

based on economics and without consulting more with the provinces. We in Ontario had medicare before we were drawn into the federal scheme, and if we have to, we can still operate our own system.

However, there are other provinces which cannot provide the same level of service on their own. It is for that reason more than any other that I urge the government to withdraw Bill C-68 until we have had an opportunity to hold discussions among the federal and provincial governments on the problems facing the system, and until we have had a chance to work out a solution to the problem of the escalation of the cost of medicare.

Mr. Arnold Malone (Battle River): Madam Speaker, I am quite pleased to have this opportunity to make a contribution to the debate today relating to Bill C-68, and also to add a perspective to this debate which I think is somewhat unique from the discussions which have previously taken place. If it is in order to do so, I should like to build a case and to share some of the cultural and historical differences there are between our native peoples and then to come back to show how this bill relates quite specifically to what is happening to the health of the Inuit or Eskimo people and the Indian people. While I respect some of the comments made by the parliamentary secretary—specifically, that the health standards in this country are high—the native community is one situation in which just the reverse is taking place. In fact, the health standards of our native people are becoming poorer rather than better.

As I go along today, I should like to illustrate why their health situation is becoming poorer and why some of the emphasis of Bill C-68 ought to take into special consideration the plight of our native people and the northern communities. I do not take an out-of-hand objection to the desire of the federal government to cut back on its contributions to health care, but certainly one or two questions which ought to be asked with regard to our health standards are: is the present standard satisfactory, and are the provinces in a position to pay? As has been mentioned, for the last two decades conditions in the north have become considerably worse. The native Indian death rate is three times that of the rest of society. In addition, the health of native people is the responsibility of the federal government.

So far, the debate has really dealt with relationships with the provinces, and closely tied to that is the fact that in that unique area where the federal government is solely responsible for health there is the least success. I am sure the parliamentary secretary will agree that the higher the income of our native and Eskimo people, the lower their health standards. I think that it will soon become clear with the realization that the better off natives are beginning to adopt some of our Caucasian lifestyles. There is a considerable difference between the foods of their cultural past and the new foods which are being supplied to them. Far too often, when Canadians in southern Canada reflect on the north, they think of issues such as land claims, offshore drilling and the Mackenzie Valley pipeline. What we fail to think about is the people themselves. Their lifestyle has been established across generations; they have an established diet and standard of health. The very rapid change that is taking place today has but a tremendous effect on their diet and subsequently their standard of

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health. In building the case for special consideration in this debate, I should like to point out some of the reasons why their standard of health is much poorer today in the north than it was two decades ago.

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In the past, the native peoples in the north acquired heat and energy for their bodies from the walrus, the beaver and seal oil blubber which all supplied energy and protein. Today these are mostly obtained through sugar and lard. The growth and repair of body tissue in the past depended on fish, caribou, seal, walrus, moose and bear. Today the source is weiners and commercial brand-name meats such as Spork and Klik. The regulatory functions of the body depended on vitamin C, which came from the caribou. Muktuk was part of the diet. Fish was very high in vitamin C, particularly when it was eaten frozen. Plant and vegetable materials were obtained from the stomachs of caribou and rabbits. When they accepted the white man's diet, the Indian and Eskimo peoples of the north did not adopt his use of vegetables so high incidence of scurvy is beginning to show up.

The method of cooking has contributed to the deterioration of their health. For example, the vitamin C in fish was not destroyed by freezing, but when fish are boiled or made into soup the vitamin C is reduced, and it is almost totally destroyed through frying or baking. When the fish was frozen at 20 degrees Fahrenheit for 48 hours, the tapeworm larvae were killed. One thing we notice today is that the native people have trouble with bleeding gums, an early sign of scurvy. According to Dr. Schaffer, who has been working in the north, between 40 per cent and 70 per cent of Indian adults at the present time are a high risk for scurvy, and between 50 per cent and 80 per cent of Eskimos are a high risk for scurvy as well.

The purpose of the bill before us is to cut down federal health contributions. The native community is an area in which the federal government has sole responsibility, but it has a shameful record regarding the people of the north. In the past, those people ate berries, seaweed, small plants and the vegetable contents from the stomachs of caribou and rabbit which gave them an adequate vitamin and mineral intake. They had good, solid teeth, as the early explorers observed. From the sources I have mentioned, they got vitamins A, C and D. But today people in the communities, particularly those close to active white settlements, display a vitamin deficiency because of the change in their diet. The government ought not to be talking about cutting back but, rather, increasing its concern. It is of paramount importance that something be done to increase the amount of vitamin C in the diet of our native people. Perhaps we will have to arrange that oranges or other citrus fruits be made readily available for the northern children.

Another change in the traditional customs of the northern people deals with breast-feeding. Two decades ago Eskimo infants were breast-fed and received supplements of fish and meat for as long as three years. This certainly slowed down the rate of increase of the family group. Today, with the introduction of cow's milk into the diet—which is not so easily digestible—they lack the antibodies which come from the mother's milk and there is a consequent increase in the number of childhood diseases. This is