[*Text*]

over a 4-year period. What you see there is the result of the reduction in the number of person-years, but balanced off by the projected growth in the salaries of those that are remaining.

The Chairman: But that is only a projection. We don't know yet when that will happen: you have just projected that it could be that way.

Mr. Slotin: That is the current policy of the government as adopted in 1984-85 I believe.

Mr. Bois: 85-86.

The Chairman: Dr. Bois, in the January 1988 issue of Bulletin Université-Industrie, which is very interesting, you state that in the spring of 1986, you formulated a new objective, namely:

> to promote co-operation between university and industry researchers in the health field.

I assume that the two sides were not co-operating up until then. Or perhaps they were, but not in a regulated or organized manner.

Mr. Bois: You're correct, Mr. Chairman. As you say, this activity, which had full backing, fit in well with our plans. We wanted to do a little more to increase the visibility of Université-Industrie. That's why we decided to make an official announcement and to have it published, so that all researchers would be informed. We advertised the program.

The Chairman: You have already begun to co-operate with the industry. You note on page 3 that you have researchers looking for partners in industry and on page 5, you state that companies are looking for researchers. Isn't there some way of resolving this dilemma by matching researchers up with certain companies and vice versa?

Mr. Bois: Mr. Chairman, certain researchers and industries have asked us to do just that. They asked us: why don't you advertise the opportunities available, both to industry and to researchers? We have taken that initiative. Another thing we have done is to organize a series of meetings or symposiums. We started three weeks ago in early May. These meetings, which last one and a half days or so, bring together scientists from the industrial and university communities. These gatherings are an opportunity for them to meet one another when in the past such meetings occurred only during scientific conferences abroad. For example, members of the Society for Neurological Sciences include researchers from industry as well as universities. These Canadians do not know one another very well. This is especially true of those working abroad, at the head offices of foreign pharmaceutical companies.

These individuals did not have occasion to meet Canadian researchers. We have not actually established a program, but rather taken the initiative of arranging a series of meetings. The first was held several weeks ago and focussed on diseases

[*Traduction*]

of the nervous system and mental illnesses. In attendance were thirty to forty Canadian researchers who are very active and very well known in this field. Also present were some fifty representatives of pharmaceutical companies interested in diseases of this kind.

The next meeting will probably be held in September, with cardiovascular diseases being the topic of discussion. This is another area in which industry is very actively involved. These meetings seem to have been very successful. The number of requests we receive in this area is constantly increasing, to the point where we are almost overwhelmed. Thus, the administrative budget to which you alluded poses problems of another sort. I truly believe that something is going to develop very soon.

Senator Haidasz: Perhaps this question was previously answered, and if it was you do not have to answer it again.

Mr. Bois, what are the priorities of the MRC now in the field of biomedical research?

Mr. Bois: As a principle, the council supports research in all areas of health sciences, including the biomedical area, the dental sciences, the pharmaceutical sciences, nursing and other health sciences. In large measure, the main support is described as biomedical, basic and applied, to the medical trials. That is the total picture.

Within this, last October the council had a special meeting and it identified that, as a general priority, the domain of the brain and aging should receive special consideration or priority. Aside from that, the council has a few other types of priorities. One is through the program called the Development Grant Program. This is a program for which only schools of medicine where the level of research activity is much below the other universities in this country can apply. Schools of dentistry and schools of pharmacy can also apply. It was recently modified to help develop research in the nursing schools.

In fact, this is a way of giving a special instrument to these schools to develop a research basis with sufficient assistance. A development grant usually provides for the salary of a researcher for five years, renewable, and provides for equipment, supplies and technicians. It could imply more than one—maybe two or three—researchers. It has been very useful.

Senator Haidasz: Obviously, the Medical Research Council does not set its priorities according to the Statistics Canada tables of different diseases or causes of death. For example, the No. 1 disease is cardiovascular. Even though that kills over 50,000 Canadians per year and makes others very ill during a lifetime, that is not your No. 1 priority?

Mr. Bois: You must understand that the best indicators for priorities with respect to research projects are the researchers themselves, who are really within the field itself. Also, it is very simple to analyze because the largest amount of funding