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(HANSARD)

Wednesday, October 9, 2024

The Honourable RAYMONDE GAGNÉ,  
Speaker

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## THE SENATE

Wednesday, October 9, 2024

The Senate met at 2 p.m., the Speaker in the chair.

Prayers.

[*Translation*]

### SENATORS' STATEMENTS

#### THE LATE HONOURABLE FRANCIS FOX, P.C., K.C.

**Hon. Claude Carignan:** Honourable senators, I rise today to pay tribute to the Honourable Senator Francis Fox, who passed away on September 24 at the age of 84.

Senator Fox was appointed to the Senate by the Right Honourable Paul Martin in 2005, and he served in our august chamber until 2011, when he retired for family reasons.

When I arrived in the Senate in 2009, my office was in the Victoria Building, right next to Senator Fox's. We were destined to meet because Francis had also been elected as the MP for the federal riding of Argenteuil—Deux-Montagnes in 1972 and re-elected in that same riding in 1974. He owned a building next door to my law office on Saint-Eustache Street.

After a short hiatus from active politics in 1978 and after a redrawing of the electoral map, Francis was elected as the MP for Blainville—Deux-Montagnes in 1979 and then re-elected in 1980, after Prime Minister Pierre Elliott Trudeau returned to politics.

When those who knew him think about him, the image of a true gentleman immediately comes to mind. Francis was a brilliant, charismatic, generous and extremely compassionate man. He alternated between three outstanding careers.

After studying law at Université de Montréal, Harvard University and then Oxford University, he began a brilliant career as a lawyer with a prestigious Montreal firm. He then went on to make a name for himself as a federal politician. Senator Fox served as principal secretary to Prime Minister Pierre Elliott Trudeau, and, a few years after being elected to the House of Commons, he was appointed as solicitor general of Canada in 1976. Re-elected in 1980, he became the Minister of Communications until 1984 and was responsible for many new federal cultural policies, including the creation of Telefilm Canada. He was also instrumental in introducing the landmark Access to Information Act. Finally, he would serve as Secretary of State for Canada from 1980 to 1981, during which time he introduced and pushed through the legislation that made *O Canada* our national anthem.

Senator Fox also made a name for himself in the business world, notably in various management positions at Rogers Communications, even serving as president for Eastern Canada.

I'm certain you'll agree, colleagues, that Senator Fox's record is remarkable and his legacy to Canadian society unquestionable. I offer my sincere condolences to his large and beautiful family, especially to his wife Viviane Case, a talented artist from the Montreal area, to their two children Julianna and Daniel, and to his many friends and colleagues.

**Hon. Senators:** Hear, hear.

#### CARROUSEL OF NATIONS

**Hon. Sharon Burey:** Colleagues, I rise today to highlight an event that perfectly demonstrates the cultural dynamism of the Windsor-Essex community. The Multicultural Council of Windsor and Essex County has been honoured with an Ontario's Choice Award for its Carrousel of Nations event held in June 2024, which was named by Attractions Ontario as the top festival and event for 2024. This honour pays tribute to the festival's profound impact and lasting legacy as it celebrates 49 years of culture and tradition in Windsor and Essex County.

[*English*]

Carrousel of the Nations is not merely a festival; it is a dynamic celebration of the diverse communities that enrich our region. Festival-goers can travel the globe without leaving home by visiting various villages throughout Windsor-Essex County and experience unique music, appreciate traditional clothing and taste mouth-watering cultural cuisine. There are around 30 different villages ranging from Canadian to Caribbean, Filipino, Italian, Lebanese, Mexican, Nigerian, Korean and Polish, to name a few.

According to Scott Despina, Fundraising and Community Engagement Manager for the MCC, Multicultural Council of Windsor-Essex County:

Once we truly understand people, that's when acceptance, partnership, and friendship can grow. This festival is a spotlight of that.

At the heart of this festival is an organization dedicated to supporting Windsor's newcomers and the community at large. According to the 2016 census, approximately 28% of the city's population is foreign-born, and racialized groups make up 26% of our population, establishing it as the most diverse city in Ontario outside of the Greater Toronto Area.

Colleagues, as we observe Mental Illness Awareness Week and approach World Mental Health Day tomorrow, I want to connect the dots again and emphasize the connection between community cultural engagement and mental well-being and that this relationship is borne out by research.

I commend MCC Executive Director Fred Francis and staff member Mirjana Gordic for their leadership.

In closing, colleagues, the Carrousel of the Nations has routinely been voted one of the top 100 festival attractions in Ontario, taking the top prize in four out of the last six years. Next year, 2025, will mark its fiftieth anniversary, and I invite you to visit. Thank you, *meegwetch*.

### VISITOR IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I wish to draw your attention to the presence in the gallery of International Chief Willie Littlechild. He is the guest of the Honourable Senator Greenwood.

On behalf of all honourable senators, I welcome you to the Senate of Canada.

**Hon. Senators:** Hear, hear!

### CHIEF WILTON LITTLECHILD, C.C., A.O.E., M.S.C., K.C.

**Hon. Margo Greenwood:** Honourable senators, today I have the privilege to rise and honour Chief Wilton Littlechild, whose life's work has illuminated the paths toward justice, healing and reconciliation. For decades, Dr. Littlechild has been a tireless advocate for Indigenous rights and a voice of wisdom on the world stage.

• (1410)

He became the first status person from Alberta to obtain a law degree, and the Cree Nation honoured his accomplishment by naming him international chief.

Dr. Littlechild understood that education and law could be powerful tools for change. However, I suspect his heart was and still remains with hockey and sport. As one of the original architects of the United Nations Declaration on the Rights of Indigenous Peoples, he spent more than 30 years working at the UN, shaping global conversations on the inalienable human rights of Indigenous peoples.

During our nation's debate to patriate our Constitution, he travelled to England to argue before the courts until there were guarantees that section 35 would be included in the Constitution. His efforts, along with those of many others, would eventually lay the groundwork for the recognition of many Indigenous rights in Canada.

In 1988, he became the first treaty Indian to be elected to the House of Commons, serving as the Progressive Conservative member of Parliament for Wetaskiwin from 1988 to 1993. While he did not seek re-election, he continued his lifelong public service. In Saskatchewan, he chaired the Commission on First Nations and Métis Peoples and Justice Reform. He shone a light on the overrepresentation of Indigenous peoples in the criminal justice system, and he laid a path to improve the justice system so that it reflects the strengths and values of Indigenous peoples.

As a survivor of the colonial residential school system, Chief Littlechild knew the horrors of those institutions. As one of the commissioners of the Truth and Reconciliation Commission, he bore witness to the painful testimonies of residential school

survivors. He turned his own experience and the stories of many Indigenous peoples into powerful Calls to Action for Canadians from all walks of life to confront the dark chapters of our shared history. The 94 Calls to Action became a roadmap for healing and reconciliation.

Last week, the Governor General recognized Chief Littlechild's life's work and promoted him to Companion of the Order of Canada.

There is much to say about his life and career, but I want to end with a quote that he shared from his late grandfather:

When you work for our community, you must do everything you can to make it better, then pass it to the next one. . . .

Willie, you have truly made this world a better place for future generations.

*Hiy hiy.*

**Hon. Senators:** Hear, hear.

### KOREAN HERITAGE MONTH

**Hon. Yonah Martin (Deputy Leader of the Opposition):** Honourable senators, October 2024 marks the inaugural Korean Heritage Month in Canada, thanks to the co-sponsors — Senator Amina Gerba, Senator Rebecca Patterson and Senator Hassan Yussuff — and to all senators for unanimously adopting our Senate motion on June 4, 2024.

On Monday, October 7, we celebrated the first Korea Day on the Hill. The historic day began with a wreath-laying ceremony at the Monument to Canadian Fallen — the Korean War Monument — to pay respects to Canadians who served and sacrificed their lives in Korea. That was followed by a flag-raising ceremony on the Hill and a national community forum with more than 100 community and business leaders from across Canada, culminating in a grand dinner reception in the Sir John A. Macdonald Building, co-hosted by the Embassy of Korea in partnership with the Canada-Korea Interparliamentary Friendship Group and the Korean Cultural Centre Canada.

The month of October has special significance for Koreans. The third day of October is Gaecheonjeol, known as National Foundation Day of Korea, which celebrates the legendary formation of the first Korean state of Gojoseon in 2333 BC. Today, October 9, is Hangul Day, celebrating the world-renowned Korean alphabet.

The Korean diaspora has spread across the globe, and Canada is home to a sizable and dynamic Korean-Canadian population — a community that has prospered and thrived, driving innovation, growth and prosperity in various sectors of the Canadian economy. From small businesses and start-ups to large corporations, Korean-Canadian entrepreneurs have made their mark, creating jobs, stimulating economic growth and contributing to Canada's prosperity.

The recognition of heritage months not only highlights the contributions, history and culture of specific groups but also helps ensure that their achievements and struggles are recognized

and celebrated. This recognition can foster a greater understanding and appreciation for diverse backgrounds, and it can be particularly meaningful for younger generations in helping them to connect with their roots and build a greater sense of belonging.

I stand before you as a proud daughter of Korea and Canada, and I feel so blessed to be part of a wonderful model community. Their entrepreneurial spirit, cultural impact and active community involvement greatly enhance our society, bolster our economy and encourage us to uphold the principles of diversity, inclusion and mutual respect.

Honourable senators, please join me in celebrating the inaugural Korean Heritage Month and acknowledging the importance of the community in creating a more vibrant and richly diverse Canadian society.

**Hon. Senators:** Hear, hear.

#### VISITORS IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I wish to draw your attention to the presence in the gallery of Dr. Gillian Muir, Dean of Western College of Veterinary Medicine, and Sara Daniels, Associate Vice-President, Government Relations, University of Saskatchewan. They are the guests of the Honourable Senator Cotter.

On behalf of all honourable senators, I welcome you to the Senate of Canada.

**Hon. Senators:** Hear, hear!

#### THE HONOURABLE DIANE BELLEMARE

**Hon. Judy A. White:** Honourable senators, I rise today to speak about one of my favourite senators: Senator Diane Bellemare.

An important principle in my community of Flat Bay, a small town located on the west coast of the island of Newfoundland, is that of being a good relative, or *piskwa*'. That means showing kindness — not only to your family but to everyone around you — and providing mutual aid. To be a good relative is always to give back more than you take.

Senator Bellemare, you have certainly done your share of giving back.

As colleagues know, Senator Bellemare is a distinguished economist; she earned her PhD in economics in 1981. Economics is largely a male-dominated field and was even more so at that time, I suspect, so I'm sure it did not come without many challenges. Throughout the 1980s and 1990s, Senator Bellemare helped create a non-profit to promote employment. She served on the Economic Council of Canada, the National Statistics Council and the Institut de recherche et d'information sur la rémunération. She worked on development programs for federal and provincial labour forces, worked as an economic consultant and took part in the negotiation of the labour market agreement between Quebec and the federal government.

Senator Bellemare, beyond your contributions to your field and the good work that you have done for Canadians, I want to thank you for the kindness you've shown me since I've been appointed to the Senate. As a fairly new senator and as someone who is definitely not an economist, it's been a privilege to learn from your immense expertise. I so appreciate your kindness and especially your patience with me. I'm very grateful to have worked with and learned from you, and even though you will no longer be at the Senate, I hope to continue learning from you and continue our in-depth conversations. We have spoken on so many all-encompassing subjects. We've talked about families, allyship, transgender supports and even ones including teeth; I will forever hold those memories.

[*Translation*]

Senator Bellemare, thank you for all you've done for me and for Canada. I wish you a very happy retirement.

[*English*]

Thank you. *Wela'liog*.

**Hon. Senators:** Hear, hear.

• (1420)

#### VISITORS IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I wish to draw your attention to the presence in the gallery of Mary Dooher, Pauline Stewart and their family. They are the guests of the Honourable Senator Coyle.

On behalf of all honourable senators, I welcome you to the Senate of Canada.

**Hon. Senators:** Hear, hear!

#### OKTOBERFEST

**Hon. Peter M. Boehm:** Honourable senators, I rise to salute the celebration of Oktoberfest in my home region of Kitchener-Waterloo, running this year from September 27 to October 19. As the second-largest Bavarian-style festival on the planet, its origins are, of course, in Munich, Germany. It began in 1810 to celebrate a royal wedding, as well as the success of the harvest and, with it, the sampling of freshly brewed beer.

As many of you know, especially Senator Marty Deacon, who, like me, hails from the region, Kitchener-Waterloo's Oktoberfest began in 1969 as an initiative of a few businesspeople. Supported by the four local German clubs — Concordia, Schwaben, Alpine and Transylvania — it has become a tourist draw for many thousands of visitors from North America and beyond.

I am a member of the Transylvania Club, not due to any vampiric leanings on my part but rather my own Transylvanian Saxon heritage.

The “Twin Cities” of Kitchener and Waterloo rightly continue to be proud of their German heritage, despite Kitchener changing its name from Berlin in 1916, following a plebiscite during, of course, World War I.

I have a special connection to Oktoberfest. As a member of the Transylvania Club’s dance group during my undergraduate years, I donned lederhosen and performed with my friends at the various Oktoberfest halls and tents. Enjoy that imagery for the duration of today’s session and beyond.

One year, wishing to have a bit more cash, I served as a member of the security team for one particularly raucous venue. I have had better ideas in my life. Being a bouncer was not my thing, as those here who have come to know me will no doubt attest, so I returned to my true calling, which, of course, is dancing.

Colleagues, Oktoberfest is not just beer, bratwurst and dancing. The festival, along with contributing to the local economy and driving tourism to the region, donates much to local charities.

Further, the Kitchener-Waterloo Thanksgiving Day Parade is the largest in Canada, boasting thousands of spectators annually.

While purists sometimes legitimately suggest that there is much more to German culture than a Bavarian beer festival, not all of it is as much fun.

Colleagues, as one of over 3.5 million Canadians with Germanic origins and whose first language learned was German, I am proud of the contributions that these citizens — from John Diefenbaker to Justin Bieber — have made to our society and country. Thank you.

*[Editor’s Note: Senator Boehm spoke in German.]*

*[Translation]*

## ROUTINE PROCEEDINGS

### SPEAKER OF THE SENATE

VISIT TO THE REPUBLIC OF TÜRKIYE,  
SEPTEMBER 22-24, 2022—REPORT TABLED

**The Hon. the Speaker:** Honourable senators, I have the honour to table, in both official languages, the report of the Speaker of the Senate on his visit to the Republic of Türkiye, from September 22 to 24, 2022.

[ Senator Boehm ]

VISIT TO MONGOLIA, OCTOBER 10-12, 2022—REPORT TABLED

**The Hon. the Speaker:** Honourable senators, I have the honour to table, in both official languages, the report of the Parliamentary Delegation of the Senate, led by the Speaker of the Senate, that travelled to Mongolia, from October 10 to 12, 2022.

VISIT TO THE REPUBLIC OF PORTUGAL AND REPUBLIC OF  
LITHUANIA, NOVEMBER 7-12, 2022—REPORT TABLED

**The Hon. the Speaker:** Honourable senators, I have the honour to table, in both official languages, the report of the Parliamentary Delegation of the Senate, led by the Speaker of the Senate, that travelled to the Republic of Portugal and the Republic of Lithuania, from November 7 to 12, 2022.

*[English]*

## QUESTION PERIOD

### PRIVY COUNCIL OFFICE

#### AWARDING OF CONTRACTS

**Hon. Donald Neil Plett (Leader of the Opposition):** Government leader, just when I think that your incompetent and wasteful NDP-Liberal government has hit rock bottom, they manage to make themselves look even more ridiculous. On Monday, leader, it was reported that the Prime Minister’s very own department, the Privy Council, spent taxpayer dollars to test focus groups about renaming the word “inflation” — and they didn’t like “Justinflation” either. They decided to name it “heat-flation.” As Canadians have a lot more common sense than the NDP-Liberal government, they rejected this.

Leader, instead of trying to make up a new slogan to explain why Canadians can’t afford groceries, will your government give them a carbon tax election?

**Hon. Marc Gold (Government Representative in the Senate):** Thank you for the question. You haven’t lost your nerve if you are asking me a question about slogans in this chamber, so I say the following:

*[Translation]*

It is entirely to your credit, colleague.

*[English]*

This government has put forward a credible plan to address an existential climate change. An important piece, though not the only one, is a price on pollution.

Those of us who live in this country have friends and neighbours who are affected by climate change. As you all know, one side of my family comes from Florida, and, as we speak, my cousin has battened up his house in St. Petersburg, Florida, for the second time within far too —

This government will continue to govern and do what it can to protect Canadians from the ravages of climate change.

**Senator Plett:** And does calling something “heat-flation” help that? The focus group testing was done this past March through a contract given to the Strategic Counsel in 2022, worth over \$814,000, to study the word “inflation.”

Is this the only time your government has spent tax dollars to test drive the slogan “heat-flation” or has more money been wasted on this?

**Senator Gold:** Again, senator, thank you for your question and your focus on slogans, but, for my part, I am pleased that the government that I have the honour to represent is focusing on concrete actions, serious policy discussions and, frankly, trying to use our time together in this chamber to advance work on behalf of Canadians, not simply a partisan political agenda.

## PUBLIC SAFETY

### ANTI-SEMITISM

**Hon. Leo Housakos:** Senator Gold, it has been a full year now that we’ve seen pro-Hamas rallies organized by Samidoun across this country and in our streets — rallies that include chants calling for the eradication of Israel from the river to the sea, and even far worse than that. We’ve seen rallies where they’re saying, “Death to the Jewish people,” “Death to Israel” and even “Death to Canada.” During this period, your government has not had the intestinal fortitude or political leadership to condemn this and call it out.

Right across Canada, we’ve seen attacks. Jewish schools are being shot at and others are being evacuated after they’ve received threats, and Jewish seniors’ homes have been targeted here in Ottawa, with angry mobs shouting these awful things.

So, Senator Gold, I’ve given up on the Liberal government. However, will you, as Government Representative and as Senator Gold, stand up in this chamber and condemn these hatred exercises being conducted in our streets?

**Hon. Marc Gold (Government Representative in the Senate):** Thank you for your question, and for underlining the hateful expressions that indeed plague our streets. As the minister said, it’s obviously absolutely unacceptable to burn the Canadian flag and chant, “Death to Canada.” It’s also unacceptable to deny or celebrate the events of October 7 and to champion the acts of a terrorist group. That is the position of the government and I support it 100%.

As a member of the Jewish community who lives next door to the Consulate of Israel, I am altogether too aware of what is happening on our streets and the intimidation that takes place. The government has been consistently condemning that and will continue to do so.

**Senator Housakos:** Senator Gold, for years, we’ve been calling on your government to list the Islamic Revolutionary Guard Corps, or IRGC, as a terrorist group. It has been years now that we have been calling on your government to list Samidoun as a terrorist organization. Your minister refuses to do that and refuses to condemn Samidoun. This is the same Minister of Foreign Affairs who was photographed smiling and holding hands with raging Jew-hater Mahmoud Abbas. She has banned Canadian exports of defensive weapons to Israel, and now she doesn’t have the courage to list Samidoun as a terrorist organization and condemn it for all the hatred they have been spewing in our streets.

• (1430)

**Senator Gold:** I thought this chamber would escape some of the behaviour exhibited in the other place and by your leader on solemn occasions like Thursday night, turning an important event into a partisan attack. We don’t have rules in the Senate similar to those in the House of Commons. The decision to list Samidoun is under review. It will be a product and function of the advice of our Canadian Security Intelligence Service, who are continuously educating us. I appeal to your best sense, if you can muster it, on such a partisan issue.

## CROWN-INDIGENOUS RELATIONS

### WHITECAP DAKOTA NATION / WAPAHA SKA DAKOTA OYATE

**Hon. Brent Cotter:** Senator Gold, in June 2023, at the request of the Government of Canada, we expedited the passage of Bill C-51 in both houses. This bill creates self-government authority for the Whitecap Dakota First Nation and a wide-ranging plan to address historical disadvantages.

On July 15 of this year, Minister Anandasangaree delivered a formal apology to the Dakota and Lakota First Nations in relation to the denial of their rights for so long. Senators in this chamber attended those events. Both were expected to be followed by negotiations that would lead to prosperity, dignity and respect for those First Nations. Since then there has been nothing.

My question is, why has Canada avoided initiating negotiations with Whitecap and the other First Nations in order to fulfill these commitments?

**Hon. Marc Gold (Government Representative in the Senate):** Thank you for your question and for your advocacy on this issue. This government remains committed to working with First Nations to advance and restore trust, to restore nation-to-nation relationships and to advance self-determination.

I have been informed that the government will continue to work alongside Whitecap Dakota to advance their shared priorities and to support their vision of a better future for their community.

**Senator Cotter:** Senator Gold, can you confirm that the Government of Canada has a mandate to undertake these negotiations?

**Senator Gold:** Thank you for your question. As you know, the government introduced and passed legislation to implement the historic self-government treaty with the Whitecap Dakota Nation affirming their inherent right to self-governance. It was guided in that endeavour by its understanding of and commitment to the rights of the Whitecap Dakota, and it will continue to be guided in the same spirit and consistent with the honour of the Crown.

## ENVIRONMENT AND CLIMATE CHANGE

### YOUTH CLIMATE CORPS

**Hon. Jane MacAdam:** My question is to the Government Representative in the Senate. Budget 2024 announced that the government intends to launch consultations on the development of a youth climate corps program that will equip young people with jobs that will work to address climate change. This could be an important forum to support youth in addressing challenges related to climate change. It could empower youth to participate in solutions and could help build the skills necessary to support their career pathways in a low-carbon economy. Could you provide an update on the status of this initiative?

**Hon. Marc Gold (Government Representative in the Senate):** Thank you for your question and for highlighting this very important initiative. I do not have a specific update for you nor a specific timeline for the launch, but I am advised and can assure you that the work is ongoing.

**Senator MacAdam:** Thank you, Senator Gold. Rural and coastal communities, such as those on Prince Edward Island, face unique challenges in the face of climate change. Will the government work to ensure that this lens is applied during consultations?

**Senator Gold:** Thank you for your question and, again, for underlining the vulnerability of our coastal communities to climate change. I have every confidence, senator, that the federal government will ensure that they hear from all relevant groups during their consultation, including those from rural and coastal communities.

## CROWN-INDIGENOUS RELATIONS

### WHITECAP DAKOTA NATION / WAPAHA SKA DAKOTA OYATE

**Hon. Scott Tannas:** Senator Gold, more than a year ago, both the House of Commons and the Senate agreed to exceptionally suspend their respective rules governing the consideration of legislation to expedite the passage of Bill C-51. We all understood the imperative to see quick passage of this time-sensitive legislation. Parliament did its job and urgently passed a bill to give effect to the recognition agreement with the Whitecap Dakota Nation, and we expected that the government would act with similar haste to fulfill the obligations in that bill.

As we have heard in Question Period today, this has not been the case. Does the government understand that its obligation under the agreement to negotiate with the Whitecap Dakota Nation was, in fact, urgent?

**Hon. Marc Gold (Government Representative in the Senate):** Thank you for your question; it is an important one. Of course the government understands that. Discussions and consultations are important and are done in a mutually respectful way. In that regard, I have every confidence that the government will discharge its obligations under the treaty which it negotiated and implemented through the legislation to which you refer.

**Senator Tannas:** How did we get here? How did we rush something through and celebrate it, only to have the Chief of the Whitecap Dakota Nation report that the government negotiators have no mandate to negotiate a year later? Can you explain how we got here? What are we going to do? Is the same thing going to happen with the Haida Nation? Please explain.

**Senator Gold:** Thank you for your question. I don't have a precise answer for you, but I certainly will raise it with the minister. It is an important question. Thank you.

[Translation]

## FOREIGN AFFAIRS AND INTERNATIONAL TRADE

### BUSINESS OF THE COMMITTEE

**Hon. Amina Gerba:** My question is for the Chair of the Standing Senate Committee on Foreign Affairs and International Trade, Senator Boehm. The committee has been studying Bill C-282, An Act to amend the Department of Foreign Affairs, Trade and Development Act (supply management), since September 25. This bill is particularly important for my province, Quebec, but also for all the provinces across the country where farmers significantly benefit from supply management.

Given everyone's interest in this issue, could you share with the chamber the work plan for completing the study of this bill, including the timeline for clause-by-clause consideration?

**Hon. Peter M. Boehm:** Thank you for the question, Senator Gerba.

[English]

As you and I and all committee members know, we're following the work plan that was approved by the steering committee and shared with all committee members on September 9. This followed a call to all members on June 7 for witness suggestions.



On that point, I wish to thank you very kindly for the list of witnesses you have proposed. So far they have contributed greatly to the fair and balanced study that our committee has been conducting on Bill C-282.

To answer your specific question, based on the work plan I anticipate that we will complete hearing from witnesses during the final week of October, with meetings on Bill C-282 this week, the week after our Thanksgiving break and the final week of October. Hopefully, we will move to clause-by-clause consideration the first week of November.

[Translation]

**Senator Gerba:** Thank you, Senator Boehm.

In a letter dated October 4, the Honourable Mary Ng, Minister of Export Promotion, International Trade and Economic Development, supported the bill and offered to appear as part of the committee study of Bill C-282. Do you plan to take her up on her offer to appear?

[English]

**Senator Boehm:** Thank you very much. I have had the pleasure of speaking with Minister Ng twice over the past couple of weeks, and every conversation we had was very amicable. She suggested that if she could be helpful she would appear as a witness. She mentioned that in one of our two conversations. I took this to the steering committee, and you circulated the letter to all senators yesterday. I thank you for that. I want to say that it is very unusual, if not —

**The Hon. the Speaker:** I'm sorry, Senator Boehm. You are out of time.

• (1440)

## HEALTH

### MENTAL HEALTH

**Hon. Yonah Martin (Deputy Leader of the Opposition):** Leader, as we mark World Mental Health Day on Thursday, I am thinking of Brianna MacDonald, who died of an overdose alone in a homeless encampment in Abbotsford, B.C., this past August. She was 13 years old.

Her loving parents appeared before a House committee yesterday and detailed their inability to get Brianna help for her mental health issues. Her parents told the committee that earlier this year, when she was 12, they were astounded to learn that she was acquiring needles, cooking kits and pamphlets on how to use drugs at a so-called harm reduction site. Her stepfather's message to the Prime Minister yesterday was, "How can you put 'safe' and 'drugs' in the same sentence? It doesn't make any sense."

What is your government's response to him, leader?

**Senator Plett:** Hear, hear.

**Hon. Marc Gold (Government Representative in the Senate):** All of us — government representatives, opposition, senators and citizens — bemoan the tragedy and often the combination of mental health challenges and drug use and the ravages that they cause to individuals and families.

The government, working with the provinces, has provided and will continue to provide support to the provinces to increase services specifically targeted to mental health. It is working as well with provinces and territories to address illegal drug use and, in that regard, remains committed to addressing what is fundamentally a health issue, whether it be mental health or drug use as a symptom and a health problem, and will continue to do so.

**Senator Martin:** Leader, speaking about the drug paraphernalia kits, Brianna's stepfather asked the committee:

How can a 12-year-old . . . acquire these? She can't buy marijuana at a dispensary, she can't buy booze at a liquor store, but she's able to pick up these kits to use drugs from a harm reduction site . . .

That's a good question, leader. Again, what is your response? Didn't failed drug policies enable this child's addiction instead of caring for her mental health?

**Senator Plett:** Hear, hear.

**Senator Gold:** Again, senator, it's a tragedy that people turn to drugs that way, and it is a tragedy that a 12-year-old finds themselves in such a position to seek out and, in fact, suffer the consequences of that.

This government remains committed both to a health-centred approach to drug use and to supporting provinces, territories and communities with the challenges that their citizens face in the area of mental health.

[Translation]

## PUBLIC SAFETY

### CRIME PREVENTION

**Hon. Claude Carignan:** Leader, there is a very interesting article in today's *La Presse* on crime in Montreal. Sergeant Moore, of the Eclipse squad of the Montreal police force, said the following:

The whole range of firearms has skyrocketed over the past few years. It's totally nuts. I have never seen this in 18 years at the Montreal police force. Finding a gun in a client's man purse, in a licensed establishment, is extremely common.

Sergeant Giguère said the following:

I noticed a difference when the Supreme Court rejected three-year minimum sentences, as well as the five-year mandatory minimum in case of recidivism, for possession of a firearm. Before that decision, people in the street told us that they did not want to end up in prison for a long time. Now, individuals get arrested on firearms charges and it is not long before they are let out.

Leader, can you acknowledge that your government's strategy for fighting crime is an utter failure?

**Hon. Marc Gold (Government Representative in the Senate):** With all due respect, senator, the answer is no. The rise in crime in our cities, big and small, is unfortunate, lamentable and deplorable. However, that being said, everyone in this chamber recognizes, and I hope that many of you will be willing to admit it, that the causes of crime are complex. Criminal legislation is certainly one aspect. In that respect, the approach of the government I represent is very different from that of the opposition. What is more, socio-economic and even demographic factors make this an extremely complex problem. We all have to face that fact and do our part to combat crime.

**Senator Carignan:** Leader, your answer proves that you are completely out of touch. In the same article, Sergeant Moore, who works on the ground, says the following:

These days, it's not uncommon for someone to be arrested and then say, "No big deal, you're going to give me a piece of paper and let me go, and I'm going to do it again." I get the impression that they're no longer afraid of getting arrested by the police. They know there won't be any consequences.

Leader, those are the results of your actions: a society that has lost its bearings and its boundaries. Are you still proud to be part of this government?

**Senator Gold:** Thank you for the question. No, I am not out of touch; I am very much in tune with all of these issues, given my experience as a lawyer, member of the Parole Board of Canada and government representative in the Senate. Again, the government is doing its part within its own jurisdiction, according to the values that underpin its policies.

[English]

## HEALTH

### MENTAL HEALTH

**Hon. Mary Coyle:** Senator Gold, according to Mental Health Research Canada, more than one in two Canadians struggling with their mental health are not getting the help they need. The Canadian Alliance on Mental Illness and Mental Health has stressed the importance of reaching parity between mental health, substance-use health and physical health in terms of access, funding and value, and it has proposed a new companion piece of legislation to the Canada Health Act. They've called for the Canadian Institute for Health Information to be adequately

resourced to develop a national public, community-based and private health expenditure data series and comprehensive performance indicators for the mental health and substance-use health systems.

Will the government give serious consideration to these requests and prioritize mental health and substance-use health?

**Hon. Marc Gold (Government Representative in the Senate):** Thank you, senator, for your question and for highlighting this important issue, which has been raised in a different context already once today.

To answer your question directly, I have every confidence that the government will seriously consider this request. I would also like to remind this chamber, to which I've already alluded, that this government has, indeed, prioritized funding for mental health services. This includes \$500 million for a new youth mental health fund, as well as providing \$5 billion to the provinces and territories in Budget 2017 for mental health and addictions services.

Since then, the government has signed 13 bilateral health and mental health care agreements to begin providing \$25 billion to all provinces and territories.

**Senator Coyle:** Thank you, Senator Gold. Mental health research remains under-prioritized and underfunded in the federal research funding ecosystem.

Will the government make mental health research a priority and ensure that the Canadian Institutes of Health Research allocate more funding towards mental health and substance-use health research? These are clear needs and priorities of Canadians all across our country.

**Senator Gold:** Well, indeed, thank you. I understand, as I know you do, the importance of research in these areas in addition to the funds that I alluded to. The government treats mental health as a priority, and, in that regard, I point the attention of the chamber to the mental health in the Early Years initiative, which seeks to advance Canada's mental health strategy by identifying solutions for safe and equitable programs and services for diverse communities. It is important work, and much more needs to be done.

## FOREIGN AFFAIRS

### REQUEST FOR EXTRADITION OF HASSAN DIAB

**Hon. Marilou McPhedran:** In 2014, Canadian citizen Dr. Hassan Diab was accused of terrorism, extradited to France and imprisoned there for over three years until he was exonerated by French courts for lack of credible evidence. In 2023, he was retried in absentia by France on the same discredited evidence and sentenced to life in prison.

Back here in Canada, he now may be facing a second extradition request. Outraged by this appalling treatment of Dr. Diab, some 4,000 Canadians recently signed a petition calling upon our government to deny any future extradition requests and protect Dr. Diab's rights. In its official response, the federal

[ Senator Carignan ]

government refused to confirm that Dr. Diab will be protected under Canadian law and shielded from any future extradition requests.

• (1450)

I remind you that Prime Minister Trudeau stated in 2011 that what happened to Dr. Diab never should have happened. How can the government justify this position?

**Hon. Marc Gold (Government Representative in the Senate):** Well, thank you for raising this question, Senator McPhedran, and I will certainly raise it with the minister. Please don't take this the wrong way, but I really wish you had had the opportunity to ask Minister Miller the question when he was here earlier this week. He would have been in a far better position to answer than I am, but I certainly will raise it.

**Senator McPhedran:** Thank you, Senator Gold, but as you know, as an unaffiliated senator, I am excluded from that opportunity.

The French and Canadian abuses in this shameful case have been well-documented by legal scholars, the Department of Justice review and the House of Commons Justice Committee. All have identified an unjust lack of transparency and disclosure in the current Extradition Act. Ignoring Canadian law in Dr. Diab's case, exculpatory evidence long known to French and Canadian authorities was not disclosed. How can the government now commit to protecting Dr. Diab?

**Senator Gold:** Again, thank you, and I will raise it with the minister. I repeat what I said earlier, I regret that you were not able. I was not blaming you. I know we have many non-affiliated senators with us in our chamber, and I'm hoping that the groups will find ways to accommodate them, as you have in many other ways, to an even greater extent.

## NATIONAL DEFENCE

### DIGITAL INFRASTRUCTURE

**Hon. Rebecca Patterson:** My question is for Senator Gold. It has been reported through open sources that Australia, the United Kingdom and the U.S., or AUKUS, are joining together to develop a top secret cloud network to exchange highly classified defence, national security and intelligence data with each other. Experts say that Canada's lack of digital infrastructure will have a profound effect on the new military hardware that the government is committed to buying and our ability to interoperate with our key allies.

What is the government doing to develop the required digital infrastructure so we can join the team?

**Hon. Marc Gold (Government Representative in the Senate):** Thank you. Canada has made very important investments in its digital infrastructure and enjoys institutions like the Communications Security Establishment, or CSE, which is nonpareil in the world. It is working closely with its allies so that it can play its part with its Five Eyes allies and other

democratic allies in improving our resistance to and resilience in the face of the dangers that are increasingly coming to us from so many different directions.

**Senator Patterson:** This digital tech gap is also putting us at a disadvantage in negotiations to become part of the high-tech portion of our Five Eyes alliance. Three out of five members of this Five Eyes intelligence alliance are getting together. Given our track record with AUKUS, how can Canadians be reassured we won't be left behind in this increasingly insecure world?

**Senator Gold:** Thank you. It is an important question. This government is committed to giving all of our institutions — certainly public and defence, but well beyond that — the tools in order to equip us going forward. Canadians should be reassured that the government, which has made historic investments in these areas, will continue to do so.

## JUSTICE

### DIVORCE ACT

**Hon. Judy A. White:** Senator Gold, my question will be in English. For the past nine months, 250 organizations have called on this government to legislate against the harmful practice in our family court system — parental alienation accusations. The United Nations Special Rapporteur on violence against women and girls have stated that parental alienation is a discredited and unscientific pseudo-concept used by abusers as a tool to continue their abuse. Based on this discredited concept, courts are awarding sole parenting time to abusive fathers and no-contact orders against mothers, causing immense harm to children.

Senator Gold, you have previously committed to raising this issue with the government. Having recognized domestic violence as an epidemic in Canada, do you and the government agree that women and children experiencing family violence can no longer afford to wait for action on this issue?

**Hon. Marc Gold (Government Representative in the Senate):** Thank you for your question. I, indeed, did raise it with the minister, senator. I want to assure you that the safety and the well-being of women and children who have experienced family violence is a top priority for this government, and that is why the amended Divorce Act passed by Parliament in 2019 takes a strong stance in addressing family violence in parenting and contact orders. The government's commitment to preventing the revictimization of survivors is highlighted in the passage of Bill C-233, which mandates ongoing education for judges on intimate partner violence and coercive control. The government remains committed to ensuring that the best interests of the children are the paramount considerations for all decisions concerning children, and I will raise this again with the minister when I next see him.

**Senator White:** Direct service providers, Senator Gold, including women's shelters and legal clinics, are seeing first-hand the devastation caused by accusations of parental alienation on a daily basis. Will the government commit to taking urgent and decisive action against this harmful practice this fall by rendering parental alienation accusations inadmissible in family court?

**Senator Gold:** Thank you, senator. I'm not in a position to commit to specific timelines — please understand that — but I certainly will raise this specific point with the minister.

### BUSINESS OF THE SENATE

**Hon. Lucie Moncion:** Honourable senators, I rise on a point of order. I would like to issue a statement of apology.

Senator Plett, further to our discussions and correspondence, I wish to offer you my personal, unreserved and unqualified apology. I offer it with genuine intent and humility. Every day is a learning experience, and I have learned from this event where changes were made to your opinion piece. I assure all senators that the Internal Economy Committee is taking necessary steps to ensure this doesn't occur again. Thank you.

**Some Hon. Senators:** Hear, hear.

**Hon. Donald Neil Plett (Leader of the Opposition):** Thank you, Senator Moncion. I want you and this chamber to know that I unreservedly accept your apology. Thank you very much.

**Some Hon. Senators:** Hear, hear.

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## ORDERS OF THE DAY

### PHARMACARE BILL

#### THIRD READING—DEBATE

On the Order:

Resuming debate on the motion of the Honourable Senator Pate, seconded by the Honourable Senator Moodie, for the third reading of Bill C-64, An Act respecting pharmacare.

**Hon. Joan Kingston:** Honourable senators, I first acknowledge that we are on the unceded, unsurrendered territory of the Algonquin Anishinaabe Nation. My home is on the unsurrendered and unceded traditional Wolastoqiyik land as established in a series of peace and friendship treaties and near the Wolastoq, the beautiful and bountiful river.

I rise before you today to give my full support to Bill C-64. To paraphrase the Hoskins report, a full, comprehensive, universal single-payer pharmacare that provides universal, first-dollar coverage of pharmaceutical products is the right prescription for Canada. For the last 50 years, I have had a front-row seat to the evolution of health care in Canada. I graduated as a nurse less than a decade after the Medical Care Act was passed, and New Brunswick became the last province to implement medicare just after the province of Quebec in January 1971.

It had taken six years for all the provinces to get on board, and by then there had already been a royal commission calling for the addition of a national pharmacare program to our health care system. The Canada Health Act came next in 1984, establishing the core principles of the public health care system — that it be publicly administered, comprehensive, universal, portable and accessible to all.

While opinion polls suggest that Canadians' support of medicare has remained more or less constant since its inception, the health care system has not remained constant.

• (1500)

Notable changes in health care technology have occurred. One of the most dramatic has been the increased availability and use of prescription medicines to treat a wide range of medical conditions in the community setting, which means that pharmaceutical advances have helped keep people out of hospital and manage their chronic conditions to maintain their well-being. Appropriately prescribed prescription drugs would generally seem to fit the definition of "medically necessary care."

Yet owing to the structure of our medicare system, universal public health insurance in Canada ends as soon as a patient is handed a prescription to fill. Medicare does not cover the cost of prescription medicines, leaving many patients out of pocket for necessary drugs unless they are hospitalized. Many more reports were tabled in Parliament during the 1990s and early 2000s, including the Kirby report in this chamber, calling for a national pharmacare program.

For some of us who were watching pharmaceuticals become a more and more important part of achieving good health outcomes despite being out of reach for many Canadians, it seemed like a dream. In Canada, 1 in 10 people were not able to afford one or more of their prescription drugs. In this group, 38% had private insurance coverage, and 21% had public coverage but their insurance did not cover enough of their prescription drug costs.

According to a 2024 report from the Canadian Institute for Health Information :

Prescription drug prices in Canada are the third highest among the Organisation for Economic Co-operation and Development (OECD) countries and are expected to rise.

Simply put, at least 7.5 million Canadians can't afford medication because they don't have adequate insurance.

The fact that pharmacare would be too expensive has often been taken for granted in Canada, especially after the rapid increase in effective pharmaceutical therapies and drug prices in the 1960s. However, during this time, similar countries like the U.K. and Australia were adopting and consolidating their universal, comprehensive pharmaceutical benefit programs. Both the U.K. and Australia have universal, single-payer programs for pharmaceuticals, and they do a better job at containing costs than Canadian drug plans do currently. When it comes to combined public and private spending on pharmaceuticals, Canada pays more per capita than all OECD countries apart from the United States, and Canada pays more while providing less access. Other

countries like Australia provide examples of how Canada might integrate this analysis more fully into formulary decisions and price negotiations.

Nurses are well acquainted with the heartbreaking stories of patient health condition deterioration or death due to the rising costs of prescription medications and patchy coverage. Known as cost-related non-adherence, or CRNA, the financial barriers that prevent patients from properly following prescription regimens have a significant impact on both the health of individuals and our health care system. Consider the following:

Research shows that Canadian patients are more likely to experience CRNA than are residents of high-income countries with universal prescription drug coverage. This is particularly true for working-age Canadians who don't qualify for the public drug plans that are available to older residents in many provinces. In fact, working-age Canadians are more than twice as likely to report CRNA as similarly-aged residents of countries like the UK, France, Norway and the Netherlands, which include drug coverage in their universal health systems.

When a fully realized pharmacare program is implemented, Canadian patients will have access to their necessary medications, which will improve their financial security and their health outcomes. Bill C-64 creates the conditions and the foundation for a truly universal pharmacare system.

Every day, nurses see first-hand the consequences of failing to provide universal equitable coverage for birth control and diabetes medication to their patients, from unwanted pregnancies to individuals who divide their diabetes medication to make it last longer or who go without food. As a first step, Bill C-64 will ensure that all Canadian patients receive the birth control and diabetes medication they deserve. The value to our health system of reducing cost-related non-adherence should be highlighted.

In the report *Pharmacare 2020: The Future of Drug Coverage in Canada*, Steven Morgan, Danielle Martin, Marc-André Gagnon and colleagues argued that the provision of universal, publicly funded drug coverage will reduce costs to the health care system by preventing the underuse of medications by individuals that can cost the health system between \$1 billion and \$9 billion annually.

The Canadian Medical Association, or CMA, also commends the federal government for introducing Bill C-64 and fully supports its swift passage. They have said the following: This bill, at its core, is about removing barriers to one of the most fundamental aspects of health care: access. Over 70% of CMA members consider a patient's ability to afford prescriptions before writing them. With the inclusion of contraceptives and diabetes medications in its first phase, pharmacare will make a significant impact in the lives of so many Canadians. This is a step toward a continuum of affordable and accessible health care for everyone.

A new national poll released in February 2024 found that more than one in four adults in Canada — 28% — have had to make difficult choices to afford prescription drugs, such as cutting back on groceries; delaying rent, mortgage or utility bill payments; and incurring debt. That poll also found nearly one quarter of Canadians — 22% — have reported splitting pills, skipping doses or deciding not to fill or renew a prescription due to cost. In 2021, 16% of adults aged 25 to 34, as well as 4% of seniors aged 65 and older, did not adhere to taking their drugs as prescribed because they could not afford it. As a result, 1 in 10 Canadians with chronic conditions have ended up in the emergency room due to worsening health because they were unable to afford prescription drugs. The cost to the patient's health and to the health care system is severe.

Much of the work of establishing national pharmacare, as outlined in Bill C-64, will be carried out in negotiations with provinces and with the help of the committee of experts and the newly created Canada's Drug Agency. In particular, Bill C-64 provides that the new Canada's Drug Agency will work toward the development of a national formulary — a comprehensive, evidence-based list of prescription drugs covered by pharmacare. They will also develop a national bulk purchasing strategy and support the publication of a pan-Canadian strategy regarding the appropriate use of prescription medications. The minister would further establish a committee of experts to make recommendations on the operation and financing of pharmacare in Canada.

A single entity purchasing medications on behalf of all Canadians will have the leverage needed to negotiate lower drug prices, resulting in billions of dollars in annual savings. Families, individuals and employers will all benefit financially from the implementation of pharmacare.

As Dr. Marc-André Gagnon points out:

The main claims of those opposing universal pharmacare is that such drug coverage reform would eliminate "more generous" private drug plans and reduce current access. Canadians have to more expensive drugs. Most of these claims are simply misleading; the fear that a universal pharmacare plan would ration drugs, and impede drug access for some patients, misunderstands the reality of drug coverage, pricing, and access.

The goals of this bill are the following: improve the accessibility of pharmaceutical products, including those through their coverage, in a manner that is more consistent across Canada, which is very important for a province like New Brunswick; improve the affordability of pharmaceutical products, including by reducing financial barriers for Canadians; support the appropriate use of pharmaceutical products, namely in a manner that prioritizes patient safety, optimizes health outcomes and reinforces health system sustainability, in order to improve the physical and mental health and well-being of Canadians; and also provide universal coverage of pharmaceutical products across Canada.

The principles included in the bill are intended to guide efforts to improve coverage for Canadians and align with ongoing work related to drugs for rare diseases and Canada's Drug Agency. This bill legislates a path to bilateral agreements with willing provinces and territories by providing a federal commitment to long-term pharmacare funding beginning with existing funding for drugs for rare diseases, as was announced in 2019.

On December 18, 2023, the Government of Canada announced the creation of Canada's Drug Agency. The CDA will be built from the existing Canadian Agency for Drugs and Technologies in Health, or CADTH, and in partnership with the provinces and territories. CADTH is a long-standing organization.

• (1510)

It is vital that the next steps outlined in Bill C-64 are taken without delay so that implementation can begin.

The bill outlines the functions of the Canada's Drug Agency, or CDA, a key foundational element of national pharmacare, as follows:

Clinical and cost-effectiveness analysis, including advice to inform formulary listing by federal, provincial and territorial drug plans. This formulary is a floor, not a ceiling, and, like all formularies, it is expected to grow. The pharmaceutical data and analytics will be part of their work, as well as appropriate prescribing and use of pharmaceuticals and pharmaceutical system coordination.

The minister must request that the CDA complete the list and strategy no later than the first anniversary of the day on which this act receives Royal Assent.

The minister must, within 30 days of the day on which this act receives Royal Assent, establish a committee of experts and provide for its membership to make recommendations respecting options for the operation and financing of national universal single-payer pharmacare.

The committee must, no later than the first anniversary of the day on which this act receives Royal Assent, provide a written report to the minister setting out its recommendations.

Ministerial outreach will commence on next steps, including discussions with provinces and territories regarding bilateral agreements.

Of course, this work has already begun, and British Columbia is leading the way. That province has already signed a memorandum of understanding, or MOU, with the federal government, paving the way for a bilateral agreement once Bill C-64 has passed in this chamber.

The minister will request that, within one year of this act receiving Royal Assent, the CDA also develop a national bulk purchasing strategy.

As I said in the beginning, medicare has evolved since its inception. Health care in Canada can and must continue to evolve. With Bill C-64, we are taking a first step toward improving access to the care that Canadians want and need.

A universal single-payer pharmacare program is supported by the Canadian public. A 2024 national poll found that around 8 in 10 people — 82% — agreed that the federal government has a responsibility to ensure there is prescription drug coverage for all people living in Canada.

There are 7.5 million Canadians waiting for access to life-saving drugs. I am asking you, colleagues, to join me in supporting Bill C-64. Let's take that first step toward better health and well-being for all Canadians.

Thank you. *Woliwon.*

**Hon. Jane Cordy:** Honourable senators, I would like to begin by acknowledging that I am speaking to you from the unceded land of the Algonquin and Anishinaabe peoples.

I rise today to speak in support of Canada's pharmacare act, Bill C-64.

The bill we have before us is a result of collaboration and negotiation between Minister of Health Mark Holland and NDP Member of Parliament Peter Julian. This bill is a first step in delivering on universal single-payer pharmacare. Pharmacare has been a missing piece of the puzzle when it comes to delivering on the promise of a true universal single-payer Canadian health care system.

Bill C-64 is not perfect, but it is important. It is important for us to keep in mind that this legislation is the product of careful and sometimes difficult negotiations in the other place between parties with different views on how Canadian universal pharmacare should be established.

When the Minister of Health appeared before our committee, he emphasized this point when he said:

This is, by far — and I've been involved in a lot of complex things — the most difficult bit of business I've ever been in. Every syllable and word in this bill was debated and argued over. It is the result of really important collaboration. It was not one political party but two, with two very different views, finding a way to find common ground.

I freely acknowledge that it's imperfect, but, in this instance, we have to be very careful of not allowing perfection to be the enemy of progress. . . .

I believe the difficulty negotiating Bill C-64 resulted in some ambiguities found in the legislation. However, colleagues, what is not ambiguous is the intent of the bill and how this bill will benefit Canadians.

Senator Omidvar shared statistics from the Conference Board of Canada, highlighting that nearly 10% of Canadians are not insured or can't afford their premiums.

Senator Osler cited a 2022 Statistics Canada report that found that 21% of Canadians reported not having insurance to cover the costs of prescription medications.

Senator Mégie noted that in the 2019 final report of the Advisory Council on the Implementation of National Pharmacare, they found that one in five people — 7.5 million Canadians — have no drug coverage or insufficient coverage to adequately cover the cost of their medications.

Whichever statistic you choose to believe, we can agree that these are alarming numbers. Those left without affordable access to medications are some of Canada's most financially vulnerable citizens, and these are the Canadians that will be directly and immediately impacted in a positive way once the program is delivered.

Senators, the ultimate goal here is to create a pharmacare program that truly complements our health care system by making prescription medications more accessible and affordable to Canadians from coast to coast to coast. As the Canadian Federation of Nurses Unions stated in their brief, submitted to our committee:

A universal single-payer pharmacare program is not only a moral imperative but also a practical solution to improving health outcomes and financial stability for all people in Canada. . . .

Colleagues, we heard from witnesses that the list of diabetes medications and contraceptives was far from comprehensive enough, and we heard that the legislation is too limited, focusing only on diabetes and contraceptive medications and devices. I agree. That's all true.

However, I also agree with the minister's approach, which is to start with a focused baseline of coverage when launching a universal pharmacare program off the ground. Honourable senators, let's get a pharmacare program started. A program of this scale and scope is no small task. It has the potential to be a great relief for Canadians from the current patchwork of public coverages and plans.

As you know, pharmacare is a provincial and territorial responsibility. Negotiations with each province and territory will be required. We have already heard that a memorandum of understanding has been signed with the Province of British Columbia, so we know that work there has already begun. I am confident that as the program becomes established, it will continue to expand and evolve. But let's just get started.

I will be voting in favour of Bill C-64 so that all Canadians will have access to diabetes and contraceptive medications and devices.

Honourable senators, I fully support passing this bill. I believe there are too many uncertainties in the present political climate to delay this bill any longer. If you believe in universal single-payer pharmacare in our country — as I do — I feel it is incumbent on us to pass this legislation sooner rather than later. Otherwise, this opportunity may be lost for what could be another generation. Thank you.

• (1520)

**Hon. Mary Coyle:** Honourable senators, I rise today on the unceded and unsundered territory of the Algonquin Anishinaabe Nation to speak in support of Bill C-64, An Act respecting pharmacare, marking a historic advance for the health and well-being of Canadians, for human rights, for equity and for fiscal responsibility.

As Senator Mégie said yesterday evening, it fills a significant gap in our existing health care system. It is about fairness for the 7.5 million Canadians without insurance coverage.

As Bill C-64's capable sponsor, Senator Pate, articulated in her second-reading speech, the pharmacare act lays out:

. . . the first and vitally important steps towards national pharmacare for Canada. It outlines a plan to work with all provinces and territories willing to provide universal single-payer coverage of necessary medicines, starting with a number of contraceptive and diabetes medications. . . .

It also supports the development of a national formulary of essential prescription drugs and related products, as well as the development of a national bulk-purchasing strategy to be led by Canada's Drug Agency.

Senator Omidvar, other colleagues and witnesses at committee have pointed out that the bill is not perfect. Some have called it problematic. There are, in fact, a number of concerns about clarity, definitions, provincial jurisdiction and other points. Most but not all have expressed a desire to move forward no matter what, recognizing this as an important first step.

Colleagues, I will start off by sharing a couple of personal stories related to our topic. I will touch on matters related to the health of Indigenous peoples in Canada, diabetes in particular. I'll briefly make reference to my province of Nova Scotia, and I'll conclude with points on the cost of not investing in pharmacare.

Colleagues, 49 years ago, I was pregnant. I was a 20-year-old second-year linguistics student at the University of Ottawa with a long-term boyfriend — since Grade 11, who later became my husband — who was studying at the University of Guelph. The birth control we had used was inadequate and had failed us. We were told abortion was available in New York City and adoption was an option locally.

The pregnancy rocked our world, and it threw me — and us — into a crisis. We did end up raising a wonderful family together, including that first, unplanned child, but I am acutely aware that this sort of outcome was not at that time and still isn't possible or desirable for many people who find themselves in the same situation.

Access to quality, reliable contraceptives is essential to allowing women to live their lives to their full potential. Action Canada for Sexual Health & Rights provided the following quick facts in their brief, and they encouraged swift passage of Bill C-64: Nearly one quarter of Canadians — 9 million people — are of reproductive age, and 46% of pregnancies in Canada are unintended — like my first one. Seventy per cent of people seeking abortion report no contraception coverage, and cost is the single most important barrier to accessing contraception in Canada. The organization asserts that unintended pregnancies have a profound effect on individuals, families, health systems and society at large.

Colleagues, on another personal note, in 1992, my 71-year-old father, Bernard Charles Patterson, died in the Ottawa Civic Hospital after a diabetes-related leg amputation had led to complications including a stroke and a heart attack. While my father suffered a premature death living in Ottawa, he had access to care, and he was able to afford medications. This is not the case for many others living with diabetes in Canada.

In a September 26 article in *The Globe and Mail* entitled “Fighting the phantom,” Patrick White cited a number of studies related to diabetes in Indigenous and rural populations. He wrote the following:

A 1937 Canadian Medical Association Journal article stated “Indians are not subject to diabetes,” and cited physical exams and urinalysis of 1,500 First Nations peoples in Saskatchewan where no sign of the condition emerged.

In the 1970s, a study published in the *Lancet* would shatter that illusion. Researchers found that nearly half of Arizona’s Pimas had diabetes . . . . Canada had its own Pima moment in 1997 when researchers declared that one in four people in Sandy Lake First Nation, located in Northwestern Ontario, had the chronic disease. . . .

. . . In 2002, the Manitoba government issued a report showing First Nations peoples in the province were being treated . . . at four times the rate of other Manitobans, but that their prevalence of diabetic amputations was 16 times higher. . . .

The article stated that in the regional health authority of Marquette, diabetic amputations were 71 times higher for First Nations people.

The author says, “Researchers consider 85 per cent of all diabetic amputations preventable with adequate medical screening and care.”

According to Diabetes Canada:

Canada’s Indigenous populations . . . face greater health challenges than most, including an increased risk of developing type 2 diabetes. This is a result of several overlapping and compounded factors, including Canada’s historic and continued colonial policies, such as residential schools, Indian hospitals, and the 60’s scoop; lack of access to healthy, nutritious, and affordable food; and a strong genetic risk for type 2 diabetes. . . .

Diabetes Canada also notes:

Indigenous peoples are diagnosed with diabetes at a younger age, have more severe symptoms when diagnosed, face higher rates of complications, and experience poorer treatment outcomes.

In their September 25 briefing note on Bill C-64, the National Indigenous Diabetes Association said they support the intent of the bill. They also stated:

While we have concerns about the proposed implementation, **we do not wish for the Senate to delay or amend this bill.** Access to a number of diabetes and contraception medications is urgently needed by some of the most vulnerable Indigenous Peoples—particularly Non-Status First Nations and Métis—who currently fall outside the NIHB program.

NIHB stands for non-insured health benefits, a program which provides coverage to status First Nations and Inuit.

At committee, Céleste Thériault, the Executive Director of the National Indigenous Diabetes Association, went on to say:

We really believe that this bill offers transformative change to how we care for Canadians, including Indigenous people in Canada, when it comes to pharmacare. . . . Indigenous people need access to pharmacare now — more specifically, non-status First Nations and Métis individuals who are currently paying out of pocket, if they do not have private insurance. . . .

Our colleague Senator Thomas Bernard brought our attention to the work of the Health Association of African Canadians, or HAAC. She highlighted that, like Indigenous people in Canada, African Canadians are disproportionately affected by chronic disease, including diabetes. The organization states:

HAAC is hopeful that removing affordability barriers to prescription drugs and related products . . . will move us closer to the equitable health care we envision.

In Nova Scotia, poverty rates are highest in the country. Twenty-two per cent of families with children in Nova Scotia live below the poverty line, and 39.6% of African Nova Scotian children up to 17-years-old live in poverty. The Nova Scotia Health Coalition states they believe that the introduction of a national public, single-payer pharmacare program is a necessary expansion of public medicare in Canada and that such a program must be universal, accessible, comprehensive, evidence-based, accountable, publicly administered and fully funded.

Speaking of funding, before I conclude, I will move on to raise some points about the costs of not investing in pharmacare.



Colleagues, I am a big fan of Dr. Iris Gorfinkel, a Toronto-based family physician. She is a plain talker and is highly knowledgeable on a range of health issues. I always enjoy it when she is a guest expert on CBC radio, one of my favourite stations to tune into.

I would like to share some excerpts from an opinion piece she and health policy professor Joel Lexchin published earlier this month in the *Toronto Star*. The title is “We’re doctors. This is the glaring hole we see in our national health care conversation.” I will quote a few sections of that article. The first of them reads:

While much has been said about the added public costs of universal pharmacare, there’s been far too little emphasis on the other costs continually paid from not having prescription drugs covered.

• (1530)

Another section reads:

Nearly 60 per cent of Canadians with diabetes reported failing to adhere to their prescribed therapies due to affordability issues related to their medications, devices and supplies. Unaffordability triggers an expensive cascade of damage to nerves and blood vessels that can lead to heart attacks, stroke, kidney failure and blindness, each of which in turn triggers more visits to the emergency room and hospitalizations and raises the likelihood of prematurely dying.

Yet another section reads:

Unplanned pregnancy forces women to confront abortion, consider allowing their babies to be adopted, or raising a child without the necessary financial, physical, and emotional support. Each of these is costly to not only the health care system, but also to public assistance programs as well.

The article also states:

Unaffordable drugs reduce the overall quality of life and take a toll on both physical and mental health; 7.5 million Canadians lack drug coverage because the cost too often competes with basics like rent and food.

And another section reads:

Every other OECD country offering universal health care coverage includes prescription drugs. The reasons why they do so are crystal clear — to prevent the physical, emotional and societal harms that directly result from unaffordable drugs. Ignoring these multiple benefits minimizes the greatest gifts that universal drug coverage offers.

Dr. Gorfinkel and Professor Lexchin add to the compelling case for Bill C-64, An Act respecting Pharmacare.

Honourable colleagues, the pharmacare act has the potential to have a significant positive upstream impact on the health and in the lives of many people in Canada, particularly the most disadvantaged. This first step in bringing universal pharmacare to Canadians is an important one, and, as our colleagues have said, it will require great attention to get it right, iron out the details and work through the relationships — implementing, evaluating, adjusting and ultimately expanding. A well-designed and well-implemented pharmacare system has the potential to be a game changer for our society, as it will fill the gaps in our highly valued Medicare system.

Honourable colleagues, let’s pass this historic legislation, and let’s follow, support and promote its success. Our fellow citizens are counting upon us.

Thank you.

**Hon. Pat Duncan:** Honourable senators, I first want to thank Senator Cardozo for allowing me to speak ahead of him today.

A few years ago, a friend of my older sister had lost her parents and, in a scene that will be familiar to many of us, was going through the papers. She posted one of those pieces of paper on Facebook. It was the bill her parents had been given when she was born at the hospital in Whitehorse.

This piqued my curiosity. All my brothers and sisters were born in Royal Air Force stations all over Great Britain, so I knew there were no bills for their deliveries. However, it prompted me, as I have the family papers, to wonder if perhaps in one of those boxes in the basement there was a bill for my birth in Edmonton in 1960. Fortunately, in these days of modern search engines, I didn’t have to go through the boxes; I found that Alberta has provided hospital services at no charge since An Act to amend The Hospitalization Benefits Act had been adopted in 1958 and a cost-sharing arrangement had been established with the federal government.

Our family moved to the Yukon in 1964 for my father to take a position with the Yukon government in hospital and health care administration. I recall in my elementary school days defending my dad’s work on the Yukon’s Health Care Insurance Plan Act. The legislation required mandatory registration, which is not always a popular concept with some Yukoners. The Yukon’s Health Care Insurance Plan Act of 1972 has remained largely unchanged, with the exception of payment and non-payment of premiums. Some of my colleagues with provincial experience might recall those sorts of days and discussions.

For context, honourable senators, the Yukon, until the mid to late 1970s, was very much a territory with administrative links to Ottawa. Elected representatives to the Yukon Territorial Council, now the Yukon Legislative Assembly, assumed greater and greater control. Of particular note, in 1985, the Territorial Formula Financing arrangements were introduced, and the Yukon managed our own budgets through three-year and five-year plans.

My advocacy for Canada’s health care system that I was arguing in elementary school was reignited when I was an elected politician. During my first Western Premiers’ Conference in 2000, I bore witness to former Premier Klein and former Premier

Dosanjh arguing on the team bus about Bill 11 in Alberta. Some believed that it was outside the Canada Health Act. Many times, I have had a flashback when experiencing disinformation among the Canadian public — of Ralph Klein waving his finger at the other premiers and saying, “Have you actually read the bill?”

Most pointedly, at that Western Premiers’ Conference, I also recall former Premier Doer saying that Canada is the fourteenth province at the table when it comes to health care. Canada has responsibility for First Nations, Inuit and Métis people; the Canadian Armed Forces; and the RCMP. His administration was particularly challenged with transporting patients from northern Manitoba to Winnipeg for dialysis and other medical treatment.

Mr. Klein also stepped outside that meeting and resolved a nurses’ strike that had implications for all our budgets.

It was either that conference or another that on the table was the Yukon and the Northwest Territories working with B.C. and Alberta to achieve a bulk buy from pharmaceutical companies on drugs supplied to citizens through hospitals and public programs to achieve cost savings for our health care budgets. It was much cheaper if we all bought together, if only we could work together.

The Romanow Commission followed shortly after my time in office. Bearing witness to my earlier remarks about former Premier Doer and the rising costs of transporting patients, one of the highest costs in the Yukon health care budget is transporting patients to Vancouver, Calgary or Edmonton for medical treatment not provided in the Yukon. One of two recommendations of the Romanow Commission was about access — again, talking about remote and Northern areas’ access to health care services. The principle of access to health care is one of the principles in the Canada Health Care Act.

Romanow also recommended a Catastrophic Drug Transfer to protect Canadians when they require expensive drug therapies, making the system more comprehensive by integrating priority home care services within the Canada Health Act and improving prescription drug coverage.

I left politics around this time to work in the same health care registration and administration offices that my father had once occupied.

Allow me to share with you in-the-trenches experiences with Romanow’s second recommendation, which was pharmacare. In the Yukon, the Pharmacare and Chronic Disease programs provide drugs for those without insurance for a number of specific diseases, diabetes among them. These programs are not income-dependent and rely upon a doctor’s recommendation. For those over 65, prescription drugs are provided at no charge.

There is one key exception, for those who are status First Nations and entitled to coverage under the Non-Insured Health Benefits Program, or NIHB. Such clients would go to NIHB for their drug coverage.

A real-life example of one of the challenges of this dual system when I was involved was the drug Avastin. Originally approved as a bladder cancer treatment, its off-label use was for macular degeneration. NIHB clients were able to access the drug before it was approved on the Yukon formulary as treatment under the Chronic Disease Program. So some Yukoners received coverage and others did not. From a political and administrative background, even today, the administration of and payment for prescription drugs remain issues.

Constituents in the Yukon have shared with me that new high-cost treatments — for multiple sclerosis, for example — might be in one province’s formulary but not another’s. A portion might be covered in one plan and partially by the province, or there might not be access or any coverage at all in another province.

Colleagues, I believe that these personal experiences I have shared with you illustrate a number of points. Ultimately, Canada’s health care system is a work in progress, and we are a comparatively young country.

• (1540)

A side effect of bearing witness and being part of this transformational change, such as this legislation to our health care, is that it calls upon our patience. And I do recognize that for some Canadians, patience is wearing a little thin.

In her book *Health for All*, Jane Philpott noted, as Senator Pate did in her speech:

Our health systems suffer from arrested development. After impressive progress in the last half of the twentieth century, Canada’s health systems did not implement the full vision of the founders of medicare, which included universal publicly funded pharmacare . . . .

The importance of a national formulary has been discussed so that all Canadians are able to access essential prescription drugs and related products that are needed at a reasonable cost to their health care plans. That’s clause 8 of Bill C-64.

Honourable senators, may I return your attention to the Yukon. In 2018, the then-premier of the Yukon and the then-Minister of Health and Human Resources asked distinguished Yukoners to embark upon a comprehensive review of the health and social programs in the Yukon. Chapter 8 of the report *Putting People First* was on ensuring financial sustainability. Recommendation 8.4 states, “Work in partnership with the federal government to support a model for a Canada-wide universal pharmacare program.”

This is the Yukon position today, and I am fully supportive of it.

Finally, colleagues, may I note that the Yukon recommendation and my final point today is the reference to partnership. There are currently elections in three provinces, and these are challenging socio-political times everywhere.

Development of a national pharmacare program requires all partners to come to the table to continue our work in developing a national health care system that we can all be part of and justifiably proud of.

Just as we are about to come together and gather around the table to give thanks and celebrate family, I see Bill C-64 as Canada setting the table of a national pharmacare program and inviting the territories and provinces to join in the meal. For some in this chamber, perhaps the fork is in the wrong position, or perhaps someone forgot the cranberry sauce. Nonetheless, we sit together around the table. We join in the meal.

Sometimes we have heard senators refer to legislation as sausage making. In a personal note, thanking our retiring Senator Lankin, I recognize that many of her qualities include someone who understands that good legislation is an imperfect process, and that there are times it is better to have a ball on the field and being thrown a Hail Mary pass even if it is not quite as inflated as it should be.

Just like sausages and the preparation of a good meal, it takes time, and it takes essential ingredients.

Bill C-64 has enough of the essential ingredients to undertake a national pharmacare program. I call upon my Senate colleagues to support its passage so that Canada, the provinces and the territories can gather around the table, work together and ensure it is another part of Canada's health care system that works toward good health for everyone.

Maybe Canada can't make the provinces come, and there are three provinces in the middle of elections right now. Who is going to predict the future? That being said, I think it is incumbent upon us to help Canada set the table to encourage people to come — to encourage people with kindness and respect for what is going on in their own provinces and territories — and to sit down in order to work out a formula to implement this legislation so that Canadians throughout the country are able, on an equal and fair basis, to access the drugs they need at no charge.

Colleagues, I thank you this afternoon for your time and attention. *Mahsi'cho*.

**Some Hon. Senators:** Hear, hear.

**Hon. Andrew Cardozo:** Honourable senators, it is a rare pleasure to rise in this important chamber to speak about this very important bill: Bill C-64, or the pharmacare act. I have raised this matter several times in this chamber before the bill was introduced, so it is welcome to be here today.

Colleagues, I am the Progressive Senate Group critic of this bill, so I have 45 minutes to speak, and the Speaker has assured me that we will stay as long as it takes for me to complete my speech; I'm just kidding. I do believe that all speeches should be capped at 15 minutes. If you can't say it in that amount of time, it is probably not worth it. But that is another issue for another time.

Much has been said about this bill. I want to take a few minutes to place this in the historical context of what we are doing. While we are here, I want to speak to two important developments in 1960 and two more in 1961, which I want to identify because they are relevant today. They involve all three national political parties.

First, in 1960, the Saskatchewan NDP led by Tommy Douglas proposed medicare in the 1960 electoral platform. Second, the Liberal Party of Canada had their "Thinkers" Conference that year under the leadership of Lester B. Pearson, known as the Kingston Conference. That was when the Liberal Party first identified medicare as a national objective, and it became a part of their platform in 1962 and 1963.

Then, in 1961, the government of Tommy Douglas implemented the Saskatchewan Medical Care Insurance Act that was supported by voters in the province, although controversial among some and strongly opposed by the medical profession.

Second, also that year, Progressive Conservative Prime Minister John Diefenbaker established the Royal Commission on Health Services, headed by Emmett Hall — who was also a Conservative — which reported in 1964. In that report, Hall said, "The only thing more expensive than good health care is no health care."

The federal medicare act was passed by a minority Liberal government and supported by the NDP. The federal NDP of that time was led by the aforementioned Tommy Douglas, whose pioneering program in Saskatchewan inspired the national medicare program.

Interestingly, it is the same situation today. A Liberal minority government supported by the NDP has now brought forward the pharmacare bill.

I want to mention that, in 1966, while the Liberal Party was obviously committed to medicare, the funding of it was yet to be confirmed. The story is that the Minister of Finance was Mitchell Sharp, and, days before the budget of that year, he was considering pulling back from announcing the funds that would make medicare a reality because he felt the government could not afford it. A revolt broke out in the Liberal caucus, and, at the last minute, Sharp put the medicare bill back into the budget.

I say that because, today, much as we might think medicare is a core Canadian value that has been with us forever, it almost did not happen at that time. Who knows what would have happened if it didn't happen then? I draw the parallel to the national child care program brought in by the government of Paul Martin in 2005-06. And then because it was not confirmed by Parliament in full, it was cancelled by the subsequent government and did not happen until almost 20 years later.

What we do this week in this chamber matters. This is a good chapter of Canadian history that is taking place here.

On the bill today, as the Hoskins report made clear in 2019, Canada is the only country in the world with universal health care that does not provide universal prescription drug coverage. It is about time we stop being the exception and join the mainstream.

The 1964 Hall Commission report that led the medicare reforms actually recommended pharmacare — that the federal government should develop a national formulary, centralize drug purchasing and engage in bulk buying, with prescription costs that should be kept at \$1, which in today's money would be about \$10. Emmett Hall's recommendations on this aspect were not implemented then, and here we are 60 years later, but it is better late than never. I am glad that the recommendations set out by that royal commission are now seeing the light of day.

The roots of pharmacare can be traced to all six parties over six decades.

- (1550)

The next major development was the passage of the Canada Health Act, introduced by Monique Bégin, who was the Minister of National Health and Welfare in the government of Pierre Trudeau. It has five principles: portability, accessibility, universality, comprehensiveness and public administration. Looking back at that significant development, my only regret is that it did not include pharmacare.

To come to Bill C-64, so far, this bill will cover two types of medication. They are very important medications, and this coverage will help a great many Canadians, but I would like to have seen this bill be more ambitious. What we have now is, I think, considered a good and strong start. What we are doing is opening the door to comprehensive drug coverage for Canadians.

I want to take a moment to compliment Minister of Health Mark Holland, a Liberal, and the NDP health critic Don Davies for the bill we have in front of us. It takes parliamentarians with vision and ambition to work across party lines to make things happen, and they did just that.

It has truly been a long road. It is worth remembering that medicare was built brick by brick. Not all provinces signed on immediately. Some had pre-existing systems and they made demands for compensated opt-outs, but in the end, they did join. It took six years to get all provinces on board, but they did come. I want to add that opting out with compensation remains an option in this bill, in my view, whether for Quebec or other provinces.

Colleagues, I support Bill C-64. I support finishing the work of John Diefenbaker, Emmett Hall, Lester B. Pearson, Tommy Douglas and Monique Bégin on the work they have done over these several decades. Thank you.

**Some Hon. Senators:** Hear, hear.

**The Hon. the Speaker:** Senator Batters, do you have a question?

**Hon. Denise Batters:** I do. Senator Cardozo, you mentioned at the beginning of your speech that you called yourself the Progressive Senate Group critic for this bill. I think the proper term is designated senator or something like that in that new rule.

What I was wondering is, being as you called yourself the critic for this bill, did the government give you a critic's briefing on the bill?

**Senator Cardozo:** No.

**Hon. Leo Housakos:** Will Senator Cardozo take a question?

**Senator Cardozo:** Given the time, I'm happy with the questions I have answered. Thank you.

**Hon. Marilou McPhedran:** Honourable senators, as an independent senator from Manitoba, I acknowledge that I come from Treaty 1 territory and the homeland of the Red River Métis Nation. I thank the Algonquin Anishinaabeg peoples for allowing the Parliament of Canada to be situated on their unceded territory.

Honourable colleagues, for some years now, I have been honoured to co-chair the Canadian Association of Parliamentarians for Population and Development, which focuses on how we as parliamentarians can promote and protect sexual health and reproductive rights with the freedom to choose as the core value. Contraception is a foundational component of this pharmacare legislation and essential to the mental and physical health of millions of people in Canada. Today, I wish to give voice to young leaders in Canada who treasure their sexual health and their reproductive rights.

With kudos to Senator Pate for her skillful sponsorship of this important, life-changing bill, and to our colleagues on the Social Affairs, Science and Technology Committee, ably chaired by Senator Omidvar, for their careful and thorough examination of Bill C-64 on our behalf — I miss you guys — Bill C-64 is highly aspirational and should be viewed as an entry point. It is not perfect, but it is needed now, and I am eager to vote in support to make it law in Canada.

I thank my Manitoba colleague Senator Osler for setting out her thoughtful concerns yesterday because I share the worry for a smooth implementation with the necessary bilateral funding negotiations that must follow. It is not a surprise that our common law shows that the lack of clarity on payment allocation in health services will likely give rise to potential legal challenges. This was seen in *Chaoulli v. Quebec*, highlighting the tension of how unclear responsibility between private and public health care funding can cause legal conflicts. I note well the concerns that were voiced by Senator Gignac.

A second apprehension concerns the mandate and composition of the proposed committee of experts. As was stressed by multiple witnesses at committee, transparency and accountability must be vigilantly enforced pertaining to committee membership, conflict of interest and, perhaps most dangerous, potential industry interference. I endorse Senator Moodie's assertion that this bill should properly be viewed as the ground floor, not the ceiling. But it is a beginning, long overdue and desperately needed.

[ Senator Cardozo ]

For all the shortcomings in this bill, the NDP and government should be commended for prioritizing contraception medication as an initial class of covered medications. The ability to make informed choices about sexual health and to access adequate sexual and reproductive health services is, theoretically, a basic right in Canada. But, as I regularly reminded my students in human rights, knowing your rights, claiming your rights and living your rights are, in fact, three different states of being.

The truth is that, in Canada, even with the legal precedents in place, the lived reality of women, girls, two-spirit, trans and non-binary people is too often lesser in actuality than the concept of their rights. Their autonomy, safety, self-determination and ability to make true choices often cannot be lived, currently, as their rights.

Some have been disproportionately impacted. Indigenous women and women with disabilities have faced forced sterilization and forced contraception. Socially marginalized women and those with low incomes experience continued barriers to reproductive health because they can't afford it. Young people have had uneven sexual health education at school. Achieving an inclusive democracy in Canada requires true reproductive justice. This includes access to a full spectrum of supports, including abortion services, birth control, health education and family planning.

Nearly a third of Canadian women have at least one abortion in their lifetime, but access differs wildly depending on who you are and where you live. The evidence clearly indicates that supporting genuine reproductive choice provides a wide range of benefits to society, to children and to their families. As Senator Coyle noted today, many pregnancies in Canada are unintended.

Marginalized and vulnerable populations are overrepresented among those with unintended pregnancies, particularly among those seeking contraception and reproductive health choices.

Currently, in Canada, safe contraception is often just a dream for many people, including those who are living in northern, rural or remote locations, of Aboriginal heritage, living with substance use or mental illness and of lower socio-economic status. In the absence of a federal drug plan, access to modern, effective and affordable contraception differs from province to province or territory to territory despite Canada having a universal health care system and a universal health care act.

Across the country, provinces provide a patchwork of financial supports to access contraceptives, meaning that while targeted vulnerable populations such as young people, low-income and uninsured people may have subsidized access to some form of contraception, financial cost remains the greatest barrier to overall access for Canadians. While financial coverage remains inconsistent, people must rely upon networks of advocacy organizations such as Action Canada for trustworthy, evidence-based information on the available forms of contraception in their respective provinces and territories, help on how to obtain them and be empowered to make decisions that are right for their health.

**The Hon. the Speaker:** Senator McPhedran, I'm sorry, it being 4:00 p.m., I have to interrupt.

*(At 4 p.m., pursuant to the order adopted by the Senate on September 21, 2021, the Senate adjourned until 2 p.m., tomorrow.)*

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