

## Standing Committee on the Alberta Heritage Savings Trust Fund Act

10:01 a.m.

[Chairman: Mr. Dunford]

MR. CHAIRMAN: Well, ladies and gentlemen, I'll call the hearing to order. As is the normal procedure, does any member have any recommendations they wish to read into the record?

DR. PERCY: Mr. Chairman, we have several recommendations we'd like read into the record. One,

Be it resolved that the Alberta heritage savings trust fund investment committee give consideration to the greater utilization of private investment managers located in Alberta to administer and manage the assets of the Alberta heritage savings trust fund.

Two,

Be it resolved that the Alberta heritage savings trust fund annual report provide comparative information regarding the rate of performance of those assets managed by government investment managers versus those assets that are managed on behalf of the government by private-sector investment managers.

The third recommendation is:

Be it resolved that the Alberta heritage savings trust fund annual report provide a breakdown of all the income that arises from the use of securities lending operations by investment dealers and that each dealer engaged in such transactions be identified.

Thank you, Mr. Chairman.

MR. CHAIRMAN: Do you have a copy?

DR. PERCY: Yes.

MR. CHAIRMAN: Now, any other recommendations from any other member? Seeing none, I'd like to welcome the Hon. Shirley McClellan, the Minister of Health. Shirley, the way we've been operating is: we're trying to stay fairly informal; we're using first names here. You're invited to make some opening comments if you wish. We're really here to discuss applied cancer research as it relates to the Treasurer's report on the heritage savings trust fund. I have been allowing a fair amount of latitude, though, for members to get involved in questions and answers with the minister, so I would look to you at times for guidance whether or not you wish to enter into an engagement. We hope that you will, because we're primarily interested here in the processing of information.

The procedure will be: we will start with the Liberal opposition, and each member will have a question and two supplementaries, and then we'll move to government members. Then we'll just rotate back and forth. So if you'd like to make any opening comments, you're invited to speak as long as you want, but as long as it's not more than 15 minutes, that will be fine.

MRS. McCLELLAN: Thank you, Mr. Chairman. I am pleased to be here before the heritage trust fund committee to emphasize how important this support from the fund has been to health in this province. I am going to contain my remarks to the specific cancer research program that falls within my responsibility. I expect that members will do the same, as that's the business at hand, and those will certainly be the areas I will answer questions on before the committee. Having said that, I recognize the other areas of health research that are important as well, but this is specific to cancer research.

It is our strong feeling that research is the only avenue to prevent and to cure cancer in the future and that we have to continue to learn

if we're going to develop new treatments and prevention measures. Targeted research is particularly beneficial to Alberta and to the health and quality of life of Albertans. Alberta is a Canadian leader in cancer research and cancer treatment. I should say that recent technological and procedural innovations in cancer treatment have enabled the Cancer Board to move to more ambulatory and outpatient cancer treatment. I think that's important. For example, 15 years ago chemotherapy required four or five days of hospitalization; today this same treatment can be done on an outpatient basis. This means that patients can stay home with their families while being treated. Our present-day treatment methods can now help cure more than 40 percent of patients with cancer. Long-term control of the disease is possible with another 35 percent of patients.

This year's commitment of \$2.8 million will add to the substantial investment this government has already made in cancer research. Over the last 16 years we have provided \$52.3 million of support to this valuable work.

This year 15 new projects were added, bringing the total number of projects funded by this very important fund to 28. These projects are funded through grants, which are awarded on the basis of an annual competition. All applications are reviewed by a scientific peer group. An advisory committee on research made up of international and national cancer scientists then makes recommendations to the board of management of the Alberta Cancer Board. The research work funded by the board is done in close association with our universities and the Alberta Heritage Foundation for Medical Research, so that liaison is there and prevents or eliminates duplication, overlap of usage of scarce resources. I think it also allows for collaborative teams to be formed, and this has occurred. I'll just tell you, briefly, some the projects being funded this year. There is a project of comparison of cancer prevention strategies, a major molecular oncology program, and three projects which explore the commercialization potential of technology resulting from cancer research.

Before I close, I just want to make a few comments about cancer in general. One in three Albertans alive today will get cancer. The probability of a Canadian man dying of cancer is one in four, 25 percent. For women that number is 22 percent. It's projected, given current trends, that by the year 2001 there will be a 50 percent increase in the frequency of cancer. I think this highlights the need to continue to explore for answers, answers that will lessen the suffering behind such statistics. Whether through heritage funding or through general revenue, we must continue to show a commitment to research if we are able to target our resources where they are truly effective.

With those comments, I'd like to introduce to the members that may not know him my deputy minister. Don Philippon has joined me today and may bring some light to some of your questions, particularly on the more technical side of the projects.

With that, Mr. Chairman, I look forward to discussion of this very important area of research.

MR. CHAIRMAN: Okay. Thank you.

Mike Percy.

DR. PERCY: Thank you, Mr. Chairman, Madam Minister. We've covered much of this ground very thoroughly during the capital projects division estimates, so my questions will be relatively brief. You've highlighted the importance of applied cancer research in terms of prevention and the fact that it yields significant cost savings. You've highlighted the fact that commercialization of cancer research may yield additional revenues that will fund even further research. Under those circumstances, then, my question is:

is it not fair to say that this would be a high priority of the government and that when it assesses its 20 percent expenditure cuts, if there's any sense of priority, this would be cut less than 20 percent?

MRS. McCLELLAN: Well, it is a high priority, obviously, of the government. We will have to look at how we assess those expenditure cuts through all health spending, but this is a high priority of our government. I think the statistics I gave you would give a very good indication of why that should be so.

DR. PERCY: My supplemental is: to the extent that it is possible, then, to achieve any cost savings in terms of the administration of the program, has it been examined whether or not this program should be collapsed with other research efforts undertaken through the other project areas funded by the heritage savings trust fund?

10:11

MRS. McCLELLAN: The Alberta Cancer Board through the Advisory Committee on Research is responsible for the administration of the research funds: expenses such as day-to-day operations, competitions, reviews, et cetera. I'm a strong proponent of bringing all research together to ensure that we do expend our dollars most wisely. However, in this case I tend to favour keeping this targeted research with the Cancer Board. I guess one is because of the very high statistics we have in the cancer area, and the other is that I am not concerned that that type of liaison is not occurring, because they work very closely with the universities, with the medical foundation. I think that liaison is very important, and they have that very close contact with the Alberta Cancer Board, which operates our cancer treatment and prevention programs in our province. Perhaps in this case it's important that we keep that targeting in this one area.

DR. PERCY: My final supplemental refers to material you previously gave us. It's my understanding, then, that we are participants in a major breast cancer study that's being undertaken in North America. In light of that and certainly the fact that this is a major affliction for many women and the recent comments about mammograms and the importance of this as preventive health care, has any research been undertaken within the projects as to the relevance, importance, or usefulness of mammograms for women under age 45?

MRS. McCLELLAN: Well, first let me say that the comments that have been made were taken from a major research document that suggested that it probably was not of significant importance under the age of 45. Those comments were taken from a major research document.

We have a breast cancer screening program in part of Alberta that's being piloted, and it is presently being reviewed by an advisory committee to bring back recommendations to me as to how this should continue. Very definitely, breast cancer is a great concern nationally, and indeed I believe there were two institutions in Alberta that were chosen to be a part of the national program that the federal government funded. We have never refused anyone breast screening regardless of age in this province. I want to make that very clear. If a person were to come where the unit is operating at any age under 45, they would receive that service.

I guess one of the things we have to talk about in the whole issue of interventions of any kind is: should we fund interventions that have no proven scientific, medical, or research documentation that the outcome has in any way made any difference. I think we do have to think about that and make those choices. I'm looking forward to the report that I get back from the advisory committee,

which is made up of radiologists -- private as well as members of the screening program -- as to the direction we should go in Alberta. I think we should make those decisions in Alberta as to which direction we should go, which is probably the most significant health concern of women in Canada and in this province. When we receive that report, certainly I'm sure we will discuss it in the Legislature at times but share that information as to the recommendations we get from that group.

MR. CHAIRMAN: Thank you.  
Denis Herard.

MR. HERARD: Thank you, Mr. Chairman. Good morning. I seem to remember, although I've been trying to find it in the book and I can't; maybe you'll remember it better than I can. It seems to me the annual report indicates that not all of the \$2.8 million approved for applied cancer research was spent. Are there not enough scientists or projects? Just what is the situation there?

MRS. McCLELLAN: Don, do you recall the reason? I suppose part of it could be the timing of when projects come in. As I indicated in my opening comments, the projects are all viewed and vetted by a scientific advisory team. They make the decisions as to whether projects go ahead. We're very fortunate in Alberta because of the strong emphasis we've had on research -- particularly, I think, on medical research, obviously through the medical foundation -- that we have attracted some very key, top scientists to this province. I guess there's always a concern as to whether you have enough of them, but our universities have been very successful in attracting top scientists. So I'm not sure that that would be the reason; more likely the vetting of projects would preclude them from spending every dollar.

MR. HERARD: So what would happen to unexpended funds? Would they go back to the heritage savings trust fund, or would they be held for next year?

MRS. McCLELLAN: They would be held in the heritage fund. I understand we're not allowed to carry funds forward, to the best of my knowledge. If you and the committee would like to change that . . .

MR. HERARD: In your opening remarks I think you indicated that the Cancer Board is responsible for administering this fund. Is there any cost to that? Is that borne by the heritage savings trust fund or the Department of Health? Just how is that funded?

MRS. McCLELLAN: Don may want to comment on the administrative side of it.

DR. PHILIPPON: Well, I think it's handled within the regular administration of the Cancer Board. They haven't got really a separate infrastructure. A lot of this, as the minister has said, requires peer review, so when an application comes in, they do send it across the country and across the world, in fact, to get comments on it. There is a cost associated with that, but they handle that as part of their administration.

MR. HERARD: So it's never reflected in the grants that are provided from the heritage savings trust fund?

DR. PHILIPPON: No.

MRS. McCLELLAN: The grants are purely for research.

MR. HERARD: Thank you very much.

MR. CHAIRMAN: Thank you.  
Grant Mitchell.

MR. MITCHELL: I'm interested, to begin with, in the minister's statement that research is probably the way of the future for preventing and curing cancer. That obviously is true to some extent, but we know a good deal about smoking and its effects on cancer. I think it can be said that Alberta probably has some of the least effective regulation of smoking in the country, so I'd like to pursue that with the minister. While on the one hand we're giving \$2.8 million to research cancer, on the other hand we're not doing what we could to regulate smoking in a number of ways. I wonder whether the minister could tell us what she has in mind at this time for the upcoming session with respect to an enhanced regulation of smoking.

MRS. McCLELLAN: Well, Grant -- if I may be so informal -- first of all, on regulation of where smoking can occur, that is regulated by the municipalities. Municipalities in this province have the opportunity to make those bylaws and regulations. I prefer to leave that to the municipalities. I don't think we should interfere in their responsibilities. So that's one. Age is another. The federal government has introduced and in fact maybe passed a Bill on the sale of cigarettes to those under 18. We will be looking at that implication for Alberta.

I think where I would like to see more emphasis put -- and I've said this consistently -- is on education: one, to ensure that people don't start smoking, because it is very addictive; two, to put more emphasis on cessation programs to help people who are smoking to stop. I'm very concerned at the number of young people who are starting smoking. With the knowledge that is available today, that surprises me and alarms me. I believe we have to do far more on that side to ensure that particularly our young people are aware. I've spoken a number of times recently with the Canadian Cancer Society on that side of it and said, you know, that obviously what we're doing is not effective enough, because there is a rising number, particularly of young ladies, beginning smoking. I think you're far better to work on that side of it. It's very difficult to legislate life-styles, but I do believe that today, with the knowledge there, it's alarming that young people are starting smoking. It's costly fiscally, but it's more costly to their health. It really worries me, and I do believe we have to put far more emphasis on our young people that are still in school to ensure that they don't start and, again, for people who do smoke, to ensure that our smoking cessation programs are more effective. Some of them have a very high rate of success; they perhaps need a little more follow-through to ensure that it holds. But it is a concern. I share your concern with it, but, if I understand you, I may not share your interest in doing it strictly through regulation and legislation.

10:21

MR. MITCHELL: I appreciate that. I guess I have a couple of things. First of all, it seems to me that tobacco manufacturers have far more resources to educate than we could ever possibly apply to the same exercise to counter that. At the same time, we can limit the effect of their, quote, unquote, education; for example, through very, very strict packaging requirements. I see no reason why those cigarette packages shouldn't be strictly black and white, and there should simply be generic packaging. I see no reason why there should be sales through vending machines. I see no reason why people under 18 years old should be able to buy tobacco and why outlets shouldn't be licensed. Those are all things we can do without

costing a lot of money to the taxpayer in light of the fact that we will never be able to educate as effectively as they can advertise through very, very subtle initiatives such as their packaging. Why won't the minister, when she considers putting \$2.8 million into cancer research, at the same time simply bring in legislation that restricts packaging, vending machine sales, and sales to people under 18 years old and fights this insidious kind of, quote, unquote, education advertising that tobacco manufacturers have such extensive resources to implement?

MRS. McCLELLAN: Well, one, I'm not sure that we provincially can control packaging. I think that would be a federal matter. Two, yes, I think we could affect the vending machines, and that's one I've noted. Three, I've mentioned to you that the federal government has brought in legislation on the sales under 18 and that we are looking at that area right now to see how it would be effective in Alberta. Again, the packaging: I will look into it. That makes a good point. There were some changes made to packaging, as you know, where there had to be a very significant warning on packages. I believe that was done through a federal initiative, so I believe they would have the control on packaging. But I'll raise it again as an idea certainly on the vending machine side and under 18.

MR. MITCHELL: Thank you. One other thought I have in that regard is that if you buy a chocolate bar, if you buy a loaf of bread, whatever you buy that you eat has the additives listed on it. We don't list the additives; they're not required to list the additives that go into tobacco. It's such an anomaly that it's hardly fathomable. I just leave that as a thought too.

The minister mentioned that on-site smoking prohibition is a municipal responsibility, but of course the health costs that arise because of inadequate smoking regulations are not a municipal responsibility. So it seems to me that it isn't sufficient to say that the municipalities can deal with on-site smoking prohibition.

I have a constituent who brought to me this case. He works at a number of remote construction sites. Well, on construction sites they have one trailer where they can eat, but that becomes a smoking trailer. He has to always fight and always loses the fight to get a nonsmoking trailer, so he's outside trying to eat his lunch at 30 below. Why is it that the province can't simply say that you must provide nonsmoking accommodation for workers? Then if the company wants to provide smoking accommodation, great. Let them provide it, or let the smokers stand outside at 30 below.

You see, the anomaly for me is that municipalities don't have to pay for the health costs. You do, and the province does, and it seems to me that at least there is a place where the province could take an initiative and do something about it.

MRS. McCLELLAN: Well, we have, certainly. Municipalities require that there be nonsmoking areas in restaurants, far, far more nonsmoking areas. Most of our malls downtown, I note, have those. I am not in favour of taking that away from the municipalities. I believe that municipalities and provincial government work in partnership, and I believe that is their area, though you raise a point on work sites such as this. I've noted that: as to whether employers outside those areas should have to have that same requirement. Frankly, until you raised it, it hadn't occurred to me about outside of where their bylaws do apply. Thank you.

MR. CHAIRMAN: Well, thank you. I found this a very interesting exchange because I have a personal interest in tobacco.

I always appreciate, Grant, your little push every meeting to just see where I'm going to break in terms of my latitude. I think I've been very generous to this point. I think we've just had 10 minutes

of discussion, and I didn't hear anything in terms of applied cancer research, so I just ask for the co-operation of the . . . [interjection] Well, I understand that. We could have framed it in that context. I would have felt a little more comfortable.

MR. MITCHELL: We're being asked to authorize \$2.8 million worth of expenditure on cancer research.

MR. CHAIRMAN: Right.

MR. MITCHELL: I think it is extremely relevant to ask why we aren't doing the things that we could do for free to put the cost back on tobacco manufacturers and not have to pursue millions upon millions upon millions of dollars of research because people get lung cancer, when they don't have to get lung cancer. I mean, I think we're being duped to spend money in research areas when we could be very, very much more aggressive in regulating it and stopping it.

Thank you.

MR. CHAIRMAN: Well, I want you to know that I admire your finesse and your command of debate, because now we've just spent another two to three minutes of, you know, your getting your position across, which I certainly respect.

MR. MITCHELL: I'm not doing this to try and manipulate the rules. I think it is fundamentally within the rules that we should be talking -- I mean, how can we make decisions about \$2.8 million of cancer research out of context?

MR. CHAIRMAN: With your skill as a debater, though, I think you can probably in the future bring it more into the area we're looking at so I don't get this squirming and all these gestures from other members on the committee.

MR. MITCHELL: They smoke, do they?

MR. CHAIRMAN: Well, actually, we raised the tension in the room to some extent that some of our members had to take a smoke break.

All right. Trying to get through this, Ed Stelmach.

10:31

MR. STELMACH: Thank you, Mr. Chairman. To the minister. Before I ask the question, I guess we know of many forms of cancer other than those such as lung cancer which seem to be a result of smoking. I gather this program does cover research other than lung cancer. There was a comment made some time ago at a public health conference -- and it's just in following with what Grant had said -- that we will never, ever find a cure for research because the human species, even races just adapting to an ever changing environment, new chemicals, new lifestyles, will never really find the real cause and cure for cancer.

However, just in following on Denis' comments earlier and the fact that unexpended funds go back to the heritage savings trust fund, because we don't roll funds over from one year to the next, Madam Minister, is there a possibility we could be losing out on some major projects that may have to be scaled over a period of a number of years?

MRS. McCLELLAN: I don't think so, because I'm very confident with the group that reviews the projects that are submitted. I believe if there are projects there that warrant funding, they fund them. I don't think it's important that you spend every dollar; it's that you spend dollars wisely and correctly. You're right in your opening comments that there are other areas. Smoking is one. Prostate

cancer is the leading cancer in males; breast cancer, as we indicated earlier, in females. But I'll tell you, another cancer that is of great concern -- I'm not sure if you have some ideas on how to legislate changes in that -- is skin cancer. That's one of the areas of concern. I guess it comes back to where I say that you cannot legislate all the things that are required to make those changes in people's life-styles. A lot of it has to be in knowledge and education. I just threw that in, Ed.

MR. STELMACH: A supplemental. So what happens, then, if it's a project that requires a number of years to carry through? This committee has, I guess, the direction where they would expend a certain amount of funds for that research project on an ongoing basis, let's say for two or three years or so. They'd just take it out of that allotment that we'd be given on an annual basis, the \$2.8 million?

MRS. McCLELLAN: One of the difficulties we face -- and I'm not sure if I totally understood your supplementary -- is that now we approve this funding on a year-to-year basis, so if approvals aren't granted until after the start of new fiscal year, it may be difficult to get the research people in that timing. There's some uncertainty about continuity of funding, so that causes us some difficulty. Certainly, as I say, the inability to roll funds over into the next year has been a bit of a difficulty in the utilization. However, I recognize that in these fiscal times we have to be very prudent in how we monitor the use of funds. So I can't fault the annual review, but it does make it more difficult in research, especially in some of these projects that are one-, two-, three-, and four-year projects.

MR. CHAIRMAN: Okay. Thank you.  
Sine Chadi.

MR. CHADI: Thank you, Mr. Chairman. Madam Minister, because we spend \$2.8 million or invest or grant \$2.8 million towards this research in our province, I'm curious to know: are there other provinces in Canada that are doing similar to what we are doing in terms of granting money?

MRS. McCLELLAN: Other provinces have research dollars. As I indicated, any research projects and proposals are viewed nationally and internationally to ensure that we're not doing the same project that's happening down the road in Manitoba or Ontario or somewhere else, that we're not duplicating that work as much as possible. Other provinces do assign dollars to research, and other provinces are involved in some of the federal/provincial initiatives that occur in cancer research.

MR. CHADI: One of the thoughts I've had is with respect to us being leaders in cancer research in Canada. I'm wondering if the Alberta Cancer Board, if that's the correct department or avenue, would be looking into the commercialization of the research itself. I note that Vencap, for example, was looking at certain medical research for commercialization, and I'm wondering if there is some of this research that has been gathered through our \$2.8 million a year that can be marketed.

MRS. McCLELLAN: I did mention in my opening comments that that is one of the areas of interest: commercialization of research. It's an area that I believe we can do much more in. Research mainly in the province is under the minister of economic development and trade -- and they work very hard on commercialization -- as well as some of the joint work we do through our universities. They are looking more and more at commercialization of research. The

Cancer Board is recognizing that this can occur in these areas too, so I think it's important.

MR. CHADI: With most nonprofit organizations it would appear that they almost inevitably would ask for more funding. It seems like funding, the amount of money, is never enough. I don't discount that we would require a lot more in terms of cancer research, and I look forward to someday seeing the fruits of this research. I have a personal stake in this as well inasmuch as I lost my mother 25 years ago to breast cancer. One thing I would like to see, of course, not only for my own personal satisfaction but for the satisfaction of all Canadians and all people throughout the world, is that we eventually come to a solution to this problem. The \$2.8 million that has been granted: is it a number we've become stuck on, or have there been requests for further funding? I'm just wondering: what is the Alberta Cancer Board looking for, and have we held tight at \$2.8 million?

MRS. McCLELLAN: Well, in fact that's a reduced amount. It was more in past years, but we've managed to hold it at \$2.8 million. The Alberta Cancer Board administers research grants from other sources as well -- from the medical research foundation; as Don just pointed out, from the National Cancer Institute -- of about \$3.6 million, so they are actively working with other areas to administer their programs.

10:41

I have always had a very strong interest in research, and the one given is that there will never be enough dollars to do the research in any area, I'm sure, that is requested. It's also a little bit difficult -- I notice my colleagues across the way that are involved in universities in teaching and so on quite know what I am talking about. It is an area of concern because sometimes it's hard to qualify exactly the payback in the short term. Quite often it's long term. Obviously, those of us who are in the industry that I'm in understand the benefits of research very firsthand because we live with those research activities that have benefited us greatly and see them in the improvement in our own operations. I think many more dollars could be expended. I think most importantly what we want to talk about today is: are the dollars we have available being expended in the best way in cancer research through activities that are occurring and through the methodology we use to grant research dollars?

MR. CHAIRMAN: Okay. Thank you.  
Carol Haley.

MS HALEY: Thank you. I guess my question is: if we look at a cost/benefit ratio of research, whether it be this or the heritage savings trust fund, the other one with the bigger dollars, is what we're doing paying off?

MRS. McCLELLAN: Well, in cancer research we believe it is, because in fact the prevention and elimination of some types of cancers has occurred. The treatment and cure of many others has increased dramatically. However, the concern we have is that there are new cancers and higher incidence. That's possibly partially because our population is, one, aging and, two, living longer. The complete eradication, I guess, is what would be desired in the long term, and that hasn't occurred. For example, leukemia in children at one time was very fatal. Today fortunately that is not the case. You have to put a human cost on payback in this type of research.

MS HALEY: Has there been any type of work done on a co-ordination basis? You know, we're doing research in Alberta,

somebody else is doing research in Ontario and Quebec, et cetera, et cetera, throughout the world. Is there any type of co-ordination so that not everybody is trying to invent the same wheel on the same specs?

MRS. McCLELLAN: The Cancer Board collaborates very closely with the medical foundation, with the National Cancer Institute. Many of these things are sent internationally and to the greatest degree possible ensure that we are not duplicating. We have researchers who come to Canada from the U.S. for a period of time, maybe a year or two or three years, and return. I would say that in the research community there is a great deal of collaboration and co-operation now, perhaps because every country everywhere is facing the same fiscal restraints so everybody is making the greatest effort to ensure that they are doing at least complimentary research rather than competitive.

MR. CHAIRMAN: Lance White.

MR. WHITE: Yes. Madam Minister, I'd first of all like to compliment your department on a long-standing commitment in this area of public health and in recognition that virtually everyone in this room at some time, either presently or in the past, has been affected by this killer. It's incumbent upon a government that at times did put some funds to this end, and it's commendable that your government sees its way clear to maintaining this level of service to the world, not just to Albertans.

The difficulty we have that I see and that has been mentioned a number of times before is to maintain this talented human resource at the level it is presently and to maintain the physical plant that has been invested in Alberta. It is not utilized to its fullest extent at present, nor is it able to plan well enough, simply because the funding year to year is not guaranteed. They cannot guarantee three years out that a highly talented, highly motivated researcher from, as you mentioned earlier, the United States -- they cannot offer a three-year program here with the confidence that the program will continue. Looking at history, it's a very good bet, but it's not guaranteed. Can the government, your department in particular, recommend to those that govern the heritage savings trust fund a long-term commitment from this fund either at the current level or another level but at a fixed level?

MRS. McCLELLAN: Well, certainly you have raised the point that I touched on briefly, that it is difficult not to have the assured year-to-year funding. If you're recommending that we look at a three- or five-year program, we did have a five-year program. However, you would be familiar with most of the programs in the heritage savings trust fund. Even if they're on a five-year mandate, they are reviewed annually and can be changed. I think it is important that we have an ongoing assurance that there will be research dollars. I'm not sure that in today's fiscal environment we can all guarantee they will be exactly the same or more. But I do think the continuity and stability of those dollars are important to the researchers for projects that are two and three years in duration.

MR. CHAIRMAN: First sup.

MR. WHITE: Yes. In another vein, we notice that in the last two, perhaps three years -- and perhaps Mr. Philippon could help out in this regard -- the change in policy direction of the board which I think is laudable -- with others it's debatable, of course -- is from the basic research that you spoke of to the preventive, not really research but proactive prevention, I guess. Will this be continued and encouraged through your department to the board?

MRS. McCLELLAN: In all areas of health we are talking about prevention, talking about personal responsibility in one's own health. I think there is nationally an interest in pursuing far more that side of health. We have tended to think of health over the years as treatment or illness instead of talking about it as wellness. I think that's important. In cancer research and cancer education there always has been that element as much as knowledge permitted. The Cancer Society has been very proactive in the education side of it, the preventative side of talking of things: diet habits, smoking, alcohol, a number of things that can be related to specific cancers. They've been very proactive on the education side of it. That's where research is important, to understand how life-styles can affect prevention of these illnesses. I think we have to have a balance, because we must have treatment but also have to ensure that we allocate sufficient resources to the side of prevention and education.

10:51

MR. WHITE: A second supplementary along the vein of prevention. As I understand it, the basic research has been done and the public health information has been done. Is it not now time to take something out of the purview of the Alberta Cancer Board dealing in the way of prevention and move it more into the mainstream in your department so as to maintain the level of basic research in the department?

MRS. McCLELLAN: You're talking about taking the results and the information.

MR. WHITE: Yes.

MRS. McCLELLAN: We do that a great deal through the public health program, through our community health programs. Certainly public health such as the Edmonton board and our health units are very proactive in these areas. I have to say again that I think we have to become more, and I think we have to really search and assess and evaluate education programs we're doing and say: are they working? Do they have any effect? Is there a better way to do this than what we're doing? In some cases I think it's obvious they're not working. We have to be just a little more innovative and creative in the way we approach some of these education programs to ensure that we are hitting our target audience and having some positive outcome. It's not good enough just to put it out there and hope somebody will pick it up.

MR. CHAIRMAN: Thank you.  
Bonnie Laing.

MRS. LAING: Thank you, Mr. Chairman. Madam Minister, could you tell us just briefly what types of research projects were funded in '92-93?

MRS. McCLELLAN: I can. There's the health sciences centre flow cytometry facility. This is a facility that supports research efforts with the Faculty of Medicine at the University of Calgary. Also, a similar project with the University of Alberta supports multiple research projects. There is a project on gene amplification. There is one project on the health effects of pulp and paper mills. This is a study of worker exposure. There is one on the treatment of chronic lymphocytic leukemia and using a particular drug in that area. There are a number of areas that are, you know, direct specifics. We can certainly share with the committee the list of projects that were approved for this year, Mr. Chairman, if that would be useful. We'll have them sent to each one with a brief explanation of the project, if that would be helpful.

MRS. LAING: Thank you. I'd appreciate that.

Do any of the projects under applied cancer research specifically target children?

MRS. McCLELLAN: Certainly some in specific cancers that tend to be more prevalent in children. I think there are two or three in the leukemia area, which is one of the high cancers in children. So in that way, yes.

MRS. LAING: Okay; good.

One last question. The Cancer Board does an excellent job of running the hospitals. Are they also involved or part of the campaign to encourage industry and business investment in cancer research?

MRS. McCLELLAN: Well, certainly I think they are quite proactive in that area, but you would find more of that through the foundation and through the universities.

Just on your previous question, back to the children. One of the projects that I think is quite interesting, even in my layman's view, is one on the immune system and antibody cells in bone marrow. That's one area of success there has been, looking at perhaps the cancer originating outside of the bone marrow. This project could be quite insightful for those types of cancer which, as I say, seem to be prevalent in children.

MR. CHAIRMAN: Thank you.  
Don Massey.

DR. MASSEY: Thanks, Mr. Chairman. To the minister. At the beginning you started talking about why you thought this fund should remain separate, yet I noted that the previous minister had indicated there was a review of all research in advanced ed, telecommunications and technology, and this fund. They were all under review. I wonder what the result of that review was. I assume it was to improve administration and the co-ordination of projects, et cetera. First, I guess, was it completed?

MRS. McCLELLAN: Well, as I indicated, most research is under Economic Development and Tourism, as is the Heritage Foundation for Medical Research. This is one area that is still with Health, and then we have another research area in Health in our general budget.

I think the most important part of this is perhaps not so much where it lies. Although the Cancer Board that administers this is with Health -- perhaps there's a good reason for maintaining it that way -- I don't think that's the most important subject. The more important subject is that we do maintain a fund for cancer research. I think that's what I was referring to more. I do believe it's important to target these research dollars. As to whether we should administer them in Health and have them under our budget or whether they should be under the budget of Economic Development and Tourism, as many other research areas are, I don't have a particular bent, because I am confident co-ordination is occurring in these research areas.

DR. MASSEY: I was just curious as to whether that review had taken place now that the previous minister . . .

MRS. McCLELLAN: I know that a lot of work has been done in that area, and we could find out the status of that total review for you.

DR. MASSEY: Thank you.

You'll have to follow this, Mr. Chairman; it gets tricky. Given that this Legislature approves this \$2.8 million for cancer research and given that the link between smoking and cancer is so strong, could the minister suggest to me how we might go about getting this building smoke free?

MR. CHAIRMAN: I'm going to allow that one.

MRS. McCLELLAN: Well, obviously the minister is not responsible for the Legislature Building. There is someone who is. However, this room is smoke free. It was not a few years ago. I believe there are smoking and nonsmoking areas in the public area of this building. I think that's the key interest and I think that's what Mr. Mitchell was talking about, that people have choices. Perhaps to a large extent that has been achieved by ensuring that the public areas of this building are smoke free. I believe the highest percentage of government buildings are, or they have designated areas. However, each building has made that choice, and I think that's important too.

11:01

DR. MASSEY: So you're saying that a vote in the Legislature might do it.

MRS. McCLELLAN: Essentially this building has that option for any public access, as far as I know, any areas that I've been in.

DR. MASSEY: Committee rooms are not. You don't have any choice when you're sitting in committee.

MRS. McCLELLAN: Well, I think that's something you would raise with the people who, one, chair the committees or, two, are responsible for the operation of this building, which isn't the Minister of Health in this case.

MR. CHAIRMAN: Denis Herard.

MR. HERARD: Thank you, Mr. Chairman. With all this talk about smoking, I'm tempted to talk about legislation against jogging next to a freeway or something, but I won't get into that. I am interested, though, in how this funding works with respect to federal/provincial transfer payments. The funds that we expend from the heritage savings trust fund with respect to this health research: does it impact what we get from the federal government at all?

MRS. McCLELLAN: No, it does not.

MR. HERARD: So they don't participate at all in this?

MRS. McCLELLAN: No. When there is a national initiative such as the breast cancer initiative that the federal government launched last spring -- I guess about six or eight months ago -- there is an opportunity for participation with provinces, not necessarily funding. Federal funding may come, not necessarily that we have any involvement in it. That is one area, but it is not matching dollars in this program with the federal government in any way.

MR. HERARD: Okay. I guess what I was leading to was the fact that we expect that federal transfer payments may remain the same or that they may go down. So this wouldn't affect the research that happens in Alberta?

MRS. McCLELLAN: The federal transfer payments that come to Alberta are not in that area. They are for physician and hospital

services. We do not receive a federal transfer payment share on many of the initiatives that we have in health in Alberta because they do not fit under what their particular criteria for transfer are.

MR. HERARD: Thank you.

MR. CHAIRMAN: Grant.

MR. MITCHELL: Thanks, Clint. Shirley, I'm interested in pursuing the issue of how we administer these research funds, and I guess I'd like to pursue a little bit the case of Dr. Berkel, who has published in the *New England Journal of Medicine* his study concerning breast implants. As a result of that work, he was given \$1.2 million worth of research funding and then was let go, and we lost that \$1.2 million worth of funding. I wonder whether the minister could comment on that whole process. The Cancer Board has had a series of vice-presidents of epidemiology, and none of them have lasted too long. What's going on here that we should give them another \$2.8 million, and how will that be administered?

MRS. McCLELLAN: I apologize. I should have asked the chairman of the Cancer Board to be here this morning to answer those particular questions. I'm not sure if it's because it's the naiveté of us, because we haven't appeared before this committee before, that we overlooked doing that. I was thinking as I was sitting here that I may have a big apology to raise.

MR. CHAIRMAN: Well, Madam Minister, I don't think you need to apologize. I think what you're perhaps indicating is that I would have maybe had that responsibility. In extending our invitation to you, I perhaps could have suggested that.

MRS. McCLELLAN: I think it's probably the minister's responsibility, but thank you for trying to take it from me, Mr. Chairman. I appreciate that. Not many people do that.

It would have been most helpful, though, to have had that for that part of the discussion, because the minister is not involved deeply in the day-to-day operation of those areas. I think you raise a legitimate concern, Grant, and I will undertake to have the chairman contact you by letter to raise the discussion on that issue.

Certainly sometimes changes occur in the research field quite rapidly because of opportunities in other areas. It's very, very competitive. I know that my colleagues from the universities in this room would know that it is a very, very competitive area. Researchers internationally chase each other, so there is a great movement and it's difficult to retain. It's helpful to retain them if you have sustained, ongoing funding; that's a valid point. But I think it's one where you should have that discussion with the chairman, and I'll undertake to do that.

MR. CHAIRMAN: Before your first supplemental. Shirley, I'm going to assume that that answer to you was the global "you." You will be sending the information to all of the committee members.

MRS. McCLELLAN: You bet.

MR. CHAIRMAN: Thank you.  
Okay. First sup.

MR. MITCHELL: Thank you, Clint. I wonder, Shirley, whether you can tell us: what are the administrative costs of the Alberta Cancer Board?

MRS. McCLELLAN: I don't have the total administrative costs of the Alberta Cancer Board in front of me, but I can tell you that for the research administration from this project it's about \$167,700. However, as you would know by looking at budgets of other research areas, many times they're for administration or some salaries because of the way funding occurs. I don't have a more complete breakdown with me on that, but that is the total, \$167,700, for this, which is quite low.

MR. MITCHELL: I'm driving at something here, and that is that we have cancer research being done by the Heritage Foundation for Medical Research, by the universities, by the Alberta Cancer Board. We don't have an Alberta cardiology board, we don't have an Alberta arthritis board, we don't have an Alberta sports injury board, you name it, that do parallel research that is done by other groups. I'm wondering: does this research have to be administered by the Cancer Board?

MRS. McCLELLAN: Well, I think I've answered that in my earlier comments by supporting this targeted specific research because, reason number one, there is a very, very high incidence of cancer and it's expected to grow and, two, because I believe in the importance of the Cancer Board, who are dealing with it on a day-to-day basis. I think it's important. I am not uncomfortable in any way about lack of co-ordination, because I see it occurring totally. There is a great collaboration between the National Cancer Institute, between the Cancer Board, between the medical foundation and other areas. I would be as concerned as you are if I felt that wasn't occurring or if there were high administrative costs to handle this. I don't think those are excessive or high. However, if you want to make a suggestion that we change it to another area, I'd be happy to hear it.

MR. CHAIRMAN: Okay; that may come in the next round.  
Lance White.

MR. WHITE: Yes. Madam Minister, in order to set a strategy for the future, one always must do an analysis of the past. I'm wondering if you're aware of the analysis that has been done by the board as to the effective results or the measured results of their research projects and whether you're willing to share some of that with the committee and whether you share the strategy that falls from that, the direction the board is intending to move.

11:11

MRS. McCLELLAN: There is an ongoing review of research at all times by the board and in collaboration with the other players that we've mentioned. I don't know whether you're looking for a study or something that might have been done that reviews all of the research activities that they've had. I'm really not sure.

MR. WHITE: It's been done. It should have been filed with the department.

MRS. McCLELLAN: To the best of my knowledge, I haven't received it yet. But that's not . . .

MR. HERARD: Was this in the last year you're talking about?

MR. WHITE: Yes, the last six months actually.

Could the minister then find out from the executive director whether in fact it's been filed? If so, if it has been, perhaps you could file it with the members of this committee, particularly Mr. Mitchell, the critic in the area.

MR. CHAIRMAN: Before we proceed any further, we have some visitors in the gallery that I would like to welcome. What you're viewing today is the standing committee on the heritage savings trust fund. We are more informal than what one might expect in the Chamber. With this particular committee we are allowed to sit in places other than our designated seats, and also we're allowed to remove jackets. So if it appears a little more informal than what you had anticipated, that would be the reason. To my right is an all-party committee, where both the government members and the Liberal opposition are represented. To my left today we have the Minister of Health, the Hon. Shirley McClellan, who is providing evidence to us. I want to close, then, by saying that I'm happy to see you and, on behalf of the committee, wish all of you a merry Christmas.

Okay. Second sup.

MR. WHITE: I just about lost it there, looking at the little smiling faces.

In a similar vein, in speaking with a number of members of society that have an interest in the treatment of cancer -- the direct treatment, not so much the research -- one of the areas that they find particularly difficult in these times of high stress, particularly in the deliverance of medical services, is that they say all this applied research is applied to . . . They know we have a much, much better handle on how things occur nowadays, and we're getting to the point of treating these things. Now, they tell me that among a number of models that are being considered right now by the department and, out of necessity, the public roundtables and all, we're looking at a model called the Oregon model. Now, the Oregon model, because of the uncertainty . . .

MRS. McCLELLAN: Who is looking at an Oregon model? Could I . . .

MR. WHITE: Oh, no. Just society in general. I mean, all of us are having to look at it and consider it as another alternative in the deliverance of health care. Then I'm looking at it through the narrow microscope of cancer treatment, not prevention but treatment. It occurs in that model that tests are put to a number of illnesses. Particularly prostate cancer and other internal organ cancers fall very, very, very low on that list. I'm wondering if the department has had much comment on this through your roundtable, not for official consumption but just as a matter of interest more than anything else.

MRS. McCLELLAN: Well, first let me make one thing clear. I don't think we are looking at an Oregon model. We're looking at a Canadian model which we have today, which is a very excellent health system.

However, the discussion that you're raising occurs around outcomes, and I had a short dialogue with Mr. Mitchell earlier in a question on that, or maybe it was with Mike on the breast screening. It's a question as to what interventions you do if there are no proven results that are positive, or positive outcomes. I think that occurs under clinical practice guidelines, under areas such as that. Of course, research is a very valuable tool as to whether a procedure should occur or would have any positive outcome. I think that's a concern not just from cost but from the person who is being treated, the number of interventions that might occur. Why would you put a patient through this number of things if there is going to be no change in their medical status because of them? I think that's an area that has to be explored further. It is being discussed by the medical community and it must be, but I think what we're talking about here is more on clinical practice guidelines, protocols or guidelines that would indicate what procedure should be followed. I think there's



been a lot said about the Oregon model, but we're really looking at how the Canadian model works rather than looking at a system that probably has far more difficulties than we do.

MR. WHITE: Thank you.

MR. CHAIRMAN: Thank you.  
Don Massey.

DR. MASSEY: Just a short question, Mr. Chairman. The \$167,000 for administration: does that include the administration that's within each project? That is, when they ask for funding, I know that institutions require that a certain portion be set aside in each proposal for administrative costs. It was from those projects that that \$167,000 was derived?

MRS. McCLELLAN: I'm sorry. I apologize. I don't have the total breakdown of that with me, but I would assume that's where it is, because the Cancer Board primarily has taken sort of the day-to-day costs in their budget. If you were bringing somebody in for reviewing or projects and so on, they have tended to do that. We should have had a better breakdown.

DR. MASSEY: I just find it surprisingly low.

MRS. McCLELLAN: It is low, and I think it speaks well to the management that the Cancer Board has been able to show by not having to have more administrative staff for that specific area because they are using their own for most cases.

DR. MASSEY: It usually not only includes administrative staff but space that institutions are involved in, laboratory space. So it is very low.

Thanks, Mr. Chairman.

MR. CHAIRMAN: Okay. Thank you.

MRS. McCLELLAN: We will review the *Hansard* from the committee very closely, and in any of the areas where more information was requested, we'll forward it to the committee as quickly as we can.

MR. CHAIRMAN: Grant Mitchell, on applied cancer research.

11:21

MR. MITCHELL: Thanks, Clint. I'm back to administration of cancer research. I think I recall that the total administrative costs of the Alberta Cancer Board are about \$5.4 million. I wonder whether the minister could tell us what portion of that cost goes to the administration of cancer research through the board.

MRS. McCLELLAN: No. I don't have that budget with me. I know you're making a point that that seems high. However, remember that many of the physicians at the Cancer Board are salaried, not fee for service. Much of the staff of the Alberta Cancer Board, if not all, are salaried positions. As to how much of that administrative cost might be directly involved with this, we will get you those figures if they have them, if they dedicate actual staff to this project.

MR. MITCHELL: I appreciate what the minister is saying about salaried doctors, but the actual operation of the two hospitals brings the total budget to about \$60 million, so I would assume that the salaried doctors come out of the remaining \$54.6 million. I wonder whether the minister could say why it is that we have a separate and

distinct Cancer Board when we don't have a separate and distinct cardiology board or, as I say, arthritis board or any other board that immediately would come to mind.

MRS. McCLELLAN: Well, we have two major cancer hospitals or facilities, I think they're more appropriately named, today in the province. We do have separate boards for other institutions which are more multidisciplinary than the Cancer Board. Again, I think perhaps one of the areas is the high incidence of this disease in the province. I guess I would prefer that the hon. member in his usual forthright way just told me how he thought it should be done: that it should be amalgamated with others or not exist. I'd be happy to hear your recommendation.

MR. MITCHELL: I'm not suggesting that at all or anything at this time. I'm simply asking because it dawns on me as we sit and talk about this and you, Shirley, are restructuring boards across this province. So I'm just asking: what is the specific . . .

MRS. McCLELLAN: We have two cancer facilities, the Tom Baker and the Cross, in this province. We do not have any other facilities that are dedicated; they're multidisciplinary. They are board governed as well, such as the Foothills hospital, the University hospital. Where cardiology does occur, it is part of a facility.

MR. MITCHELL: It's interesting that it seems that the board manages many phases of cancer-related activity: research, clearly care. They don't have much to do with palliative care. Do you think that should be something that should fall under the Cancer Board?

MRS. McCLELLAN: I want to make the point that the Cancer Board works very closely with the other facilities and has been a participant in the regional discussions with the other facilities in our major cities in particular, so I do believe there is that discussion. However, palliative care has tended to be through the community or specific institutions that have taken that on. I don't think that suggests that there's a lack of co-ordination between the Cancer Board and the patients that require that care and the facility that's offering it. The cancer hospitals tend to be treatment rather than more general in their basis. I don't see a problem.

MR. CHAIRMAN: Thank you.  
Lance White.

MR. WHITE: Yes. Madam Minister, it occurs to me and it's occurred to a number of others too that there is an area that is difficult for the layman to understand: how departmental responsibilities unfold here. Under the Economic Development and Tourism department there is a foundation called the Alberta Heritage Foundation for Medical Research. Why would that be in that department and administered there as opposed to yours? Is it not time to transfer it too?

MRS. McCLELLAN: The discussion is which way it would be. Alberta Economic Development and Tourism does administer most of the research in government, and I believe it comes back to the question of whether it all should be in one area so that you do eliminate the chance of duplication and overlap. There are very few research areas that are not there; this is one that is. A question earlier was: should this be with the others? I guess I haven't had a concern because of the close liaison between the medical foundation and the universities. They work very closely together. If I had that concern, then yes, I would say it should be directed to that.

The medical foundation is very general in medical research. I should say that if you haven't had an opportunity, you should read the very glowing report that it received from an international review committee on its activities and its benefits to the province of Alberta, the health of Albertans, Canadians, and other countries. It's a great report that was released I believe in about September.

MR. CHAIRMAN: Then we'll have that opportunity. They'll be in front of us I believe on January 18.

MRS. McCLELLAN: Well, I hope you read that before then.

MR. WHITE: Would that recommendation, then, be reviewed favourably by your department or at least be able to answer more definitively, perhaps in a paper, as to line department versus line department and the advantages of one over the other?

MRS. McCLELLAN: Well, I think I've tried today to outline why I believe this is appropriate where it is. If you have a direct recommendation that this project be moved to economic development, please put it forward, and I'm sure it would be considered.

I think the most important thing is that the research is being done and is being done appropriately and that the dollars are being used most effectively. I don't have a strong position on where it's housed. I just want to ensure that it's being done most effectively, that collaboration and consultation and liaison are occurring so that we're getting the very best value for every research dollar we have in this province, in my case in health.

MR. CHAIRMAN: Okay. Thank you.

Bonnie Laing.

MRS. LAING: Thank you, Mr. Chairman. Shirley, you mentioned the pulp mill project, that there was research on the effects. Are many research projects being done that connect sort of the environmental factors with industry? I'm thinking of agriculture, where farmers certainly handle a lot of chemicals and fertilizers, and air emissions, you know, where you've got fumes in the air. Is there much being done on that to balance what the percentages are with the effects on people's health and the incidence of cancer?

MRS. McCLELLAN: Well, there have been projects done, certainly in the agriculture area, in the chemicals. Of course, that led to a strong education blitz on wearing proper equipment: coveralls, face masks, and so on. So it occurs throughout industry in a variety of ways, but this happens to be one that is currently being funded in Alberta in an area of course of interest to us because of our industry.

11:31

MRS. LAING: After the research has been done, would that then be referred to occupational health and safety or to public health? What would happen with those findings, for instance, like these in the agricultural model?

MRS. McCLELLAN: Don, can you comment on how results are transferred?

DR. PHILIPPON: Well, there's a number of mechanisms in terms of publications. I think it's fair to say that when they do come across something that has impact for program areas, it will be made known to those program areas. Most of the departments, like I said, are plugged into the various communication networks that are on this. Certainly the whole area of health research is one that's growing, and there's a lot of attention being given to that very point: how can we

better and more quickly disseminate the research findings? So I think there are mechanisms there. You know, I'm sure they can be improved as well, and work is under way in that regard.

MRS. LAING: Thank you.

MR. CHAIRMAN: Okay; any other questions? Grant Mitchell.

MR. MITCHELL: Thanks, Clint. I'd like to talk a little bit about the breast screening clinic, Shirley. You know that's quite controversial. At this time I've been approached by a number of radiologists who are very concerned and who make a very powerful case.

MR. CHAIRMAN: Now, is this part of the applied cancer research thing here?

MR. MITCHELL: Well, certainly it's interesting to note that the Cancer Board has focused a great deal on breast cancer, and in fact Dr. Bryant, who is running this program, is doing that under the auspices of the Cancer Board. So we might ask ourselves: should we be spending the \$2.8 million on research, or should we be supporting the Bryant program, or should we not be supporting the Bryant program and putting the \$2.8 million into screening across the province under radiologists? So that's where this would be relevant.

The case is made that the screening that is done by radiologists is, I believe, \$98. The government's program, the Dr. Bryant program, is arguing that they do it for \$94, but there are some very, very serious questions about whether the \$94 includes many of the costs. I wonder whether the minister could comment -- I mean, it looks to me like the Bryant program is more expensive -- on why it is that we're supporting the Bryant program when we could easily do the same thing throughout existing private-sector doctors' radiology facilities.

MRS. McCLELLAN: Well, this really doesn't apply to this, but I think it's worth a comment. In 1988 a federal/provincial workshop recommended that breast screening be done by provincial programs in dedicated centres. I believe it was in 1990 that the breast screening program was instituted in Alberta, in only targeted areas. It is not available across the province. It is in two areas. Help me with the names. [interjection] Yeah, west central plus Edmonton and Calgary. It is a mobile van that travels out. One of the concerns was that there was not access to screening to people in rural communities in other areas; hence the van. People can self-refer. They go to the van. They have the test.

Now, the program in my view had been in place for a period of time and the question was -- it is still not available to everyone in the province -- that it should be evaluated for recommendations as to whether to not continue the program; to expand the program so that it is provincial in nature, not just for some specific areas; an evaluation of the effectiveness of the program.

There are private radiologists that sit on the committee, Grant. They are represented more than any other group. I have not received the results of the recommendations from that committee. When I do, I will review them, and we will discuss then the future of how breast screening occurs in this province.

I have met, I am sure, with exactly the same people you have with the same concerns, but I do believe that we should wait for the results of the evaluation of the program from the committee -- which, as I say, has two private radiologists -- for their input on it. I think what this minister is interested in is that the most effective use of the dollars that we expend in this area, be it through private or through a provincial program, is also the most effective program.

I think we will have that information, at least the best information we can get on a study of a program that has been in place for enough time to evaluate it. Certainly that will be what will drive the results of how we go in the future: the best program to ensure that breast screening is available to every person in this province with reasonable access.

MR. MITCHELL: I agree that the access problem is a very serious issue. The program I guess would have merit if it addressed that, and presumably it's trying to. But there wasn't an access problem in Edmonton and Calgary, so why was it that it would focus on Edmonton and Calgary initially?

MRS. McCLELLAN: Well, there is a difference between diagnostic and screening as well. As I suggested to you, this was a recommendation of the federal/provincial workshop -- this wasn't just something that was discussed in Alberta -- that a provincial program be looked at. We've had the time, as I say, to evaluate it. Let's wait for the results of that report, which should be quite soon, I would think, and move from there. It isn't an either/or; it's how is the best.

MR. MITCHELL: I appreciate the distinction between screening and diagnostic, but there's no reason why screening couldn't be done by private radiologists. The only distinction between what Bryant does and what private radiologists do is that Bryant is allowed to send out letters soliciting women to come in. There's sort of a three letter series that they send out. I'm not saying that that's necessarily wrong by any means. It's perhaps good to bring it to women's attention, but there's no reason why we have to duplicate the capital expenditure when radiologists have the facilities and could easily be involved in the screening process.

MRS. McCLELLAN: As I said, we'll look at the results of the evaluation. Private radiologists are represented on that committee in greater numbers than anyone else, so I'm sure that voice will be heard. I think one of the concerns certainly was the self-referral. A woman can self-refer to that, and the test results are sent to her and her doctor. I think one of the reasons -- and I wasn't involved at that time -- was access, again was referral. I'm sure the rest of the committee are getting impatient, so we'll continue this when we have the results from the committee.

MS HALEY: Yes, we are. This should be a private conversation.

MR. MITCHELL: I have some other questions. I don't mind if they're impatient; I get impatient with their questions too.

MR. CHAIRMAN: Before we go, I think that I've been fairly patient and have not allowed myself to be influenced by some of the members here on the committee, but you know we have clearly gone off topic. I realize that the minister had something she wanted to get out regarding the last series of questions from Grant Mitchell, but I would encourage in the interests of our mandate that if there are to be more questions, they be on this topic.

MR. MITCHELL: Okay.

I have more questions. The minister has indicated with respect to smoking -- and we've had a series on that -- that it's not her responsibility, this building and others. Is her own department a nonsmoking department?

11:41

MRS. McCLELLAN: Yes, it is, sir.

MR. CHAIRMAN: That's not in order, Grant.

MRS. McCLELLAN: I did give the answer.

MR. MITCHELL: I have a question that is in order. Given the importance that the Cancer Board plays in this area and that the minister and the chairman have both been good enough to indicate their responsibility for not having invited the president of the Cancer Board, I wonder whether we could meet again with the president here. It seems to me that would be quite important.

MRS. McCLELLAN: I don't think it's necessary. I'm not sure that has occurred in the past. I suppose I certainly could have considered it, and we might for another time, that you might invite the president or the chairman to be here. However, I have undertaken, sir, to answer any questions. I think there has been one that you raised with regard to this program that we have not answered, and we'll ensure that you get that answer.

MR. MITCHELL: Alberta has a hospital bed utilization rate of, I think, about 1,063 per thousand population per year. B.C., for example, is considerably lower. I wonder whether the minister has considered research funds from the heritage savings trust fund that would look into that difference rather than across the -- and I don't want to get political, but it seems to me we could identify what the differences are. For example, maybe we treat cancer differently. We don't, for example, pay for intravenous chemotherapy for people who can have it in the home, but we'll pay for it if they have it in the hospital.

MRS. McCLELLAN: We have a home intravenous program now.

MR. MITCHELL: Just for chemotherapy?

MRS. McCLELLAN: Not just for.

MR. MITCHELL: When was that announced?

MRS. McCLELLAN: We've had a home intravenous program through home care for a year and a half, 18 months.

MR. MITCHELL: There are many, many people that I am aware of who don't get access to that and probably stay in a hospital as a result.

I'm just wondering, though, whether the minister would consider research specifically into why our bed utilization rate is so much higher than a province like British Columbia when one would expect that it would in fact be lower given our age.

MRS. McCLELLAN: One reason could well be that we have far more acute care beds per thousand than B.C. does. They have been far more proactive at lowering the number of acute beds, so perhaps they've reacted faster than we have to changing technologies, changing methods of delivery, and we haven't closed as many beds. We are higher than the national average. We are about one bed per thousand higher than British Columbia right now. I believe British Columbia's target is lower. I don't believe we have to do any detailed research project on it. I think the information is there and that our planning area in the department is working with the institutions on those numbers. We do have that information for across Canada, in fact. So as I say, I think we have more beds.

MR. CHAIRMAN: Thank you.

Just for a change of pace, did I see Carol Haley's hand? Did you have a question?

MS HALEY: I have a motion to adjourn.

MR. MITCHELL: I have other questions I want to ask. I mean, you can't take a motion while I'm still . . .

MR. CHAIRMAN: No, I'm not. I thought she had a question. We're making this a test of wills, so I'm prepared to go until 12 o'clock. I don't have a problem.

MR. MITCHELL: I have two more questions about research. I have two more questions about the application of research funds.

MRS. McCLELLAN: Let's go.

MR. CHAIRMAN: Okay. All right. I'm listening carefully to make sure you tie it in.

MR. MITCHELL: Thank you. I want to make the point, though, that we're not limited to saying that this \$2.8 million should or shouldn't be just applied to cancer research. I would argue that I want to ask some questions about whether it should go to, for example, asthma.

MS HALEY: No. That's under a different fund.

MR. CHAIRMAN: We're talking about '92-93, sir.

MR. MITCHELL: Well, should it have gone to asthma? Should we be thinking about applying money to asthma in the future? That's a very serious health matter. We're told there's \$12 billion in . . . [interjection] This is always an issue. It's an important issue.

MR. CHAIRMAN: I think you're going to be in order, so let's have the question.

MR. MITCHELL: Thanks, Clint. I'm finding this a little bit distressing back here. You know, asthma is a very serious problem, particularly in this province. We have some of the highest rates of asthma in the country, and we have the highest rates of death from asthma in young people. I wonder whether the minister has given thought to recommendations that some kind of specific research through the heritage trust fund needs to be considered. I know that there was some research being done some years ago which was canceled by the government.

MRS. McCLELLAN: Well, I'm sure that you're aware of the asthma centre, which is already in place. It is being funded by the private sector and by the university, and there is some Health money in it.

MR. CHAIRMAN: Excuse me, Madam Minister. I wonder if I could indulge you to -- Grant Mitchell is quite adept at being able to tie the questions into applied cancer research. You, I believe, are also accommodating him above and beyond the call of duty. I think I mentioned in my opening remarks that if you wish to answer, I would allow you as much latitude as well. Clearly, we seem to be going beyond the mandate of this committee, and as the chairman I have a responsibility to all the members of this committee to try and perform in a somewhat competent manner. I would like you to help me on that, please.

MRS. McCLELLAN: Sure. I believe these funds are needed for cancer research by the very magnitude of the concern of the disease, the growth in the area. There are other research areas that are dealing with those others. I would invite the hon. member to become more familiar with the asthma centre and the funds that are there, a very proactive initiative by our university in this city and a very proactive private-sector company that have seen fit to fund that. So that research is occurring. I do believe that we should continue to fund very aggressively cancer research in this province, and I strongly recommend the continuance of these dollars being dedicated to that area.

MR. MITCHELL: I have a point of order, Mr. Chairman. You know, consistently we're hearing an argument that we can only talk about what the government has already decided to spend or to have spent. The implication of that is that I could as a member of this committee make a recommendation about asthma research, make a recommendation about chelation therapy research, make a recommendation about environmental regulations for smoking and so on without being able to ask the minister before I do that about her opinion on whether that would be effective or not effective or whether they're considering it somewhere. So it's just untenable to say that I can only ask questions about applied cancer research because that's what's been brought in this document before us. The fact of the matter is that the people of Alberta are very concerned about how the heritage savings trust fund is used and how it might otherwise be used and how its funds could be or not be applied. One of the most important references we have in making motions is the minister. This is very, very useful to me. Whether it isn't to these backbenchers, I don't know. I think it is absolutely within order for me to ask questions about asthma or about knee surgery or about smoking or about chelation therapy, because I might just want to make a motion about that.

MRS. McCLELLAN: Mr. Chairman, I don't think that I have not answered or that we have not been allowed to carry that. My concern is that we have spent five minutes of the last 15 that are available in discussing whether or not we should do what we're already doing. Now, I know that's not my place, but I'd like to get some continued questions. You've directed us quite well to this point. I think we could finish it.

MR. CHAIRMAN: Well, what's going on here, though, is that we're setting stages for future meetings. Where I had been applying some loose reins, now I'm trying to tighten them up, and of course that's extremely difficult. I appreciate the members' situation, what they're trying to do, but I want to point out that there are more forums than just this particular committee in order to do that. I think it is my responsibility to try to use the time in as meaningful a way in which we can. To be continually tested on how far I'm willing to expand the envelope: while I find it personally stimulating and interesting, I'm not sure that other members of the committee do.

11:51

MR. MITCHELL: Clint, first of all, I'd like to make it clear I'm very, very happy with the way that the minister has responded. I admire it, and I respect it, and I thank her. Secondly, I want you to know that I am not testing you in the least. Thirdly, if I'm not asking questions now, I know that there's nobody else here to ask questions. So we're not wasting time, because we would disband the meeting. I'm very grateful for the way you've allowed us to ask and allowed me to ask the questions. I don't want you to feel that I'm testing you or I'm putting pressure on you. I think they're putting pressure on you. You don't have to feel that. I've got respect for the way you

manage it, and I'm asking questions because I am legitimately concerned about these issues.

MR. CHAIRMAN: Well, my main concern is that the mandate of this committee be achieved, and I'm trying to achieve that, then, in the best possible way. I would encourage and ask for the co-operation of all members, then, in trying to accomplish that.

Now, you have another question?

MR. MITCHELL: Well, my last question is chelation therapy. This has gone on and on and on. Many people are intensely concerned about it. We've all had anecdotal evidence, and powerful anecdotal evidence, from people who have said that they couldn't walk up three stairs and now they can play golf. Is there some way that we could harness the heritage savings trust fund resources either through a direct initiation or through encouragement of the Heritage Foundation for Medical Research to try and resolve this controversial issue?

MRS. McCLELLAN: Well, I think you would have to make that decision as to whether you used heritage fund dollars. It is my understanding that the chelation therapy association has submitted a proposal for a research project to the College of Physicians and Surgeons, which has that opportunity. There were some concerns with the proposal perhaps that needed to be addressed, and I think that's being worked on and that that research is possible through that area. That's the most I can tell you as to where it's more appropriately done. As far as I know, that proposal has been advanced to the college.

MR. MITCHELL: I have some more questions, but they might just be off topic.

MR. CHAIRMAN: Thank you, sir.

Anyone like to read any recommendations into the record?

MR. WHITE: Further on that point of order, Mr. Chairman, I haven't heard any argument from anyone on this committee as to the other side of the argument that Mr. Mitchell put forward.

MR. CHAIRMAN: I'll check *Hansard* and then provide an answer to that.

No recommendations to be read in?

Okay; just one comment. Again, as your chairman I'd like to read into the record that I accept the responsibility today for perhaps our being a little more informal than ordinary, but I would encourage all members to keep in mind when they are going to come into the House that this is a committee and we will . . . I'm sorry. Ed Stelmach, did you have a . . .

MR. STELMACH: Everybody wears this.

MR. CHAIRMAN: Well, I'm just saying that we're a little more informal than what we need be this afternoon. We'll have that corrected, I'm sure.

MRS. McCLELLAN: Mr. Chairman, are you going to conclude? Could I just say in conclusion that I want to thank you for your chairmanship of the meeting -- I think you allowed for a very good discussion -- and to thank the members opposite for their interesting research. It is an area that I believe is extremely important to the province of Alberta certainly for the reasons I've indicated in applied cancer research, but research in general I think has been supported in this province. It has enabled us to be leaders in the world in many

cases, and it has allowed our people in business in a number of areas to be in a leadership position in international matters, and I think that also includes medical research. I want to thank each one of your members who asked questions today and to again thank you for your continued support of research through the heritage savings trust fund -- I think it's a tremendous way to expend dollars for the betterment of our province -- and to lastly undertake, Mr. Chairman, through you to follow up with anything that we could expand on or that we were unable to give you the information on. We'd be happy to do that, and we will do it at the very earliest opportunity that we have. I do most sincerely thank all of the members for their interest in this.

MR. CHAIRMAN: Thank you.

A motion to adjourn?

AN HON. MEMBER: So moved.

MR. CHAIRMAN: All in favour? Opposed? Carried.

[The committee adjourned at 11:57 a.m.]

