

Between 1973 and 1976 there was a 24 per cent reduction in the number of motor vehicle accidents. This was before seat belt legislation was in effect in Ontario or Quebec and, I believe, before speed limits were reduced. It was also before many highways were divided by median strips. Previously highways proved to be suicide areas. There was a very high accident rate. I would like to know specifically what was the cause of the 24 per cent reduction. If we could be more specific on those points, we might further increase this drop.

● (2202)

Pedestrians crossing streets should wear clothing that stands out, and not dodge traffic when they should be waiting for a light change or a clear road. That goes without saying. In this particular department, prevention does not work all that well. Traffic related accidents went up 14.2 per cent in 1977, and the total number of accidents without injury went up 3 per cent. That is where you have fenders banged up, and things like that. Also, most drivers who had those accidents were young people up to 30 years of age. Something should be done to see whether prevention is practised in that area, if these young people are well equipped, if they have the knowledge and ability, the proper training and sense of responsibility to be in charge of a motor car.

This is not the whole answer. Looking again at the statistics, we find that in December of 1977, as compared with December of the previous year, there was a 24 per cent decrease. Then we find an increase in motorcycle accidents. What has been done in that respect to prevent those accidents? Also, snowmobile accidents are on the increase. We understand that this is a drinking-driving problem, a problem similar to the one we have with cars.

Now let us look at the geriatric problem. The minister said there was a decrease of 3 per cent in coronary artery disease. According to one report, this has continued since 1961. The minister has taken the figures from 1973 to 1976 and, very wisely, added that they were only indicators. Cardiovascular cerebral disease has increased because we are an aging population. That is one reason for it. Arteriosclerosis increases with age, therefore it follows that we will have more vascular accidents. Where do we start to prevent cardiovascular disease? The previous minister gave a very fine paper in Vancouver on this subject, but offered no real solutions to it at the time.

Going back over the records we find that during the Korean war autopsies were done on young fellows between the ages of 20 and 30 and that half of them showed evidence of coronary disease. Is exercise to be prescribed for the duration of our life?

Can the North American concept of the big meal at night, with a pleasant cocktail or wine, be broken? Do we really know about prevention of the development of hereditary traits, diet and exercise? This is why we need to be far more specific in our guidelines. Then we have to take steps for prevention.

We need to check people for blood pressure, for cardiovascular disease. We need regular clinical exams which should not

be done by machines or computers. We need doctors who will look at those cases from a clinical point of view and prescribe for them. I ask: can a lot more be done in prevention and research, and can we cut the charge bill? As a result of that, morbidity and mortality will be cut, and that will be worthwhile. We have to sort out those things. Should we not start our geriatric plan for coronary disease and cardiovascular back at the pediatric age?

Mr. W. Kenneth Robinson (Parliamentary Secretary to Minister of National Health and Welfare): Mr. Speaker, I note that the hon. member for Simcoe North (Mr. Rynard) has indicated his great concern, as he usually does, about the whole question of geriatrics. I would point out to him that in response to his question of December 14, 1978, the Minister of National Health and Welfare (Miss Bégin) said that the new bureau on aging, which is starting operations in the Department of National Health and Welfare, will also include geriatrics. I am quite sure the hon. member is very pleased to have that good news.

● (2207)

His question appears to be much more comprehensive than was previously the case when the question was first posed. However, I wish to amplify the response to the question about progress in behavioural medicine posed by the hon. member for Simcoe North on November 2, 1978.

The recent reorganization of the Department of National Health and Welfare indicates the extent to which emphasis is being placed on a positive approach to health. The new health services and promotion branch brings together a number of health promotion activities which have been developed throughout the department. This change was made in the midst of our general reduction in staff years and operating expenditures, and offers a greater concentration of effort in a more efficient manner.

Among our initiatives is "Operation Lifestyle", which uses a variety of social marketing techniques to encourage Canadians to assume greater responsibility for behaviour related to health.

"Dialogue on Drinking" is another program sponsored by federal and provincial agencies, and is aimed at establishing a social climate in which irresponsible drinking becomes less acceptable.

The fitness and amateur sports branch promotes organized athletic activities and encourages fitness programs for individuals. "Participation", the "Fit Kit" employee fitness program, and the Canadian fitness award for deserving children have become household words.

The National Advisory Committee on Immunization suggests schedules for routine immunization of children and provides seasonal advice for influenza vaccination.

Under the leadership of the environmental health directorate many agencies, both in government and industry, are looking at the impact on the environment of our industrial