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Thursday 2 June 2016

**Journal  
des débats  
(Hansard)**

Jeudi 2 juin 2016

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
JUSTICE POLICY**

**COMITÉ PERMANENT  
DE LA JUSTICE**

Thursday 2 June 2016

Jeudi 2 juin 2016

*The committee met at 1241 in committee room 1.*

**ROWAN'S LAW ADVISORY  
COMMITTEE ACT, 2016**

**LOI DE 2016 SUR LE COMITÉ  
CONSULTATIF DE LA LOI ROWAN**

Consideration of the following bill:

Bill 149, An Act to establish an advisory committee to make recommendations on the jury recommendations made in the inquest into the death of Rowan Stringer / Projet de loi 149, Loi créant un comité consultatif chargé d'examiner les recommandations formulées par le jury à la suite de l'enquête sur le décès de Rowan Stringer.

**Le Président (M. Shafiq Qadri):** Chers collègues, s'il vous plaît, asseyez-vous. Nous voulons commencer notre réunion, congrès, conférence. J'appelle à l'ordre cette séance du Comité permanent de la justice.

Colleagues, I call this meeting of the justice policy to order. It is very good to see you after some level of absence.

We have a number of presenters before us. I believe that we are going to start via teleconference with regard to Bill 149, An Act to establish an advisory committee to make recommendations on the jury recommendations made in the inquest into the death of Rowan Stringer.

**MR. GORDON STRINGER**

**The Chair (Mr. Shafiq Qadri):** We are, as I understand, linked with Mr. Gordon Stringer via teleconference. Mr. Stringer, are you available?

**Mr. Gordon Stringer:** Yes, I am.

**The Chair (Mr. Shafiq Qadri):** Thank you. This is Dr. Qadri, Chair of the justice policy committee. You have a number of MPPs from all three parties before you. You have, sir, 10 minutes in which to make your opening remarks, to be followed by questions in rotation: three minutes, three, three.

Please go ahead.

**Mr. Gordon Stringer:** Thank you very much. I'd like to extend my gratitude for the efforts that have been made to allow me to make this address. I know that there have been some things that have happened very quickly to allow me this time. I'm not really sure as to how the protocol of these things works, so I'm just going to talk.

I bring to the table today what I think is a unique perspective. I'm not speaking to you as a medical expert. I'm not speaking to you as a sports expert. I'm not speaking to you as an educational expert. I am speaking to you as a parent, as a father and as, I believe, the only father in Canada—one of the few in the world—who has lost a child to a rare thing called second-impact syndrome, which is multiple undiagnosed concussions in quick succession that cause a catastrophic brain injury.

It hasn't been lost on my wife and me that it is a rare occurrence, but it's one that we hope will not occur again in Ontario, Canada or even the world. As we learned in the inquest into our daughter's death—which, by the way, ended one year ago tomorrow with 49 recommendations from a very astute jury, who showed to us throughout the two and a half weeks of testimony that they paid very close attention to all the experts who were there. They asked astute questions. They asked probing questions. They asked difficult questions. They came out with 49 recommendations as to how Ontario as a province, but also various organizations within the province and outside the province, should respond to this situation. My expertise is unique in the sense that I've had to live for the past three years learning more than I thought I would ever have to about concussions and their consequences.

We learned from the inquest also that a bill on concussions died on the legislative agenda when government was prorogued in 2012. This was hard to hear as the timing of that was a few months before Rowan's demise, and we were left to wonder whether that particular legislation may have made a difference to Rowan.

We also look at that as an opportunity. We've been given a second chance here. It's not often in life that you're given second chances. This is a second chance for the Legislative Assembly of Ontario to act and to bring into place programs, educational pieces and research that will make a difference to the lives of children, athletes, coaches, parents and the medical community in Ontario around concussions and their potential—deadly, in rarer cases, but in not-so-rare cases, the chronic debilitating effects that can happen.

It's a chance for Ontario to show leadership in this area in Canada. I've spoken often over the last three years regarding how Canada has no concussion legislation in place, and yet our neighbours to the south, all 50 states, have something in place. Some of those states are already in their round of revising their initial laws that

they put in place, learning from what worked and what didn't work. This is an opportunity for Ontario to look at what our friends to the south have done and what they have learned and make Ontario a best-in-class jurisdiction in North America and, indeed, the world with respect to concussion education, awareness, treatment and research.

What I've also had the privilege of, in the last year especially, since the conclusion of the inquest into Rowan's death, is learning the depth of medical expertise that we have available to us in Canada. I'm going to miss a few, but people such as Dr. Charles Tator and Dr. Michael Strong, Dr. Jha, Dr. Nick Reed, Dr. Shannon Bauman—

**The Chair (Mr. Shafiq Qadri):** Mr. Stringer, just to inform you, Dr. Charles Tator is very attentively listening to you right now. Go ahead, please.

**Mr. Gordon Stringer:** That's fine. I don't have anything bad to say.

*Laughter.*

**Mr. Gordon Stringer:** Here at CHEO in Ottawa, we have Dr. Roger Zemek, Dr. Michael Vassilyadi and Dr. Kristian Goulet. This is just in Ontario—people who can provide advice on the need to receive the right medical care at the right time from the right providers.

I do hope that you will put this bill forward and that the Legislature of Ontario will pass what we're calling Rowan's Law, and we can start with this committee on that road to making Ontario a best-in-class jurisdiction for concussions and concussion care.

Thank you for your time.

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**The Chair (Mr. Shafiq Qadri):** Thank you, Mr. Stringer. I will now offer the floor to the honourable Lisa MacLeod, MPP for Nepean–Carleton, of the Progressive Conservatives. She has three minutes in which to ask questions and comment. Ms. MacLeod.

**Ms. Lisa MacLeod:** Thank you very much, Chair.

Welcome, Gordon, and I know Kathleen is probably beside you. It's been a long journey. You came to me about a year ago this June and we didn't know where to start. This bill will become law on Tuesday due to the efforts of you and your wife, your strength and your courage, and the wonderful partnership that has developed in this assembly with John Fraser, Catherine Fife, myself and all of our colleagues.

It's a simple bill. It's a bill that effectively establishes a committee to implement the provincial recommendations from the coroner's inquest.

I really don't have a question for you, Gordon. We speak every day. I just—it's been a long journey and a very emotional one, and I'm very proud of you.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. MacLeod. I offer the floor now to Ms. Catherine Fife, MPP for Kitchener–Waterloo, of the NDP. Three minutes.

**Ms. Catherine Fife:** Also honourable.

**The Chair (Mr. Shafiq Qadri):** Yes, and very honourable. Très honorable.

**Ms. Catherine Fife:** Right, Gordon?

Gordon, I just want to point out that I do appreciate you taking the time, and I know Kathleen is also there with you. Gordon, this would be an opportunity for you to share any concerns you have about, perhaps, timing.

The legislation is pretty clear, but is there any hesitation with the way that it is crafted right now or could you perhaps share any of your concerns that may take us off track? Because this is your opportunity to say what you think is very strong about the legislation, but perhaps also to identify any pitfalls going forward.

**Mr. Gordon Stringer:** I feel the bill has been crafted very well. I like the idea that there will be four ministries involved on the committee. A concern that I have is that we do actually get the right expertise advising the committee.

For my family personally, the pieces that mean the most to us are the pieces that speak to educating students, athletes, parents and coaches in school-based and non-school-based sports. That's the part that's closest to our hearts because of the situation with Rowan. It also will allow us to start on the road to changing a culture in sports that I think needs to be changed, this idea that it's stronger to play through injuries than it is to admit that you need to stop.

**Ms. Catherine Fife:** Thank you, Gordon. I have no further questions.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. Fife. Now to our colleagues in the government. Mr. Fraser.

**Mr. John Fraser:** Thank you very much, Mr. Chair.

Gordon and Kathleen: Thank you again for taking the time this afternoon and for all that you've done. It's not easy to be reminded of difficult things, but you've worked with a purpose that would make your daughter very proud. I just wanted to restate that again. I'm very thankful that your member, Lisa MacLeod, brought this forward to both Catherine and me. It's a privilege to be part of getting this bill through the Legislature and we're almost home on getting the bill there, which feels really good.

I just want to follow up on what Catherine—MPP Fife—said with regard to any concerns with the legislation. You mentioned “best-in-class,” and one of the things that I thought might be something, when we looked at it originally, is going forward on sort of emphasizing specific legislation and broader best-practice policy approaches inside government and whether that would be something that you would think would be a positive thing. I don't know if it's broadening or emphasizing the mandate.

**Mr. Gordon Stringer:** When I talk about best-in-class, policies and procedures are fine, but to me, it's the real front-line delivery of those education pieces—the recognition and removal, having consistent protocols in place across the province so that no matter what sport you're in, no matter what activity you're involved in when a concussion happens, you're going to receive the same process with respect to identification, management

and treatment, so that you can return to a normal life. I think that, really, is what is most important in my mind. Policies and processes are good, but it really is the actual delivery of those things that is paramount.

**Mr. John Fraser:** Thank you very much, Gordon. I think we just ran out of time. Thanks again for being on the phone.

**Mr. Gordon Stringer:** Thank you.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Stringer, on behalf of all members of the committee, not only for your testimony today but your devotion and dedication to this entire process. On behalf of the justice policy committee of Parliament, we thank you.

#### DR. CHARLES TATOR

**The Chair (Mr. Shafiq Qaadri):** Colleagues, we'll now move to our next presenter. Just before I offer the floor to him, I think I would be remiss if I didn't attempt to introduce professor, doctor, chairman of the department of neuroscience, one of my former professors in neurosurgery at the Toronto Western Hospital, one of Canada's most distinguished physicians, the honourable Dr. Charles Tator.

Dr. Tator's contribution to the field of neurosurgery, spinal cord management, head injury management—and, by the way, thank you for writing my references for an internship at Toronto Western—amongst many, many other accomplishments and accolades. We salute you. I'm feeling the pain of the fact that your name is so bare there, because the number of titles both before and after can only begin to do justice to your contribution to this field.

I was just chatting with him earlier. No journal article could be written in the field of neurosurgery or spinal cord management without at least one reference, if not more, to Professor Tator.

So, sir, it's an honour and privilege to have you before us. As you've seen the protocol, you have 10 minutes in which to make your presentation—

**Mr. Bob Delaney:** Chair?

**The Chair (Mr. Shafiq Qaadri):** Yes?

**Mr. Bob Delaney:** Just a point of a privilege.

**The Chair (Mr. Shafiq Qaadri):** Sure.

**Mr. Bob Delaney:** You passed handily, right?

**The Chair (Mr. Shafiq Qaadri):** Well, I think that's entering into doctor-patient confidentiality there, Mr. Delaney, but thank you.

Professor Tator, the floor is yours.

**Dr. Charles Tator:** Well, thank you very much. What a great introduction. It's also a privilege to be here and to have such an audience of MPPs. It's lovely. Gordon, are you still on the line? To speak after Gordon is also a privilege, because he said it so well that I almost don't have to be here. But having prepared this, I'm going to go ahead with it.

Concussions are a significant public health issue in our country and in our province. My credentials have already been told to you, but I would just like to emphasize that

this issue of catastrophic injuries in sports and recreation has been exercising me, personally, for about 40 years. I think we need to say right up front that my interest is in encouraging kids and youth to actually play sports. I don't want to turn them off sports, but I do want to make sure that they are safe when they are doing so.

We know now something about concussions that we didn't know before: that they are so frequent and that they can be very serious, with 200,000 or so in our country and the fact that not everybody gets better from a concussion.

#### 1300

The old thought was, "Just suck it up. You're going to get over it," but our research is now showing otherwise. In fact, we now think of concussion as not just the acute concussion, not just the knockout or the injury on the field, but what happens afterwards. We call that the concussion spectrum of disorders.

Some of these disorders are very significant, as you can see on this list. Rowan Stringer had the second item, but there are other serious issues about concussion that we have come to recognize.

All of this creates a significant public health concern. There are very good websites from which people can get additional information. In the handout, I've listed a couple of them.

We have a much better understanding of why concussion occurs: with a jiggle of the brain within—so one hand is the skull and the other hand is the brain, it's the jiggle of the brain within the skull that causes concussion. That's precisely why helmets don't protect against concussion, because the brain still jiggles, and no one has created a helmet that prevents that jiggle. So we have to be smarter than just putting helmets on kids.

Concussions in sports are especially a problem—in collision sports most dramatically, like hockey, football and rugby—because here is the issue of repetitive concussion. What we've learned is that it's the repetitive concussion that can cause difficulties, including late brain degeneration.

I mentioned that almost everybody recovers, but in fact, not everybody recovers. There's still about 10% who continue to have problems from concussion. Rowan is in that 10%. We know about what the incidences are, we know who is more susceptible—for example, it is now quite definite from research that women are more susceptible to concussion than men. We don't know why. We suspect that there is a significant genetic effect. We do recognize the role of pre-existing conditions, like if you have migraines or depression before concussion, you're certainly going to have them after.

The problems are that there are just too many in our province and ways of preventing them have not been implemented. In spite of all the advertising campaigns, in spite of all the work that we've done in various injury prevention programs like ThinkFirst and Parachute now, there are still too many Ontarians who don't really understand what it is about concussion and why they should be concerned about it. These shortcomings that

have been recognized so exquisitely by the Stringer family should inform our behaviour. I'm really delighted to see that this legislation that we're contemplating is almost there.

**The Chair (Mr. Shafiq Qaadri):** Professor Tator, you are at your halfway mark, just to let you know. Five minutes.

**Dr. Charles Tator:** Okay, thank you, so I'm going to skip over these two. Thanks for that.

We do have major benefit from international consensus conferences that inform our decisions. These aren't just drawn out of the air, like a kid should see a doctor, for example, and that the kid should be removed from the game or practice. These are expert opinions that are coming with international endorsement. These consensus statements are now available to us. It's up to us, as Gordon said, to make sure that they get implemented.

We now understand more fully about how to integrate a kid into the classroom, for example. We didn't really have an appreciation of what accommodations are required, and parents went through tremendous trauma with their kids on their way back to school, with nobody knowing quite how to deal with them.

We have lots of information that's available for non-doctors—like for coaches, trainers and teachers—but it's not properly and fully disseminated. So these guidelines are available. We know they're complex. They need to be individualized. Accommodations are necessary at the school level.

Gordon has mentioned that all 50 states beneath us have some form or other of concussion legislation. He reminded us of the bill that died in 2012. We do now have PPM 158, which I'm very proud of. I put down "Yeah, Ontario!" purposely because we are really the only province now to have that. So all 72 school boards in Ontario are now developing concussion policies as a requirement from the Ministry of Education. That is a definite improvement. That was not in place when Rowan had her concussion. We are ahead of all the provinces. The federal government is now looking at the issue of concussions.

Let's concentrate now on what affected Rowan. It's quite amazing that we are faced with this rare entity called second-impact syndrome, which she unfortunately had, which took her life. This syndrome is completely preventable, by preventing the second hit. We must take this opportunity to protect our children and youth.

You see here a list of those who have either died or ended up with major damage because of second-impact syndrome. This is the brain of a hockey player, published in the Canadian Medical Association Journal. You can see those black streaks in the brain stem—I'll put the arrow on them. Those are the streaks of blood that you don't wake up from; that's permanent coma.

So when we learned at the inquest, and I had a special view of the inquest, having been asked by the coroner to be the external examiner—

**The Chair (Mr. Shafiq Qaadri):** About a minute left, Professor Tator.

**Dr. Charles Tator:** We learned that she did have two concussions prior to the fatal blow, and she accurately texted this, which we only found out about by examining her cellphone. When the inquest showed us that she and her friends had no formal education, none of the adults knew about concussion and its ramifications, and she did not tell anybody about it. So this was like a perfect storm.

But fortunately, her parents didn't leave it at that. They developed a campaign, together with Lisa MacLeod, Catherine Fife and John Fraser, so we now have a second chance, as Gordon so exquisitely said—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Professor Tator. I now offer the floor to the honourable Catherine Fife of the NDP.

**Ms. Catherine Fife:** Dr. Tator, I'd like to give you the opportunity to finish your presentation. Do you have anything else to add?

**Dr. Charles Tator:** Well, the only thing I was going to add, which I thought Gordon might have said, was that as we envisioned this at the inquest, Rowan's Law is actually the next stage. So let's get the committee in place, and that's currently our job now over the next few days, and then it's the committee that has to develop the concussion legislation. I personally hope that it is going to be legislation and it's not going to be something less effective.

**Ms. Catherine Fife:** Okay. It's really interesting, because Gordon talked about shifting the culture of sport. There's a lot of commercial interest out there right now around concussion management. I don't know if you want to comment on that, but I've been approached by several businesses—once this became very political and very knowledgeable. People are trying to design systems to cope with it in a very commercial way. Can you comment on that, Dr. Tator?

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**Dr. Charles Tator:** I agree with your concern because I am also bombarded by advertisements and marketing from commercial enterprises which are looking to capitalize on the concern about concussion. Most of the material that they develop, that they put on their websites, that they send around to prospective patients, is correct, but not all of it is correct. I think it's becoming increasingly confusing for parents, especially, to figure out who's right and who's wrong. Perhaps that should be included in the committee's work that decides on whether or not to proceed with legislation.

**Ms. Catherine Fife:** Yes. There's no quick fix—

**Dr. Charles Tator:** There is no quick fix. They have to be evaluated individually.

**Ms. Catherine Fife:** And the best model is prevention.

**Dr. Charles Tator:** Prevention is the only cure right now because, in fact, our treatments are not very effective. We are looking for better treatments. That's a lot of what I do personally. So far, our treatments for the concussion spectrum of disorders are rather dismal—except for prevention.

**The Chair (Mr. Shafiq Qaadri):** We'll go to the members of the government. Ms. Indira Naidoo-Harris.

**Ms. Indira Naidoo-Harris:** Thank you, Dr. Tator, for coming in. I want to start out by just saying that it is really an honour to be speaking with you today about such an important and emotional subject, I know, for many of us.

On behalf of myself and my family and, I think, others of us who are here who are parents—my kids play soccer, they play rugby, they played hockey, figure skating, competitively, and so on. The fear of concussion is something that's always on my mind and always on our minds. On behalf of those of us who are parents, a big thank you for your tireless efforts and for your groundbreaking work and research in concussions and concussion management.

**Dr. Charles Tator:** Thank you.

**Ms. Indira Naidoo-Harris:** Dr. Tator, you've talked about a lot of things, but probably one of the most important things is that your work has really transformed our understanding of spinal cord injury. You've looked at what we've done. You've already said that Ontario is ahead of all provinces in this. You clearly have an interest in ensuring that we go far enough and do the work we need to do. So I'm going to ask you something you've touched on already but that I think is important to get on the record: What next steps do you think our government should be pursuing to prevent deaths like Rowan's tragic death? Also, what do you think about the idea of expanding, for example, the committee's mandate? Whether it involves education, as you touched on, awareness, prevention, training, all of those things, just give me a sense of what you think we should be doing next.

**Dr. Charles Tator:** I really feel that we should be heading towards legislation—so the original concept of Rowan's Law being Rowan's legislation. What we need to legislate is that everybody associated with sports should be educated about concussions. That includes teachers, trainers, referees, parents, the participants themselves. We really need a concussion team effort to have everybody informed.

The word "culture" was used, and I think that's a very important issue here: We do have to change the culture. We have to encourage the athletes themselves to come forward. We have to convince the athletes themselves that it's in their best interests if they want to keep playing the sport. We want them to keep playing, but we want them to play safely, so that means they have to reveal their symptoms. Sometimes, only when they reveal their symptoms does it become apparent that they've actually had a concussion. Concussion is called the invisible injury for a reason.

**The Chair (Mr. Shafiq Qadri):** The floor now passes to the Conservative side. Ms. MacLeod.

**Ms. Lisa MacLeod:** Welcome, Dr. Tator. Thank you very much for endorsing this piece of legislation early on. I also want to say thank you for your role in the coroner's inquest. As you're aware, and we have all become aware, there are no easy baskets that we can take coroner's inquest recommendations and then turn them

into law. I think that this is the best process that we could come up with in order to start reviewing those recommendations that you and your colleagues made and implementing them across government. If that, as you suggest, requires additional legislation down the road, at least we'll have the right people around the table.

I'm just wondering if, in your experience during the coroner's inquest, which would have ended a year ago tomorrow, there were any things additional, since the time of Rowan's passing, that you would recommend that was not included in the recommendations at the time.

**Dr. Charles Tator:** That's a very good question. The answer is no, because we were all very careful in trying to put the issues out on the table for everybody to view.

Fortunately, the coroner's jury was quite fantastic in being able to absorb all of that information that was thrown at them over the two-to-three-week period and get it down on paper.

I think we have to be very complimentary towards Dr. Louise McNaughton-Filion, who was the presiding coroner, because under her direction the jury performed spectacularly in being able to appreciate what was before them and grasping the important issue. I think one of the best days of my life was when I read the jury verdict, because I really had the feeling they listened and they got it.

**Ms. Lisa MacLeod:** I'm really happy to hear that. My final question is, would you like to sit on this committee and are there any other people that you would recommend to be part of this, as a panel of experts?

**Dr. Charles Tator:** Well, I volunteer, if I'm—

**Ms. Lisa MacLeod:** It comes with lots of pay and 0% increases.

**Dr. Charles Tator:** If I'm asked, I will be very pleased to serve. Gordon mentioned a number of other experts in his talk. I think Ontario—and elsewhere in Canada—is blessed with a lot of people who know what they're talking about with respect to concussion, so I do feel there's a lot of expertise—

**The Chair (Mr. Shafiq Qadri):** As fearful as I am to interrupt a former professor, I thank you, Ms. MacLeod, and thanks to you, Professor Tator, not only for your presence today, your volunteering, but your extraordinary number of decades of service in neuro-surgical management of disease and well-being. I thank you on behalf of the Parliament of Ontario.

**Dr. Charles Tator:** You're welcome.

#### BARRHAVEN SCOTTISH RUGBY FOOTBALL CLUB

**The Chair (Mr. Shafiq Qadri):** Our next presenter is Barbara Gillie of Barrhaven Scottish Rugby Football Club, who is available to us by teleconference. Ms. Gillie, are you there?

**Ms. Barbara Gillie:** Yes, I'm here. Can you hear me?

**The Chair (Mr. Shafiq Qadri):** Yes, I think we can hear you. We might increase the volume.

You are now going to speak before the Standing Committee on Justice Policy. As you know, you have 10 minutes in which to make your introductory remarks, followed by questions in rotation. Please begin.

**Ms. Barbara Gillie:** Thank you. Good afternoon. My name is Barbara Gillie. I'm speaking on behalf of the Barrhaven Scottish Rugby Football Club and as a coach and former rugby player.

I would like to start by thanking the Standing Committee on Justice Policy for giving me the opportunity to speak today. It's a privilege to be able to address you. Thanks to Lisa MacLeod for introducing this bill to the Legislature and her dedication to having it passed, and her co-sponsors, MPP John Fraser and MPP Catherine Fife, for their continued support of the bill.

I'd like to also thank Kathleen and Gord Stringer for continuing to tell Rowan's story, for their incredible strength and determination to ensure this bill is passed, and being tremendous advocates for concussion education and awareness, and for sport. They've given immense support to rugby and our club has been enriched by having them in our rugby family.

Rowan Stringer was a young, outgoing, loving 17-year-old girl who loved to play sports, hang out with her friends and family, travel and was due to graduate from John McCrae high school. After graduation, she would be heading off to study nursing. She wanted to help others, especially children. She was looking forward to playing summer club rugby at Barrhaven Scottish. She had her whole life ahead of her, but in May 2013, a terrible tragedy happened: She sustained a head injury in a school rugby match. She never regained consciousness and died. The doctors confirmed she had sustained massive brain swelling after succumbing to complications from multiple undetected concussions, or second-impact syndrome.

**1320**

At the coroner's inquest, it was revealed that before what would be her last game, she thought she might have sustained another concussion, but wasn't sure. She didn't have the education or knowledge about concussions and their potentially dangerous effects if untreated; neither did her friends. She didn't talk to her parents. The upcoming game was an important one. She was the captain, and she didn't want to let her team down. If only there had been legislation in place that provided Rowan and her friends with concussion education and awareness.

I met Rowan in the summer of 2012 when I was head coach for the junior girls' team at Barrhaven Scottish. She hadn't played rugby very long, but she loved rugby and really wanted to learn how to be a better player. She learned quickly, and I could see her, in training and games, passing on what she learned to others. She became a leader and a role model. She always had a big smile on her face and made people laugh. Her death was a tragic accident, but it was preventable.

Since her death the Stringer family, along with other advocates for concussion awareness, have been working to bring about change and introduce concussion measures

and protocols so that it will be safer for all who play sport. I'm proud to be part of the Rowan's Law group, advocating for it to be passed.

Currently, there is no concussion legislation in Ontario or any other province or territory in Canada, and concussion protocols vary between jurisdictions and cities. This is in contrast to the United States, where all states have laws on concussion. The previous bill on concussion in Ontario failed on the table in 2012. Had it passed, I believe many athletes would be better off right now and others, like Rowan, might still be alive.

Some call concussions the "invisible injury" because its symptoms aren't always easy to recognize; many are either not treated properly or not treated at all. When you break a bone or sprain a joint, you go to the hospital, you see a doctor and you're treated. But when you injure your brain, you can't see the damage. You can't put it in a cast. It's very important that everyone involved in sport takes action when there is a suspected concussion. All athletes with suspected concussions should be removed from sport and treated by a health care practitioner who has specialized and up-to-date concussion training.

Research into concussions, as you've probably heard, has proven that of reported cases each year, 10% to 30% of athletes will have sustained a concussion, but the reality is that many cases of concussion or suspected concussion are not reported, and this figure may be upwards of 50%; and although most physical symptoms are resolved within seven to 10 days post-concussion, not all neurological symptoms are, and many athletes will still perform poorly on neurocognitive and functional testing despite being symptom-free.

In June 2015, a coroner's inquest was held into the death of Rowan Stringer and concluded with 49 recommendations for enhanced concussion awareness and treatment to be implemented across different levels of government and multiprovincial ministries. Rowan's Law is based on these 49 recommendations from this inquest and four cornerstones of the law have been established.

With the enactment of Rowan's Law, these recommendations and cornerstones can be implemented. Concussion education, awareness and protocols can be aligned so that the same messages are being conveyed to all involved in sport. Rowan's Law can prevent serious brain injuries in athletes and, more importantly, prevent another death from happening.

Without Rowan's Law, athletes, parents, coaches, officials and others involved in sport will continue to be confused and uneducated about concussion—how to properly treat them and how to recover from them. Athletes will continue to be permitted to play sport and go to school too soon without proper treatment, with potentially serious consequences. This must not be permitted to happen.

It's vital that all people involved in sport are aware of the realities and dangers of concussions, that there is proper education, awareness, prevention initiatives and protocols in place for concussions, and that there are

consistent strategies for return-to-play and return to learn. We must have a law that protects the health and welfare of all athletes.

It is said that it takes a community to raise a child. To me, this means keeping them safe and healthy. Rowan's Law will help us do that. It's not just a coach's or a teacher's responsibility to ensure athletes are safe, it's everyone's responsibility—players, parents, officials and everyone else involved in sport.

Rowan's Law has received and continues to receive high-profile endorsements from organizations across Canada and around the world and is supported by renowned neurosurgeons and also by professional athletes: former NHL star Eric Lindros, former rugby internationalists Al Charron and Jamie Cudmore and many more too numerous to mention today.

What else is needed? A change in culture. A change in sport culture also needs to take place—a revolution of sorts. We all need to stop saying, “Suck it up, you'll be fine,” or “Wow, you got your bell rung, but you'll be okay, go back in there,” when an athlete has a suspected concussion. We all need to stop putting pressure on athletes to play when they have a concussion or are not fully recovered from a concussion.

Instead, we should be advocating positive actions and ensuring that everyone involved in sport knows and supports that it's okay to miss a training session or a game, even if it's a big game; that if an athlete has a suspected concussion, they will be pulled from training or playing; and for athletes to self-identify their injuries. We should start using new sayings, like, “When in doubt, sit it out.” The new norm needs to become, “I believe you might have a concussion; go see a doctor,” and, “You can't train or play until you've seen a doctor and are cleared to return.” An athlete's life is more important than the game.

As a player and coach of various sports throughout my life, including rugby, I know first-hand that injuries and concussions happen, and that it can be difficult to identify the signs and symptoms of a concussion. As a former varsity, club and representative rugby player, I know very well the pressures put on athletes and the pressure that we put on ourselves to win trophies and medals. It's not an easy decision to pull yourself off a pitch when you're injured, especially in a crucial game, but nothing is more important than your own safety and welfare. As a coach, the decision is an easy one: Take the player off when they are injured or you suspect a concussion.

I believe Rowan's Law is imperative to making sport safer for all. It will provide vital education and awareness about concussions, treatment and management of concussions, and protocols for returning to play for all involved in sport. Players must be removed from play when a concussion is suspected and not return to play without a doctor's letter.

Barrhaven Scottish RFC wholeheartedly and completely supports Rowan's Law. Player welfare is the most important aspect of any sport. Our club coaches have taken the mandatory World Rugby online certifications

Rugby Ready and concussion management. Our club follows the World Rugby and Rugby Canada concussion management protocols and guidelines. We have also adopted the policy of, “When in doubt, sit them out.”

We are thankful to MPP Lisa MacLeod, MPP John Fraser and MPP Catherine Fife for supporting this bill and ensuring it was sent to your standing committee for a public hearing and on to the final debate and vote in the Legislature.

We request that the Ontario Legislature vote in favour of passing Rowan's Law on June 7, and that this critical piece of legislation is enacted so that no other young athlete suffers from the long-term effects of a concussion or another family like the Stringers has to go through what they did and live without their loving daughter Rowan.

In closing, on June 7, the most important and critical step forward in making sport safer for all athletes needs to be taken. It is in the Ontario Legislature's power to vote in support of Bill 149 and enact Rowan's Law. It is in the Ontario Legislature's power to make history by passing the first private members' bill that is co-sponsored and supported by all three parties. And it is in the Ontario Legislature's power to enact Canada's first concussion law and make Ontario a groundbreaking jurisdiction. Following the passing of Rowan's Law, it is our hope that all provinces and territories will soon pass a similar law.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. Gillie. Thanks for your expert timing as well. The first round of questions goes to Mr. Potts of the government side; three minutes.

**Mr. Arthur Potts:** Thank you very much for speaking to us, Ms. Gillie. This was quite a moving presentation. I know it's been very emotional for you to bring the perspective of the Barrhaven Scottish rugby club, who Rowan Stringer played with—my daughter Robin also played rugby with the Toronto Scottish here in Toronto. It was a tough thing to watch her play, as a father. I appreciate very much that there are new protocols in place at the Ontario rugby level, which is trying to put these new protocols in so that people have awareness.

Ironically, when we were debating this bill at second reading—I was sitting in the House at the back; I didn't speak to it. But I play hockey on a regular basis. I'm in my late fifties and I play hockey. On the Sunday before we debated this on the Thursday, I'd been hit and fallen and hit my head. I wasn't really thinking about it, but as Lisa MacLeod was reading through some of the associated symptoms, I realized, “My God, I was tired. I had this nagging headache.” As a result of that education, I went and saw my family doctor the next day, on the Friday constituency, and took a month off playing hockey, again just out of exactly the considerations that we've raised here.

**1330**

Now, you went over very quickly the rugby club's new protocols. I wonder if you wouldn't mind just elaborating again on the training that now goes on, the

learning. Even in the absence of this lobbying past, we know that you've provided incredible education to the people in your club. I wonder if you might just expand on that a little.

**Ms. Barbara Gillie:** Sure. As part of the certification program by Rugby Canada, all coaches need to have attended and either be certified or working towards their certification. As part of that rugby certification, there are modules and continuing education development courses that all coaches must go on.

So before a coach gets on a field, they must undertake a free online course called Rugby Ready. It gives you background and information about playing rugby and coaching in rugby, but also the new concussion management module, which gives you information about concussions and what to do in cases of suspected concussions.

This initiative by Rugby Canada and also their Play-Smart player welfare program, which is a national initiative, is starting to become one of the leading programs in the world of rugby to follow, and other countries are starting to take this on board.

**Mr. Arthur Potts:** That's fantastic. Thank you again for your advocacy, and condolences on your loss.

**Ms. Barbara Gillie:** Thank you.

**The Chair (Mr. Shafiq Qadri):** To the PC side: Ms. MacLeod. Three minutes.

**Ms. Lisa MacLeod:** I'm delighted to know that I diagnosed Arthur Potts's concussion. I hope Charles Tator is listening to that. I could be a doctor myself. I don't often play one, but when I do, it's in the Legislature.

Barb, it's great to have you on the line. I'm just going to mention to folks that we have a grassroots Rowan's team at home in Barrhaven, and you're obviously a big part of that, as is the Barrhaven Scottish, which you should be commended for. You are one of the few sports organizations that has zero tolerance for returning to play while there's a concussion. It's been really amazing. We joined with the Stringer family. We would meet once a month. We actually met—everyone here should know—on the one-year anniversary of the beginning of the inquest. Our entire team at home went out and we celebrated.

You should also know that this Saturday we will dedicate the Barrhaven Scottish rugby pitch to Rowan Stringer at 12:30. Our entire team will be there. I can't thank the city of Ottawa enough. Not only have they endorsed this bill unanimously, but they also made sure that renaming occurred.

Then, on next Tuesday, Barb and our entire team are coming up from home, as we watch this historically happen on Tuesday. I hope all members of the assembly will join us in my office in Room 451 after the vote and before the vote as we celebrate this historic bill. Barb?

**Ms. Barbara Gillie:** Yes, Lisa?

**Ms. Lisa MacLeod:** How are you feeling?

**Ms. Barbara Gillie:** Pretty emotional today.

**Ms. Lisa MacLeod:** Yes. Well, I'm going to see you on Saturday.

**Ms. Barbara Gillie:** Absolutely.

**Ms. Lisa MacLeod:** I just wanted to let everybody know what a great job you did. Honestly, that was a fantastic presentation.

**Ms. Barbara Gillie:** Thank you very much.

**Ms. Lisa MacLeod:** There was nothing for you to be worried about. If I may just convey not only my thanks to you and to Phil and Gary and the rest of the Barrhaven Scottish, but also to Rugby Canada, who has come out in full support of this bill and has taken on what I believe is the biggest leadership role of any sports organization in this country. So thank you.

**Ms. Barbara Gillie:** We're proud to be part of the whole group. We support you 120%.

**Ms. Lisa MacLeod:** Thank you.

**Ms. Barbara Gillie:** Thanks, Lisa. See you Saturday.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. MacLeod. To Ms. Fife.

**Ms. Catherine Fife:** Thank you very much, Barbara, for the presentation. It is very comprehensive. For me, one of the strongest pieces that you addressed, though, was the change in culture that is needed in sport. I really like your statement and your suggestion that we start using, "When in doubt, sit it out." I think that's really effective.

But I think we have to be honest that there is a lot of resistance out there to addressing or to turning the other way, if you will, when someone does get injured. You're on the front lines, so to speak. Do you want to address the work that's still before us in shifting the culture?

**Ms. Barbara Gillie:** Absolutely. I think that a lot of that culture comes down to coach and parent education, and awareness that their behaviour and the way that sport needs to move forward. It needs to move away from this battering each other until you can't get up again and that playing injured is the right way to do it—you know, "You'll be okay." It's fine and well when you break an arm or you tear an ACL like I did and get it repaired, but when you damage your brain, it's not okay.

People have to understand the ramifications of this. In rugby it's a culture of supporting each other as a family and a community. That's what other sports need to take on board: to move forward and address and make the change that, no, it's not okay to put that player back in. They might not be around tomorrow if you do.

**Ms. Catherine Fife:** Thank you very much, Barbara.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. Fife, and thanks to you, Ms. Gillie, for your presentation, your presence and your dedication to this entire process.

#### ONTARIO ATHLETIC THERAPIST ASSOCIATION

**The Chair (Mr. Shafiq Qadri):** We'll now move to our next presenter who would please come forward, Mr. Laskoski and Mr. Robinson of the Ontario Athletic Therapist Association. Welcome, colleagues. You've seen the protocol: a 10-minute opening address followed by questions. Please be seated, and if you have any pres-

entation—I guess you do; it's being distributed. Please begin now.

**Mr. Drew Laskoski:** Thank you, Mr. Chair. We are very pleased to be here, but this is our first appearance before a committee of the Legislature, so we find this a little intimidating. Please bear with us.

**The Chair (Mr. Shafiq Qaadri):** You're not referring to anyone in particular, I presume, then?

**Mr. Drew Laskoski:** Not yet. My name is Drew Laskoski. I'm president of the Ontario Athletic Therapist Association.

*Interruption.*

**Mr. Drew Laskoski:** See, I've been welcomed by horns. That was very hard to coordinate.

I'm also a certified athletic therapist and a registrant of the College of Kinesiologists of Ontario. I practise in Newmarket as the head athletic therapist with a number of sports teams and have a lot of experience in diagnosis and treatment of concussions, primarily from sport injuries but also from vehicle and other accidents.

With me is Mike Robinson, who is a member of the Ontario Athletic Therapist Association board of directors. He's also a certified athletic therapist in Canada, a certified athletic trainer in the United States and is also a registrant of the College of Kinesiologists of Ontario. He is the head therapist with a number of sports teams and is currently a PhD student at Western University in London with a research focus on increasing the reliability of concussion assessment tools.

The OATA represents 847 individuals across Ontario who are practising athletic therapy, or working towards their degree at either Sheridan College or York University and their certification as athletic therapists.

You might find it interesting to know that the profession was in many ways fostered and promoted by the predecessor ministry to today's Ministry of Tourism, Culture and Sport, in order to provide a profession focused on the diagnosis, treatment, rehabilitation and prevention of sports injuries.

As we have done from day one, we are here on behalf of the OATA to offer our strong support for passage of Bill 149, known as Rowan's Law. I spoke about Mike's and my personal experience with concussions. I venture to say that, other than physicians, athletic therapists deal with concussions more than any other health care profession. That's primarily because of the roles we play in amateur and professional sports. Athletic therapists' qualifications are recognized by the Canadian Olympic Committee to serve on the medical teams of Olympic-level games, including the Pan Am and Parapan Am Games that were held in Toronto last year. Only physicians and specially trained physiotherapists share that recognition.

Most sports teams, whether amateur, professional, secondary school, university or college, have at least one athletic therapist on staff or on retainer. When you're watching an NHL game on television, for example, all of the Canadian professional hockey teams have at least one athletic therapist on staff. So when a concussion occurs

in sports, it's often an athletic therapist who is the first responder. What those athletic therapists do as first on the scene and, subsequently, in their treatment and rehabilitation is obviously critical to recovery.

**1340**

As you've already heard, concussions are tough to diagnose. The usual diagnostic tools such as X-rays, MRIs and CT scans don't identify most concussions. Diagnosing a concussion requires in-depth knowledge of the clinical evidence and extensive practical experience. That's why the OATA and our national organization, the Canadian Athletic Therapists Association, and individual athletic therapists such as Mike and I have been called upon by various authorities to help develop and improve concussion guidelines.

I had the honour of joining Dr. Tator and was asked to join his working group that published the document *Review of Concussion Recognition and Management Tools for Concussions Ontario*.

Both OATA and CATA have produced guidelines that reflect the latest clinical evidence and recognition and treatment of concussions.

There is no question that a lot of progress has been made in recognizing mild traumatic brain injuries and the importance of proper diagnosis and treatment, but there's still a lot of work that needs to be done. There is still a lot of denial out there by sports teams and by individual players, sometimes motivated by financial or liability concerns, and sometimes by players who believe they can or have to play through a concussion. You would be surprised how many times I still see somebody holding up three fingers in the face of someone who has had his or her bell rung to test whether the person is able to return to play. I think it's safe to say that the clinical evidence is in place and the appropriate diagnostic and treatment protocols are available. Nonetheless, that knowledge has not yet penetrated and percolated everywhere it needs to. Concussions are still being ignored. Concussions are still being improperly, ineffectively and sometimes dangerously treated.

That's why the committee proposed by Bill 149 is so important. The intensive study of the jury's findings and recommendations into the sad death of Rowan Stringer and the translation of those findings and recommendations to augment the existing body of evidence and protocols will help enormously in reducing the number of people who die or become incapacitated from undiagnosed or improperly treated concussions.

Thank you again, Chair. We welcome whatever questions the committee may have.

**The Chair (Mr. Shafiq Qaadri):** Thank you very much for your opening remarks.

We now pass to the PC side. Ms. MacLeod.

**Ms. Lisa MacLeod:** Drew, that was fantastic. You did a great job. I'm really happy that you were able to come here today. I came across a great photo of you this morning, as we prepare for Tuesday—so I'm looking forward to seeing you there.

I really appreciated what you were saying in terms of taking these recommendations and then having intensive

study of them with the committee. Given your experience, would you be interested in sitting on a type of committee like this?

**Mr. Drew Laskoski:** Always.

**Ms. Lisa MacLeod:** Do you think it's important that we have strong representation from sport around the table as well?

**Mr. Drew Laskoski:** I think that without sport there we're fighting an uphill battle.

I've been involved with junior hockey since 1987. At least now, in the hockey world, people understand: "Concussion? Bad. Don't play." So we've made strides in that. But as long as I've been at it, we still run into problems with players not understanding concussion. More importantly, we have parents who don't understand concussion. I think the only way we're going to combat that is through education and educating at the grassroots level through the schools and with the sports organizations. If I had my druthers, I would make it mandatory, but we live in a democracy, not a dictatorship.

**Ms. Lisa MacLeod:** Well, some days we challenge that, in the opposition.

**Mr. Drew Laskoski:** I have watched CPAC so I understand where you're coming from.

Yes, I think it will be incumbent upon the committee to at least charge the sports committees or organizations that they're on the hook now, that they need to be cognizant that there are winds of change—and things have to change.

**Ms. Lisa MacLeod:** Just a final comment: I'm very grateful for the support you have given this bill and me personally. I think the fact that we have got organizations like Parachute Canada and the Ontario Athletic Therapist Association endorsing this legislation brings a great deal of credibility to it, not just on the floor of the assembly but, I think, right across Ontario. So thank you for everything.

**Mr. Drew Laskoski:** It's our pleasure.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. MacLeod. To Ms. Fife.

**Ms. Catherine Fife:** Excellent. That has never happened, where the horns went through the entire presentation, so I think you did a really good job.

I want to go back to your comment that concussions are currently being treated in a dangerous manner. The whole goal of this legislation is to make those recommendations actionable, and we all share in that concern, but going forward, I think the work of the expert committee is going to direct how we best deal with concussions once they occur. I agree with Dr. Tator that prevention is the goal, and I think that's an achievable goal, but we are still going to be dealing with concussions, right? To use a word like "dangerous" around treatment is significant.

**Mr. Drew Laskoski:** Yes. Right now, there are no guidelines on how to treat concussions. I was fortunate enough to be asked to attend the clinic guidelines on what it takes to call yourself a concussion clinic. It was hosted by the Ontario Neurotrauma Foundation. We were

struggling as to what we need to have in place to be able to treat concussions. If we are expert provider groups and we're struggling with that, how do we convey that down to the user groups without concrete guidelines? From my own experience, the only way that any guidelines have teeth is that they're backed up by legislation. There has to be a cause and effect.

**Ms. Catherine Fife:** Thank you for that. We have PPM 158 in our school systems, all 72 school boards, but I just don't think it's enough. I don't think it's enough, because the people who are charged with putting that program and policy into play don't have the education and knowledge to bring it in. There are great inconsistencies across the province, and that's why I was so proud to be part of this process. It is historic, especially in this setting. I just want to thank you for coming and sharing your perspective with us.

**Mr. Drew Laskoski:** It's our pleasure.

**The Chair (Mr. Shafiq Qadri):** Thank you, Ms. Fife. To the government side: Mr. Delaney.

**Mr. Bob Delaney:** Welcome. I'd like to make a few comments that echo what my colleague from Beaches–East York said and what I am sure my friend from Prince Edward–Hastings would agree with, which is in the vein of real players do listen to their body.

I played my first game of organized hockey in December 1960, and it would be fair to say that in that era, there was no protection. By the 1970s, there was some protection, but it was optional. By the 1980s, there was still some protection, but when it became mandatory, the quality of the protection improved. By the 1990s, we had mandatory proper protection for most players of most sports. By the 2000s, we were working on the awareness of the problem of concussions, which you called the "denial and the play-through." In this decade, it's about taking action to prevent and treat concussions.

Just as a question to you, in a week in which we lost two hockey players that many of us grew up around, Tom Lysiak and Rick MacLeish, both of whom died too young for men of their era, could you talk a little bit about how the process currently works and if there are additional best practices we should look at?

**Mr. Drew Laskoski:** Mike is the expert in that stuff in terms of research. I'm more clinically oriented. I would defer to Mike.

**Mr. Mike Robinson:** Sure. Just to clarify, you're talking about the process of assessing a concussion or treating it?

**Mr. Bob Delaney:** A bit of both.

**Mr. Mike Robinson:** Right now, the process would be when there is either a self-identification or clinically. When I worked in high schools, a lot of times teammates would identify and disclose that to me.

We go through a clinical history. Something that was touched on before is that there are many commercial and free tools that are available out there. That's where my research interest lies because I want to make sure we have the best tools available.

A lot of clinicians will employ various tools, from the publicly available SCAT3, which is being updated in

October in Berlin, to some of the more commercial tools, the ImPACT and the King-Devick. Those aren't designed to be assessment "yes" or "no"; rather, they're designed to provide a clinician information with regard to cognitive function, proprioception and try to almost, for lack of a better word, exploit those symptoms that are coming out in order to form an assessment and eventually a diagnosis.

After that, a lot of clinicians rely on symptom tracking since we don't have a goal-centred test that we can image a concussion; rather, we rely on self-report checklists in order for patients to keep us updated on how they're progressing—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Delaney. Thanks to you, Mr. Laskoski and Mr. Robinson, for your deputation on behalf of the Ontario Athletic Therapist Association.

Colleagues, by order of the House, this committee is in recess till 2 p.m. eastern standard time.

*The committee recessed from 1351 to 1400.*

#### WORKERS DAY OF MOURNING ACT, 2016

#### LOI DE 2016 SUR LE JOUR DE DEUIL POUR LES TRAVAILLEURS

Consideration of the following bill:

Bill 180, An Act to proclaim a Workers Day of Mourning / Projet de loi 180, Loi proclamant un Jour de deuil pour les travailleurs.

**The Chair (Mr. Shafiq Qaadri):** Thank you, colleagues. I'd respectfully invite you to please be seated so we can begin consideration of Bill 180, An Act to proclaim a Workers Day of Mourning.

#### ONTARIO FEDERATION OF LABOUR ONTARIO NETWORK OF INJURED WORKERS GROUPS

**The Chair (Mr. Shafiq Qaadri):** We have one presenter group before us: the OFL—the Ontario Federation of Labour—and the Ontario Network of Injured Workers Groups, represented by Vernon Edwards and Karl Crevar. Welcome. Welcome. Please come forward.

Welcome, gentlemen. As you've seen the protocol, you have 10 minutes in which to make your opening address, to be followed by three-minute rotation questions. Please do introduce yourselves for the purposes of Hansard. I respectfully invite you to please begin now.

**Mr. Vernon Edwards:** Thank you, Mr. Chair. I'm Vernon Edwards, director of occupational health and safety, from the Ontario Federation of Labour. I'm joined here by Karl Crevar of the Ontario Network of Injured Workers Groups. I'll be sharing my time with Karl.

The Ontario Federation of Labour is the central labour organization in the province of Ontario. The OFL represents 54 unions and speaks for more than a million workers from all regions of the province in the struggle

for better working and living conditions. With most unions in Ontario affiliated, membership includes nearly every job category and occupation. The OFL is Canada's largest provincial labour federation.

As a province-wide central labour body, the OFL works to develop and coordinate policy as passed at our conventions and by our executive bodies. One of the key roles of the OFL is to try to influence public policies that affect all working people, their families and communities. One of the most important areas of public policy that we try to influence is the prevention of work-related injuries and illnesses.

We welcome the opportunity to make this presentation to the Standing Committee on Justice Policy regarding Bill 180, An Act to proclaim a Workers Day of Mourning. We feel that this act is important, especially in connection with community awareness, creating more awareness about the issue of occupational health and safety, death and injuries that are occurring in every community across Ontario.

We see it as particularly important for the sector known as MUSH, which is municipalities, universities, schools and hospitals. We know from our affiliates that education, hospitals and social services have a particularly difficult time having health and safety issues addressed. Senior officials within those services seem to have a lack of understanding of the responsibilities when it comes to occupational health and safety.

I met with a number of unions with membership in the education sector this morning. We were again discussing the problems that they are having in getting the school boards to recognize health and safety concerns, particularly around violence in the workplace, functioning joint health and safety committees, and good health and safety training.

If schools and hospitals are not safe for the workers, then they're not safe for the students and patients either.

In my almost 24 years at the OFL, I have learned that workers die in ways more horrible than even Stephen King can imagine. For those of you who may not be familiar with Stephen King, he's an American author of contemporary horror and supernatural fiction.

Some of the examples I've experienced over the years:

—a worker pulled through a shredder feet first—no guarding, no shut-off controls;

—a young man, at the age of 19, on his third day on the job, suffered burns to 90% of his body, and that day, he was the worst burn case Wellesley Hospital had ever seen;

—workers killed in explosions, where there's nothing much left other than bits of bones and charred flesh to put in the casket;

—falls from great heights, such as what happened with Metron Construction Corp. a number of years ago, where four workers were killed and one young man was so badly wounded that he'll probably never be the same again;

—another young worker, David Ellis, whose father and brother have been out there campaigning across Ontario for better health and safety.

David's brother was here April 7 when second reading of this bill occurred.

Then we see workers die slow, agonizing, painful deaths from occupational diseases and cancers.

The Day of Mourning is the day labour and our community partners come together to remember those who have died as a result of their work. We also recommit ourselves to continuing the fight for the living. It's a challenging task to alter this situation, but if Bill 180 passes, we hope it will generate more discussions in communities across Ontario about the needless and tragic toll occurring in our workplaces. This has to be a part of what will make these workplace tragedies as socially unacceptable as the tragedies caused by drinking and driving.

I participated in a press conference here at Queen's Park when this bill received second reading on April 7 of this year. The Ontario Federation of Labour called for all-party support for this bill. Sitting in the public gallery later that day, I witnessed just that, including a standing ovation for Percy Hatfield. I hope to see the same enthusiastic support for this bill as it progresses through to final reading.

**The Chair (Mr. Shafiq Qaadri):** Thank you very much. We'll now move to the PC side: Mr. Arnott, three minutes.

**Mr. Ted Arnott:** Thank you very much for your presentation. Our PC caucus—

**Mr. Percy Hatfield:** Point of order, Chair: Were they out of time or were they sharing time?

**The Chair (Mr. Shafiq Qaadri):** No, I'm sorry, you did have more time. I thought you had ceded the time.

Did you want to speak, sir?

**Mr. Karl Crevar:** Sure.

**The Chair (Mr. Shafiq Qaadri):** Yes, you have about four or five minutes left. Go ahead.

**Mr. Karl Crevar:** My name is Karl Crevar. I'm with the Ontario Network of Injured Workers Groups, and I also represent the province on a national basis with the Canadian Injured Workers Alliance. I've been with this organization for 25 years, right from the beginning, advocating for health and safety along with the OFL on a number of occasions. I was very pleased to be able to have the opportunity to be in the Legislature when Percy Hatfield graciously introduced his private member's bill, and I was pleased to see that all party members at that particular time voted for it to move forward.

It is long overdue. We've been advocating for something like this for a number of years because for the workers killed in the workplace, as we started down the road for April 28, the Day of Mourning, that's what it was. We had workers gather at monuments for workers who were killed, remembering not just the workers killed, but also the families who were the survivors.

We are pleased to see that this is going forward, and I would reiterate the words of Vern from the OFL that all-party support be given to this bill. It will send a very strong message to the community that workers do matter. People who are either hurt or killed on the job do matter, and they should be so recognized. They're the workers

who build our country, build our province and build our cities. Therefore, they should have that honour of being recognized on that particular day.

I'll leave it at that. Again, I thank the committee for the opportunity. Vern had asked me to come and say a few words at the last minute; that's why I don't have any paperwork. I don't know, Ted, if you recall, but we brought this issue forward a number of years ago. I'm glad to see it come forward, finally. Thank you very much for doing that.

**The Chair (Mr. Shafiq Qaadri):** Thank you. Mr. Arnott, you now have the floor.

**Mr. Ted Arnott:** Thank you very much for coming today for your presentation. Certainly, our Ontario PC caucus has supported this bill at second reading, and we want to compliment Mr. Hatfield again for bringing it forward. I think it's a bill that should pass into law, and it appears that the government concurs. Hopefully, unless something really strange happens, the bill will be called for third reading before the House rises and pass into law.

You come on an important day. We actually had a minister's statement this afternoon in the Legislature about the Italian Fallen Workers Memorial, which I attended—as he did as well, and a number of other members of the Legislature—a few weeks ago when it was unveiled.

We're all reminded today of the importance of recognizing the need to continue to make our workplaces safer, to work together in that respect—industry, labour and government as partners, working together to ensure that workers are safe and that everyone who goes to work is able to come home safe and healthy.

1410

Again, I think your advocacy on this has been very, very important over the number of years that you've been involved, and we appreciate that, but there's going to need to be continued efforts, I'm sure. This bill is an important step forward in terms of a symbolic recognition of the responsibility we all have, but there's going to be more work to be done.

I don't really have any questions, but I certainly invite you to respond to what I've just said. I really appreciate your presence here today.

**Mr. Vernon Edwards:** Thank you.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Arnott. We'll now pass the floor to Mr. Hatfield.

**Mr. Percy Hatfield:** Good afternoon to you, sir. Thank you both for coming in today.

We talked about the MUSH sector. You mentioned the scaffolding fall on Christmas Eve a number of years ago, and the horrific injuries and deaths that came from that. There was a coroner's inquest and an investigation after that, and one of the recommendations was that there be more health and safety taught in the schools and examples given to make students more aware of the dangers they face on jobs. If every elementary and high school in Ontario had to lower the flag this would be a good teaching tool for those educators to take to their class-

rooms and say, “There are some of the examples from around here.”

Would you not agree that there are many tentacles out there that would flow from this bill?

**Mr. Vernon Edwards:** I absolutely agree. I think that would create a very good opportunity to talk to young people about the hazards when they go out into work, particularly around high school students who may well be getting ready to start their first job. We know of far too many cases where young people on their first, their second or third day on the job are getting injured and killed, because not only do they not have the same life experience that older workers have but it may well be their very first job, so they have no job experience, period.

I think this bill would create very good opportunities to have those kinds of conversations with students, and hopefully with parents when they go home and talk about what they did in school that day.

**Mr. Percy Hatfield:** I know we spend a lot of emphasis working with young people on “don’t drink and drive” and “don’t text and drive,” but we have yet to put into their heads that when you go to work, you have to be aware of the health and safety conditions around you and more aware that if you’re in an unsafe work environment, you can say, “Hey, wait a minute. This has to change and we have to stop work for a while.”

**Mr. Vernon Edwards:** That’s right. With students, they go from an environment in a school, where everybody has their well-being as one of their top priorities, to the private sector, where that’s not always the case. Often it’s about production; it’s about getting the job done as quickly as you can and with very little health and safety training.

It’s not always the case. There are some good employers out there that do a great deal of health and safety training before anybody sets foot into the workplace. But we see far too many examples of young people being badly injured or killed—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Hatfield. The floor now passes to the government side: Ms. Indira Naidoo-Harris.

**Ms. Indira Naidoo-Harris:** Thank you so much, Chair. I want to thank you, Mr. Vernon and Mr. Crevar, for coming in today to speak on such an important subject, and also for your advocacy on something that I know that is really important to workers in our province.

I want to tell you that I recently had the honour of participating in a special ceremony in my riding on April 28 to commemorate the National Day of Mourning for workers who have lost their lives, possibly injured on the job or killed on the job. It was a particularly emotional ceremony because there were a couple of people there, parents who were there, who had lost their son a number of years back and were there just coming to remember the child that they’d lost.

In addition, my riding of Halton touches on Oakville, as you know. David Ellis’s story is well-known to those of us who are in that area. It’s very much a part of some

of the work that we’re thinking about when we think about Bill 180.

As you know, Bill 180 would require that all Canadian and Ontario flags outside legislative buildings, government of Ontario buildings and other buildings, like town halls, courthouses, schools, universities, colleges and hospitals, be flown at half-mast on that day.

I think that this is particularly important, as we’ve been hearing in the discussion, when it comes to young people. I have a 17-year-old and a 21-year-old, and I’ve got to tell you that yesterday, after hearing the minister speak on this subject and about the higher incidence—three times more likely—of young people to be injured on the job, I actually went home and talked to my 21-year-old.

So I need to ask you: Do you think that this bill will help us get that message across and help us shape the conversation about safety with young people, especially when it comes to the fact that these flags will flown at half-mast at schools, universities and colleges? Do you think that it will really encourage that conversation?

**Mr. Karl Crevar:** I believe that it will. I think that it’s a message that has to be said throughout our community—not just to the children, but to the parents and to industry—that people are being killed in the workplace.

I use the analogy of Mothers Against Drunk Driving, MADD. That is the only way you draw public attention to it. I can tell you that just this past week, three injured workers—one is an amputee—bicycled from Windsor to Chatham, Sarnia, London, Brantford, Hamilton and St. Catharines to send that message. I believe that if this bill passes and gets that recognition, it will send a message that, within the workplace, people are being killed and that has to stop.

We also talk to students on many occasions. We’ll go into the colleges and universities whenever we can and we’ll talk to them. It’s amazing when you find out—you ask them whether they’ve been actually hurt themselves—

**The Chair (Mr. Shafiq Qaadri):** Thank you, Ms. Naidoo-Harris, and thanks to you, Mr. Edwards and Mr. Crevar, for your deputation on behalf of the OFL and ONIWG.

This committee is now in recess until 3 p.m. Eastern Standard Time.

*The committee recessed from 1417 to 1500.*

## ONTARIO DOWN SYNDROME DAY ACT, 2016

### LOI DE 2016 SUR LA JOURNÉE ONTARIENNE DE LA TRISOMIE 21

Consideration of the following bill:

Bill 182, An Act to proclaim Ontario Down Syndrome Day / Projet de loi 182, Loi proclamant la Journée ontarienne de la trisomie 21.

**The Chair (Mr. Shafiq Qaadri):** Thank you, colleagues. I call the meeting to order. As you know, we’re

here to consider Bill 182, An Act to proclaim Ontario Down Syndrome Day.

DOWN SYNDROME  
ASSOCIATION OF HAMILTON

**The Chair (Mr. Shafiq Qaadri):** We have our first presenters ready on standby: Ms. Crowson and Ms. Stremble of the Down Syndrome Association of Hamilton. You might have seen the protocol. You have 10 minutes in which to make your opening address and then three minutes, by rotation, to each party.

I respectfully invite you to please begin now.

**Ms. Jennifer Crowson:** Good afternoon. Thank you for having all of us here today. My name is Jennifer Crowson. I am the president of the Down Syndrome Association of Hamilton. I'm also the proud mother of these three children that you see here in this photograph. Their names are Max, Ruaridh and Owen.

Four years ago, my life changed forever. My husband and I found out that our youngest son, Owen, was going to be born with Down syndrome. Before he was even born, I was told that there would be many things that my son might not do. I was told that he might not read, he might not write, he might not run and he might not even walk. I was told that my son would have an intellectual delay, which would limit his progress in school and, indeed, his progress in life. I was told that he might also have serious medical health issues.

What I was not told is that my son Owen would in fact enrich my family's life. I was not told that he would be more like his brothers than different. In fact, he's a lot like his older brothers. I was not told that he would amaze me every day with what he actually can do.

I knew then and I certainly know now that people with Down syndrome deserve the same human rights as everyone in this room and indeed every citizen of Canada. I am thrilled that Ontario has taken this initiative to bring Bill 182 into law and to allow us to use it to bring awareness and celebrate people with Down syndrome in Ontario.

What do we know about Down syndrome? It's a naturally occurring chromosomal arrangement that has been part of the human condition for a long time. We know that people with Down syndrome have three copies of the 21st chromosome, which is why we celebrate World Down Syndrome Day on March 21, being the third month and the 21st day. We know that with access to coordinated and comprehensive health care, early intervention and inclusive education, and with progressive social and medical research, that all of these things are vital to people with Down syndrome in allowing them to become full, contributing and active citizens.

As a parent and as the president of a local association, I am very grateful for what my son and other people with Down syndrome have received from the province of Ontario in terms of health, social care and education. However, we do know that people with Down syndrome have faced and do face discrimination in our province.

We know that people with Down syndrome do not always have the same full access to education as their peers. We know that people with intellectual disabilities are sometimes described as having limited academic potential. We know that there is not equity in funding for social and medical research on Down syndrome as there is for other disabilities. We also know that many people with Down syndrome face barriers as they transition into adult life, in achieving full independence and paid employment.

In December 2011, the General Assembly of the United Nations declared March 21 as World Down Syndrome Day. It invited all other member states to observe World Down Syndrome Day in an appropriate manner. As I said earlier, I am delighted that the Ontario government has shown leadership in Canada in taking steps to have World Down Syndrome Day formally recognized.

As a parent, an advocate and the president of a local association, I hope that World Down Syndrome Day will signify enhanced awareness and authentic inclusion in all spheres in the lives of individuals with Down syndrome across their lifetime. This day will hopefully bring more recognition to those individuals with Down syndrome, and recognition of those with Down syndrome as individuals with unique strengths and challenges and as individuals who are part of our ever-increasingly neuro-diverse social fabric and who are not more different than other people without Down syndrome.

In Hamilton, we have celebrated World Down Syndrome Day for the past two years with a celebration open house. Last year, we had the delightful pleasure of having this young lady beside me, Laura Stremble, speak to all of our members who were present, as well as members of our community, about education and about what education has meant for her and about what inclusion has meant for her. I thought it really appropriate to have her come along with me today and tell you herself what she told us on World Down Syndrome Day this past year. So without further ado, I'm going to let Laura introduce herself and speak to you. Thank you very much for your time.

**Miss Laura Stremble:** Good afternoon. My name is Laura Stremble. I'm almost 15 years old. I live at my home in Dundas with my mom and dad, my big brother John and my dog. I am in grade 9 at St. Mary Catholic Secondary School.

The word "inclusion" means to be included, to be part of a group. At my schools, I have always felt included and have always felt a part of my school community. At St. Augustine, Ms. Castelli, my dedicated EA, and Ms. Scime, the principal, both encouraged me to do everything the other kids did, including science fair and scripture reading competitions, where I won at both. I even tried out for the touch football team and might have made it, but practices were the same night as my Special Olympics rhythmic gymnastics. I got to show off my gymnastic routines every year at the talent show, just like anyone else with a talent. I collected volunteer hours, just

like everyone else, by volunteering at Staples and JYSK with Special Olympics, and at my church, St. Augustine's, working on the gardening committee, development and peace dinners, and working the plant sales and bazaars. I had more volunteer hours by the end of grade 8 than most other students. When I graduated grade 8, I won the Christian Community Service Award and made honour roll.

Now, at St. Mary high school, I share a different EA with a few other students in each class. I am not in a life skills class. I take math, science, geography, history, religion, English, gym, drama and art with the main student population. Two of my classes are locally developed and some are applied, but most are just regular open classes. I get homework just like everyone else; I just forget to bring it home sometimes. I am required to get 40 volunteer hours by grade 12 at St. Mary too, and am already over that total in grade 9. I have about a 78% average. I love school. I have lots of friends and great teachers and EAs.

It is sad to think that 60 years ago, my third cousin Michael, who was born with Down syndrome, was never allowed to go to school and was never given the chance to work. Actually, the doctors wanted his mom to put him in an institution and forget about him.

I am glad the school board decided that I'm worth an education. I can read and write, just like the other students; I just need a little more time sometimes. I learn from my peers how to behave, like any student who does not have Down syndrome. If I were only with special-needs students, I might learn the wrong ways to act.

I think other students are lucky to have me and others like me in their classes. It teaches them empathy and patience. It is a win-win situation.

In conclusion, I want you all to realize that most of the time I feel included, but when I don't, that is their loss.

**The Chair (Mr. Shafiq Qaadri):** Thank you very much. Just before I offer the floor to the PC side, Laura, I think you should be standing for Parliament at some point in the future.

Mr. Pettapiece: three minutes.

**Mr. Randy Pettapiece:** That's quite a story. It's very interesting and shows what can be done.

I just want to tell you a story about what happened to my wife and I a few years ago. We have a decorating business, and we were working in a home with a child with Down syndrome, a personable little girl. She was just a sweetheart to work around. We decided to go outside for our lunch at that time, so we covered our tools up with some blankets. When we came back, we couldn't find things. So we asked the mother what happened, and she said, "Well, you didn't put your tools away, so my daughter did it for you. She said, 'You're supposed to put your tools away and not leave them out where somebody could get hurt.'" That was quite an interesting—

**Ms. Jennifer Crowson:** They don't miss a trick.

**Mr. Randy Pettapiece:** Exactly. It brings to light that we need to work with people with disabilities, because if we don't, they don't reach their full potential. That's

certainly something that I know our party is in agreement with.

Thanks so much for coming out here. That's quite a story. Thank you.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Pettapiece. To Mr. Hatfield.

1510

**Mr. Percy Hatfield:** Good afternoon, Laura and Jennifer. Thank you for being here. What are your plans for March 21 next year?

**Miss Laura Stremble:** Well, I don't know yet. I was thinking of going to Mohawk College when I graduate.

**Mr. Percy Hatfield:** And on Down Syndrome Day next March, do you have any plans of any kind for a celebration or a recognition of the day?

**Miss Laura Stremble:** Well, in August, it will be my birthday, so yes.

**Ms. Jennifer Crowson:** I think what we will probably do as an association—and we hope that Laura participates with us—is have another open house celebration. If this bill becomes law, that might become somewhat of a theme of our day, just how exciting that is for Ontario.

Laura mentioned that she's hoping to go to college. Education is something that we are really interested in promoting in our association. We've focused a fair amount on elementary and high school, but college/university is sort of our next frontier.

We use days like World Down Syndrome Day to really highlight these areas where we need to continue advocating for people with Down syndrome to achieve full participation. I'm not sure what our theme will be yet, but we'll think of something.

**Miss Laura Stremble:** Also, I've asked Jennifer about Rock Your Socks, too.

**Ms. Jennifer Crowson:** Yes, Rock Your Socks. Do you want to explain that, Laura?

**Miss Laura Stremble:** It's where you have to wear three socks and take a picture.

**Ms. Jennifer Crowson:** Yes, on World Down Syndrome Day. It's called crazy socks.

**Miss Laura Stremble:** It's different socks you wear—one on each—and rock your socks.

**Ms. Jennifer Crowson:** Yes, that's a kind of World Down Syndrome Day thing that people have done on social media as a way of celebrating and bringing attention to the conversation.

**Mr. Percy Hatfield:** Laura, when you go to college, what is it you'd like to do?

**Miss Laura Stremble:** I have done science fair and scripture reading. I've won both.

**Mr. Percy Hatfield:** All right, thank you.

**Ms. Jennifer Crowson:** So science might be in your future.

**Miss Laura Stremble:** Maybe.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Hatfield. To the government side: Mr. Dickson.

**Mr. Joe Dickson:** I would first of all like to acknowledge Jennifer and Laura for that presentation.

I think a lot of you will remember, because there are three presenters coming forward today, that Jennifer—who is older than Laura maybe by a year and very complimentary at the microphone—her son, Owen, her good friend Ingrid Muschta and her son, Alexander, were here for the last reading, which was second reading. I compliment you because it's a long way from Hamilton to spend a whole day here and then you get back home at night.

Mr. Chair and fellow colleagues, we're making progress with everything we do. We're now looking at November 1 to November 7, which would be Down Syndrome Week. As I indicated that day that the Legislature gave an automatic unanimous approval, I wanted to use representation from both of the other two parties so the three of us can go forward and present it jointly, representing all parties.

I thank you for being here. Please say hi to Owen for us when you get home.

**Ms. Jennifer Crowson:** I will do.

**Mr. Joe Dickson:** I'm sorry, dear; I mixed you up with that lady behind you. I thought she was your sister because you're both about the same age.

**Miss Laura Stremble:** Okay. In case you haven't noticed, she's not my sister; she's my mother.

*Laughter.*

**Mr. Joe Dickson:** Yes, dear. Thank you. I appreciate it.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Dickson, and thanks to you, Ms. Crowson and Miss Stremble, as well as your parents, for your very compelling presentation on behalf of the Down Syndrome Association of Hamilton. Thank you very much.

**Ms. Jennifer Crowson:** Thank you for your time.

#### DOWN SYNDROME ASSOCIATION OF ONTARIO

**The Chair (Mr. Shafiq Qaadri):** I now invite our next presenters to please come forward: Ms. Reid and Ms. Wright of the Down Syndrome Association of Ontario. Thank you, colleagues.

You've seen the protocol: a 10-minute opening address, and then rotation questions. Please begin now.

**Ms. Deb Reid:** Thank you. My name is Deb Reid. I'm the executive director of the Down Syndrome Association of Peterborough, where I've worked for 14 years. We have an office there. As well, I am the new chair of the Down Syndrome Association of Ontario. I'd like to talk a little bit about the history of Down syndrome as well as the Ontario association.

For centuries, people with Down syndrome have been alluded to in art, literature and science. It wasn't until the late 19th century, however, that John Langdon Down, an English physician, published an accurate description of a person with Down syndrome. It was this scholarly work, published in 1866, that earned Down the recognition as the "father" of the syndrome. Although other people had previously recognized the characteristics of the syn-

drome, it was Down who described the condition as a distinct and separate entity.

In recent history, advances in medicine and science have enabled researchers to investigate the characteristics of people with Down syndrome. In 1959, French physician Jérôme Lejeune identified Down syndrome as a chromosomal condition. Instead of the usual 46 chromosomes present in each cell, he observed 47 in the cells of individuals with Down syndrome. It was later determined that an extra partial or whole copy of chromosome 21 results in the characteristics associated with Down syndrome. In the year 2000, an international team of scientists successfully identified and catalogued each of the approximately 329 genes on chromosome 21. This accomplishment opened the door to great advances in Down syndrome research.

Due to advances in medical technology, individuals with Down syndrome are living longer than ever before. In 1910, children with Down syndrome were expected to survive to age nine. With the discovery of antibiotics, the average survival age increased to 19 or 20. Now, with recent advancements in clinical treatment, most particularly corrective heart surgery, as many as 80% of adults with Down syndrome reach age 60 and may live even longer. There are approximately 3,500 people in Ontario with Down syndrome.

The Down Syndrome Association of Ontario is made up of representatives from local organizations across Ontario. The organization has been around since 1989. We have representation from local organizations in Ottawa, Peterborough, Durham, Kingston, Owen Sound, Sudbury, Niagara Falls, Halton, Peel, Brampton, Waterloo, London, Sarnia, Toronto, Barrie, Hamilton, Brantford and York. We meet a number of times in-house as well as through conference calling throughout the year to discuss pertinent issues involving the local groups and the individuals with Down syndrome.

As Jennifer alluded to the general assembly, I also wanted to pass along a quote that was read by Secretary-General Ban Ki-moon from the United Nations:

"We believe that people with Down syndrome should be allowed to pursue meaningful lives in their communities. We believe that all aspects of society should accept and include individuals with Down syndrome fully. We believe that new and expectant parents should have access to the latest, most accurate information about having and raising a child with Down syndrome. We believe that people with Down syndrome should not be defined by their disabilities, but rather should be celebrated for their abilities. We believe that people with Down syndrome deserve every opportunity for an education that truly meets their needs, a good job that allows them to earn money, quality health care that doesn't discriminate and a fulfilling social life. Ultimately, we believe that each person with Down syndrome should be honored as the individual he or she is and for the immeasurable value they bring to the world.

"We believe in the future of all people with Down syndrome and pledge to do everything in our power to

ensure that they have the opportunities they so richly deserve.”

A person with Down syndrome can lead a very full life with the right supports. Some people with Down syndrome can speak more than one language or play a musical instrument. Some have multiple awards from the Special Olympics. Others live independently, go to college, hold jobs, get married and volunteer in their community. We must always remember that people with Down syndrome are brothers, sisters, aunts, uncles, friends and children throughout their communities and dream exactly the way you do.

Thank you very much.

1520

**The Chair (Mr. Shafiq Qaadri):** Thank you. You're done?

**Ms. Deb Reid:** Yes.

**The Chair (Mr. Shafiq Qaadri):** All right, thank you very much. We'll invite the NDP to begin. Mr. Hatfield?

**Mr. Arthur Potts:** Excuse me. A point of order: I think the other presenter—

**Ms. Donna Wright:** I am speaking too.

**The Chair (Mr. Shafiq Qaadri):** Please do. That's what I was waiting for. Go ahead. You have five minutes.

**Ms. Donna Wright:** The Down Syndrome—

**Mr. Joe Dickson:** Her name is Donna, the same as my wife. You can't go wrong.

**Ms. Donna Wright:** My name is Donna Wright. I have a daughter, Cassandra Wright, who is 21. We have met with Joe and were introduced—yes.

I have a number of years on the Down Syndrome Association of Ontario board, roughly 15. I think I've held all the executive positions at least once.

Issues over the years with Down syndrome: The biggest struggle has been the amount of paperwork and knowing when, what and why to complete it—for example, wills, Henson Trust funding, ODSP, Developmental Services Ontario, etc. There are a great number of times we need to prove that his or her disability is not going away, and times we require doctors' notes to prove he or she still has a disability.

After school, for example, they're eligible for the ODSP benefit, roughly \$865 a month, which is about \$11,000 a year for an adult, which proves to be poverty level. There are work employment supports. There are ongoing struggles to obtain these supports through the ODSP office. For example, it took four months and my continued persistence, taking my daughter in, in order to get employment supports.

Through the school years, the school boards—there's no real funding for speech pathologists in there, and occupational therapists, or a very minimal amount per person per year. Basically, you get to consult, if you're lucky, with the speech path or the occupational therapist once per year. A great number of families cannot afford speech pathologists—they start at approximately \$150 an hour—and it's essential for individuals to be able to communicate. There's an ongoing struggle to maintain educational assistants during the school years. They're

continually cutting EAs, as everyone in this room is aware, so it's an ongoing fight to share.

From newborn to school age, the average support varies, depending on the region you live in. Families are struggling to work—a lot of them—and support other siblings and to cope with the disability in general.

As mentioned, our daughter, Cassandra, is 21. She has been lucky enough to secure a position with Youth the Future. It's a government-run, paid program. She started in April. It's a 23-week work program: eight-week job readiness, in which they learn WHMIS, first aid and have the chance to study, prepare and take all the tests, along with Smart Serve; and then they are working on a 15-week job placement. So they're doing resumés and cold calls. She was in for an interview yesterday; she's at another one today.

She has had many accomplishments over the years. She has excellent speech and communication skills, thanks to her parents' investing in her. She participated in the Special Olympics spring games this past weekend in Guelph. She has participated in basketball. I have a four-page handout with colour pictures that I gave everybody. On World Down Syndrome Day, March 22, she was asked to make a speech at St. Bernard school in Whitby. She completed a four-minute PowerPoint presentation to the school. She has been competing in the Special Olympics spring games, as I just mentioned. She graduated from grade 12 last November, and there's a nice picture with her in her graduation dress, with her two brothers. Kassy also completed a 10-minute presentation at the Down syndrome conference in Barrie last October, at the Horseshoe Resort.

**The Chair (Mr. Shafiq Qaadri):** About a minute left.

**Ms. Donna Wright:** Okay. She has done co-ops through high school, has participated in dance recitals, and the provincial games in 2010.

**The Chair (Mr. Shafiq Qaadri):** Thank you very much. We now pass to the NDP. Mr. Hatfield?

**Mr. Percy Hatfield:** Thank you for the presentation. I was shattered when I didn't hear Windsor's name in that long list of where you have associate members. What's the problem with Windsor?

**Ms. Deb Reid:** Well, they come and they go.

**Mr. Percy Hatfield:** There's nobody there currently who wants to be part of the association?

**Ms. Deb Reid:** No, we don't have somebody from Windsor.

**Mr. Percy Hatfield:** All right.

**Ms. Donna Wright:** We'd love to, if you want to make the connection.

**Ms. Deb Reid:** Yes.

**Mr. Percy Hatfield:** Let me, if I could, just ask your opinion on sheltered workshops. Is that a good thing or not a good thing?

**Ms. Deb Reid:** We were talking about that today at lunch. Personally, I think it's a wonderful idea.

I did a presentation—we were a charity of choice at a golf tournament last Saturday evening in Pickering and I spoke about our organization. A gentleman came up

beside me and he said, “I have a brother with Down syndrome. He’s 63 years old and he just retired from his 40 years at a sheltered workshop.” He sort of moved his way up from doing piecemeal work to whatever he was doing.

I said, “How exciting.” He said, “He loved getting out of bed every day and going to work, and that was his job.” To him, that was a very valued reason to get out of bed. But his family knew where he was every day. He was safe. He was busy. They kept his mind going.

I think it’s wonderful for those who want to attend those types of programs. There are other individuals who want to go into the community, but they may not have the support or the ability to do that sort of thing. There are some wonderful sheltered workshops around. Unfortunately, they’re closing.

**Mr. Percy Hatfield:** In some parts of the community, they say people are being taken advantage of if you’re not paying them \$20 an hour, if you’re only paying them \$10 or whatever the numbers are, and that’s why they’re getting rid of them. I was just wondering what your opinion was.

**Ms. Deb Reid:** Like I just said, Donna and I were just speaking about this. In a sheltered workshop situation, they are there with their friends and their peers. They are going to social events and recreational events. It’s nice that they go out into the workplace and it’s nice that they are treated equally. They participate in work-related programs and parties and whatever, but at the end of the day when they go home, their friends are still people like them.

We hang out with people who are like us and who we want to hang out with. I think they should be allowed to hang out with people who they want to hang out with.

**Mr. Percy Hatfield:** Thank you.

**Ms. Deb Reid:** You’re welcome.

**The Chair (Mr. Shafiq Qaadri):** To the government side, to Mr. Dickson.

**Mr. Joe Dickson:** I’d just like to mention a couple more items about the three presenters here today. The young lady in red, as she indicated, is Deb Reid from the Peterborough area. Most of these ladies have held high executive positions. Obviously, the parents are always active. The mothers drive it.

I have Marc sitting at the back, who is my EA. He’s working on a project where we have to deal with the federal government to, hopefully, put in place by the end of this year the week for Down syndrome, which is November 1 to November 7.

I should mention, while I’ve got everyone here—or some representation—just the fact that it was unanimous in the vote on second reading on the floor. It indicates to me how supportive all parties were on this. So don’t look to me; look to everybody who was there, because they’re the people who make it happen.

In addition to Debbie, I have to tell you, she chased a fellow by the name of Jeff Leal out of Peterborough 14 to 15 years ago and got a Trillium grant to start a process up there to make it happen. I tip my hat to them, and I think

I did acknowledge that when we first spoke to it on the floor.

The other young lady beside her, of course, is—it’s easy for me to remember her name—Donna. Yes, that’s right; my wife’s name is Donna as well. Donna and Bruce have three children. When you at that picture, I think this young lad here on your left is maybe a foot taller than me. He’s just a giant. You can see that both big boys look after their little sister. They have been great.

The sister’s name is Kassy, as her mother indicated. She’s graduating from high school. The puppy, which is a multiple Shih Tzu breed—her name is Tasha. They’re just a wonderful family. They work for their children and they live every day for their children.

I can tell you that I’d like you to take a thank you back to Ingrid, who was here that whole day the last time, and Alexander, because you ladies are the people who are making it happen. We want to be part of whatever you do. Every party represented here today has strong feelings about helping people. We wouldn’t be doing it unless you were here today. Without you, we are nothing, so, from my perspective, a very sincere thank you.

1530

Thank you, Mr. Chair.

**The Chair (Mr. Shafiq Qaadri):** Thank you, Mr. Dickson. To the PC side and Mr. Arnott.

**Mr. Ted Arnott:** Thank you very much, Mr. Chair. Thank you very much for your presentation, too. It’s very helpful to have your input with respect to this important issue. Certainly, our caucus has been supportive of Bill 182 and we would congratulate Mr. Dickson on bringing it forward. Our caucus concurs that this is a good idea.

But there are still lots of issues. I think that you’ve outlined in your brief some of the most important ones that we need to work on together in the months and years going forward.

I was glad that Mr. Hatfield brought up the issue of the sheltered workshops. I had an opportunity to tour ARC Industries in Guelph just before Christmas last year when the concern was probably at its height about the future. The Ministry of Community and Social Services—I think there have been some meetings in the Guelph area to further discuss where we’re going to go on this.

My impression was that the activities at the sheltered workshop at ARC Industries are very, very important to the families and the clients and we’ve got to find a way to ensure that those kinds of programs can continue. I didn’t hear any complaints and I didn’t see anybody objecting to how it was being run, but I did see a lot of very happy people who were delighted to be there participating fully in the programs. Again, that was the impression that I was left with.

Do you have any further comments on the ongoing discussions and where we’re going with that?

**Ms. Deb Reid:** I do, and I think it’s important that that comment is based on my personal comment as well as our local organization in Peterborough, because what we’re finding is—I think last year we had 957 students graduate from high school. Of those, there are probably 800 sitting in their basements because there’s nowhere

for them to go. Some of them went to college, some of them are at home with a parent or with grandma, some of them were fortunate enough to get a volunteer position or a paid position. But 70% or 80% of those children are sitting at home in the basement, and that's not where they belong.

I think that ARC Industries has done a great job in every city. I know they've been around everywhere and they have done—but even in Peterborough, ARC Industries is closed and Community Living has sort of taken over some of that. We need a place for these young people to be during the day, to feel wanted and to feel important and have a reason to get out of bed in the morning.

**Ms. Donna Wright:** And a lot of people who don't have a place to go are sitting at home, like Deb said. Then the other part is that parents are paying anywhere from \$1,200 to \$1,500 a month for them to participate in a program someplace else. As I mentioned, they're bringing in roughly \$865. So the coverage doesn't—

**Mr. Ted Arnott:** Match.

**Ms. Donna Wright:** And they really do want to belong. Every one of them probably belongs in a slightly different category, but they need to belong someplace.

**The Chair (Mr. Shafiq Qadri):** Thank you very much, Mr. Arnott, and thanks to you, Ms. Reid and Ms. Wright.

**Mr. Randy Pettapiece:** Chair, do I have any time left?

**The Chair (Mr. Shafiq Qadri):** Not really, but go ahead, Mr. Pettapiece.

**Mr. Randy Pettapiece:** I was just going to comment that anybody who can chase Mr. Leal around and get something from him—we need to hire you.

**Ms. Deb Reid:** We went to high school together, actually.

**Mr. Randy Pettapiece:** Oh, is that right?

**Ms. Deb Reid:** I've known him for a long, long time.

**The Chair (Mr. Shafiq Qadri):** Thank you very much, Ms. Reid and Ms. Wright, for your deputation.

Colleagues, that brings us to the conclusion of today. Friday at 12 noon is the deadline for filing amendments. Committee will reconvene on Monday at 2 p.m. for consideration of clause-by-clause on all three bills: 149, 180 and 182.

The committee is now adjourned.

*The committee adjourned at 1534.*



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