cally, for example, thanks to our action plans with nine provinces in Canada, I have signed—and I will leave it to them to guess which province has not signed—we have reached 64 agreements with the provinces, including a dozen with Quebec, before the election of the Parti Quebecois, but afterwards, zip.

• (1430)

So, in terms of negotiations, clearly we resolve most of our problems through negotiation. As for this particular problem, Ms. Beaudoin has already come and presented her problem. In our opinion, there is nothing owing, nothing to pay. The regulations are clear: the Province of Quebec, in this case, is not entitled to payment, and we have told Quebec that we were prepared to let it go to court, that we would provide whatever assistance it needed to go to court and that it should get a decision from a court of law. This is the normal process.

Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, does the fact there were a number of agreements before the arrival of the Parti Quebecois not mean that the principal supporters of a no vote, with Mr. Johnson as a fine representative in Quebec, accepted any old thing from the federal government? This is why there were agreements. We, however, stand firm—that is the difference.

How does the minister explain Quebec's receiving only 8 per cent to date of the funds from this federal stabilization program, when Ontario has received six times as much, that is, 44 per cent?

Hon. Marcel Massé (President of the Queen's Privy Council for Canada, Minister of Intergovernmental Affairs and Minister responsible for Public Service Renewal, Lib.): Mr. Speaker, I should point out that the Province of Quebec has done fairly well in dealings with the federal government, because, for example, according to the study by George Mathews, one of the Le Hir studies, Quebec pays only 21 per cent of federal and other taxes, but receives 26 per cent of spending.

So, when we look at the whole picture, we see clearly that Quebec receives a much larger share for valid reasons. Stabilization payments are made when there is a shortfall. The shortfall depends on all sorts of things that have to do with economic conditions and that are therefore subject to them and not to a system of sharing or of percentages between provinces.

[English]

HEALTH CARE

Miss Deborah Grey (Beaver River, Ref.): Mr. Speaker, the health minister is fond of saying health care should not depend on the size of one's wallet. What about the size of the waiting

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list? For a hip replacement in Manitoba it is 61 weeks; 1,200 Ontarians waiting for heart bypasses; a 44—day delay in radiation for breast cancer treatment, three times longer than the medical college says is acceptable. People are dying on these waiting lists.

When will the minister even admit there is a serious problem with the health care system and that she is causing the violation of the principle of accessibility in the Canada Health Act?

Hon. Diane Marleau (Minister of Health, Lib.): Mr. Speaker, I suggest the hon. member deal directly with the provinces when it comes to waiting lists. She used two examples in her question, one respecting heart bypass surgery.

There has been an announcement I believe from Ontario that it will be shortening that list. It will be transferring more money into that area. Recently there was another announcement in Ontario of a new centre for cancer treatment which will shorten the line for breast cancer treatment.

That is what happens in a system that has everyone in it. Public pressure asks governments to transfer funds to where they are most needed. We think that is the way it has to be. That is how we have been well served in the past and that is how we should continue to be served.

Miss Deborah Grey (Beaver River, Ref.): Mr. Speaker, so yes, she is admitting accessibility is being violated and that these lines are getting shorter because people are going to the States, not because the health care system is getting any better.

The health minister should open her eyes and take a good look at the health care system. If she did she would see these massive reductions in hospital closures and Canadians buying American waiting list insurance to stay alive. This is ridiculous.

• (1435)

What specific action does she plan to take to reduce the waiting lists to ensure Canadians are getting the most advanced, the most effective and the most timely medical attention available?

Hon. Diane Marleau (Minister of Health, Lib.): Mr. Speaker, I answered that question in my previous answer. I remind the hon. member our medicare system has received applause from around the world because it is first class.

The idea that we should move to a U.S. style two-tier system is unacceptable to every member of my caucus. All the premiers say they support the Canada Health Act. Ministers of health from across the provinces support the Canada Health Act. Medical associations, nurses associations, hospital associations and the people of Canada support the Canada Health Act. The only exception is the Reform Party.