Standing Committee on the Alberta Heritage Savings Trust Fund Act

1:02 p.m.
[Chairman: Mr. Dunford]

THE CHAIRMAN: Well, good afternoon, ladies and gentlemen. It's good to be back, but I find after a break for a week I need to be retrained. I'm not sure what I'm supposed to be doing.

One thing that I am supposed to be doing is asking you if there are any recommendations that are to be read into the record at this time. Hearing none, I would just again advise committee members, and to once again establish that it's in *Hansard*, that contrary to our normal activities we are going to extend the dates for recommendations until the morning of February 6. This has been done because of the different pattern of scheduling that we've had to do this year. So that will give you more time, then, to develop your recommendations. Diane is advising me that we hope that when you read them into the record, you'll be reading them from a typed sheet that you can then present to Diane so we can get these circulated in an efficient and effective manner.

Okay. Having said all that, I want to welcome this afternoon, then, representatives of the Alberta Heritage Foundation for Medical Research. We've met these gentlemen previously, but we will get them to introduce themselves again for the sake of *Hansard*. We would hope that you would provide us with opening comments of whatever duration you prefer but hopefully less than 15 minutes.

I'm sure you're used to the procedure, but we will start the questioning from the opposition side members, and then we will alternate until questions have all been asked and answered. The situation is similar to previous years where each member, when it's their turn, has an opportunity to ask three questions. We don't get fixated on whether or not they're supplementaries to the first one. In fact, you may end up with three quite distinct questions. We hope that you will entertain us with that procedure. We find it works much better, and we get through it more quickly. We do have members, though, that have quite a broad range of interests and sometimes wish to express those in terms of questions and preambles to questions. I'm rather fair in judgment on those, but if I see squirming and quizzical looks at me, then it would be a signal that you're wondering if we have gone too far afield, in which case, then, I can always use my prerogative as the chairman to intercede. However, we find that that doesn't have to happen very often. So hopefully you'll have a comfortable time with us here this afternoon.

So if you'd like to begin, we would appreciate hearing what you have to say.

MR. LIBIN: Thank you, Mr. Chairman and the committee. I'm Alvin Libin, chairman of the Alberta Heritage Foundation for Medical Research. Dr. Spence, sitting here on my right, is the president and the chief executive officer. Once again Dr. Spence and I are pleased to share with you the ongoing successes and challenges of our foundation. When I say "our," it's a reminder that the Alberta Heritage Foundation for Medical Research belongs to all Albertans. Credit for the foundation's outstanding achievements belongs not only to effective trustees, administration, and scientists but also to the Alberta government for its foresight in establishing the foundation.

As you know, the foundation's mission is to support medical and health research in Alberta, to facilitate its application for improved health care, to encourage commercialization of discoveries which can improve health and benefit Alberta's economy, and to help build a critical mass of scientific expertise. Every year we tell you we are successful in all these areas, and this year is no exception. I'll give you examples, some of which are highlighted in our annual report, and then I'll move on to our main message for today.

Two weeks ago you may have seen news stories reporting Dr. Ron Read's research on an urgent problem: dangerous bacteria that are becoming resistant to antibiotics. He is one of the new researchers recruited to Alberta last year. With AHFMR support the universities continue to attract excellent people to Alberta.

At the same time long-standing AHFMR researchers build on previous successes. Some of you may remember Dr. Bleackley on the national news in October for his discovery of how killer immune cells in healthy people routinely destroy tumor cells. This discovery was made with a young AHFMR student in Dr. Bleackley's lab, Alison Darmon, and it gives her career a fabulous start.

Sometimes it's difficult for us laypeople to understand the importance of basic research on molecules and cells, where the payoff can be big but often not for decades. If you walk into Dr. Gary Lopaschuk's lab at the U of A, you will see a tiny little bag pulsating on the end of a glass tube. It's actually a rat's heart, a model which has allowed Dr. Lopaschuk to discover that a drug can provide critical energy for the heart during surgery and therefore reduce damage due to a shortage of blood. A team at the U of A hospitals took this information and tested it on adult and infant heart surgery patients. They found the drug did prevent heart damage. On page 8 of our annual report you'll see a picture of little Thomas Gattinger, who benefited from the discovery.

I wish all of you could have attended our technology commercialization showcase in December. At that showcase 13 innovators discussed their new businesses based on innovations ranging from a device to stop excess bleeding in cardiac care to radioactive drugs for more accurate diagnosis and software for analyzing biological molecules. All of the participants have received funding support and consulting advice from the HFMR technology commercialization program, and these entrepreneurs are dramatic evidence that Alberta's medical research business community is very much alive and growing.

Now I'll introduce you to our new directions, which Dr. Spence will expand upon. This afternoon we want to leave you with two messages. First, the HFMR is moving forward with creative solutions to meet the needs of a dynamic research community and a changing health care scene. Secondly, we rely on many strategic partnerships for fiscally responsible operations. Efficient health care systems depend upon wise decisions at all levels, and one of the challenges is making research information available to decision-makers, health care professionals, administrators, and patients. The foundation has mounted an innovative research training program that provides people in regional health authorities with the expertise to access new research findings and to participate in health research for local needs. The RHAs have responded very enthusiastically to the program.

Related to the same issue, we provide start-up funds for the health knowledge network, an electronic library of research findings available to health care professionals with a desktop or laptop computer. We also support Dr. Andrew Penn and his pioneering work on developing more useful electronic information systems for health research and patient care.

The foundation's reputation for success is evident in the new collaboration with Alberta Health, which has chosen to give the HFMR responsibility for developing a health research agenda for Alberta and for managing programs formerly administered by the provincial department. This health research activity is not a new direction for HFMR but an expansion of our current program. This agreement gives the foundation responsibility for health technology

assessment, and Dr. Spence will explain this and other aspects of the program. Generally, the collaboration allows the foundation to provide policymakers, researchers, and health care providers with more information for decision-making. The collaboration is one of the foundation's many partnerships at the local, provincial, national, and international levels. These partnerships take two forms.

The first is an exchange of information and advice on funding medical, health, and wellness research and policies to ensure that the HFMR judicially allocates resources. Our advisory network includes our major partners in Alberta universities and health-related organizations and extends to advisers in other universities and medical research funding agencies throughout the world.

The second form of the partnership is financial. The foundation works with other public agencies and with industry in collaborative funding. This is what we mean when we say that for every dollar invested, HFMR-supported scientists bring to Alberta almost $3 in outside funding. For example, Chris Bleackley, who I mentioned a minute ago, is also supported by the National Cancer Institute, the Medical Research Council of Canada, and the Juvenile Diabetes Foundation. Because of his expertise one year he received more money from NCI than any other cancer researcher in Canada. His student Alison Darmon gets some of her funding from us and some from the National Sciences and Engineering Research Council.

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HFMR researchers are heavily supported by the pharmaceutical industry. You are aware of the Glaxo Heritage Research Institute lead by Dr. Lorne Tyrrell, but there are many other examples. For example, page 9 of the annual report describes the first Merck Frosst professor in heart research at the U of C. Also our technology commercialization funding, available to any innovative businessperson in the province, frequently attracts private-sector investors.

Increasingly the foundation gives kick-start funding for promising community initiatives which will meet a specific need or build Alberta's capacity for research, health care, and economic development. We are one of the three initial partners in the health knowledge network and one of the three initial partners in the primary care research unit for Alberta family physicians. We are one of many funding partners, including the Alberta government and the Eco research chair in environmental risk management at the U of A and other endowed chairs at Alberta institutions.

I have stressed these partnerships because cumulatively they mean we are fiscally responsible in a way not immediately evident in the financial statements. They mean we are making the most of our resources and helping others make the most of theirs.

I draw your attention to one of the more fiscal matters, something this committee has inquired about in past years. Note that we have created a vehicle to accept donations from the public. It is called the Alberta Foundation for Health Research.

Lastly, I would like to publicly thank the foundation trustees for their many contributions, Dr. Spence for his excellent leadership in challenging times, and the staff for its hard work, as foundation activity expands but still retains relatively few employees. I thank you, too, for inviting us here today and all of your colleagues in the Legislature who remain committed to supporting medical and health research to keep us, our grandchildren, and their grandchildren healthy.

Thank you.

DR. SPENCE: Thank you. Mr. Chairman, I'd just like to briefly expand on a couple of the points that Al raised. Basically what he was stressing, I think, is sort of two themes: first, the creative solutions to meet the needs of a dynamic research community – that is, a research community in Alberta – but also the changing health scene, which I think we're all quite aware is in a state of flux at the present time; and second, I think to advance on the way strategic partnerships help us carry out our mission.

If I might just deal with the creative solutions first. The first creative solution is really continuing to do what I think we've done well in the past, which is to maintain support for excellence in biomedical and clinical research and encourage its application throughout the Alberta community. One of the new initiatives that has sort of launched over the last year is capitalizing on the rapid advancements in human genetics. At the present time genetics is revolutionizing the entire field of biology and medicine. I think it's fair to say that almost every medical specialty now has a genetic aspect to it, because we're all in basic fact, if you like, a composite of what we inherit from our parents and what the environment has done to us. So gene therapy is becoming a real interest as a mode of treatment for people. Can we introduce into their cells the genes that are necessary to correct disease?

The foundation in collaboration with our two major institutions, the U of A and the U of C, is looking at ways in which we can meet the challenge of gene therapy for the benefit of Alberta citizens. It's very early. We have to figure out ways to get the genes into cells, we have to figure out ways to keep from having complications, and we have to figure out ways to maintain the treatment. But I think this is a very promising avenue, and in some areas Alberta leads.

The second area that we continue to support in order to support excellence in biomedical research but, equally important, to get it out into the community is the area of technology commercialization, because the Alberta entrepreneur, the small Alberta company, the Alberta business is often the most effective vehicle for moving the fruits of the laboratory and the clinic out to the general population. So the foundation continues to support this activity.

In what I would call a move to balance the portfolio, we're trying to develop strengths now in health research. Health research is research into the broader areas of health, the broader determinants of health. In other words, it's research on health outcomes. How do you manage the health system? How do you manage it more effectively? What treatments are most effective? What are the major determinants of health? We all know that it relates in some way to education, a standard of living. What are these various elements, and how can they be harnessed and applied in the Alberta setting for the benefit of our own health?

To bring this forward we've developed two new thrusts in the last while. The first and very important one is to continue our support of trainees. What we're doing now is taking Alberta young people and encouraging them to train in health research areas, because in some of these areas we don't have Alberta talent yet. We're sending these young people away to study in England, in the United States, and in Europe, and we hope to attract these people back to positions in Alberta to help lead the Alberta thrust in health research. At the same time, we're trying to recruit people from around the world. We've established a special population health investigator program to support faculty at our Alberta institutions and in the regional health authorities, who will be population health investigators who will be looking at outcomes in our health systems, helping us to measure, helping us to do things better, looking at health promotion and disease prevention.

Now, we're developing the research strengths, but how do you get the information out there so that people can use it? The other wave that the foundation has started to catalyze is training in the community to enable people in all of our regions – from the north to the south, east to west, throughout Alberta – to use the latest research results in making decisions; that is, the consumer, the health professional, the chief executive officer, the board of the RHA. What we're looking at is a community health research training program, taking citizens within your districts, people who are health professionals or health trainees of some form, bringing them to a central location to learn some of the latest tools of information retrieval and where the information is that is necessary to manage the health system, and then sending them back to the community but not leaving them unsupported, linking them electronically and backing them up with expertise from the centre so that they become receptors for information, information sensors, if you like, within the community. We're hopeful that by doing this, we will have a natural information dissemination and retrieval system throughout the province which is second to none in the world and will be a lodestone for health research in the future and, even more important, a mechanism to enable and empower Albertans to take the control of the management of their own health within their own regions.

As part of the information system behind this, we have funded, as Al alluded to, the health knowledge network at the libraries. We're also looking at a variety of other databases and tools that we can make available to the Alberta population, some of which will have to be developed by some of the software writers within our province and beyond.

Now, backing up that community health research training program and informed decision-making throughout our province is really the rationale for our agreement with Alberta Health. What the agreement with Alberta Health does is give to the foundation the resources and the responsibility to undertake a number of important areas in health. The first is health technology assessment, which is nothing more or less than simply assembling the available information about any type of health technology – be it a treatment, be it a machine, be it a method of delivering a program – assessing this looking at all the available information, producing an informed condensed report in real time – in other words, in time to be available for informed decision-making – and providing the most recent information. This health technology assessment function will move from Alberta Health to the foundation and will be the first line of backup, if you like, to the community health research trainees. They'll have a place to go to get information, which hopefully will help to inform decision-making in the regions.

As well, we've taken on the responsibility for administering some health research funds which Alberta Health has been administering in the past, and we will use these funds to help catalyze the research in the province of Alberta to give us answers to some of the more pressing questions in our regions, issues related, for example, to the relative benefits of home care versus acute care and a variety of other issues which are surfacing on the agendas of the regional health authorities at the present time.

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Because we can't do everything and because we have to recognize that there are certain priorities within the province, we will also work together with the Alberta community to try to develop a broad overall provincial health research agenda. These are areas which we as citizens deem to be important. These are areas for research or for health technology assessment or for more effective dissemination.

Finally, we will continue to study how you disseminate information. Classically, what we have done in research is relied on diffusion from the medical journal through to the community, and it requires more positive enforcement than that because there's a lot of knowledge available at the present time which is not being applied one way or the other. So the effect of dissemination of information will be a challenge to the foundation, as it is to every other organization throughout the world.

Finally, Al's second theme is the reliance on partnerships, and he mentioned two of these. One of them is the partnership with advisers, and we use these more and more. We're developing, I hope, a very effective network for advice in the health research sector, which will be a parallel and equally as strong as the current advisory group, numbering some 400 advisers across the world, that we have in the biological sciences. We have also of course continued to try to develop effective partnerships with our funding partners throughout North America and the world: the federal government, the volunteer sector, industry, Alberta Health, which I've mentioned. We also rely on our partnerships with the regional health authorities, who are making a very significant contribution to our community health research training program in that they are agreeing to free up the time of busy individuals within their regions to take advantage of the training program and to function as researchers and as information officers within the community.

Our other important partners are the Alberta postsecondary education institutions and the high schools, which are of course the places where information gets imparted to our young people and to our trainees and which are the seats of much of the research activity that we catalyze. Finally, our most important partner, as it is I think with all our endeavours, is the people of Alberta themselves. What we hope is that these thrusts which we continue to maintain and some of the new thrusts that we are taking on will ultimately return to the people of Alberta for their benefit. Their investment in the endowment will return to them.

Thank you very much, Mr. Chairman.

THE CHAIRMAN: Thank you.

We'll begin the questioning with Mike Percy.

DR. PERCY: Thank you, Mr. Chairman. Gentlemen, I again would like just to start out by commending the foundation on its research, its performance, its output, and a very clear financial statement. My questions relate to an item that actually we had discussed last year, and that was something that you referred to in your opening comments: the return on technology commercialization projects. I'll just give you two sentences why I am concerned. It is risky. There are other mechanisms out for absorbing the risk. One doesn't necessarily think of a foundation whose focus is health research as having the in-house expertise to go forward in the commercialization of projects. That risk, then, is at the cost of financing and funding of core research. How does the foundation, then, deal with that problem?

DR. SPENCE: The technology commercialization program is what I would refer to as very early stage funding of the activity, whatever the technology may be, in order to position it so that it will be attractive for uptake, if you like, by the commercial sector: in other words, to take an idea which is largely a research idea, bench-pilot it, if you like, funded by the Medical Research Council or some other federal granting agency or some other source of funding or the foundation, and do the extra work necessary to build a prototype or

to do the sort of protection of intellectual property that may be necessary to start it on the road to commercialization. So we are extremely early stage, and we're using our scientific judgment to say that, yes, scientifically and technically this makes sense.

Then we use our advisory committees – and we have a technology commercialization advisory committee, which has a heavy business input – to say, yes, this makes sense in terms of a market, ultimately, and in terms of a management structure. But we're extremely early stage, and what we're really doing is taking the idea or the invention or the research discovery and positioning it where it may be attractive to the commercial sector. So we're not out there, if you like, at the later stages where the venture capitalist or the major company may be involved. We see them as being the partners which will pick this up eventually, but that's not where the foundation is positioned.

THE CHAIRMAN: If I could have one second. We have some guests in the members' gallery this afternoon.

I'd like to welcome you. What you are observing today are the hearings of the Alberta heritage savings trust fund. We have representatives from the Alberta Heritage Foundation for Medical Research reporting to us today. The gentlemen and lady that you see on the front benches are members of the Liberal opposition party, and in the second row, then, are men and women of the Progressive Conservative government. The informality that you're seeing is that in these hearings we're not required, as normally we are, to sit in our normal seats and also, for the men, to retain our jackets. So we can be a little more informal. We're glad that you dropped around to see us this afternoon. Hopefully, this will be a learning process for you as it certainly is for all of us each time we do it.

Okay. We'll return to Mike Percy.

DR. PERCY: Thank you, Mr. Chairman. The second question. You're really defining, then, intellectual property rights and you're setting a vehicle to try and set up a way of collaborating with the private sector and further commercialization. What's the spread of return? How much does the foundation get and how much does the primary researcher get in terms of the profit-sharing arrangement that is set up in this vehicle?

DR. SPENCE: First of all, I should make it clear that only a portion of the funding for technology commercialization comes from the endowment funds – all right? – from the income from the endowment. There is another fund which the foundation uses, which is called the medical innovation program, which was derived from the original Bill C-22 money. When the patent protection legislation was changed, some moneys were made available to the province, and those moneys were made available to the foundation. So there are two sources of funding for technology commercialization.

In terms of the sharing arrangement, if it's very clear that an Alberta institution – for example, one of the education institutions – has an interest and there will be a return to Alberta of our investment, then the foundation does not take an interest in many of these. We will leave them, at least at very early stages. We will undertake to ensure that the Alberta institution will get a return, and then the sharing between the institution and the investigator is on the institutional policies for that type of intellectual property.

For some of the larger investments and in cases where the invention may be chiefly in the private sector, then the foundation will look at a royalty arrangement based on a percentage of sales in terms of the investment, and that royalty arrangement then returns to the fund and is used again in technology commercialization. This has not been a major source of income. I think you would see it in one line there, some $8,000 in the last year. It's not a major issue at the present time.

DR. PERCY: Final question. One of the reasons foundations are often set up is because pure research is an orphan, and you undertake pure research because sometimes very good things happen from pure research that you can't anticipate a priori. Do you suspect that there will be a tilt, then, in the focus of research within the foundation into the area that ultimately in the longer term has a commercial return?

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DR. SPENCE: No. I think we try as much as possible to have a very even approach to this, certainly in terms of our basic support for personnel and training. The commercialization aspects of it don't really enter into the adjudication at all. The fact that an individual may have some patents is seen by the committee as evidence of intellectual activity, and it certainly adds to their curriculum vitae and may in fact carry credit with the committee. But equally strongly they would get credit if they were, you know, very visible on the international scene training first-class investigators themselves and then going on to do other work. So all of the sorts of standard evaluation criteria which are used in promotion and tenure in academic institutions or by granting councils are the ones that carry the day. I mean, I think that obviously with the potential of something breaking through and being applied, you can see people getting excited about that, but that's not by any means the overriding consideration.

THE CHAIRMAN: Okay. Thank you.

MR. DOERKSEN: I just have a question. It'll come back to me in a second. You mentioned some research or work you're doing in the field of health outcomes or health determinants. That would seem to me to be a little bit outside the normal scope that I would have thought the foundation was involved in. Can you tell me how that relates to your business?

DR. SPENCE: Well, I would agree, I think, that at first glance it's a little different than molecules in the test tube, if you like, or a drug, but it's all part of the same thing. What we're basically interested in is the research, the development of knowledge that can be returned for the benefit of the health of Albertans. Quite frankly, the management of the health system or health services research or health outcomes is just as important an endeavour in our view as the basic research on the nature of disease. If we can make the system more effective, more efficient, there are more resources available for other forms of health therapy or simply to return to the economy. We already know that a raised standard of living, a more buoyant economy, a more vibrant economy, education, et cetera, have a very real impact on health. So in a sense it is centre stream to our business, although it's coming at it from another, we feel, equally important direction.

MR. DOERKSEN: Will it have an impact in terms of the projects that you decide to go ahead with?

DR. SPENCE: It will give what I call a balanced portfolio. In other words, we will have projects on the basic side, but we will also have projects on the health outcomes, health economics side that relate to the management of the health system. We will have a wider spectrum of activity, but we feel that's very important in terms of the overall approach to health for Albertans.

MR. DOERKSEN: Okay.

Just on a slightly different note. Reading through your annual report, there's a lady here, Dr. Field, who has done some research in the juvenile diabetes area. From a funding side do you go out and try and gain contracts, let's say in this case from the diabetes association, to help them out with their research? In other words, how do these organizations work together?

DR. SPENCE: Actually Leigh is a good example of how this works. What the foundation did for Leigh and what we do for all our investigators is fund her salary for a period of five years. Then we review completely, you know, look at everything that they've done to decide whether the funding should be continued. Leigh is one of our heritage medical scientists, so she's been funded for five years, and I think she's in her second five-year term, somewhere along there.

In any case, we also give them a start-up grant to get them started with their research in Alberta. Our anticipation is that they will be very successful in seeking and applying for and getting back funds from other sources. So Leigh has been very successful in getting funds from a number of other agencies. What happens is that we may make an investment of a dollar, but Leigh actually returns to the province two to three dollars for every dollar we invest. She gets these outside research grants or contracts. She spends them here in Alberta on people or supplies and materials. That's where one of the multiplier effects of the foundation dollar that Al referred to works out. She happens to be a very good example. She's doing first-class research. She's one of the few people to have actually determined one of the genes for diabetes, which is an extremely exciting finding. So she's on the international stage. I mean, there are a lot of people looking at what Leigh is doing, and it puts Alberta on the map for diabetes in a very positive fashion.

THE CHAIRMAN: Thank you.

Howard.

MR. SAPERS: Thank you, Mr. Chairman. Dr. Spence, the first set of questions that I have relates a little bit to the opening remarks from my colleague from Red Deer-South when he talked about the outcome research, and I'm actually very happy to see the foundation move in that direction. One of the recommendations debated by this committee after your presentation to us last year in fact was that the Alberta Heritage Foundation for Medical Research should establish as a priority research into evidence-based medicine and health treatment outcomes. Now, that recommendation, for your interest, was not adopted by this committee after tremendous debate. The majority of this committee voted against that recommendation. But I now see that it's in fact part of your game plan and embraced in fact by Alberta Health as a result of their November 15 announcement, with which I know you're very familiar. Can you tell me what areas of health outcomes have been established, if any, and what the relationship will be between the Department of Health in its independent work on health outcomes – because it's part of their business plan – and your involvement in this area?

DR. SPENCE: Okay. First of all, with respect to the research areas that will be looked at in the future, these are determined by a couple of factors. The first would be of course the provincial priorities; in other words, those areas where there is general agreement, if you like, are important areas that we should be looking at in Alberta. We would see that as being developed in fairly wide consultation, particularly with people in the various regions of the province but also with the methodological expertise that is available in our institutions. It doesn't make very much sense to measure something if we don't understand what it means in some way. We will be looking for a consultative process which gets us input from a wide variety of sources in order to get some sort of idea of what the provincial priorities are, if you like, what the provincial agenda for this type of activity will be. It's a very early stage. We've barely got that process under way. So it's going to be a little while before we establish those.

Obviously Alberta Health would be very important in terms of their input, but so are the RHAs, because they, too, are developing a series of measures within their business plans, for example, that they want to look at. I would think that our contribution may be in the development of the methodological expertise. It may be in the health technology assessment area. It may be in the actual primary research studies that the foundation might fund.

MR. SAPERS: Will the work of the foundation now, in terms of the development and delivery of research into the development and delivery of health and health services, include research that will result specifically in policy recommendations to Alberta Health? Another way of asking the question might be: is Alberta Health a client of your research in that regard? You do the research. You come up with a recommendation. It has a policy implication. So what?

DR. SPENCE: Okay. Yes, I would agree. I think Alberta Health is a client. So are the regional health authorities. Many, many stakeholders within the province in the health area would certainly be clients for this type of information.

I would sound a caution, though, on the policy issue. Policy is clearly the purview of the policymakers. That is their responsibility. There may be reports with a series of recommendations. Those recommendations may or may not be adopted by the RHAs, by whomever, you know, by the individual consumer or the collective consumer. We all know of the examples of the admonitions that perhaps smoking is not too good for you. These admonitions are not always followed, and the policy change may not be what one would want to see. I think that there are a number of examples of slippage in our system, which I think is a natural part of a democratic society, but we would certainly hope to inform at least those making policy so that they have the best information on which to make a decision.

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MR. SAPERS: I'm sorry; you may have seen me smile when you were giving part of your explanation. It wasn't that I found your answer humorous. It was just that in your discussion describing the role of the policymaker versus researchers', you used smoking, and it just reminded me of another incident where somebody might have mistaken their role.

Has the foundation established for itself now a three-year business plan or a business plan on a time line that's consistent with Alberta Health's business plan? This again comes out of part of our discussion last year when there wasn't more than an annual review. We didn't see a separate business plan for research. We know that many of the research projects are funded multiyear. You have five-year scholars, et cetera. Is there a specific business plan that you file with Alberta Health, or will you be filing with Alberta Health?

DR. SPENCE: No, there will not be a specific business plan for Alberta Health. What we would want to develop is a series of measures that could be used to evaluate the agreement. We would want Alberta Health's agreement on this, obviously, as well as the foundation's mutual agreement on this. You know, if we were asked, we would certainly provide information and help to Alberta

Health in developing the business plan for the research side of the Alberta Health initiative. So I think I would see us as being part of that process.

Turning to the foundation's plan, the foundation very definitely does plan in the long term. We model out our fiscal projections, for example, on the endowment 10 years. It gets pretty murky when you get out too far because we're not that good at guessing what the markets are likely to do, et cetera. The research plan goes out that far. When we make a commitment to fund research, we're looking five years into the future. So very clearly we have to have a person-power/area sort of plan in place to see how these things are developing. We don't normally fund in isolation. We're always looking at the grouping, because in the groupings there are synergies. So in that sense there is a very definite foundation plan which rolls forward.

THE CHAIRMAN: Okay. Thank you.
Debby Carlson.

MS CARLSON: Thank you. I'd like to commend your work on the foundation. As we work in the province to build strong working relationships between business and the scientific research and educational facilities, could you give us some idea of what work you're doing in that area right now in terms of working with business?

DR. SPENCE: We have a number of relationships with business. The first, I should point out, is that our board of trustees, the chairman being a notable example, is very intimately involved in the business community of Alberta and so bring to the deliberations of the trustees and of course to the policies of the foundation a strong sense of priorities and responsibility that comes out of the business sector.

The second, of course, is in the membership that members of the staff and members of our scientific community have in various business organizations or business groups. Some of them, in point of fact, are starting to get into the business area themselves. So there is, if you like, a cross-fertilization of the cultures very, very definitely.

The third area is the technology commercialization program, which I referred to, in which the advisory structure of the foundation is very heavily business oriented. We have a scientific review to ensure that the activity is scientifically sound, but very frequently what it may be turned down on is the basis of the business plan, because the business plan hasn't developed sufficiently that it looks as though there is a reasonable chance of commercialization. Therefore we will be advised not to fund it, and normally the trustees would accept that advice. So there are relationships at a number of levels starting right at the top with my bosses.

MS CARLSON: When you talk about the technology commercialization projects, are those independent projects that come to you for funding, or is that an evolution between where you start with the research and the stage just before they get commercialized?

DR. SPENCE: Both. It's both. My committee is fond of saying: out of the garage. In this temperature I don't think you would want garage invention in Alberta, but some of them are by entrepreneurs in the community. Let me give you one example. A gentleman, a systems engineer who is receiving dialysis – and if you're in a dialysis unit, it's an interesting plumber's challenge because of all the pipes and whirling thingamajiggies – looked at this and said that there's got to be a better way to manage this than the way they're managing it now and in fact has come up with some very innovative ideas for the control of this using a systems control that was originally developed in the oil field. So that's an example coming, if you like, from the consumer.

Another example is one of our investigators in Calgary who was recruited here because he happens to be a superb lung physician. He's forgotten, I guess, more than most of us will ever know about lungs. He got interested in sleep apnea – you know, this business of forgetting to breath when you're asleep – and developed a number of treatment modalities for this which have been successfully commercialized. He was somebody we recruited for his basic strengths in lung disease, and on the side he developed this, and we were able to help him to commercialize that successfully.

So there are both models, if you like, and the whole spectrum in between.

MS CARLSON: You touched earlier in your comments to my colleague on the commercialization process and what ownership you retain. Could you just expand on that a little bit? Do you have some sort of a set formula? How is it determined that some of the ownership will stay with the foundation or that you'll just look for some sort of repayment if it's seed money?

DR. SPENCE: The major determinant is the benefit to the province of Alberta. That's what we're ultimately looking for. I mean, that's what we're about as a foundation. So if the intellectual property, if the work is done in one of our major institutions, let's say – and there's a definite policy in place for sharing of that so that if there is a return, it will benefit the citizens of Alberta – then the foundation may or may not take an interest in it, probably would not. If, on the other hand, it's clear that there's a major national or international interest in it and it might ultimately move out of the province for a variety of reasons – successful commercialization, et cetera – then the foundation might wish to take a royalty interest in it to ensure that something came back to the province.

So because we're a foundation and a philanthropy, as long as it returns to Alberta we're comfortable with it. If it's not returning to Alberta, then we want to ensure that it does, and this is where we would have the arrangement for the funding with a royalty stream in it in order to return something to the province. We try to develop in Alberta as much as we can, but sometimes for a variety of reasons, the international market, it makes sense to move to Europe or to the U.S. or something like that. So the commercialization may go afield, or just maybe the sheer success of it will take it afield in that way.

THE CHAIRMAN: Okay. Thanks, Debby.
Peter Sekulic.

MR. SEKULIC: Yes. Good afternoon, gentlemen. Just a couple of quick questions. I note in your annual report that one of the functions that you have is support for regional health authorities, and the way you do that is you provide training programs so that they can carry out some health-related research. I'm just curious. Firstly, is this a new initiative, or was there something in place with the Department of Health previously which would have mirrored this? Is this just the refinement and redevelopment, or is this a relatively new initiative?

DR. SPENCE: This is a new initiative by the foundation that we actually announced and started to work on before the Alberta Health agreement was completed. I think it enabled the Alberta Health agreement, because the Alberta Health agreement reinforces the training program. I mean, we see the regions as being a vital part of the overall health structure of our province. You know, it's moving the research agenda out to the regions so it addresses problems of importance to people in the far north, the far south, wherever they may be in this province but also gets the information out there. It's trying to work this two-way street of: what are the problems? The problems in Edmonton or in Calgary are different in some ways, particularly in terms of systematic problems, than in some of the other areas. So what we're trying to do is develop both the information dissemination system and the research system so that it picks up on these questions that are coming from across the province. We are a provincial entity, and we're trying to balance that whole thing.

Now, this is going to be a long build in terms of building the capability, the expertise, but we feel it very important to start, and the best time to start is when people are recognizing – you know, as part of the roundtable process we heard people from all walks of life saying: "Listen; we need information. We need a plan. We need to think about this." So we're trying to enable that for the people for the health decisions of tomorrow, of the future.

1:52

MR. SEKULIC: I just want to clarify my understanding, then, that it's an information loop. The foundation would provide training as to how to gather information, how to do the research at regional levels, and in return you would be the benefactor of some of the information that they are collecting regionally to get a better understanding of the provincewide needs in the regional areas or the differences between regions.

DR. SPENCE: It's not simply us. As a matter of fact, I think we are really a minor player in terms of the return of information. We're one of the people in the information loop. Let's say that they gather it through accumulating evidence from around the world, you know, and synthesize a report or they do the research locally. That information, I would hope, would be used effectively right away in the region, first of all, and alter policy and decision-making in the region in some way, the rest of the regions in Alberta, and then ultimately, obviously, you know, the information would be of benefit to the foundation. The primary customer for the information is the regions themselves and, of course, our academic institutions – the universities, the colleges, and so on – who teach from that information and use it to mount new research programs. So we see the whole community as benefiting.

The idea is not to have the foundation as the central receiver of information. We're just one of the nodes on a network. If we get fantastic synergy between a region in the north and the University of Lethbridge, then I think we've really put something together. It's going to be something that's quite unique. I just use those as examples because they happen to be far apart. We will have something that's unique and, quite frankly, a real inducement for people from around the world to come to Alberta and see what we've done, because this has not been done in other jurisdictions. They've developed central strength at one or two institutions, some of the American or British institutions really notable. This community networking is something that is relatively new, I think, in the thinking in the health area.

THE CHAIRMAN: Does that provide you with an answer?

MR. SEKULIC: Very good. Sounds like an exciting program. I wish it success. That was my question.

THE CHAIRMAN: Do you have a second one?

MR. SEKULIC: No, I don't. That's it. Thank you very much.

THE CHAIRMAN: All right. Thanks.
Howard.

MR. SAPERS: Thanks. The discussion that you initiated in your comments about the health technology assessment that you were going to be able to provide – I think the expression you used was real time results or real time research. I'm wondering whether or not, therefore, one of the technology assessments you'll be undertaking is in the area of health information management. I'm thinking specifically of smart cards.

DR. SPENCE: That has not been a question that has surfaced on the health technology assessment agenda, to my knowledge, but we are just taking over that process. That type of technology is something that is looked at, but they also look at a lot of other things; the use of tests, for example. You know, it used to be that every time you visited your physician or visited a hospital, one of the things that we had to do was have a sample of water in a bottle. Well, the question that comes up is whether this is always necessary. These are not expensive tests, but they do add significant cost. Preoperative testing, which used to always be done: there's some evidence now that except in certain high-risk cases probably a lot of this preoperative testing is really unnecessary and does consume a lot of resources. So those are the other areas that health technology assessment looks at.

Smart cards are obviously a very complex technology to look at, quite frankly. I mean, witness the current debate and the discussion. That would be one that I think would be difficult to return any rapid answer to. One would have to look at a wide range of parameters and then may just concentrate on the technology. Its application, policy decisions related to it are another issue entirely.

MR. SAPERS: It would seem that because of the foundation's new and emerging role in terms of being the central place for health research and your commitment as a foundation to providing research that's not just, as you called it, the test-tube kind of research anymore but now the more policy-oriented and the health outcomes, et cetera, it would make sense that if you're assessing health technology – one of the technologies which is becoming of emerging importance in this province is the technology around information management. It would make sense – would it not? – that you be involved in assessing that before it is put into use in the province.

DR. SPENCE: It might very well be a question that would come to us. I mean, health technology assessment responds to a question, if you like. Those questions go through a priorization process which really relates to the number of people impacted, cost, availability of information, whether it's high or low on the provincial agenda. When it's gone through that entire priorization process, not the least being, "Is there any information there?" – there are some areas where people will ask questions and there simply isn't any information. Once all of that information is assembled together, then one can decide, yes, this is something that the health technology assessment function should be looking at or shouldn't be looking at, then move forward to synthesize the report, recognizing which audience you're dealing with – you know, who's the audience for the

report? – because it changes the way in which you would provide the same information. Some busy CEO wants a one-page summary referenced to where you got the information. Somebody else who's an aficionado in the field wants bell, book, and candle. So that's where you would tailor your report. All of these are issues that can and have been looked at.

The international health technology assessment activity at the moment, for example, is looking at osteoporosis. That's one of the things they're looking at. It's a major area.

THE CHAIRMAN: Third question.

MR. SAPERS: Third question? Okay. When it comes to attracting scholars to the province, we've heard from some individuals, including the dean of the Faculty of Medicine at the University of Alberta hospital, that basic research is suffering and that the research environment is being compromised because of all the changes, all the turmoil in health care. I'm wondering whether or not you could comment on the experience of the foundation in terms of attracting scholars and researchers. It's one thing to have the financial resources of the foundation but of course something else entirely when you're looking at the overall climate for doing research in the province. Maybe you can give us the benefit of your experience in that regard over the last year.

DR. SPENCE: Because the people who are supported by the foundation at the Alberta institutions are very, very good – I mean, I would use the word that I heard the committee use yesterday: excellent. Because they are of that calibre, we expect to see a certain amount of attempts to recruit them away. That happens whether the scene is bad or good. Quite frankly, if nobody was interested in the people we're recruiting, then I'd be a little worried. I see it as a compliment. That has not increased; we have not seen an increased loss in the research system as opposed to the general medical system overall. I can't really comment on that one, but in the research system we have not seen it. The application pressure on the foundation programs remains as high as it has been, you know, historically in the last three or four years. So on the basis of the foundation's experience I can't say that the current situation is less favourable or more favourable.

You do have to recognize that the foresight of the Alberta government in setting up the foundation has provided a magnificent attraction for people to come from the outside. The young investigators that I talk to after they've been recruited here, when I ask them why they've come, almost to a person they will tell us that it's the opportunities offered by the province of Alberta. One of those opportunities is the foundation, so I think it's a countervailing pull.

At the present time, because of the uncertainties in the health system nationally and internationally – I mean, it's not just here; it's everywhere – people are examining career options. I think there's no question that there are certain fields that appear to be a little more popular than others. I see that as a national and international thrust. It's something that's happening well beyond the borders of our province and includes us, obviously, as well.

2:02

THE CHAIRMAN: I forgot to send Howard a Christmas card, so you can consider that series of questions to be my little Merry Christmas to you.

Yvonne Fritz.

MRS. FRITZ: Thanks, Mr. Chairman. I was just reviewing your financial statement, the March 31, 1995, financial statement. One of the questions that came to mind for me was on schedule 2. When I was looking at trustees, the honoraria and retainer fees and other, et cetera, I noticed that it had increased just slightly. But when I know that we've been reviewing a number of financial statements for the past couple of years through government and seeing reductions in those areas, the question that I'm thinking is: could you explain to me how often the board meets and the duties of the board and whether or not the honoraria actually include the advisory committees as they meet? I notice that there are nine board members.

MR. LIBIN: Correct.

MRS. FRITZ: I don't know if that helps you. I'm looking at the printed financial statement.

THE CHAIRMAN: Is that on page 5, Yvonne?

MRS. FRITZ: Yes, Mr. Chairman. Page 5 as well as schedule 2.

DR. SPENCE: I'll probably ask Al to comment on this as well, but in basic fact the trustees voluntarily reduced their honoraria for the year. What you're seeing there reflects the number of trustees.

The one in eight reflects the average number through a year. What in point of fact happens is that when an appointment lapses and somebody else doesn't get appointed, we may get a holiday, a window, if you like, in terms of the funding, and I think that's what you're seeing in those numbers. In terms of the actual trustee honoraria, that in fact was reduced by the trustees.

MRS. FRITZ: Could you just elaborate and comment a little further on what that is? All I see here is what it says as a total for 1994 and then as well for 1995.

MR. LIBIN: There are nine trustees in the foundation. The trustees all receive an annual retainer plus a meeting fee. Our meetings basically vary, depending on the activities of the foundation. This year there were a number of additional meetings relating to the arrangement with Alberta Health. We could have six meetings, eight meetings, meetings by the month, depending on what was necessary, basically on what was on our current agenda. We vary from year to year. We meet with our scientific committees. So there are a number of activities going on. It changes based on the activities throughout the year.

The trustee remuneration basically was established in the early years of the trustees, with the exception of the rollback. I don't believe they have been increased; it has to do with the number of meetings, the number of functions or activities that have taken place that are based on per diems and things of that nature. There's not a great deal of difference basically in it. Our committees, again, work by virtue of the number of meetings being held, the number of competitions. I was just looking, and the total for '95 is less than the total for '94 in the whole section.

MRS. FRITZ: I see. Thank you.

Also, my second question on schedule 2 was on the International Board of Review. I noticed that the funding was required in 1994 but not in 1995, and I wondered what that was and why it's not necessary now.

DR. SPENCE: The Act establishing the foundation states that every six years the foundation will be reviewed by an International Board of Review. So what happens is that the year immediately preceding when the International Board of Review is actually here is the peak year for cost, and then perhaps some costs run into the following year. The costs that you see in '94 probably related to the publication of the report of the annual board of review or any follow-up that may have been necessary as a result of some of the recommendations of the board. It's a cyclical, every six years event in which we ask leaders of the scientific and medical and international community to meet with us. The last International Board of Review, for example, had the head of research for the National Health Service in Britain as one of the members and the chairman of the Rockefeller Foundation in New York as another member. So it's a very good review, a very thorough review, and we're very proud that they gave us high marks, a good report card.

MRS. FRITZ: Thank you. Thank you, Mr. Chairman.

MS CARLSON: Just one short question. How many of your research projects would become commercially viable in any given year?

DR. SPENCE: I can give you a rough figure for the number of applications we see in the Technology Commercialization Committee. How many of those originated out of foundation-funded activities is where I'm blocking, though, because some of them are the garage inventors. I mean, we might take some credit for it, but I don't know if we can take a great deal. We have four meetings a year, and the meetings probably average somewhere between eight and 12 applications. Now, there are a lot more inquiries or things that may get turned back at an administrative level because they don't have enough information that the committee could even begin to make a judgment on.

MR. DOERKSEN: I've asked similar questions before. One of my favourite areas is the area of ethics. Can you tell me again what the procedure is for accountability from an ethics standpoint, and maybe, Mr. Libin, if you could say what role the board has to play in that respect as well?

DR. SPENCE: All applications to the foundation for support require an approval. It depends of course on what they're concerned with; all right? Research involving human subjects, for example, must have gone through an ethical review process by the institution, and that ethical review process must conform to guidelines which have been set up nationally really. It's been on sort of a consensus basis nationally.

So the ethical review committee should consist of people who are knowledgeable in the science and the medical aspects of the field, let's say. It should include people from the nonmedical community, often lawyers or ministers. It often will have just an ordinary citizen on the committee, and these individuals in my experience are frequently the ones who ask the most searching questions. If the ethics committee is not satisfied, they can turn that proposal back, and we would not fund it. It has to be ethically approved.

Now, that's a group put together by the institution, but it has to conform to certain composition. For example, in Calgary the institutions have gotten together and have a common process which streamlines their process a bit. In other places in the province there are three or four ethics committees, and for multi-institutional activities this can sometimes create a bit of an administrative hurdle. But we require this as standard procedure. If it involves biohazardous material – and that's a pretty wide definition – then we have to have an institution again sign off that the appropriate ventilation characteristics and everything are in place for it. We put the responsibility at the institutional level because we feel that they're applying to multiple agencies, and most of us have the same requirements. So we try to get that at an institutional level.

MR. LIBIN: Just to remind the committee. The makeup of the trustees basically is the two universities. The University of Calgary and the University of Edmonton both appoint one trustee. In both instances the presidents of the universities sit on our board. The MSI Foundation has one nominee to our board, and the College of Physicians and Surgeons has one nominee to our board. The trustees elect one, and the government by order in council elect the other four representatives from the province. So we're guided on these issues by our expert committees and of course by our president and review these issues at the board level.

2:12

DR. SPENCE: I'd just like to comment on that issue, Mr. Chairman. There is another level above the ethics committee of the institution, and that is our own committees. If our own committees raise any question about the ethics of a proposal – they're going through it with a fine-tooth comb, and they're subject to the ethical reviews of their institutions, so they're very familiar with the process – then we immediately question it, and there would be no funding flowing from the foundation until the question was answered satisfactorily. We take this very, very seriously.

THE CHAIRMAN: Okay. Thank you.
Howard Sapers.

MR. SAPERS: Thanks. Dr. Spence, I'm wondering if you could let me know a little bit about the relationship between the Department of Economic Development and Tourism and the foundation for medical research in relation to the medical innovation program. I know that that program is slated to be phased out I believe in 1997, but maybe you could tell me a little bit about the initiatives being undertaken until that date and the dollars involved.

DR. SPENCE: All right. The medical innovation program began in 1989 at the time that the federal government passed the Act, I guess, which is called Bill C-22, which related to the extension of patent protection for pharmaceuticals. At that time some moneys accumulated federally, and they were passed out to the provinces. I could be wrong on this, but I think it was basically on the basis of population. In this province it was decided to use those funds for technology commercialization, and the government department concerned at the time, which was TRT I guess, concluded an arrangement with the foundation for the peer review of applications to this fund and for the actual funding under the arrangement. So those funds were then transferred to the foundation, and we have a peer review process that reviews the applications coming to them.

A member of TRT sits on the advisory committee so that the department can be informed. Since the activities of TRT were folded into Economic Development and Tourism, there has been a member of the Department of Economic Development and Tourism sitting on the advisory committee. You know, his advice has been extremely helpful in terms of the commercialization potential. I mean, quite apart from the representation and the ability to communicate back and forth with the department, it's been very helpful in its own right, and we're very, very pleased to have the people on board.

The original funds available in that agreement were approximately $9.2 million. At the time, I think in 1989, it was felt that the commercialization pathway was going to lead to fairly rapid disbursement of the funds. The foundation has set a very high standard on the basis of the advice we've received from both the scientific and business communities. Therefore, we have disbursed them very carefully in order to ensure that we get the maximum impact for that investment. It is our understanding that the agreement to phase out in '97 will be extended so that we will have a longer period of time to disburse those funds. That is an understanding we have at the present time.

MR. SAPERS: The next question I have has to do with the development of the provincial research agenda. It wasn't clear to me from your comments or from the government's news release back in November exactly how that health agenda will be established. You've said and Alberta Health has said that it'll be done in consultation, and it lists a number of stakeholders. Who actually will approve this research agenda? Is this something where a committee is going to be given the complete authority to establish a research agenda that is different from that of the board of trustees of the foundation, or is this something that has to be approved by the Minister of Health? How exactly will that research agenda become the research agenda for health research in the province?

DR. SPENCE: What we're looking at in this is that, first of all, the group which will guide the development of the research agenda will be an advisory committee to the foundation. It will have representation on it from Alberta Health, from the regional health authorities, from the provincial health boards, from the consumer at large, and from a number of the professional associations that are concerned with health. So it would be a fairly broad group. As well, we would see a more extensive consultation process in that some of the documentation and some of the information that is prepared for this committee or that the committee develops themselves would be made available to a wider group of individuals so that we can get input and advice from as wide a constituency as possible.

Following this consultative process we would see a broad overall guiding document developed, which the trustees will find I think very useful in helping to set policy and direction for the foundation and which, I would hope, Alberta Health would also find helpful in that regard. But I don't see it as being a document which would be proscriptive. I would see it as a document which would help to guide us both in terms of priorities for health technology assessment and in terms of priorities for funding. So we see this as being a series of guidelines, if you like, or a guidance vehicle as opposed to being a proscriptive vehicle.

MR. SAPERS: Okay. I'm still confused. The foundation has signed a five-year agreement with Alberta Health. The foundation will have some administrative control over $2 million or $3 million of research money – $2.7 million, I think it is – and a research agenda is to be established on how that money presumably will be spent over that five-year period. Is it the board of trustees of the foundation who will make the decision on the allocation of that money specifically?

DR. SPENCE: Yes.

MR. SAPERS: Okay. Thanks.
The . . .

THE CHAIRMAN: Well, just a second. That's your three.

MR. SAPERS: Was that my three?

THE CHAIRMAN: Yeah.

MR. SAPERS: I thought that was just clarification. I guess Christmas is over.

THE CHAIRMAN: You're way over the limit, and Christmas is over.
Anybody else? Okay. We're back to you, Howard.

MR. SAPERS: Thanks. I have three more then.

THE CHAIRMAN: That's your entitlement.

MR. SAPERS: There will be a couple of advisory committees attached as well to the foundation's other advisory committee, the advisory committee of stakeholders that you described; okay? I understand they'll be two new advisory committees. Do we know yet how those committees will be staffed or constructed? Who's going to make the appointments of those two committees?

DR. SPENCE: The foundation advisory committees are ultimately appointed by the trustees of the foundation. They're the ones who sign off finally. One is the Health Advisory Committee, which I already referred to in terms of composition, which will help with the agenda setting and broad overall advice. The other new committee is the health technology advisory committee, and that committee we see as having some input from the regions, because we do need to get a sense of what the questions are and help to priorize the questions for the health technology advisory committee. We will also have some content expertise in terms of people who know something about the development of health technology assessment reports, their delivery, dissemination, et cetera.

All foundation committees, of course, are core committees with power to add. For example, say that we're concerned with one particular type or series of types of technology. We might want to see some of the people on the committee, at least for that period of time, as having content expertise in that area to help guide the process. So in other words, this would be more heavily drawn, let's say, from the academic health sector than the Health Advisory Committee, where we would want people with broad, sort of statesmanlike views, not that one precludes the other.

MR. SAPERS: Okay.

2:22

MR. LIBIN: The Health Advisory Committee is a committee comprised of members internationally. There's a member from Sweden. There's a member from the United Kingdom. We've got people from Duke University. We've got people from Montreal. We've got people pretty well covering all of North America and a good representation internationally as well.

MR. SAPERS: My last question, at least for now, Mr. Chairman. I notice that the foundation will also now be administering the Alberta mental health research fund. We haven't talked about mental health much, if at all, so far. I'm particularly curious about whether or not the foundation will now be involved in the evaluation of the readiness of the health regions to assume program responsibility for mental health services. As you know, there's the Provincial Mental Health Board. It's going to be phased out at some point, but there will be an assessment of the readiness of each of the health regions to determine whether or not they're ready and able to take on

responsibility for mental health programming. Will your research be involved in that review of their readiness?

DR. SPENCE: I wouldn't think so; no. I would be second-guessing the sorts of things that might be coming to that fund, but my guess would be that we may not see projects or proposals in that area. I just don't know, quite frankly, what we would be seeing. We have just taken these funds over in terms of their administration. We've taken them over in midyear. So the types of applications and some of the content, et cetera, we will be looking at to try to get an overall sense of what is happening. Our undertaking to the scientific community was not to rock the boat in midstream; in other words, in the midst of a granting cycle. So what we are doing is carrying the cycle forward at the present time using the expertise that is there already.

The other thing is the question: what does the priority setting say about that research? Personally, as I get gray haired and a little more demented, I get more and more interested in mental health research. I feel that with the burden of mental illness in western civilization in general this is a priority area, but that's reflecting again a personal opinion. If it's not shared widely in the Alberta community, then clearly we would have to re-examine it.

THE CHAIRMAN: Any other questions from members? Okay.

Well, again, thank you very much. We're all very proud of you and your organization. We appreciate the fact that you would appear in front of us again. I have to admit that after reading the '94-95 report I initially did not schedule you folks. There was such an outcry by members of this committee because they are so interested in what you are doing, as you are aware – certainly Matthew and maybe Al as well – that we did have to jockey around to find a suitable time frame. So thanks for being so accommodating to us. If you could stay with us, though, for just a couple of minutes, we'll finish up the meeting, and then we'd like to have an opportunity to say good-bye.

Are there any recommendations to be read in at this point?

Okay, I will entertain a motion to adjourn. Debby.

[The committee adjourned at 2:27 p.m.]