when we had the participation which was certainly very generous on the part of the government, which was accepted by the provinces as a whole and by all Canadians. This allowed the provinces to provide better services, more generous care to Canadians. I think we cannot thus reduce care and services for selfish reasons.

I do not think that the government is prepared to do this, and I hope that my appeal and those of my colleagues will be heard by the minister and that provincial ministers who still expect a lot from the minister in charge in Ottawa will lend an attentive ear and the provinces will finally have the opportunity to be heard at the end of April before this legislation is passed. I, for one, will oppose it as much as I can as long as the provinces do not receive that answer to which they are entitled and as long as the federal government will not take its responsibilities vis-à-vis the people of this country.

● (1620)

[*English*]

Mr. Cecil Smith (Churchill): Madam Speaker, I am pleased to speak on Bill C-68 as medicare in the area I represent is an important issue. Mine is an area of high unemployment. Its people are not the wealthiest. Before 1948 there was medical service for many areas of the north only when the minister's wife visited, when the visiting Hudson's Bay manager's wife or the service officer's wife applied a dressing or when a doctor accompanied a treaty on its annual visit to pay treaty dues to the Indians. At the same time they would X-ray people to see if they had tuberculosis. The doctor or nurse accompanying the treaty party would examine the people and the critically sick were flown to hospital. Families lived on the trap lines and it was a case of survival of the fittest, which explains the high mortality among people of the north, especially the children.

In 1948, after the churches and people in the north exerted pressure, nursing stations were established in some of the more isolated communities. Then, when the government paid people of the north family allowances, the people left the trap lines to send their children to school. This exposed them to illnesses which needed medical attention.

Community pressure made the government install radiotelephones. Without them it was impossible to summon help when someone was sick, it was impossible to get people from isolated communities to hospital, and medical service was irregular. Few aircraft served the north in those days and sometimes it took days, even weeks, to bring a person medical attention.

In 1966, Manitoba instituted the emergency landing airstrip program. It was not meant for aircraft in distress but for people who needed emergency medical help. Remember, these northern communities are not connected by a network of roads; they are mostly isolated. For some years we have tried to convince the federal government that the people of the north come under federal responsibility. The federal government says to the provinces, "Those people live in a province; you should look after them." I am not talking about treaty people; I am talking about all the people of the north.

Nursing stations set up in the north could provide only interim medical services. They were equipped with a couple of beds, were manned by nurses and were graced by a doctor who might visit once in six months. The situation has changed completely. Medical services provided at nursing stations have brought down the mortality rate of Indian children in the north. I pay tribute to those who serve at these nursing stations. Often, nurses at the stations do the work of a doctor.

Whenever I see a city ambulance rushing someone with a broken leg to hospital, its sirens blaring and lights flashing, I think of the people in my area of the north. Often it takes days for word to get to the outside world that a person is critically ill and needs medical help. So I think the government's cutting back on medicare contributions to the provinces is a step backward. The people of my area do not live next door to a hospital. There is not even a road on which you can drive a car or ambulance, if there is one. Some communities of 3,000 and more were not served by a doctor. The people of the north are now accustomed to medical service. We cannot take it away from them. We must provide medical service to people in remote areas; if we do not, mortality rates among northern Indians will again rise.

I am sure the people of the remote areas will not stand idly by and allow the federal government to do what it is trying to do. I hope this bill is defeated. I hope we can continue to supply medical service to the people of the north who must depend on the government for these services. It is the responsibility of the federal government to provide these services to the people of the north in general and the treaty people in particular.

● (1630)

I have spoken about the airstrip program. These airstrips were set up for emergencies in order to take people out of the area for medical treatment. However, along came the federal Department of Transport which said the airstrips could not be used for scheduled runs of aircraft. This meant that nurses in the nursing stations in many cases—I have mentioned this in the House before—actually had to pile up their patients until they could charter an aircraft to take them out. They did not have the funds necessary to transport a single person to hospital. This actually happened. I raised this matter in the House. Fortunately, someone took up the matter and before long money was provided and an aircraft could be chartered to bring out a person when sick.

This puts a great deal of responsibility on a nurse living in a remote area 250 miles away from a doctor. She does not have proper communication or other facilities. She has to decide whether a person requires emergency medical service or can he held for a couple of days until an airplane she must charter can be filled. This is asking too much of the nurses who man these nursing stations. They are doing a commendable job. However, they are not being paid as doctors; they are being paid as nurses to look after the sick until such time as they can be transported to hospital. This bill will cut back the contributions to the provinces. That cutback will be felt right down the line to hospitals in remote areas in the far month: they will also be cut back.