Mr. Sharp: And 63 speeches.

Mr. Baker (Grenville-Carleton): —involving only 63 members out of 264. If that is deemed to be over debating an important principle, and if that is the position which the government holds, then I think it has lost all sense of reason and direction, not only in terms of the operation of this House but in terms of the feelings of the country.

There is a good reason why there has been a prolonged debate on the bill. It is because there has been large scale and widespread doubt among the public about the utility of this bill. All the provinces have criticized both the substance of the bill and the manner in which the legislation was introduced. At one point one of the provinces, Ontario, threatened to withdraw from the cost-sharing program. The so called have not provinces fear that their own budgetary exigencies will not allow them to take on new services or even to maintain old services. The Canadian Medical Association reacted to it by saying flatly and without equivocation that the actions of the government could endanger the quality of medical services available to Canadians.

Is there any reason to suggest that it is improper in the parliamentary sense for merely a few speakers to come forward and debate this bill? Has the government forgotten that this parliament is not its servant, that the government is the servant of the parliament and of the public we represent? I believe its attitude throughout this debate, in bringing forward the bill in the first place and then having the temerity to move closure, is an indication that it has decided that, unlike the session of 1972 to 1974 it will go back to ramroding legislation through the House regardless of its importance. This bill reflects that style and attitude and so does this motion for closure.

There is no way that the official opposition or any other party in opposition, faced with the objections of the provinces, faced with the objections of the Canadian Medical Association, and faced with the objections of people who are concerned about the level of medicare and the areas where a curtailment would hurt, would not use one of the weapons that it has at its disposal, namely, the right to debate the bill, to point out its inequities, to point out its deficiencies, and to point out the treachery of the government that brought it forward.

• (1540)

It has become pretty self-evident that this bill is dangerous to the level of medicare in this country, and this motion is dangerous to the operation of this parliament. If this is to be the way the government is to proceed on important matters, suggesting it is improper to debate them at length, then the attitude of the government is wrong. The government might remember that not too long ago a similar government with similar attitudes foundered

Business of the House

on the basis of an arrogance which this motion for closure indicates.

The government House leader talks about other House business. Of course there is other House business. I said long before I became the House leader of this party—and I echoed the sentiments of the former leader—that the opposition would not stand in the way and would, in fact, help the government with legislation which is reasonable and sound in principle. However, I want this parliament and the government to know that this opposition does not intend to stand idly by and be beaten away from the right to debate because the government has decided it wants to get a piece of legislation through, if we decide, honestly and fairly, that the principle of that legislation is wrong.

We made the decision a long time ago that this piece of legislation is wrong in principle, is a breach of a contract, and is a vehicle by which medical care will be diminished in terms of Canadians, where there will be an emphasis directed toward regional disparity, and an assault on our confederation. We hold those views today and resist this motion for closure because this motion indicates that the government just does not care. It wants to arrogate more and more power to itself, irresponsibly in a majority situation.

That is the position we take in this matter, and if the government House leader is suggesting to us that we can debate the matter on third reading he is quite right because, unless there are to be substantial amendments, which would be more than merely procedural amendments but which would go to the heart and substance of the bill to put back into the law of this country, or to allow to remain in the law of this country the medical care scheme which the government proposed and which was accepted in good faith by all the provinces, then the government can expect our position to be no different on third reading than it is on second reading.

This bill will be just as irresponsible, unchanged, on third reading as it is on second reading, and the government is just as irresponsible, in terms of the provisions of this closure motion, as it could possibly be. I for one cannot understand what moved the government to this stupidity in the circumstances of this debate.

Mr. Stanley Knowles (Winnipeg North Centre): Mr. Speaker, we are totally and unalterably opposed to the motion made this afternoon by the President of the Privy Council (Mr. Sharp). He has moved this motion under Standing Order 75c, and I want to say again, as I have been saying ever since this rule was forced upon us in July, 1969, that it is a bad rule. Some of my friends are reminding me, as if I need to be reminded, that it was brought in by the use of the other closure rule, Standing Order 33. The entire opposition was opposed to it. There was a special committee on rule changes and we agreed to quite a few things, but the government was not satisfied. It wanted this one more weapon which it could use unilaterally to choke off debate in the House of Commons. It was a bad day or a bad night in July, 1969, when Rule 75c was passed, and I regard the act of the minister today in applying Rule 75c to Bill C-68 as infamous.