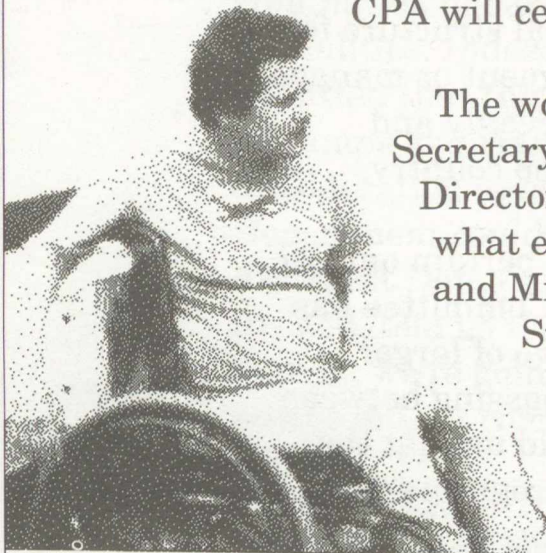


independent living and adaptations for special access). Any special medical aid must, however, come from the Non-Insured Benefits Program of Health and Welfare Canada.⁴

The Non-Insured Benefits Program attempts to fill the gaps where provincial insured services are unavailable, but this federal program is very limited and its application is often confused and arbitrary. For example, the Canadian Paraplegic Association (CPA) pointed out to the Committee that services to assist Aboriginal persons with spinal-cord injuries in Manitoba and Alberta have, for a number of years, received funding under this program. But when the CPA attempted to acquire similar funding in Saskatchewan, the Department of National Health and Welfare changed its mind and argued that these services are now *not* considered primarily health-related and, therefore, are ineligible for the Non-Insured Benefits Program. To ease the transition, Health and Welfare Canada has allowed its Alberta and Manitoba regions to renew their contracts with the CPA for a single year; however, all funding to the CPA will cease on 31 March 1994.



The work of the Department of the Secretary of State, Native Citizens' Directorate, raises another question. To what extent has the Secretary of State and Minister Responsible for the Status of Disabled Persons ensured that *all* the activities of the Department incorporate the needs of persons with

4. This program provides a range of medically necessary health services to status Indians and Inuit people regardless of their place of residence.