MASS CASUALTY COMMISSION
COMMISSION DES PERTES MASSIVES

The Joint Federal/Provincial Commission into the April 2020 Nova Scotia Mass Casualty
MassCasualtyCommission.ca

Commission fédérale-provinciale sur les événements d'avril 2020 en Nouvelle-Écosse
CommissionDesPertesMassives.ca

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

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Appearances / Comparutions

Mr. Jamie VanWart	Commission Counsel / Conseiller de la commission
Dr. Emma Cunliffe	Director of Research and Policy / Directrice des politiques et recherches
Ms. Megan Stephens	Commission Counsel / Conseillère de la commission

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Halifax, Nova Scotia

--- Upon commencing on Wednesday, July 6th, 2022, at 9:44 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 of 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'll hear a roundtable discussion about the following aspects of community wellbeing in rural settings, culture and attitudes of rural life in Nova Scotia, limited and differential service delivery in rural areas, and health and safety of those working in rural communities and how the rural context affects their working lives.

Roundtables such as these allow us to hear from experts and others with relevant experience about the related issues included in our mandate. They help us to explore the causes, contexts, and circumstances that contributed to the mass casualty. They provide opportunities for us to hear ideas and insights that could help to inform our final recommendations.

Later today, we will hear from more Participant -- we will hear more Participant submissions.

And I will now call on Dr. Emma Cunliffe, director of our Research and Policy Team for the Commission to begin today's roundtable.

Emma?

--- ROUNDTABLE: RURALITY AND COMMUNITY WELL-BEING

DR. EMMA CUNLIFFE: Thank you, Commissioner Fitch.

As indicated, my name is Dr. Emma Cunliffe and I have the honour of serving as the Director of Research and Policy for the Mass Casualty Commission.

My pronouns are she and her.

Today we will focus on the understanding of what it means to live rurally in Nova Scotia and an exploration of community wellbeing in rural areas. We'll consider the structural factors that shape community life in rural Nova Scotia.

Our roundtable participants will share both their expertise and their experience with these matters.

A package of materials has been prepared and shared with both roundtable members and Participants.

Commissioners, these materials will be tendered this afternoon, and so exhibit numbers are not presently available for them. We'll do our best to identify them by author and year for the benefit of the record.

The core themes of this roundtable are the culture and attitudes specific to rural life in Nova Scotia, the limited and differential service delivery in rural areas, the health and safety of those working in rural communities and how their roles sometimes go beyond the issue and duties of their profession due to the rural context.

Based on these core themes, I'm going to ask a series of open-ended questions that we hope will give each of you the opportunity to share your unique perspective, experience, and expertise with us.

As facilitator of the roundtable, I'll be asking the questions, asking follow ups, and moderating dialogue. And I would ask that you please speak slowly for the benefit of our accessibility partners.

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

The Commissioners may choose to pose a question or ask for clarification at any stage.

So far, the Commission has heard evidence and gathered information about rural Nova Scotia by many means. We've interviewed community members and service providers, we've subpoenaed information about matters such as the provision of health services and emergency management by municipalities, the provincial, and federal government, found research studied, policy document, and empirical research that considers rural policing and rural life, including studies included in the roundtable package for today.

On this note, I would particularly like to recognize the work of Dr. Katie MacLeod, whose work with the Research and Policy Team forms the basis for today's roundtable and the associated research being tendered.

The Commissioned Report produced by Dr. Karen Foster provides important information about policy making for rural communities, particularly with respect to crime prevention and community safety. Dr. Foster's report has already been exhibited and can be found at P002633.

We're fortunate to be joined today by Dr. Foster, and also by other experts who bring deep understanding of rural communities to the table.

In a moment, I'll invite these experts to introduce themselves to you and to share a little more information about themselves and their experience with the matters we'll be discussing.

An important and frequently overlooked aspect of rural communities is their diversity. In rural Nova Scotia, the Mi'kmaq and African Nova Scotian communities are long-standing, vibrant, and integral to the province. We had made arrangements to have representatives from both of these communities here today, but unfortunately due to unforeseen circumstances, these members are unable to join us.

We have included Participant action research with and by these communities among the materials that will be tendered before you, Commissioners, and we will strive to address today's gap in other ways as our process moves forward.

As with all of the Commission's roundtables, today we will not focus

specifically on the mass casualty of April 18 and 19, 2020. Nor will we seek to interpret the evidence that is before the Commissioners about the specific circumstances of the rural communities that were most effected by those events. That work is being done in other aspects of the Commission's process.

This is also a good opportunity to remind you all that we're presently conducting a further public consultation online, in which we are seeking input about the recommendations that you would like to see considered as part of the Commission's work.

You can find more information about this consultation on the Mass Casualty Commission website at MassCasualtyCommission.ca, under the "Proceedings" menu. Look for the option called "Public Submissions".

As with every roundtable discussion, our aim today is to provide the Commissioners and public with a deeper understanding of the core themes of our mandate so that everyone is well positioned to engage in conversation in Phase 3 about lessons learned and potential recommendations.

And so to get us started today, I'm going to ask each of the roundtable members to introduce themselves and their work in and with rural communities.

And Dr. Karen Foster, Karen, if I can please begin with you?

DR. KAREN FOSTER: Sure. Thank you.

So I'm Karen Foster. I am Associate Professor of Sociology in the Department of Sociology and Social Anthropology at Dalhousie. And I also hold the Canada Research Chair in Sustainable Rural Futures for Atlantic Canada. Most of my research focuses on rural communities in Nova Scotia and looks at economic issues, issues around work and income. And the report that I prepared draws on -- it's an analysis of existing research, not my own, on crime prevention and community safety. Thank you.

DR. EMMA CUNLIFFE: Thank you, Karen, and thank you for

joining us again.

Robin Campbell.

MS. ROBIN CAMPBELL: Hi, I'm Robin Campbell. I'm a PhD candidate at Dalhousie University in the School of Occupational Therapy through the Faculty of Health. My research looks at the mental health and wellbeing of volunteer firefighters in rural Nova Scotia, so looking at barriers and opportunities within the occupational environment that impact that, and the factor of rurality is a significant piece of the research and the work that I'm doing. And on the other side of that, not just in academic life, but I was also formerly a volunteer firefighter in rural Nova Scotia, so bring the lived experience to the research as well. Thank you.

DR. EMMA CUNLIFFE: Robin, thank you so much for joining us again today.

Madonna Doucette.

MS. MADONNA DOUCETTE: My name is Madonna Doucette. My pronouns are she and her, and I'm the director of the Youth Project in Cape Breton. For the last 12 years, I've been a queer educator, travelling all around Cape Breton to the different, smaller communities, and extending up into the Guysborough County and beyond the causeway whenever the duty calls. My work has been focussed mostly on youth and the different circumstances of coming out and striving towards achieving one's authentic identity in a rural setting has a different set of circumstances than coming out in an urban setting. And I would consider myself sort of a grassroots organizer around issues of gender and child poverty as well. Thank you.

DR. EMMA CUNLIFFE: Thank you so much for joining us today, Madonna.

Dr. Lesley Frank.

DR. LESLEY FRANK: Hi, I'm Lesley Frank, and I'm a professor of sociology at Acadia University in Wolfville. I also hold the Canada Research Chair there in Food, Health and Social Justice. I'm also a research associate with the Canadian

Centre for Policy Alternatives in Nova Scotia and have been either the sole or co-author of the Nova Scotia Family and Child Poverty Report Card for the last 20 plus years. My research program mostly focusses on family and childhood food and security, both in rural and urban places. And I have a history of frontline service delivery work in rural Nova Scotia in the Annapolis Valley where I coordinated prenatal and postnatal program for women and families living in low-income circumstances and do have some experience working in a transition house in the Valley, so that's my community-grounded experience that I bring into my research.

DR. EMMA CUNLIFFE: Thank you so much for joining us today, Lesley.

And Dr. Marilyn MacDonald.

DR. MARILYN MacDONALD: Good morning. I am Marilyn MacDonald. My pronouns are she and her. I am a nurse and I teach in the School of Nursing at Dalhousie University. I was raised on a farm in a rural community on PEI and worked on that farm and adjacent farms until I went to nursing school. I've worked in many areas of nursing, including homecare. And my research interests have always been related to the older person, and of course, a great amount of homecare is delivered to older persons, and so all things related to the older person and their caregivers and families are of a high importance to me. Thank you.

DR. EMMA CUNLIFFE: Thank you so much for joining us today, Marilyn.

So our first set of questions today will focus on the structural factors that shape the lives of rural people in Nova Scotia and the cultures of rural Nova Scotia. It's important for us to highlight at the outset that, in the words of Dr. Anna Souhami who joined us last week, there is no singular rural experience. The Commission has learned through its work that within the province of Nova Scotia, there's a wide range of rural experiences and a wide range of cultures.

Karen, if I can please begin with you, your report identifies that the

distinctive strengths, needs and constraints of rural communities are frequently overlooked within government policy. In particular, your work suggests that important services delivered by government and civil sector institutions in urban places are frequently delivered by volunteers or community workers who are acting outside their core or paid roles in rural places. What produces this dynamic and how do rural communities fill the gap?

DR. KAREN FOSTER: Yeah, that's a great question and it drives at the kind of structural roots of rural community cultures, you know, what everyday life is like there. So there's a debate over this, but I think there's a lot of evidence to show that there is an urban bias in both policy making and in research on a lot of more general topics. And it partially comes from the difficulty of delivering certain services in rural communities just based on their distance from urban centres and also the distance between households. So if you have to cover a greater distance to deliver services to a smaller population, that's just different than the way services are delivered in urban communities.

And a factor that kind of exacerbates that is that over the last, say, 50 years or more, we've seen this pressure to consolidate services. And so to increasingly have the base of service delivery in cities, or pressure rural communities to combine together to deliver services, either through amalgamation or just through combined service delivery, and all of that is about, you know, increasing efficiency and having cost savings and all of that kind of thing, but the result is that services just -- they get further and further away from rural needs, local needs, and they might be more generic and not as targeted to the specific circumstances of a rural community.

So those are, like, big, big processes that actually have very little to do with rural communities themselves but are part of this drive for efficiency that kind of dominates everything, business, government, everything. So I think that's kind of the big common factor is just the drive for consolidation and efficiency.

DR. EMMA CUNLIFFE: And if I can follow up on that, Karen, how -

- what does your research suggest about how rural communities and rural residents seek to fill the gaps produced by those kinds of policies?

DR. KAREN FOSTER: Well, through volunteer work. You know, we see it in volunteer fire departments and also just in personal connections, families, communities. So I do some research on the experience of families with disabilities, whether that's the parents or the children, and they tend not to turn to institutions to the same degree as urban families do, and part of it is that it means you have to get in the car, and you have to go somewhere; whereas, you know, family can come to you. And there's just an ethos of taking care of each other, because people are, in some ways, more connected. And again, that's a bit of a stereotype. It's not the same in every rural community, but just the nature of being small and having to provide for each other when the state doesn't step in means that rural communities are seen to be higher in, like, social capital, that kind of connecting stuff that helps us take care of each other.

DR. EMMA CUNLIFFE: Thank you very much.

Robin, Karen's just alluded to volunteer fire as an example of the kind of volunteerism and community building that can play out within rural communities. Of course, that's your expertise and experience. I'm hoping that you can please give us some examples from your experiences as a volunteer firefighter of how communities step into the gaps that Karen has identified and how volunteer brigades, in particular, find a way to serve their communities and the demands that are placed on those who volunteer with fire brigades.

MS. ROBIN CAMPBELL: Yeah, absolutely. So with volunteer firefighters and the volunteer fire service, it really is, when we look at a rural community, is a central piece to the community in the way of it's a known spot, it's a known place that we can go for help and service in that way.

And with that, that firefighters, while they provide the emergency service for whatever that might look like, it is also a substantial community service that they're doing as well.

So we see our firefighters very involved in community events, fundraising, like you said, for our communities, generally in our rural communities, we see the community halls are at the fire departments, and so the fire fighters are running those various services.

So firefighters wear many different hats in their rural communities to be able to provide that service to the community, and come from all walks of life, genders, ages. We see firefighters as young as 14 years old in our communities, up to I've seen fire fighters who are in their 80s doing the radio operation and helping with those community events.

So it really is this more than an emergency service in the community. It's a really central community asset and the people that are there and wearing those various different hats and providing those services.

DR. EMMA CUNLIFFE: Thank you. And I imagine that the equipment, the trucks, the uniforms, the radios, none of this is cheap. How do fire services fund the work that they do?

MS. ROBIN CAMPBELL: So there's multiple different ways and that's -- it depends on where you go in the province what that might look like. There certainly is a fire tax that is through the taxes that is paid and that does pay for some things, but generally what you will see is the firefighters doing fundraising. You'll see bingos, you'll see multiple different ways that are happening in the communities, and that is a substantial way, especially the more rural that you go, we see that more and more, and that's how those firefighters have to fund the equipment, the trucks, the equipment for themselves, pay for the fire department, pay for everything that goes into running an actual hall. That tends to be another reason that a community hall might be within a fire department, and in that structure, is not only as a community service, but as a fundraising piece for that fire department. So and what that entails.

DR. EMMA CUNLIFFE: Thank you.

Lesley, in -- the first time we spoke, you identified that some

features of rural community life that are often framed as attitudes or culture more properly described as products of the structural conditions of rural life, in particular, structural inequality.

What do you mean by the term structural and what are the features or the factors that you would include within this analysis of rural life?

DR. LESLEY FRANK: Thank you for the question. Yes, when I think of the words culture, I think of a shared way of living and there's cultures that are small, like shared areas, you know, how we live our lives in terms of our daily lives, and there are cultures in both urban and rural places that are shared ways of living. But they're based on structural conditions that are made up of a variety of factors. So, you know, our social locations in life are a combination of our resources, our ways, our gender, our abilities, and we all have different social locations that shape our experiences of living.

So we can't really say that there's one rural culture. We can't say that there's a rural attitude that's homogeneous, just like we can't say the same thing about urban spaces. We all have a variety of privileges or disadvantages that mark our social location.

And -- but there are social conditions that may be at play that are shared and I would say that that marks how we live in rural and urban places.

So -- and I'll speak to -- or I'll echo some of what Dr. Foster mentioned about what it means to live rurally and the lack of public infrastructure. And that might be anything from weak -- or rural internet that doesn't work and you cannot, for example, take part in a prenatal education program, which have moved online, or needing to travel to services, health services that really should be considered essential services, like having a baby.

And so based on some research that a colleague and I did several years ago about access to maternity care services in rural Nova Scotia, it is -- the stories from women were, you know, they feared giving birth on the side of the road, or

they had to travel to see not just specialized maternity care, but maternity care at all, quite a long distance, which required child care that they needed to pay for out of pocket, eating in the city with the expense of that, parking, the expense, and time away from work.

So and -- so we can think about the social conditions are different and that might even be, you know, access to good jobs that pay a living wage. And so the public infrastructure differences and so in this way, geography becomes part of our social location and there's also structural inequalities that each one of us experiences in different ways. So not homogenous experiences.

And attitudes is not the issue for me. As a sociologist, I like to ground people's lived experiences in social conditions.

DR. EMMA CUNLIFFE: Thank you very much.

Marilyn, we've heard a little bit about, for example, rural firefighters, about prenatal care, how do the factors that others have identified so far play out in the work of home care health providers in rural Nova Scotia, and in unpaid caregivers, such as family members? What is the slack that these groups are picking up with respect to the kinds of structural conditions that Lesley and Karen have described and how do these groups contribute to the sustainability of rural communities?

DR. MARILYN MacDONALD: So certainly home care delivery is important no matter the community you live in. It does vary greatly. For example, if you actually have a caregiver living with you, if you're a home care client, that situation is more advantaged than if you're all on your own.

So in thinking about what my colleague, Lesley Frank has said, there's so much variation from situation to situation.

The one thing though that's common and we know very, very well from the research is that people want to be in their homes, and so whatever it takes for that to happen, they themselves, home care clients and families, the efforts that they make to be able to stay in their homes are astronomical, and the people who deliver

and provide care to them, whether that be a paid provider or whether that be a neighbour or whoever that might be, they go above and beyond to be able to make that happen.

And in the whole home care delivery, the relationships that are established in rural communities, first of all, very often those -- the people that are delivering home care, they know the client and the family on a personal level. In urban areas, that's more the exception than the rule. But it's opposite, sorry, in urban areas. But in rural areas, it's -- if you don't know them well, you know of them and things about their situations. And so the commitment to make sure that people get what they need to the greatest extent possible is in the forefront of the people delivering care and the people receiving.

I'm not sure if I addressed everything, Emma, because I didn't catch part of the question, so.

DR. EMMA CUNLIFFE: Absolutely, Marilyn. Thank you. You have. I guess my other question was those that provide care, whether in a paid capacity or as unpaid caregivers, what contributions are they making to the sustainability of their communities by performing that work?

DR. MARILYN MacDONALD: So the caregiver? Are you talking about both paid and unpaid?

Okay. So certainly unpaid caregivers, the literature on the billions of dollars that are -- of unpaid care that's delivered in this country is unimaginable. And so very many people just do it because that's the thing to do, and they care for individuals and want them to have care.

In terms of paid providers, they're -- they -- every home care client, there's a plan of care established for them, and typically you're expected to follow that plan of care. But inevitably, both unpaid and paid caregivers, not only do they meet what's in that plan of care, in many cases they exceed it. And when they see a need that a client or family has, and it's not part of the plan, they just don't say, "Oh well, it's

not part of the plan so, you know, I can't do it or I won't do it," it's -- over and over again they just go ahead and do what it takes to meet that need, or they rally who and what they think might -- it might take to meet that need.

DR. EMMA CUNLIFFE: Thank you so much, Marilyn.

As members of the roundtable have already identified, the rural experience varies widely. Lesley has identified the factors, such as systemic racism, and other experiences of marginalization play a particular role in shaping the lived experience of rural communities.

Madonna, you work directly with 2SLGBTQ+ communities in rural Nova Scotia. What challenges do members of this community experience, and to what extent do you think their experiences are different from those of their urban counterparts?

MS. MADONNA DOUCETTE: Well, I think the biggest thing is catching up to the perception that, in this day and age, it's okay to be gay and it's okay to self-identify how you want, and in an urban setting where there's anonymity, one can do that with ease. However, in a rural setting, I often hear people who have come out of the closet describe themselves as feeling like the only queer in the village.

And so there's still a lot of shame and a lot of internalized homophobia and transphobia that these people are dealing with as they make that journey to their authentic self. Oftentimes we see poor coping skills in the form of addictions and high-risk behaviour.

The other thing is that in a rural setting, oftentimes when a senior goes to get homecare or healthcare, they will return back to the closet. So oftentimes the support services that are available are very heteronormative and aren't equipped to deal with that diverse community, and don't even know how to often properly intake the new clients and ask the right questions. And so there's just this disadvantage there that's clouded by this perception that everyone's okay with gay folk and trans folk. So we're competing with a falsehood out there while we're still trying to find our own

pathway.

DR. EMMA CUNLIFFE: Thank you.

Research suggests that while the beliefs of rural residents are as diverse as those of urban residents, a greater proportion of rural residents hold conservative social values. Commissioners, this trend is documented in the article by Maclay(ph) and Remaus(ph) on political citizenship values, which is included in today's package.

Madonna, how can the presence of neighbours who strongly adhere to conservative and religious values shape the experiences of rural 2SLGBTQ+ members?

MS. MADONNA DOUCETTE: In rural settings, often people in positions of authority carry heavy religious affiliations and conservative views. And so I could give you so many examples of local schools on the west side of Cape Breton, for example, Inverness, Cheticamp, Margaree, when the school would decide to just put up a Pride flag on a given day, having 10 phone calls of complaint before 9:00 a.m. saying that that was disgusting and to pull it down.

So I think that there's -- there needs to be also an acknowledgement of the fact that families behind closed doors have sometimes really offensive and discriminatory views, which they are fully aware shouldn't be aired in public; they're not socially acceptable, but the children in those households are still hearing those words and they're being shaped by the discrimination. So it is quite a challenge to encourage kids to -- and not just kids, you know, that's the other thing is that sometimes I think the younger generation has more courage and audacity to step out and try to reveal who they really are, where a 30-year-old and older would still feel very confined.

So there's that duplicitous experience of being secretly who you are, and that leads into a position to be in abusive relationships when it's a secret, closeted relationship. And then the fallout for that is that the support services that exist

in rural communities aren't equipped to deal with 2SLGBTQ+ abusive relationships, and oftentimes they're minimized by police forces or the authorities in the location because it's just seen as perhaps a fight between two girls and not truly an intimate partner violence situation where there's an abuse of power. So -- and even just the legitimacy of the relationships.

The other thing I would like to say is that there's still a population of men who have sex with men who do not identify as the 2SLGTB community; they identify as straight and hetero, but they have physical relationships with other men. And so they fall outside of any sort of work that, you know, the queer community is doing because they have that internalized sense of homophobia so deeply ingrained in them that they don't even recognize themselves as being a part of that community.

And so there's just all these blocks that are in our system that prevent my community from being recognized and being serviced in a respectful and appropriate way.

DR. EMMA CUNLIFFE: Thank you for sharing that with us today.

Madonna, I do have one more question for you. I know that your work includes working with Two Spirit members of the Mi'kmaq community in Cape Breton, Unama'ki, I understand they have asked you to share some insights on their behalf today. What is it that you've been asked to share with us?

MS. MADONNA DOUCETTE: I work a lot with the high school in Eskasoni, so I consider myself a strong ally of the Indigenous community in Cape Breton, Unama'ki, and I've been asked to remind the Commission of the violence against Indigenous women and girls; I've been asked to remind the Commission of the intergenerational trauma that the families growing up in Indigenous communities are still grappling with right now.

The other thing is that it's not part of the traditional way for Indigenous people to be homophobic and to be transphobic; that's actually a direct response to the colonization of their communities. And so they're trying to figure out a

pathway to return to those more traditional beliefs where a Two-Spirited individual traditionally was actually elevated within that community and considered, to some effect, being greater than; they were blessed by the Creator with a male and female spirit. But, unfortunately, because of colonization and then because of you know, Western and Christian perspectives, they have been shaped by those influences, and now there is great shame and oppression on that subject.

So Eskasoni is a great example of an Indigenous community that has taken strides in the last 10 years to unburden themselves of those ill-informed opinions of their culture. But still it's deeply ingrained, and so there's a lot of sexual assaults that happen. There's -- you know, there's violence that happens within that community and there's not often a safe pathway to report those acts of violence; just that the burden that they carry is so heavy, and that the system is not there to really lift them up and to understand the depth of circumstances that surround them.

DR. EMMA CUNLIFFE: Thank you for sharing that message today, and please convey our thanks as well to the community in Eskasoni that shared it with you.

For reasons and drivers that Karen has already explained, inequalities of access to social services and infrastructure are arguably growing as between rural and urban communities. The social determinants of health extend well beyond access to health services in rural communities to include economic stability, education, community connections, housing, food and community infrastructure. These determinants impact community wellbeing and are tied to social policy.

Lesley, in the package of materials for today's round table, we included the 2020 Report on Child and Family Poverty that you co-authored. It states, among other things, that the Sydney-Victoria riding has a child poverty rate of 36.6 percent and 5 additional rural ridings, Cape Breton-Canso, Cumberland-Colchester, Central Nova, Halifax and West Nova have rates that are represented in the highest quintile of child poverty rates nationally. What drives child poverty in Nova Scotia and

what can be done to address the problem?

DR. LESLEY FRANK: Thank you for the question. The conditions for poverty, what creates it, are not neutral, their systemic pathways to it and their systemic entrapments. So from what we know from the data, and there's different data sources, some are annual and some are every four years with the census; right? So unfortunately, we only know disaggregated data about, you know, who is poor when we have the census data, so we can dig deeper. And we know that based on census data, the poverty is racialized, it's gendered, and it's rooted in colonial relations in this province and across Canada, and poverty rates vary considerably within Nova Scotia. And we know that mostly by looking at tax filer data, which we can do annually.

Tax filer data doesn't tell us much about the tax filer; right? We all fill our -- do our income tax returns and we know what information we provide. But we can map that geographically quite well by postal codes and even rural postal codes. And in the Child Poverty Report Card, we provide some small geography data that allows us to see where the highest and the lowest child poverty rates are, and it can range from 3 percent to over 70 percent of children in those geographical areas that would be considered low income. So they're living in families where their incomes are below a particular threshold.

And but we don't know much about, like, who they are, but we can make some guesses based on what we know about the demographics of those areas, based on what we know from the census. So when you overlay that, you can see that the highest child poverty rates are in communities that are racialized.

So, for example, it's one of the biggest drivers, I think, of the high rates. Now remember, this is a postal code geography. It's not the name of a community. And but in postal areas that include First Nations reserves, we'll see quite high child poverty rates. We also see high child poverty rates in North Preston, for example. So these are some examples.

They're high child poverty rates in both urban and rural areas

though, so and these are communities that can be very close to each other. If you dig down even into HRM, you know, a postal code what are called forward sortation areas, you can see quite a difference of poverty rates in communities that are side by side each other in HRM. So it's both a rural and an urban issue. Of course, the outcomes of that are different, depending on where you live, which coincides with what we're saying about access to public services.

So, you know, there's a bit of a, I would say, misconception that it's cheaper to live rurally. Perhaps housing might be cheaper, but it might be poorer quality housing. The cost of food is higher in rural areas, despite the fact that, you know, local food is produced there. Incomes are lower. There's less access to childcare. And so the consequences of child poverty are different in rural areas. And then if you layer on top of the intersecting inequalities that are the drivers, and one of the main ones, which actually didn't -- and I'd really like to highlight is gender inequality. You know, more than 50 percent of children living in lone parent families, which are primarily female led, are living under the low-income line of which there's the low-income measure after tax. I mean, and that's not just about family structure. That's about who's leading those -- the families, and who's doing that labour, and taking up care of children. So it's gendered, it's racialized, it's in both rural and urban areas, and it is very much deeply rooted in colonial relations.

DR. EMMA CUNLIFFE: Thank you. One of the consequences or a sequelae of poverty is food insecurity, and I know that your research focusses on food security, particularly for infants and their mothers. What drives food insecurity in rural communities in Nova Scotia and how do those who are faced with food insecurity seek to address that problem?

DR. LESLEY FRANK: You might have to repeat the last half of that question, but I can begin. The drivers of food insecurity are income based. That's how we measure food insecurity in Canada. It is an outcome of financial constraint. So it's not the same as poverty but it's linked to poverty. And in many ways, food insecurity

is a much stronger marker of material depravation than income, because by the time you can't put food on the table for a family, it means you've exhausted all other possibilities. You've borrowed all the money you could borrow. You've used your credit cards if you have them. You've gone to the food bank. So what food insecurity as a indicator picks up is this very strong demonstration of material depravation.

DR. EMMA CUNLIFFE: Thanks, Lesley. And the second part of my question is, is how do those who experience food insecurity seek to address that challenge?

DR. LESLEY FRANK: Oh, yeah. I mean, we often think that we've got it licked by a food charity system. Like, Canada has not developed any policies directly related to addressing food insecurity. We've left it to community organizations, voluntarily run often, with an aging population doing the work. And currently, with the cost of food, those community organizations are run ragged trying to support people accessing food, and that's what I'm hearing from my family resource friends across the province right now. But interestingly, only about 20 percent of the food insecure actually access food charity. So it's not a good indicator of the problem. It's -- the problem's much beyond and we can't use food bank statistics to really capture it.

What families are more likely to do, families and individuals and, you know, single individuals are really impacted by this because they have less access to government transfers, but typically, the first you could call it coping mechanism, I guess, would be to borrow money, or get food from friends and family, or to stay with family members for a while because you -- you're worried about you're running out of food before the end of the month.

Typically, you know, if -- when we pick up statistics about child food -- childhood food insecurity, we know that that family is severely food insecure. So we measure food insecurity in degrees, sort of marginal, moderate and severe, and once you -- people say they cut the size of their child's meals and make the children skip meals, we know that they're severely food insecure because parents will protect

children and take the brunt of food insecurity and not feed themselves, typically, as a first line of defence. Borrowing money, going to stay with relatives, using credit cards, using other sources of money. And actually, like, sharing food amongst each other, if you have resources to do so, and going, more recently, online to find food, particularly for infants, through Kijiji, and Facebook Marketplace, and other social media platforms where people share, trade, sell, and seek and make pleas of desperation.

DR. EMMA CUNLIFFE: Madonna, please go ahead.

MS. MADONNA DOUCETTE: My work as a -- so I am not an academic, my insight is from lived experience, but there's just a few points here that I'd like to add about food insecurity.

First of all, as frontline service providers in rural communities, regardless of what our mandate is, we're always dealing with empty bellies, and so that's one of those invisible budget lines. You know, my mandate is to make the province a safer, healthier, happier place for 2SLGBTQ kids, but I'm also feeding them when they come to access our services because they're hungry. You know? So that's one of those things that I feel like when you look at all the organisations trying to plug the holes out there, that food budget line is much higher than people realise, and it seems quite -- it's very basic common sense that you can't service one need when a person is standing there hungry, you have to feed the belly.

I want to say that sex for survival is much more common in rural communities than people probably realise. There is people that have power, and they use that power to get what they want, and what they want is sometimes a body. And so there's a lot of people that are dependent on their very survival, and the only thing that they have to trade for their food or shelter is their bodies. And so sex work is, again, one of those invisible things that we don't consider in rural communities. We think sex work is something that's exchanged on a street corner, but it can be someone walking across a field to do their duty to get some food for their family.

And the quality of food available at foodbanks is actually quite

shameful, but there is also another thing here, which is intergenerational poverty often involves the loss of skills, including how to prepare whole foods. So it's a Catch-22 that a lot of the food provided in the foodbank is really processed and poor nutritional value and high carb, so prone for weight gain, even though you're poor, but even when there are ingredients available to cook, the people who are receiving those ingredients may no longer have the capacity to prepare the food in the kitchen. So there's a systemic breakdown as to how to deliver high nutritional quality food to people because there is no easy handout to solve, there has to be supports involved in equipping these people to provide for themselves better.

DR. EMMA CUNLIFFE: Madonna, thank you so much for sharing those insights on the basis of your work.

Marilyn, I'm also conscious that homecare health providers, of course when they're in and out of people's homes, see the impacts of the kinds of poverty that Madonna and Lesley have described. I wonder if you can share any reflections on the role played by homecare health providers in this space?

DR. MARILYN MacDONALD: Could I get you to repeat that, Emma, please?

DR. EMMA CUNLIFFE: Yes, of course. What insights come from your research or your work as a homecare health provider public health nurse about what nurses and healthcare providers see of food insecurity and the other sequelae of poverty in rural areas?

DR. MARILYN MacDONALD: Okay. Certainly. When I think of my experience, not only in homecare but in public health nursing as well, absolutely, it's many, many situations we do encounter that. And fortunately we -- the other agencies that exist in the community, the number and the level of organisation of all the shoulder services, as Madonna has referred to, if communities don't have a network of services, such as that, when I think of where percentages are higher, the first thing that goes through my mind is I wonder what supports there are in that community as a whole.

Because I think you can be a, I don't think, I know you can be a community, highly organised, with high levels of volunteerism, and the community is automatically better off because of that. But if the opposite occurs, and I've worked in both situations where you just knew that you came into a homecare situation, after several visits you have a sense of where all the gaps and needs are, and also, if you're the nurse in that situation or whoever's coming into the home, your need for knowledge of what all is available in the community is paramount, and then being able to match what's out there or help the...

And it's -- trust is a -- is a huge piece as well. When I come into a family situation, they don't automatically trust me, and so you have to build that trust, and then in terms of you would see a need and you tell the -- you can tell an individual or a family a service, but it doesn't automatically mean that it's going to happen. And I've seen it take me weeks to months to be able to connect a family with a service because, for all the reasons that Madonna has talked about, there are judgements that are passed on individuals if they take certain services or accept certain services. So people are always -- they're always wondering "Is there a consequence, is there something attached to if I say yes, then what?", because they're -- they likely had very untoward experiences.

So the -- that for me is such -- the likelihood in an urban area of having a certain basket of services is much more likely than it is in a rural community. But rural communities that -- I was thinking of an individual I visited in a rural community not all that long ago, and this individual had actually been a church organist in several churches in that community and surrounding communities, and then they fell ill and were confined to home and so forth. And it was amazing how that community rallied because of the -- they knew this person and the person knew them, and so they automatically -- the person was accepting of the help that came in, and the recovery of that person was -- well, people were amazed at, you know, as ill as this person was, and as many needs they had, and how -- and this is an individual living by themselves,

but the way everyone rallied in that situation was amazing. Where -- and that's...

So when you think of all the moving parts that -- and I think back to both Madonna and to Lesley talking about like there isn't "a", it's not one way that things are that they happen, every individual situation has its strengths and vulnerabilities, and figuring those out and getting a match where needed is -- it's so invisible the work that it takes to make those matches and to support those situations, but without it, and in situations where the other thing that I just can't say enough about is though the caregivers -- and I referred to them earlier, the unpaid caregivers, what they do is unbelievable, but they're always at risk of becoming the client or the patient themselves because they can only give to a certain extent and then if there aren't services and supports for them as well. Some communities now, when a client is assessed, not only do they assess the client, but the caregiver in that situation, to get a sense of how well they are and how well they are likely to remain, because if that -- if they fall apart, then the whole situation collapses.

DR. EMMA CUNLIFFE: Thank you so much.

Lesley, one of the things that you and I have talked about a little bit is that the method of delivery of food security services has changed somewhat as a result of the pandemic, as has the degree of need. I wonder if you can share what you've observed about those patents and about government attempts to address that.

DR. LESLEY FRANK: Sure. What we saw happen, sort of early into the pandemic, was the rallying of community organizations and family resource sector in supporting their already current, you know, participant bases because they were no longer coming to programming. So they were -- recognized this need of help in accessing food, so they sort of mobilized to start delivering, as did food banks. Sort of for the first time ever, the federal government, or any government really, put money towards this work in the community, so they gave funding to food banks and other community organizations, which when you think about it, it probably doesn't amount to very much per person, but it was the first time that governments got behind food charity

as a response to food insecurity, very much contrary to the evidence though that food charity actually addresses food insecurity.

That being said, what I'm hearing from my community partners doing this work is that they're getting calls from new people and the need is greater, and that -- and even more so now, even outside of lockdown, right, so with the high cost of inflation and food inflation in particular, but inflation across the board. So a sector that, you know, was doing all kinds of varied types of supports previously, such as parent support groups, playgroups for children and, you know, camps for kids in the summer, they've really had to shift and are using, you know, a lot of their time and energy and resources to be providing food for people via the 2-1-1 provincial, you know, number where you call for advice on meeting your needs. And it's not just families with children anymore. So they're serving beyond their mandate, original mandates, to provide food for seniors, single people living alone, and it's shifted the nature, somewhat, of their work, likely meaning that they're able to do less of all the things that they have been providing before.

DR. EMMA CUNLIFFE: Thank you. And just for the benefit of the record, Lesley, I just wonder if you can give a brief explanation of what family resources centres are and the role that they've traditionally filled and how they operate.

DR. LESLEY FRANK: Yeah, family resource centres are -- you know, exist throughout the province with a variety of funding. Back in the early '90s, through the Public Health Agency of Canada, there was a -- sort of a new sort of birth of family resource centres that had federal funding through the Canada Prenatal -- not -- Canada Prenatal Nutrition Program and also the Community Action Program for Children. But there was other provincially funded family resource centres in existence and continues to be and they sort of work, you know, in a network of -- they're a network of family resources centres throughout the province, so both in rural areas and in urban areas. And, of course, they don't cover all areas. I mean, they're not in every community. It's -- they're a patchwork of programs that do outreach work and also

onsite programming, and it can be anything from prenatal supports to postnatal supports, food box deliveries, parent education, advocacy work for families that need help accessing services, government services, don't know how to navigate what is a very complicated landscape, particularly, accessing income assistance and navigating child protection. And so they do a lot of advocacy, a one-on-one advocacy with parents, and they also advocate for social justice and poverty reduction and are active organizations in that regard.

DR. EMMA CUNLIFFE: Thank you. Lesley shared with us a report that was recently completed by the Network of Family Resource Centres about some of the trends that they're seeing within the needs for families in Nova Scotia, which will be entered into the record before you, Commissioners.

Karen, if I may turn back to you, you study how government policies impact the lives of rural people. In your experience, are policy makers attentive to the kinds of structural realities that we've been discussing in the past little while?

DR. KAREN FOSTER: So I think -- you know, I can't think of it at the level of individual policy makers, but when you look at the policy that is eventually made, I think that there are blind spots around the needs of rural communities and around the diversity of rural communities, and there's also just a lack of attention to rural in general. We recently did some research just looking for where rural policy lives across Canada and there's just not much of it that's actually explicitly targeted to rural communities. They get mentioned in policies that are more generic, but it's clear that they're not represented and there's not a whole lot of targeted rural policy. I'll leave it at that.

DR. EMMA CUNLIFFE: That's great. Thank you very much.

Commissioners, I'm about to move to a new topic, and so I wonder if this would be an appropriate moment to take a break.

COMMISSIONER MacDONALD: Sure. Thank you so much. We'll take a 15-minute break.

--- Upon recessing at 10:50 a.m.

--- Upon resuming at 11:12 a.m.

DR. EMMA CUNLIFFE: Thank you, Commissioners.

So our next series of questions is going to explore the limited and differential service delivery in rural areas a little more deeply, including social work services, emergency response, homecare and mental health supports that support community well-being.

Marilyn, if I can please begin with you. Drawing on your research and professional experience, how does the provision of healthcare services look different in rural communities? What kinds of tasks do healthcare providers perform to make up for the lack of infrastructure and for challenges such as car dependency in those communities?

DR. MARILYN MacDONALD: Thank you. So when I think of rural communities and services, although homecare certainly involves nursing services at times, really, support services, such as help with housekeeping, help with personal care, meal preparation, all those things, the availability of individuals to provide that, the numbers certainly in no way compare to what's available in urban areas. However, going back to talking about communities and community support, certainly rural communities are amazing in their if they know, or even hear of an individual who has a particular need, they will attempt to do their best to try and provide that for them, just the way that -- because they believe it's the right thing to do.

When I think of professional services, such as nursing care, I believe and I know from my experience that we probably over relied on whoever else was in that household to be able to do, you know, it could be dressing changes, it could be a variety of, you know, maybe the changing of support hose. What I've seen families learn to do in order to be able to support someone at home is absolutely amazing.

And the other piece is, is, you know, if you're living in a rural community and there is, for example in winter, ice or snow, and trying to get to a

particular individual, the likelihood of the road being open is, first all, the timeliness of the road being open and salted and so forth, so we would actually prepare families to do for themselves with a level of expectation that we don't necessarily apply in an urban area because the likelihood of being able to get to whatever dwelling place, there may be some delay, but not an inordinate delay.

So I really do believe that our expectations of what those individuals do is -- you can look at it two ways: Because they want to be at home, and so they do take on an awful lot, you can say willingly, I think it's -- there's -- the willingness is a trade-off for them being able to be and live and do what they can where they are; but I think we need to be mindful all the time if we're not taking advantage in situations as well.

DR. EMMA CUNLIFFE: Thank you very much.

Robin, one of the articles in today's roundtable package states that more than 80-percent of the firefighting services in Canada are delivered by volunteers. How do communities that depend on volunteer fire services sustain them, and in particular, what are the challenges presented by an aging rural population out migration and the number of rural residents of working age who commute to cities or other communities for paid employment?

MS. ROBIN CAMPBELL: Yeah. In Nova Scotia, that number is closer to 90-percent of our volunteer fire service, and so one of the significant challenges in our rural communities for firefighters is recruitment and retention to have those individuals with volunteering, and I think this is across many volunteer groups, not necessarily just volunteer firefighters. But when we look at volunteer firefighting, we know the aging population.

So when -- especially when I did my research, you know, I was interviewing people that have been in the fire service for 25, 30, 40 years, and saying to me, "We need the younger people to come and volunteer and do this, and how do we get them when we know different challenges that exist for the younger firefighters?"

And with saying that, there's so much to that because volunteer firefighting is something that you're doing, as I kind of alluded to, in spare time, and doing this outside of things, but also, it does kind of come into your daily life as well. Because when you're on call 24/7 to respond to emergency incidents or to provide service to your community, that interferes with whatever you do for your day job or your income source, whatever that might look like. If you have to leave work, what does that look like? Does your employer support that? Am I still going to get paid if I leave, or am I losing my income for the day by leaving to respond to these emergencies? You know, maybe you're a businessowner or a farm, what does that look like to leave what I need to do and my daily responsibilities?

And we look t younger people, there is more of demands of what am I doing outside of volunteer fire service and the time commitment that is involved? I remember when I was a volunteer firefighter, I -- upwards of 20 to 25 hours a week minimum was my time commitment between training, responding to incidents, fundraising, committee work, whatever extras on that.

So when we look at, you know, the other things in our lives, and then family, so for younger people if you have children, what do you do with your children when you need to respond to something? You know, are we dropping them off at the firehall, responding to the call, and waiting for family members to come while other firefighters are watching them? So what does caregiving look like? Twenty-four-seven means I'm being called out in the middle of the night to respond to something, leaving my family, going at three in the morning to a housefire, and then I got to be at work at 7:00 a.m.

So there are significant challenges when we look at time and time commitment and what does that mean, as I might as a younger person want to volunteer, but all these pieces to it make it very challenging. So it's not necessarily do I want to, it's can I? Can I commit to something like this? And it can be very challenging. And so with older population, it tends to be less challenging sometimes, in the way of

what I just mentioned for that.

So retention and recruitment can be a significant challenge in our rural communities, and also with that, many of our firefighters, when I talk about employed work, they're kind of what we call dual responders first responders. Many are paramedics, nurses in their community, so the challenges of constantly responding to emergencies all the time in both aspects of your life can be also very challenging, and shiftwork, what comes with that.

And then I kind of alluded to we have volunteer firefighters as young as 14, and that's trying to come up with ways to meet the challenges of recruitment and retention as sort of a succession planning. They're called junior firefighters, so we bring in when they're younger. They don't necessarily respond to emergencies, but they're doing some of the other community service things I spoke to as they -- in training and learning what firefighting is like in the hopes that when they turn 18 or 19 can join as full members. So it is a significant challenge in that way.

And then the other piece that I just wanted to mention, virality piece to volunteer firefighting that can be difficult, is when your work takes you out of your community. So maybe you have to commute to an urban centre to do your work, maybe you have to leave the province to do that work, so trying to help your community respond to things during the daytime or during that can be also very difficult.

And then with our close-knit communities and rural communities is the factor of everybody knows everybody, and we all do that, it can be very challenging for firefighters responding to incidents where you know the people and you know the people involved. It can create more stress than necessarily if you don’t know and don’t have a connection in that way.

But on the other hand, that can actually be very comforting to those that are the victims in those incidents, in that, “Oh my gosh, I know this person is coming. I know them.” It’s that comfort level.

So a few things around the realities of that. Thank you.

DR. EMMA CUNLIFFE: Commissioners, I'm a bit hesitant to interrupt the flow of the conversation, but I'm conscious of the noise that's emanating, I think from a speaker at the front of the stage. I wonder if we might just take a pause and see if a member of the tech team can come and figure out what's making the noise, as I think it's making it hard for people to hear one another.

COMMISSIONER MacDONALD: Something with the HVAC system perhaps?

DR. EMMA CUNLIFFE: Okay. Apparently we have no way to affect the rattling and still have light in the room, and so we will proceed.

COMMISSIONER MacDONALD: Thank you.

DR. EMMA CUNLIFFE: My apologies for that.

Karen, I'm going to turn back to you now. One of the dynamics that can be particularly significant in a smaller rural communities -- in a smaller rural community is the mix of permanent community residents and those who own seasonal or vacation properties. Why can this mix be challenging for rural communities, and particularly for those who live and work as permanent residents there?

DR. KAREN FOSTER: So I think most fundamentally, the fact that rural populations can fluctuate from winter to summer means that any service whose viability or funding is based on demand or based on the availability of volunteers is going to struggle to maintain itself year-round, and that has the greatest impact, of course, on the people who are living there when the population shrinks.

The same goes for employers. So you have a lot of households in rural areas, but a much smaller labour force than the number of households would suggest. There's not as many workers.

Another kind of qualitative issue is just isolation, in that if, you know, the people to your left and right leave for the winter, then you have fewer people around keeping an eye on you and, you know, who could potentially see if something is wrong and report it, or help you.

Another issue is vacation rentals specifically. So not just people who, you know, own a place and then board it up in the winter, but particularly full-time short-term rentals. They bring outsiders into communities who, you know, for the most part, are probably respectful and they have a vacation and then they leave, but they don't necessarily have the connection to the community and so there's a greater risk that they won't treat it with respect. They increase concerns about safety. Whether they actually have a statistical impact on community safety, I don't know and couldn't find any literature about it. But there's certainly a perception that the more, you know, outsiders that are brought into a small community, the greater the risk is that, you know, something untoward could happen.

And beyond that, short term rentals take housing off the market for rural residents, which reduces the number of just options that people have for where to live. And there is -- I do cite a source in my report by Combs (Phonetic) in 2020 who actually quantifies the number of family homes that have been taken off the market by short term rentals and that housing shortage, you know, we hear it talked about like it's an urban issue, but it really is a rural issue as well, depending on the community.

And the housing shortage impacts the recruitment of all kinds of professionals and other people that we need to live in rural communities. So you see it in recruiting doctors, for example. Housing is one of the number challenges in certain rural communities.

Thanks.

DR. EMMA CUNLIFFE: Thank you.

Madonna, if I could turn to you. How do limitations on service delivery in rural areas affect towards 2SLGBTQ+ individuals? You alluded in earlier remarks to the challenges that can be experienced by these groups in seeking informed and non-discriminatory services in healthcare settings. I wonder if you could say a little bit more about that, and about the other challenges that those that you work with experience in this regard?

MS. MADONNA DOUCETTE: We talk about how nice it is that everyone knows everyone in rural communities, but that's a double-edged sword because when you're accessing services, there's often a sense that confidentiality won't be adhered to. I'm not saying that professionals in rural communities are less professional, but there is that sort of lackadaisical approach as far as, "Oh, you'd never guess who showed up in the clinic today." So I know lots of people who won't access their local health clinics to get tested for STIs because they're afraid that that information will go through the grapevine of the community.

Also, again, there's just a lack of informed -- there's a lack of understanding on how to approach different people from your normal experience.

So, I mean, we're talking specifically about the 2SLGBTQ community, but I also just want to, like, give a shout out to the white privilege sitting at this table, and that newcomers coming to rural communities would also have similar discrepancies in that the service providers don't understand the diversity and differences of the individuals walking through their door. So with the lack of understanding of their culture, or their family situation, there's just biases that are just sort of structurally built in to the services that are being offered.

Certainly there must be something also said with the compounding injury of being constantly misgendered, or being constantly assumed as being hetero. And oftentimes there's sort of a laid-back form of discrimination that's disguised as just joking that can slowly crush a person's ability to stand up for themselves.

And understanding how to be a good ally in these communities is often a hard thing to accomplish as well because even standing up for someone's rights can put a target on your back or make people question your identity. And so a lot of times, people will just distance themselves from that other and they're left to figure it out by themselves, or more likely, go without.

Again, there's -- you know, there's STIs that, for example, in our community, are passed along through sexual transmission, let's say, and the ability to

access services without having stigma attached to you is really hard to find.

So also, we just assume that everyone has cars. We just assume that everyone has internet.

I made an offhand comment to a student once a couple years ago thanking them for attending an event I had prepared for the weekend and I said, you know, “You could have been staying at home watching T.V. and eating Kraft Dinner,” and she looked at me and she said, “We don’t own a T.V.” And just those assumptions that we make that everything is normal for one person is not normal for another person.

So the idea of traditional livelihoods in rural communities is very hard to juxtapose with this new modern generation that is, in often cases, plugged into the internet.

So just to wrap your head around the idea of a fourth or fifth generation resourced based family, so like farmers or fishermen, finding out that they have a trans son or a trans daughter, is really hard for them to understand, because that doesn’t happen to “my” people. That’s not a country problem. That’s something those crazy city people get into.

And so the fact that they don’t identify that within their own family and within their own community, those 2SLGBTQ identities absolutely exist makes it even harder for people to self-identify.

And then what often happens is that it's another reason why people leave the rural community. So we talk about the brain drain from rural to urban, but I also think that there's a real drain of queer folk who are escaping to live their authentic identities but to the detriment of the communities that they're leaving behind, because we could use their creativity, we could use their business acumen, we could use their skills and services, but we lose them because we're not willing to recognize and respect their identities. So it's sort of a vicious cycle that we need to figure out how to put a brick in front of and stop.

DR. EMMA CUNLIFFE: Thank you so much. I'm now going to turn

consider the safety of those whose workplaces are also their communities. The next set of questions will explore issues of health and safety of workers including firefighters, nurses, teachers, social workers, and how their roles sometimes go beyond the issue and duties of their profession.

Marilyn, if we can start specifically with homecare providers, what occupational health and safety concerns do nurses and care workers face when providing services in client's homes?

DR. MARILYN MacDONALD: Thank you. I think first and foremost, when you think of a nurse and where they work, people automatically think of a hospital, or a nursing home, or an institution of some sort. And in those workplaces, everything has a set of standards in terms of what the structure itself had to meet to be built and then it goes on and on and on. And so when you think of delivering home care, the workplace is the home of the particular client. And so we would never, and I hope never, expect that to get homecare, your place that you live would have to meet a certain standard. So that's totally different in terms of the workplace. And any professional or anyone assisting an individual in that home, they're a guest. And so whatever that home is, that's what it is, and you figure out a way to work with the individuals who are there.

I think the other piece is when you go to anyone's home, you never know, you have no -- so for example, if you go to a hospital, you have an expectation of what the lobby's going to look like, and a patient room, and so on and so on. And when you approach a door for the first time, you just have absolutely no idea. And so that is very, very different in the world of homecare delivery.

I think that -- so what concerns do they face, so those are concerns because there's a certain apprehension if you have no knowledge of the individual whatsoever.

I think the actually getting to, because if you're delivering homecare, typically, you're in a vehicle, and so you're -- that's part of your day, which is

different. I think the other thing is the seasons that Canada offers, as amazing and wonderful as they are, they certainly offer a set of challenges. And one of the things that I know working as a nurse in homecare and anyone who's worked in homecare is, you know, if the weather's really inclement and you know what the needs of a person are, most people are going to say, oh, I hope you're not going to go out on the road today. And but that's -- it's not as if you get up and you look out and say, oh, I'm -- you know, the weather is such that I can't go out today. Those individuals first and foremost think about the person who is getting care, expecting care, and needing certain things. And although they try and make contingency plans related to weather, that doesn't necessarily always -- some things that a person might need will be there despite the weather. And so sometimes you have someone else in that home who may be able to do that, that you can teach them to do, but if they can't, I've seen time and time again that that -- you know, whoever the person might be that's providing care, they will move mountains to get there, and they will take chances on roads that are, you know, -- well, maybe not ploughed or not salted, et cetera, et cetera if it's wintertime. And despite what the conditions are, because in their minds, they can see that person and their need, and to just say, well, no, I can't -- but and they will rally. They'll find ways if they feel that whatever transportation they have might not make it, chances are they know someone who maybe has a vehicle, or, you know, they may even contact, if they have a relationship with the local law enforcement, they may even contact, or when I think of the fire service as well, they may well contact someone from the fire service and say, "I really need to get to, you know, home X or Y." And they will do those sorts of things. It's just when I think of nurses, you know, we do have a code of ethics. And, you know, to abandon a patient is just not something that you would consider doing. And so I really -- I know myself and the people that I work with, I saw them do that over and over again. And did I answer? See if I -- concerns to nurses ---

DR. EMMA CUNLIFFE: You absolutely did, Marilyn. Thank you. Lesley, your research and also your experience prior to your work

as an academic includes coordinating the delivery of pre and postnatal care. What have you learned from that work about the safety issues that arise for mothers, infants and service providers when care is not readily available in the community?

DR. LESLEY FRANK: Well, I'll speak about mothers first and their children. I would echo what you're saying about how the challenges of providing services. But one of the, I think, often overlooked challenge is the fear that families face of services, and rightly so. So new mothers, for example, you know, perhaps having their first child, living in poverty, knowing that they don't have enough money to feed their family because they're on income assistance, for example, not having enough money to feed your family is also one of the criterias of neglect in the *Family and Children's Services Act* in this province. So the same department that creates that Act and enforces child protection is the same department in the province that sets income assistance levels so low that families cannot afford a basic nutritious diet. You would be, you know, depending on your family configuration, living on income assistance, hundreds of dollars a month in the negative if you purchased a basic nutritious diet.

So they have a good deal of fear about child protection knowing about them, knowing that they're poor, and the stigmatization of what it means to be poor and food insecure. So that creates a barrier to service providers that are trying to provide supports for families, yet they all get sort of classified as folks to be feared. So, you know, so social isolation and those real fears are -- put, I think, families at even greater risk of help that could be available.

And working rurally and providing those services, I'll echo the concerns about being everything and trying to solve all kinds of needs, whether they be transportation needs, food needs, childcare needs, you know, drives to the grocery store, rides to the food bank, getting things you need for your new baby. And so living in poverty creates a safety concern in and of itself. And then for those that are trying to provide services, there's great distance. You know, you're doing outreach, where I was an outreach worker so I, you know, drove a long distance to family's home and the

home is the workplace, and the car is the workplace, and your home is where you're answering the telephone, you know, all the time -- all times of day, because families are living in crisis and they don't -- they've connected with you, so they're the one person you trust. And so there's this -- there's a good deal of service provider stress that comes along with that, feeling like you do need to be everything to everybody.

And travelling roads that are not plowed. I mean, people need services in winter and summer and, you know, rural Nova Scotia road conditions, and then weather conditions on top of it are definitely a problem.

And then back to this earlier conversation about travelling to services. You know, so you're always going out, you're driving to pick people up that do not have cars. A lot -- when I did this work, it was some time ago and they didn't have phones. So, like, even making an appointment was a challenge. You know, I managed, one example, get into -- managed to break in a bit into a family's home for, you know, just meeting them for the first time, and they were very nervous, and this was a Black African Nova Scotian woman with an intellectual disability that was eight months pregnant and had yet to see a family doctor. And she didn't have a phone, she was by herself. Her mother -- or her mother had been trying to get her to the doctor.

And I'm telling this story because it just speaks to social isolation and compounding social inequalities. It did take her -- she did have a family doctor, which was -- that was good. She -- I went with her into the room and her doctor, you know, was quite angry with her for not having come before that, and she was very afraid. And there was problems -- there was complications that sent her to the hospital and she did have her baby that day. The baby was in distress.

So if -- you know, I often think about what would have happened that day if I wasn't able to get in the door for a woman that was very afraid of service providers.

And, you know, there was a success story, but I worry about, you know, how much those folks are missed.

And, you know, in traveling to the city, you know, it takes a whole day of a service provider's time, where you're making, you know, the possibility of you missing those people even greater. And these are essential services that I think we have normalized rural neglect about. And both rural people and urban people, we've normalized that neglect. "You moved out there. You made a decision to live in the boonies, and so therefore you don't have a right to essential services." And I don't know, I don't know what my final point would be about that.

But I often heard mothers say if they had a doctor, if there was a service available where they lived in their town. We have it better than some other folks that live even more rurally, and they're -- it's like we -- they use the word "luck" a lot. "We're lucky." "I'm lucky." I'm not -- you know, "Others are not as lucky."

But this concept of luck is -- needs to be unpacked a bit. Is it -- you know, we shouldn't -- I mean, these are rights. We have rights to service that are part of our citizenship. And having a baby and having, you know, care provided to you to do that and have reproducing citizens in rural communities for the vibrancy of the continuation of those communities, we've eroded that. We're sending everybody out some -- you know, to the city for essential services.

And so I mean I just think that we've neglected rural services and then we've normalized it and blamed people for living there.

DR. EMMA CUNLIFFE: Thank you, Lesley.

Madonna, you've alluded to the challenges for 2SLGBTQ individuals living in a place where anonymity can't be taken for granted. How does that affect the work lives of 2SLGBTQ citizens in rural communities?

MS. MADONNA DOUCETTE: This is such a good question. Thank you.

A lot of rural economies are resource based, so there's this high level of assumed masculinity.

I would like to preface what I'm about to say, is that straight hetero

people, cis people, often are subjected to homophobic and transphobic comments just because of their disposition. So a straight man with feminine tendencies could still experience homophobic comments.

So in these industries where it's often man-led, farming, fishing, things like that, they are -- and also, like, sort of construction jobs, these jobs are often prioritized as being more valuable in rural communities than care work is done, so the jobs are systemically sexist in the rate of pays that are -- that exist out there.

Because there is so much poverty in rural communities, there's the sense that you should just be lucky that you have a job, and that you must absorb the abuse or else risk unemployment, because there's no always options out there.

So a lot of members of my community are coached to stay in the closet, either by management or by their own family and friends, with this understanding that being in the closet actually makes you safer.

That, I believe, is incorrect. I believe that when you treat your identity with shame and secrecy, you're giving power to the community at large to use that truth against you, and that if you reveal yourself, you're no longer at risk of being shamed. But I know teachers, for example, that have moved to rural communities and were told to stay in the closet, that this community might not be comfortable with having a gay, male teacher.

And just the implications of that and how to carry yourself, and how to appear straight, how to, like, minimize your natural feminine tendencies can be really unhealthy. And it also kind of, like, speaks to the generalized femmephobia that still exists in our culture. We have -- you know, I work with young people and I say this all the time, but I wish I had a chance to say this in front of adults more often. Words matter.

You know, so one of the things I often like to do is I get people to say -- to think of all the different ways to call someone gay, and that list, within two minutes, can easily top 50, and they're gross, awful words on that list, and then all the

different ways of calling someone straight. And that list rarely hits five. So ten times more slurs and discriminatory terms are just readily accessible to describe that community, versus the hetero/cis community.

And so when we talk about the equality that we've achieved out there, but as long as we're using these words that tear down members of the community and imply sort of a perversion, a hyper sexuality, and some sort of difference value of our love versus other people's love, we're vulnerable to have that used against us. And so we're always trying to navigate a path forward that puts us at least risk, versus having the same opportunities of success as other people.

So another comment that I just -- I just want to go back to the idea of staying closeted. For those who have not experienced that, it is extremely dangerous place to live, in addition to potentially being trapped in an abusive relationship and not knowing how to access service, because everything around you, your situation is cloaked in secrecy.

There's also the constant self-regulation that you're doing so that you can almost be distracted in your job because you're trying to ensure that you're coming off the right way, you're having passing privilege.

And then there's that -- there's that extra layer again of closeted relationships with people in the community that present as straight, so they can have, like, an authority over you because you're on the downlow. So someone who has a wife and a family could be partaking in sexual activities with another man in the community who everyone understands to be, you know, gay, or pan, or whatever identity they choose, and then the person in authority still gets to walk around and have all the privileges of a straight person. So until we can unpack the misconception that being closeted is an advantage, and that somehow coming out is a disadvantage, we need to reverse that. Coming out empowers you and takes away that ability to shame and control you. And then to understand that the words that are used in casual context at a workplace can be really -- you know, it can be a microaggression, but it can also just be

a mall hammer onto your head as far as, like, what you have to accept and put up with in order to have a gainful employment.

You know, if you go into -- I've been into some back kitchens in rural restaurants and, you know, there's, like, graphic images, sexual graphic images back there, and if you were queer or female identified, those images would be really hard to know that you had to face every day that you went to work, but it's part of the workplace culture. And if you were to complain, you don't have a list of options to get employed someplace else. So it's a suck it up situation.

And then it leads us into other self-harming behaviours because of the -- about how toxic the workplace is. That just wouldn't come out. So, I mean, then -- so then we have, like, the domino effect of addictions that might come, again, as a poor coping mechanism.

Also, just the idea that people who are part of the queer community are often seen less than and might not be considered as competent to do a job just because they look different than other people. And then the very, very real misunderstanding that trans folk, trans women are women, trans men are men, and that access to the same services and, you know, resources that are available to assist men and women aren't equally available to that member of the -- those members of the community. And so to recognize that that deficit exists is still something that we need to work on in this province, especially for parental supports.

DR. EMMA CUNLIFFE: Thank you. Madonna, you've alluded a couple of times to addiction and substance use as one of the coping strategies or a ---

MS. MADONNA DOUCETTE: Yes.

DR. EMMA CUNLIFFE: --- challenge that exists in rural communities. That's a problem that's often thought about as an urban problem. I wonder if you can speak a little to how you see that playing out in your 2SLGBTQ community but also in Cape Breton more generally.

MS. MADONNA DOUCETTE: So Cape Breton has a giant opioid

addiction problem that stems -- so there was research done by the late Margaret Dechman, who discovered that a lot of the history of the opioid addictions in Cape Breton stems from the resource extraction industries of the coal mines, the steel plants and fishermen getting injured in the workplace, and this was during the time when new medications like Oxycodone were being released and heavily pushed by a lot of the doctors. And so pain management is actually the source of a lot of addictions. But now, we have generations of those addictions following families, and it's -- you know, the trajectory of being -- of coming from a poor and addicted family, it's not a good forecast.

I work with a number other -- of other organizations who serve youth in Cape Breton, and there's this one story of a family that -- from the north side of Cape Breton who -- you have to go back five generations to find someone who worked. So children born into that family have a really hard time, regardless of their natural skills, of changing the trajectory of their family because the supports that are needed to switch tracks for them just don't exist. So, again, there's this idea that country living is pure and healthy, but we really have a lot of addictions in our community, and alcoholism runs rampant in a lot of our communities, and it's just, like, a very loud secret that no one talks about. So everything that we're doing in the rural community, there's just all these assumptions that you have to, like -- you have to step back and understand that it's not this innocent, sweet rural life. That it's complex, that there's a lot of different needs there, and that a lot of the seedy, underbelly of the community is hidden with intention because that's how they survive. But I do feel that we are often naive in our understanding of just how complex the social support needs of rural people are, and just how much we fall short on it.

And, you know, as a Cape Bretoner too, in this province, it's very hard not to feel the sting of how HRM centered everything is. And even when there's good news in the province, it often doesn't reflect realities in Cape Breton or probably other parts of rural Nova Scotia. You know, so that lens is often really hard. You know,

you hear that Nova Scotia just -- you know, we experienced some population growth. Well, Halifax experienced population growth. Rural communities experience population drains. And on rural communities, there's often no youth or young people to support the elderly that's left. You know, this is just sort of based on my own experience doing a lot of work in different communities, but it's all elders. Like, if you go to Orangedale, for example, that is a community that is withering away. It's all senior citizens there. And so even if we were to provide support, we've lost a lot of our resources, our human resources already. And so to draw and attract those young bodies and those young families back to Cape Breton and to the rural communities would really need a huge investment before we would ever be able to do the things that urban settings are able to start tomorrow. We would need to do a lot of legwork to get there in the first place.

DR. EMMA CUNLIFFE: Thank you.

Robin, if I may turn to you, many volunteer firefighters, you've described the double, triple, quadruple shift, of juggling several lives at once, maintaining paid employment, raising families, performing the responsibilities of firefighters with all of the training and the on-call demands, and fundraising. What impact does this mix of responsibilities have on the health and wellbeing of firefighters? At what point does fatigue become a concern and how do rural fire brigades manage this concern?

MS. ROBIN CAMPBELL: Fatigue, burnout are significant concerns in the volunteer fire service along with other mental health concerns that can happen because of the nature of what -- the incidents that they're responding to, but also just the nature of all the stress from all the different components of what they need to do and sort of juggle to be a volunteer firefighter. And sort of going back to that, when I was talking about retention -- recruitment retention is, naturally, what kind of happens is we lose our volunteer firefighters. They end up leaving the fire service and quitting. And for those that are left behind to try to, okay, how are we going to make up for losing firefighters, it's a gap, and it's the response gap, and it creates more strain on

those who are keeping -- are maintaining that gap that occurs. And the reason that what happens is that they leave, is that it's not the same as when this is your employment or your income source. You know, it's harder to leave when this is what's paying your bills. But when it's something that you're doing as volunteering, it can be easier to leave. But in saying that, it can be difficult as well because for many firefighters, the fire service is their second family, their second home, and that whole social support that exists for them and their community, so leaving that can be very difficult. But for many, it's kind of the only option because in the volunteer fire service, there just isn't the supports and resources available around mental health and wellbeing. It doesn't exist.

And another thing that I saw and saw in my research and in my own experiences is oftentimes, how does the fire service deal with those that are struggling, leaving, taking -- they might leave for a little bit, because there's also not the, oh, did you show up to work today. It's, you know, I could stop responding to things for a couple weeks just because I need a little break and then I'll start responding again. And so a lot of times, that leaves the officers, the captains, the chiefs, the deputy chiefs trying to figure out, okay, how can we keep this person. Well, maybe, you know, they can't -- don't have to respond as much, but then we need to respond more. So it's takes a little burden on the leadership as well in trying to make up for this, because again, there's not necessarily those added services and supports that you might see in maybe a workplace. I mean, you just can't go to human resources and ask them to help, or, you know, how can we return somebody to work. That doesn't exist. That's not something that occurs in the volunteer fire service. So it's complicated, and fatigue and burnout is a substantial concern.

DR. EMMA CUNLIFFE: Thank you so much.

Karen, I'm going to invite you to, in a sense, bring the conversation we've had home to questions of community safety and crime in rural communities. We've talked a lot about structural inequalities and the drivers of that, the urban bias in

rural -- in policymaking. What does all of this have to do with community safety?

DR. KAREN FOSTER: So we know, based on lots of extent research, that communities with lower levels of poverty and with lower levels of social inequality are safer, they have less crime of all kinds, and particularly, you know, interpersonal crime and violent crime. So we don't know, like the precise relationship between social inequality and crime, but in a general sense, I think we can say that increased inequality necessarily, like, you know, social/economic inequality, necessarily means an increased power differential, you know, between people who have power and people who do not. So it increases the vulnerability of people who are vulnerable, and it increases the power of people who have power to do bad things to vulnerable people, and it also decreases the community's ability to fill the gaps where institutional or formal supports are not available.

This is true anywhere, but it -- in rural communities, there are fewer formal supports, there are fewer people, and if you're poor or if you're unemployed, or in an abusive relationship, or any of those, it's just harder to kind of swing yourself into a different current because there's just fewer currents around. It's different in an urban place when -- where you can see lots of different options in front of you and you can get to them.

So we know that social inequality impacts crime and that it plays out differently in rural areas, and so we've been discussing social inequality and rurality in a general way. And like Emma said at the beginning, it's going to be up to the Commission to figure out how much of that is relevant to the specific events of April 2020, and social inequality might have had very little to do with that, or it might have had a great deal. But if one outcome of the Commission is to make recommendations around community safety, it means that it must take social inequality into consideration. It has to accept that inclusive social and economic development is critical to creating safer communities.

So again, there is a lot of other factors that can influence any single

crime, and a lot of them are beyond, you know, they're beyond policy, but among the factors that we can actually do something about, social inequality ranks very high.

DR. EMMA CUNLIFFE: Thank you.

I'm conscious that other roundtable members may wish to add to or comment on what Karen has just shared. And we've had a very rich conversation about the lives and work of rural communities, the work that community members do to sustain rural places.

And in closing, I'd like to invite each of you to address anything we haven't had a chance to discuss, anything you might have come today hoping to say that I haven't had a chance to elicit. In particular, anything that you would like the Commissioners, the Participants, and the public to understand about the work that you do about rural communities, their strengths, and the structural conditions that make it hard for them to thrive, and including, if you'd like, to reflect or comment on what Karen has just shared about the significance of structural inequality and community safety.

And Lesley, if I can start with you, please.

DR. LESLEY FRANK: Thank you, Emma.

I'd like to just emphasise an earlier point around centralisation of services, which I think are motivated by cost savings, and -- but I'd like -- I think that that overlooks that costs are downloaded onto people in families and people, especially in, like in rural areas, where you're now picking up the slack of the cost of travel, childcare needs when they're not available, the food costs of travel, lost time at work. I'd just like to say that I think it's a bit of a false economy of savings, so it shifts the responsibility to individuals, specifically women a lot, that do a lot of unpaid labour in their communities and in -- and in their families.

And it makes -- it's just -- the work of -- it's harder to care -- when you download and shift the responsibility to people, it's harder to take care of yourself. And lack of resources outside your community, you're on your own to figure out how to get your needs met often, and that might take you to some places that many of us don't

have to consider and think about in our daily lives.

You know, we've talked a lot about what's lacking in rural communities too. And I'd just like to add that, you know, I've lived in rural Nova Scotia my entire life, and there is lots of positive wonderful dimensions of what it means to live rurally, the beauty, the quiet, community roots, knowing your neighbours, and the support you can sometimes get.

But back to Karen's point about social exclusion and inequality and poverty, that means some are left out often of those feelings of social connectedness, and if we don't address problems around social inequality we can't get at community wellness and -- which is unravelling the sort of social cohesion of communities, both in rural and urban places.

DR. EMMA CUNLIFFE: Thank you, Lesley.

To the question of centralisation, a participant in our very first roundtable back in April asked the Commissioners to consider the question when we're doing a risk/benefit analysis of policies who bears the risk and who receives the benefit. And I think in some ways that's been part of the theme of this roundtable.

Robin, if I may turn to you.

MS. ROBIN CAMPBELL: Yeah. I just -- I just wanted to emphasise the role, the important role that volunteer firefighters serve in our communities for both emergency and community services I alluded to, and the fact that these are people that risk their lives every day for their communities, and do so not as paid work but as a calling to serve their communities. And the fact that we need to do more to support them in that work so that way they can continue to respond to emergencies and do the important work that they do, but also having the supports and services needed to do that for their mental health and well-being is really important.

DR. EMMA CUNLIFFE: Thank you.

Madonna.

MS. MADONNA DOUCETTE: I guess my takeaway thought here

is that I'd love to see an improvement in the sexual health education that happens in schools. That we need to do better in ensuring that we equip our young people with the information that they need to keep themselves safe. That we need to address our own biases and our levels of discomfort when it comes to talking about things related to sexual health because people are literally dying of our embarrassment because we're not giving them the right information.

And that these lives matter, regardless of what community were born in, and that their future contributions could change the world, but we just need to get them there, we need to get them to their future. And that we still have a long road ahead of us to achieve the equality that these community members deserve. Thank you.

DR. EMMA CUNLIFFE: Thank you.

Marilyn.

DR. MARILYN MacDONALD: So I believe earlier today I mentioned that people really want to be in the place they call home, and that you hear over and over again in the long-term care, any interaction with people involved with long-term care.

And so directly linked to that, so the stronger that homecare is, the greater resources we put behind homecare has a direct effect on both acute and long-term care institutions because bed capacity in acute care is always a challenge, and so if you have individuals there who can be in homecare, and then, for example, if you can delay institutional long-term care, so the strength of homecare is paramount. And I think when you look at the health budgets and you look at the percentage that homecare has, which is, if you're lucky, in the order of 6 percent of any healthcare budget versus what the other sectors get, it's absolutely mindboggling.

So that's a -- it's -- certainly Nova Scotia can be commended; they do have, and have instituted for some time now, a caregiver benefit. Now, it's not big but it's very tangible. And growing something like that, it's one of the few jurisdictions in

the country that even has such a thing. And that's a perfect example of the shoring up of homecare and the recognition of its importance and place in the system.

Thank you for your ear and your time.

DR. EMMA CUNLIFFE: Thank you so much, Marilyn.

And Karen?

DR. KAREN FOSTER: Yeah. I think I would just say that, you know, for decades in Nova Scotia we've been told that if we want anything nice, we need economic growth. We are finally -- you know, whether that's true or not, we're seeing really strong economic growth for the first time in a long time, and so our responsibility as Nova Scotians is to ensure that the benefits are equity -- equitably distributed across space and also across, you know, different, you know, social groups.

And I know we were talking a little bit about, you know, more conservative attitudes in rural communities, and while that's true, I do want to emphasize that the research that we've been basing that on shows that somewhat progressive and very progressive views are still in the majority, including in rural communities. So I mention that just because there are probably more allies than there are opponents in rural communities towards progressive social change and toward creating more inclusive communities.

DR. EMMA CUNLIFFE: Thank you so much, Karen.

Commissioners, do you have any question for our roundtable members?

COMMISSIONER MacDONALD: Commissioner Fitch?

Commissioner Stanton?

COMMISSIONER STANTON: Thank you.

All of you've pointed to structural and systemic issues in rural communities in Nova Scotia, and Karen, I just wanted to follow up on some of the things in your report.

You link crime and safety to structural factors, and, of course, a

number of the ones that we've talked about today. You also talk about how Nova Scotians have a lack of trust in public institutions, outside of the HRP in particular. And you talk as well about the acute need for situated knowledge of community and rural policing, so that means, of course, officers who have -- who spend a lot of time in the communities and know the communities, and all of this is drawn from various research that you discuss, and you talk about the RCMP sending new recruits to rural areas that don't know the local context, and that was something that was not included in the Parliamentary report.

And you also note that, you know, there's nine or so municipal police departments and over 40 RCMP detachments, but there's no overarching crime prevention strategy or plan in Nova Scotia, and I wondered if you can talk about the attributes of an effective crime prevention model; you talk about that a bit as well. But it would be helpful to me if you could expand upon that point about there being no overarching crime prevention strategy or plan in Nova Scotia, and the attributes of an effective crime prevention model, please.

DR. KAREN FOSTER: Sure, yeah, I'm happy to talk about that.

So, yeah, Nova Scotia has no -- we have no overarching publicly available community safety or crime prevention strategy. So obviously I have no idea if there are strategies that are guiding institutions that the public doesn't know about, but there's nothing publicly available. So when I look at that, just as a lay person but also as someone with some expertise in rural communities, it's -- you know, we're driving without a map. If the goal is safer communities, then there is no -- there's no overarching plan.

And a community safety strategy ideally would -- you know, you need some overarching plan, but you also need some bottom-up information, local expertise. So the community safety and crime prevention plans that I looked at in my research for the Commission involved some collaborative element, some kind of community consultation; and really meaningful stuff, like, from the outset, where

communities are invited to share their concerns and their situated knowledge and experiences of what makes their community safer or less safe. And then all of those bottom-up things at the community level have to feed into something overarching so that, you know, whoever is in charge at the top has the big picture but also understands that there's local nuances that affect the delivery of services and relationships between people and all of those things that matter to crime prevention and community safety.

So there are models out there for how to do it well, and they pretty much, without exception, insist on some kind of bottom-up involvement, which makes things, of course, more expensive and more complicated at the outset but, you know, prevents downloading those costs and complexities onto communities themselves.

And I do -- I think it's possible to get the -- I think I said it at the last panel as well, like, you -- of course there are risks to devolving all responsibilities to a local level. There needs to be checks and balances to ensure that communities are getting equal levels of services, and the same way that we do with all kinds of different services, and so in crime prevention it should be the same.

Did I answer all of that?

COMMISSIONER STANTON: I think it would be helpful to perhaps follow up on some of those studies that you rely on for some of the conclusions, so we'll need to do that. But I think the factors or the attributes of the model, I mean, if you have a bottom-up involvement, who is best to lead that? Is that the municipality; is that the province? Just in terms of trying to assess a good model.

DR. KAREN FOSTER: Yeah, I mean, I think you probably start with the municipality, although even that gets complicated where some municipalities have been amalgamated and the residents don't see themselves as being part of the same community. So I really think it would depend a lot on you having specific local informants and doing the groundwork to really understand in each case who's best suited to lead. I don't know that you would get the same answer in every place, necessarily.

COMMISSIONER STANTON: Because you talk about how a larger provincial government strategy that mobilizes the necessary resources and provides an overarching framework for communities to tap into would perhaps be a good approach, but then you talk about how capacity building helps justify allocating resources to programs and initiatives without requiring them to promise an economic return and how that would be a shift for Nova Scotia. Could you just expand on that a little bit?

DR. KAREN FOSTER: Part of that was a little bit muffled, like I couldn't hear the ---

COMMISSIONER STANTON: Sorry. You said it would be a shift for Nova Scotia to use as a basis for a larger framework capacity building to justify allocating resources to programs and initiatives without requiring them to promise an economic return. It's on page 40 of your report.

DR. KAREN FOSTER: Okay.

COMMISSIONER STANTON: Yeah, sorry, just at the bottom of the page on page 40.

DR. KAREN FOSTER: Oh, there we go.

COMMISSIONER STANTON: Around community development and evaluation and building community capacity. And ---

DR. KAREN FOSTER: Yes.

COMMISSIONER STANTON: --- just in terms of allocating resources and so on, because, of course, as we're hearing, it sounds as though demographically, some of the rural communities are aging, so they're going to have a reduced tax base because people aren't ---

DR. KAREN FOSTER: Yeah.

COMMISSIONER STANTON: --- and so how do you go about sorting out service provision and resource allocation when you have such a variation in municipalities.

DR. KAREN FOSTER: Yeah, I mean, I'm not exactly sure how, you know, how to figure that out. And my approach, if I was asked to figure it out, would be to look at other jurisdictions and see, you know, and around the world, and figure out how it can be done. I think that the -- like, the model in Nova Scotia and across Canada has been either to look at -- you know, to do these short bursts of funding for community initiatives and then to just leave them, and to not give them the duration of funding that would help them succeed. So I think we need to move away from that, and also move away from -- like in the passage that you just read, requiring things that are actually social services to, you know, return a profit, or to become self-funding after a while. Like, there are just things, community safety is probably one of them, that are going to cost money and not make money. And so I think that we need to dispense with the idea that all these initiatives have to eventually fund themselves.

As for, you know, the actual, yeah, how you do it, that's a question for the people who hold the purse strings, I guess, of government.

COMMISSIONER STANTON: Right. Okay. Thank you so much, and I really appreciated your report, and I just really appreciated the insights from all of you and it's so clear that you're all so dedicated to your communities, and it's really appreciated that you would come and talk to us about them today, and Commissioner MacDonald I'm sure will echo that.

COMMISSIONER MacDONALD: Indeed. Thank you, Emma, again for not just facilitating this very important panel for us but all the work that goes into it and in that line, thank as well, Katie MacLeod, for the important work that she's done behind the scenes, making sure that we have this very informative and important round table discussion today.

You know, this mass casualty occurred in rural Nova Scotia. It occurred in rural Canada, rural communities like so many throughout this province and like so many throughout this country. Understanding these communities represents such important context for us, important context that we've had the benefit of today and

it certainly has broadened our perspectives.

If I could refer to you by your first names, Karen, and Robin, and Marilyn, and Madonna, and Lesley, a fundamental aspect of our mandate is to make recommendations to make our communities safer, our rural communities safer, and to do that, we have to have a fundamental understanding of those rural communities, and you've helped us in such an important way in teaching us about things that we otherwise would not have been aware of, and that's very valuable, and that's extremely helpful and important and fundamental for us, and we greatly appreciate it.

I was struck by the reference to social cohesion in rural communities and struck by how so many of those whose lives were taken or injured were caregivers, were service providers, and were good Samaritans, wonderful neighbours, wonderful service providers in rural Nova Scotia, in rural Canada, in April of 2020. And that speaks volumes in my mind of the nature of rural communities in this province and in this country, and you have elucidated that for us and for that we're greatly appreciative. Thank you so much.

Administratively, we will be doing some changes to the platform area, so we'll take a 10-minute break, a brief break, and we'll come back and hear some submissions, and Mr. VanWart will have exhibits to tender as well. So thank you all again very much.

--- Upon breaking at 12:28 p.m.

--- Upon resuming at 12:41 p.m.

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

COMMISSIONER MacDONALD: Mr. VanWart?

MR. JAMIE VanWART: Thank you, Commissioners. I just wanted to take a moment to tender a number of documents that are outstanding, so I'll dive into that. I would just say at the outset that all of these documents have been identified and shared with Participant Counsel, so I'll do it in an expedited manner.

First, stemming from the Commissioner's decision on March 9th, there was a direction to obtain an affidavit from Constable Chris Grund and we have done that. And so COMM Number 005953 -- or, sorry, 0059543 is the affidavit of Christopher Grund, if that could be exhibited?

REGISTRAR DARLENE SUTHERLAND: It's Exhibit 2649.

--- EXHIBIT NUMBER 2649:

(COMM0059543) Affidavit of Christopher Grund

MR. JAMIE VanWART: And then there are four statements related to the support services for survivor's families and communities. It was a Foundational Document presented on the 21st of June. If those four statements could be exhibited?

REGISTRAR DARLENE SUTHERLAND: That's 2650, 51, 52 and 53.

--- EXHIBIT NUMBER 2650 to 2653:

Statements related to the support services for survivor's families and communities

MR. JAMIE VanWART: Next we have a supplemental report from the Mass Casualty Commission investigative team with regards to the emergency health services GPS data, and that's COMM Number 0058894.

REGISTRAR DARLENE SUTHERLAND: 2654.

--- EXHIBIT NUMBER 2654:

(COMM0058894) Supplemental report

MR. JAMIE VanWART: Thank you. And then at the request of the National Police Federation, we have listed 28 documents to be exhibited. If they could be exhibited?

REGISTRAR DARLENE SUTHERLAND: And those will be marked Exhibit 2655 to 2682.

--- EXHIBIT NUMBERS 2655 to 2682:

28 documents requested by the National Police Federation

MR. JAMIE VanWART: Thank you. And Patterson Law has requested that two exhibits -- or two documents be exhibited.

REGISTRAR DARLENE SUTHERLAND: That's 2683 and 2684.

--- EXHIBIT No. 2683 and 2684:

2 documents requested by Patterson Law

MR. JAMIE VanWART: Thank you. There are a number of outstanding documents to be exhibited with regards to some of the roundtables that the Commission has heard. First with regards to the roundtable today, there are 67 documents to be exhibited.

REGISTRAR DARLENE SUTHERLAND: So exhibited.

--- EXHIBITS 2685 TO 2752:

Outstanding documents related to roundtable of July 7

MR. JAMIE VanWART: Thank you. And then going back to June 28th, there was a roundtable with regards to understanding and addressing the immediate and long-term needs of those impacted by mass casualty incidents. There are 111 documents that we seek to be exhibited.

REGISTRAR DARLENE SUTHERLAND: So exhibited.

--- EXHIBITS 2753 TO 2864:

Outstanding documents related to roundtable of June 28

MR. JAMIE VanWART: On June 30th, there was a roundtable understanding and addressing the immediate and long-term needs of first responders. With regards to that roundtable, there are 311 documents to be exhibited.

REGISTRAR DARLENE SUTHERLAND: So exhibited.

--- EXHIBITS 2865 TO 3176:

Outstanding documents related to roundtable of June 30

MR. JAMIE VanWART: With -- on June 30th, the roundtable regarding crime in rural communities, there are 162 documents to be exhibited.

REGISTRAR DARLENE SUTHERLAND: So exhibited.

--- EXHIBITS 3177 TO 3339:

Outstanding documents related to roundtable of June 30

MR. JAMIE VanWART: And thank you, Commissioners. Those are the documents to be exhibited today.

COMMISSIONER MacDONALD: Thank you.

MR. JAMIE VanWART: We'll now move on to hearing from Participants giving submissions to the Commission. These are on the -- the submissions are on the topic -- we've invited Participants to provide submissions, if they so wish, on the topic of understanding and addressing the immediate and long term needs of those impacted by mass casualty incidents and rural and community safety and policing rural policy and resources.

We have one counsel, Ms. Stephens, who is present today, who will be providing submissions.

I'll allow Ms. Stephens to outline who she represents when she begins her submissions.

COMMISSIONER MacDONALD: Thank you so much.

Ms. Stephens?

--- SUBMISSIONS BY MS. MEGAN STEPHENS:

MS. MEGAN STEPHENS: Good afternoon, Commissioners.

As you heard, my name is Ms. Stephens -- Megan Stephens, sorry. And I'm here today to make submissions on behalf of my client, which is Women's Shelters Canada, as well as the two other organizations with which my client has been participating in the inquiry, the Transition Houses Association of Nova Scotia, and Be the Peace Institute.

While this is our first day having counsel here in person at the hearings, we have been following along remotely and trying to contribute to the Inquiry's work where opportunities have presented themselves.

So we thank you very much for allowing us to make submissions

today.

Before I begin my submissions, since this is the first day that I am here in person, I wanted to begin by personally expressing my heartfelt condolences to the families and friends of the victims of the April 2020 mass casualty. Their losses have been immense and I'm very sorry about that.

But I also want to acknowledge the incredible courage and strength that they're bringing to the very act of participating in this Inquiry.

I also want to take a moment to share a little bit of information about the three organizations that make up our coalition.

My client, as I said, is Women's Shelters Canada. It is a charitable organization that provides a strong unified pan-Canadian voice on the issue of violence against women.

Women's Shelters Canada works to ensure that policies, legislation, and regulations are informed by the experiences and insights of its members who are the provincial and territorial shelter networks.

So Transition Houses Association of Nova Scotia is this province's shelter network. And their organization is also made up of member organizations which are the frontline shelters, 11 of them across this province, providing services in both urban and rural Nova Scotia.

THANS works with its members not just to provide transitional services to women and their children who are experiencing violence and abuse. They also seek to eliminate violence against women in Nova Scotia through advocacy, training, and research.

And finally, Be the Peace Institute is a Nova Scotia based non-profit working to address the complex roots and traumatic consequences of gender-based violence in all its forms. Through research, collaborative initiatives, and advocacy, it promotes violence prevention, informs policy development and decision making, and advances social and systemic change for gender equity and social justice.

As you know and as we just heard, Participants were invited to make submissions today on two issues, the immediate and long term needs of those impacted by mass casualty incidents, and rural community safety, policing, policy, and resources.

During my submissions today, I want to focus on what our coalition sees as a troubling omission from the discussion of each of these issues, namely the perspectives of survivors of intimate partner and gender-based violence.

I say that recognizing that the next two weeks will focus on those issues and that part of the Inquiry's mandate. And so I welcome the fact that that will be coming.

But we are concerned about what we see as a bit of a siloed approach that has been adopted to addressing issues specific to intimate partner and gender-based violence.

The structure of the Commission's process may be unwittingly helping to further entrench long-standing views about intimate partner and domestic violence being a private issue separate and distinct from public violence and the impacts of that violence, and by extension, the view that real victims are those who suffer violence at the hands of strangers or random acts of violence.

The fact that intimate partner violence survivors were excluded from discussions both about the needs of those impacted by the mass casualty event and rural communities, safety, and policing is consistent with that siloed approach that we find concerning.

Over the course of the past two weeks, the Commission hosted, included today, four roundtables regarding the many manifestations of trauma, Post-Traumatic Stress Disorder experienced by family members and survivors, the broader community, and first responders following mass casualty incidents, as well as the unique nature of rural communities in Nova Scotia, policing, and crime.

These are all important issues and I definitely do not want to be

taken as suggesting otherwise.

However, because of the structure of the inquiry processes, issues relating to intimate partner and gender-based violence have been segmented out and treated like a distinct topic that will be discussed at a later date.

It was not addressed in relation to Part 1, the what happened aspect of this Inquiry, or even, as we've seen in the last couple of weeks, not in relation to these more general Part 2 contextual issues about the needs of communities and response to mass casualties, or discussions about rural communities and policing.

In our submissions, intimate partner and gender-based violence survivors are, without question, a community that warrants consideration when discussing the impacts of mass casualties and the unique trauma they will need support for following such incidents.

Survivors of intimate partner violence are not just deeply affected by the violence they've suffered, but we know from the research commissioned by this Inquiry that intimate partner violence and gender-based violence is often inextricably embedded in the story of mass casualty events. In our submission, that was true of the events of April 2020.

Indeed, as you will know, the Commission Report entitled "Understanding the Links Between Gender-Based Violence and Mass Casualty Attacks", which is available on the Commission's website and was prepared by Professors McCulloch and Maher, that report emphasizes the strong evidence pointing to connections between mass casualty attacks and gender-based violence in relation to the targeting of specific women often as the perpetrator's first victim, in the history of gender-based violence, in the background of men who commit such attacks, and in the often explicit misogynistic motivation of some mass casualty attackers.

Importantly, their report underscores how the connections between gender-based violence and mass casualties have typically been obscured by the adoption of a siloed approach to the two issues, treating one as a public problem, but

gender-based violence as a private issue.

As they state on the second page of their report:

> "The dichotomous approach to private and public violence undermines the ability to understand, prevent, and respond to mass casualty attacks."

In our submission, survivors of intimate partner and gender-based violence are an important community that warrants consideration when discussing the ongoing trauma and PTSD associated with mass casualties. The community of survivors of intimate partner and gender-based violence who have borne witness to the stories emerging about the events of April 2020, who are following the work of this Inquiry, either here in Nova Scotia, across the country, and indeed around the world, share the trauma that comes with knowing that the perpetrator in this case, as well as other men like him, was able to engage in violence towards others with apparent impunity for sometime before the events of April 2020. Survivors often live in fear that they or those close to them could lose their lives at the hands of abusers.

Research has shown that survivors of intimate partner and gender-based violence who experience years of control and abuse suffer PTSD at very high rates. One researcher, Brian Valle (ph), has noted they experience PTSD at the same rate as first responders and soldiers in warzones.

Failing to include their voices in the recent roundtable discussions invisibilises their experiences, pushing it back into the private realm. Doing so subtly suggests that communities or even need not take responsibility for addressing intimate partner and gender-based violence. The exclusion of the perspectives of that community of survivors in those roundtables also arguably helps to perpetuate myths about who are true victims in mass casualty events.

We have been concerned about the way in which that perspective was advanced by senior Commission Counsel early on in these proceedings. In particular, on February 28th, when senior Commission Counsel was presenting the

Portapique Foundational Document, the first day that really evidence was presented of that type, he began by providing a brief overview of the violence that the perpetrator had inflicted on his common law partner on April 18th. He then emphasised that the violence against innocent parties really started later.

As he put it, when he was showing the drive down that road in Portapique, and he paused in front of the Blair home:

> "'This is where the mayhem, it will be submitted by the Mass Casualty Commission, really commenced in terms of the violence and the perpetration of violence against innocent parties.'" (As read)

The failure to acknowledge that survivors of intimate partner violence might also be innocent parties or that they might experience trauma that would warrant consideration in the aftermath of the mass casualty, much like first responders or other community members, will arguably leave survivors of gender-based violence watching these proceedings feeling more vulnerable, fearful, and marginalised.

As Professor Signa Daum Shanks put it so powerfully in the roundtable that was held last week:

> "'How we ache about an event matters, and the ache in witnessing an event impacts how we will trust relationships that try to take care of those events.'" (As read)

The exclusion of survivors from consideration as a community deeply affected does not just send a message that their ache may not matter, it does, unfortunately, play into longstanding myths about the nature of intimate partner violence.

I want to now address a similar concern, which is in relation to the roundtables on Rural Community Safety And Policing, where there was also very little consideration of the realities of rural living for those subjected to intimate partner and

gender-based violence. We recognise this is a complex issue. There is an inquest that just wrapped up in Ontario that for several weeks really just delved into that particular issue.

But given those complexities, and the importance of understanding the unique challenges intimate partner violence survivors face in rural communities, we are concerned that the roundtable last week, and again the roundtable discussion this morning, only really scratched the surface on that issue. Indeed, that perspective, or the inclusion of those who provide frontline services to intimate partner violence survivors in rural settings, would have been a very useful and welcome addition, in my submission, to today's panel.

While some of last week's panel certainly acknowledged that social cohesion and control may impede women from reporting domestic violence in rural communities, it would have been helpful to go further and find out why that's happening. It's notable to our clients that during that roundtable there was no discussion of several key issues, including why are bystanders potentially seemingly reluctant to report and intervene in rural communities? Is it a fear of retaliation of being terrorised in their own neighbourhoods? Is it that concern rocking the social cohesion?

There was little discussion about how police are often ill-equipped to respond to intimate partner violence in rural settings, whether it's part of the rural and remote nature of the communities, challenges with police being able to respond quickly to calls. And there was really not much discussion either about the culture of policing. There was some discussion about systemic racism within policing in the context of talking about the Indigenous communities, but little to no discussion about concerns about misogyny within the police. And how -- there was talk about how in the rural context there is a focus on prevention and the use of police discretion. How did those concerns about racism and misogyny within police culture potentially impact how police choose to exercise their discretion when they are called to respond?

There was little discussion about the unique barriers that survivors of intimate partner violence experience in rural communities when they might want to leave, including to use the phrase that Dr. Cunliffe used this morning, "car dependency or lack of access to shelters."

There was also little discussion about the lack of services that might be available for perpetrators who might need or want help for their violent behaviours or addictions.

And finally, there was no discussion about the unique ways in which coercive control can operate in rural communities with perpetrators able to weaponize isolation as a tactic to keep their partners close.

One final but important gap that we also want to flag was the need to consider the unique barriers survivors of intimate partner and gender-based violence from Indigenous or African Nova Scotia rural communities might face. Dr. MacMillan did speak to the experience of some rural Indigenous communities, and certainly spoke about the deep distrust of police that lead many women to see calling them as very much as a last resort, only to be used in the very most serious cases. And she also certainly identified what our clients speak about regularly is a key concern for many women, which is having child protection get involved if you choose to call police.

There was, however, no discussion about other specific issues that other research has shown have been a problem in Indigenous and Black communities, such as the ways in which dual charging or pro prosecution policies can also lead to the criminalisation of women, and that's a concern that is often felt disproportionately by Indigenous, Black, and other racialized communities.

With respect to the experience of African Nova Scotia rural communities, Dr. Cunliffe acknowledged that was a gap in the roundtable last week, and we also heard this morning that representatives from the Indigenous and African Nova Scotia communities were not able to attend due to unforeseen circumstances.

We would submit that the particular perspectives of survivors of intimate partner and gender-based violence in the Indigenous and African Nova Scotia rural communities is an essential one for you to consider. As Ms. Doucette noted this morning during the roundtable, she was asked to deliver a message on behalf of the Eskasoni community reminding you about the ongoing impact of violence against Indigenous women and girls, and the fact that there are often not good pathways to report that violence. We think that definitely warrants further careful consideration.

A key concern for our clients is that women living in Indigenous and Black communities are acutely aware that if they report -- they call police and report that their male partners have abused them, they are aware that their partners will likely face disproportionate consequences as they are processed by the criminal justice system. They are aware of the high rate of criminalisation and overincarceration of men and women in those communities. That incredible distrust of police also leads survivors of intimate partner violence to know that if they do choose to report, they may also be subject to harsh criticism and judgment from their own communities.

So while we do not yet have the full schedule for the next two weeks, we certainly remain hopeful that at least some of these issues will be addressed. But as you begin to draft your report and to craft your recommendation, we urge you to work to break down the silos between the issues relating to intimate partner and gender-based violence and the other aspects of this inquiry. We see them as inextricably connected. And more generally, we think it's important to work to break down the divide that has too often existed between our understandings of public and private violence.

Subject to any questions you have, those are my submissions.

COMMISSIONER MacDONALD: Thank you so much.

Commissioner Fitch?

COMMISSIONER FITCH: Just thank you for sharing your submission with us today, and I trust that the upcoming work that is planned with the

Commission will address some of your issues that you've raised today, and your point is very well taken about the silos and ensuring that we work to change those narratives around private versus public violence. So thank you.

MS. MEGAN STEPHENS: Thank you, Commissioner Fitch.

COMMISSIONER MacDONALD: Commissioner Stanton?

COMMISSIONER STANTON: Thanks so much. Just I think that you'll find that a number of the issues that you've raised will be addressed in the next couple of weeks, but also certainly in phase three discussions because a number of the things that you are referring to are certainly going to be important for that recommendation phase. I wonder if you're able to in future submissions address that point that you mentioned about the reluctance of bystanders to report intimate partner violence, because certainly that's, of course, something that necessarily is a question whenever these matters are raised. So if you haven't already, I would encourage you to provide materials on that to the Commission.

MS. MEGAN STEPHENS: Okay.

COMMISSIONER STANTON: If -- and I know certainly some of the commissioned reports, and you alluded to one of them, but a number of them, the source materials of those do address some of the topics as well, and you'll appreciate that it's a challenge to try to cover everything that might arise from a mandate as broad as this, but just to obviously encourage you to continue with the engagement. It is certainly appreciated and thank you.

MS. MEGAN STEPHENS: Thank you very much.

COMMISSIONER MacDONALD: And thank you so much for your submissions.

MS. MEGAN STEPHENS: Thank you.

COMMISSIONER MacDONALD: Greatly appreciate it.

Mr. VanWart?

MR. JAMIE VanWART: Thank you. That concludes the submissions this afternoon.

COMMISSIONER MacDONALD: Thank you so much.

COMMISSIONER STANTON: Thanks. And thanks for the submissions, both oral and written. We received a helpful submission from Ms. Schigas in written form, and it was read with care and appreciation.

The round table today relates to the aspect of our mandate where we're directed to inquire into the causes, context and circumstances that give rise to the mass casualty. And, of course, there's the rural context, but there's also -- the causes, context and circumstances includes systemic factors, and we heard about and the materials supplied for the round table talk about some of those factors with respect to rural Nova Scotia, in particular, poverty rates and the relationship between economics and crime and safety in the communities in terms of structural factors. We're also required to give particular consideration to persons or groups differentially impacted and that's set out in the mandate, so it's part of what we heard in terms of discussion, and we'll continue to do so.

We do need to make recommendations that are useful and implementable in rural communities, so we need to understand the structural and systemic factors that affect service delivery and that affect how communities address issues of safety in order to make useful recommendations.

So just a reminder that commissioned reports such as Dr. Foster's report on crime prevention and community safety in rural communities are available for the public to read on our website, and we're certainly still welcoming public submissions about potential research, and, of course, as I've indicated, Participant submissions about research that would be of assistance in terms of recommendations for public safety -- or, sorry, community safety.

Public proceedings will resume next week back here at the Marriott Harbourfront in Halifax. We'll be focussing, as you've heard, on aspects of our mandate

related to gender-based violence and intimate partner violence more explicitly. Next week during public proceedings, Commission Counsel will be sharing more Foundational Documents and research. We'll also be hearing from additional round table members and from a number of witnesses, including expert witnesses and the perpetrator's common-law spouse, Lisa Banfield. The information gathered on the topic of violence will be applicable to all three phases of our work, to help us find out what happened on April 18 and 19th, 2020, to explore the causes, context and circumstances that may have contributed, and to begin to identify recommendations to help make our communities safer.

Given our focus on different forms of violence in the next weeks, we encourage everyone to think about how you can prepare and consider how you choose to engage in the upcoming proceedings. Please remember, we do have a dedicated mental team on site for those attending proceedings in person, and there are many 24-hour support services listed on our website.

Thank you all and we'll see you next week.

REGISTRAR DARLENE SUTHERLAND: Thank you. The proceedings are adjourned until July the 11th, 2022 at 9:30 a.m.

--- Upon adjourning at 1:11 p.m.

C E R T I F I C A T I O N

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

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

Sandrine Marineau-Lupien