

Yet given this situation, we see the government doing everything it can to get out of social housing, to turn housing over, almost in its entirety, to the private sector, knowing that the private sector has never been interested in it or able to produce houses for people in the lower income brackets who cannot afford to buy their own homes. This is not the occasion on which to go into the matter in detail, but we know now what a disaster the Assisted Home Ownership Plan has been for people in this country. It inveigled them into getting into programs which they were simply unable to continue once the initial period of subsidy was over. So we see thousands of people in the province of Ontario who are giving up their homes and turning them back to the mortgage company.

I want to say something now about another group in this country whose treatment we can regard with nothing but shame. I refer to the native people of this country. I want to put some figures on record because, in my view, the minister was telling us yesterday on behalf of the government that really there was no new money available for the disadvantaged. That is a disaster for a segment of our society which has lived in misery and poverty ever since the white man came here.

In 1976 the infant mortality rate for Canadians as a whole was 16 per 1,000. The infant mortality rate for native people was something over 32 per 1,000. The average life expectancy of the population as a whole was 67; the average life expectancy of native people was 43. In 1971 96 per cent of the homes in Canada had potable water systems. Six years later, in 1977, only 50 per cent of native homes had potable water supplies. In 1971 90 per cent of Canadian homes had sewer systems. Six years later, in 1977, only 45 per cent of native homes had sewer systems. In 1971, 94 per cent of Canadian homes had indoor plumbing. Six years later, in 1977, only 45 per cent of native homes had indoor plumbing. In 1975 12.2 per cent of Canadians were attending universities. Less than half of that percentage, 5.3 per cent of natives, were attending universities and colleges. What does the government say about that?

What does it say about housing for natives? Well, in a cabinet memo concerning housing construction for native people we find the following statement:

The Canadian Employment and Immigration Commission has now advised the Department of Indian Affairs and Northern Development that from April, 1980 house construction projects will no longer be eligible for relief funding.

Madam Speaker, relief funding was of major assistance not only in providing employment for some thousands of native people but also for improving their housing stock. Yet the department which controls so much of the funding for employment programs has decided that none of this money can be used for employment on native reserves to improve native housing. The results can be seen by anybody who visits native communities on the reserves or elsewhere in the north. In the constituency of Nunatsiag, which is represented by my hon. friend, only about 1 per cent of the people own their own homes. The cost of operating them and, in particular, the cost of utilities is a major deterrent.

Social Development Ministry

When one visits these communities one is immediately struck by the difference between the way in which the indigenous people live and the way in which the government bureaucrats, 99 per cent of whom are white, live. A visitor to any of these communities sees one set of housing in which there is no running water, no plumbing and no central heating—this, of course, is where the riff-raff, the native people, live—and quite another set of housing which accommodates government employees and a few people from the private sector. This is where one finds indoor plumbing, running water, central heating, all the things one does not see in the native community. These are the circumstances in which native people live, yet the message the minister gave us when presenting this resolution, if one studies it and thinks through the implications, is: We do not intend to do any more for native people than we have done in the past.

Another of the departments over which the minister will have responsibility is the Department of National Health and Welfare. We have heard a great deal in the past year about the decline of a program of which all Canadians have been proud—the program of medical insurance. This program, Canadians thought, had established once and for all that no one in any province or territory of this country would have to worry about the possibility that they would be deprived of the best available medical care on the ground that they could not afford it. However, in recent years we have seen a marked change. Why? Because in the mid-seventies the then Liberal government, with Conservative support, decided to reduce the federal government's share of health care costs. By early 1977 it had replaced the health care cost-sharing program by a system of block funding. Under this arrangement, instead of being given 50 per cent of the cost of provincial programs, the provinces were allowed a certain amount of money along with the right to levy taxes.

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We in the New Democratic Party opposed block funding at that time for three main reasons. It removed from the federal government the ability to ensure uniform standards of care across the country, it provided unequal financial assistance to the provinces, and it tied future increases in financing to an arbitrary standard unrelated to the realities of the health care system. As the present Prime Minister (Mr. Trudeau) admitted at that time, he was gambling with our health care system. He gambled, and the Canadian people have lost.

Since block funding was introduced there has been a dramatic erosion of the universality of provincial plans and of reasonable access guaranteed to Canadians. In Ontario 20 per cent of physicians have opted out of the provincial plan. In both Alberta and Prince Edward Island 42 per cent of the doctors charge more than the amounts set out in provincial medical fee schedules. The patient, of course, has to pay the difference in cost. In the last five years premiums have increased 82 per cent in Ontario, 50 per cent in British Columbia and 33 per cent in Alberta, and the number of new hospital user charges introduced over the past five years has reached 23.