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Chair

Mr. Phil McColeman

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

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• (1530)

[English]

The Vice-Chair (Ms. Jinny Jogindera Sims (Newton—North Delta, NDP)): I'd like to call the meeting to order. This is meeting number 53 of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. Our first business of the day today is a bill before us, Bill C-643, an act to establish national spinal cord injury awareness day, and we have Madame Perreault with us.

Madame, we're going to have you present for up to 10 minutes.

Thank you.

[Translation]

Ms. Manon Perreault (Montcalm, Ind.): Thank you, Madam Chair.

Thank you for having me here as a witness, ladies and gentlemen. I must say that I am very honoured to present my bill to you. It is called An Act to establish National Spinal Cord Injury Awareness Day. I am happy to be back with you.

The bill has gone through its previous steps and has progressed expeditiously to this point. It is the result of collaborative work and I fondly hope that it will mark a turning point in the lives of those living with a spinal cord injury. I must also highlight the support of the partners who have supported us throughout this initiative and assisted us in one way or another as the bill has come to fruition. I am thinking about the Rick Hansen Institute, which provided us with data, Bobby White, the executive director of Spinal Cord Injury Canada, and Walter Zelaya, of MEMO-Qc. That acronym stands for “moelle épinière et motricité Québec” (spinal cord and motor skills Quebec), the full name of the organization that lent its support without the slightest reservation.

With this bill, we wish to designate the third Friday in September as Spinal Cord Injury Awareness Day. After much discussion, we have come to the conclusion that this awareness day could prove very useful for employers and those involved in various areas, as well as for the general public.

There will most certainly be positive effects for those living with major spinal cord injuries. Colleagues, I am fully confident that I can prove to you that, with no associated costs, this bill, when in effect, can have a significant and genuine effect on those with spinal cord injuries and can demonstrate their interests and abilities in a much clearer way and on a greater scale.

This bill would designate the third Friday in September as Spinal Cord Injury Awareness Day. Why did we choose the third Friday in September? We considered a number of factors, but two realities became clear. The accidents that happen during the summer mean that the resource and assistance centres are full at that time and winter injuries from skiing or snowmobiling also cause many spinal cord injuries.

We also created a symbol. The third Friday in September is symbolic because a person with a recent spinal cord injury faces many dark days ahead, as that fall season also does. In the months that follow—since care and rehabilitation can last up to six months—the patient will have to go through a time as dark as a harsh and difficult winter.

The bill is simple and effective, and it costs nothing. It provides an additional tool for those assisting spinal cord injury patients and for the organizations working in prevention and public awareness. It also recognizes the harsh reality just outside the door of the rehabilitation centre. You have to understand that, in a rehabilitation centre, everything is beautifully set up and fully accessible. The people there can show us how to manage. But when we get home, reality hits us like a slap in the face.

That is exactly when spinal cord injury patients first feel that those around them really are looking at them differently, that each and every outing will require considerable effort and that their new limitations mean that they have to dig to the very depths of themselves as they try to improve their lives each day and start living anywhere close to the way they did previously. They have to have the courage to forgo some activities or to summon the perseverance they need to match their activities to their new reality.

If I may digress a little, I had a riding accident.

I often tell people that I rode horses, but I do not remember when I started to do so. Getting back on a horse took a huge amount of effort. As a paraplegic, I can no longer jump or compete, of course. I often tell cyclists that it is like getting back on a little bike with training wheels or on a kid's scooter. For me, it is much the same thing.

We have to make a major decision. The bill has three parts. Naturally, raising awareness among our fellow Canadians is the first objective. We want spinal cord patients to feel more encouraged to take an active part in society without any prejudice towards them. If possible, they should be encouraged to develop a talent and, even better, to use it for the benefit of others. In my view, that should become one of the fundamentals of human activity. This day will allow spinal cord patients to communicate with each other, to gather information about the possibilities open to them, and to listen to people with experiences to share.

There are a lot of new technologies that not everyone is automatically aware of. Often, it is just by talking to people living with a spinal cord injury every day that we find out about new ways of adapting vehicles or new crutches. This day would also make spinal cord patients more aware of things like that.

We must also recognize the determination of these people in building a new life for themselves. For everyone with a spinal cord injury, one of the great successes is to realize that life will not be without hindrances or costs. The higher the lesion in the spinal column, the more severe the physiological consequences and the earlier aging makes itself felt. Even those whose work requires little effort experience difficulties, because of travel, transfers, personal care, housework, ice, clearing snow off the car in the winter, and so on.

A man once told me that each transfer he does was considered the equivalent of about seven push-ups. Before getting to Parliament each morning, I do about 20 transfers. We do a lot of transfers. You have to understand that our shoulders are not intended to substitute for our hips. That is why spinal cord patients will often have major shoulder problems at 45 or 50 years of age. That was just a digression.

We also want to recognize the devotion of those who help spinal cord patients on a daily basis and who let them resume an almost normal life. It goes a long way in reducing the anxiety, the difficulties of all kinds and, above all, the physical exhaustion. Most importantly, in my opinion, it gently requires them to be disciplined. Let me explain. It forces them to not give in to the little voice saying that they do not have the inclination, the energy or the need to get up in the morning. Believe me, sometimes, that little voice is really very persistent and having someone to count on at moments like that is a true blessing.

We do not need to have a spinal cord injury to hear the little voice in the morning that tells us that we are still tired and we do not want to get up. But I confess that, since I have been in a wheelchair, it happens more often than my fair share. I sometimes need a little prod in the back to get through an entire day.

I do not want to disregard the tenacity of the scientists who are improving the lives of thousands of spinal cord patients with their research. In recent years, there have been major advances in neurosciences such as in sensorimotor cortex mapping. Neurosciences deal with the nervous system and everything involved with it. The cortex is the outer grey matter of our cerebral hemispheres and the sensorimotor areas are involved in everyday sensation and movement.

• (1535)

I did not invent that, of course; it comes from—

[*English*]

The Vice-Chair (Ms. Jinny Jogindera Sims): Could you finish off now, please?

[*Translation*]

Ms. Manon Perreault: Okay.

The trauma program at Montreal's Sacré-Coeur hospital describes the spinal cord as being made up of tissue and nerve cells; it looks like a cable about as thick as a little finger. It starts at the base of the brain and passes inside each vertebra to end between the first and second lumbar vertebrae. Basically, the spinal cord is a communication pathway between the brain and the body.

Adapting to a spinal cord injury is hard and long. It takes a lot of personal effort, both from patients and those close to them. There is great upheaval often accompanied by a number of negative emotions such as fear, anxiety and anger. There are long hours of reflection, strewn with highs and lows. But like everything, there are also positive aspects. New patients are surrounded by—

• (1540)

[*English*]

The Vice-Chair (Ms. Jinny Jogindera Sims): Thank you.

[*Translation*]

Ms. Manon Perreault: My time is up?

[*English*]

The Vice-Chair (Ms. Jinny Jogindera Sims): You're well over the 10 minutes. You've now had 11 and a half minutes.

[*Translation*]

Ms. Manon Perreault: Okay.

[*English*]

The Vice-Chair (Ms. Jinny Jogindera Sims): That's why I was asking you earlier to finish off your sentence.

Thank you very much for your presentation. I think you have a good bill before us, and everybody is in agreement.

What we're going to do now is suspend for a minute and then reconvene the meeting so we can vote on the clause-by-clause consideration.

• (1540)

_____ (Pause) _____

• (1540)

The Vice-Chair (Ms. Jinny Jogindera Sims): We're reconvening the meeting.

Pursuant to Standing Order 75(1), the consideration of the preamble and clause 1, the short title, is postponed.

(Clauses 2 and 3 agreed to)

The Vice-Chair (Ms. Jinny Jogindera Sims): Shall the preamble carry?

Some hon. members: Agreed.

The Vice-Chair (Ms. Jinny Jogindera Sims): Shall clause 1 carry?

Some hon. members: Agreed.

The Vice-Chair (Ms. Jinny Jogindera Sims): Shall the title carry?

Some hon. members: Agreed.

The Vice-Chair (Ms. Jinny Jogindera Sims): Shall the bill carry?

Some hon. members: Agreed.

The Vice-Chair (Ms. Jinny Jogindera Sims): Shall I report the bill to the House?

Some hon. members: Agreed.

The Vice-Chair (Ms. Jinny Jogindera Sims): What we're going to do now is suspend the meeting again. When we reconvene, it will be in camera in order for us to deal with committee business. Thank you.

[Proceedings continue in camera]

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