

**Stakeholder Consultation
Session**

**Séance de Consultation des
Parties Prenantes**

Commissioners / Commissaires

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

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

Dr. Kim Stanton

Audio file: Sept27_SupportServices

Held at :

Mass Casualty Commission Office
128 Esplanade Street
Truro, Nova Scotia
B2N 2K3

Tuesday, September 27, 2022

Tenue à:

Bureau de la Commission des pertes massives
128, rue Esplanade
Truro, Nouvelle-Écosse
B2N 2K3

Mardi, le 27 septembre 2022

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II **Appearances / Comparutions**

Megan Harris	Engagement Coordinator, Facilitator
Selena Henderson	Research and Policy, Co-facilitator
Anna Barnes	YMCA
Bobby-Jay Aubin	Youth Outreach Worker, Inspiring Communities (Turning the Tide)
Charlene Boyce	Communications Manager, Inspiring Communities
Janet Watt	Senior Manager, VON East Hants
Shawna Wright	Community Outreach and Engagement Coordinator (Between the Bridges)

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--- Upon commencing on Tuesday, September 27, 2022, at 10:00 a.m.

MS. MEGAN HARRIS: So I'll start off just introducing the Commission staff that are on the line right now. My name is Megan Harris. And I know I've been in touch with a number of you. I am a Stakeholder Engagement Advisor with the Commission so I plan a lot of meetings like this, different stakeholder outreach activities and things like that. And Selena is also on the line. I will give her an opportunity to introduce herself as well.

MS. SELENA HENDERSON: Hi everyone. My name is Selena Henderson. I am a lawyer but I'm working with the Research and Policy team here at the Commission.

MS. MEGAN HARRIS: Thank you, Selena. And we also have Hannah on. She's the mysterious black box there that's says "Commission Communications". She's on our Communications team as well and she's just on to make sure that there's no technical issues or anything like that while we're chatting today.

So again, thank you all for coming. I know that we did a bit of an intro about what this is all about in the various emails that you've received, but the purpose of these sessions is to bring together community organizations to discuss the different issues that the Commission is analyzing as a part of our work. And today, we're going to be talking about support services. So we're going to pose a series of questions to help you think about potential recommendations because that's the phase that we're going into now with the Commission. The Commissioners and team members are about to sit down and start working on the final report and we need to develop recommendations. And it's very important to us that the recommendations we make are going to be meaningful and will be able to be implemented and will have impact so we're hoping to talk to you guys, as the people who are actually providing support services out there on the ground, to get a sense of what is needed on your end

1 but you think -- how you think things have been going, et cetera.

2 So I'd like to start off just by asking everyone to introduce
3 themselves and tell us a little bit about your organization. You know, what's the
4 missions and vision? What populations does your organization serve, et cetera? So I'll
5 start with Bobby-Jay.

6 **BOBBY-JAY AUBIN:** Good morning, everyone. My name is
7 Bobby-Jay Aubin. I work in the Digby Municipality with Turning the Tide, which is a
8 branch of Inspiring Communities, and I'm a youth outreach worker and I work with youth
9 12 to 24, and -- I can't think this morning -- and yeah, I provide accompaniment. I'm
10 sorry. I'm just drawing a blank right now. So I work with a lot of at-risk youths. We
11 have drop-in centres. Yeah, that's what I do in a nutshell.

12 **MS. MEGAN HARRIS:** Thank you, Bobby-Jay.

13 **BOBBY-JAY AUBIN:** You're welcome.

14 **MS. MEGAN HARRIS:** Charlene?

15 **MS. CHARLENE BOYCE:** I'm the Communications Manager with
16 Inspiring Communities, a title which is probably about to shift because my role is a bit
17 bigger than that. Inspiring Communities works across Nova Scotia and shares
18 knowledge throughout the Atlantic region on equitable systems change. So,
19 specifically, we work in three communities. Bobby-Jay is with one of our initiatives
20 that's based in the Digby area, Turning the Tide. We also have North Side Rising,
21 which is based in North Side, North Sydney, Sydney Mines area of Cape Breton. And
22 in Dartmouth North, we have Between the Bridges. And those are all under our
23 umbrella. And we, in addition to that, operate projects based on themes that are
24 important to folks. So we've done a project recently with Dalhousie on the massive
25 street parties and neighbourhood relations, and we do a climate change cohort with
26 folks in Cape Breton to kind of mobilize frontline first voices in the fight against climate
27 change. So we do a lot of things but we tend to operate at a systems level. So I am not
28 a frontline worker but I am here to speak to some of things I've heard from some of our

1 frontline workers other than Bobby-Jay who will speak for themselves.

2 **MS. MEGAN HARRIS:** Great. Thank you very much, Charlene.
3 Anna?

4 **MS. ANNA BARNES:** Hi, I'm with the YMCA. The YMCA does a
5 lot of things, essentially, looking to build healthy communities, mind, body, and spirit.
6 And in my role, I work with the independent YMCA's across Atlantic Canada. So I'm
7 again not on the ground level working in program delivery but in supporting strategic
8 opportunities for the five YMCA's we have in Nova Scotia and beyond in the province --
9 in the region. And supports offered are physical wellness activities but also childcare,
10 youth programming, employment services, newcomer settlement, et cetera, et cetera in
11 some rural settings across the province.

12 **MS. MEGAN HARRIS:** Great. Thank you very much, Anna.
13 And Janet?

14 **MS. JANET WATT:** So I'm Janet Watt and, unfortunately, suffering
15 a bit of laryngitis right now. I am the Senior Manager with VON Colchester East Hants
16 here in Truro and, of course, we're the area in which the mass shooting took place so
17 the effects that it's had on our employees -- the long-term effects it's had on our
18 employees in terms of their safety and the community.

19 **MS. MEGAN HARRIS:** Thank you, Janet, for being here today.
20 Okay, so as I mentioned, one of the most important outcomes from this Commission is
21 to make the recommendations. And your input is really going to be critical in shaping
22 the Commission's final recommendations; they're going to take a look at all of these
23 transcripts when they're sitting down to write. And so I will be facilitating the session
24 and will work with all of you as we go through it. So I'll help with the flow of the
25 conversation, keep track of time, and explore related topics and -- if I hear them come
26 up while we're talking.

27 My co-facilitator, Selena, is also here. So if you have anything
28 you'd like to say while we go through, please feel free to jump in, in case I miss

1 something.

2 And we're going to -- I sent around the questions in advance so you
3 guys should all have them. If you don't, that's no problem at all. We didn't expect
4 anyone to be preparing in advance but, basically, we'll be walking through the questions
5 and we hope to spend about 10 to 15 minutes on each of them. And we just ask that
6 while everyone's talking to listen to everyone respectfully without interruption. I'm
7 assuming that won't be a problem but just throwing it out there.

8 So let's get started. The first question is a question that we wanted
9 to ask. We've heard a lot about it over the time of our work and I'm going to just throw it
10 out there. We don't want to take up a lot of time focused on this question because we
11 want to keep this as forward-facing as possible but, do you think that there are
12 adequate support services currently available to the communities that were most
13 affected by the mass casualty?

14 And Janet. I'll start with you and we can go backwards this time.

15 **MS. JANET WATT:** Yeah, so if we want to look at the -- when the
16 actual event was taking place, one of our biggest things, and since then, well, has been
17 the communication and trying to find out the details in terms of, what was happening
18 where; where were our employees who were out working in the field; who was at risk;
19 who do we need to get out of a certain area? So -- and I can -- I think it's been clear
20 through the whole Commission is just the whole area of communication. And I know --
21 I'm very respectful that VON is not the only organization that has people out in the field
22 and working. I mean -- and we can't expect special circumstances to say, you know,
23 "Oh, this is happening. We need to let VON know," because, you know, I acknowledge
24 that there's various people who were working in the communities and whatnot. But, at
25 the same point, when we have a 100-plus staff out there that we're responsible for and
26 there's safety issues in the area, it's difficult -- it was difficult to get information to keep
27 our staff safe.

28 **MS. MEGAN HARRIS:** Yeah. And what about since the mass

1 casualty? Do you believe that there's been enough support services for, specifically,
2 your organization and others in the communities?

3 **MS. JANET WATT:** I think both internally for VON and externally
4 in the communities, there's been a lot of support there. However, we're still struggling
5 with that same thing. Like, two weeks ago, September 3rd, I think it was -- yeah,
6 September 3rd, there was another event here in the local area where there was a
7 gunman on the loose and we couldn't find him, and we were not able to secure any
8 information from the RCMP or the Truro police in terms of, "Is this something we need
9 to be pulling our members off the road? Do we need to our staff to seek someplace
10 where they're safe?" Yeah, so -- yeah, it's just been ongoing communication issues.
11 And I can understand. I respect -- I totally respect the position that the RCMP and the
12 police people are in as well when they're dealing with these situations. It just makes it
13 difficult for the rest of us, as well, to manage our business and make sure our staff stays
14 safe.

15 **MS. MEGAN HARRIS:** Yeah, makes sense. Thank you, Janet.
16 Welcome, Shawna. Shawna, do you want to just jump in? We just
17 started the first question but if you just want to jump on and introduce yourself, that
18 would be great.

19 **MS. SHAWNA WRIGHT:** My name is Shawna Wright. I work with
20 Inspiring Communities' Between the Bridges, and I also work with youth and in
21 communities for quite some years. Over 25 years, I've worked with community work in
22 rural communities, inner city communities in Halifax and Ontario. So yeah.

23 **MS. MEGAN HARRIS:** That's great. Shawna, I'll just ask you the
24 question that we're going with right now since we're chatting. The question is, do you
25 believe that the support services available to the communities most affected by the
26 mass casualty have been adequate?

27 **MS. SHAWNA WRIGHT:** What communities are you talking
28 about? Like ---

1 **MS. MEGAN HARRIS:** I suppose I was specifically referring to the
2 communities where, you know, crimes were committed, so Truro, Debert, Onslow, that
3 area. I know that's not your specific geographical area but ---

4 **MS. SHAWNA WRIGHT:** Yeah, I can't really answer that question.
5 I don't -- I don't -- all I've been -- I don't know if they -- I can't answer that question. I
6 know people are not happy, so I -- just going from the public reaction ---

7 **MS. MEGAN HARRIS:** Yeah.

8 **MS. SHAWNA WRIGHT:** --- and their saying it's not adequate
9 services, apparently there's not. So yeah.

10 **MS. MEGAN HARRIS:** Yeah, okay, thank you, Shawna.
11 Anna, would you like to address that question at all?

12 **MS. ANNA BARNES:** I'm sorry, I'm not sure I'm going to have a
13 lot to add on that because I'm not on the ground. I'm sorry.

14 **MS. MEGAN HARRIS:** No, no worries.
15 Charlene?

16 **MS. CHARLENE BOYCE:** To Shawna's point of, "What
17 communities are we talking about?" I mean I'm from Truro. I have relatives all
18 throughout Cumberland County. I live in Halifax now but I think that when you talk
19 about a place as small and interconnected as Nova Scotia, there are a lot more than
20 just the immediate geographic area affected when something like this happens. And
21 the support services, we know -- one point that Bobby-Jay's predecessor made in her
22 role was that when an incident like this happens, the first responders get solid mental
23 health support. They get the opportunity to debrief. They get instant response. They
24 have that support system built in, and members of the community don't. There's a
25 difference between saying there is a grief counsellor available and ensuring that people
26 get help because don't always recognize the signs of grief, or trauma, or shock in
27 themselves. So that's one thing that our folks have pointed out in the past was maybe
28 missing.

1 And further to how interconnected this province is, Serena Lewis is
2 a grief expert in the area and she was in high school with me, so. So that is one
3 particular piece. There's also kind of that lingering, ongoing -- we were in the of the --
4 the beginning of the pandemic at the time. Domestic violence rates, as we know, rose
5 during the pandemic. There is not adequate attention to domestic violence as it stands,
6 and that has so much interplay into this incident that that's a thing that we need to be
7 mindful of.

8 **MS. MEGAN HARRIS:** Yeah.

9 **MS. CHARLENE BOYCE:** I guess those are the main points I
10 have.

11 **MS. MEGAN HARRIS:** Great. Thank you, Charlene.

12 Bobby-Jay? You're muted, Bobby-Jay. There we go.

13 **BOBBY-JAY AUBIN:** I know. I was trying to find the little button.

14 Good morning. As a newcomer to Nova Scotia, I'm still looking into -- in answer to
15 question number one, I'm not sure, in Digby area -- I mean I know there's first
16 responders and stuff like that, Red Cross, maybe, but yeah, this is a -- this will be a
17 good little piece of homework to do sooner than later so we can figure -- have a list of
18 resources. And if that's the answer to the question, I don't know.

19 **MS. MEGAN HARRIS:** Yeah, okay.

20 **BOBBY-JAY AUBIN:** It's very different from where I'm from, so.

21 **MS. MEGAN HARRIS:** Yeah, and I understand that. I appreciate
22 that you guys aren't all in the community, specifically, but, like Charlene said, the
23 impacts of it really went far and wide beyond those communities throughout the
24 province and, frankly, throughout Canada and elsewhere, so it's helpful to hear your
25 perspectives even if you aren't directly involved there.

26 So what kinds of support do individuals, families, first responders,
27 and service provider affected by a mass casualty need? I know that's a broad question
28 with a number of different audiences but, Bobby-Jay, maybe you can start and just kind

1 of tell us what came up with that question.

2 **BOBBY-JAY AUBIN:** I don't know. I'm not going to give you an
3 answer because I don't want to give you the wrong one. Like I said, I'm new here so I'm
4 -- I'm going to find out. I know there's a lot of, you know, like, Family Resource Centre
5 and all that stuff. In terms of the mass casualty, I don't know. I really don't. So
6 hopefully other people can offer some insight. I may jiggle my memory a little bit.

7 **MS. MEGAN HARRIS:** For sure. Thank you.

8 **BOBBY-JAY AUBIN:** Thank you.

9 **MS. MEGAN HARRIS:** Charlene, how about you? I know you said
10 you from Truro. You must -- you probably have family and ---

11 **MS. CHARLENE BOYCE:** Yeah, and when I think about a mass
12 casualty event, I'm also thinking about things like Westray. I have family as well in
13 Trenton and New Glasgow. And there are very few places in Nova Scotia that haven't
14 been impacted by some kind of mass casualty event in the past. We've had mine
15 explosions, and huge storms, and the Halifax Explosion, and on and on and on. It just
16 feels like we're shaped by that trauma.

17 The kinds of support that folks need, I think one of the key things,
18 there's a long term and a short term. So a short term is people need a place to gather
19 and to know that that is a central place they find information, support, coffee, someone
20 to talk to, and they're community. And those places don't exist in every community. I
21 think that that is an important part of place-making, when we start planning support
22 services in -- especially in isolated rural areas. We need to have that community centre
23 that people know they can go to. And maybe that's a Tim Horton's. I mean, you know,
24 it doesn't have to look like an arena in every place. But having that is a help because
25 that's -- even when people don't process that they need a grief counsellor, they will seek
26 out where people are because, instinctively, they'll know that that's where they need to
27 be.

28 And then, in a longer-term sense, when we build our communities,

1 just thinking about how to build them to build that kind of community fabric that creates
2 those connections so that people know that they want to come together and check on
3 their neighbours and build supports. Even coming out of [hurricane] Fiona, that's really
4 apparent. I happen to be lucky enough to live on a block that checks in on each other but I
5 know there are a lot of places that feel a lot more isolated in this province, so.

6 **MS. MEGAN HARRIS:** Yeah. And what do you – what would you
7 say are the things that create a community like that?

8 **MS. CHARLENE BOYCE:** There's design choices. There's -- the
9 whole field of urban planning is full of ideas of how to accomplish that, whether it's
10 controlling traffic so that streets are more walkable, whether it's local street-level stores,
11 and schools that stay small and stay in communities. There's a whole philosophy of
12 building that support that kind of long-term community building and place building. But
13 the schools, and a community centre, and a retail centre are kind of three components
14 that really stand out to me as necessary.

15 **MS. MEGAN HARRIS:** Okay. Thank you, Charlene.
16 Anna?

17 **MS. ANNA BARNES:** I would echo that community cohesion and
18 understanding where to go. Every experience is going to be different and every issue is
19 going to be different but community cohesion is really important, and it's about who gets
20 left behind in that and making sure that there's -- everybody's included and it's not just
21 about the 80% that are connected, that there's a space for everybody belong and be
22 contacted.

23 **MS. MEGAN HARRIS:** Thank you.
24 Janet?

25 **MS. JANET WATT:** Yeah, so just sort of echoing Charlene, I think
26 when you talk about the spots to get together, very much like the comfort zones we
27 have set up now across the eastern part of the province, you know, people can go there
28 and, you know, chill out and talk about whatever. But I think -- my experience from this

1 area would be that the memorial sites really became those spots for the people. I mean
2 every time you turn the news on, any one of those memorial spots -- I mean there was
3 always a huge number of people who were there, and I'm sure that that became a bit of
4 spot for people to sort of -- to socialize and vent and/or talk about how it was affecting
5 them.

6 As far as the services that area available to the people, every
7 individual is different. And again I think, as Charlene touched on, there's short term
8 versus the long term and, for some of us, it was, you know, push through on autopilot
9 until you sort of got to a point where you could stop and sort of digest how it was
10 affecting you yourself because otherwise you were trying to lead your team through this
11 crisis. But if services are available, I think it takes a lot for certain people to say, "I need
12 to go talk to somebody about how I'm feeling." And I think that's just a huge stereotype
13 in our entire system and culture and no matter how much we offered counselling
14 sessions here in our office, either in groups or as an individual, and/or promoted the
15 counselling that was available in the community, there were a lot of people who just
16 didn't feel they wanted to reach out to that avenue. And I think, again, it's a stereotype
17 because it means, "I'm not able to cope with this. I should be able to cope with this, so
18 I'm not going to seek any help."

19 And I think as time went on, as I said, there was a lot people it
20 really hit months down the road. The first-year anniversary was certainly a huge trigger
21 for a lot of people again that had kind of come to -- you know, worked their way through
22 it, but when that anniversary came again, it just triggered it again. And I actually still
23 have one employee who has asked me not to include them in any distributions that I
24 make and -- so, for example, this summer, I was sending out a lot of emails about the
25 Heart's Haven Memorial Park. She asked to be excluded from any of the
26 communications even though that's a very positive outcome. She -- because anything
27 triggered her again.

28 So I mean this is, you know, we're two years later and she's still

1 triggered. And that's the just the way that people are coping in this. First, saying.
2 "Okay, if we get into the situation again -- God forbid there's ever any one similar to this
3 -- we're going to do A, B, and C," I don't think we can plan for that. I think we have to
4 say, "Here's where we are. Here's option A; is this going to work in this situation?
5 Here's option B; is it going to work?" And I don't think you can plan for that stuff.

6 **MS. MEGAN HARRIS:** Yeah. I just want to ask you a couple of
7 follow up question to what you just said. And I'm sorry; if at any point you want to take a
8 break from talking, let me know, because I just had laryngitis maybe a week and a half
9 ago, so I understand. I just wanted to follow up on what you were saying because
10 we've heard that in a few different of these sessions, how people don't necessarily want
11 to come forward and get the counselling or, you know, do those things. As a manager
12 in an organization where you were encouraging people to do that, were there things that
13 you saw that shifted people's attitudes at all to be more likely to accept that help or ---

14 **MS. JANET WATT:** Yeah, I don't -- I don't think so. I think it's all a
15 very individual perspective and how they've coped in the past. And again, any grief that
16 you've dealt with in the past is going to affect you every time. And we do tend to have a
17 bit of a young population here who maybe has not been through quite as many
18 scenarios as some of us who are bit older. And again, it was their colleagues and, you
19 know, respectful that it could have been any one of them. And I think that really struck
20 them. But, you know, again just encouraging, encouraging, encouraging every day to
21 reach out and to seek help if they needed it. But I don't know if that really made any
22 difference. They either were going to seek the help or not seek the help.

23 For example, in January of 2021, there was a lot of people, for
24 whatever reason, they seemed to be coming -- having some flashbacks in January so
25 we set up another counselling session, and not one person attended it. So even the
26 folks who were voicing to their managers that they were struggling and would like to talk
27 about it, nobody participated in that session.

28 **MS. MEGAN HARRIS:** Yeah, okay.

1 And Shawna? Do you have anything you'd like to add to this.

2 **MS. SHAWNA WRIGHT:** The initial question was about the first
3 responders, correct?

4 **MS. MEGAN HARRIS:** It was a broad question. It had families,
5 individuals, first responder, and service providers.

6 **MS. SHAWNA WRIGHT:** As far -- my thing is I think in that
7 situation everybody forgets about the first responders because they're -- you know,
8 they're the ones doing everything. And I think it's so important that you have on-the-
9 ground stuff as far as making sure first responders -- because those are the unsung
10 heroes in all of this and everybody forgets about them. And they would get impact,
11 especially in small communities because they would know the people involved, like, on
12 both sides. I feel like there needs to be something in place on the ground for them on
13 an ongoing basis. Everybody -- you know, everybody says counselling, which is very
14 important, but I think it needs to look a little different for the one who are on the ground
15 like the nurses, you know, the emergency response, the police officers. You know,
16 whoever's involved in it, I think there needs to be something in place. I don't know what
17 that looks like but they need to have something there for them to help them keep going
18 because I'm pretty sure that impacts them in many different ways as well.

19 **MS. MEGAN HARRIS:** Thanks, Shawna.

20 Sorry, I'm just looking at the chat here. Charlene, would you like to
21 speak a bit about what you're saying in the chat?

22 **MS. CHARLENE BOYCE:** Sorry, we do so many of these Zoom
23 meetings and this is the way we do discussions. We -- people talk and, while they're
24 talking, people are responding in the chat.

25 **MS. MEGAN HARRIS:** Yeah, no, I got it.

26 **MS. CHARLENE BOYCE:** I just was responding to what Janet
27 was saying about the supports needed and just making the point that the more we can
28 make them culturally sensitive and develop them in cooperation with or by the

1 communities that are most affected -- and whether that's Indigenous folks, whether it's
2 African Nova Scotians -- then those supports will be more suitable and more trusted by
3 the folks who could access them so that that will reach some of that 20 percent that you
4 talked about because yeah, you're right, the 80 percent will see the opportunity and
5 know that it's for them, and 20 percent will say, "I don't see that." And the importance of
6 those cultural rituals and the memorials is so important. That is one of the building
7 blocks of community fabric, too.

8 And then just pointing out that community trust can be hard to build,
9 that that is a thing that we've heard that Shawna can speak to from Dartmouth North.
10 We've heard from several of our communities that the communities need to know that
11 you're in there for the long haul so when -- sometimes, when you arrive with an
12 emergency service after something has happened, there are people who just wouldn't
13 think that that was something for them because they haven't built trust with that
14 organization and they don't want a Band-Aid. They want to know it's someone who's
15 going to be there for the long term.

16 **MS. MEGAN HARRIS:** Thanks, Charlene.

17 I just want to circle back on this question one more time. I think we
18 talked a lot about individual needs, and I know Shawna touched a bit about first
19 responders and on-the-line -- frontline emergency responders, but I did want, just
20 because of the group that we have -- one of audiences identified in that question is
21 support services, that actual community organizations like you guys, so I did want to just
22 circle back and see if there was anyone who wanted to comment on what is it that you
23 guys need in an event like this, whether that be, you know, additional resourcing -- I
24 know everyone probably wants more funding but, you know, just a broad question in
25 terms if there were specific things that would have been helpful to you guys as
26 organizations rather than as individuals.

27 **MS. CHARLENE BOYCE:** I think Janet's going to have probably
28 more applicable immediate things but one of the things that happens for us is it's

1 important to receive funding that doesn't have too many strings and criteria attached
2 because sometimes when you're working directly with the community, you can see
3 needs that the funder may not see. And I had one other thing but now I can't think of it.

4 **MS. MEGAN HARRIS:** You think about it, and if it comes to you,
5 Charlene, just let us know.

6 Janet?

7 **MS. JANET WATT:** Yeah, so, as far as us, it wasn't really a
8 funding issue. We just needed time to absorb, time to grieve and deal with the situation.
9 And again, the majority of our services are funded by the government, Continuing Care
10 Branch, and so it was just a bit of leniency from them that allowed us not to be working
11 at our top potential for a couple days. I mean we had staff who obviously needed time
12 off. And again, the fact that we did have two members of our staff as part of this
13 casualty, I mean, certainly affected us to a far greater extent than if that hadn't have
14 happened. So it was the personal touch on our organization and on our employees and
15 we just needed some time. So there was nothing that any funding was going to do, or
16 anything else that was going to help us get through it. We just needed time.

17 **MS. MEGAN HARRIS:** Yeah, the people providing support needed
18 time and support themselves. It makes things challenging.

19 Anna, Shawna, Bobby-Jay, do you have anything you'd like to add,
20 or Charlene, if you had remembered what you'd like to say?

21 **BOBBY-JAY AUBIN:** Yeah, I just posted on the chat, is there
22 anybody doing emergency preparedness training with communities? I think that's a --
23 that could be a big one, but then it would run into -- that could take forever, right,
24 because what are you preparing for, you know, a hurricane, or a mass shooting, you
25 know, stuff like that. Does that make sense?

26 **MS. MEGAN HARRIS:** Yeah. No, definitely

27 **BOBBY-JAY AUBIN:** Go ahead.

28 **MS. SHAWNA WRIGHT:** All I was going to say is -- I think

1 Charlene said it. It was, like, when you have organizations such as ourself, like, give
2 better direction on where we can fit in, like, where they need us to be and what they
3 need us to do in those type of situations. I think Charlene said it best, though.

4 **MS. MEGAN HARRIS:** Thanks, Shawna.

5 Anna, did you ---

6 **MS. ANNA BARNES:** I was just going to say what Shawna said,
7 that we've got opportunities to support, office space facilities for people for refuge, for
8 extended childcare hours, things like that, but only if we're in the loop and understand
9 how we can be useful. But when there's a lack of information or lack of clarity, it's
10 difficult to know if you're helping or hindering by doing anything.

11 **MS. MEGAN HARRIS:** Yeah.

12 **MS. ANNA BARNES:** So I guess for the non-profit, to be part of
13 the solution, looped in on when things pop up.

14 **BOBBY-JAY AUBIN:**

15 **MS. CHARLENE BOYCE:** Yes, that was it. It was information, the
16 other thing that Janet pointed out immediately off the top -- more information.

17 **MS. MEGAN HARRIS:** Okay. Thanks, everybody.

18 And who should be designing and implementing these supports
19 that people need? Is it organizations like yourselves? Is it the government? Who do
20 you think it is?

21 And I'll go to Shawna with that question.

22 **MS. SHAWNA WRIGHT:** Oh, my. I don't know who should be
23 designing that. I definitely think it should be, like, a hub, one organization, one entity
24 design that. I don't think there should be too many chefs in that pot. But I don't know --
25 I don't -- I don't think it should be the government, for sure. I don't know if that's United
26 Way. You know, people like that that are used to doing it, people that are used to
27 delegating, and sourcing out organizations, working with organizations, and knowing
28 who's out there, United Way comes to mind right off the top. Like, it needs to be one

1 entity, then communicating with all the arms, basically.

2 **MS. MEGAN HARRIS:** Thanks.

3 Janet?

4 **MS. JANET WATT:** What is the role -- and I guess this is part of
5 my ignorance -- in terms of the Emergency Measures Organization [*sic; the correct*
6 *name is Emergency Management Office*]? Like, is that an organization that could have
7 a touch on everything and know what needs to be rolled out?

8 **MS. MEGAN HARRIS:** Honestly, I'm not particularly familiar with
9 EMO. Selena, are you at all?

10 **MS. JANET WATT:** Selena, you're on mute.

11 **MS. SELENA HENDERSON:** My apologies. Not enough to
12 answer the question.

13 **MS. MEGAN HARRIS:** Yeah. Sorry, Janet.

14 **MS. JANET WATT:** No, it's kind of just, you know, throwing it out
15 there. Like, is that the appropriate point people to organize? And like Shawna said, too
16 many chefs spoil the pot, you know, so there almost needs to be someone and, to me,
17 that's the first place I would probably look, would be the role of the Emergency -- EMO.

18 **MS. MEGAN HARRIS:** Yeah.

19 Anna, do you have anything you'd like to add?

20 **MS. ANNA BARNES:** Just that some coordination would be good
21 because then we don't get duplication of services, gaps in services, so yeah, someone
22 on the ground who knows what's going on, someone to convene, someone who's aware
23 of what people and what services can be available from different organizations so it can
24 cherry picked depending on what exactly is happening on the ground. And with
25 [hurricane] Fiona, I'm sure there were certain circumstances that it would have been
26 great to bring into action, but how to do it in a coordinated and efficient way. But I'm not
27 sure who would take on that role, unfortunately.

28 **MS. MEGAN HARRIS:** Yeah. So we're hearing that there should

1 be one organization, one person, one place, but we're just not sure who at this point.

2 Charlene, do you have anything you'd like to add?

3 **MS. CHARLENE BOYCE:** Well, Inspiring Communities is intended
4 as a convening organization. We're an intermediary organization so one of the tools
5 that we've used in the past has been collective impact, which is how the community
6 sites were set up originally. And so the idea behind collective impact is you bring
7 together all of your stakeholders at the table, which is great. And also, our work is so
8 long term that the collective impact process is a long-term process, so it's not the same
9 as the Red Cross being on the ground and saying, "Okay, now we're going to bring
10 together all the resources to respond to this emergency." So I think that there's a role
11 for organizations like ours in a long-term planning and developing of services way but
12 you may be right; it may be EMO that needs to be the activating force when there is an
13 emergency to say immediately, "This is our command centre and these are things we
14 need, and these are the organizations that have the ability to do those things."

15 I suspect, and I don't know this for sure, but I suspect that when
16 there hasn't been an emergency for a year or two, EMO's funding probably dips. I
17 suspect their resources become more scarce with distance from an event.

18 **MS. MEGAN HARRIS:** Yeah. Okay, thanks, Charlene.

19 Bobby-Jay, anything you'd like to add, either from your -- I know
20 you haven't been here long but your experience here or perhaps even in Ontario, what
21 you saw and how things worked?

22 **BOBBY-JAY AUBIN:** Taskforce -- that's all I can think of is a
23 taskforce, like, with different folks from different agencies, organizations -- you know
24 what I mean -- firefighters. I know they're -- everybody's thinned out in terms of what
25 we can afford, you know, how many people we can -- how many people can be on this
26 taskforce, right? I don't know. It's just an idea I had, you know, one RCMP, one fire,
27 yeah, and then non-profit orgs.

28 **MS. MEGAN HARRIS:** Great, thank you.

1 **BOBBY-JAY AUBIN:** Just an idea bouncing around.

2 **MS. MEGAN HARRIS:** Yeah. I'm going to follow up with what you
3 just said. You're referencing, you know, a taskforce of different service providers,
4 community organizations there. What role can individuals and volunteers play in
5 helping with support services or being involved in support services? Bobby-Jay?

6 **BOBBY-JAY AUBIN:** I don't know.

7 **MS. JANET WATT:** It's Janet, and if could ---

8 **MS. MEGAN HARRIS:** Yeah.

9 **MS. JANET WATT:** --- you know, it's those individuals -- you
10 know, if we have a point person or a point organization for the individuals to be in
11 contact with them to tell them what services they can offer. So, for example, just after
12 [hurricane] Fiona here, you know, who is collecting that information about these comfort
13 zones and these comfort centres that are opening? Somebody's notifying somebody
14 because it's all being updated on the website. So just that information, as well to say,
15 "Listen, I'm here. These are some services that I can offer. This is how you can contact
16 me," and then that point organization, or point person, or taskforce, or whatever says,
17 "Yes, listen, we can utilize you to do this."

18 **MS. MEGAN HARRIS:** Yeah. Okay.

19 Charlene, anything you'd like to add?

20 **MS. CHARLENE BOYCE:** Yeah, just following up on that point,
21 that idea of a central registry of people who have skills that they are able to offer. I'm
22 just thinking, there are so many -- God love them, there are so many old guys in rural
23 Nova Scotia who just drive around in their trucks. And specific to this incident, I'm
24 thinking about the challenges that the first-response teams had in finding things in
25 Portapique because that area is so rural. It's wild. It's got, like, cut-throughs that
26 people don't know about that may not appear clearly on a map. But I'll tell you what, in
27 the nearest Tim Horton's, there are at least three guys with a truck that know where all
28 those things are so if there was a central registry of way-finders, they could look up and

1 say, "Hey, there's somebody I can call on who knows this area. And I don't have to
2 involve them in the frontline danger but I can call them and ask them where to find the
3 shortcuts." Like, those kind of volunteer registries would be useful, I think, yeah. And --
4 -

5 **MS. MEGAN HARRIS:** Yeah, the ATVers and whatnot.

6 **MS. CHARLENE BOYCE:** Yeah, exactly. And even the idea of
7 having a trained cadre of volunteers who know how to do a useful thing, whether it's --
8 or are willing to do a useful thing, whether it's cleaning up after a storm, or whether it's
9 grief counselling, first aid for communities. There's been a number of different initiatives
10 that have started, like a helping force. CDC had one for a little while. There was a
11 young woman in Halifax who was starting just a group of volunteers who would be
12 deployed to a particular need and be willing to do that. But that idea of having a flexible,
13 trained cadre of volunteers -- which, right now, we have the army. That's -- like, right,
14 we call in military when we need that, but there's probably community resources we
15 could bring to bear as well on that.

16 **MS. MEGAN HARRIS:** Yeah.

17 **MS. CHARLENE BOYCE:** But you're right, Janet; it relies on that
18 central body being aware of who the people are.

19 **MS. MEGAN HARRIS:** And Janet, did you see that existing at the
20 time in the immediate aftermath and now, for the ---

21 **MS. JANET WATT:** I can't say that I did. Now, some of that may
22 have been happening down in the Portapique area and in some of the other areas, but
23 no, I can't say that I saw any of that coming forth in terms of, you know, even people
24 checking on their neighbours. Yeah, I can't really say I saw that.

25 **MS. MEGAN HARRIS:** Yeah. Did anybody else on the line hear or
26 see that, or had someone, you know, tell them they wished they could have helped in
27 some way? Yeah, it's interesting thinking about how you would -- I think there are a lot
28 of people who want to help and who have, you know, the skillset to do various things.

1 Like you guys have said, it's just how do you get those people identified and reachable.

2 Okay, we're going to shift focus here a little bit and talk about police
3 services. What are the tasks that police services are well equipped to do in terms of
4 providing support services? And are there tasks that they are presently doing that could
5 be done better by other services or agencies?

6 **MS. SHAWNA WRIGHT:** Sorry.

7 **MS. MEGAN HARRIS:** Sorry, go ahead, Shawna.

8 **MS. SHAWNA WRIGHT:** Like, when you ask, like, about what --
9 like, I don't even know -- I really don't know, like, other than in your -- like, they have
10 community satellite offices or whatever, and other than police, you know, driving, I really
11 don't know what police do. I'm being very honest. Other than protect and serve and
12 those type of things, and their community stuff, I don't know what other services police
13 have besides that. So, you know ---

14 **MS. MEGAN HARRIS:** Okay. That's a -- that in itself is valuable
15 feedback.

16 **MS. SHAWNA WRIGHT:** Yeah.

17 **MS. MEGAN HARRIS:** Yeah.

18 **MS. JANET WATT:** I don't think anyone's going to come out of the
19 Commission not thinking that communication was possibly the hugest issue, and the
20 lack of communication and updates, but, you know, I'm also very realistic and practical
21 in thinking that these RCMP officers and emergency responders have never dealt with
22 anything like this in their lives, and this was all new to them as well. And I don't think,
23 no matter how much training you get, you would have ever been prepared for that
24 situation. And I think just ---

25 **MS. CHARLENE BOYCE:** Yeah, I agree.

26 **MS. MEGAN HARRIS:** You know, do they maybe need a better
27 spokesperson, a better PR person to get that information out? Are they looking at their
28 systems now and saying, you know -- I'll say "very few people" but the majority of

1 people are probably not on Twitter, which is what they chose as their major form of
2 communication, and I think these are probably all things that will come out. But at the
3 same time, they're exactly where I am when I hear that there's something going on in
4 the community. Do you react or, if you start reacting to every single little incident, then
5 people become desensitized to those alerts? And that's why we -- you know, when we
6 find out that something's happening in the community now, we try to confirm with the
7 RCMP or with the police before we put it out and start some unnecessary anxiety
8 among all of our employees. So I think their role is to serve and protect but "protect"
9 has to include communication in terms of what we need to do for ourselves to protect
10 ourselves.

11 **MS. CHARLENE BOYCE:** And as the communications person on
12 the call, I will say, they don't need a better PR person. They needed a commander who
13 was willing to speak to the media. That -- I think -- because I don't think anyone in the
14 communications role that was -- like, communications is over here. They needed
15 someone who was able to make the decision of what information to release and be
16 willing to do that. So I think that that's -- that's one of the information pieces, is having
17 the decisionmaker at least on the ground, like, not distant from the action that's
18 happening.

19 I think that, when it comes to police -- like, one of the things that
20 we've seen since this has happened in the news a lot is that I think we all agree now
21 that police maybe are not the ideal cases to respond to mental health wellness checks.
22 And that's not necessarily relevant for the MCC but is one of those lingering things in
23 community and determining how to assess whether it's likely to be a violent situation or
24 whether police need to attend but someone else should be the first point person, is one
25 of those question. But police respond to violence, like, that is an appropriate role for
26 police. They're trained for that.

27 **MS. MEGAN HARRIS:** Yeah, so ---

28 **MS. CHARLENE BOYCE:** And domestic violence, probably, could

1 use, again, another profession on point, even if it was a profession that worked with the
2 police and was able to take the reports but worked with them beyond just the SANE
3 nurses because there's not nearly enough.

4 **MS. MEGAN HARRIS:** Yeah, so, Charlene, just to touch on what
5 you're saying because I know it's related to gender-based violence/intimate partner
6 violence, you're saying that police should be involved in that, clearly. Like, they are the
7 first point of contact. But then another service provider/community organization should
8 also be brought into play in a situation like that.

9 **MS. CHARLENE BOYCE:** I think that there needs to be someone
10 else to follow up because what we've seen too often in the past is a domestic violence
11 case being dismissed by overtaxed law enforcement personnel who are just -- you
12 know, they have a he said/she said and they just say, "Okay, well, there's not evidence
13 to pursue it," but, meanwhile, there is still someone who is feeling trauma for whatever
14 reason. So someone needs to stay in touch with person in the case of the violence
15 being ongoing or the trauma being ongoing.

16 **MS. MEGAN HARRIS:** Yeah, thank you.

17 Anna, do you have anything you'd like to add or anything that's
18 coming up for you?

19 **MS. ANNA BARNES:** Well, just on this question and the previous
20 one, it seems like better community integration is important, particularly if we're
21 recognizing that the police can't do every role. There needs to be better coordination
22 and integration between social services, in broad terms, and the police. But also with
23 this idea of a sort of active volunteer list, if that stays static and just in a drawer, it
24 doesn't mean much. It's about someone sort of having social connections and
25 community connections and supporting that all the time so that when something crops
26 up, people know each other and know who to call on. And so improved social
27 connections and cohesion is important across everyone on the ground and in different
28 services. Sounds like that's what we need.

1 **MS. MEGAN HARRIS:** Yeah. Thank you, Anna.

2 Bobby-Jay, do you have anything you'd like to add on the police-
3 related question?

4 **BOBBY-JAY AUBIN:** I don't know if it's been created yet but, like,
5 a resource tree where, you know, you start with -- trickle down. I don't know. And I
6 really like what Charlene said about, you know, having someone other than a police
7 officer to do mental checks -- mental health checks. That's it.

8 **MS. MEGAN HARRIS:** Yeah.

9 So I just want to circle back to that very first initial question I had of
10 -- let me go back and read it. Do you think there are adequate support services
11 available to communities most affected by the mass casualty? And what I'm hearing as
12 the conversation moves on is not necessarily that there aren't adequate services
13 available but it's more the organization in that -- am I right in kind of gleaning that ---

14 **MS. CHARLENE BOYCE:** There's so much fractured ---

15 **MS. MEGAN HARRIS:** Exactly, yeah, that there's -- you know, it's
16 not that it's disorganized. It's that it ---

17 **MS. CHARLENE BOYCE:** It's fragmented and siloed.

18 **MS. MEGAN HARRIS:** Exactly. It needs to come together. Okay.
19 Okay, thank you for that.

20 **MS. MEGAN HARRIS:** We have another question here. How can
21 we consider the needs of vulnerable or marginalized individuals in communities in
22 improving support services?

23 Bobby-Jay, would you like to start with that?

24 **BOBBY-JAY AUBIN:** Interestingly enough, when I worked in
25 Ontario, I was -- I worked with harm reduction and the lacking -- the services lacking,
26 which is very much needed here, is safe injection sites. We can start with that and how
27 well the resource is surrounding that. And I don't know if it pertains to this but I think it's
28 really important to voice that. Here in Digby, folks are finding a lot of used syringes

1 everywhere and they don't know who to call. And apparently, the only people they can
2 call is the RCMP to pick them up. And, you know, if we had the -- if we organized an
3 outreach team volunteer to help support that, that'll be a start for something.

4 **MS. MEGAN HARRIS:** Yeah. Thank you.
5 Charlene?

6 **MS. CHARLENE BOYCE:** Yeah, when -- I mean when we talk
7 about mass casualty, the opioid crisis is, like, a long-term mass casualty event, so
8 definitely what Bobby-Jay said. I know that a couple of our initiatives use the phrase,
9 "Nothing about us without us", and I think that that might be a key component to making
10 sure that the needs of people that might be particularly vulnerable are included. So one
11 of the things that our North Side Rising initiative has worked with traditionally a lot is
12 substance use and people who use drugs and making sure that their voices are heard
13 and that their needs and particular circumstances are considered when policy is being
14 made. So I think that engaging the communities that need to be engaged directly and in
15 a culturally sensitive way are -- I think that will be one of the important steps in making
16 sure that the support services meet the needs of all of those communities.

17 **MS. MEGAN HARRIS:** Yeah. I appreciate that it kind of goes back
18 to your "20 percent/80 percent" comments from earlier in the call.

19 Anna? Sorry, I shouldn't have -- I should have left you to drink.
20 Would you like to comment?

21 **MS. ANNA BARNES:** Yeah, just to build on what Charlene was
22 saying, really, and I mean it's difficult to reach all communities, specifically marginalized
23 communities, but there are organizations that are doing great work with specific
24 marginalized communities and so that's the most efficient way to do it, connect with
25 them rather than hoping to connect with individuals on the ground who may not want to
26 be approached in that way as well so that it could be done in a way that is sensitive to
27 their experiences.

28 **MS. MEGAN HARRIS:** Yeah. Thank you, Anna.

1 Janet?

2 **MS. JANET WATT:** I really have nothing else.

3 **MS. MEGAN HARRIS:** Okay.

4 Shawna? Oh, you're on mute.

5 **MS. SHAWNA WRIGHT:** I agree with what Anna said, like, the
6 part where, you know, people don't want to be approached individually. And I think
7 getting resources together so it's more accessible to everyone -- and a lot of people,
8 like, sometimes they don't know where to go, so just making it clear and more
9 accessible. I think that's the main thing these days. Everybody's not on Instagram, and
10 Facebook, and all that kind of stuff, you know, so accessing your ---

11 **MS. MEGAN HARRIS:** I'm not on Facebook and I ---

12 **MS. SHAWNA WRIGHT:** What's that?

13 **MS. MEGAN HARRIS:** I'm not on Facebook and I feel like I get left
14 out of everything. I don't even know what's happening at my kid's daycare.

15 **MS. SHAWNA WRIGHT:** I've had those, you know, conversations
16 before when contacting people and everybody's like, "Oh, I put it on Facebook," and I'm
17 like, "Everybody's not on Facebook." Sometimes you need to connect with the shelters
18 and the -- you know, the -- you know, where everybody goes to meet and eat, like your
19 churches, like those kind of -- the foodbanks. You know, not everybody has a phone,
20 unfortunately, but yeah.

21 **MS. MEGAN HARRIS:** Yeah.

22 Before I go to the last question that we have, I'm just going to circle
23 back with Selena. I can see that she's been taking notes and listening throughout the
24 call. I'm just going to open it up to you, Selena, if you have any follow-up questions to
25 any of these folks before we move on.

26 **MS. SELENA HENDERSON:** No, I don't think so. And I should
27 have said that at the beginning. One of the unique things about Zoom is, if my head's
28 down, I'm writing, so.

1 **MS. MEGAN HARRIS:** Okay, thank you.

2 So for this last question, it is -- that was sent around, I wrote, you
3 know, what will make the biggest impact? But really just back to the recommendations
4 that we need -- that we're hoping to -- that we're hoping to collect this input for, I guess,
5 how -- I'd like to put it as, if you had a magic wand and you could wave it around and,
6 you know, what you would wish for, essentially, for support services to be more
7 impactful in a situation like this, what would that be? If you were making these
8 recommendations, what would -- what would you be hoping to see?

9 Let's start with Shawna.

10 **MS. SHAWNA WRIGHT:** The "magic wand" question. In a
11 situation like this, like, if everything could be so central, so accessible, you could push a
12 button and get all your information, know who to talk to, and then, you know, just get all
13 your information in one place. And if I was a volunteer, I could click something, "This is
14 where we need you." I could click another button if I want to find out all the information;
15 I could find it all in one spot, right. And if there was one place that everybody could go
16 to. And yeah, and you could find out where you could get food, where you can get
17 counselling, where you -- you know, where you might be helpful. If I need something,
18 who can I contact? Like, if all that was in one central place, that would be ideal.

19 **MS. MEGAN HARRIS:** Great. Thank you, Shawna.

20 Janet?

21 **MS. JANET WATT:** I think just sort of reiterating, as I said at the
22 beginning, it's communication. And, you know, I feel people in the public need the
23 information to then be able to make their own decisions for their best wellbeing, I guess.
24 You know, were there people -- and I don't know this, and I don't know where the
25 roadblocks were at the time, but you and I both know -- like, all know that with the storm
26 the last few days, there's been people out driving around and driving over downed wires
27 and whatever just because human curiosity tells them they want to see what's
28 happening out there. And I don't know if this happened in Portapique or not or if they

1 had the roads closed off. It doesn't really matter because the shooter wasn't there
2 anymore but if people had information to make decisions, maybe wouldn't be subjecting
3 themselves to some risk -- unnecessary risk by trying to settle their curiosity.

4 I don't know if that's really the right way to put it but I just think the
5 communication to the public so the public can make those decisions, what they need to
6 do to stay safe. You know, we've heard countless times, had the information been
7 revealed that he was driving a police replica vehicle how that would have changed so
8 many peoples' perspective, you know, especially these folks at the -- you know, the last
9 ones on -- the last number of folks who were shot in Wentworth and in Debert, I mean
10 they were all approached when he was in his vehicle. Had they known that, you know,
11 he was driving a police replica vehicle, they may have taken different action. Yeah, I
12 guess it's the communication for me.

13 **MS. CHARLENE BOYCE:** Did you say something, Megan?

14 **MS. MEGAN HARRIS:** So sorry. I muted myself because I had to
15 cough and then just didn't -- kept moving.

16 Anna, can I circle back to you on that question?

17 **MS. ANNA BARNES:** I agree with what's been said. And also, to
18 this point, I think just more community cohesion required, so resources to support sort
19 of volunteer work and community presence and those organizations working to build
20 communities and connections within communities are important to ready ourselves and
21 be prepared and build the foundations of integration to deal with things and become
22 more resilient as a community.

23 **MS. MEGAN HARRIS:** Thank you.

24 Charlene?

25 **MS. CHARLENE BOYCE:** Yes, I love what you just said, Anna.
26 The community cohesion is key. The communication is 100 percent and we're in such a
27 fractured landscape right now. Like, there is no one communication channel that can
28 reliably reach everyone, unfortunately. So I think that there's going to have to be a

1 magic blend of public officials choosing which channels they are going to prefer and
2 making that publicly known so that people know where to go for that information. Like, if
3 you're going to Twitter, then tell everybody they need a Twitter account. That's --
4 because otherwise it's not going to reach folks, and at least they will have the option.

5 But yeah, if I could wave my magic wand, it would be to have one
6 channel that everyone knows to rely on, to turn to for information and a public set of
7 officials that were coordinated, that were in contact with all of the support services in a
8 coordinated way, and that approached information-sharing with a philosophy of
9 "transparency first", like risk the harms of transparency over risk the harms of revealing
10 too much. That would be it.

11 **MS. MEGAN HARRIS:** And Charlene, I'm just going to circle back
12 to you just because you were just chatting. What do you think -- and you may not have
13 the answer to this, what would you say is the best medium for this space? And it's
14 funny we were just -- we're talking about marginalized communities. There's -- you
15 know, when you guys are talking, to me, I immediately think there should be a website.
16 And in my mind, it's quite simple, really, what could be created, but I understand there's
17 lots of folks --

18 **MS. CHARLENE BOYCE:** And yet we know that there's digital --
19 yeah, there's the digital divide that there are parts of Nova Scotia that just don't have
20 reliable internet.

21 **MS. MEGAN HARRIS:** Yeah.

22 **MS. CHARLENE BOYCE:** Honestly, if you had to pick one
23 medium that would be most likely to be accessible, at least, to people, whether or not
24 they choose to use, I think public radio is it. If I had to say there was one, like, everyone
25 has a radio in their car. Everyone has a radio in their kitchen, I mean, in most places in
26 Nova Scotia, whether or not they're choosing to listen to it. But at least it's a thing that
27 you can quickly make responsive. So yeah.

28 **MS. MEGAN HARRIS:** And does anybody else want to jump on

1 and say what they think would be the best medium?

2 Bobb-Jay?

3 **BOBBY-JAY AUBIN:** Oh, I don't know about the medium part. I
4 like the radio part. I still haven't found a channel in Nova Scotia. I love what
5 everybody's said and the segue to that would be, we need something in place to -- not
6 avoid but maybe avoid chaos and panic if something were to happen, right? So if
7 everybody's aware and, you know, what resources are in place, you know, taskforce, all
8 of it, yeah. That's all I have to say, thank you.

9 **MS. MEGAN HARRIS:** Thank you.

10 **BOBBY-JAY AUBIN:** And if you can find a good radio station, let
11 me know.

12 **MS. MEGAN HARRIS:** Sounds good.

13 Does -- Anna, Janet, or Shawna, do you have anything you'd like to
14 say about -- in terms of medium, what you think would be most appropriate?

15 **MS. JANET WATT:** I liked radio. The only thing I think about
16 when I think back to that is, these days, so many of them are automated and there's
17 really nobody at the radio stations. So that would have to be another disaster and
18 emergency part of the plan is, you know, is there someone available at the local radio
19 stations who can disseminate the information and is there -- like, I think now we're all
20 iHeart Radio or something like that -- that would capture several stations throughout the
21 province. But that would be another D&E issue as well.

22 **MS. MEGAN HARRIS:** Yeah. Okay.

23 Charlene, I'm just going to -- I just want to quickly read what you
24 wrote in the chat here so that it's on the public record.

25 **MS. CHARLENE BOYCE:** Yeah.

26 **MS. MEGAN HARRIS:** That substance-use management
27 response is also not necessarily a police role, and the Black communities and
28 Indigenous communities in Nova Scotia can teach us a lot about social cohesion. I

1 want to just get that on the record for the transcription services ---

2 **MS. CHARLENE BOYCE:** Thank you.

3 **MS. MEGAN HARRIS:** --- because I think they're both really great
4 points.

5 So those were all the questions that I had. At this point, I'd like to
6 just open up the floor -- we're all virtual -- the chat and see if there's any additional
7 closing remarks anyone would like to have on the record for the Commissioners to
8 consider. No? Okay.

9 **MS. CHARLENE BOYCE:** I appreciate this opportunity that was
10 given to us; as organizations, it's been nice. And it's nice to share the space with our
11 friends from the VON and the YMCA. Thanks. It's been nice meeting you folks.

12 **MS. MEGAN HARRIS:** Yeah, great, thank you. That was the
13 intent of these, was to bring together organizations of different, you know, backgrounds,
14 missions, audiences, and all have a chat. So I appreciate the -- that you enjoyed it.

15 Well, that's it for us, then. We're ending a few minutes -- it's 11:11.
16 We're ending a few minutes early. So again, on behalf of the team, I'd really like to
17 thank you for sharing your perspectives. And if you -- if anything else comes up for you
18 following this meeting, you guys all have my email address; feel free to email us. And
19 there's a discussion guide that's up on the internet as well if you'd like to go through and
20 do any of the other topics that we're exploring.

21 **MS. JANET WATT:** Megan, can you just hang on for a second
22 when everybody else is gone. I just have another question.

23 **MS. MEGAN HARRIS:** Yeah, for sure.

24 **MS. JANET WATT:** Thanks.

25 **MS. MEGAN HARRIS:** Yeah.

26

27 --- Session concludes

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CERTIFICATION

I, KAREN NOGANOSH, hereby certify the foregoing pages to be an accurate transcription of the audio recording provided to the best of my skill and ability, and I so swear.

A handwritten signature in cursive script, appearing to read "Karen Noganosh", is written over a horizontal line.

KAREN NOGANOSH