

erect a statue of the Right Hon. Mr. Pearson, for all the reasons so well expressed by my colleagues. I want to render homage to the Hon. Member for Winnipeg—Birds Hill (Mr. Blaikie). It is as a result of his hard work that we are debating this issue. I say that because he is one of the Members who sits on the committee which chooses the motions which will be debated by us. I also wish to commend the Hon. Member for LaSalle (Mr. Lanthier) who participated, and all the other Hon. Members who took part in the debate.

● (1740)

I hope that in this very difficult time that we seem to be going through we can show Canadians that at times we can unite when there is a good motion put before us. This is a good motion. I would like to see it accepted. I would like to see a statue of Lester B. Pearson erected on the Hill.

After its erection—and this is a suggestion for the Chair—I hope that decisions of this nature will not be left up to the Department of Public Works but, rather, to the Speaker's office. Mr. Speaker is Mr. Canada on Parliament Hill. Such decisions should fall under the auspices of the Speaker's office. It should be that office which decides what will be erected on the Hill. It is our hill, the hill of the parliamentarians. It is parliamentarians who come and go from here. It should be a committee of parliamentarians under Mr. Speaker who decides how to honour Canada's Prime Ministers on the Hill. In this way we can better teach Canadians, young Canadians and new Canadians who come to this country by the hundreds of thousands, about the history of our country. To enrich us and make us better I would like to see us start anew after the erection of this statue. I hope that we will strike a committee under the direction of Mr. Speaker which will consider what we want to do in the future for other Prime Ministers.

Some Hon. Members: Hear, hear!

[Translation]

Mr. Deputy Speaker: Is the House ready for the question?

Some Hon. Members: Question.

Mr. Deputy Speaker: The question is on the motion of Mr. Boudria.

Is it the pleasure of the House to adopt the said motion?

Some Hon. Members: Agreed.

Motion of Mr. Boudria agreed to.

[English]

SITTING SUSPENDED

Mr. Deputy Speaker: Is there unanimous consent to suspend the sitting of the House until six o'clock, at which time we will proceed to the Adjournment Debate?

Some Hon. Members: Agreed.

At 5.43 p.m. the sitting of the House was suspended.

Adjournment Debate

SITTING RESUMED

The House resumed at 6 p.m.

PROCEEDINGS ON ADJOURNMENT MOTION

[English]

A motion to adjourn the House under Standing Order 66 deemed to have been moved.

MEDICAL CARE—TREATMENT OF VICTIMS OF BRAIN DAMAGE

Mr. Bob Brisco (Kootenay West): Mr. Speaker, at the outset I should like to thank the Minister of National Health and Welfare (Mr. Epp) for his effort to put this matter on the agenda of the Conference of Provincial Ministers of Health. I accept the fact that he only had two short weeks of notice in order to do so.

I am aware of the fact that as a result of that short time frame, the Minister was only able to have the matter put on the agenda in the context of other issues. I am also aware that the other issues were not addressed because there was not time to address them. As a result, I urge the Minister to give the House and Canadians his firm commitment that the matter identified as brain damaged victims will be firmly placed on the agenda of the next health ministers conference.

By that time there will have been adequate opportunity for the Minister's Department to collect or collate data and statistics and to provide an understanding to officials of the urgent need for rehabilitation care facilities in Canada—and we have none—for brain damaged victims. Also it will provide the Minister with an opportunity to urge other provincial Ministers of Health to collect the same kind of data.

I should like to put a few facts on the record in the short period of time available to me in the Adjournment Debate. Dr. John Proud, medical adjudicator for OHIP's Professional Services Branch, admits that there is nothing in Canada to help victims of brain damage whether from accident, which is the majority of cases, or from the sudden onset of a viral attack producing encephalitis, or from a host of other reasons.

Annually between 7,000 and 9,000 Canadians, mostly young men who are victims of automobile accidents, suffer brain damage. Today's advances in diagnosis, treatment, surgical intervention, and drugs have saved from death many people who otherwise, say 10 years ago, would have died. However, they have been saved from death, only to be delivered to acute care hospitals with a developing chronic condition. While we recognize that the acute care phase is essential in order to sustain life and to restore life, we are providing for a life which may in fact be worse than death.

These young people, for the most part, are then warehoused with people who are mentally ill in institutions for the elderly, the dying, and the chronically ill. Many of them are silent and are unable to communicate or to demonstrate their frustrations except through mood swings, sometimes to a degree of