

Business of the House

I do not know whether the ministers opposite want to listen to us over here or not. If those two want to joke, they should go behind the curtain.

Some hon. Members: Hear, hear!

Mr. Knowles (Winnipeg North Centre): The minister tried to say that this is not closure because it permits another five hours of debate. In other words he is saying he is going to use the guillotine and it will come down on our necks, but not right away, but after five more hours of debate.

The old closure rule, Standing Order 33, which Sir Robert Borden brought in back in 1913 and which the Liberals called everything under the sun but have since used a number of times, provided that on its application debate could go on until one o'clock at night. In other words, under Standing Order 33 more debate on the measure before the House would be guaranteed than the minister is allowing under 75c. If it is closure—and that is what it is called in the book—to end debate at one o'clock the next morning, I suggest that it is closure to tell us that after five more hours of debate the proceedings on second reading of Bill C-68 must end.

The minister also indulged in statistics—and they can always be used on either side of an argument—about the number of speeches which have been made in this debate and about the number who have spoken a second time. The implication in that, of course, is that we have had enough speeches. I say to the minister that I think we have had more speeches already than we should have had, but the purpose of speaking from this side of the House on Bill C-68 has been to try to persuade the government to withdraw the bill.

It is a bad bill. It was well put by my friend David Croll in the other place—he has been quoted often and does not mind it—when he said it is wrong, wrong, wrong. What we in the opposition have been trying to do in the course of this debate is not just to talk for the fun of it, day in and day out, but to persuade the government that the measure itself is a mistake, it is wrong, and that it should be withdrawn.

Mr. Sharp: That is only a minority view.

Mr. Blais: A small minority view.

Mr. Railton: That is just a pronouncement; it is not an argument.

Mr. Knowles (Winnipeg North Centre): It happens to be a pronouncement which is true, and I say to the hon. member who has recently joined the Liberal party in this House of Commons that what the government is now doing in Bill C-68 is reversing fifty years of the history of the Liberal Party. It was way back in 1919 when the Liberal party of this country first committed itself to old age pensions, unemployment insurance, and health insurance. It took an awfully long while to get these things. Old age pensions came along in 1926 or 1927, unemployment insurance in 1940 or 1941, but we did not get hospitalization until the middle fifties and medical care until the sixties. It took an awful lot of work and an awful lot of prodding, but as long as we had Mackenzie King, Louis St. Laurent

[Mr. Knowles (Winnipeg North Centre).]

or Lester Pearson as prime ministers, there seemed to be a desire, even though moving slowly, to move in the direction of providing these things.

An hon. Member: But they did it.

Mr. Knowles (Winnipeg North Centre): The hon. member says they did it. Yes, they did, and they did it in the belief that it would be good for Canadian unity to have a standard of medical care which would be the same right across the country. For that reason a formula was worked out and a commitment made to the provinces which, in practical terms, means that the federal government pays 50 per cent of the cost of hospitalization and 50 per cent of the cost of medicare. I know in medicare the formula is 25 per cent in one respect and 25 per cent in another, but that is a detail that I will not elaborate on at this point, for it adds up to 50 per cent, more or less.

● (1550)

Up to this point an effort has been made to achieve some uniformity by having medical care equally available across this country. But this bill makes provision in the next few years and down the road even more so, for the government to pay less than 50 per cent of the cost of medical care. It is planning the same thing for hospitalization. It is freezing funds for medical research. The result is going to be that in a few years medical care will not be equal across this country because the provinces will get from the federal government not 50 per cent but 45 per cent, 40 per cent, or 35 per cent. The provinces that can afford medical care programs will have them and those that cannot will have to cut services or put on extra taxes or deterrent fees.

I say to my friends over there who boast of what the Liberals did over a 50 year period—and they should not boast because it took that length of time—what the government under the present Prime Minister (Mr. Trudeau) is doing is to reverse the Liberal trend that was developed under Mackenzie King, under Louis St. Laurent, and, under Lester Pearson. I say therefore that we who are opposing the action of the government are in effect trying to save the soul, if it has one, of the Liberal party on this issue.

I point out also, Mr. Speaker, and perhaps this is my greater concern rather than the soul of the Liberal party, that I am concerned for what this is doing to Canada. When we get medical care and hospitalization on a basis where the wealthier provinces have it and the poorer provinces have less in terms of service or more to pay, this will do great damage to Canadian unity. That is why I regard this as an infamous act on the part of the President of the Privy Council (Mr. Sharp), who has bungled a few other things in this parliament as well, to be asking us now to close off debate on Bill C-68.

The Acting Speaker (Mr. Turner): The hon. member for Mississauga (Mr. Abbott) on a point of order.

Mr. Abbott: Mr. Speaker, I wonder if the hon. member would permit a question.

Mr. Knowles (Winnipeg North Centre): Mr. Speaker, I have only ten minutes, but as long as the House will permit I will accept a question.