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**Official Report
of Debates
(Hansard)**

Tuesday 20 September 2005

**Journal
des débats
(Hansard)**

Mardi 20 septembre 2005

**Standing committee on
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**Comité permanent des
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en ce qui concerne
la sécurité dans les rues**

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE
ON REGULATIONS
AND PRIVATE BILLS**

**COMITÉ PERMANENT DES
RÈGLEMENTS ET DES PROJETS DE LOI
D'INTÉRÊT PRIVÉ**

Tuesday 20 September 2005

Mardi 20 septembre 2005

The committee met at 0940 in committee room 1.

**SAFE STREETS STATUTE LAW
AMENDMENT ACT, 2005
LOI DE 2005 MODIFIANT DES LOIS
EN CE QUI CONCERNE
LA SECURITE DANS LES RUES**

Consideration of Bill 58, An Act to amend the Safe Streets Act, 1999 and the Highway Traffic Act to recognize the fund-raising activities of legitimate charities and non-profit organizations / Projet de loi 58, Loi modifiant la Loi de 1999 sur la sécurité dans les rues et le Code de la route pour reconnaître les activités de financement des organismes de bienfaisance légitimes et organismes sans but lucratif.

The Acting Chair (Mr. Gilles Bisson): The meeting will come to order. I'm just standing in, taking a bit of initiative. Our Chair is a bit late and detained. We know that we have people here sitting, waiting. So without further ado, we'll get started.

I'm Gilles Bisson, one of the members of the committee, a New Democrat. I'm not the Vice-Chair, for the record, but we'll just get this thing going.

We're here today to deal with Bill 58, An Act to amend the Safe Streets Act, 1999 and the Highway Traffic Act to recognize the fund-raising activities of legitimate charities and non-profit organizations. We have a morning of hearings. The bill is sponsored by Mr. Jean-Marc Lalonde. Without any further ado, Mr. Lalonde, you have the floor.

Mr. Jean-Marc Lalonde (Glengarry-Prescott-Russell): Thank you, Mr. Chair. I am pleased to share introductory remarks today on my private member's bill, Bill 58, the Safe Streets Statute Law Amendment Act, 2005.

Before pursuing further the contents of my private member's bill, allow me to briefly speak to the bill that I propose we amend, namely Bill 8, the Safe Streets Act, 1999, commonly referred to as the squeegee bill.

The Safe Streets Act was introduced in 1999 by the Attorney General and was mainly intended to make the streets of Ontario safer. This legislation addressed a wide range of issues by amending the Highway Traffic Act to regulate certain activities on roadways. For instance, the

Safe Streets Act amended the Highway Traffic Act to prohibit solicitation in an aggressive manner. This piece of legislation defines "aggressive manner" as follows:

"Threatening the person solicited with physical harm, by word, gesture or other means ...";

"Using abusive language during the solicitation ...";

"Solicit a person who is in or on a public transit vehicle."

This bill deals with a wide range of issues, from prohibiting people from disposing of broken glass and new or used needles in public places to even outlawing hitchhiking in Ontario.

I am not here today to defend or question the merit of the Safe Streets Act. That is a debate in itself. However, I am here because one section of the act is causing problems, not only in my riding, but across the province.

Allow me to quote the section of Bill 8 in question:

"7(2) No person, while on the roadway, shall stop ... or approach a motor vehicle for the purpose of offering ... any commodity or service to the driver or any other person in the motor vehicle." This section in fact finds any charitable organization that conducts roadside events guilty of a provincial offence.

I do not want to turn this into a partisan debate, but one can argue that Bill 8, the Safe Streets Act, has not been completely successful in putting a stop to squeegee kids. However, what the act has been successful in doing is shutting down legitimate, charitable organizations in Ontario, such as Muscular Dystrophy.

I decided to introduce this bill after receiving letters from municipalities and firefighters as well as many phone calls from non-profit organizations such as the Optimist Club, the Knights of Columbus, the Lions Club, the Boy Scouts, the Girl Guides and many others that are negatively affected. However, Muscular Dystrophy is the best example—or worst example, to be more accurate—of a non-profit organization being negatively affected by Bill 8, the Safe Streets Act.

Since its implementation, Muscular Dystrophy Canada estimates a loss in revenue of more than \$1.3 million. This has to stop, and this is where my bill comes in. Bill 58, the Safe Streets Statute Law Amendment Act, would amend the Safe Streets Act to allow legitimate fund-raising activities on roadways.

During second reading of my private member's bill, all three parties stood in the Legislature to express their

support for Bill 58. During the debate, the member for Barrie–Simcoe–Bradford offered constructive criticism with respect to the fact that the bill refers to two different terms: charitable organization and non-profit organization. I appreciate my colleague's advice, and consequently will be tabling an amendment to my bill that states clearly that only legitimate non-profit organizations would be allowed to hold fundraisers. Using "legitimate non-profit organizations" as the sole term in the bill is essential in clearly stating that only clubs, societies or associations that operate for any other purpose except for profit would be allowed.

That being said, the other two provisions are to only allow these fundraising activities on roadways not exceeding the maximum speed limit of 50 kilometres an hour and where they are permitted by a bylaw of a municipality. These provisions ensure that we maintain safety by allowing a maximum speed and that we also respect the municipality's choice to use their discretion by placing the onus on them to pass a bylaw if they do not currently have one. Simply adding these two subsections to the Safe Streets Act would make a world of difference for so many charitable organizations and, more importantly, for so many Ontarians who benefit from these charities.

I hope I can count on your support for this bill, as you have graciously done so for second reading just a few short months ago. I will not go further into detail with respect to my private member's bill as, for lack of a better term, it speaks for itself. I would be more than happy to answer any questions you may have.

The Vice-Chair (Mr. Tony C. Wong): Thank you, Mr. Lalonde. The official opposition statement, Mr. Martiniuk.

Mr. Gerry Martiniuk (Cambridge): I certainly am in favour of this bill, of an amendment to the Safe Streets Act. I believe that these organizations would be responsible in giving motorists plenty of warning before they would meet with them. Although that is not provided in the bill, I know these are responsible organizations that would provide traffic warnings, warning of a possible stop or slowdown of traffic, to prevent accidents and misfortune to motorists.

My only concern, again, is in relation to the two types of organizations. A non-profit organization could be incorporated by practically anyone if you get the required number of members together. You apply to the Corporations Act as a non-share capital company, and that is, in effect, a non-profit corporation. I know that in the past—I don't know whether they still do—the corporations department did an investigation of the individuals applying. That was primarily aimed at private clubs, which at times would be used as gambling establishments. I believe those investigations were primarily aimed at persons with criminal records. So if you don't have a criminal record, practically any group of 12 people could in fact incorporate a non-share company, which we know as a non-profit corporation. There is a danger there that that could be done.

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However, a charitable corporation is an entirely different thing. Usually they are a non-profit corporation, incorporated under the laws of Ontario or the statutes of Canada. To obtain charitable status they must apply to Revenue Canada to show that they are persons of goodwill and their true aim is charitable uses. This corporation does go through quite a bit of scrutiny. Of course, they have to file and show Revenue Canada that they continue to be a charitable organization; otherwise their number will be declined or cancelled. That has happened to some charitable organizations. For instance, I believe Greenpeace is no longer a charitable institution in Canada because of the lack of filing the necessary papers with Revenue Canada.

There is a difficulty with non-profits; certainly not with charitable. I'm very comfortable with that. With non-profits, I can see no reason why a group of individuals who want to find a loophole in the Safe Streets Act could incorporate a corporation at relatively little expense, and without further scrutiny proceed in the manner they did prior to the passage of the Safe Streets Act.

By the way, there was a person injured. It was primarily aimed at what is known colloquially as squeegee kids, as you know. Unfortunately, a person in that role was injured not too far from my apartment on Church Street. That was one of the quite valid reasons that the act was passed: to prevent loss of life and limb.

Subject to those comments, I certainly commend Mr. Lalonde for bringing this forward. It will receive my support if I can be satisfied that we can clarify the problem with non-profit corporations. I have no problem with charitable organizations whatsoever.

The Vice-Chair: Thank you, Mr. Martiniuk. Third party statement, Mr. Bisson.

Mr. Gilles Bisson (Timmins–James Bay): Gilles Bisson, critic for transportation for the NDP caucus. I want to say that we support where you're going, Mr. Lalonde. We did so at second reading and we continue to do so.

My view is that we should scrap the original bill. I always thought the original bill was rather silly. In a funny way it was interesting to watch Conservatives introduce a bill that basically hit at the fundamentals of what entrepreneurship is all about. One of the basic forms of entrepreneurship is when somebody doesn't have any money and decides they're going to try to panhandle. I just thought it was rather interesting that Tories were against individual entrepreneurship. Anyway, that's just my take.

Mr. Ted McMeekin (Ancaster–Dundas–Flamborough–Aldershot): The only time I ever got my windows cleaned.

Mr. Bisson: That's right. Anyway, I just thought it was kind of interesting.

I look at the bill and I'm sure you're going to be open to some amendments because I think, as mentioned earlier, there are some amendments that need to be done

in order to clarify the bill as far as making sure that it covers off a couple of items that seem to be somewhat confusing. I'm not going to repeat all the arguments made in regard to not-for-profit corporations and those recognized under Revenue Canada. I would only say that if we put a definition in, we should try to stick to something that applies to Ontario legislation. This is the Ontario Legislature. We should look at maybe including the definition based on whatever acts provincially that would basically cover that off.

On the other issue, the issue of safety, because of the way the bill is written, there seems to be some ambiguity as to when you are able to stop a car. Is it over 50 kilometres an hour or is it under? I know the bill says under 50, but the way it's written and from what I've been told by legislative research and also our own researchers, there's a bit left to be desired. And I've had a chance to talk to some police officers on this issue. I'm sure what you want is what I want and what everybody wants, which is that if we're going to allow this type of activity to happen, we need to make sure that at the end of the day it's done in a manner that's safe and doesn't put in danger anybody who is participating either on the receiving or giving end of the fundraising activity.

The other thing I think we need to clarify—to amend; I don't think it's a clarification—is that the current act, as it sits, basically says the proposed exemption would only apply to those municipalities that permit soliciting. I don't know; is Timmins any better or worse than Kapuskasing, Sudbury, Toronto, Hamilton, or any other community? I think we should have a provincial statute that deals with those fundraising activities overall.

I can tell you, where I come from, which would probably be no different from any of you, the firefighters, the volunteer and full-time forces, would often have fundraising events where they would basically stop traffic to raise dollars for much-needed community work in our communities—mostly helping kids is the one that I've seen; the MS society is the other one. I don't think we want to be in a situation where fundraising activities are allowed in one community but in the community down the street are not allowed because of municipal bylaws. I'm of the view that we should have a provincial statute that deals with this clearly so that whatever we do affects all communities across Ontario and not just the one.

I look forward to the hearings. I say again, I would be more than prepared to support an amendment that says this bill will strike down the current bill. That would be the end of that and we wouldn't have to worry about it, other than making sure that safety issues are taken up within the Highway Traffic Act and others.

The Vice-Chair: Thank you, Mr. Bisson. Government statement?

Mr. McMeekin: Mr. Chairman, I'll be very brief. I want to congratulate my good friend and colleague Jean-Marc Lalonde. He is always a progressive pragmatist, one who listens carefully to the people in his riding and across Ontario and draws to our attention, in an un-

abashed way, changes that need to be made, based on his practical insights. With that, I'm anxious to hear the presenters, who I suspect—though I don't know this for sure—will be equally positive toward Mr. Lalonde's initiative.

MUSCULAR DYSTROPHY CANADA

The Vice-Chair: Members, we have a number of deputations. The first is Muscular Dystrophy Canada. Please come forward.

Welcome, and please identify yourselves.

Ms. Kelly Gray: I'm Kelly Gray. I'm the executive director for Ontario and Nunavut for Muscular Dystrophy Canada.

The Vice-Chair: Thank you. You have up to 20 minutes for your presentation, as well as questions.

Ms. Gray: Members of the standing committee, good morning, and thank you for the opportunity to address you. I would also like to thank our family, friends and firefighters for being here, as well as our staff. We greatly appreciate everyone coming out this morning.

Muscular Dystrophy Canada is a non-profit organization that provides education, equipment and services to persons with neuromuscular disorders. We also fund research toward finding treatments and cures.

You'll hear from my co-presenter, Marg Otter, that our ability to achieve these goals has been seriously strained by Bill 8, known as the Safe Streets Act. From the literature we've just provided to you, you will see that Muscular Dystrophy Canada, as of September 2005, has lost an estimated \$1.7 million since Bill 8 has come into effect—revenue that until Bill 8 was introduced was generated from boot drives and carried out by Ontario firefighters from across the province.

As a national organization, the Safe Streets Act has impacted not only Ontarians but also Canadians. Nationally, Muscular Dystrophy Canada raised \$7 million last year. Ontario raised \$2.6 million of that. Firefighters nationally raised \$2.2 million last year. Of that, \$900,000 came from Ontario. Ontario, as you can see, is a very large portion of the organization's revenue. Any loss in Ontario is felt nationally.

As Ontario boot drive revenue continues to decrease, the organization's ability to fund research, equipment and services is at risk. With the support of the Ontario Professional Fire Fighters Association, the Fire Fighters Association of Ontario and the International Association of Fire Fighters, we are making an appeal to you to allow our most trusted and loyal supporters to continue to fight our fire.

Muscular Dystrophy Canada receives no government funding federally or provincially, and we are not here to ask the government of Ontario for money. We are only here to ask you to adopt Bill 58, amend Bill 8 and let us continue to help people with neuromuscular disorders and their families across Ontario and across the country.

I would now like to ask my co-presenter, Marg Otter, director of service for Ontario and Nunavut, and a registered nurse, to please speak.

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Ms. Marg Otter: Thank you to each of you for giving this opportunity to us. This amendment is so critical. In Ontario there are 3,800 people registered with us with over 100 types of neuromuscular disorders. It's critical to them that the firefighters' funding continues to come in.

I'm going to briefly explain—Kelly mentioned that we do a lot of advocacy and education and referral, and that's certainly a big part of my job, but one of the biggest parts is the funding of equipment essential to people with neuromuscular disorders. We are not cancer and stroke, we are not diabetes, we are not the large organizations, we are not even MS. MD, Muscular Dystrophy, is small in the whole scheme of things, so when we have some dollars cut off, the impact is profound and phenomenal.

Let me just share briefly that one of our main goals is the equipment that we provide to the people who are registered with us. The people who are on ODSP are earning roughly \$960 a month. Let me just tell you that the cost of this equipment for lifting and bathing and toileting and hospital beds has no government funding. These are essential items, and these are items that the firefighters help us provide for our clients.

How do we assure our monies are well used? We always have a professional prescribe the equipment. No funding is given without a professional prescribing it. The firefighters' dollars are very safely and wisely put to use.

The costs have increased, and our revenue has not been anywhere near this increase. Our waiting list is currently five months for people waiting for equipment. That's very serious to us. I'll give you an example of a young boy who has Duchenne muscular dystrophy. All these disorders, by the way, result in progressive muscle weakness. This young boy is about to receive his first wheelchair, a power wheelchair. It's a very traumatic and trying time for the families. The child tries a chair and he has accepted it psychologically, and then there's a five-month wait before the chair can be provided. Often, it's even longer than that by the time the government provides their funding and the vendor orders the equipment. It's a long time to wait. That's why we need the firefighters' money so desperately.

I'll just give you an example of some equipment costs. Much of our equipment for our clients is not recyclable because a curvature in the back or hips is not supported by strong muscles, so most of the equipment is custom-made for each individual, and the customizing adds a huge price to the equipment. For example, a custom commode—a commode is a chair on wheels that goes over a toilet—is \$1,800. Again, that's not with any government funding. For someone who is on \$960 a month, that is impossible.

We have people who want to be independent and cannot open their doors. I can tell you of a lady right now

who is in her apartment. She has to tell her neighbour when she is leaving and when she is returning, to make sure that the neighbour is there, because she has no way of opening her door without an automatic door opener, which Muscular Dystrophy can provide for her. I don't know how she manages to do that, quite frankly.

We have people who can get into a nice comfy chair out of their wheelchair, but their leg muscles are such that they cannot stand up out of that chair. We have a piece of equipment called an easy-lift chair. Muscular Dystrophy and the firefighters' money provides that. That's generally anywhere from \$900 to \$1,000. That allows them to get out of their chair without asking the person next door or the person in the room to help them out. I wanted to share these things because these are critical pieces of equipment.

Lastly, I just want you to remember, for those of you who have children, what it was like when your child had a bath when your child was little. I am finding now that many of the parents are older. The parents are keeping their young adults in the home. Sometimes they're on medication that results in them gaining excessive weight. I'm finding that as the parents get older, they need the equipment to get the child in and out of the bathtub. We had a story last week, actually from two different families, where they are suffering and terribly afraid of hurting their own back as they lift their 19-year-old in and out of the bathtub while waiting for lifting equipment. Slippery water—your imagination doesn't have to go too far to imagine what can happen there.

This equipment that we provide is absolutely essential, and the dollars have to be available. We're indebted to the firefighters and the boot drives as, as I always say, they hold out their stinky fire boots and bring in such joy to so many people. It's absolutely wonderful. I want to say that without more revenue from the firefighters, I'm not sure what's going to happen. The story becomes more desperate each year. I look forward to this amendment. Once again, I thank you for the opportunity.

The Vice-Chair: Thank you very much. Questions from the government?

Mr. Lalonde: I really appreciate the fact that you're taking the time to come down and explain to us what effect Bill 8 is having on all those 3,800 families that you referred to.

One of the points that you also talked about was the boot drive. I remember last year we were advised that the city of Ottawa, during Santa's parade, had lost \$10,000 in revenue, which was going to Muscular Dystrophy. Also, last year, in the town of Rockland, the police stopped the firefighters from collecting, even though this had been going on in many municipalities. Just last Labour Day weekend, I was in the village of Alfred, and even the OPP were collecting. In other areas, the police said they would not tolerate those boots in the middle of the street any more.

This is why it is very important. We have a bill in there that is clearly stating that it is not allowed. In some areas, especially in rural areas, the police know

practically all the firefighters, and they tolerate it until they receive a complaint. If they have a complaint, they have to stop them. That is exactly what happened last year in the town of Rockland. In other instances like the city of Ottawa, which I referred to, every year they had this boot drive during the Santa parade, but this past year they couldn't do it. I think this is why it's very important that we do amend Bill 8 to permit a non-profit organization that is recognized by the municipalities, within their own municipalities.

I'd just like to reaffirm this point that was brought up by my colleague: Municipalities would have the power to decide which organization would be allowed, because at the present time, there are other groups that are known non-profit organizations that go to different municipalities in which the municipality already has—like the Lions Club, for a good example. There could be a Lions Club from another municipality that would come and do a boot drive in other municipalities, but the municipalities would have the power to say, "Only those within our community will be allowed to do it."

The Vice-Chair: The official opposition: Mr. Martiniuk, any questions?

Mr. Martiniuk: No questions. I'd just like to thank Ms. Gray and Ms. Otter for the good work your organization and the volunteers across this province do in our communities.

The Vice-Chair: The third party: Mr. Bisson?

Mr. Bisson: A couple of things really quick, just to clarify something. The 3,800 families are just within Ontario, or including Nunavut?

Ms. Otter: There are 13 in Nunavut, so there are actually 3,800 plus 13 in Nunavut.

Mr. Bisson: Nunavut is actually part of my riding, believe it or not.

Ms. Otter: It is?

Mr. Bisson: It's James Bay and Hudson Bay, because all the islands are in Nunavut. How often do you actually get there?

Ms. Otter: That's a very good question. I could discuss it with you later at great length.

Mr. Bisson: Very good. As one who has to service that part of the world, it must be a bit of a challenge.

The other thing is, you talked about the waiting list being five months. Is that longer than what it was, let's say, five years ago?

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Ms. Otter: Yes, absolutely. We will not put any dollars in place until all the contributing parties have all their dollars committed and we have it on paper. Generally speaking, it was anywhere from four to six weeks.

Mr. Bisson: I have a last question and then a quick comment. Was it \$1.7 million in lost revenue or \$1.3 million?

Ms. Gray: It is \$1.7 million; \$1.3 million was as of last year, but now they are actuals.

Mr. Bisson: I saw two numbers, so I was just wondering.

To my friend Mr. Lalonde, I want to put on the record that I am of the view that this bill should spell out clearly who is able to fundraise. I don't believe we should leave that up to the municipalities. I think you're going to end up in situations where some communities, for whatever reason, support a particular activity or particular group. I think you have to have clear direction from this Legislature as to what is allowed and what is not allowed.

The Vice-Chair: Thank you very much.

TORONTO PROFESSIONAL FIRE FIGHTERS' ASSOCIATION

The Vice-Chair: Our next deputant is the Toronto Professional Fire Fighters' Association. Please come forward. Welcome. Please identify yourself.

Mr. Kevin Ashfield: Kevin Ashfield. I'm with the Toronto Professional Fire Fighters' Association. I have to apologize. Rick Mills had a family emergency and couldn't make it today.

The Vice-Chair: You have up to 20 minutes for your presentation and questions.

Mr. Ashfield: Members of the standing committee, good morning. Thanks for the opportunity to address you this morning.

I've been a firefighter with Toronto for 13 years. I've been involved with our association since 1998, when we amalgamated into one large city. I chair the fundraising and charities committee for the Toronto Professional Fire Fighters' Association.

I just want to present today on how long a history we've had with muscular dystrophy. In 1954, Dr. Green, who started Muscular Dystrophy Canada, approached the Toronto professional firefighters because he had to borrow money from the United States to start this. He approached the Toronto firefighters. They went door to door in Toronto and raised over \$200,000 that year. Since 1954, Toronto firefighters have been involved every year in raising funds for muscular dystrophy. It has been a tradition that firefighters don't take lightly. We work hard at it every year. It's been something that we just do.

There has been a lot of frustration with our firefighters. When they go out on the streets, they try to do the boot tolls and they are told they can't. It's tough for us because legally we don't want to get into a position where we're arguing with the police officers of our city and the citizens over this act. The role of firefighters is to keep people safe, and safety runs into everything that we do. At each boot toll, the setup is run by firefighters who know how to conduct themselves in situations of safety and security. That always comes first, whether it's citizens or firefighters themselves.

Firefighters in Toronto and across this province have been fundraising, and that fundraising effort has been frustrated by this bill. Their efforts to raise funds have been blocked, and hearing that MDC's revenues have dropped because of this bill is disheartening to the firefighters. In 1999, the firefighters raised approximately

\$50,000 to \$60,000. Last year, our totals were down to \$15,000.

The Toronto Professional Fire Fighters' Association supports MDC's fight to provide support to those with neuromuscular disorders and hopes that Bill 58 will pass so they can continue to do this for more and more people throughout both the province of Ontario and the rest of Canada.

I'd like to thank you today for allowing me to speak.

The Vice-Chair: Questions from the government? Mr. McMeekin.

Mr. Bisson: Sorry, Chair. Normally it goes in rotation.

Mr. McMeekin: I'm pleased to yield.

The Vice-Chair: Mr. Martiniuk?

Mr. Martiniuk: Do you use—in our municipality, the firefighters use the triangular red warning signs to let people know that there may be an obstacle up ahead.

Mr. Ashfield: Yes, we do. We put out what we call a sandwich board sign. It states that there's a voluntary boot toll ahead that's for muscular dystrophy and it's the firefighters who are raising those funds. We put them out at every boot drive we do.

Mr. Bisson: Mine is, "Keep up the good work." I think I saw you at the Toronto firefighters FIREPAC thing last Thursday, didn't I?

Mr. Ashfield: That's correct. We met the other night.

Mr. Bisson: We meet again. So keep up the good work, and hopefully, with a bit of support, we'll be able to move this forward.

Mr. Ashfield: Thank you.

Mr. McMeekin: I appreciate your coming on obviously short notice to replace another caring officer who's engaged, as most of our firefighters are throughout Ontario, in this good cause. It occurs to me that the irony here, of course, is that you guys are in harm's way all the time. There's no comparison, given what you know, to being in a structured situation where you're on a road—you probably can't get the boot to the window fast enough to get the donations that people want to give. That's not in harm's way; from my perspective, that's getting harm out of the way.

Mr. Ashfield: Correct.

Mr. McMeekin: We hear this term "collateral damage" all the time; it's an awful term. But sometimes in our enthusiasm to solve what we perceive to be a problem, the cure is worse than whatever it was we were trying to fix. I just want to be clear that your group—I think the Muscular Dystrophy Association was pretty pointed, and I wonder if you agree that this law, as previously introduced by the former government, has led directly to this loss of revenue for the associations that you support.

Mr. Ashfield: It sure has. Like I say, boot drives and boot tolls have always been there with muscular dystrophy. Whenever you see us standing out there with a boot, that money is going to muscular dystrophy; we've always left it to that. It's been a hard—well, you know what it's like in the city today. You try to raise funds.

You're getting phone solicitations on a daily basis. Everybody's out there trying to raise funds for something. This is a unique thing that the firefighters have been doing since 1954, and it has really taken that away from the firefighters, their ability to raise funds. Now they're going into other areas to raise funds, which aren't as successful because there are that many groups out there looking for the same dollar from every individual.

Mr. McMeekin: So you've been robbed of a high-profile, anticipated and, at that point, predictable fundraising effort. You have been in a sense shunted off into a world where everybody's competing, and you just don't have that same profile for your cause. Is that what you're saying?

Mr. Ashfield: Correct, yes. One of the things that we've changed is that now we go to Union Station. Every year we go there the people say, "Oh, we're glad to see you back again this year, but we don't see you anywhere else." We have to explain to them that we can only do it with the permission of the people on private property now; we can't do it out in public. We explain that to them really quickly, and some of the people are really disappointed. They say, "We've seen you for 20 years out on streets doing it, and we don't see that any more. You're always in—." Like I say, now we're in Union Station on a once-a-year basis, and the people look forward to seeing us there.

Mr. McMeekin: God bless you. Keep up the good work.

Mr. Ashfield: Thank you.

The Vice-Chair: Thank you very much, Mr. Ashfield.

LONDON PROFESSIONAL FIRE FIGHTERS ASSOCIATION

The Vice-Chair: The next deputant is the London Professional Fire Fighters Association. Welcome.

Mr. Greg Knight: Good morning. My name is Greg Knight. I'm a London professional firefighter. I'm here today representing the London Professional Fire Fighters and MDC. I have been involved with MDC for over 15 years, the last 10 years as a professional firefighter with the city of London. I'm here today to speak on behalf of the London Professional Fire Fighters Association, and I am here with full support from my fire chief.

During my tenure with London, the London Professional Fire Fighters have raised in excess of \$120,000 for MDC to provide equipment for persons with neuromuscular disorders, research funds for their doctors and scientists to continue their good work, and to educate the public about the devastation that this disease causes for persons with neuromuscular disorders and their families.

Since 1996, I have served as a firefighter adviser for MDC. My job as adviser entails making sure that the departments in my four counties have all the supplies they need to do their fundraising events and of course to recruit new departments to get on board and raise money for this great cause.

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When I would approach a new department, I would tell them, "Hey, boys, it's real easy to do. Get some boot toll signs from MDC. Get some boots from your department and hit the streets. Contact your local police and council to come up with a safe toll area, turn on the red lights on the truck and start collecting."

The boot toll is such an easy event to arrange that it was a perfect first step for new departments, and not too many said no when they were asked to participate. The funds we were able to generate across Ontario grew year after year. You can understand my frustration in trying to recruit new departments when the simplest of fundraisers was no longer available to offer them.

Unfortunately, the impact didn't stop there. Some of our departments who have supported MDC for many years were also coming to us saying, "Our municipalities decided to ban any solicitation on their streets and will no longer give us permission to do our boot tolls on the road."

For bigger cities, the firemen were able to adapt their boot toll and move it to a busy shopping mall. Revenues were lower in some cases, but they were still able to make their annual donation to their favourite cause, muscular dystrophy.

The smaller municipalities, however, didn't have this option available to them. There weren't any malls or businesses that were busy enough to make the time spent worthwhile. I have a small community close to where I live that saw their donations shrink from \$4,250 annually to \$100 the following year when the boot toll was shut down.

Melbourne has a population of 400 people and is located on Highway 2, just west of London. The municipality of Strathroy-Caradoc, of which Melbourne is a part, passed a bylaw a few years ago that prohibited any solicitation on its streets. When asked why they decided to go this way, they replied that they had to fall in line with the Ontario Safe Streets Act. I drive through Strathroy two or three times a week and I have yet to see a squeegee kid approach my vehicle looking for money, and yet we have a bylaw in place that restricts three fire departments from doing their good work for MDC.

The impact is the greatest when you hear a whole county of fire departments say, "We can't do our boot tolls any more." The former county of Kent, which had 12 departments fundraising for MDC, recently amalgamated into the municipality of Chatham-Kent. Chatham-Kent wouldn't approve their boot tolls any more, again stating the Safe Streets Act as the reason, and 12 departments had to come up with new, less fruitful means of raising money to make their annual contribution. It must be very frustrating for these dedicated volunteers when they see twice as much work being done to raise less than half of what they normally would raise.

When the Safe Streets Act was first out, it was enacted to curtail the actions of squeegee kids. We expressed our concerns from the very beginning to Jim Flaherty, the Solicitor General at the time. We were told not to worry,

that Bill 8 wasn't going to affect us; its intent was to bring aggressive panhandling under control, not go after registered charities. We even asked the Solicitor General to send out a letter to the municipalities, clarifying the act and stating what he had told us. A letter was sent out, but it didn't seem to help our cause, and our fears are now being realized. The squeegee kids are still on the streets and the firefighters aren't. Who's losing out here? MDC and the people with neuromuscular disorders.

I'm convinced that with the amendments in Bill 58, you can still have the Safe Streets Act do its intended job, while allowing the work of firefighters to continue to help the people who need our help the most.

The fact is, revenues have decreased throughout the province of Ontario to the tune of \$1.7 million. As an adviser, I'm fighting a losing battle as more and more boot tolls are shut down. We have firefighters who sit on MDC committees that once decided where the funds would be spent, what research was funded and what equipment was purchased. Now these same committees are trying to figure out how to do more with less as firefighter revenues dry up.

I hope the standing committee will agree that a well-planned-out firefighter boot toll, approved by local police and municipal council, should not be considered on a par with unorganized individuals running through traffic soliciting money. With the amendments we are supporting in Bill 58, they will no longer need to be compared.

I thank this committee for the opportunity to speak on this issue, and I respect your educated decision on this matter. I'd be happy to answer any questions you have.

The Vice-Chair: Thank you, Mr. Knight. Mr. Bisson?

Mr. Bisson: I had to laugh at your last comment, because I've got to say that sometimes it's not a very educated thought process that goes on with some of this legislation.

I think you've said it all. I don't want to repeat what's been said, but will just say that I think the bill goes in the right direction. We're going to need some amendments to make sure it's clear. We'll deal with those at clause-by-clause.

One of the points you made in your presentation that I think sums it up for me is that, if I understood you correctly, you're finding it harder to get volunteers to do boot tolls now that there is less ability to raise money. Is that what you were saying?

Mr. Knight: Well, when you go to the new departments and tell them how to do a boot drive, it's a very simple event. If you can get them to do a boot toll, even if it's a small one, once they've done it, they want to do it bigger and they want to do more events for you. So it really is a good hook to get departments involved, and once they are involved, they stay involved.

Mr. Bisson: You're saying that you still see squeegee kids: in Toronto or in London?

Mr. Knight: Pardon me?

Mr. Bisson: You were saying you still see squeegee kids but no boot tolls?

Mr. Knight: I'm not in Toronto very often, but—

Mr. Bisson: So, in Toronto?

Mr. Knight: Yes, mostly in Toronto.

Mr. Bisson: I've never seen them in London or Timmins or Sudbury.

Mr. Knight: No.

Mr. Bisson: OK.

Mr. Knight: That's why I said "Strathroy." I go through there and don't see squeegee kids.

Mr. Bisson: Thanks a lot.

Mr. Lalonde: Thank you again for taking the time. We really appreciate your involvement in the community, especially when you do take care of needy families, especially those affected by MD.

You referred to a letter that was sent by the Attorney General to the municipalities. Have you seen this letter?

Mr. Knight: I personally haven't seen it, but the MDC people told me that it was sent out.

Mr. Lalonde: It was very clear that you would be allowed to do any boot tolls on the sidewalk, not on the road or on the street. You could rest assured that if you were to stand on the sidewalk and had a car parked along the sidewalk, your collection would be very, very low. So the Attorney General kept answering the question in the House, saying, "We've never stopped firefighters from collecting for Muscular Dystrophy Canada." But what was permitted, really, was to collect from the sidewalk. He also referred to shopping centres. Yes, they were allowed to collect at shopping centre parking lots, but there was a big difference.

I remember many times where organizations were calling me, asking, "Are we allowed to do it?" I kept telling them, "No, you're not allowed to do it on the street," but I was taking the time to call the police station to tell them that this activity was going to go on in certain areas. The answer I was getting was, "We'll make sure we don't have any officers in that area." That was all right up to last year, but now that some people are aware of Bill 8, they've started to call the municipalities, and now municipalities are not permitting this type of boot toll on any streets. There are still a few going on, but we were advised by the police that this has to stop until the amendment comes into effect.

Mr. Knight: That is one of the problems we're seeing. As the years go on, you've got municipalities that are saying, "We're not going to allow this any more," and then the neighbouring municipality says, "Well, the municipality down the road just banned it, so we'd better ban it too." It's just growing and growing. Once it's banned, it's banned, and we can't get out there.

Like you said, in some small communities, everybody knows everybody. Most of them know the police, and they just go away for a few hours while we do our toll. As long as nobody calls, they don't have to act on it, and that's fine. But it's still putting us in a situation where we're out breaking the law, and that's not the image we want to portray.

The Vice-Chair: Thank you very much.

Mr. Bisson: Can I just very quickly ask a question of Mr. Lalonde?

You referred to a letter sent by the Solicitor General saying that boot tolls would be allowed, or only on sidewalks?

Mr. Lalonde: Only on sidewalks.

Mr. Bisson: That's what I thought you said.

1030

WIL VERHEYEN

The Vice-Chair: The Peterborough Citizens on Patrol is not appearing; they've cancelled.

I call upon Mr. Wil Verheyen. Welcome. Please identify yourself.

Mr. Wil Verheyen: Thank you, Mr. Chairman, for allowing me to speak here today. I am the father of a child with muscular dystrophy. My name is Wil Verheyen. I immigrated to Canada in 1974, and I have been living in Toronto for the last 24 years. Recently retired, I am active as a volunteer on various organizations, mostly related to genetic research—mainly the ethics side—muscular dystrophy, disabled people in general and other charities as well.

My wife and I have two wonderful kids: a daughter who is 16 and a son who is almost 18. My son was diagnosed with Duchenne muscular dystrophy in 1991, at the age of three and a half. My son is now in grade 12 and hopes to go to university next year to study architecture or industrial design. He is permanently in a wheelchair.

I want to explain to you a little bit what the development is in this disease. After his diagnosis, he started to fall down, sometimes unexpectedly. At the time, people said that kids would end up in a wheelchair by the age of nine and usually would not survive the late teens. Things have worked out a little bit different because of the funding that was available for research.

I will explain to you a little bit more about the disease. Duchenne muscular dystrophy is only one of approximately 100 muscular dystrophies, but it is one of the most devastating. It's also the most frequent genetic childhood disease among all races worldwide. Its occurrence among boys is one in every 3,500 births. Although women can be carriers, girls very seldom have the disease. In half of the cases, there is no family history. The disease is caused by a spontaneous mutation of the genes in the unborn child, so every family could be affected by this disease. The disease causes progressive muscle weakness because patients are missing a protein called dystrophin, which is needed to keep muscles from breaking down. All muscles are affected, including the heart and lung muscles. When my son was diagnosed, we were told that the life expectancy for most children was that they would usually not survive the late teens.

Although there is still no cure or effective treatment, the progression of the disease can be somewhat delayed by prescribing corticosteroids. The estimates are that the average patient may have an extended lifespan of two to five years, which is very important because in meantime more research can be done and maybe a cure can be

found. Some other factors, like earlier intervention with night ventilation and, later, permanent ventilation, are contributing to this.

I cannot stress enough the fact that ongoing research and better disease management have a tremendous effect on the mental well-being of patients and their families. It gives hope. Contrary to when he was diagnosed, I think that these days there is hope.

I would like to explain to you why I think that Muscular Dystrophy Canada is an absolutely essential service organization for people with muscular dystrophies in Canada and that every effort should be made to avoid its demise. It provides information to patients, parents and caregivers that clinics, pediatricians and MDs fail to provide. That's mostly due to the way our health system is working. As an example, after the diagnosis of our son, we got the only excellent information and explanation during a visit from a nurse on staff at Muscular Dystrophy Canada.

Muscular Dystrophy Canada is the only organization in Canada that covers all muscular dystrophies. There are many muscular dystrophies that only happen to a very few people in Canada, so it is very important.

In recent years, Muscular Dystrophy Canada has set up a very much needed peer support program, which has to be coordinated by an able staff member and monitored closely. My wife is very familiar with this program, as she gives moral and practical support to two families with younger Duchenne boys.

Muscular Dystrophy Canada is the only organization in Canada with a research grant program covering all muscular dystrophies. As a member of the medical and scientific advisory committee, I am familiar with the workings of this program. Muscular Dystrophy Canada is the only organization that can make sure that its services are available not only in the populated areas but also elsewhere in Canada.

I would like to point out that almost all families affected by muscular dystrophy have very limited time, opportunity and resources to participate in the fundraising aspects of Muscular Dystrophy Canada. Most families can only spend time and effort on fundraising for research as long as the child is not permanently in a wheelchair. So that is usually between the ages of three and a half and nine. Once the child stops walking, between the ages of nine and 12, the time required for care and the money required for all kinds of equipment increase tremendously. We just happened to pay for the first electric wheelchair for my son this past May, and it cost us \$26,500. It is an incredible amount, and we got only \$6,500 of that funded by the government.

There is an important social aspect to the lack of fundraising capabilities of the families, and I think that this is really the crux of my story to you. We, like most other families with Duchenne children—and I assume it applies also to other diseases—prefer to live a life which is as normal as possible. Our children, siblings and parents do not want to broadcast constantly what a terrible fate has hit us and what terrible future lies ahead.

Our son wants to be treated at school like any other student. He just happens to be in a wheelchair.

The same applies to his social life outside of school. For most families, there is a huge financial strain to come up with the funding for all necessary equipment, of which only a very small part is being funded by the government. For our kids, leisure and sports are as important as for other kids—they are just a little bit different—but often require much more time and effort. Until it became too dangerous for him, my son was active in disabled horseback riding with CARD and skiing with Track 3, which are great programs. He now is a member of the Disabled Sailing Association of Ontario, together with other disabled people like paraplegics and people with MS. All those organizations require fundraising activities as well, so families and patients get involved as well.

Last, but not least, siblings should have a life which is not just revolving around the life of the disabled child.

All of this limits our capability to be constantly involved in fundraising in communities like schools and neighbourhoods. We are therefore extremely grateful to all those firefighters who understand this and who have been an incredible financial and moral support to us. It is my strong belief that the famous boot drives are essential to the fundraising efforts of firefighters. To keep a minimum professional staff, minimum services and a hope for a future cure through minimum research, Muscular Dystrophy cannot afford to lose the income from the boot drives. I know that the provincial Parliament never wanted to abolish the boot drives in the first place. Please consider approval of the proposed changes to the Safe Streets Act and the Highway Traffic Act to exempt registered charities.

Thank you very much.

The Vice-Chair: Thank you, Mr. Verheyen. Questions from the government?

Mr. Lalonde: Thank you very much for your involvement as a volunteer, especially with the Muscular Dystrophy organization. You do recognize the effect that this bill has on the Muscular Dystrophy campaign, especially with the firefighters' toll booth that we used to have every year.

You also mentioned that you have a son who is affected by this sickness. Have you ever benefited from the Muscular Dystrophy campaign? They don't receive any financial support from the federal or provincial government.

Mr. Verheyen: I benefit from the existence of the organization, and I see mostly the benefits to other people with muscular dystrophy diseases. As a matter of fact, I benefited the most in the beginning, because when we got a diagnosis at Sick Kids there was this very experienced neuromuscular specialist who gave us the diagnosis. We were sitting there, my wife and I. We live not too far from there, luckily enough. My son was there, being three and a half. So the specialist looked at the results of the blood test and the remarks that we had made, and he told us, "Well, he has Duchenne muscular

dystrophy.” We said, “What’s that?” Then he explained in very short terms how bleak the future looked. Then he asked us, while the door was open, as happens here often in our health system, “Do you need any help?” How would we know what kind of help we needed? Then he said, luckily enough, “Maybe you should contact the Muscular Dystrophy Association of Canada,” as it was called then. We did, and we got the first very good information from a nurse who was very well-informed.

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We are so lucky that we have a lot of international contacts. Of course, the first thing that you do as parents is you try to find out what is happening elsewhere in the world. We came into contact with quite a few other organizations.

I went back to Holland, where we are from originally, and we heard that the son of good friends of my in-laws was a professor of genetics at Leiden University. He was a young professor, and I phoned him up and said, “Hello. I hear that you used to be involved in Duchenne muscular dystrophy research.” He said, “Yes, but that’s in the past. I don’t know much about where the research is standing now, but I will get back to you.” He never phoned me back. But half a year later, I got in touch with him again, and we became good friends. The reason he didn’t phone back was because at the time, he could not offer us any hope. He also said, “I’m a young guy. The field of cancer and HIV/AIDS research is much more interesting for me, because there’s much more funding available.” I have seen exactly that internationally.

The reason we still have fairly good researchers in Canada is because we have a very good history in research: Dr. Ron Worton, who used to be head of genetics at Sick Kids’ Hospital but is now in Ottawa, was one of the finders of the gene for Duchenne muscular dystrophy. He has been extremely supportive of Muscular Dystrophy Canada. It is strange, but about seven years ago, Muscular Dystrophy Canada was almost bankrupt. It was because the researchers really came together and gave so much support to Muscular Dystrophy Canada that it has survived.

Muscular Dystrophy Canada was in great danger. One of the reasons is so much competition from all other diseases has come up. They have much better funding, generally speaking, because there is a much bigger population, or they are much more open about the disease. The telethon, which used to bring in a lot of money for us—of course, we were unique. Television channels were prepared to give the service for free. Then they stopped doing that because there was much more competition, and they started to charge money. The telethon was costing us so much money that we had hardly any revenue.

I hope that I answered a few of your questions. The other thing I’m very happy about is that Muscular Dystrophy Canada’s last two executive directors have been absolutely wonderful, working with very little staff and a low budget. They have been very willing to have international contacts, and I have been very happy with

that as a parent who was also involved with other organizations in the field. Thank you.

Mr. Lalonde: Thanks again. It’s very nice to see that a young, retired lawyer is giving some of his free time as a volunteer to a charitable organization such as Muscular Dystrophy Canada.

The Vice-Chair: Mr. Martiniuk.

Mr. Martiniuk: I’d just like to thank you for helping the committee in its deliberations.

The Vice-Chair: Mr. Bisson.

Mr. Bisson: I’m not sure I understood what you said in one of your comments, and I just want to make sure. I’ll say it the way I wrote it and understood it. I think what you said was, “Siblings should have a life that is not totally consumed by MS siblings.” I think I know what you’re getting at, but I need you to go beyond that, please.

Mr. Verheyen: I don’t know whether you have the text of my presentation, but the life of a family should not be built around the disease of the sick child. One of the first things I heard, in Europe actually, after the diagnosis was, “Please don’t put your child with Duchenne muscular dystrophy in the same school as the other kid,” because then during the school day the healthy child will be confronted with the fact of the progressiveness of this disease, what it causes to her brother; in this case, when her brother starts to fall more and more, other children start to talk about it.

I have seen family situations that are really traumatic, especially when you have younger children. They sometimes feel left out because there’s much more attention paid to the sick child. We have seen that happening. Actually, very good friends of ours have a boy with Duchenne, and the other boy ended up on the streets. He became a customer of Covenant House. I don’t want to blame it on the disease, but it is very hard to manage, and I don’t want to blame it on the parents either.

It’s a very delicate situation at home and we are in the lucky circumstance that our kids are fantastic friends. My son cannot do much any more. I had to take him out of bed this morning. For example, I have to kind of slide him over to the side of the bed and then I have to lift him up. That means that if only one person is at home with him—when my wife is not home—I have to make sure that he is never left alone. If I’m alone with him, I want to make sure I have a telephone next to his bed so that if something were to happen to me, or I did not wake up—you never know—he would be able to call 911 and our good friends would show up. It’s the small things, but it’s very important that we live our normal lives.

My son can still play the guitar—incredible. He plays beautifully. I wish he would have been able to play for Free the Children. I videotaped a performance for Free the Children, a fundraiser last night in the Great Hall here in Toronto on Queen Street. My son had been asked to play, but it’s not accessible. This is just a fundraiser for very young children in developing countries. Craig Kielburger started this organization, Free the Children, to come up with better conditions for them. My son was

also in the Terry Fox Run in his wheelchair last week. It's easier for him to do fundraisers for those things than for his own cause.

Mr. Bisson: I thank you and wish your family well.

The Vice-Chair: Thank you very much, Mr. Verheyen.

DANIELLE CAMPO

The Vice-Chair: The next deputant is Ms. Danielle Campo. Welcome.

Ms. Danielle Campo: Good morning. I am the national ambassador for muscular dystrophy. That's kind of why they asked me to come here today.

A little background information on myself: I am a gold medal Paralympian from Sydney and a bronze medal Paralympian from Athens. In 2001, I was a recipient of the Order of Ontario and was just recently given the Terry Fox Humanitarian Award. I could probably talk about myself for 20 minutes, so I'll go on.

I do have muscular dystrophy fibrodisproportion. When you look at me, a lot of people say, "You can't tell you have muscular dystrophy." I would like you today not to put my face to someone living with muscular dystrophy. I'm a very fortunate case. I have found that I can handle my muscular dystrophy through exercise, by staying in shape and swimming, making sure my muscles stay strong.

Some things I've had to go through growing up: There's always—like you've heard today—that fight to be normal and what is normal, making sure there's enough accessibility so that I can go to school just like every other 20-year-old, that I could go through grade school and go through high school the same as everyone else.

Some things that my parents went through and why muscular dystrophy is so important: I was diagnosed at two. I come from a family of two brothers who are very active in sports. I was the first girl. My parents were told when I was two years old that I had muscular dystrophy. The first thing you think of is, "Muscular dystrophy Duchenne, what does her future look like?" Because of muscular dystrophy and all the work the firefighters do raising money, there was hope given to my parents. This wasn't a death sentence. This was just something else we have to deal with.

In my job as the national ambassador for muscular dystrophy, I get to speak on behalf of the clients. So I'm here today to represent a lot of them for whom it's too difficult to come here and talk to you. I don't know if you realize that coming into your building there are quite a few stairs you have to get up just to get in here. For someone living with muscular dystrophy, that's a huge challenge. So I come and I talk on behalf of them.

Just recently, I met a little boy who was five years old, who was just diagnosed with Duchenne muscular dystrophy. His parents said to me, "What does that mean? We know that 99% of the time he won't make it to his early teens." I said, "You're right. He might not live that

long life that you saw the first time when you held him in your arms, but you have the firefighters behind you."

The firefighters are so much more than standing on a street collecting money in a boot; for me, the firefighters bring hope. I'm 20 years old right now, and I'm able to go to college; I'm able to live a normal life. What will I be like when I'm 50? I don't know, but I know that with the firefighters behind me, I can hope for a normal life until I'm 80. But some of these kids can't. Some of these kids' reality of their disorder is that they will die in the end, due to this disease.

What I ask you today is to look at these firefighters as not collecting just another dollar for charity; they're holding the future of every child who has a neuro-muscular disorder in their hands. By them putting their boot to the car and collecting money, I know that a researcher is going to go out and find a cure. Maybe in five years, maybe tomorrow we'll have a cure for this and we won't have to sit in front of you, asking you to allow this bill to be passed. But in the meantime, I ask you to really consider passing this bill, because you are holding the future of so many young children who can say, "Tomorrow I'm going to college because the firefighters are raising money."

That's basically all I have to say. If you have any questions, I'd love to answer them.

The Vice-Chair: Thank you very much. Mr. Martiniuk?

Mr. Martiniuk: No questions, thank you.

The Vice-Chair: Mr. Bisson?

Mr. Bisson: What a great spokesman.

Ms. Campo: Thank you.

Mr. Bisson: Keep it up, and, yes, we will do what we can to make sure that this does pass.

The Chair: The government side, Mr. Lalonde.

Mr. Lalonde: I have to say that, vous êtes courageuse. You have courage to have gone through what you have told us about up to the present time. You say that the future depends in part on the fundraising from the boot tolls that were organized by the firefighters. I really believe in what you have said. The revenue that was organized by the firefighters has been affected ever since Bill 8 was introduced in the House. I commend you for taking the time to come over and address this committee, because I really feel that it is very important, especially when we hear from a girl of your calibre. Thank you very much.

Ms. Campo: Thank you.

The Vice-Chair: Thank you very much, Ms. Campo. I think I can probably say, on behalf of the members as well, that you have made us very proud.

Ms. Campo: Thank you very much.

Mr. McMeekin: Hope is on the way.

Ms. Campo: Thanks.

The Vice-Chair: If there are no further deputations, the committee is adjourned until 9:30—

Mr. Martiniuk: Excuse me; could I ask a question to Mr. Lalonde and to legislative counsel? Could not my particular concerns be addressed by just removing any

reference to “non-profit organization” and substituting “charitable organization”? I would be very happy with that, because I think that we are trying to encourage charities, such as the one we have heard from today, rather than non-profit clubs, which could be anyone. Just a suggestion.

Mr. Lalonde: I would recommend, Mr. Martiniuk, that you prepare an amendment to that effect, and it could be discussed at the clause-by-clause session.

The Vice-Chair: Thank you very much, members of the public. Committee members, you know that the committee is adjourned until 9:30 on Thursday, September 22, 2005.

The committee adjourned at 1054.

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