada agreed with that and
27 affirmed that the right -- and this is, of course, post-1982 and the inclusion of Section
28 35, all vitally important, that James Simon definitely had the right to have those firearms,

1 and to be able to hunt, even though he was off reserve at the time. And it was a
2 breakthrough case, and it was foundational for the Mi'kmaw Nation because it really
3 reinvigorated Treaty Day, which is something that's written into the treaties and has to
4 bring the members of the province, the government of the province, and the Mi'kmaw
5 Nation together each year to ratify, honour, celebrate, exchange gifts, and make sure
6 that the Treaty and its meaning are sustained.

7 So that big case really challenged settler denial. And then there
8 were subsequent cases. Of course, the *Marshall* decision in 1999 by the Supreme
9 Court focussed on another aspect of Treaty of 1760/61. And those Treaties have been
10 found that Mi'kmaw people have the right to earn a livelihood, so also something that
11 really has to play into the dynamic of how people allocate resources, how development
12 occurs, and just pretty well every facet of engagement.

13 **DR. EMMA CUNLIFFE:** Thank you so much.

14 Karen, if I may turn now to you, your report identifies that rural
15 places and rural communities have been somewhat neglected within scholarship and
16 policy discussions about policing and community safety. What is different about rural
17 places and rural communities, and why does it matter that those differences are often
18 overlooked when policies are being set?

19 **DR. KAREN FOSTER:** Thanks for the question. So it's
20 complicated because rural is not just one thing. There are certain things that most, if
21 not all, rural places share. And those are that they are less dense than urban places,
22 and they usually are some distance away from a more dense place, so from an urban
23 place. And typically, the less dense you are and the further you are away from an urban
24 place, the more rural characteristics you'll have. But beyond that, each place is fairly
25 unique. There are -- there's a rural -- or there are, rather, rural cultures that stem from
26 those factors of isolation and lack of density. There are, you know, social practices and
27 norms and values that are different. There's a -- I think a different level of self reliance
28 and problem solving that you see in people's propensity to look to neighbours and family

1 to help solve problems as opposed to institutions. And some of that is cultural, but
2 some of it also just stems from the fact that it can be easier to turn to a person rather
3 than to drive to the nearest service, because that's often what it entails.

4 So rural places are -- they're different in that way from cities.
5 They're also very different from one another, due to the fact that they are isolated and
6 so different cultures pop up. They do share some barriers in terms of access to
7 resources and public services. And one of the -- rural communities have to contend
8 with the same thing that all of us do, no matter where we live, and that is the tendency
9 toward centralization of services of everything and bureaucratization. And but that feels
10 different in a rural community when you're further away from those centres of decision
11 making and services.

12 So that's how they're different, and it's important that we know and
13 understand rural communities and have rural voices at decision-making tables because
14 they are different and because if decisions are made in a centralized way, there's a
15 greater tendency for them to have an urban bias. And I was trying to think of some
16 examples, like, really stark examples of urban bias in policy making and what can
17 happen when there is an urban bias, and usually it's subtle because it usually is a
18 manifestation of that -- of centralization as opposed to, like, not liking rural places. But
19 one example I was thinking of was around EI, like, any time employment insurance is
20 tinkered with, rural communities feel it differently because there's -- there are higher
21 levels of multiple job holding in rural communities. There's higher rates of seasonal
22 employment. And so things that maybe in an urban centre we might look and say,
23 "Well, that's a problem. That's an unemployment problem. The labour market's not
24 functioning right. We need to do something to this program to fix it." In a rural
25 community, it's how you survive and how we need people to be able to survive in rural
26 communities to be able to do, you know, resource extraction jobs, or seasonal, say,
27 tourism jobs.

28 So that's just one example, but usually, it's more subtle and it's just

1 that centralization kind of tendency that rural communities are fighting against. And I
2 guess I'll get a chance to talk, and we'll talk more about how it affects crime and
3 community safety.

4 **DR. EMMA CUNLIFFE:** Indeed, we will. Thank you very much,
5 Karen.

6 Anna, like Karen, you've identified that research and policy tend to
7 overlook rural policing or to picture reality in stereotypical ways as a relative idol of
8 social harmony. What characteristics of rurality are important to you when you're
9 seeking to understand, for example, a place like the Shetland Islands where you might
10 be seeking to do ethnography, and how does that help you speak to the literature in
11 police studies?

12 **DR. ANNA SOUHAMI:** Thank you, Emma. Well, as Karen says,
13 it's very important not to be stereotypical about what a rural community actually is.
14 There are some features, however, which are very important in trying to understand
15 rural policing and its interactions with rural communities. And some of those features,
16 again, will vary between different communities and have slightly different kind of
17 manifestations depending on the demography and other characteristics of communities.
18 But, for example, the size of the community, rural communities tend to be small, they
19 tend to be isolated in the sense of proximity from larger residential areas and the
20 resources that come with that, and the power that comes with larger residential areas.
21 There tends to be lower residential mobility in -- sorry, yeah, lower residential mobility,
22 which means that communities are more static. And as a result of that, there's certain
23 characteristics that's occurring in small rural communities, which are about
24 interdependency, communities relying on each other, and also a kind of strength of
25 supervision often described as central controls, whereby communities are watchful and
26 aware of the relationships within them.

27 So a phrase often described in the Shetland Islands, for example, is
28 that communities police themselves. So people kind of tend to keep order.

1 And that's partly because there aren't many resources available
2 and partly because of the risk of disruption in communities, which are small and
3 interdependent.

4 And of course, those communities -- those social controls also
5 create exclusions. So within each community, there will be people that don't fit and who
6 are excluded by those communities.

7 It also -- the stereotype, as Emma mentioned, is one of cohesion
8 and close-knit, tight-knit kind of familiarity.

9 And in fact, those -- and that can be a very important self-image for
10 people in those communities. But also, it can conceal fragmentation and fragility within
11 communities, whereby people, individuals, and groups, are excluded or seen not to fit.
12 That can often be racialized as well. So Black, Indigenous, people of colour, for
13 example, can be excluded, see as out with the community relationships.

14 So those very strong social controls and the interdependency and
15 the way that communities rely on each other are hugely important for the way that order
16 is maintained within communities, both the way that communities control themselves,
17 but also in the way that police services need to interact with those communities as well,
18 which may be something that we come and talk about later.

19 **DR. EMMA CUNLIFFE:** Thank you very much.

20 Rose, you've conducted ethnographic research with policing
21 detachments in rural Atlantic Canada. What does doing ethnographic research allow
22 you to see about those rural communities and how they relate to the police services that
23 they receive?

24 **DR. ROSEMARY RICCIARDELLI:** It's actually really interesting
25 because you get an opportunity to be a part of a different way of life and in a public
26 safety role, and to see, you know, you see first hand what -- the challenges that come
27 with that work. You can see -- you're one of a community, and of a small community, so
28 you get engrained in that community that you're living in. like, I have stayed, for

1 example, in an RCMP home in a particular region, just as my own, for, like, a month on
2 end. And you get really embedded and you get to know people in the community, so
3 you recognize the closeness and familiarity in the ties that arise just by being in a rural
4 space for a long period of time. Like, every time you go to a convenience store, you see
5 the same people.

6 So you also are able to put together what it means to actually be a
7 law enforcer, which is not just a law enforcer, it's also being a peace keeper, it's also
8 being a social worker, it's also being a knowledge keeper, a knowledge mobilizer. So
9 you see these different roles and how they come into play in these diverse regions
10 where police are really everything. Often there is no fire service, not even volunteer.
11 So they're responding to fires. They're responding to parenting issues. They're
12 responding to everything you can think of because they're the resource. So you
13 actually get an opportunity to see the complexity of the role.

14 And when I was there, I was able to also see the challenges that
15 occur in terms of resource allocation. And it led to, you know, these tensions and
16 impossible problems because what measure can you use to determine the ratio of
17 police to persons when you also have to account for geographic space and those other
18 challenges?

19 So it led to a lot of insight on it and the stressors that occur, and
20 how they look different in rural communities in comparison to urban, and the impact of
21 events because of the familiarity with the people. There's a variety.

22 And in ethnographic work, your life takes on the life of what you're
23 doing and it really allows you to not only develop a deeper perception and an
24 appreciation of the different roles, it also allows you to see the nuance and challenges
25 and live through the tensions and the frustrations and other things.

26 So it's a very -- it's a unique perspective.

27 And then at the same time, you know, I was conducting interviews,
28 including overtime longitudinally with a lot of -- sometimes the same officers, sometimes

1 different officers, at all ranks.

2 So the ethnographic work, in combination with the interviews, really
3 allowed me to see how the tensions arise and are experienced differently by people at
4 different ranks. And I was able to see a lot of situations where you're kind of, for lack of
5 better words, damned if you do and damned if you don't. And that was really insightful
6 because I don't think I would have been able to grasp that in full just from the interview
7 data, where when I was there and I could actually see someone responding to a call on
8 their own, but then unable to proceed because they had no partner, and then unable to
9 not proceed because someone was in danger, and those tensions, and how you
10 navigate them, and the fact that something's going to go down somewhere and
11 someone is going to be found accountable.

12 And when you actually watch that and how that impacts a person, it
13 really puts a new perspective on what rural policing is and how that's shaped, and the
14 different -- I had the good fortunate of spending a lot of time in Indigenous communities
15 and seeing the different needs, and the tensions, and relationships.

16 And then I also got to witness the tensions between being an
17 Indigenous officer and policing a community where there's some mistrust and the
18 tension that puts on a person who is stuck in those, like, kind of two roles at once.

19 So it was really beneficial. I wouldn't change it. It was great. But I
20 don't think I would do it again.

21 **DR. EMMA CUNLIFFE:** Thanks so much, Rose.

22 Dan, you've spent a career of 30 years policing, and mostly in rural
23 and remote communities, but I know you've also worked in urban communities.

24 In your experience, what would you have to say about what we've
25 heard from the researchers so far about rural policing? Does it gel with your
26 experience? And how has rural policing changed over the course of the 30 years that
27 you've been engaged in it?

28 **SUPT DAN MORROW:** And you want that in three minutes. Okay.

1 Thirty (30) years. We often look at the training equipment, the
2 technology that's required for police to do their jobs effectively and safely. And in those
3 30 years, the landscape has completely changed. Our training has been ramped up in
4 order to meet the demands on the crimes that have escalated. You know, before, when
5 I joined, I didn't know what a cellphone was, or an email. Now we are responding to
6 calls for service that actually originate from international jurisdictions as cyber offences
7 have increased, targeting our elderly and our youth.

8 Same with equipment. The technology, again, ever changing, hard
9 to keep paced with. And the costs have increased significantly.

10 Rosemary mentioned something about being everything to
11 everyone, in a remote community especially.

12 So for instance, I've responded to calls where there's a dispute
13 over a remote, the parents are having a hard time keeping control of the family unit.
14 And there is, often, nowhere else to turn because of the isolation and some of the social
15 programs that are sometimes lacking in the rural and remote communities.

16 I think it was Karen who mentioned regionalization. And the
17 problem, sometimes, that's been associated with that, and that's when I provided my
18 introduction, the importance of the district commander is so vital in that communication
19 because in Nova Scotia, under the *Police Act*, there's supposed to be police advisory
20 boards in each of our communities, which are key for the commander to derive -- define
21 the priorities for that specific community. And I was the commander in Kings County,
22 which is basically New Minas, Kingston, Wolfville, Berwick, and I always stressed at
23 police advisory boards that, yes, it's great to hear nice things, but I need to hear what's
24 not working. And because we only meet quarterly, we can't wait three months to get
25 that negative feedback. I need to go what's going on poorly today or tomorrow in order
26 to make true advancements to meet their priorities.

27 And I just -- I think I've already commented on it, but -- or someone
28 else, maybe it was Anna, that the finite resources. So it's not like the RCMP, and even

1 sometimes new members to the RCMP believe that, well, if we need more members,
2 that we can just bring in more members as need be. But there is a finite number of
3 resources underneath the contract. We are a contract service provider. And so we've
4 got the finite number of resources. I've already mentioned the complexity has increased
5 for investigating crimes. And also, the expectations from the community continue to
6 increase as well.

7 So I often sit back and wonder what's going to give? Where is the
8 balance? What's going to make this resolvable for all the parties? Again, the police are
9 often challenged because we are placed in the middle between the -- our funding
10 partner and the community's expectations, which sometimes we need to be evidence-
11 based. Sometimes I've gone to town halls where it's a -- it's just strictly visibility, they
12 would like an officer on the sidewalk, checking doorknobs, and I understand that
13 because I grew up in a small town.

14 But things have changed over the years. We used to have lots of
15 other services. Doctors would come to our houses, you'd pull up to a gas station you'd
16 have everyone come out and check the tires, check the oil. Things have evolved, and
17 I'm not saying necessarily always for the better, but that's -- that -- balances continually
18 need to be maintained.

19 **DR. EMMA CUNCLIFFE:** Thank you so much.

20 Rick, I know that in your research you look closely at public
21 perceptions of rural policing in Canada. What can you share about how the rural public
22 perceives the police services that they receive, and about trends within these public
23 perceptions? Is there diversity within the attitudes in rural communities towards policing
24 and their experiences in policing?

25 **DR. RICK RUDELL:** So when we look at national sort of studies
26 in Canada, the latest information from the General Social Survey tells us that rural
27 people and urban people -- rural residents tend to have a more favourable view of the
28 police in terms of their trust and confidence and performance, but those are national

1 averages and they really mask a lot of variance within the nation. So we'll find
2 incredible differences between the provinces and how rural people in different provinces
3 feel towards the police. We also see differences within those provinces. So when we
4 take closer looks at different components of provinces, there is differences. So there is
5 incredible variance in the way that people look at the police.

6 What we're seeing the past few years is a decrease in the public's
7 trust/confidence and their perceptions to the performance of the police, and some of
8 those issues were brought up by Dan. I mean, he was talking about the complexity of
9 the job has increased, the expectations of the public have increased, and the public, it
10 seems to have less -- the expectations are higher, their perceptions are lower.

11 Those took a real turn after George Floyd's death in 2020, and we
12 found -- we did a study, and we found that perceptions of the police dropped
13 significantly throughout the country. Almost every large police service dropped in terms
14 of people's confidence in the police, their trust, and those changes have been
15 maintained for the past two years, and we're really questioning whether that change is
16 stable or not or whether we're going to go back to that stable sort of positive perceptions
17 or whether this marks a decrease. But those -- decrease was significant, and almost
18 immediate after the George Floyd death.

19 So there has been changes in the perceptions of the police, and I
20 think maybe a little bit later we maybe talk about how that's not only restricted to
21 Canada, that's happening everywhere in the world. The expectations on the police are
22 very high, and the ability of rural police organisations to meet those expectations has
23 not improved in terms of the resource allocations that they've received. So I'll just leave
24 it there.

25 **DR. EMMA CUNCLIFFE:** Thank you so much.

26 Signa, you led a research project called Project Fact(a), in which
27 Indigenous and settler academics looked closely at the death of Cree man, Colten
28 Boushie, and the ensuing trial of settler farmer Gerald Stanley, who was ultimately

1 acquitted of murder and manslaughter in Boushie's death. What did you learn about
2 rural policing and the relationships between Cree and settler communities in
3 Saskatchewan, from this work?

4 **DR. SIGNA DAUM SHANKS:** Thank you very much. Your
5 question is about what did I learn about rural policing, and I must confess perhaps the
6 biggest effect of all of that was what did I learn about me in organising that.

7 I learned that how we ache about an event matters, and I learned
8 that that ache in witnessing an event impacts how we will trust relationships that try to
9 take care of the effects of those events. And I put it that way because that sort of
10 pop-up thinktank came from a set of stages that I noticed were important to me. One of
11 them was the bigotry I noticed in the media about learning about some issues. The
12 ways I found the law was explained by the media, by members of the general public,
13 some trained in law, some not trained in law, that I found myself disagreeing with and
14 not sure what to do.

15 And the other sort of effect on me about that, that sort of led to
16 wanting to think about the issues better, was the concern that other circumstances in
17 the future would not be as cooperative, would not be as respected because the angst,
18 the anger as well, and the lack of knowing the standards that were functioning with each
19 stage of events wasn't clear.

20 And in particular, with rural policing and that event, I found that all
21 of us involved, including myself, as a practitioner of law, as someone from that location,
22 as someone who's had moments of trying to figure out tensions within a family about
23 how you feel about the RCMP—so I'll just put it as a note: an RCMP officer bought my
24 grandmother's house, and it was really weird knocking on the door and meeting a cop at
25 the entrance to a house I grew up in one day—was so regularly based on, and this -- I
26 don't like sounding like a black letter law lawyer very often, but it was so much to do with
27 property law, and so much to do with this idea of what will I do as a person who lives
28 here and I'm not trusting how functions are going on, and how is this space I'm located

1 in going to be safe.

2 And trying to answer that question then had so many sides to it,
3 how people might feel about self-protection; how people might feel about how others
4 enter that space; how, as an individual, I understand whether I can control who enters
5 my space in way that I'd expect. And I found with this thinktank that if I, as a
6 practitioner, could not explain that very well, and was in fact completely surprised by the
7 finetuning's of property law governing space, if I did not know it well, how could a police
8 officer for that space who is not trained in law know it well? How could a neighbour
9 know it well? How could a visitor know it well? How could a delivery person for Costco
10 know it well?

11 And that that lack of base knowledge about what I'm allowed to do
12 or not do in space so impacted individual's relationships with each other, that were very
13 understandably quite stressful because of the event, but then figuring out how to have
14 relationships after that was that much more instable because of not knowing how the
15 responsibilities of being in a location functioned. And I was blown away with how I, as a
16 lawyer, if I struggled with that, how would the rest of my family not trained in law
17 struggle with that, and like I said, how would a police officer struggle like with that?

18 We did find after events, Emma, that the RCMP did a lot of learning
19 themselves about that issue and had a number of sessions in communities explaining
20 that idea of, you know, how do you control your backyard? How do you say no to
21 someone who's going to enter it? And it was like a whole new subject area to so many
22 of us that I think we thought we knew it well and no -- I shouldn't say nobody, but many
23 of us did not know it well enough. Thank you, Emma.

24 **DR. EMMA CUNLIFFE:** Signa, thank you very much.

25 I'm now going to shift to a slightly different topic, although related to
26 the conversation we've already been having. I'd like to talk a little bit more about rural
27 communities and how we can -- we as researchers, as policy makers, as commission
28 tasked with understanding rural Nova Scotian communities can understand those

1 communities and those who live there well.

2 Karen, your research really focusses on questions about the
3 sustainability and the livability of rural communities, and how the lives of ordinary people
4 interact with the policies that govern them, or that shape their lives. Why is it important
5 to include rural residents in the research that you're doing on those questions?

6 **DR. KAREN FOSTER:** Well, I think it's important to include rural
7 communities because they are important. You know, rural and urban communities are
8 interconnected, we're interdependent, and, you know, not only because we depend on
9 rural communities for resources, for recreation, for wilderness, for all those kinds of
10 things, and so it's important to understand them. You know, like I've been saying,
11 there's a tendency towards centralization and bureaucracy and all those kinds of things
12 that make policy into a kind of -- something that rural people experience, anyway, as,
13 like, blunt object that is meant to, you know, do everything for everyone, but then the
14 particularities of rural life often don't fit. And so, you know, what I find as a person doing
15 research in rural communities is that that's the recurring theme. And no matter what I'm
16 actually interviewing about, that's what comes up, you know, in -- across different kinds
17 of topics, is just this feeling that whoever is making decisions doesn't understand rural
18 communities. And so I think there's a need for rural research, obviously, but there's
19 also a need to think about how to institutionalize a rural point of view, or a rural lens.
20 There are all kinds of ways of doing that, some of them better than others. But just as
21 we've, you know, increasingly tried to incorporate, say, a gender-based analysis
22 perspective in the development of policy, we need to think about rural as well. And I
23 think really the way to do that, to borrow from one of my colleagues, is to just think
24 about place. It's not really about rural. It's about ensuring that we think about
25 geography and place as space and culture put together in the design of everything.

26 **DR. EMMA CUNLIFFE:** Thank you. And as a follow-up question,
27 based on your research and your research methodologies, the policy advice that you
28 draft, what role should rural communities have in deciding how police services are

1 delivered in their communities and in overseeing the delivery of police services?

2 **DR. KAREN FOSTER:** Well, I think that there has to be some --
3 you know, I don't have the precise answer, but I do think that there has to be some way
4 of dealing with the -- I guess the negative effects of all of the things that we do to
5 increase efficiency. So the negative effects of centralization and bureaucratization.
6 Those are good processes in some cases because it's a way to ensure that there's, you
7 know, maybe an equal level of services delivered across different parts of every
8 province, but there needs to be ways that local autonomy is built in, and that attention to
9 communities' unique circumstances is built in. So, you know, that can be, you know, a
10 matter of having, like, rural advisory boards, or a rural strategy in any kind of policy
11 development, or even an overarching rural development strategy at the provincial level.

12 And I just did some research with a colleague in Victoria that looked
13 at what the state of rural policy -- like, where does rural policy live in Canada, and
14 there's great variation across the provinces. But one thing that stood out is that most
15 provinces don't have a rural development strategy, nor do they have a dedicated body
16 looking at rural issues. It tends to just be kind of, like, peppered throughout and not
17 really in any meaningful way, with the exception of up north. They tend to do a much
18 better job of that. So I think we can learn lessons about how to -- yeah, institutionalize,
19 you know, make it just impossible to not think about or consult with rural communities in
20 decision making. And I think that the end result of that would be that not only would
21 some responsibilities and discretion get relocalized, but so would the resources. Like,
22 you can't do one without the other. We've -- the trend, you know, if anything has
23 happened at all, it's been that the responsibilities get downloaded without the resources.
24 So, you know, local communities need to have some control over the resources that
25 they need. They need to be able to spend them the way they deem best.

26 **DR. EMMA CUNLIFFE:** Thank you so much.

27 Anna, I've got a couple of questions for you too, and the first thing
28 I'm going to do is pick up on a question I asked Rose a few minutes ago. So you two, of

1 course, have conducted ethnographic research in rural communities. What does doing
2 your research in that way help you to understand about the questions that you're
3 studying?

4 **DR. ANNA SOUHAMI:** Well, it's -- in my work, I become -- I
5 became part of the community relationships and community networks. So I
6 experienced, myself, to some extent, a lot of the things that community members were
7 describing to me about being subject to supervision and control, about people watching
8 you through binoculars as you walked around, about having no privacy at all publicly,
9 but also, the way that that changes once you are behind closed doors. Because the
10 controls work while you're in public, and when you are in private, obviously, the
11 supervisions don't exist.

12 I was also became aware of the complexity of community
13 relationships and the way that it led me to challenge the stereotype of what a cohesive
14 island community might look like, and actually understanding some of the fragilities and
15 the tensions within those communities. And so understanding that what is often
16 described as social organization or social controls, or the way that communities are held
17 in check by their kind of informal, watchful gossipy-ness around each other, that goes --
18 that works to some extent. Superficially, communities get on very well. But actually,
19 there's quite a lot of tensions underneath the surface. So I learned those things too.

20 And what's really important, I think, in this methodology is
21 understanding then, sort of trying to understand what communities feel like by
22 experiencing it yourself, but also then doing the same with the police and trying to -- and
23 realizing that there is quite often a mismatch between what the police feel themselves to
24 be doing and the way they understand the world, and the way that that's actually
25 perceived by rural communities themselves. So it's that kind of experiential sort of
26 understanding of these relationships that's so important in ethnographic work.

27 **DR. EMMA CUNLIFFE:** Thank you. And then the next question,
28 still for Anna, like Karen, you think about the dilemma of centralization versus localism

1 or what Dan referred to as regionalization versus localism. What are the trade-offs that
2 play out with respect to that dilemma and how might police services and communities
3 navigate those trade-offs?

4 **DR. ANNA SOUHAMI:** It's a really good question, a really
5 complicated question. We're seeing this particularly in Scotland at the moment, where
6 regional police services have all been amalgamated into a single national police service,
7 so this has been a really important issue for us, as well as in a lot of northern Europe at
8 the moment, the same issues are undergoing -- are kind of at the forefront. The
9 Netherlands also have now created a national police service, and it's happening in lots
10 of Scandinavian countries. There are moves towards that. And the arguments about
11 centralized police services are important ones. They're about efficiency. They're about
12 economies of scale. So particularly, centralized, larger police, centralized police
13 services have -- are able to have specialist units, for example, specialist equipment,
14 which smaller regional police services struggle to get hold of.

15 There is more specialist experience just because these are larger
16 police services. There is also governments, quite like -- national governments, quite like
17 centralised police services because they think it gives them more control over what
18 these police services do. So there's some important kind of questions about political
19 accountability that comes into these moves too.

20 So there are some advantages for local rural areas, in that these
21 specialists services exist. And it needn't be the case, research has shown, that
22 centralised police services necessarily detract from local needs and local provision of
23 services. However, the research across northern Europe and Scandinavia shows that
24 actually that has happened in all of the areas which has had these centralised pools.

25 And the difficulty for rural areas, particularly, is that -- there are a
26 couple of things. The first is, as Rose has described in her work, and we may come on
27 to this, about the models of resource allocation tends to be based on urban models. So
28 if you're looking at supplying officers or equipment, depending on crime rates, for

1 example, or numbers of staff, that's not going to pay off for rural areas, even though we
2 know that there are particular problems in policing rural areas, such as long distances,
3 and the sorts of things that Rosemary has already described, which we -- I'm sure we'll
4 come back to.

5 It also means that if you don't have local rural offices, then it
6 reduces local knowledge. And what all the research, including mine, in rural areas and
7 policing shows us is that the importance of that situated local knowledge and
8 relationship-building, so you need a sustained ongoing presence in small isolated rural
9 areas. And if resources are centralised, that makes that much less likely. Police
10 officers are going to be pulled away.

11 And the second real problem is about who sets policing priorities.
12 And urban centres are powerful because they have more money, they have higher
13 crime rates, they have more staff, more resources, and so on, so resources tend to be
14 set according to urban needs rather than local rural needs, and that can be a problem.
15 In Scotland, the phrase which people try to counter, which has come across with the
16 national -- the formation of a national police service, is this idea that one size fits all,
17 and of course, one size doesn't fit all, and rural communities have very specific needs.

18 And the reason that matters on a day-to-day policing is that often
19 this is reinforced by performance indicators, what officers are judged on and what they
20 actually do in their day-to-day practices. And again, if those performance indicators or
21 national performance frameworks, or whatever they're called, are set up to encourage
22 these national policing priorities, those things probably aren't going to fit with rural
23 areas. So they may be, for example, in Scotland at the moment, "How many tickets are
24 you giving out to speeding offences? How many stop and searches have you done?"
25 What would suit local rural areas better is "How many schools have you gone into
26 today? How many people have you spoken to?", for example.

27 And the third problem about centralised services is a cultural one,
28 which actually, this, again, needn't be the case, but it -- research has shown that the

1 cultures of policing in rural and urban areas are different so that you tend to get a more
2 enforcement type approach in urban areas, which again, can be encouraged through
3 performance frameworks and so on, and those are completely inappropriate for rural
4 areas.

5 So those are the risks, so those are the payoffs. And again, they're
6 not inevitable with centralised services, but all the research shows that you -- that there
7 is a tendency towards those kinds of problems, unless there is a concerted effort to
8 redress them locally.

9 **DR. EMMA CUNCLIFFE:** So if I can pick up on your last point,
10 Anna, and ask you the same question I asked Karen, what role should rural
11 communities have in deciding how police services are delivered and in overseeing the
12 delivery of services?

13 **DR. ANNA SOUHAMI:** Well, it's a -- it's a really difficult question in
14 relation to policing. All communities should be consulted on the way that police services
15 are delivered. It's usually important because as I said the police may have a very
16 different idea of what their priorities should be and how they're doing, as opposed to
17 how communities understand them, so that's always the case. And so rural
18 communities should, of course, be consulted. It's -- and particularly rural communities
19 where there is a greater need for partnership work, multi-agency partnership work
20 because of a lack of resources more generally across the board. So partner agencies
21 need to work together, and communities, should be, and often are partners in these kind
22 of discussions about priorities.

23 The difficulty -- the reason this is complicated is that the difficulty
24 with consultation in policing, generally, in terms of the public, is that people who put
25 themselves forward to be part of those consultation frameworks are quite often atypical
26 just by your virtue of doing that, and needn't represent the whole community. So what
27 can happen, unless there's attention paid to this, is it can reinforce dominant power
28 relations within communities in some of the exclusions that we've mentioned earlier. So

1 real care has to be taken about who is consulted and what those structures of
2 consultation are.

3 **DR. EMMA CUNCLIFFE:** Thank you so much.

4 Dan, if I can turn to you. Do the insights that Karen and Anna have
5 shared resonate with your experience as a detachment commander and as a senior
6 officer in rural policing?

7 **SUPT. DAN MORROW:** Thanks, Emma. And yes, for sure,
8 especially of what Anna was just talking about, specialised resources.

9 And in my intro, I probably should have mentioned that, so I'm the
10 district policing officer, and predominantly I oversee general duty; some specialised
11 officers, who are plainclothes, our General Investigation Section, Street Crime
12 Enforcement Units, community policing officers, school safety resource officers, but
13 then Anna highlighted there is crimes that are above that capacity or skillset or length of
14 time that's required to dedicate to an investigation.

15 So within the RCMP and H-Division, those are support services,
16 predominantly our Major Crime Units, Traffic Services, Police Dog Services, our
17 Forensic Ident Sections. There's probably about 30 of those resources in southwest
18 Nova, but they don't fall underneath my chain of command, they fall underneath
19 Headquarters, but they are embedded within our districts. So there's a lot of value for
20 that information and knowledge-sharing. So for a member on the frontline, for instance,
21 might partner on a -- on a homicide file with Major Crime, develop that skillset, and also,
22 the Major Crime investigators can share their knowledge and abilities.

23 And absolutely, the local communities need that ability to provide
24 input as to what policing looks like for them. If they're not able to do that, it's basically
25 designed for failure. Police are always going to be challenged, we're not going to meet
26 the expectations.

27 So again, that communication piece, I can't stress enough starts at
28 that police advisory board level, mayor, councils, chiefs in councils, their detachment

1 commanders. Sometimes, obviously we're all humans, relationships don't always play
2 out the way we -- that everyone wants for them to play out, but that's normal. And so
3 when a -- when a mayor or a chief reaches out to myself as the next level of command I
4 welcome that. It's just a matter of usually setting a meeting between the right
5 stakeholders and getting to the heart of the issue.

6 Thanks, Emma.

7 **DR. EMMA CUNCLIFFE:** Thank you very much, Dan.

8 Jane, if I can turn to you, please. You live and work in rural Nova
9 Scotia, and you spent much of your life and your academic work conducting community-
10 initiated research that particularly focusses on the intersection and Indigenous
11 knowledges with community strategies for implementing treaty and Aboriginal rights. It's
12 implicit in, for example, the story you shared of the *Simon* case that that work at times
13 brings Indigenous community members into conflict with police in their communities.

14 My question for you is what have you learned through your
15 research about what Mi'kmaq people and Indigenous communities think about the role
16 that they should play in deciding how police services are delivered in their communities
17 and in overseeing the delivery of police services?

18 **DR. JANE McMILLAN:** Thank you, Emma. What we're learning is
19 that increasingly the capacity for decision-making is critical. What -- you know, I just
20 want to refer back to Karen and the idea of inclusion. And Mi'kmaq people and
21 Indigenous peoples across the country, historically through colonial processes, have
22 been absolutely excluded from every decision-making process, and the impacts have
23 been absolutely devastating. And today, it's no longer acceptable whatsoever. So our
24 research is really pointed to communities want to take the lead, they want to be able to
25 identify the priorities that are important to them, they want those priorities to be
26 developed and recognized by stakeholders, and then properly resourced.

27 The -- and nothing can be imposed further. The -- whatever the
28 costs, the cost offloading certainly has happened in Mi'kmaq communities in terms of

1 policing.

2 After the Marshall Commission, the Marshall Inquiry Commission, it
3 wasn't a recommendation coming out of the Commission, but it was the desire of the
4 community to be able to take control over policing matters because of just how offensive
5 the wrongful conviction was, and very much police tunnel vision that impacted that.

6 And so the chiefs of those communities came together and built a
7 program of tribal policing. And it had many of the challenges that Dan identified in
8 terms of sharing resources, and figuring out jurisdiction, and being able to
9 accommodate the number of calls, because what happened when you put in a Tribal
10 Police Service, or a service that the community really, really wanted, that the community
11 was really invested in? The call rate went sky high. And so the demand on services
12 and the expectations of the community members were also exponentially growing. And
13 because they were so poorly resourced from the outset, you know, I think Rick identifies
14 it as being set up to fail, that that really important police service, which was building
15 trust, which had Mi'kmaq members who had local knowledge, who had, you know, the in
16 the implicit decision making and really caring for the community priorities, disintegrated
17 after five years, which was just another disaster.

18 So our work right now is really focused on what are the incremental
19 approaches that need to be made? Because those -- that change came rapid and was I
20 think insufficiently experimented or rolled out and it just -- the demands became too
21 high. Its own success. And it really, you know, caused a lot of interpersonal damage
22 for those people, those members, who had to experience that great loss. There was a
23 lot of grief attached to the collapse of the Unama'ki Tribal Police.

24 I hope that gets at what you were asking of me, Emma.

25 **DR. EMMA CUNLIFFE:** Yeah, it certainly does, Jane. And I think -
26 - I was going to pick up on the story of the Unama'ki Tribal Police in a little while, but I'll
27 ask the question now that I was planning to ask, and that is really, what lessons would
28 you share with the Commission our of the failure of that attempt at reform?

1 **DR. JANE McMILLAN:** Well the significance of resources, the
2 significance of anticipating community expectation and community demands. So being
3 able to understand the underlying issues of when a community is going to want to
4 engage with police.

5 I think the question of community expectations is a critical one to be
6 able to master, because if you've got a demand for police services that aren't actually
7 going with what the police can actually do and offer and you're -- the trust issues are
8 going to disintegrate really rapidly.

9 So I think it's critically important that that work be done together to
10 be every -- so that everybody is fully informed about what's possible and what's not
11 possible, and work together to build responses to the most important things.

12 You know, we've noticed a lot lately that the enforcement is
13 occurring at the cost of prevention and communities are very unhappy with the lack of
14 engagement, the lack of visibility, the lack of, you know, meaningful building up of
15 services, being really responsive. And it is in part because of a resource shortfall, but it
16 also because of the changing complexities of policing that have -- the nature of crimes
17 that are occurring as well.

18 So patience and due diligence, and really bringing together people
19 who can represent thoroughly, the unique circumstances of the community, and the
20 community priorities, and then a nimbleness and not creating a rigid structure of both
21 engagement and opportunity for sharing, and that I think those things, if -- those are
22 lessons that we've learned.

23 They were all kind of institutional challenges there. There was a lot
24 of discrimination, there was non-recognition of the authority of the officers from other
25 police services, there was a level of systemic challenges that really impaired the ability
26 of that force to lift off. And I think those questions certainly have to be brought into the
27 fore. You can't do anything in a vacuum with regards to Indigenous rights and
28 Indigenous rights implementation when it comes to autonomy, and sovereignty, in those

1 kinds of services.

2 **DR. EMMA CUNLIFFE:** Thank you very much indeed.

3 Rose, if I may turn to you, you've also conducted ethnography and
4 interview-based studies with rural communities, and particularly focusing on rural youth
5 and their experience of policing, and engagement with police.

6 I'm hoping that you can share with us some of the findings from
7 your work with rural youth about the lives of young people in rural Atlantic Canada and
8 their relationships with police?

9 **DR. ROSEMARY RICCIARDELLI:** To be honest, what I found
10 across a lot of different regions in rural areas, if they have relationships with, like, their
11 school officer, because they get to know their school officer, they may have done
12 DARE, they may have done different things, the officer comes to the classroom, goes to
13 the grade 6 leaving ceremony, or grade -- you know, that sort of stuff, and they can
14 actually get to know them. But the youth don't think of calling the police when they
15 need, and one of the challenges that the police brought up, and youth have brought up,
16 is they don't think of police as the person to call for help. They think of them as the
17 person, the authority figure who gets them in trouble. And this is something that police
18 officers clearly do not like, and this is something that you try to change with youth.

19 I've had officers tell me straight out, you know, when they pull up
20 and a parent says, "Oh, put on your seatbelt or, you know, the officer is going to take
21 you away for disobeying," that creates tension and animosity and changes how they
22 want to be perceived. They want to be a beacon of support and help, not -- they don't want
23 to be in this authoritative position.

24 And a lot of dynamics and relationships between police and youth
25 are often a reflection as to what the parents' relationships are or perceptions are of the
26 police, and that gets translated down.

27 Many of the officers I spoke to spoke at length about thinking they
28 were being more involved in communities working in rural areas, not realizing that they

1 were significantly under resourced and don't have the time to be able to fulfil those
2 obligations and that kind of objective of what they signed up for in the work.

3 So it's not -- and when youth are involved, you know, they tend to
4 pick up and deal with the same youth repeatedly, and not really see other youth as
5 much, and that can also be challenging because as youth get, and their families get
6 better understanding of our youth criminal justice system, they learn the loopholes
7 which can make the policing of youth who are in -- kind of, like, in conflict with the law, a
8 bit harder to police in many ways.

9 But one of the keys was that unless you were at a school or had
10 kids in the school -- now, if you had officers who had kids going to school, they would
11 know the kids, they would know the kids -- their kid's friends, they would have a bigger
12 relationship, more rapport, and it would help them to do that more. If you had officers
13 who were more removed, they would have less connections because the reality is, and I
14 know this isn't exactly what you're asking, but it's so under resourced in rural areas and
15 they're responsible for such a large geography, and a diverse geography, that you really
16 don't have the time to spend just in a community. So if you're -- you know, if you're in
17 Newfoundland and you're policing this entire region and it's, you know, 200 kilometres,
18 you know, by the time you get to all the little communities, you'd be doing it every day all
19 day long all the time. So there's really not that kind of time.

20 So I found that the relationship that -- on both sides. I found that
21 youth didn't think about it as much, and officers really would have preferred to have a
22 stronger more supportive role in the community found a more supportive role in the
23 community, if it was possible. And many, you know, many of the people pull out their
24 times coaching teams, volunteering in different spaces outside of work hours where
25 they're already overburdened with work and experiencing work will overload simply
26 because of a lack of resources. Because the one thing that the RCMP that, again, I
27 think is really relevant, is they don't backfill when someone's on leave. And without that
28 backfill on the shifts, they're even less resourced. So, you know, I would do interviews,

1 and the shift is seven, and I'd only have four people because three are on leave, and I
2 would do the interviews. Well, what are they going to be able to do? Like, even our
3 interviews were constantly interrupted because of the nuance, and then that's why I
4 spent so much time in the detachments. To do an interview, I had to be ready for
5 everything that happened.

6 And there's additional challenges too with youth. Like, if you pick
7 up a youth, you can't leave them alone, you can't put them in a cell, you have to wait for
8 a guardian to come. So you'd have an officer in a two-person detachment pick up a
9 youth, and then they can't leave. So if something else happens, it's the backup that's a
10 detachment away, or an extra two hours away, that has to go respond to that call for
11 service. So there's a lot of factors that are creating tensions in relationships, but these
12 tensions are not the prerogative of the officer or the youth per se, but a direct result of
13 the nuance of the occupation and how it's resourced in rural regions.

14 **DR. EMMA CUNLIFFE:** Thank you so much.

15 Signa, if I can turn back to you? You've already alluded to the fact
16 that the Stanley case really prompted a conversation in those communities about
17 property, about trespass, about self help, and about the role of police in that community.
18 Having watched that play out and watched a parallel conversation play out in the nearby
19 Cree community that Coleton Bushie came from, what role do you think rural
20 communities should have in deciding how police services are delivered in their
21 communities and in overseeing the delivery of police services?

22 **DR. SIGNA DAUM SHANKS:** Well, as someone who has
23 relatives, who have members from Muscowpetung First Nation married to the mayor of
24 a village of 200 people, I can't help but think it's absolutely necessary for a good family
25 dinner. But I would think that there are ways to think of it in jurisdictional terms that are
26 very important too. As in how do you understand when in particular reserve space is
27 right beside rural space? There's a boundary there, but there's going to be some
28 functions, whether it's me going with my auntie to bingo, or it's some type of fire

1 emergency, or it's a high school graduation, those boundaries are porous just because
2 of social relations. So thinking about how those communities help make decisions on
3 how police are residing in that area and functioning with people is really important.

4 I would say, and I don't mean to overemphasize this, but I feel like
5 it's a fundamental for how I've noticed some observations is that the policing can have a
6 great role in helping all neighbours, all family members, all friends, all grumpy
7 colleagues you work with, all those people you wish weren't on your hockey team,
8 whomever it is, understand how land functions in law.

9 What does it mean if an RCMP officer is in reserve space, as
10 compared to farm space, as compared to town space? What does it mean when
11 someone says they're a landowner, which is perhaps one of the biggest fallacies that
12 has to be sort of confronted, often not only with first-year law students, but how people
13 understand what they can do legally to feel safe? That's a hard one to talk to people
14 about, but it's really necessary because that helps define what they think they should be
15 able to do as a response to any moment of nervousness. That actually can be different
16 on reserve land as compared to rural space. And so particularly using the role of
17 policing to help do that type of educating and communication is really important.

18 With the Stanley case and the side effects of it, I felt really -- my
19 heart just broke for all the sort of damage control RCMP very kindly tried to organize to
20 try and help bring up the base knowledge about control of space. Did great work. It
21 was really, really hard to do because of the hard feelings amongst community members.
22 And what I found myself reflecting was that that type of idea of having conversations in
23 communities with rural policing functions, and Indigenous peoples, and learning about
24 the differences should have happened 30 years ago and it hadn't. So it was a really,
25 really stressful moment to have akin to townhall meetings when everyone is feeling so
26 understandably raw, and realizing that they've had the wrong perception for years, that
27 in a non-stressful situation is okay. Doesn't matter whether somebody hasn't explained
28 well the idea of land title. That's okay. But when you're trying to decide what to do if

1 someone is driving fast up your driveway, and you don't recognize that car, and the
2 car's going side to side, and you're wondering if the driving is violent is that person
3 going to be violent, it's really, really hard to have a good conversation about what
4 trespass law is. It's too hard. And so I think there's a great role for not only talking
5 about how property law and reserve space is, and how that's different from rural land
6 space, but just thinking of that as handy as knowing how a mortgage functions, or how
7 your life insurance policy might work, or what are the basics of traffic safety. It's so
8 fundamental. And then when you have it, and you're perhaps dealing with a stressful
9 situation later, your reflexes about what you can do for your own safety are more
10 accurate instead of facing a lot of scrutiny that's going to make you upset because
11 you're making the wrong move.

12 Thanks, Emma.

13 **DR. EMMA CUNLIFFE:** Thank you.

14 Commissioners, I'm about to move on to a new topic, and I wonder
15 if I might suggest a break?

16 **COMMISSIONER MacDONALD:** Sure. Thank you so much, and
17 thank you everyone, all panelists so far for an excellent conversation and we'll take --
18 we'll try for 10 minutes. Thank you.

19 **DR. EMMA CUNLIFFE:** Thank you.

20 --- Upon breaking at 2:59 p.m.

21 --- Upon resuming at 3:17 p.m.

22 **COMMISSIONER MacDONALD:** Thank you so much.

23 Dr. Cunliffe.

24 **DR. EMMA CUNCLIFFE:** Thank you, Commissioner.

25 So Karen, I'm going to turn back to you now, and to another aspect
26 of your report.

27 One of the findings from the research that you note in your report is
28 that the social cohesion that's often valorised as a characteristic of rural communities

1 can also at times have the unintended effect of enabling some kinds of crime to take
2 place or not to be reported. I wonder if you could please describe the dynamics that
3 can have this effect, and how can they manifest?

4 **DR. KAREN FOSTER:** Thanks. Thanks for the question.

5 So yeah, I get into this in the report, and Anna talked about it as
6 well earlier, that the social cohesion that is shown to be a protective factor against
7 crime, in general, in the criminology literature has a double-edge insofar as it, you know,
8 in the best case scenario it makes people try to resolve things interpersonally in rural
9 communities, but in the worst case scenario it makes people not report crime.

10 One of the areas that I saw this the most in the literature that I
11 looked at was around domestic violence. And so you know, certain crimes are thought
12 to be shameful, something that you don't bring out in public, and so families will kind of
13 circle around and not even try to resolve things, but just kind of try to downplay what's
14 going on and try to avoid the involvement of law enforcement.

15 So yeah, that's the impact of the social cohesion dynamic. It's
16 funny because it's been shown to be very important as a protective factor and assumed
17 to be a protective factor, but it does have this darker side as well.

18 **DR. EMMA CUNCLIFFE:** And if I can ask a follow-up question.
19 Does the literature suggest what it is about domestic violence that means that social
20 cohesion plays out that way with respect to that crime?

21 **DR. KAREN FOSTER:** It -- the -- I think it just says a little bit about
22 how domestic violence can be looked upon as shameful, and there's also, there's a
23 tendency, hopefully decreasing, but to not believe women or to, you know, downplay the
24 violence that they might be experiencing or to think that, you know, domestic abuse has
25 to be physical, has to leave a mark in order to count. And that happens, you know,
26 everywhere, not just rural communities. But yeah, it's the interconnectedness of
27 families, the fact that they are often in rural communities, big well-known families whose
28 reputation matters to them, that these kinds of things just get dealt with quietly or not

1 dealt with at all.

2 **DR. EMMA CUNCLIFFE:** Thank you.

3 Anna, if I can turn to you. As Karen mentions, this is something
4 that you discuss a little bit too in your report and have already alluded to today. Does
5 what Karen has just said resonate with you? What would you have to add to what she's
6 just shared?

7 **DR. ANNA SOUHAMI:** Do you mean in terms of -- could you just...

8 **DR. EMMA CUNCLIFFE:** In terms, specifically, of the relationship
9 between social cohesion and the reporting of some kinds of crime.

10 **DR. ANNA SOUHAMI:** Yeah. Absolutely, Karen's experience is
11 exactly mine as well.

12 Social cohesion is a -- is perhaps a misnomer, and what we're
13 talking about here is strong social controls and social relations, which can obscure a
14 kind of diversity of experience and complexity. And what can happen there is that
15 particular groups of people feel unable to express themselves and feel -- can feel all
16 kinds of -- for all kinds of reasons fear of reprisal for feelings of shame, for feelings of
17 disempowerment, for example. And again, what you often find in small rural
18 communities is a gendered-power relations, in particular.

19 So again, this can -- though people who are likely to feel
20 disempowered are likely to be women, research also in Australia has also shown that
21 actually there's a gendered-power relation to rural -- gendered norm your rural
22 communities, which can lead to women feeling unable to seek help for domestic abuse,
23 and can also lead rural communities to cover up domestic abuse, particularly in relation
24 to other crimes.

25 So yes, absolutely.

26 **DR. EMMA CUNCLIFFE:** Yeah. Thank you.

27 Rick, if I may turn to you. One of the strands of your research really
28 focusses on or considers the ways in which resource development and the resource

1 extraction industry can impact small rural communities, particularly when they rapidly
2 become larger communities because of resource extraction projects and
3 industrialisation.

4 What can you share about how resource extraction in rural
5 communities can impact crime rates and experiences of community safety, including
6 rates of violence?

7 **DR. RICK RUDELL:** What we're -- what we've found is that no
8 sort of two boom towns are exactly the same, or sort of boom communities are the
9 same. But there is a pattern in that as the population increases during the construction
10 phase of resource extraction, building a new mine, building infrastructure for oil and gas
11 extraction, these cities become or small rural communities tend to be overcome with a
12 large number of typically young males, and really, there's -- that influx of people has a
13 real disruptive element to the community. So these people come in, and they don't
14 have much of a stake in these communities, and the local residents know this. And
15 there is a pattern, and I think there's about 50 studies now that have basically shown
16 that crime goes up in these communities.

17 Now, for the most part the crimes are the crimes that we expect
18 with the influx of young males, so impaired driving; drug and alcohol abuse, and willful
19 damage, in the United States they would call it disorderly conduct; and assaults, and
20 some populations are particularly vulnerable, and women are one of those populations
21 in that the sex ratio becomes really distorted in these communities just with the influx of
22 males. And a lot of women feel very threatened, and we found that domestic violence
23 increases in these communities due to some of the reasons that Karen and Anna talked
24 about with the values in the communities change, especially with the newcomers, and
25 these women are often -- sometimes they come with the newcomers and their partners,
26 and they're very socially isolated, and might have no income or sort of resources on
27 their own.

28 So what we're finding is that these boom -- periods of crime during

1 these booms generally last up to a period of years, and as the -- as the community
2 settles down and there's less construction and it goes more to just a straight extraction
3 the community dynamics change and crime goes down.

4 But these were entirely predictable sort of events, and I think that
5 now that there's a lot more awareness of it there's a real move to make these
6 communities more -- protect these communities because we know it's going to happen.
7 And one of my colleagues said, you know, "if something's predictable, it's preventable",
8 so we know that these things are going to happen.

9 And one of the challenges is that these things are happening
10 throughout the globe, these resource extractions. And you know, we now have a green
11 economy, and it takes a thousand pounds of lithium to develop an electric car. And so
12 all of a sudden now we're going through the planet looking for new sources in places to
13 extract these elements, and including in Canada. There's -- in northern Saskatchewan
14 they're extracting lithium and whatnot.

15 But -- so these things are predictable, they are preventable, but
16 they impose a significant challenge on rural police. Generally the police are slow to
17 respond to these changes, local governments are slow to develop the infrastructure to
18 accommodate these population shifts, and they're very destructive in the short and long
19 term to these small communities and rural peoples and have a real disruptive impact on
20 these places. Does that cover the high points?

21 **DR. EMMA CUNLIFFE:** It sure does. Thank you very much
22 indeed.

23 Jane, if I may turn to you. We've heard some of the reasons from
24 Karen and Anna why rural community members may not report crime. What aspects of
25 the Mi'kmaq, and if you feel able to speak to it, the African Nova Scotia experience with
26 police and colonial state institutions might also bear on decisions about what gets
27 reported to police and when police are brought in to a community dynamic?

28 **DR. JANE McMILLAN:** Thank you. Well, I think police are often

1 looked to as the very last resort, and so there is often extreme trauma when it comes to
2 reaching out in First Nations communities, particularly those that don't have their own
3 detachments, or those that don't have officers that are familiar to the community, or any
4 kind of community policing. So there's a great reluctance there. So whenever the
5 encounter does occur, it's usually really, really serious, something very serious has
6 happened.

7 The -- I can't speak for the African Nova Scotia community,
8 unfortunately, and I'm not speaking for the Mi'kmaq community, but our work has
9 certainly found that the intergenerational consciousness that I believe maybe it was
10 Rose and Karen and Anna and others have raised, certainly, there is a fear instilled
11 generation after generation of what those policing relationships are like.

12 We were conducting some field work just a couple of weeks ago
13 with a person that's in charge of a child development centre for a Mi'kmaq organization
14 that helps the Jane Paul Centre in Nova Scotia, and she was saying that the little kids
15 that come to that daycare are terribly afraid of the police because that's what their
16 parents have taught them, and that it's very difficult for them when they're just little,
17 three, crying when a community officer was coming in to provide services at the centre
18 because of that fear. So that's a big piece of the consciousness that really is occurring.

19 The -- and then there's the desire to not sell out to the state, to
20 avoid perpetuating the colonization. So there is a lot that happens in the community
21 dynamics to collectively avoid reaching out to police because of the optics of it within
22 community and the perceived, whether it's real or not, potential for backlash when
23 somebody does call out, because the consequences of that are -- or can be significant
24 for that person's community health and wellbeing in that family, in those networks. That
25 social cohesion that Anna, and others, and Signa were talking about doesn't -- I think
26 can be really troubling and create a lot of problems.

27 One of the key reasons though in Mi'kmaq communities -- I'm not
28 sure if this is the same in African Nova Scotia communities, that women aren't going to

1 reach out for help is child apprehension and the fear of involving Child Welfare Services
2 in their situations, particularly those of domestic violence. And so we know from our
3 work that that's a huge trouble. And just not being able -- not having anywhere to go
4 either. So you call for help, but then what. And so there's a high contact with people
5 that commit crimes against each other in those small communities, and particularly in
6 communities where there are lots of large extended families living together becomes
7 very complex, as you suggested.

8 **DR. EMMA CUNLIFFE:** Thank you very much.

9 Commissioners, it is a gap on this round table that we don't have
10 somebody who can speak to the experiences of the African Nova Scotian community.
11 We'll seek to fill that gap in other ways. For the time being, I do want to draw your
12 attention to Exhibit P-002636 by an author named Jessica Bundy, who is a member of
13 the African Nova Scotia community, reporting on some research she did with African
14 Nova Scotian women with -- in Digby and their experiences with police.

15 Okay. I'm going to shift now more to the experiences of rural police
16 than -- until now, we've really focussed on the experiences of communities with their
17 police. And so, Dan, I'll begin with you. Based on your experience, your personal
18 experience as a police officer, but also your supervisory experience, what are the
19 personal skills and the attributes that make an effective rural police officer? Who should
20 police services be recruiting for this important role?

21 **SUPT. DAN MORROW:** Thanks, Emma.

22 That's a very broad question. I wouldn't say necessarily that the
23 skills and abilities to investigate a crime is going to be very similar in a rural setting and
24 an urban setting. What is -- I would say is most important in a rural setting or a smaller
25 community is the ability to interact with individuals while you're continuing your
26 investigation. And what I mean by, we're constantly having to develop rapport, not just
27 to maintain the safety of ourselves, but those around us. We've heard about comments
28 from Karen and Anna regarding domestic violence. The last thing we want to do

1 because of isolation, so imagine a driveway that's 200 metres long. All the neighbours
2 have now seen us drive down the driveway, and they know that the police officer's
3 pulling up, and the question is why. So in a small community, it kinds of leads to,
4 unfortunately, gossip. So we walk in the door, quite often a victim might be very
5 apprehensive already, traumatized a number of times before even reaching out to us,
6 so we have to recognize that that's already occurred before we've even knocked on the
7 door. So establishing that rapport, being a human, sounds very easy, but when you
8 carry so much weight and authority on your shoulders to investigate the crime, because
9 you have to investigate it from step one to step a thousand in order to get it into the
10 court room and a successful prosecution, if that is what the victim is wishing to do. So
11 specialized skills or the skills and abilities to investigate I would say are the same, but
12 the smaller the community or more remote it is, that interpersonal relationship or skills
13 that we use to develop rapport with our clients is key.

14 And the people that we recruit I think was the other part of that
15 question, I know, actually, our Commissioner was just in town within the last couple
16 days, and she commented on the -- our procedures for recruiting are going -- are being
17 reviewed and maybe changes are coming in the near future on our exam and our
18 polygraph sessions because some of the evidence didn't support as to why it was a
19 necessity, and questions in the entry exam more about trying to decipher if there's
20 discriminatory practices in a person's thought perceptions. And I look at Jane, and
21 when I hear about Indigenous communities, and our desire for Indigenous and Africa
22 Nova Scotian communities and other people of colour to want to hire more officers who
23 look like the people that we serve, it can't be overstated. As I have almost 20 years of
24 work in Indigenous communities and I'm status Cree, I didn't grow up on the reserve,
25 but prior to even joining the RCMP, and my wife is Manitoba Metis, our stories are very
26 similar, we've both experienced personal verbal and physical attacks based on the
27 colour of our skin. And that's something you can't teach. But when you go into an
28 isolated community, racialized community, you're able to relate to people a lot quicker

1 and the guards come down, so you're able to establish that trust that's necessary with
2 your client.

3 So we always want to be hiring more visible employees, and that's
4 been a goal of the RCMP for decades. And it's interesting, I was talking with one of our
5 CO's external Mi'kmaq advisory committee members from Shubenacadie First Nation,
6 and he put it well, is that the RCMP doesn't do a good enough job about selling itself.
7 So we talk about poor perceptions, children having that negative attitudes towards
8 police. If you are a young adult seeking to get a job in law enforcement or probation
9 services, corrections, police, and you Google RCMP right now, why is someone going
10 to put their name in to be the RCMP?

11 So he -- his comment to me was "Why isn't the RCMP contracting
12 or putting a more robust effort on selling our story?" Because our story is actually very
13 good, it's just -- I would say, sometimes it doesn't always get picked up in the right
14 social media platforms. We are engaging in the local community efforts, our
15 universities. More effort is required, I will admit that, and I look for ways to improve on
16 that.

17 That was a very broad question, though, Emma, so did I get to the
18 heart of it?

19 **DR. EMMA CUNLIFFE:** You did, indeed, Dan, thank you. And
20 thank you for sharing part of your story with us as well.

21 Rose, if I can turn to you. You and your co-author, Laura Huey,
22 produced a paper with the very striking title, This Isn't What I Signed Up For! For the
23 benefit of the record, this paper is Exhibit P-002638. And another of your papers also in
24 the roundtable package considers, in particular, the organisational stresses, is what I'd
25 really like to focus on, of rural policing. And this is Exhibit P-002641.

26 I wonder, from those papers and from your research, generally,
27 what can you share about the unexpected challenges that rural police encounter in the
28 course of doing their work? The things they didn't -- they didn't expect when they

1 signed up.

2 **DR. ROSEMARY RICCIARDELLI:** There's a lot. If we start more
3 with, you know, the notion of this isn't what I signed up for, a lot of what the job entails in
4 rural areas is not what individual believed their job would be.

5 So one of the challenges with police work that I think is probably
6 what strikes me the most, and it's not a sexy topic, it's the amount of paperwork. So for
7 example, a vehicle -- responding to a vehicle collision, motor vehicle accident, there's
8 about 14 forms that need to be filled out. And I literally have sat and Laura has sat as
9 well in detachments where we watched people deal with their paperwork, and it was just
10 -- it was just a bottomless pit of paperwork in getting caught. And these forms -- like
11 every agency within the branches of criminal justice system wants forms filled out in a
12 certain way, so they're duplicating, triplicating, quadruplicating, and I don't know how
13 say it in bigger numbers, but they're doing it up to 14 times for these forms, and they're
14 spending so much time being, you know, paper pushing.

15 And in those papers, you'll see -- like I quote people. They're like,
16 "I'm a paperboy. A 15-year old who could type could do this." Like -- and it's just this
17 draining amount and it's not even investigative, it's just re-putting the same information
18 on forms over, and over, and over again.

19 So on one side we have this lack of resources, but we're not using
20 the resources we have well. So I mean, paperwork is a huge source of stress that is
21 extremely time-consuming that nobody talks about because it isn't -- it isn't sexy.

22 What you see is a -- you know, the mileage on the cars. I'm talking,
23 like 170,000 kilometres, 225,000 kilometres. You know, I got into cars where I was like,
24 "Oh, okay. This can't go more than 110 because the thing is old." And you know,
25 they're racing.

26 And there's another paper that isn't an exhibit, but I speak about,
27 you know, driving. And so many officers told me, particularly in rural areas, yeah,
28 there's a chance of getting shot for sure, but arriving alive, especially when you're racing

1 to get to an emergency on these backroads, is crazy, it's such a risk. And the
2 resources, the vehicles, and these are all organisational.

3 So we have an organisational stress, this is something that's the job
4 content, the job context, sorry. That's fixable. When it's an operational stresses, that's
5 a content of the job, those things are going to happen. That's what they signed up for to
6 police, to respond to calls for help and service. It's all those other things, the
7 interpersonal collegiality challenges that exist, the challenges with management not
8 understanding, the forced overtime, being called in, the -- you know, being on these
9 shifts.

10 As I said before, I would go in, I'd be in a detachment, and you
11 know, there's seven people on shift and three are on leave, so now you have a busy
12 detachment, four people working. And you know, we get one kid in, one youth, and the
13 officer is sitting with the youth and you have three officers patrolling an area, and they're
14 not even patrolling, they're sitting at their desk doing paperwork because they can't
15 keep up in responding to calls for service.

16 There's so many other challenges. The lack of resources, I can
17 give you an example, and I had given these, Emma, to you when we had talked
18 previously.

19 But you know, I have seen a person take a stapler and staple their
20 taser onto their belt because they didn't have a belt that could hold their taser properly.
21 And when you're looking at what that means for resources in rural areas, it is
22 challenging. There are -- and the -- it's the organisational stressors.

23 And again, I stress, like these are avoidable stressors, but if we
24 took the resources and we streamlined the paperwork and the offender, I'm sorry, not
25 offender management, sorry, that's corrections, the system, the -- it's PROS, the PROS
26 system, right, if we could streamline what's needed to input, make it function, make it
27 work... I would sit there and watch a person struggle. Literally, they would take a
28 picture and then you could only upload it a certain way in the system, and they would

1 spend a half-an-hour trying to downsize a picture in order to put it forward as evidence
2 because it -- because the program wouldn't just upload it as is.

3 And then there was the challenges, like, you know, they're driving,
4 their lifeline is their radio, but in half the rural areas they have no internet access and no
5 communication. So they're completely on their own, and they don't have their lifeline,
6 which is a severe challenge as well in these rural areas.

7 And I would see -- they respond to everything. So the calls for
8 service are so significant and so diverse in their elements in what could be going on that
9 one of the things that you'd see a lot of is people are doing things well beyond what
10 perhaps the rural should entail, depending on who defines the role. And it's using up
11 resources. And these things are challenges and challenging.

12 When you have a youth, and parents are upset with the youth and
13 not willing to take accountability, and you have to figure out, and then, you know, you
14 can't call child services to get involved because it's a Friday and they're not open until
15 Monday, and you have the police dealing with all these additional stresses. And they're
16 all organisational, they're not operational. The operational stress is responding to the
17 call, getting in there, getting everyone safe, and getting out safely. The organisational
18 stresses are all the challenges around that that are entirely inherent to the system and
19 the structures themselves.

20 And there's so many things that could be alleviated. Like -- and
21 again, I stress the paperwork. Because if you could reduce the paperwork, you would
22 reduce the stress and you would free up so much time for these other activities that
23 officers, from what I learned, really want to be doing and want to be passing their time.

24 When we look at their roles, a lot of people felt they signed up for
25 law enforcement and instead of doing that they were doing -- they were peacekeepers,
26 they were settling disputes, they were dealing with phone calls where people were like,
27 "Is this a criminal matter?" "This is not." "Is it immediate criminal matter? Because if
28 it's a criminal matter can you tell me what I'm supposed to do? If it's not a criminal

1 matter can you still tell me what we're supposed to do?" So it's being -- it's being an
2 arbitrator.

3 Like the land disputes in rural area, and people fighting over the
4 tree's positioned on their lawn or somebody else's lawn and who owns the tree. And
5 these are organisational things. These are -- these are things that can be straightened
6 out, not just by policing, but other services as well. So there's a lot of challenges
7 inherent in what actually is tied down to, and the responsibilities that fall on the job,
8 especially in rural areas where police do become a catchall for all services and
9 individuals and the community need.

10 So I don't know if that answers your question, but that just starts to
11 explore some of those factors. And of course, this is exacerbated in issues that are --
12 that deal with domestic violence, right, because there's a lot of additional challenges
13 and responses.

14 And then of course, we'd be hard-pressed not to acknowledge that
15 in rural areas officers are often responding to calls for services alone, and we know that
16 the key, the golden, like, rule there is at least two people, and if you think of other
17 emergency services, or security services, they say it should be three. But in these rural
18 areas, it's one officer going to a call for service independently, and then of course
19 there's the tension.

20 They arrive at the call for service, and I'm not sure if I said this to
21 you, Emma, or I said this before, but they arrive and they're in a tension because they
22 either go in and intervene, but they're not supposed to go in alone, if something
23 happens to them they're liable, or they leave it and then they watch someone getting
24 harmed. And they can't do that either, their job is to provide the support and service.
25 So how do you manage that tension, and who's liable when these are organisational
26 issues that really trace back to, you know, these big discussions we were having in like
27 2013, 2014 with the economics of policing. Just because an area is rural doesn't mean
28 it needs less funding than an urban area because the population is smaller.

1 And when you're looking at, like in Newfoundland and Labrador, we
2 have fly-in areas, you know, that are -- you have to get in by, it's sea or snow, like you
3 need different policing materials. It's not as simple -- not everything is a drive away.
4 And within the tri-services of support there, they're responding to things as paramedics
5 would, as firefighters would.

6 I watched those in the detachment, and a guy drove all the way out
7 around this bay, and we could the fire burning from the detachment, massive fire, and
8 he goes out and he looks, and it takes 45 minutes to get there, 45 minutes to get back.
9 He got there, and the woods are so thick and it's all gravel roads. He couldn't find the
10 fire. He got back and he's like, "It's still burning." And off he went again because he
11 has no cell reception. So when he's out there, no one can help him navigate how to get
12 to that fire. So he's sitting there responsible and trying to do something about it, but it's
13 -- can you imagine the frustration of a 45-minute drive to look for a massive fire that you
14 can't see?

15 So it's really -- like, the resource challenges and the needs, and
16 when we think about that, this stems to so many other realms of society as well. If we
17 don't have wi-fi and we don't have communication, cellular service in these rural areas,
18 it really cuts people off in society.

19 So these are just some of the organizational stressors that people
20 are experiencing, which I should also note, this takes a significant toll on the mental and
21 wellbeing of persons working in any police service, including the RCMP.

22 And I don't think these are things that people aren't aware of, but I
23 think it's really difficult to come up with a solution that actually is cognizant of the
24 funding challenges that impact policing as well. So all these things kind of come
25 together and almost create an impossible problem.

26 **DR. EMMA CUNLIFFE:** Thank you very much, Rose.

27 Jane, if I may turn to you. I know that as part of the Policing in
28 Mi'kma'ki report, you interviewed Indigenous community members who had served as

1 police. And perhaps in your other research, you've done the same. What have you
2 learned from those conversations about the needs of Indigenous police members and
3 how those needs may look different and those experiences may look different?

4 **DR. JANE McMILLAN:** I'm eternally grateful for the time that the
5 Indigenous officers shared and their very generous stories.

6 Policing in your own communities creates a whole set of challenges
7 and even if you're not policing in your own community but you're an Indigenous officer,
8 and maybe Dan's got this experience out here, the demands on those officers, I think,
9 are heightened.

10 I've heard from these officers that there's a higher level of burnout
11 when you're policing the people you know, and so that they're -- there's more off duty
12 sick, there's more -- just the fatigue that Rose is talking about, and the challenges, the
13 mental health challenges.

14 So that was one thing that was really glaring in our conversations,
15 is the lack of culturally prepared support services through various police agencies.

16 The others are about realistic financial assistance and financial
17 future planning, managing issues of taxation, for example, are things that some
18 Indigenous officers have to take a lot of effort to dig around and find out.

19 The -- there's a thing that happens, and I think this happens in
20 many workplaces, but it certainly does happen in police, where the Indigenous officer is
21 given the burden of having to explain the cultural practices, the under -- the history of
22 the community, helping to help officers who have no comprehension of the
23 consequences of colonialization and levels of intergenerational harm and trauma,
24 helping them to decipher what it is that's going on in communities today, understanding
25 the levels of poverty and discrimination that are in place, I think is something that
26 officers aren't well prepared for or well trained in.

27 And Mi'kmaq communities, we heard all the time about not wanting
28 to be judged by officers. One of those reasons that they didn't reach out to police was

1 deep resistance to being judged by outsiders who didn't understand the community.

2 So as the police officers who are from the community having to
3 navigate and liaison with other officers around the complexity of those things, you can
4 imagine would be tremendously exhausting.

5 I'm wondering if I'm missing something really key. I feel like I am.

6 But I also want to just pick up on a point that Rose made about
7 there is a huge problem right now that's getting bigger and bigger, that -- mental health
8 calls, and not being prepared for mental health calls, or well trained in doing mental
9 health calls, but then having to take that person to the hospital so that they can get the
10 assistance that they do need, rather than to lock up.

11 They can't -- the officers cannot leave that person at the hospital.
12 There's no drop off mechanism. And so that time off their patrol work or their response
13 to other calls is severely impacted and then there's nobody being replaced on that.

14 So that adds to all kinds of stress for those Indigenous officers that
15 have to do that work and have to do that work with increasing frequency.

16 **DR. EMMA CUNLIFFE:** Thank you very much indeed.

17 Anna, we've heard from a number of people about some of the
18 challenges for rural police of working in small communities. What can you add on the
19 basis of your research? And I'm wondering if you can particularly speak to are the
20 challenges different if you're an outsider to the community than if you're of the
21 community?

22 **DR. ANNA SOUHAMI:** It's a really important point and a difficult
23 question. I just wanted to, first of all, start by just making a couple of points in relation to
24 what we've just heard, which is really interesting and important.

25 Some of those issues about paperwork, for example, about filling in
26 for other services, about resources being stretched and the problems of mental health
27 calls in particular are problems which affect police services everywhere. And it's
28 interesting, the complaints about paperwork, I've heard them in every police service I've

1 worked in, from the Metropolitan Police, down to tiny little detachments in Shetland.
2 And obviously paper is important, it's about transparency and accountability. What it
3 really -- those complaints really involve are questions of the culture of policing, about
4 what police officers value, and what they don't, and the excitement, and the action, and
5 the adventure, and the sense of mission is something which we see in police services
6 across jurisdictions, across different kinds of demographic areas, and rural and urban
7 areas, and the conflicts that Rose discussed. So Rose discussed carefully about, the
8 feeling that this isn't something you signed up for again is something which you see
9 everywhere.

10 They may be particularly exaggerated in rural areas because of the
11 kinds of -- the slow pace, the perhaps more exaggerated sense that you're dealing with
12 all kinds of things which you don't see as police work, but those things, again, happen
13 everywhere.

14 So I think it's quite important to put that context around it.

15 Thinking about community relations is, I think, in my work, it's the
16 nature of community life that is the distinguishing feature of rural and remote police
17 work. So lots of the things that we talk about, we have been talking about, in terms of
18 the importance of communication skills and de-escalation, and working independently,
19 are things that you should see everywhere, even though you don't in large city areas.

20 What's really different is the kinds of close, watchful, gossipy,
21 sometimes quite inhibited community relationships.

22 Now, if I can just tell you -- this sounds a bit odd, but I want to just
23 tell you about a fire festival in Shetland. There is -- Shetland society is organized by an
24 annual fire festival. It happens every year. It's the most important thing that happens in
25 Shetland. And at the beginning of the fire festival, so people dress up as Vikings and
26 set fire to boats and it's beautiful and it's slightly bonkers and extraordinary.

27 This is a festival of social control. And at the beginning of each
28 festival, there is a large bill erected. It's written by secret joke writers. No one knows

1 what's going to be on it. And what is on it is a series of jokes and gossipy innuendo
2 about things that you might have done in the last year. And people's great fear is that
3 they're going to end up on the Up Helly Aa Bill. Similarly, when people go to court, what
4 they're more worried about is that their name is going to appear in the Shetland Times,
5 rather than actually what might happen in court.

6 What that's about is the risk of embarrassment and the risk of
7 disruption to these close community relations, that really -- that's so important in the
8 running of small community life.

9 Now, if you think about those embarrassments and you think about
10 the embarrassment -- potential embarrassment and disruption caused by a police officer
11 turning up, you can see kind of how catastrophic that could be to people in the
12 community, that they're going to feel under scrutiny, they're going to be a story around
13 their -- they're going to end up in the not paying the bill. It's going to be kind of
14 significant to them. So what you see is communities trying to bring police officers into
15 those mechanisms of social control that keeps community life in order, to some extent,
16 anyway. So you see a kind of subversion of normal police community relationships,
17 whereby the police become subject to gossip, to scrutiny. They describe, as many
18 colleagues here have also described, about working in a fishbowl, about stories about
19 you being perpetuated, about those stories never disappearing, about those stories also
20 being about your partner and your children, and so these kind of very -- these are the
21 result is the community have is to try and protect themselves, is to try and bring police
22 officers into those kinds of mechanisms.

23 Now, the question about why that matters for locals is that locals
24 have -- if you are a police officer from those communities, it's particularly troubling, in
25 many ways, for you, because you have extended family histories which are under
26 scrutiny. People know things about you. So those mechanisms of control can be
27 particularly acute for officers who are local.

28 The other problem about local officers is that they can also,

1 however inadvertently, be part of those dynamics that can be problematic in
2 communities. So without really knowing it, they can reinforce some of those dynamics,
3 or even knowing it, they can reinforce those dynamics. So a very, again, trivial
4 example, working with a police officer in the West Niles who stopped a car and found
5 out -- for speeding, only to find that it was his previous driving instructor who was driving
6 it, so he decided to let him go because he's -- in the local language, he's a moor, he's a
7 gentleman, a nice chap. Now that's a very minor example, but you can see how those
8 extended networks and histories can lead to unjust or inequitable outcomes. If that was
9 a different -- you know, if that was a different person driving the car, would that same
10 issue have been -- it would have been dealt with differently.

11 So there can be real problems, I think, in bringing local officers in.
12 There can be huge advantages in that they understand local needs, but, again, the flip
13 side of that is being invested in them, and perhaps unconsciously invested in them,
14 which is particularly problematic.

15 **DR. EMMA CUNLIFFE:** Thank you.

16 Dan, I'm going to come back and give you another huge question.
17 When a new member of the RCMP begins their first assignment at a rural detachment, I
18 know they receive a coach officer program, a six months or so field training. Once they
19 have passed through that initial period of training, what ongoing training and education
20 do they receive? And in particular, how does the RCMP introduce them to their new
21 community in a new role?

22 **SUPT. DAN MORROW:** Thanks, Emma. I missed the first
23 question there.

24 **DR. EMMA CUNLIFFE:** It's sort of what's the ongoing training
25 once they've got their wings, so to speak, that they're free from the sort of field
26 supervision stage, what ongoing training and help do they receive?

27 **SUPT. DAN MORROW:** Okay. So you mention that in Depot, six
28 months in our training academy in Saskatchewan, and then they, upon graduation,

1 come to the field. They're six months designated with a field coach, who that person
2 has been trained in the field coaching program, just to make sure that the course
3 training standards, the policies, procedures are adhered to, to develop that next officer.

4 The initial two months, the new member's not considered a member
5 qualified enough to provide backup. So that's important, as we've heard people say
6 regarding backup policies. So that still means if, like, for instance, I think Rosemary
7 mentioned there's going to be two members required for certain calls. If that member
8 doesn't have more than two months, that doesn't count as a backup member, so you're
9 going to have three people there. And then they eventually move on to working on
10 themselves, but the field coach would still be on shift, readily accessible. And within the
11 course training standard, there's various benchmarks that the employee's going to have
12 to meet, whether it's courtroom testimony, or preparing a court package, traffic
13 enforcement, maybe exposure to domestic violence files, or sexual assault
14 investigations, the ability to engage clients, that is all being assessed. Sorry, lost my
15 train of thought.

16 And then so after the end of the six months program, they are
17 assigned off and they become a regular member, still within the organization, but there's
18 a two-year probationary period, where it's not the same level of oversight as the -- that
19 they are under field coaching program, but there still is some oversight by the
20 detachment commander, the on-site supervisors. And then any time in that process, we
21 have the ability -- and even after the two years, we have the ability to spot problems,
22 interact with our employees, and just say, you know what? There's some slippage in
23 these particular areas, whether it's investigations, sometimes it's personal problems that
24 are impacting the job performance, and so we have that conversation as to what other
25 supports might be needed for the employee.

26 And there's a part two to your question, Emma.

27 **DR. EMMA CUNLIFFE:** There was indeed. It was a compound
28 question, for which I apologize. What do you do to introduce new recruits or new

1 arrivals at a rural detachment to their new role and their new community?

2 **SUPT. DAN MORROW:** So some detachments I know have an
3 orientation package. So before the member even comes into the community,
4 sometimes it's a member coming from B.C., or the north, or coming out of Depot, some
5 detachments have an orientation package. We've heard in this community here how
6 important it is to know the history and the background of the communities that we're
7 working in. Yes, there are -- would be your governmental -- government structures in
8 place, but in small, remote communities, especially in Indigenous or African Nova
9 Scotian communities, that is a large matriarch governance, you need to know who has
10 influence in the community if you're going to make inroads. So that -- if there's not an
11 orientation package, again, we will sit aside with the new member and have that
12 discussion with them.

13 **DR. EMMA CUNLIFFE:** Thank you very much. Or -- okay. Great.
14 I didn't want to jump in too quickly there.

15 I'm going to shift gears again a little bit at this stage and turn to
16 questions of firearms culture in rural communities. And, Karen, if I can turn to you first
17 on this question. I know that in the course of your research, you've had conversations
18 with residents of rural communities about the role of firearms in their lives and their
19 work, and what they feel city residents don't understand. What have you learned from
20 them about those questions?

21 **DR. KAREN FOSTER:** Thanks. So I'll note that none of my
22 research actually looks at firearms, but in the course of doing research about things like
23 rural business succession, it comes up. So last month, I was doing interviews around
24 the province with rural businesses, and within the span of three days it came up twice. I
25 didn't bring it up, but people wanted to talk about firearms legislation and regulation, and
26 I think the reason why it came up was that we were talking about regulations, again, that
27 seemed to come from somewhere else and from people that don't understand rural life.
28 So it's the -- firearms, you know, views about them seem to be in the same package

1 with views about what you should be able to build with what materials, or where and
2 how you should be able to slaughter an animal. It's just one of these regulatory things
3 that seems to come from cities and people who don't know that there are legitimate
4 reasons to own rifles, and that farmers especially or people with a lot of land believe
5 that they need them to protect against other animals. So it comes up, even though I'm
6 not looking for it. It's not actually a topic I really want to touch with a 10-foot pole when
7 I'm doing my research.

8 But I just -- kind of building on that and on what we were just talking
9 about, I think a lot of the problems that we've discussed, like, the cumbersome
10 paperwork and the decision making that doesn't reflect local needs are effects of the
11 very same systems that we put in place to try to disembed local services from the
12 messiness of social life. So the stuff that we're worried about, about, you know,
13 corruption, or about, you know, people's interpersonal relationships getting in the way of
14 the effective delivery of services, that's what, you know, initially kind of gets the gears
15 turning toward centralization and toward, you know, dis-embedding I think is the best
16 way to look at it, like trying to get the messiness of social life out of those things.

17 So I think we have to just remember that it's a trade-off. So you
18 know, the issue of having local officers, yes, it introduces some messiness, but the best
19 way forward is probably not more abstraction and more dis-embedding but maybe
20 better checks and balances so that neither the local level nor the regional or whatever
21 level, you know, is opposite becomes out of control, like uncontrollable by the people
22 living in those communities.

23 **DR. EMMA CUNLIFFE:** Thank you.

24 Jane, you've shared with us stories that suggest that for Indigenous
25 communities the questions of firearms and firearms regulation has a different salience.
26 Firearms are integral to the exercise of treaty rights. Indigenous communities have also
27 experienced over-enforcement of criminal law with respect to the possession and use of
28 firearms, and they may also be more likely to be victimised by gun-related violent crime.

1 What should the Commissioners and Participants understand about
2 these currents for Indigenous communities as they're considering lessons learned and
3 recommendations with respect to firearms?

4 **DR. JANE McMILLAN:** That's a complex question, very much so,
5 but thank you for asking it. I'll give it -- I'll give it a shot.

6 The -- it's very clear, of course, but the Supreme Court has made it
7 very, very clear in the *Simon* decision, as I mentioned, about the right to be able to hunt
8 unencumbered without infringement, and so the right to be able to access the tools to
9 carry out those hunts are important.

10 In my experience in Mi'kmaw communities, guns are shared,
11 sometimes they're borrowed, they're shared for the purposes of hunting, very much so,
12 and it -- the -- it's just part of what's done. It's not -- there -- I think there might be some
13 underlying, at times, depending on who's -- who is possessing weapons, resistance to
14 state regulation on that, but there is -- the necessity of being able to carry out treaty
15 rights and to be able to provide for families is really very important, of course, and to
16 provide for communities, and for social and ceremonial foods are critically important,
17 and being able to access those at any time are critically important.

18 And the gun violence within First Nations communities is terrifying
19 for those communities as well, and so there is the sense of appropriate control within
20 the communities, but having communities to be able to come together to influence and
21 come to some sort of sense of consent if it's possible about the way guns should be
22 managed in communities, particularly, it has to be paramount; the treaty right has to be
23 paramount.

24 So in my opinion, it's important to consider how the exercise of
25 those treaty rights doesn't get lost in some regulatory framework that undermines those
26 rights in any way.

27 **DR. EMMA CUNLIFFE:** Thank you.

28 Dan, rural households are more likely to be gun-owning

1 households. How does this affect your approach to policing in rural areas, and what do
2 you teach your general members about how to approach their work in light of this
3 reality.

4 **SUPT. DAN MORROW:** Thanks, Emma.

5 It's -- well for one, I grew up on a rural setting on a farming
6 community in southern Manitoba, and my mother is Cree. So I know what Jane is
7 saying, when an Indigenous community's firearms are part of -- a part of life, when
8 someone harvest a moose, it's a celebration in the community because it provides for
9 many families and Elders.

10 So my -- this is my personal story, though. So -- and it gets touchy
11 sometimes when we're talking about government legislation. So while my comfort level
12 around firearms might be a lot more relaxed than someone else who's comfort level
13 isn't, I haven't viewed a lawful, legal possession of a firearm as problematic to myself. I
14 go into houses basically assuming that there is a firearm there, and most of our officers
15 are trained to think that way for our own safety and for the safety of those inside the
16 residence as well.

17 If we are there for a purpose, like if we've been called for a call for
18 service where there might be a level of intoxication or a victim or a disturbance, we have
19 to kind of restrict people's mobility within that house because we don't know if they're
20 going to the other room to gather a weapon. It could be a firearm, it could be a rolling
21 pin, a weapon is a weapon.

22 So I don't -- I -- I'm trying to summarise what Jane said. So
23 especially in Indigenous communities, it would be the overrepresentation sometimes of
24 Indigenous people, African Nova Scotians in our justice system, if there is going to be
25 any kind of variance in laws there's going to be a strong education component that's
26 going to be required with that. But I would, as Jane said, that consultation piece in
27 advance of any new changes in the legislation, especially for gun control so that the
28 Indigenous communities, there's over 600 in our nation, I would suspect that the

1 government would want some consultation there.

2 Having said all that, and I'm telling you that my comfort level with
3 being around firearms is greater than some, my level of exposure to gun violence is
4 probably more than what I would say the average RCMP member is because of my
5 postings. And I don't mean to stigmatise any certain community, I am condensing
6 several years of service working in fly-in communities where effects of colonialism, large
7 substance abuse, violence within the community. So I've had my detachment shot at,
8 my -- our house has been shot at, our vehicles.

9 But it's rarely been the gunowner themselves. What has happened,
10 what I have seen is actually the accessibility to the firearm itself. So the gunowner is
11 responsible, but because of a lot of other social factors in play, like sometimes it's
12 cramped housing. If you have three or four generations living in one house, yes, they
13 have it secured, as per the law, but you have so many people coming in and out of that
14 residence that it's hard to restrict the access to everyone, especially if somebody in the
15 house is under the influence and knows where that firearm is, and because you can't
16 keep it a secret with so many people coming and going in a residence.

17 And when I say these things, I don't mean to lessen -- like people
18 have to be held accountable for the -- for their actions. I have family members who
19 have been the victims and also the perpetrators of violence. So there's always needs to
20 the accountability, but I understand what Jane is saying. How we come to any new sort
21 of laws or legislations needs to be carefully assessed and who it's going to impact, not
22 just in urban but rural and our remote settings.

23 **DR. EMMA CUNLIFFE:** Thank you.

24 So I'm conscious of time, and I would like to end with my traditional
25 question, but to invite the panelists to speak briefly so that the Commissioners have an
26 opportunity to ask questions. Unless, Commissioners, you'd like to do questions first
27 and then concluding round.

28 **COMMISSIONER MacDONALD:** I think it would be probably best

1 to do your concluding round. We'll see after that. Thank you.

2 **DR. EMMA CUNLIFFE:** Okay, thank you.

3 So my concluding question is always, is there something that you
4 came today hoping to share with the Commissioners and Participants that you haven't
5 had an opportunity to speak to? And if I could please begin with Karen on that question.

6 **DR. KAREN FOSTER:** No. Thank you.

7 **DR. EMMA CUNLIFFE:** Excellent answer. I'm glad to hear it. But
8 other answers also welcome.

9 Anna, if I could turn to you.

10 **DR. ANNA SOUHAMI:** I think I've said almost everything. There is
11 just one final point, which I think is important, which is that we've talked about rates of
12 crime, we've talked about low volumes of crime, and we've talked about rural police
13 officers, perhaps more than any other police officers, needing to do a very wide range of
14 stuff, lots of which isn't about crime.

15 Now, that's really important, that's what rural policing is, it needs to
16 be taken seriously, but what it does mean is that if something very serious and unusual
17 happens it may be that people don't have the experience or necessarily the leadership
18 training to be able to deal with these very unusual things.

19 So when thinking about the organization of rural policing and the
20 training of rural police officers, that kind of preparation for the unusual, how to access
21 specialist services very quickly, is hugely important.

22 **DR. EMMA CUNLIFFE:** Jane, if I could turn to you, please?

23 **DR. JANE McMILLAN:** I just remembered one of the big things
24 that I was forgetting in the question that you had asked me regarding Indigenous
25 policing and what we've learned. And what we have learned is that in recruitment,
26 retention, promotion, the experience of systemic discrimination, racism, and gender
27 discrimination are profound in the lives of many Indigenous officers. And that really
28 urgently needs to be addressed.

1 **DR. EMMA CUNLIFFE:** Thank you very much, Jane.

2 Signa, if I could please turn to you.

3 **DR. SIGNA DAUM SHANKS:** I didn't think you were going to turn
4 to me quite yet, so sorry.

5 There's one decision from the Supreme Court of Canada I'd like to
6 put on the table for you, and it's the *Khill* decision. And it's one where the Court talks
7 about the poor work that was done at the trial level, about describing a concept that was
8 part of the case. And the concept was self-defence.

9 And why I regularly think about that decision, has many reasons,
10 but it's one of the ones that acts as a check on me about the urgency of realizing what
11 concepts all of us need to know about more before we're good neighbours, before we
12 marry or then subsequently divorce someone, before we hire someone, before we go to
13 a blocko to have some fun. And there have been so many moments where that lack of
14 explaining-based concepts has had such tragic events later on. And whether it is
15 community members not realizing that they're talking about an idea that is part of an
16 idea that is part of civil law and they're talking about it in criminal ways, or it's about
17 lawyering that I would take great exception to, and that happened in the *Stanley* case,
18 that I think about my own family members who don't have training in law and have been
19 so unnecessarily upset with an event because they didn't know what they didn't know.

20 And I am obsessed with that concern, probably, but it comes from a
21 place of witnessing harm on one's self that didn't need to happen.

22 And so I just invite you to think of that decision as one that had to
23 go all the way to Ottawa that was based on a fundamental concept not being clearly
24 explained by people with law degrees, by the media, and that someone's life,
25 someone's family was impacted by that lack of explaining-based knowledge.

26 Thank you.

27 **DR. EMMA CUNLIFFE:** Thank you, Signa.

28 Rick, if I could turn to you?

1 **DR. RICK RUDELL:** Thanks, Emma. Just really quickly, the
2 challenges that we're talking about in terms of rural policing in Nova Scotia or
3 throughout Canada are basically prevalent, you know, throughout the globe. And in
4 terms of police operations, staffing, retaining and recruiting people to work in rural
5 areas, officer safety, community safety, and issues of over and under policing and
6 working with different groups.

7 These problems are not isolated to Canada and they're prevalent
8 through the globe. And I think there's a real recognition that these challenges are very
9 common.

10 And I think that one of the limitations in our understanding is that
11 we're basically drawing mostly upon the English language studies in the global north
12 and we've excluded the rest of the planet in terms of their solutions to rural policing and
13 community safety. And I think that we really have to look at those sort of issues as we
14 move forward.

15 And that's all. Thanks, Emma, for giving me the opportunity to talk.

16 **DR. EMMA CUNLIFFE:** Thank you so much, Rick.

17 Rose?

18 **DR. ROSEMARY RICCIARDELLI:** To be honest, I have lots of
19 things to say, but it's really hard to remember when you're talking.

20 I think one of the things that I think I want to put -- and it's the reality
21 of rural policing, but, you know, you have officers who do experience significant stress
22 and are called on to deal with things that they're not necessarily actively training to deal
23 with. So maybe they're trained and they're prepared, but it's not an everyday.

24 You know, active shooters and these sorts of ideas, you know,
25 they're not old. They're not even 10 years old since these have been terms that are
26 kind of flowing and that people have needed to be trained in that way.

27 And what I wanted to put forth is all of these occupational realities
28 do impact officers significantly. And one of the caveats that we have to think about

1 when we're looking at rural policing is that access to resources for supports for this are
2 very, very few and far between, if existent. And I think that's something that needs to be
3 considered when we're looking at this, because it's not just an incident. It's the chronic
4 realities and exposures of the job, which means that before even incidents do happen,
5 people are already feeling the strains and there aren't the resources necessary to
6 support them.

7 I had one more thing I wanted to say, and I am forgetting it, but it
8 was important and I don't recall it. If I recall, I will put my hand up. But I did want to
9 note that, especially in that rural context. And in all the work I did and all the time I
10 spent in detachments, I really valued and appreciated what I learned, and I valued and
11 appreciated the nuance of the job and how much support and good is provided. And it
12 also made it very clear to me that at many times, the focus is not on those factors. It's
13 not on all the persons helped saved and everything else. And I think that's really
14 important and that's moral injury in itself. And, you know, moral injury isn't a
15 diagnosable psychological or mental health disorder. In the same context, it is very real
16 and I think those sorts of things need to be acknowledged when we look at resourcing,
17 not just, you know, we talked a lot about operational and organizational stressors, but
18 challenges and barriers to help are also -- in culture are also really important factors that
19 require consideration and I hope that they're taken into account in different ways.

20 **DR. EMMA CUNLIFFE:** Thank you very much.

21 **DR. ROSEMARY RICCIARDELLI:** If I remember the rest, I'll put
22 email.

23 **DR. EMMA CUNLIFFE:** Yeah, if you remember the rest, please
24 feel free to email it to me and I'll ensure that it's put before the Commissioners and
25 shared with participants.

26 Dan.

27 **SUPT DAN MORROW:** I'm good. Thank, Emma.

28 **DR. EMMA CUNLIFFE:** Thank you very much.

1 Commissioners, over to you.

2 **COMMISSIONER MacDONALD:** Commissioner Fitch?

3 **COMMISSIONER FITCH:** Just thank you for sharing your
4 expertise today. And the -- you know, the field of sociology, of policing, criminology,
5 psychology, all of these social sciences that factor into creating a better understanding
6 for how complex policing and community safety and wellbeing is, and I just -- so thank
7 you all for sharing your expertise here and I'll turn it over to my fellow Commissioner.

8 **COMMISSIONER MacDONALD:** Commissioner Stanton?

9 **COMMISSIONER STANTON:** Just actually given the time, and
10 there's not enough time at all to go into all the questions, I would commend to the public
11 the reports that have been associated with this roundtable by some of the authors are
12 part of the roundtable and some of them have been mentioned in the discussion
13 because they do provide a very helpful and rich basis upon which to think through some
14 of these issues that we're talking about.

15 So I really enjoyed the discussion. I appreciate it. Thank you.

16 **COMMISSIONER MacDONALD:** Yes. And allow me to add my
17 thanks as well, beginning with you, Emma. Thank you so much for putting together
18 such a stellar roundtable of panelists who provided us with such a thoughtful, rich, and
19 enormously helpful advice. So thank you, Emma. It's not just for today, but for
20 organizing it.

21 And if I could just thank each and every one of your individually
22 using first names, I hope it's okay. Karen, and Anna, and Dan, and Signa, and Jane,
23 and I know the program says Rosemary, but Rose, I believe they've referred you, so,
24 Rose and Rick, thank you all so very much. Policing in rural communities is so central
25 to the important work we're doing, and the challenging work we're doing, and you've
26 really given us some tremendous insight. And I'm struck, Emma, thank you again by
27 the rich diversity in this panel, and of course, we're talking about the Indigenous
28 perspective, but the rich diversity of the panel generally. And, of course, with diversity

1 comes richness; right? That's the real benefit of diversity. So thank you for bringing
2 your in-depth experience, your knowledge, your perspectives, and your honesty in
3 terms of your observations and your life experiences. So if we were to put it on a word
4 cloud, the three I wrote down would be relationships, and its very close cousin rapport
5 building, and balance, balancing competing interests. So thank you all so very much.
6 You've really helped us with our important work, and as always, people have been so
7 kind to help, and we thank you so much for that. And you may as well just hang on a
8 little bit because, Commissioner Stanton, you have some closing remarks. So thank
9 you.

10 **COMMISSIONER STANTON:** Just briefly, the Orders in Council
11 that we are directed to work under, this morning's round table flowed from the
12 paragraph in the Order in Council that directs us to examine issues including
13 information and support provided to families, citizens, police personnel and the
14 community. And this afternoon's round table flows from a few parts of the mandate.
15 We're directed to inquire into the causes, context and circumstances of the mass
16 casualty, and to examine responses of police and issue including contributing and
17 contextual factors. And here, clearly, the context that we're exploring is the rural
18 context, which infuses all of the areas of work that we're engaged with. We're also
19 directed in our work to give particular consideration to persons or groups differentially
20 impacted with respect to the mandate and so that would include Indigenous
21 communities and African Nova Scotian communities.

22 To date, we've heard from 10 round tables and approximately 60
23 experts joining to share their knowledge on related issues that we need to consider as
24 part of our work, and we've also shared many commissioner reports about these issues,
25 which are available on the website. And as Commissioner MacDonald indicated this
26 morning, our ongoing work will include hearing from more senior RCMP officers and Ms.
27 Banfield in the coming weeks.

28 Thanks to members of the public for their continued engagement,

1 especially today, I just want to acknowledge people coming in virtually. We've had over
2 17,000 unique views of the webcast, including Canadians from across the country and
3 those beyond our borders. And so you can watch recordings of the proceedings on the
4 website.

5 Next week, we'll be joining you from the Halifax Marriott
6 Harbourfront Hotel and we'll hear from a round table focussed on community safety.
7 Thanks all of you again, and we'll see the rest of you on Wednesday. Thanks.

8 --- Upon adjourning at 4:30 p.m.

9

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C E R T I F I C A T I O N

11

12 I, Sandrine Marineau-Lupien, a certified court reporter, hereby certify the foregoing
13 pages to be an accurate transcription of my notes/records to the best of my skill and
14 ability, and I so swear.

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16 Je, Sandrine Marineau-Lupien, une sténographe officiel, certifie que les pages ci-hautes
17 sont une transcription conforme de mes notes/enregistrements au meilleur de mes
18 capacités, et je le jure.

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21 Sandrine Marineau-Lupien

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