

[Chairman: Mr. Kowalski]

[10:02 a.m.]

MR. CHAIRMAN: Good morning, ladies and gentlemen, and welcome to another meeting of the standing committee on the Alberta Heritage Savings Trust Fund. This morning we have as our special guest the Hon. David Russell, Minister of Hospitals and Medical Care.

I would like to draw to the attention of all members page 43 of the trust fund report, under Capital Projects Division Investments, schedule 6. You will note on page 43 that there are a number of items that come under the administrative jurisdiction, either directly or indirectly, of the Minister of Hospitals and Medical Care. Looking under Capital Projects Division Investments, members will see the following items: Alberta Children's Provincial General Hospital, with total cumulative expenditures of \$40.477 million, but none having been made in the fiscal year under review; Applied Heart Disease Research, showing a cumulative expenditure of \$29.341 million, and no expenditures having been made in the last fiscal year; Tom Baker Cancer Centre and Special Services Facility, showing a cumulative expenditure of \$93.204 million and, once again, no expenditures having been made in the last fiscal year; and the Alberta Heritage Foundation for Medical Research Endowment Fund, showing an expenditure level of \$300 million. We've already had the privilege of meeting with representatives of the Alberta Heritage Foundation for Medical Research Endowment Fund.

There are two other items: Applied Cancer Research, showing an expenditure level of \$24.827 million, including an expenditure level in the last fiscal year; and the Walter C. Mackenzie Health Sciences Centre of \$311.998 million, showing expenditures in the last fiscal year.

I draw that to the members' attention, as there are a number of items there that members may not want to talk about. Having looked at the statement, they may feel that as there were no expenditures in the last fiscal year, perhaps this is not a matter for attention this morning. But the tradition we've always followed in this committee is that if there are questions that members want to be brought up to date on, to certainly shoot with them.

At this point in time, it is my pleasure to

welcome to our committee meeting this morning the Hon. David Russell, Minister of Hospitals and Medical Care. Mr. Russell, welcome. There are people with you; perhaps you might wish to introduce them and make some comments to committee members.

MR. RUSSELL: Thank you, Mr. Chairman. I'd like to introduce the people that are with me. Going in order from my left is George Beck, the acting deputy minister of the department. Next is Joan Nightingale, the manager of our critical care programs. At the end of the row is Aziz Poonja, manager of our capital construction budget in the department.

The list of projects which you referred to in your opening comments includes projects that have now been completed and for which no further funds have been requested. The children's hospital, of course, is complete and has gone into the regular operating system of the hospital division. Applied heart disease research was completed some time ago, and the programs that were established in various hospitals have been rolled into the global budgets of those hospitals. The Tom Baker Cancer Centre is a capital project which is finished and fully operational. Of course, you've heard separately from the medical research trust people.

Really, at this time, I have only two programs left that are still getting funds from the Heritage Savings Trust Fund. One is applied cancer research and the other is the Mackenzie Health Sciences Centre. I guess in a nutshell we could say that both of those programs have functioned smoothly during the last 12 months. I'm particularly pleased with the way the progress and management of the Mackenzie Health Sciences Centre has been turned around and can again report good news on that project.

MR. MARTIN: I'd like to look at the future, if I may, with the minister and bring back one of our favourite topics, the possibility of a northern Alberta children's hospital, in view of the past that we've had, the Alberta Children's Provincial General Hospital, all the capital projects division. My understanding is that there's a new report that indicates that there is a need. Also, it is the view of at least one of the leadership candidates, Mr. Getty, who the minister is supporting, I understand. He has

said that there is a need and that if he were the premier, we would have a northern Alberta children's hospital.

I guess my question flowing from this is: is there anything on the drawing board now to bring us up to date? Specifically, are we looking at the possibility of a northern Alberta children's hospital coming out of the capital projects division in the near future?

MR. RUSSELL: Mr. Chairman, that's not an issue that's ever been discussed in government as far as I know; that is, the use of heritage trust funds for a possible children's hospital to serve northern Alberta. I think the current debate, the one that's been prominent in Edmonton for the last several years, is whether or not there ought to be a children's hospital. The government has said that if one is needed, we will build it. That commitment is there. But the decision whether to use heritage funds would be a decision that would have to be made later on. I know the members of this committee are aware that the allotments for the capital projects division of the heritage fund are running pretty close to the 20 percent maximum, so I'm not sure at this time if there would be room to put another major project in there until something else gets finished. That would be a separate decision, in my view.

MR. MARTIN: Just to follow up on the minister's answer. Is the minister saying that now that there has been, perhaps, a change in government thinking and the possibility of a northern Alberta children's hospital, whether out of the trust fund or general revenue, is now in a firmer stage, we can look forward to an announcement in, say, the next year or two?

MR. RUSSELL: No, I'm not saying that at all.

MR. MARTIN: Just to follow up, then. It's still at the same stage as it was, say, six months ago. Regardless of certain leadership candidates saying that there is a need, in the minister's own mind that hasn't changed the situation at this time?

MR. RUSSELL: I don't believe it has, Mr. Chairman. The leadership candidates of any of the parties, of course, can have a variety of views on any number of issues. A decision at such time as one of them may become

government leader would have to be treated as an issue that goes through government and the Legislature, and at this time I couldn't predict what or when that might be.

Our commitment is there. If a children's hospital is needed, the government will build it. There are other hospital facilities that are needed to a very much higher degree than a children's hospital. In Edmonton, of course, expansion of the Cross cancer hospital is an item of extreme urgency, as is the addition of more auxiliary care beds for geriatric and the chronically ill. Children are getting good health care by way of hospitals in Edmonton at the moment. There are other groups that have higher priorities.

MR. HYLAND: Mr. Chairman, my first question is related to the applied cancer research division. I'm not sure if the minister covered it in his opening statements or not, but I believe we're in the second phase of a five-year program and we must be getting close to the end of that phase. Are there any firm plans or direction on what we're going to do with applied cancer research? Is it going to be similar to the heart, or are we looking at a whole new ...

MR. RUSSELL: The member has hit upon a very key question with respect to this program. In his question he mentioned that it is now in its second extension. It's a program that's been very difficult either to turn off or to divert to another source of funding. It is true that it's now in its second three-year extension and we've only committed to support it to the beginning of fiscal year '87. So, because of the lead that's required, much earlier to that time we'll have to come up with whether or not there's going to be a third extension, another method of funding, or a conclusion to it. We have a number of interested groups involved in developing a recommendation for government, and I expect that to proceed very shortly.

MR. HYLAND: How many more years are we looking at funding the Walter C. Mackenzie Health Sciences Centre facility till it's totally complete and operational in every sense of the design?

MR. RUSSELL: I believe the main building, the body of the project, should be completed within

the next two fiscal years. I expect there will be two more requests for funding. There are some odds and ends to clean up, things like tunnels connecting with the rest of the hospital system that's over there and renovations to an existing clinical sciences building, et cetera, but I'm told that the new hospital itself will be finished during calendar year '87.

MR. HYLAND: Thirdly, is the amount of money that was raised by the Steve Fonyo run across Canada — and I wonder how much that is — going to be added on top of the cancer research that we see here under applied cancer research, or is there a chance that that amount would be deducted by the amount raised?

MR. RUSSELL: That's all new money on top of this and is a special recognition of an achievement by Mr. Fonyo. The last advice I had is that Albertans had donated or pledged roughly \$1.8 million to the Steve Fonyo run. We will shortly be raising a special warrant for that amount, diverting and splitting it on an equal basis to the children's hospital in Calgary and the Cancer Board here in Edmonton for use with cancer-related programs. That is money in addition to what is reported here.

MR. R. MOORE: Mr. Minister, with a number of your capital projects completed and we see the winding down a little of the cancer research area, I'd like to hear what we anticipate in new projects. Three in particular have been bandied around from time to time and are very important areas that require research. I'd like to know if we are anticipating doing research in the area of sudden infant death syndrome, which needs a lot of research. We realize that the palliative care area is out there and requires research, and preventive medicine is a very big area that requires a considerable amount of research. Are we looking forward into these types of areas?

MR. RUSSELL: Not within my department at the present time. You will recall that when the medical research trust was established with its trust funding of \$300 million, the interest from that was supposed to be for the broad field of pure medical research and would apply to all divisions. So I would expect that any dramatic new initiatives would come through the medical research trust, as they should. There's a limited

amount of new activity by way of programs going on, primarily through the initiative of the Hon. Neil Webber and his division of community health services. For example, there's additional funding in the operating budget this year for palliative care by way of home care services. But I expect that any significant medical research would come through the board of trustees of the medical research foundation.

The program you have in front of you this morning is really all that's left of a move that was taken 10 years ago when Alberta's revenues started to increase very dramatically and the minister of hospitals at that time wanted to set aside some of that revenue into special applied research for cancer and heart, the number one killers in our society. He did that. He got a commitment of \$50 million over five years. As I mentioned in my opening comments, the heart applied research has been blended in with the global operating activities of the hospitals that are involved. Because of the different nature of the programs, the cancer has been continued by way of two extensions, and soon we're going to have to come to a conclusion whether or not we want to make it a permanent program of the government, blend it in with the medical research trust, or terminate it. That's a decision that's coming. There's lead time required on these project requests and a commitment of funding expected by the scientists that generally goes beyond one year, so we're going to have to come up with a good multiyear program if we want to continue it.

MR. R. MOORE: A supplementary, Mr. Chairman. Along the lines of cancer research, where are we in Alberta's participation with the national breast screening program we've talked about in the past? Is it part of our cancer research area? Are we participating and to what extent?

MR. RUSSELL: Yes, we're probably participating as well as any province. I've had very complimentary letters in my office from the national co-ordinators of the program. I believe most of the funds are coming out of this vote that's in front of you.

MR. HYLAND: Mr. Chairman, as we look at the list of facilities we have and the medical research that's going on for 2.2 million people — our population is something like that — I have a

fear, and maybe it's not founded, that we've been able to attract a lot of good research people with the endowment and a lot of good people in the other facilities . . . I don't know, and maybe the minister does, of any other area in the world that has, for example, a children's hospital for that many people, and there is some thought by some people about another one. Is it a concern or is my concern unfounded that, sure, it's nice to have a building and everything, but what about the people we attract? Are we going to get too many facilities specializing in the same thing? Then we get our specialists spread out so that we're moving children or people from facility to facility to get care, whereas if we have one facility that specializes in one area and one that specializes in another area, we can move the people only once. From Edmonton to Calgary is really not that far.

MR. RUSSELL: My view, and it's only an opinion I've formed after being in this job for a few years, is that the critical mass of brain power or skill is what keeps the system very strong and outstanding and keeps new faces coming. The bricks and mortar are important but are not the prime means of attracting people.

By coincidence, I went over to the Mackenzie Health Sciences Centre about 10 days ago and had a very comprehensive tour. I think any member in this room would be extremely excited at what you see. The struggles of all these things that our Legislature has wrestled with over the last decade are now starting to come together. So when we talk about medical research and high tech equipment and supportive new programs and critical mass of brain power, it's certainly starting to come together. To walk through that hospital, the architecture and the technology and the equipment are rather overwhelming, but to go through the wards and see some of the work they're doing is pretty impressive. To see what is happening there makes you feel pretty good to be an Albertan. In my view, it's becoming an institution and a centre of international status.

MR. COOK: Mr. Chairman, I wonder if I could ask a couple of questions of the minister. The heritage fund has provided a very good facility in Calgary, the Tom Baker Cancer Centre. I understand that there are some stresses on the Cross cancer facility. There are a lot of people

who are in the system and need attention. Has any thought been given to using the heritage fund or some other funding vehicle to modernize and expand that facility?

MR. RUSSELL: We've worked with the Cancer Board for several years with respect to the development of expanded facilities. To this date we're not counting on using heritage fund dollars; it would come out of my regular capital budget. It must be what, George? Two years ago when they were given permission to go into planning?

MR. BECK: Yes.

MR. RUSSELL: They've done very extensive planning. There's no question that the growth in population in northern Alberta is putting strains on that facility, and we're very anxious to get them out of the planning stage and into the design and construction stage. It's going to be a major project; all I can say at this point is, probably somewhere between \$60 million and \$100 million. So it's going to be a major expansion of that facility. We're anxious to see it proceed as quickly as possible.

MR. COOK: Mr. Chairman, with regard to the children's hospital concept, I wonder if the minister has given thought to taking an existing facility, perhaps like the Camsell, which is very close to a number of other hospitals and serves the same population base, and refurbishing that as something like a children's hospital. We do have more hospital beds in the system in Edmonton on a per capita basis than, say, Calgary does. It might not make sense to build an entirely new facility.

MR. RUSSELL: That's a very good observation. With the children's hospital we have as many ideas as there are people interested in the subject, whether it's a complete new, freestanding building, a complete new unit physically attached to an existing hospital, a renovation of an existing building such as you mentioned, a combination of existing pediatric wards maintained in conjunction with a new hospital, and the various models of all those kinds of things. I have a stack of reports in the office. Everybody recommends one of those at one time or another, and they're all experts. We have

another recent report which suggests that all pediatric facilities in Edmonton be closed and a new, freestanding children's hospital be built. So the saga of opinions continues.

MR. COOK: Mr. Chairman, recently the heart team at the University of Alberta hospital pioneered, in western Canada, a transplant team. Is it possible to describe now whether or not funding will be made available to continue that, perhaps out of the applied research program for heart research?

MR. RUSSELL: The way the board proceeded with that is very interesting. They told me some time ago that they had enough discretionary funding aside from their global budget to do three operations. As a board they had made the decision that they would like to try three and then have a period of assessment to review a number of things: the ability of the team and the facilities over there to perform the procedures, obviously the cost of what instituting an organ transplant program of that nature would be, and also the value it would have as a centre for western Canada.

As things happened, the first two operations occurred very quickly and very close to one another. I don't know when the third one will be, but then we will have that period of assessment I referred to. No decision has been taken yet, but it's quite possible that the Mackenzie Health Sciences Centre could become the centre for western Canada for that particular procedure, lung and heart transplants.

MR. ZIP: Mr. Chairman, early in the hearings of this committee we had a presentation of the Medical Research Endowment Fund of the achievements and directions toward the development of medical research and the resulting high quality of medical care that has come out of it. I was extremely impressed with that presentation and the directions it is taking and the base of expertise that's being broadened so remarkably. Would it not be reasonable to roll all medical research, whether it is on cancer, heart diseases, or immunology, into one area and place it under the Alberta medical research foundation?

MR. RUSSELL: Yes, and in my view, that was the original concept of the medical research

trust: that it would be an umbrella organization with its own board of trustees, its international referees, its independent assessors, and that it would deal with this multiplicity of requests we get, because we get them daily from any particular group that's related to a specific disease. I hope the day is coming — there is some difficulty here, because the applied research cancer program does not exactly, by its legal terms of reference, fit into the medical research trust terms of reference. We have tried to make that obvious switch and have been unsuccessful, so we've had a number of people working on it for us to see how we can get through this period of transition. I quite agree with you that that would be the sensible way to continue.

MR. ZIP: The second question, Mr. Minister. With the vast amounts of money that have been and are being spent by the province through the Alberta heritage trust fund and the very, very significant benefits that it's producing, not just to Alberta but to the rest of Canada and to the world, are we getting our fair share of moneys that are being donated to the cancer society and to other agencies from across the country and by people in this province as well? Are we getting our fair share of the money, or are they backing off because we're spending so much in giving help to our efforts in this province?

MR. RUSSELL: As far as I know, we are. You're verging on a debate that's got two sides to it. I can recall the other provinces being very concerned at the time we set up our medical research trust with the fear that Alberta would buy all the best brain power from the other provinces. We had to be careful to see that that did not happen, and it hasn't happened. The thrust of the board of trustees of the medical research has been to take the advice that you build a system which develops your own Nobel prize winners. You don't go out and buy somebody else's; that's a short-term thing. I believe that's working.

Along with that, I don't sense that any national organizations have withdrawn funds or decreased funds coming to Alberta or looked askance at our applicants from Alberta because that other funding is available. My understanding is that it's continued pretty fairly.

MR. GOGO: Minister, I'd like to ask some questions related to the cancer research project. Perhaps Joan Nightingale could respond. It seems to me that we've done and are doing a tremendous job with regard to research into medical areas and we're committed, as I recall, to maintaining a quality of life with people. Yet we know that we lose in Alberta some 5,000 to 10,000 people a year from cancer. It's great to say, "Hey, let's find a cure; let's solve this problem." Yet each year cancer deaths are increasing, not decreasing. We've seen in the last few years a dramatic increase in lung cancer in women — one of the most painful cancers there are.

As I look through, you've completed 62 projects in the cancer area alone, and there are another 76 ongoing. I have great difficulty in reading some of this terminology; perhaps Miss Nightingale could help me. I see no project at all related to pain or pain control. Could you help me out, first of all with regard to the 76 current projects? Are there any of those related directly to pain relief, pain control?

MISS NIGHTINGALE: There are those related to pharmacology and chemotherapy and the advantage that certain drug therapy has in terms of relieving symptoms. In that respect it can be indirectly related to pain control. But in this particular report there are none that specifically look at pain-killing medications and study them exclusive of other agents.

MR. GOGO: Minister, in recognizing cancer as one of the most painful terminal illnesses there are, would you not agree that . . . Let me put it another way. Have any applications been received for research projects into pain control? I guess I need some help, Minister. Reading the terms of reference, it says both "clinical" and "pure" research. Dealing with the clinical, which, to me anyway, would imply a physician treating a patient, have requests been made or applications been received from people who want to do pain research or research into pain areas under these research projects? Have you had any that have been rejected? I guess that's my first question.

MISS NIGHTINGALE: I can't recall if there have been any done. We don't receive copies of those that are rejected. We are only aware of what the research panel recommends in terms

of projects. There is a vast body of knowledge, however, at the Cross Cancer Institute and at the Alberta Cancer Board in pain management. Probably the most advanced information in the world is available to those oncologists who are treating the patients there. They collaborate internationally with other centres in terms of the management of patients and pain.

MR. GOGO: Minister, a year ago the Canadian Medical Association had a major discussion here in Edmonton. They adopted a position on using heroin, for example, notwithstanding the Alberta Medical Association strongly opposing it, for whatever reason I don't know. It just seems to me that we do a tremendous amount in areas of research looking for the ultimate solution, the ultimate cure, yet each year we're seeing thousands of people dying through terminal cancer. It seems to me there have been no advances at all in areas of pain control. I wonder if that's not an area where the cancer research people should be looking.

MR. RUSSELL: You raise a good issue. I have the same problem. When I go through the list of projects — I see them twice: number one, when they finally go through the system and come to my desk for approval for funding, and then later on when they work their way into the system and are presented by way of a report. Most of them are very, very specialized, because the cancer research community in medical and nonmedical people is worldwide and very specialized. You'll see people working in their own little niches and an incredible network of communications that's worldwide. The hope in the medical community is that one day all of this will come together.

As Joan says, I think a fair amount is known about pain control. I was very impressed touring the palliative care unit in the Youville pavilion, where all the residents are terminal, and going around talking to people, visiting with their doctors, looking at their charts. The way they respond to pain control is pretty sophisticated. It's on a custom basis with every patient, and it's not done in the traditional visit by the doctor saying, "Give them two doses of this every eight hours" or something. It's a custom-designed system for each resident over there, and it's quite impressive to see. So there is a fair amount known about it and done about

it. But, frankly, I think it's kind of a broad issue to be included in one of these project requests, which you'll see are very, very specialized. I guess that's the nature of the medical community that is looking at this.

MR. R. SPEAKER: Mr. Chairman, I want to ask the minister a few questions with regard to the report on cancer research. First of all, I want to say that it's very impressive that for less than \$5 million we can get -- I'm not sure how many projects are here, but we have some 60 pages of what seem to be very good types of research projects.

In terms of a general question to the minister -- and you've had the opportunity of going through each one of these and also observing some of the things that are going on in the actual practical sense, could the minister highlight some of the successes or items of note within these projects that the committee may find interesting? In terms of accountability we have to note some of those things. I think they'd also be interesting to the public.

MR. RUSSELL: I can't do that; I have to rely on expert advice to do that. I'm going to ask Joan to answer your question after I finish commenting. I think it's a false impression to hope that our program is going to result in a headline that says Alberta Finds a Cure for Cancer. I believe we're going to very diligently and painstakingly contribute toward a base of knowledge that will lead to a collective improvement in the scene. There may be a dramatic breakthrough. I know the work that was done here in Edmonton on interferon has received international attention. That's very heartwarming. We probably have here one of the best guys in the world working on that.

Joan, you should add to the comments raised by Mr. Speaker.

MISS NIGHTINGALE: Yes, I'd be happy to enumerate some of the highlights and achievements. One of the quotations received from the evaluators of these completed projects stated: by U.S. National Cancer Institute standards, this research is good, deserves support, and was a bargain.

There are over 110 basic and clinical investigators attracted to Alberta as a result of these grants. There is an international reputation in molecular biology in this

community. There are significant important publications which are making remarkable contributions to cancer. There is important laboratory productivity going on here. There are improved therapeutic procedures. According to one evaluator, there is one of the best-documented and -written monographs on palliative care. There is an international reputation on the investigations and investigators. As Mr. Russell mentioned, the investigator working here with interferon has an international reputation and the potential to make a significant contribution to clinical research in cancer.

The mark or measure of the achievements of this program can be quantified by the number of publications that are listed at the back. They are tremendously successful in that regard.

The evaluations this year point to almost all of the projects having some identifiable benefit. Some of the things that are important to appreciate are that there is core funding being provided for nuclear magnetic resonance development, in which Alberta is one of the leaders in Canada, and it is a developing field. There is a flow cytometer and cell sorter, funded for \$375,000, which is used by six investigators. These investigators are so successful that they are able to attract funds from the National Cancer Institute or the Medical Research Council and other funding agencies.

There is a cell analysis facility which has an instrumentation and capability that is matched by only one other institution in the world. There are studies that are related to prostatic cancer that have formed the Canadian data base for that type of prostatic cancer. There are surgical oncology research groups doing collaborative studies with centres in the United States and Canada, forming very original data and developing software for the analysis of that data. There is leading work being done in multiple daily fractionated radiation therapy, which has resulted in prolonged life expectancy for those patients.

It's really a very remarkable program.

MR. R. SPEAKER: In terms of the persons doing the research, I note here some from Alberta, who are, I'm sure, contributing very well. What would be the distribution of the scientists who are doing the work? How many from Alberta, Canada, the United States, and



offshore are involved? I believe you mentioned that some 120 people do various kinds of research. Would you possibly have a guesstimate?

MISS NIGHTINGALE: I know that approximately 110 researchers have been attracted here because of these programs. Many of them are Alberta residents. Some of them have been educated and developed through our universities here. For the most part, I think those 110 have been attracted from other centres. However, the Foundation for Medical Research has a tremendous program of funding and supporting Alberta residents and developing their research skills here. The fact that the principal investigators alone are attracted from other centres is just the tip of the iceberg, because they employ research assistants who are our students here in Alberta and support many technicians in the laboratories who are Alberta residents.

MR. R. SPEAKER: In terms of the persons who make submissions in terms of their idea of a research project, there are no quotas or guidelines or anything like that established that would give Albertans first priority over others. It's the idea that is evaluated first of all, no matter where the person comes from. Is that correct?

MISS NIGHTINGALE: Yes, it's the merit of the proposal. However, of all of the proposals funded, they are funded from laboratories here in Alberta that are supported through both the University of Calgary and the University of Alberta and through the Cross Cancer Institute or Tom Baker centre. So the principal investigators, many of them listed here, are full-time employees of the Alberta Cancer Board or of the universities. There's nobody who isn't associated with those institutions.

MR. COOK: Mr. Chairman, I have a general question. We have a lot of questions; for example, the hon. Member for Lethbridge West asked a question about pain control and related that to lung disease. A rejoinder from one of his neighbouring colleagues that I overheard was that some people might consider quitting smoking as a preventative measure for prevention of lung cancer. I wonder if we can go to life-style awareness, and I'd like to relate

that to a recent trip I had to the United States. It struck me that in the media, a lot of insurance companies who are paying medical insurance claims were trying to educate their policyholders so that they would have a healthier life-style and therefore less incidence of claims on the funds. We don't seem to do that with our government insurance program. We seem to take the attitude that government ought not to influence people's minds in terms of the life-styles they lead. Yet the insurance community in the United States does take a very different approach.

Has the minister had a chance to reflect on what an appropriate role is for us to encourage people to lead a healthier life and, by doing that, reduce our medical care costs?

MR. RUSSELL: Sure, many times, and we've talked about it in this committee. It's simply a question of common sense. You get into the aspect of to what extent government should try to legislate common sense, and you look at our chances of doing that with a government that can't reach agreement on the use of seat belts. Enough said.

MR. COOK: Mr. Chairman, there is hope, because we are going part way. Can we muddle through somehow and perhaps encourage the insurance commission a little bit to take that role as a sort of arm's length body?

MR. RUSSELL: There are a number of things that can be done by way of public communications. I've said that before. That's one of the things I think the federal department of health has done not badly: the participation program; I hear they've now got in the works a Stairs to Health program. I hope some people in this room are listening to that. I understand there's quite an antismoking information program being developed. It's a question of seeing how effective those can be.

Again, it's a question of common sense. We've talked about this. Should you pay the automobile insurance or the hospital costs of a person who is damaged as the result of not wearing a seat belt? Then you say, "If you're going to do that, should we pay the medical bills of a guy that drinks too much?", because that's a far bigger health problem than seat belts. If we could weed out the people in our hospitals that drink too much, I'm told we could empty 25



percent of the beds. That's incredible compared to the seat belt argument. Then you say, "If you get after the guy that drinks too much and takes up a hospital bed, how about the guy that eats too much?", and you go on and on down the list. I think it would be very difficult for a government to legislate. We can probably encourage and communicate but, again, it's a question of common sense.

MR. MARTIN: Just to follow up on some comments the minister made earlier on. One of the purposes of going into the heritage trust fund is, it says: "Heritage Fund support is helping to develop Alberta into a world centre for medical research." That flows from what the minister said, and I want to make sure I understood. We are coming now to where we have to make a decision whether we want to continue using the trust fund to develop Alberta into a major centre, because some of the projects that were started 10 months ago are slowly coming to an end, and the government will be going through this process.

My question to the minister: is there serious thought to backing off from making Alberta a world centre? Because of the cost? Could he just enlarge on that process he talked about.

MR. RUSSELL: No. There are three things here that I think we're getting blurred a bit. Number one is the program that's in front of us; that is, applied research for cancer. The question in front of us is: is this going to be diverted into the umbrella of the medical research trust with its ongoing endowment, or should this, because of its nature, be kept out as a separate, identifiable program? It's in its second extension now, and we're going to have to make a decision soon because I think the extension philosophy is not one that gives a sense of permanence to the scientists that are involved. We've asked all the people that are involved to give us a recommendation, and that will soon be going to government for a response.

The second thing, the objectives that are involved in medical research generally, I think are there stronger than they ever were. I believe the trustees of the medical research trust will soon be bringing the proposition to government that the trust should be expanded and added to by way of an infusion of dollars to make sure of its integrity so that it can function well during the coming years and

continue that momentum it has achieved.

The third aspect of what we've discussed this morning is the use of heritage trust funds for, say, specific medically related capital projects like a children's hospital. That would have to be a specific decision.

MR. MARTIN: Just to follow up, to look at the process. I think the minister alluded to it. It takes a fair amount of time in the planning process before you go, whether it be in the capital projects or some of the research projects. What process is in place right now? I take it from the minister's answer that we're not backing off from making Alberta a world centre, that that still is very much a goal of the government. What process is in place right now to look at what projects, or is there a capital projects thing? Is there a fair amount of research or planning going on now so that announcements will be made relatively soon if we're going to continue in this process?

MR. RUSSELL: I'm not sure. Is the member asking specifically with respect to cancer or more generally?

MR. MARTIN: No; more generally.

MR. RUSSELL: The process in place is that once a year all the ministers that believe they have worthwhile capital projects that could be funded by the heritage fund go in front of Treasury Board and talk to the Provincial Treasurer and the other board members. Those requests have the backing of lobbying, probably, and presentations by any number of specific groups. For example, at this time you'll see a lot of money being emphasized for irrigation projects in southern Alberta because of the nature of where we are and the history of the development of our province. There's been a pause with respect to capital projects for hospitals and medical care, because we really have put an incredible amount of money into those and maybe we should rest for a few years before we take on another major project. That's the nature of the discussions that go on.

MR. MARTIN: I specifically meant hospitals and medicare. I take from the minister's answer that probably we are not going to see a lot new in this area specifically coming out of the heritage trust fund, say, in the next two or

three years.

MR. RUSSELL: I wouldn't think so. I have to answer your question in conjunction with the capital budget of the department. We're making very good progress, in my view, with our hospital development program for the province. It's in three parts: the smaller community hospitals, the major regional hospitals, and the upgrading and expansion of the metropolitan facilities. We've made excellent progress in those three areas. The majority of interest now is in upgrading the major metropolitan centres, but in each of those cases that's being done out of the General Revenue Fund of the province. The rebuilding of the General hospital or the new Mill Woods or the new hospital in Calgary are all out of the General Revenue Fund.

Because of its special nature, if the day came when a children's hospital was destined for northern Alberta, I suppose that whoever is in charge at that time would probably say, "Is this a good project to fund out of the heritage fund?", and that debate would follow. But at the present time, everything is proceeding nicely, just the way I described it.

MR. R. SPEAKER: A supplementary question. I believe the minister mentioned that we have to increase the endowment fund of \$300 million, to maintain the integrity of medical research in Alberta. Has the minister any forecast at this time as to what we would be looking at? Would we increase it to \$400 million, to \$500 million -- the projections at the moment?

MR. RUSSELL: That's the range I've heard. I've only had informal discussions with the president and the chairman of the board. I think they would like to see the endowment increased from, say, \$300 million to \$400 million or \$450 million within the coming years, because of the increasing activity and the bigger draw on funds there will be, obviously, as the programs get better established. There was literally no draw on the funds in its early years and it grew significantly because it accumulated its own interest, but those days are over.

MR. R. SPEAKER: Mr. Chairman, to the minister. I note we have to make a date, I believe it was 1987, in terms of the cancer

research program. The final day of commitment we have here is March 31, 1987. Would the decision with regard to this new amount for the endowment fund be into 1986? Would that be required, say, for our session? Are we as a committee looking at making that kind of decision the next time we review this matter, or should that be part of our report during this sitting?

MR. RUSSELL: No, I don't think so. I don't think we're into that kind of decision-making or timing. They want to know if something is going to continue after 1987, and we obviously have several months in which we can tell them that.

MR. R. SPEAKER: Mr. Chairman, will the minister bring a recommendation back to us for consideration a year from now, when possibly we will go through this process again, under various circumstances?

MR. RUSSELL: I expect it would happen before then, that we would know where we were going before then. It would be public.

MR. R. SPEAKER: Would spring 1986 be a time when we would be given some indication?

MR. RUSSELL: I don't even want to leave it that long. The people that are advising us on this have done their work, and we're virtually ready to make a decision on it in the next two or three months.

MR. R. SPEAKER: Mr. Chairman, that recommendation would go to the cabinet committee and, following their decision, would become public? Is that the process?

MR. RUSSELL: Yes. Then if there's a change in legislation or a request for funding, it has to come to the Legislature at the earliest opportunity. But I expect we can proceed with that pretty straightforwardly.

MR. MARTIN: Just to follow up on the cancer annual report. Again, I'm somewhat interested in the process. In such a broad area, how do we decide which projects we're going to research and pay for? Under this area, do we initiate certain projects, or do people apply for grants? How do we go about deciding which

ones we will accept and pay for?

MR. RUSSELL: Joan, why don't you describe the process?

MISS NIGHTINGALE: The process is a competitive one. The Alberta Cancer Board has been charged with the responsibility of making recommendations to the minister about the projects to be funded and, in fact, with the administration of those funds. To assist them in doing that, they have established a research committee and a grants panel. The grants panel, who are researchers and experts, initially review the applications. They use a system of external reviewers for each project before them, so that two external reviewers of international reputation are asked to judge the worthiness of that particular project and make recommendations to the research panel. The research panel then selects a number of projects on which they make a recommendation to the research committee, who commend that to the Alberta Cancer Board, and the final approval is given by the minister.

MR. MARTIN: So it's not so much the department's initiating what projects they want as taking a look at what people from the scientific community are asking for.

MISS NIGHTINGALE: Yes.

MR. MARTIN: Okay. Again, a difficult question, but I'm sure this panel has to go through this. I don't know how you would do it, but how do they evaluate, after, if we're getting the type of research we want, if it's valuable? It's obviously a very broad area. I guess that if all of a sudden we found a cure for cancer, we'd know that we had good research. What evaluative process is there to make sure that the research being done is the best possible?

MISS NIGHTINGALE: Each project is judged with respect to its relevance to cancer research or cancer treatment. Much of the work being done related to genetic studies or chromosome studies that will assist in many fields of medical research has, however, a particular relevance to cancer. So the one criterion that must be met by all of the projects being funded is that they are related to cancer research.

After that, the projects are judged on their

scientific merit, and that is an objective review or judgment that is obtained from external reviewers in the field. So if we're talking about molecular biology, the grants panel would search out two world-class researchers and have them comment on the relevance of the research project. It's on the basis of the recommendations of the external reviewers that the projects are initially funded.

In terms of evaluating whether the principal investigators have achieved their objectives, the same external reviewers who have commented on the project are asked to review the completed projects. This is a unique evaluation method that isn't done by a lot of research granting agencies. However, the projects that I've highlighted for you today had a review by the same international external reviewers who initially recommended the project. As I said earlier, almost all of them had an identifiable benefit. While some of them may not clearly be identified as being related to cancer at this time, it is felt that further work in the area may lead to results that are meaningful for cancer treatment and research.

MR. MARTIN: Just one further question. It seems to me that there is a lot of cancer research going on in the world, a proliferation. What process do we look at so we're not just doing some research that's being done in the United States or West Germany or wherever? I imagine they'd want to look very closely at what research is being done so that we're not just following along with research that's being done somewhere else.

MISS NIGHTINGALE: Much of the work being done in genetic studies or molecular biology, for instance, may have a complementary researcher investigating it in 12 or 15 centres in the world, and it's that particular kind of investigation and collaborative knowledge that assists them all. Through the publication of their particular work in any one field, they've learned from each other and have added to the body of knowledge on that particular subject. So while there may be some original research being done in Alberta that isn't being done in any other centre, for the most part the projects funded are those that are considered worthy of funding and on which other principal researchers are working as well.

MR. R. SPEAKER: Mr. Chairman, my question

is to the minister, and it relates to the purpose of this committee as well. The minister indicated in an answer to me that within two to three months he will be going to the cabinet committee that is responsible for Heritage Savings Trust Fund allocations outside this Legislature and be requesting \$150 million in additional commitment from the Heritage Savings Trust Fund. My question to the minister — the minister is saying, no, no, no; maybe that's all right. But if we as a committee are to make recommendations and are going to be committed between now and when we meet again, now is the time we should have the opportunity of cross-examining why that money is or is not required and the purpose of it. Certainly, we as a committee can do that on limited information.

My question to the minister is: is that the sequence that's occurring? If you're going to make the decision shortly, shouldn't we discuss it here at this point?

MR. RUSSELL: Mr. Chairman, I regret that there's confusion about two programs. I reported to the hon. member where we were with respect to whether or not there's going to be another extension of the cancer research program. That's the one that's more imminent and upon us and which I hope will be decided within the next few short months and eventually find its way to the Legislature.

The bigger question, as to extension of the medical research trust — whether it goes from its endowment of \$300 million to some larger figure — is a recommendation and decision that won't be made by anybody in government. There's an arm's length board of trustees, established by legislation, that will do that. My understanding is that they were here in the last couple of weeks to talk to the committee, and I believe this committee has made the expansion of that endowment one of its recommendations; I remember seeing it. That's not my idea, and I'm not the person who would be deciding or recommending that. That comes from another route.

I just want to make it clear that my comments about the expansion of the medical research trust endowment shouldn't be confused with the more immediate decision with this relatively smaller program on cancer.

MR. R. SPEAKER: I would like to thank the

minister for that clarification. I had the impression that you're going to leave here and go to the cabinet committee and request certain decisions that I felt should be discussed here. That's fair enough. Thank you for the answer.

MR. CHAIRMAN: Would there be additional questions forthcoming from committee members?

Mr. Russell, thank you very much, and to those people with you, thank you very much for being present before us this morning.

For committee members, we have the details of the tour of Syncrude that Miss Conroy will now pass out to you. We'll just spend a minute or two on that. The document you have in front of you is a memo that was drafted this morning to all members of the committee. Just a quick overview of it. PWA flight 541 to Fort McMurray will depart Edmonton Municipal at 7:50 and will arrive at 8:36. It will be met by a representative of Syncrude Canada Ltd. We will then proceed from the airport to the oil sands interpretive centre, which is en route. We'll be there for approximately 30 minutes for a quick overview of this new interpretive centre. We will then visit Keyano College and will be met by two vice-presidents. This, again, is en route. At 10:30 we will continue toward Mildred Lake, and there will be an overview provided by Mr. Don Sheppard, the executive director of administration, Alberta Oil Sands Equity. Essentially what that will do is take us through some housing areas of Fort McMurray that have been funded by the Alberta Home Mortgage Corporation. It's all en route, and we'll arrive at Syncrude at 12.

The reason we have these several items in the morning is that there's another international body that will be visiting Syncrude in the morning. In terms of the administration overview we have to arrive as soon as they depart.

We'll be welcomed to Syncrude Canada Ltd. by Mr. Bob Smith, executive vice-president. We will have lunch. At 1 o'clock I'll provide you with a brief overview. Then there will be a video overview of Syncrude, and three representatives from Syncrude Canada will be there, in addition to the gentleman who will be joining us for lunch, to provide specific questions and answers in terms of the capacity addition program and others. We will take a

site tour starting at 2:15. We will leave Syncrude at 4:30. We'll have supper at the Sheraton Northwoods on the way back and eventually make our way to the airport to take the 7:50 flight.

There's a note at the bottom of the page suggesting that informal, warm, and comfortable attire would be appropriate and the caution that arms must be protected. Hard hats, safety glasses, and hearing protection will be provided. Miss Conroy will have the airplane tickets for you today or tomorrow. Your sole responsibility, in addition to being sharp and enthusiastic of course, will be to be there.

One other little item. My schedule today has me conflicting with another meeting this afternoon. There is a very strong chance that I shall be unable to attend the meeting. In looking at Standing Orders, there really is no provision for someone to fill the role as acting chairman. So I would like to make a suggestion that committee members this morning might wish to elect from among themselves someone who might be the chairperson for the meeting this afternoon. We're now open for suggestions in this regard.

MR. COOK: Mr. Chairman, I'd like to nominate the hon. Member for Cardston. He's a distinguished member of the Assembly and would be a tremendous chairman and would act as our steward in your absence.

MR. THOMPSON: I'm sorry, Mr. Chairman. I'm going to attend the meeting that you're attending.

MR. R. MOORE: I nominate Eric Musgreave. I think he would be an excellent choice to fill in your absence, Mr. Chairman.

MR. CHAIRMAN: Would there be a seconder for that nomination? I'm getting very formal. Mr. Gogo seconded that. Would there be additional nominations? All those in favour of Mr. Musgreave playing the role of the acting chairman this afternoon? That's carried.

MR. R. MOORE: Mr. Chairman, I certainly enjoyed your overview of one day of our activities, but looking over the rest of the agenda, our itinerary for other meetings, I notice that on August 27 we have a morning and afternoon session for discussion of

recommendations. Inasmuch as we all come from across this province — and I realize the recommendations we're going to have are a very important part of our mandate — a lot have to come in the night before. If we prepare ourselves, I think we could do without the morning session and in the afternoon session cover all the points we would spread over two sessions.

So I make a motion that we delete the morning session of the 27th.

MR. GOGO: Mr. Chairman, I would go along with the wishes of the Chair because, I understand, we have a meeting on the 26th. As a result of that meeting, we may want to make a decision affecting Mr. Moore's motion. So I think we should leave it with the Chair.

MR. CHAIRMAN: Would there be any other comments forthcoming? We have a motion. We'll have to deal with the motion. All those in favour of the motion put forward by Mr. Moore to cancel the meeting scheduled for Tuesday, August 27, 1985, from 10 a.m. to 12 noon kindly signify by raising a hand. Those opposed? It is carried. That meeting is cancelled. On Tuesday, August 27, it will be just the afternoon.

Thank you very much. We'll reconvene at 2 o'clock this afternoon.

[The committee adjourned at 11:19 a.m.]

