

sufficiency through which lasting economic and social progress can be achieved.

This is the government's objective. We are pursuing self-government at the community level and we have put in place the Canadian aboriginal economic development strategy which will put into the hands of aboriginal people the means to effectively manage their own business enterprises, economic institutions, job training and skills development. We also have an established program to help young Indians and Inuit acquire post-secondary education.

As I said at the outset of my remarks, the government is not content with the state of aboriginal health but neither is it content to continue to use methods and approaches which do not address the fundamental issues or support long-term solutions. We are committed to seeing that the cycle of aboriginal poverty, lost opportunities and unrealized human potential is broken once and for all. We are confident that we will succeed. That is the legacy which this government pledges to aboriginal youth and to all aboriginal people.

Mr. Rey Pagtakhan (Winnipeg North): Mr. Speaker, I thank my colleague for giving me the opportunity to speak ahead of him in order that I may return to the legislative committee.

Indeed, I am pleased to speak to this motion which is of vital importance to Canadians and which reads:

That, in the opinion of this House, the government should consider developing special initiatives, in consultation with aboriginal peoples, to respond to the serious employment, education and health needs of aboriginal youth.

What is the situation for native Canadians? The situation for them, particularly the aboriginal youth, is that they are economically disadvantaged. There is discrimination, they are in poor health, social services are inadequate and hence, they suffer cultural isolation. As a consequence, they feel that they are second-class citizens.

It is particularly important that we focus on the youth because the native problems are magnified for them. They encounter tremendous obstacles, such as completing their education, finding a job, trying to handle or prevent pre-marital pregnancies, alcohol and drug abuse, suicide and problems with the justice system.

Private Members' Business

Only recently we have seen the report of the royal commission on the Marshall inquiry when Canadians have been told that, in fact, racial discrimination towards aboriginal people does exist. It is a sad state, Mr. Speaker.

The second reason why we should focus on the aboriginal youth is because the birth rate for native people is higher than for non-native Canadians. As a consequence, the aboriginal youth constitute a significant proportion of our native population. Therefore, their needs become greater and I should say quickly that their needs are truly urgent.

As a result of all of these things, we can anticipate increased family tensions and one does not have to quote any more statistics, because if there is higher unemployment for them, alcohol abuse, and drug problems, obviously the suicide problem will impact on the instability of the family. This must be addressed and must be addressed with initiatives, as indicated by the motion proposed.

The three specific areas that we are trying to address with this particular motion are health, education and employment. It is known that poverty, drug abuse, alcohol abuse, and geographic isolation would magnify any health problem any Canadian citizen would have. Because these problems are high among our native youth it should follow that they face these problems much more than the non-native Canadians.

The problem of their nutrition is also important. Just a few days ago my colleague from Nunatsiag indicated to this House how, with the GST, the prices of food would increase in his part of the country. When the cost of food increases it should follow that access to them could be hindered and that would lead, or could lead, to malnutrition.

A University of Toronto study recently indicated that Indians on two northern Ontario reserves are twice as likely as an average Canadian to have a physical disability such as hearing, speaking and even seeing. This is as a consequence of poor living conditions and inadequacy of medical treatment and specialized medical services.

At one time the federal government agreed to transfer health care services to native control, but it was only a partial solution because the transfer of control was mainly administrative and the determination of the level