



# DEBATES OF THE SENATE

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OFFICIAL REPORT  
(HANSARD)

Wednesday, October 29, 2014

The Honourable NOËL A. KINSELLA  
Speaker

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## THE SENATE

Wednesday, October 29, 2014

The Senate met at 1:30 p.m., the Speaker in the chair.

Prayers.

[Translation]

### SENATORS' STATEMENTS

#### INTERNATIONAL DAY FOR THE ERADICATION OF POVERTY

**Hon. Fernand Robichaud:** Honourable senators, the United Nations designated Friday, October 17 as the International Day for the Eradication of Poverty to acknowledge the ongoing struggle by the world's poor to lift themselves out of poverty and the efforts by various groups in society to eliminate poverty. We can also make our voices heard and think about how we could more effectively combat this scourge in the world and in Canada.

It is sad, if not scandalous, that so many people are living in poverty in a country as rich as Canada. Poor children and the working poor live in terrible conditions. There is a crying need to do something to eradicate poverty. One essential measure is to develop a national anti-poverty strategy. The numbers are too high, the reports are too overwhelming and the faces of poverty say too much for us to possibly turn a blind eye to this.

Honourable senators, not only do we need to be aware of the phenomenon of poverty, but we must also have the willingness as individuals, as provinces and territories, and as a country to take action.

Certain categories of people are at greater risk than others: families with many children and single-parent families earning minimum wage; seniors living alone; people with physical and mental health challenges; and members of vulnerable groups such as Aboriginal people, immigrants, the unemployed and the homeless.

In Canada, there will always be urgent problems to address. We also know that nothing will ever be more important than the well-being of our children. To reduce poverty is to invest in children's future.

We live in a society where the gap between rich and poor continues to grow. Too many people and families have lost hope in a better future. We must strike a better balance in our society so that no one is forgotten or excluded and everyone can envisage a promising future.

The Standing Senate Committee on Social Affairs, Science and Technology has done excellent studies and overseen important work on this issue. I have no doubt that it will continue to examine the different aspects of poverty.

Honourable senators, we need a real national strategy that must be supported by the different levels of government — federal, provincial, territorial — to effectively fight poverty.

We must also support the many community groups that are working hard to eliminate poverty in our cities and towns.

[English]

### VISITORS IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I wish to draw your attention to the presence in the Speaker's Gallery of John McNamee, Ryan McNamee, Troy McNamee and Pauline McNamee, as well as Amanda Cliff. They are here as guests of the Honourable Senator Meredith.

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

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

### THE LATE NORMA MCNAMEE

**Hon. Don Meredith:** Honourable senators, I rise today in tribute to the life and memory of Ms. Norma "Tita" McNamee, a kind-natured and generous woman who was a pillar in the Ottawa community for well over half a century.

Norma came to Canada from Jamaica in 1962 to help establish the high commission as a secretary to the high commissioner. With purposeful enthusiasm, she went about the business of finding accommodation, learning protocol and identifying a building to house Jamaica's diplomatic mission in Canada. Of course, Norma was struck by the very cold weather, just like I was; but, like many others, she stocked up on warm clothing and adjusted well. She captured the Canadian spirit and set about writing the first chapter of her own Canadian story.

For 29 years, Norma served with distinction. She was indispensable not only to eight consecutive high commissioners but also to a series of Jamaican prime ministers who would visit Canada in sustaining our long-standing bilateral traditions. This included Jamaican Prime Ministers Michael Manley, Hugh Shearer, Edward Seaga and P.J. Patterson. The visits to Jamaica of Canadian Prime Ministers Pierre Elliott Trudeau and Brian Mulroney benefited in some way from Norma's involvement. Norma was very active in her community, became a proud Canadian citizen and contributed greatly to this country.

Colleagues, I had the honour of meeting her on several occasions and even hosted her here at the Senate of Canada. I was deeply struck by her pleasant nature and grew fond of her. Thus, I was saddened to learn that she was in hospital. I went to visit her. Her condition was deteriorating, but she was still mentally sharp. She asked me about the new Jamaican High Commissioner, Her Excellency Janice Miller, whom I had the pleasure of receiving just a couple of weeks ago.

Norma told me she was proud of me and that it was a great responsibility to be the first African Canadian of Jamaican heritage ever to serve in the Senate of Canada. I'm

sure Senator LeBreton would have had some dealings with her during her involvement with the various diplomats who were received.

Even in her weakened state, I sensed Norma's abiding passion to make a positive change in the world. Only weeks ago I was contacted by her daughter and told that Norma was not doing well, and that she had summoned me and she was holding on. After a while, my wife and I visited Norma and we spent time with her by her bedside, with her son and her daughter. We said our goodbyes, and the following day she left the earth.

My memory of Norma "Tita" McNamee can be best captured in the words of Maya Angelou, who said this:

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Norma "Tita" McNamee made me feel good about humanity. I know many from far and wide, young and old will join me in conveying sincere condolences to her beloved family — her children Ann, Sandra, Johnny and Pauline, and her seven grandchildren and two great-grandchildren. I'm pleased that some of them are here with us in the Senate of Canada today. To them I say we share in your loss and we pray for your strength to go through this time of grief.

Norma McNamee touched our lives in so many different ways. Her selfless dedication to community and her steadfast commitment to higher virtues will remain a shining example to all. Rest assured that her memory will live on forever.

• (1340)

## INDSPIRE AWARDS

### CONGRATULATIONS TO 2015 RECIPIENTS

**Hon. Maria Chaput:** Honourable senators, Indspire is the largest non-governmental funder of indigenous education and believes in recognizing special community contributions. Fourteen outstanding indigenous Canadians have been selected as recipients of the 2015 Indspire awards. The recipients are outstanding achievers who have made distinct contributions to their communities and to the entire country.

Brenda LaRose is a Metis from Manitoba and received the award for business and commerce. Brenda started her own executive search firm, Higgins International, after seeing discrimination displayed toward her people at her previous job. Higgins International was the first indigenous business in Canada to receive the Gold Level Progressive Aboriginal Relations Award from the Canadian Council of Aboriginal Business in 2005, in 2011 and in 2014. Brenda LaRose's firm has earned a reputation as the premier provider of indigenous executive search services.

[Translation]

The Indspire awards are the highest distinction bestowed by the Aboriginal community on its most deserving members. For 22 years, these awards have celebrated the important contribution Aboriginal people make to Canada. Congratulations to all the recipients.

[English]

## GOVERNOR GENERAL'S AWARDS IN COMMEMORATION OF THE PERSONS CASE

**Hon. Marjory LeBreton:** Honourable senators, last Monday I had the honour of being present at the commemoration of the Persons Case at Government House. I have attended many such ceremonies over the years, starting in 1979, the first year of these awards established under a Conservative government. Five outstanding women were honoured, including Mary Elizabeth Atcheson, who for decades has advocated for the rights of women using her legal training and love of the law to champion the cause of equality. Ms. Atcheson helped to implement the recommendations of the Royal Commission on the Status of Women and co-authored the study *Women and Legal Action*, which led to the formation of the Women's Legal Education and Action Fund Foundation. Professionally, she has been at the leading edge of the advancement of women in law, in governance and in government financial services, and she continues to be an active mentor to women in law and in the charitable sector. Time does not permit me to list her numerous outstanding contributions.

Louise Champoux-Paillé has been working tirelessly for more than 25 years to champion women in senior roles in public and private institutions in Canada and in Quebec, breaking new ground in a number of senior management positions: founding president of Quebec's office of financial services, executive vice-president and CEO of the Order of Chartered Administrators, and president of Leucan, an organization that supports children with leukemia and other forms of cancer. Her research and volunteer work help promote good governance and women's access to strategic roles. Through professional activities and extensive social and civic engagement, she has encouraged a new generation of female executives and administrators.

Tracy Porteous has for over 30 years served her community through her work to prevent and respond to violence against women and girls, in particular those who are Aboriginal, immigrants, older, living with disabilities or from rural areas. Since 1995, Ms. Porteous has served as executive director of the Ending Violence Association of B.C., and in 2011 she founded an innovative and highly successful program called Be More Than a Bystander, in partnership with the British Columbia Lions football team. A most worthy recipient.

Chantal Thanh Laplante is a youth recipient, and her passion for community engagement has led her to work towards social and legal equality for both sexes. As an employee of the Beausejour Family Crisis Resource Centre, Chantal works every day to uphold gender equality with victims and survivors of spousal, family or sexual violence. Ms. Laplante volunteers as an education representative for Moncton's River of Pride and at Safe Spaces for AIDS Moncton. Ms. Laplante holds a bachelor's degree in social work from the University of Moncton, as well as a college diploma in social work techniques from La Cité collégiale in Ottawa. A most impressive young woman.

Emilie Nicolas, also a youth recipient, is an outstanding campaigner for women's human rights, dignity, autonomy and equality of opportunity. She speaks French, English, Spanish and Haitian Creole. A PhD candidate in linguistic anthropology at the

University of Toronto's Massey College, Ms. Nicolas specializes in the role of shared language in social inclusion and solidarity. In 2013 Ms. Nicolas helped to found Québec Inclusif, which challenged the former Quebec government's proposed charter of values as an assault on gender equality and, in particular, on women's access to education, employment and government services, as well as freedom of conscience and of religion. A poised and confident young woman.

Honourable senators, as I sat there, I reflected on how fortunate we are as women living in Canada and on the many women who serve at the highest level of our government, both in Parliament and in the bureaucracy, but my thoughts quickly turned to the plight of women around the world who are trapped in situations beyond comprehension. There are really no words to describe the horror of it all. Women living in a free society take so much for granted.

Personally speaking, I am so proud to be part of a government that values and promotes women, but also steps forward to join free countries around the world to do everything possible to come to the aid of oppressed women and children and their families.

## ROUTINE PROCEEDINGS

### NATIONAL HUNTING, TRAPPING AND FISHING HERITAGE DAY BILL

#### SEVENTH REPORT OF ENERGY, THE ENVIRONMENT AND NATURAL RESOURCES COMMITTEE PRESENTED

**Hon. Richard Neufeld**, Chair of the Standing Senate Committee on Energy, the Environment and Natural Resources, presented the following report:

Wednesday, October 29, 2014

The Standing Senate Committee on Energy, the Environment and Natural Resources has the honour to present its

#### SEVENTH REPORT

Your committee, which was referred Bill C-501, An Act respecting a National Hunting, Trapping and Fishing Heritage Day, has, in obedience to the order of reference of Thursday, June 19, 2014, examined the said Bill and now reports the same without amendment.

Respectfully submitted,

RICHARD NEUFELD  
*Chair*

**The Hon. the Speaker:** When shall this bill be read a third time?

(On motion of Senator Neufeld, bill placed on the Orders of the Day for third reading at the next sitting of the Senate.)

## ADJOURNMENT

### NOTICE OF MOTION

**Hon. Yonah Martin (Deputy Leader of the Government):** Honourable senators, I give notice that, at the next sitting of the Senate, I will move:

That when the Senate next adjourns after the adoption of this motion, it do stand adjourned until Tuesday, November 4, 2014, at 2 p.m.

### ECONOMIC ACTION PLAN 2014 BILL, NO. 2

#### NOTICE OF MOTION TO AUTHORIZE CERTAIN COMMITTEES TO STUDY SUBJECT MATTER

**Hon. Yonah Martin (Deputy Leader of the Government):** Honourable senators, I give notice that, at the next sitting of the Senate, I will move:

That, in accordance with rule 10-11(1), the Standing Senate Committee on National Finance be authorized to examine the subject matter of all of Bill C-43, A second Act to implement certain provisions of the budget tabled in Parliament on February 11, 2014 and other measures, introduced in the House of Commons on October 23, 2014, in advance of the said bill coming before the Senate;

That the Standing Senate Committee on National Finance be authorized to meet for the purposes of its study of the subject matter of Bill C-43 even though the Senate may then be sitting, with the application of rule 12-18(1) being suspended in relation thereto; and

That, in addition, and notwithstanding any normal practice:

1. The following committees be separately authorized to examine the subject matter of the following elements contained in Bill C-43 in advance of it coming before the Senate:
  - (a) the Standing Senate Committee on Banking, Trade and Commerce: those elements contained in Divisions 1, 9, 12, 18, 22, 26, and 27 of Part 4;
  - (b) the Standing Senate Committee on Transport and Communications: those elements contained in Divisions 2, 6, 10, 11, 16, and 21 of Part 4;
  - (c) the Standing Senate Committee on Social Affairs, Science and Technology: those elements contained in Divisions 5, 7, 17, 19, 20, and 24 of Part 4;
  - (d) the Standing Senate Committee on Energy, the Environment and Natural Resources: those elements contained in Divisions 3, 28, and 29 of Part 4; and
  - (e) the Standing Senate Committee on Foreign Affairs and International Trade: those elements contained in Division 15 of Part 4;

2. The various committees listed in point one that are authorized to examine the subject matter of particular elements of Bill C-43 submit their final reports to the Senate no later than November 27, 2014;
3. As the reports from the various committees authorized to examine the subject matter of particular elements of Bill C-43 are tabled in the Senate, they be placed on the Orders of the Day for consideration at the next sitting; and
4. The Standing Senate Committee on National Finance be simultaneously authorized to take any reports tabled under point three into consideration during its study of the subject matter of all of Bill C-43.

• (1350)

#### CANADA-CHINA LEGISLATIVE ASSOCIATION

CO-CHAIRS' ANNUAL VISIT TO CHINA,  
MAY 11-15, 2013—REPORT TABLED

**Hon. Victor Oh:** Honourable senators, I have the honour to table, in both official languages, the report of the Canadian parliamentary delegation respecting its participation at the Co-Chairs' Annual Visit to China, held in Shanghai, Beijing, Urumqi, Hong Kong, People's Republic of China, from May 11 to 15, 2013.

[Translation]

#### CANADA-EUROPE PARLIAMENTARY ASSOCIATION

WINTER MEETING OF THE ORGANIZATION  
FOR SECURITY AND CO-OPERATION IN  
EUROPE PARLIAMENTARY ASSEMBLY,  
FEBRUARY 12-14, 2014—REPORT TABLED

**Hon. Ghislain Maltais:** Honourable senators, I have the honour to table, in both official languages, the report of the Canadian parliamentary delegation to the Canada-Europe Parliamentary Association respecting its participation at the thirteenth winter meeting of the Organization for Security and Co-operation in Europe Parliamentary Assembly, held in Vienna, Austria, from February 12 to 14, 2014.

ELECTION OBSERVATION MISSION OF THE  
ORGANIZATION FOR SECURITY AND CO-OPERATION  
IN EUROPE PARLIAMENTARY ASSEMBLY,  
MAY 25-28, 2014—REPORT TABLED

**Hon. Ghislain Maltais:** Honourable senators, I have the honour to table, in both official languages, the report of the Canadian parliamentary delegation to the Canada-Europe Parliamentary Association respecting its participation at the Election Observation Mission of the Organization for Security and Co-operation in Europe Parliamentary Assembly, held in Kyiv, Ukraine, from May 25 to 28, 2014.

## QUESTION PERIOD

### OFFICIAL LANGUAGES

#### COMMUNITY ACTION PROGRAM FOR CHILDREN— ACCESS TO FRANCOPHONE SERVICES IN NOVA SCOTIA

**Hon. Maria Chaput:** Honourable senators, my question is for the Leader of the Government in the Senate. The Public Health Agency of Canada and its provincial and territorial partners manage the Community Action Program for Children. This program provides support to families and children in need of help. The program funds organizations acting on behalf of the Public Health Agency of Canada. In Nova Scotia, none of the 14 organizations selected provided French-language services to Acadians through the Community Action Program for Children. The only francophone organization in Nova Scotia — la Pirouette — that is capable of offering services for young children to francophone clients in Nova Scotia does not receive funding from this program. In his annual report, the Commissioner of Official Languages recommended that some of the organizations currently supported by the Community Action Program be designated bilingual.

Mr. Leader, could you please tell us if this recommendation from the Commissioner of Official Languages will be considered by the agency?

**Hon. Claude Carignan (Leader of the Government):** Thank you for your question. First and foremost, I would like to thank the Commissioner of Official Languages for his annual report, which he released a few weeks ago. During a press conference at the time of the report's release, I was very pleased to hear him say the following, and I quote:

I think that, in the vast majority of cases, the institutions are aware of their responsibilities. There has been a steady increase in the number of people whose language level is appropriate to their position.

Now, to answer your specific question about that organization, I will have to verify a few things and get back to you in a few days.

**Senator Chaput:** Thank you very much. Since you are going to verify whether the organization plans to take into account the recommendation made by the Commissioner of Official Languages, could you also find out at the same time whether the Public Health Agency of Canada has already contacted the families in Nova Scotia to discuss the recommendation made by the Commissioner of Official Languages regarding the provision of services in French?

**Senator Carignan:** As I said, I will do what is needed to get information about what that organization in particular plans to do in response to the recommendation made by the Commissioner of Official Languages.

[English]

## TRANSPORT

### CANADA POST—POSTAL RATES

**Hon. Wilfred P. Moore:** My question is also for the Leader of the Government in the Senate.

Mr. Leader, this question is from Ms. Rita van Tassel, who is the manager of a small business in Lunenburg, Nova Scotia. She had the occasion to ship two packages of the same size and weight — 480 grams — one from Lunenburg to British Columbia and the other from Lunenburg to California. This is by regular surface mail. The cost to send it to B.C. was \$16.57. The cost to send it to California was \$10.66.

Could you explain that? And if you cannot, could you speak with the Minister of Transport, who I believe is in charge of Canada Post? I don't understand that discrepancy and neither does the small business manager.

[Translation]

**Hon. Claude Carignan (Leader of the Government):** Of course, I don't have the list of rates at my fingertips. I'm sure you can find that information on the Canada Post website. I'm sure you also know that Canada Post is an organization that operates on a budget and is responsible for its own administrative decisions.

[English]

**Senator Moore:** I appreciate that, and I know it's a Crown corporation, but it's still owned by the people of Canada and it's still answerable to a minister.

I don't understand, and neither does this citizen, how it can cost more to send something within our country than to send something without. Maybe you could inquire. I didn't expect you to have the table of rates here, but I'd like you to find an answer to that question, if you could.

• (1400)

[Translation]

**Senator Carignan:** Canada Post is an independent agency that makes its own decisions in that regard. I invite you to consult Canada Post's website to find out more about the various rates that apply.

[English]

**Senator Moore:** Do I understand that the leader's answer to this citizen is to look it up somewhere — that the government is not responsible for one of its Crown agencies? That's not truly what you want to say. I would ask that you pursue a response because, as I said, I didn't expect you to come in here today with the table of rates. I would like to know how that can be. If you could find the answer to my question I would appreciate it, and so will the small business manager.

[Translation]

**Senator Carignan:** I repeat that Canada Post is an independent Crown corporation. It is responsible for its own activities and its own operational and financial decisions.

[English]

## ABORIGINAL AFFAIRS AND NORTHERN DEVELOPMENT

### FIRST NATIONS FINANCIAL TRANSPARENCY ACT—COMPLIANCE

**Hon. Lillian Eva Dyck:** Honourable senators, my question for the Leader of the Government in the Senate is related to the First Nation Financial Transparency Act, which, you will recall, was enacted last year. First Nations are supposed to publish the salaries of their chiefs and councils, either on the department's website or on their own websites, as well as their consolidated financial statements with regard to band-owned corporations and companies, like own-source revenue. They've been given a deadline of November 26 to get this information up. Minister Valcourt said about those not posting the information:

Let me be clear. Our Government will take action, according to the provisions of the law, with regard to First Nation governments that do not follow the law.

He said that his options include court orders and holding back non-essential funding and denying new funding applications. This is what many people were fearful of. Overall, the compliance rate for all First Nations across Canada is 77 per cent. The vast majority have complied as 451 of 582 First Nations have done what is required. The percentage is very high in B.C., but in Manitoba only 46 per cent of First Nations have complied — 29 of 63; and Manitoba has some of the poorest and most isolated communities.

In these poor and isolated communities in Ontario, which we on the Standing Senate Committee on Aboriginal Peoples have visited, the conditions are deplorable. What is the minister going to do to apply sanctions to these communities that don't have enough funding in the first place? How can he possibly hold back non-essential funding? Every dollar counts. Can the leader explain to me how the minister will cut back funding to the poorest First Nation communities in our country?

[Translation]

**Hon. Claude Carignan (Leader of the Government):** Thank you for your question. Like all Canadians, First Nations deserve transparency and accountability from their band chiefs. That is why our government passed the First Nations Financial Transparency Act, which empowers members of the community and guarantees that they will be informed of their community's financial situation.

It is an important law for the transparency and financial affairs of native bands. This law ensures that First Nations governments are more effective, transparent and accountable, which in turn contributes to the strength, self-sufficiency and prosperity of



Aboriginal communities across Canada. Your friends, particularly those in the other place, openly opposed this law, which gives First Nations members the means to act and to ensure that they are informed of their community's financial situation. Instead, their leader is making excuses so that opponents of transparency continue to secretly benefit to the detriment of members of their community. It is scandalous that they oppose this transparency. We expect First Nations band councils to comply with the disclosure provisions in the First Nations Financial Transparency Act. Bands that do not meet the deadline will receive a number of official reminders, and if they do not comply, the government will enforce the relevant provisions of the act.

[English]

**Senator Dyck:** Thank you for that answer, but you didn't answer the question that I asked. I agree with you that all Canadians deserve transparency and accountability. Band members should know what the financial statements are of their particular band. I don't see anything wrong with that.

My question was: The poorest and most isolated communities don't get enough funding right now. How can we possibly hold back so-called "non-essential funding" when every dollar is essential? How can the minister possibly wish to punish people who live the poorest possible lifestyle in Canada? Chief Perry Bellegarde said that First Nations people are treated like second-class citizens living in Third World conditions. That is the situation. How could the minister possibly do that? How can he justify that?

[Translation]

**Senator Carignan:** I'm pleased that you agree with the First Nations Financial Transparency Act. You could perhaps speak to your leader — or former leader — about the benefits of this bill and try to convince him to reconsider his position, which we believe is irresponsible, on this important transparency legislation.

As I said, official reminders will be sent to anyone who doesn't meet the deadline, and several will be sent if necessary. In the event of non-compliance, the government will enforce the relevant provisions of the act.

[English]

**Senator Dyck:** Thank you once again. I agree with most of the provisions of the bill, but I don't agree with the possibility of this type of sanction. I was the critic on the bill and I don't have to follow any leader. I follow what the First Nations people tell me, not what any leader says.

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

**Senator Dyck:** Since we know that some people are making a great heyday out of some of the chiefs and councillors who receive salaries that look outrageous, will the department undertake to publish a list of all chiefs' and councillors' salaries only, and none of their expenses, in one place, so we can all have a look at the picture easily instead of having to click on every First Nation to find out that information?

The department has that information and should publish it in a place where the comparison can be done. In that way, we could see that probably the vast majority of chiefs and councillors do not receive exorbitant salaries.

Would the government commit to publishing in one place one list of the salaries for all chiefs and councils without any expenses added to the compilation of their salaries?

**Senator Carignan:** I hear what you're saying and take note of your comments.

## DISTINGUISHED VISITORS IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I wish to draw your attention to the presence in the Governor General's gallery of The Right Honourable Edward Richard Schreyer, twenty-second Governor General of Canada. He is accompanied by his wife, Lily Schreyer, and their daughter, Ms. Lisa Hughes.

With them are family friends: Claire Mowat, widow of Farley Mowat; Stephen Washen; and Mark and Deanne Miller.

Your Excellencies, on behalf of all honourable senators, I welcome you back to the chamber, where the Throne of Canada is located. You honour us by your presence in the gallery today.

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

• (1410)

## ORDERS OF THE DAY

### BLACK APRIL DAY BILL

#### SECOND READING

On the Order:

Resuming debate on the motion of the Honourable Senator Ngo, seconded by the Honourable Senator Ogilvie, for the second reading of Bill S-219, An Act respecting a national day of commemoration of the exodus of Vietnamese refugees and their acceptance in Canada after the fall of Saigon and the end of the Vietnam War.

**Hon. Yonah Martin (Deputy Leader of the Government):** Question.

**The Hon. the Speaker:** Is it your pleasure, honourable senators, to adopt the motion?

**Hon. Senators:** Agreed.

(Motion agreed to and bill read second time.)

#### REFERRED TO COMMITTEE

**The Hon. the Speaker:** Honourable senators, when shall this bill be read the third time?

(On motion of Senator Martin, bill referred to the Standing Senate Committee on Human Rights.)

**CONSTITUTION ACT, 1867  
PARLIAMENT OF CANADA ACT**

BILL TO AMEND—SECOND READING—  
DEBATE CONTINUED

On the Order:

Resuming debate on the motion of the Honourable Senator Mercer, seconded by the Honourable Senator Mitchell, for the second reading of Bill S-223, An Act to amend the Constitution Act, 1867 and the Parliament of Canada Act (Speakership of the Senate).

**Hon. Stephen Greene:** Honourable senators, this is day 14 and the reason for my delay in speaking on this is that I was hoping that Senator Mercer would be able to return to the chamber. I'm sure that will happen soon, but it is not today, so I would like to reserve the balance of my time and I will speak to this after the break week coming up.

(On motion of Senator Greene, debate adjourned.)

**STUDY ON PRESCRIPTION PHARMACEUTICALS**

FIFTEENTH REPORT OF SOCIAL AFFAIRS, SCIENCE  
AND TECHNOLOGY COMMITTEE AND REQUEST  
FOR GOVERNMENT RESPONSE ADOPTED

On the Order:

Resuming debate on the motion of the Honourable Senator Ogilvie, seconded by the Honourable Senator Marshall, that the fifteenth report (interim) of the Standing Senate Committee on Social Affairs, Science and Technology entitled: *Prescription Pharmaceuticals in Canada: Unintended Consequences*, tabled in the Senate on October 21, 2014, be adopted and that, pursuant to rule 12-24(1), the Senate request a complete and detailed response from the government, with the Minister of Health being identified as minister responsible for responding to the report.

**Hon. Art Eggleton:** Honourable senators, I rise to speak in support of the report from the Standing Senate Committee on Social Affairs, Science and Technology. This is the fourth report of a two-year-long study that we have conducted on prescription pharmaceuticals in Canada. I'm very pleased to say this one and the other reports have all been adopted unanimously by people on both sides of the aisle in the work of that committee.

This is an extremely important matter for Canadians. The risks, in terms of pharmaceutical drugs, we have found, are considerable. There needs to be proper safety; there needs to be assurance of efficacy of the drugs that we take.

Hon. Senators:

This report, like the others, has come up with a good set of recommendations, which we hope the government will act upon. We have already seen the intention of the government with respect to Bill C-17, the bill that we adopted just a week ago. I hope they carry out the intention of it. The proof is in the pudding, or the devil is in the details, but it is going to take the regulations to put Bill C-17 into effect, which will include some of the concerns that are raised in this document that we have before you.

The very first recommendation in this report is one that we have repeated on previous occasions, and that is the need for electronic records: electronic medical records in a doctor's office and electronic health records across the system. This would give us a quantum leap in terms of the ability to detect problems, to deal with adverse drug reactions, and to deal with the kind of statistics that will lead to a better understanding of what we need for education programs for doctors or regulatory controls on the part of either our government or the provincial governments.

I'm sure Senator Ogilvie probably mentioned electronic health records. I wasn't here for his comments yesterday; I was with a committee in Toronto. It is one that he has continually indicated a concern —

**Senator Plett:** Were you there?

**Senator Eggleton:** Was I there? Yes, I remember you. We got a new mayor in Toronto, too. I should throw that in; we're happy with that, but I will not go down that line any further, thank you very much.

Aside from that first recommendation, we then had a section on abuse and misuse and addictions that arise from the use of prescription drugs. One of the great concerns is opiate drugs, and more particular on that is OxyContin, which the manufacturer, the original patent holder, withdrew from the market after a lot of concern about people who were using it as a street drug. It was being broken down and used on the streets. It is a very potent kind of drug and there was a lot of concern about that use, plus the fact that people who were taking it on a prescription basis were becoming quite addicted to it and there was very little movement, very little opportunity, very little information for a lot of people to be able to get off it with a proper program.

Some of the drug formularies are not up-to-date in the provinces to approve these kinds of alternatives, either in terms of therapy for people who become addicted or alternative medications that can get people off some of these very addictive drugs.

We have suggested a Canada-wide public awareness campaign on the risks and harms of prescription drug abuse. We have said that we need to work with the College of Family Physicians and the various authorities in the provinces to optimize physician education and training regarding prescription drug abuse and addiction. Not enough is understood about that. Pharmacists need to step up to the plate and become more involved in helping to ensure these are not going out to the extent that they are and harming so many different people.

We have also suggested — and I mentioned it a moment ago — the issue of people breaking the OxyContin down into a drug that could be sold on the street and used for illegal purposes. We have suggested that tamper-resistant technology be incorporated into the design of the medication.

We also turned some attention to antibiotic resistance because we are becoming resistant to antibiotics. The World Health Organization and the CDC in the United States say this is a crisis because we abuse antibiotics to the point where we are resistant to them. We're building resistance to them all the time, and we're not coming out with new ones.

• (1420)

So we risk a future where there might be no antibiotics to treat certain diseases where they're needed as a matter of saving life.

We were astonished to find out that in the United States — and I think this applies in this country, too, although they don't have a firm statistic — would you believe this? — 80 per cent of antibiotics are used in animals — not in humans, in animals, and not just because the animal is sick; they're being used as a growth factor. They're being used to in fact provide growth for certain animals to fatten them up, to keep them healthy so that when they go to slaughter they will be all the more valuable.

This has got to be attended to. It is already being attended to in Europe and the United States. The European Union has banned the use of antibiotics for growth promoters in animals. Yet, here in this country, we find very little is being done. The Public Health Agency has been rather passive in all of this, and very little research is being done to develop new antibiotics.

We have come up with some recommendations. We suggested an action plan to address antibiotic resistance. We have included in that a public awareness campaign, renewed surveillance efforts, and requiring hospitals to collect data and report on antibiotic use so that we can get a better handle on just how much use or abuse of antibiotics is going on.

In recommendation 15, we suggested banning or substantially reducing the use of antibiotics as growth promoters in food-producing animals.

Then we have asked also that the federal government encourage research into the development of new antibiotics in a variety of ways including, but not limited to, incentives to the pharmaceutical industry and funding programs through the Canadian Institutes of Health Research. This is a very serious issue. I would recommend you read about it further in our report.

Another unintended consequence is counterfeit drugs. We have had very little success in this. In fact, there are illegal online pharmacies in Canada that are being prosecuted by the Food and Drug Administration in the United States, and successfully so. Have there been successful prosecutions in Canada of these online pharmacies by Health Canada? No, there haven't been.

They definitely need to up their game in that connection. Many of these drugs are totally unapproved. Some of them are really quite dangerous. We have suggested that Health Canada work

with other agencies more closely to be able to get a better handle on this question. There is a little bit about it in Bill C-17. Hopefully some movement will be made on it. We suggest that there needs to be an international treaty to facilitate prosecutions for counterfeiting prescription drugs globally, and also again improve public awareness with respect to the risks of purchasing prescription drugs from online pharmacies. I'm not saying they're all bad, but a number of them are.

Substandard drugs: We get a lot of either our drugs or the ingredients of those drugs from other countries, and some of them are not good. Some of them are quite substandard. We found that the Food and Drug Administration in the United States, like the European Union, has stopped a number of products coming from India, for example, where there has been a particular problem. One company was even fined \$500 million in the United States, and yet drugs from that company and a lot of other companies where the drugs are being banned are still available here, still available in Canada. Now, again, the minister has of late said she's cracking down on this kind of thing. We certainly hope so, but I think that's to a great extent the result of the work that our committee does.

We think there needs to be a far better inspection routine. Even the Auditor General is quite critical of Health Canada for not doing enough inspections and for not reporting on those inspections in a timely fashion to help protect public safety. So more work needs to be done in that area as well.

There is also the question of drug shortages. Very little information comes out on them, and the pharmaceutical companies are not compelled to give the information, but we have suggested that a notification of drug discontinuance is needed to provide longer notice when drugs are discontinued. Alternatives must be very quickly made available and put on the provincial drug formularies to ensure that people will be able to continue to get the kind of medications they need.

Finally, there are environmental concerns. A lot of drugs get into waste water; people decide to flush them down, and then again within people there are things that get into the waste water system from drug-taking, so that needs to be monitored. Testing of fresh water, groundwater, et cetera, needs to be stepped up. There's no indication that this is an unsafe situation at this point, but it certainly needs to be monitored carefully.

We also promote a take-back program. There's not enough attention paid to that, but pharmacies will generally take back whatever medication you have that is unused. That's a good thing. We think they need to promote it a lot more so that people know about it. Have big campaigns and be able to get some of those drugs back so they don't get into the waste water system or garbage.

Overmedication and adverse reactions was a topic in our report. We're concerned that 70 per cent of seniors are taking five drugs or more, and 10 per cent of seniors are taking 15 or more drugs. Can you imagine that?

Seniors are five times as likely to be hospitalized as a result of adverse drug reactions. No wonder. You have drugs mixing with other drugs, or mixing with non-drugs, other kinds of over-the-counter medications, and this can create some very adverse reactions. We need to get a better handle on that, and so

we have suggested in recommendation 30 that the Minister of Health encourage the provincial and territorial ministers of health to ensure medical students and health professionals receive sufficient training and continuing education on the issue of overmedication and the associated risk of adverse drug reactions. Programs should include the role of regularly updated optimal prescribing guidelines and patient medication reviews and should consider prescribing services that have been implemented in other countries.

There's a solid set of some 30 recommendations here. The first report was on clinical trials, a process of clinical trials, and the second report was on post-approval monitoring after the clinical trials, which is really the key risk period. The third one was on off-label use. A lot of drugs are prescribed off-label, particularly for young people or sometimes older people. Finally we have this one on the unintended consequences in the subject matters that I have related to you.

The committee is under the chairmanship of Kelvin Ogilvie. I'm the deputy chair, and Judith Seidman is the other member of our steering committee. There are members of the committee right around the room. I can't get into naming all of them, but I think a job has been well done. I am glad that Bill C-17 partially came out of this and that further actions will be taken to protect Canadians and make sure that the drugs that they do get are safe and efficient.

[Translation]

**Hon. Fernand Robichaud:** Honourable senators, as the oldest person in this place, I recommend that this report be adopted.

**The Hon. the Speaker *pro tempore*:** Is it your pleasure, honourable senators, to adopt the motion?

**Hon. Senators:** Agreed.

(Motion agreed to and report adopted.)

• (1430)

[English]

## THE SENATE

### MOTION TO STRIKE SPECIAL COMMITTEE ON SENATE MODERNIZATION—DEBATE CONTINUED

On the Order:

Resuming debate on the motion of the Honourable Senator Nolin, seconded by the Honourable Senator Joyal, P.C.:

That a Special Committee on Senate Modernization be appointed to consider methods to make the Senate more effective, more transparent and more responsible, within the current constitutional framework, in order, in part, to increase public confidence in the Senate;

[ Senator Eggleton ]

That the committee be composed of nine members, to be nominated by the Committee of Selection, and that five members constitute a quorum;

That the committee have the power to send for persons, papers and records; to examine witnesses; and to publish such papers and evidence from day to day as may be ordered by the committee;

That the committee be authorized to hire outside experts;

That, notwithstanding rule 12-18(2)(b)(i), the committee have the power to sit from Monday to Friday, even though the Senate may then be adjourned for a period exceeding one week; and

That the committee be empowered to report from time to time and to submit its final report no later than December 31, 2015.

**Hon. Joan Fraser (Deputy Leader of the Opposition):** Honourable senators, this item stands at day 13 and, as is the case with the whole series of inquiries that Senator Nolin has launched, and indeed in the case of this motion, these are topics upon which it is not possible to respond lightly or without great reflection. That's why I think this particular motion should be given very serious consideration.

We all know that there are things this institution needs to do and can do to modernize itself. The trouble is that we don't necessarily agree on what those things are. And although I greatly value — I think we all do — the quality of debate in this chamber, debate can only take us so far.

I think that Senator Nolin has been trying to push us to not only greater action but more serious, concerted reflection on where we should go and what we need to do. Lord knows I applaud him, and I know I'm not the only one to applaud him on that.

I'm not sure that this chamber is yet ready to adopt this motion as it stands. It is very important that we not let these matters slide; that we think hard about them, that we think about what we want such a committee to achieve. I urge honourable senators to do that.

There is a vast array of topics that we need to look at. If Senator Mitchell were not out of the chamber at this moment, he would say that many of us think televising the Senate is the first thing we need to do. Personally, I'm not sure that he's right about that. Senator Munson would agree with him. That's on a very obvious, superficial level.

There are many other, both superficial and much less superficial, technical and philosophical things that we need to think about.

I don't have any answers, I really don't. But, colleagues, I want us all to think about that. In the absence of answers from me, I'm going to move the adjournment in the name of Senator Cowan.

(On motion of Senator Fraser, for Senator Cowan, debate adjourned.)

## LIGHTHOUSES AS IRREPLACEABLE SYMBOLS OF MARITIME HERITAGE

### INQUIRY—DEBATE CONTINUED

On the Order:

Resuming debate on the inquiry of the Honourable Senator Munson, calling the attention of the Senate to lighthouses as irreplaceable symbols of Canada's maritime heritage and monuments that enrich communities and the landscape of this country.

**Hon. Jane Cordy:** I see that this inquiry is in the name of Senator Mercer and it is at day 14. I would very much like to speak to this inquiry, but I don't have all of my notes together.

I would like to adjourn this item in my name, with the understanding that when I finish speaking it will be adjourned in the name of Senator Mercer.

(On motion of Senator Cordy, debate adjourned.)

## SICKLE CELL DISEASE AND THALASSEMIC DISORDER

### INQUIRY—DEBATE ADJOURNED

**Hon. Jane Cordy** rose pursuant to notice of June 19, 2014:

That she will call the attention of the Senate to sickle cell disease and thalassemic disorder and the importance of screening to identify infants with sickle cell disease and the need for improvement of the management of sickle cell disease and thalassemic disorders in Canada.

She said: Honourable senators, according to the Sickle Cell Disease Association of Canada, nearly 2,000 Canadians live with debilitating and sometimes life-threatening sickle cell disease. Although the numbers will vary from one province and territory to another, they report that 1 in every 2,500 children in Canada will be born with this condition. In the United States, sickle cell disease is actually the most common genetic disease.

Honourable senators, what is sickle cell disease? Sickle cell disease, or sickle cell anemia, refers to a group of inherited red blood cell disorders. The three most common forms of sickle cell disease in North America are hemoglobin SS or sickle cell anemia, hemoglobin SC disease and hemoglobin sickle beta thalassemia.

Sickle cell disease is caused by an abnormal form of hemoglobin, the molecule in red blood cells which carries oxygen throughout the body. With sickle cell disease, the red blood cells become deformed and the abnormal hemoglobin is not able to work properly. Normal red blood cells are donut-shaped and they easily move through the body's blood vessels, delivering oxygen to the organs. In patients with sickle cell disorder, the red blood cells become stiff and sickle-shaped, hence the name sickle cell disease.

The sickle-shaped blood cells do not function like the healthy red blood cell. The deformed cell does not flow easily through the blood vessels and can get caught up in the vessels and break apart. This can result in clogged blood vessels and low red blood cell count, known as anemia.

A normal healthy red blood cell can carry out its job for 120 days, whereas a sickle-shaped cell has a life span of only 20 days. The one-two punch of clogged blood vessels and low red blood cell count drastically hampers the body's ability to deliver adequate oxygen to the organs. The continued starvation of oxygen to the body's systems most commonly manifests itself as severe pain, especially in the bones, but it can also cause damage to shoulder and hip joints, or chest pain from acute chest syndrome.

• (1440)

There are also a lot of problems that may include damage to the lungs and the heart — such as heart failure or pulmonary hypertension — to the kidneys, liver and eyes, and also stroke, leg ulcers and infections. Because it can damage just about every organ in the body, sickle cell disease is known as a multi-system disorder.

Anyone can have sickle cell disease, but for some unknown reason, it is drastically more prevalent in people who have descended from Africa, the Mediterranean, the Caribbean, the Middle East, Southeast Asia, the Western Pacific region, South America and Central America.

In Canada, the Sickle Cell Awareness Group of Ontario conducted a study that showed 32 out of 40 African Canadians are carriers of the sickle cell trait. This does not mean they have a sickle cell disorder, but they can pass it on to their children if both parents are carriers of the sickle cell trait.

Sickle cell disease is not contagious. You cannot catch it. You inherit it from your parents. To have sickle cell disease, a person must inherit one sickle cell gene from one parent and one sickle cell gene from the other. If a child inherits a sickle cell gene from one parent and a healthy gene from the other, they will be a carrier of the sickle cell trait and may pass it on to their children, but will not have — and never will have — sickle cell disease themselves.

There is no known cure for sickle cell disorders. Treatment consists of managing symptoms of the disease through penicillin to fight infections in children, blood transfusions and a drug called hydroxyurea. Both transfusions and hydroxyurea can have serious side effects, but research is finding that lifestyle changes, such as regular exercise, a healthy diet and not smoking, can have a positive effect on quality of life. Reducing the amount of stress in a patient's life has also shown to be important. Honourable senators, I would suggest that these are things that we should all be doing.

Because of the lack of oxygen travelling throughout the body, including to the brain, children with sickle cell disorders often struggle in school with fatigue, loss of concentration and memory lapses. It is important for teachers to be aware of these symptoms and tailor their teaching accordingly.

Infections can also be a major complication of sickle cell anemia, especially during childhood. Early diagnosis is extremely important so that children can be closely monitored by family and medical personnel.

Because of their relative rarity, most clinicians have limited experience and expertise with sickle cell disorders. When patients come in with conditions associated with sickle cell disease, doctors may not think to test for the disease. This can lead to misdiagnosis and ineffective treatments and, in some cases, because of the persistent pain and desire for pain management medications, it is not uncommon for doctors to dismiss the patient as one just wanting painkillers.

I heard a mother talk about her son, who was in severe pain at the hospital and requesting morphine. Because he had not been diagnosed and the medical provider was not familiar with sickle cell disease, the provider was unsure if the patient was a junkie.

Something as easy as a simple blood test at birth would help prevent misdiagnosis and would provide medical personnel with the information needed to properly treat the patient. Universal screening for sickle cell disorders now occurs in every state in the United States, something that only three provinces in Canada do: Ontario, British Columbia and my province of Nova Scotia, which started the testing in April of this year. The screening would provide so much information to the health care provider and to the patient. Early diagnosis would mean ongoing care from birth.

Recently, a new set of national guidelines for managing sickle cell disease was published in the *Journal of the American Medical Association*. This national approach to the disease is something that is sorely missing in Canada. Guidelines for universal screening would identify sickle cell disease and other blood disorders, and it would also identify carriers.

Optimal treatment and management of sickle cell disease requires knowledge and understanding of the disorder, not only by medical personnel but also by the patient and their family.

The logical first step is proper diagnosis. I believe that the most effective way to accomplish this is to screen every child born in Canada for the disorder. This lack of knowledge can lead to years of undiagnosed suffering and irrevocable damage to organs or even to death. A simple, inexpensive test can set a management program in place from day one.

Managing sickle cell disease is a lifelong process. The best place to start is with early diagnosis. When a child is born with sickle cell disease, it's impossible to predict which problems will develop, when they will start or how bad they will be. During the first six months of life, infants have a high level of fetal hemoglobin in their blood, which protects them from red blood cell sickling. But dangerous complications of sickle cell disease may quickly develop between ages six months and five years, after levels of fetal hemoglobin decrease. Infection is a major concern for children with sickle cell disorders and an immediate regimen of daily penicillin is required to help manage infection.

Older children and adults with sickle cell disease may have few problems, or they may have a pattern of ongoing complications, such as organ failure or stroke that can shorten their life. Stroke affects around 10 out of 100 children who have sickle cell disease.

Screening all newborns will arm families and doctors with the information needed to develop a plan of action to manage the disease, and this can save lives.

Universal screening for sickle cell disorders of all Canadians will also provide doctors and researchers the ability to track the disease and, because it is genetic, it can be tracked. It will also provide those who are planning a family with valuable information about their risk of having children with sickle cell disease.

Currently, all provinces and territories do have newborn screening programs in place. However, the disorders and diseases tested vary significantly from one province to another.

Like Canada, the disorders and genetic diseases screened at birth in the United States are determined by individual jurisdictions — in their case, individual states. But unlike Canada, the United States does have a federal advisory group. The individual states look to this federal advisory group for guidance in health care policy. When it comes to newborn screening, most states do not just meet the federal recommendations, they exceed them.

The United Kingdom also has a national program for newborn screening protocols, which is uniform across all jurisdictions, with the exception of Northern Ireland. Northern Ireland actually goes a few steps further, testing for additional disorders.

Honourable senators, we need leadership and guidance from the federal level of government to coordinate and help manage sickle cell disease and thalassemic disorders in Canada. Ideally, Canada should be developing a comprehensive national strategy for patient care for those with sickle cell disorders.

Realistically, a good place to start would be for the federal government to work with the provinces and territories toward the creation of a national list of diseases to be screened at birth. Provinces and territories could then draw up their own policies, taking guidance from this national standard.

Ensuring equal access to equal care is a fundamental right of every Canadian, and setting national benchmarks and standards is a simple way to help meet this goal.

I understand and fully appreciate the autonomous role that each province and territory has over the delivery of health care in their jurisdictions, and I strongly defend their right to have that, but I also believe there is a role — no, an obligation — for the federal government to provide leadership and act as the facilitator of change when it comes to health care in Canada. Canada is a stronger nation when we work together, and federal leadership is the mechanism through which we accomplish this.

Because of the rarity of the condition, sickle cell disease is woefully misunderstood by many medical professionals in Canada, which leads to misdiagnosis and unnecessary suffering by patients. Screening of newborns will eliminate the mystery surrounding patients with the disorder and will establish early recognition and management of the disease. The longer a child goes undiagnosed, the greater the chance of permanent organ damage or episodes of severe pain, stroke or possibly death.

Honourable senators, we are a diverse country. People from around the world have chosen to make Canada their home. As I said earlier, sickle cell disease is particularly common among those whose ancestors come from Sub-Saharan Africa, India, Saudi Arabia and Mediterranean countries. As people from these areas come to Canada, we should be aware of this inherited blood disorder. It is important that the public, and particularly health care providers, become more knowledgeable about sickle cell disease. It is also important that there is collaboration with the government agencies, health care providers, researchers, community leaders and families affected by the disease.

I would like to congratulate the Sickle Cell Disease Association of Canada. The association will be two years old on November 9 of this year. It is the Sickle Cell Disease Association of Canada, in the absence of federal leadership, which is working hard toward ensuring universal screening for all newborns in Canada. Let us help them by becoming advocates on their behalf.

(On motion of Senator Tardif, for Senator Jaffer, debate adjourned.)

(The Senate adjourned until Thursday, October 30, 2014, at 1:30 p.m.)

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