



Beyond the Granting Agency:

The
Medical Research Council
in the 1990s

MRC CRM



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By Michael Bliss



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Cat. No. MR21-20/2000
ISBN 0-662-64891-9



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Author's Preface

In December 1999 Aubie Angel, on behalf of Alumni and Friends of MRC Canada, asked me to write this overview of the history of the MRC in the 1990s, and to have it ready in time for the March 2000 celebration of the MRC's legacy. Of necessity, this could only be a quick sketch, what is sometimes called a first draft of history, an attempt to chart the highpoints of the MRC's evolution in rapidly changing times, culminating of course in its formal disappearance into the Canadian Institutes of Health Research.

A proper history of the whole life of the Medical Research Council remains to be written. Nor was there time or space to record in this publication what everyone associated with the MRC would agree were the more important stories in these years, thousands of tales of scientific advance, breakthrough, and sometimes

frustration, generated in laboratories and workplaces from Newfoundland to British Columbia with support from MRC and the people of Canada.

I am indebted to Elizabeth Hulse for research help, and particularly for conducting interviews with as many of the key figures in the MRC's recent history as we could contact at short notice. We thank everyone who gave us time, plead our tight schedule as reason for not contacting many who should have been interviewed, and specially thank Marcel Chartrand at the MRC secretariat for logistics support. Unless otherwise indicated, the interpretations in this text, all the judgments and misjudgments, are mine.

MICHAEL BLISS
UNIVERSITY OF TORONTO
FEBRUARY 9, 2000





Chapter 1: The MRC In A New Climate The Legacy

IT HAD BEEN NO MEAN ACHIEVEMENT TO BUILD THE MEDICAL RESEARCH COUNCIL IN THE THREE DECADES SINCE ITS RELATIVELY-BELATED 1960 LAUNCH AS A STAND-ALONE AGENCY WEANED FROM THE NATIONAL RESEARCH COUNCIL. DOZENS, THEN HUNDREDS, ULTIMATELY THOUSANDS OF SCIENTISTS VOLUNTEERED THEIR TIME TO DEVELOPING THE STRUCTURES AND PROCEDURES OF CANADA'S LEADING ORGANIZATION SUPPORTING BIOMEDICAL RESEARCH. PLAYING CATCH-UP TO ITS COUNTERPARTS IN OTHER COUNTRIES, THE MRC SOON DEVELOPED AN EXEMPLARY INTERNATIONAL REPUTATION FOR ITS COMMITMENT TO RESEARCH EXCELLENCE THROUGH PEER REVIEW.

Nothing came easily. Fundamental decisions were made in a climate of intense debate about centralization versus decentralization in the organization of research, the claims of “basic” versus “applied” science, investigator-driven versus directed research, the optimal mix of grants, MRC's positioning in the ever-changing, highly-political Ottawa environment, and, always, the need for more and more-secure funding.

Despite occasional short-term problems, Canadians and their governments had come to believe in supporting research as a way of ultimately bettering health. MRC funding from the Government of Canada multiplied almost one-hundredfold, from \$2.3 million in 1960 to more than \$200 million thirty years later. Federal government funding of medical research through a granting agency with well-developed procedures and a broad range of programs had become part of the Canadian scene.

The MRC's first four presidents, Ray Farquharson, Malcolm Brown, René Simard, and Pierre Bois, could claim considerable satisfaction, not only at the growth of their organization, but in the way that the achievements of MRC-funded researchers, as measured in Gairdner Awards and other forms of international recognition, seemed to justify the trust Canadians were putting in their researchers. It could be said that the MRC had become a model granting agency.

An Uncertain Future

It could also be said that the world was changing all around the MRC by the end of the 1980s. Science was becoming vastly more complex, more exciting and promising, and much more expensive to pursue. The traditional medical school-MRC research axis was

beginning to be modified by the evolution of hospital-based and stand-alone research institutes, the growth of voluntary agencies targeting specific diseases, the emergence of new health-related disciplines in both the basic and social sciences, and other developments.

A couple of trends had come to fruition by the 1990s. The first was the rapid advances in scientific knowledge and technology, which made the costs of moving to the next stage of research, involving increasingly sophisticated techniques, very expensive. ... In addition, as research knowledge exploded, there was greater and greater differentiation into more and more specialized kinds of research requiring specialized personnel and the development of research teams, as opposed to the more classical independent individual researcher. And it became clear that, in addition to the burdens these developments put on individual institutions, there were certain kinds of things that were beyond the scope of even the largest institutions to take on ... The other major development that came to fruition in the 90s was the increasing frequency and growth of interactions with the private sector... Looking back to the way things were in the late 60s, early 70s, while the roots of those changes can be traced back to that period, I don't think anybody would have imagined that it would have moved so far so fast.

Arnold Naimark

Governments, whose commitment to research had always been tempered by short-term considerations (and whose generosity after adjusting for inflation was not quite as fabulous as the raw figures indicated), had begun to question the prospect of endlessly bankrolling a community of academic scientists who had a well-

developed sense of entitlement. In the 1970s the postwar era of constantly-expanding government activity, based on steadily-rising revenue, began to founder on the shoals of stagflation. In the 1980s, especially after the 1984 change from Liberal to Progressive Conservative government, it was becoming clear that Ottawa would not simply play sugar daddy to the research community indefinitely. The government expected its granting agencies to be less passive, more proactive and innovative, more involved with the world outside of Ottawa and the universities.

As early as the mid-80s MRC was beginning to respond to new signals from the government. Pierre Bois, president through the decade, implemented a new emphasis on planning and warned MRC's community that it was not immune to socio-economic change. In 1984, MRC's Priorities and Planning Committee began to consider university-industry liaison; Council soon began to fund university-industry projects and other experimental

collaborations. Council had already begun to support interdisciplinary and multi-centred research projects and had expanded into such new fields as biotechnology. Along with the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC), MRC

became deeply involved in the Mulroney government's program to create Canadian Networks of Centres of Excellence. Five of the original fourteen networks were in the health sciences and funded or co-funded by MRC. In the same years, as befitting a maturing agency, MRC began to review its procedures, reflect on priorities, and consider future strategies.

New Leadership



Henry Friesen, M.D.

In October 1991 Henry Friesen came to the MRC presidency from the University of Manitoba, where he had chaired the Department of Physiology since 1973 and coordinated the Endocrinology and Metabolism Program. A son of Mennonite parents, Dr. Friesen had obtained his M.D. from the University of Manitoba in 1958 and gone on to hold research fellowships in Boston and Montreal. He taught briefly at Tufts and McGill


before returning to Manitoba. His physiology department there was arguably the best in Canada during the 1980s. Dr. Friesen himself had become one of Canada's most distinguished scientists, winning a Gairdner Foundation International Award in 1977 for his research on lactogenic hormones, particularly the identification of human prolactin. Dr. Friesen served on MRC in the early 1980s and

directed one of its longest-running projects, the human growth hormone trial, which came to a successful conclusion in 1988.

Academics with a deep interest in research are notoriously sceptical about the value of time given to administration. Dr. Friesen, who was just finishing a term as president of the National Cancer Institute of Canada, had more than paid his dues in that regard over many years. Why did he turn away from the laboratory for administration? "I guess I came to the conclusion that having been a recipient, having enjoyed the support of the agency that I was being asked to head and looking into the future, I thought I could make a difference and it was perhaps payback time."

Veteran Canadian researchers were delighted with Dr. Friesen's appointment. "He was unquestionably the best medical scientist ever to occupy the presidency of the MRC," Charles Hollenberg maintains. "He had enormous prestige nationally and internationally as one of the giants of Canadian medical research." Lou Siminovitch thought no one in the country had as good an understanding of the full compass of science. If there was any question mark about Dr. Friesen's presidency, it revolved around a quiet, unassuming man's capacity to handle the rough-and-tumble of bureaucratic politics.





Chapter 2: A Strategic Plan Opening the Doors

AT THE NATIONAL CANCER INSTITUTE DR. FRIESEN HAD CHAIRED A COMMITTEE OVERSEEING A STRATEGIC PLANNING EXERCISE. THE SPIRIT OF NATIONAL VOLUNTEERISM AND LEADERSHIP AT NCI IMPRESSED HIM, AND, THOUGH ALWAYS A STRONG SUPPORTER OF MRC, HE HAD COME TO WONDER IF IT WAS NOT TOO “OTTAWA-CENTRIC, OTTAWA-BASED.” IN 1991 IT WAS ALSO OPERATING UNDER A DISPIRITING THREE-PERCENT, THREE-YEAR CAP ON FUNDING INCREASES DURING A TIME OF NATIONAL RECESSION. DR. FRIESEN DECIDED, HE REMEMBERS, TO “OPEN THE DOORS” AND SEEK INSIGHT AND ADVICE VERY BROADLY. HIS FIRST MAJOR INITIATIVE WAS TO INSTITUTE AN EXTENSIVE STRATEGIC PLANNING PROCESS, ONE THAT WOULD INVOLVE THE GRASSROOTS, THE GROUND LEVEL, RESEARCHERS YOUNG AND OLD. “THAT, IN MY VIEW, WAS PROBABLY THE MOST IMPORTANT DECISION I TOOK AS PRESIDENT.”

It was the most comprehensive and exhaustive self-appraisal in MRC history, organized with help from Pat Lafferty of Coopers & Lybrand. Driven by what seemed an impossibly strict timetable, some 3,000 health science researchers and others participated in more than 200 self-managed discussion groups. Approximately 500 of these people then each devoted a full day to university-hosted

workshops on options and strategies. The process culminated in a two-day national convention of prominent stakeholders in Ottawa in May, 1992. In February 1993 the result was unveiled in the form of a 34 page document, *Investing in Canada's Health: A Strategic Plan for the Medical Research Council of Canada*.

Dr. Friesen was not a passive or disinterested leader during the planning process. His bias, as he spelled it out in his first annual report, was in favour of “new directions, new initiatives, new approaches, new experiments and new policies.” He was particularly interested in fostering partnership agreements with both private industry and volunteer and other non-profit agencies — ultimately with virtually anyone interested in injecting dollars and energy into health research. An observer at 1992’s summit conference was bemused to witness Dr. Friesen’s quiet persistence in orchestrating straw votes favouring the directions in which he hoped to move. Everyone realized that there was considerable concern about change in the MRC’s traditional constituency. MRC’s budget was already over-stretched. If MRC decided to try to parcel out the cake to a host of new players, somebody, maybe everybody, was going to be hungry.

MRC was founded in a simpler time to build on the visions and striking achievements of the first generation of great Canadian medical researchers ... in the heyday of the white-coated researcher working the night away in a quiet laboratory... We now live in a much more intricate world of changing issues, disciplines, institutions, and research needs. To continue to exercise leadership in that world, we have to broaden our vision.

INVESTING IN CANADA'S HEALTH: A STRATEGIC
PLAN FOR THE MEDICAL RESEARCH COUNCIL
OF CANADA

Investing in Canada's Health

The Strategic Plan was a carefully phrased bridging of the MRC's traditional mandate and the new directions in which Dr. Friesen and others hoped to move. It committed MRC to building on existing strengths by optimizing career development, the peer-review process, the setting of priorities, program review, and improvements in administration. More important, MRC was to broaden its vision to encompass the whole range of health science research and expand through networking and multi-sectoral partnerships, information sharing, better coordination with public policy, and more emphasis on outcomes measurement. "MRC

recognizes that its mission is to be more than a granting agency," the document stated. "MRC must increasingly become a coordinator, a consensus builder, a clearinghouse of research and information, and a powerful voice of Canadian health sciences research." In all areas of its mission MRC was to emphasize accountability and evaluation. The Strategic Plan was to be fully implemented within five years.

Most of us grew up with the instinctive belief that fostering better health through research meant giving a grant to a biomedical scientist or a clinician at a university or a teaching hospital. Most often it still does. But as we probe the complex social aspects of health, we may find ourselves supporting projects proposed by an economist, an engineer, a bioethicist, a statistician, a health policy analyst, and others, often working together, often in teams in different cities or countries.

INVESTING IN CANADA'S
HEALTH: A STRATEGIC PLAN
FOR THE MEDICAL RESEARCH
COUNCIL OF CANADA



The Virtuous Cycle

The landscape at MRC in the nineties had a way of changing faster than it could be mapped. The concept underlying the strategic plan's title, *Investing in Canada's Health*, already reflected, for example, the decade's heavy emphasis on research as an investment whose pay-offs and spin-offs to Canadians could be quantified. Well before publication of the Strategic Plan, MRC had agreed to partner with government and other agencies as administrator of the Canadian Human Genome Analysis and Technology Program. With researchers interested in such new fields as the social determinants of health now sitting on Council, the document's call for a broadening of Council's activities into new areas was a recipe for a cake already in the oven. And consider this sign of new times: The official Strategic Plan of the Medical Research Council of Canada did not once use the phrase "medical research." That concept was already seen as old-fashioned, narrow, on its way to becoming politically incorrect.

In 1993 MRC hatched a flock of advisory committees to work on implementation of the Strategic Plan. They were devoted to science; programs; peer review; partnerships; finances and resources; career pathways; women's health; information systems and technology; communications; and policy, planning, analysis, and evaluation. Hearings were held across the country to receive

feedback; regional directors were appointed to MRC to improve communications with the research community. Although Dr. Friesen kept the central secretariat lean to the point of anorexia, the bureaucrats tried hard to avoid becoming isolated and out of touch. MRC's newsletter was redesigned and expanded in 1994 as *MRC Communiqué*. Links and coordinating activities with the other granting agencies were expanded.

A major new strategic alliance, rooted in several years of increasing cooperation, was cemented in 1993's formal partnership agreement between MRC and the Pharmaceutical Manufacturers Association of Canada (PMAC), expected to generate \$200 million worth of industry-sponsored, MRC peer-reviewed research in five years. In 1994 a major collaborative initiative was begun with the Juvenile Diabetes Foundation and MRC became a major partner in the Canadian Breast Cancer Research Initiative. At its March 1994 meeting, Council approved some 150 recommendations of the implementation committees. Some were literally motherhood issues, as MRC endorsed policies to try to minimize barriers to greater women's involvement in the research effort and to expand research in women's health.


The PMAC arrangement and other partnerships with private industry had a fair share of growing pains. Curiosity-driven academics and profit-seeking businessmen had to feel one another

out. Judy Erola, the former cabinet minister who headed PMAC, remembered industry's worries about subsidizing "what we call 'black-hole science' where nobody was accountable to anyone In industry you must have an agenda, a timetable, you must have deliverables, and scientists are notorious for swallowing up endless amounts of money." MRC accepted the timetables as its part of the bargain. In turn PMAC had to accept the peer review that was the academics' *sine qua non*. In the first five years of the partnership PMAC companies invested \$203 million, the MRC \$32 million, and some 900 projects were launched.

The collaborative spirit was a breath of fresh air to a cadre of entrepreneurial scientists, some very young, others, such as London, Ontario's Cal Stiller, who had been chafing for years at MRC's apparent conservatism. In 1994 Dr. Friesen encouraged Stiller to develop, under MRC's initial sponsorship and with several other partners, what became the Canadian Medical Discoveries Fund (CMDf). It was a tax-advantaged investment fund that would funnel more than \$250 million in the 1990s into research-based commercial ventures in the life sciences. One of CMDf's spin-off ventures, University Medical Discoveries Inc., became an idea incubator seed company, investing in university ventures and spinning out still more new companies.

In the early years of partnership planning Stiller had worked with American consultants on the role of research & development

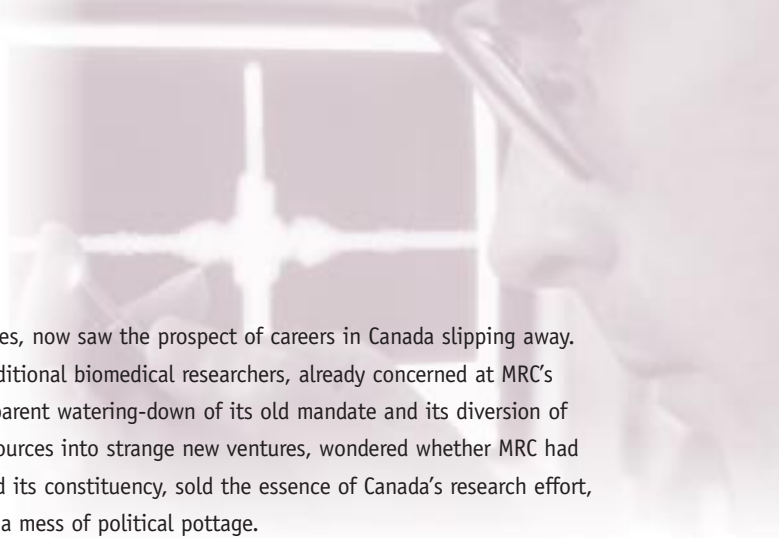
spending, and as a result brought to Canadian discourse about medical research the concept of the "virtuous cycle" of R&D investment and wealth creation. "The concept was that government had to invest in the fundamental platform for basic research, and then venture capital and seed money and startup money occurred, leading ultimately to corporate involvement and then a return through taxes and through direct investment ... back to the fundamental platform." The idea of the virtuous cycle became the most powerful rationale for the new initiatives, used by the private sector, the public sector, and MRC in between, to explain and justify their vision. The take-off of the Canadian biotechnology industry in the 1990s, often from sprouts watered by MRC grants, seemed proof that the vision was sound.



Chapter 3: Hard Times Austerity and Angst

THEN THE PLATFORM THREATENED TO COLLAPSE. IN THE MID-90S THE GOVERNMENT OF CANADA FINALLY HAD TO ABANDON A 20-YEAR HABIT OF RELYING ON BORROWING TO FINANCE ANNUAL BUDGETARY DEFICITS. IN THE SERIOUS AUSTERITY PROGRAM ANNOUNCED BY THE MINISTER OF FINANCE IN FEBRUARY 1995, MRC WAS TO SEE ITS BASE BUDGET SLASHED BY CUMULATIVE ANNUAL REDUCTIONS TOTALLING 13 PERCENT (FROM \$267 TO \$237 MILLION) BY 1997-98.

While other programs and granting councils were hit harder than MRC, and while there had been earlier periods of retrenchment in terms of constant dollars, this round of deep and possibly permanent cuts, coming at this moment in MRC's already-controversial evolution, sparked unprecedented alarm in the research community. As MRC cut the percentage of acceptable grant applications it could fund, slashed its average funding for all worthy projects, and lost its capacity for creative new spending, morale plummeted. Young scientists, for whom getting established was a fierce competitive struggle at the best of



times, now saw the prospect of careers in Canada slipping away. Traditional biomedical researchers, already concerned at MRC's apparent watering-down of its old mandate and its diversion of resources into strange new ventures, wondered whether MRC had sold its constituency, sold the essence of Canada's research effort, for a mess of political pottage.

I recognized in leadership that you exercise your best judgment, you draw advice broadly, you listen carefully — and we had listened more carefully than ever before to literally thousands, and it didn't seem reasonable to me that having invested so much effort to gauge and gain the input and advice, that we would at that point suddenly say when the going got tough, 'we were wrong, we were misguided'.

Henry Friesen

“People were polite to me, but ... there were fairly strong views expressed,” Dr. Friesen remembered. Stiller was more blunt: “He was under attack as no other MRC president had ever been ... the scientific community was almost in a lynching mood The intensity of the criticism was cruel Dr. Friesen spent a lot of time in universities talking to hostile crowds ... he built political



Paying tribute to appointees to the Order of Canada in the field of health.

capital because he said, ‘The reality is that there isn’t any money When the world changes, I will be putting forward the new reality.’”

Dr. Friesen and his embattled secretariat decided they had to stay the course. There was no alternative, not least because it was apparent in Ottawa that no return to the old granting agency was possible. Politicians and senior civil servants in other ministries had an image of the old MRC as having been a kind of private preserve for narrowly focussed researchers, resistant to change, not helpful, constructive, or even grateful. It became common in Ottawa to remark that one almost never heard researchers say “thank you” to anyone for the public money given them.

If to some laboratory workers the MRC had become a distant, politically co-opted establishment, to other scientists the old expectations were simply unsustainable. How could one realistically question the need to get Canada’s finances back under control? “They were really criticizing the country,” Lou Siminovitch remarks of Dr. Friesen’s critics. Dr. Friesen himself increased his efforts to explain to the community that the future of research simply could not be along the old well-

trodden path. His “five pathways” speeches and articles sometimes seemed to have been come from the mind of a Mennonite Confucius. Friends, colleagues, and MRC beneficiaries began to rally round the organization, most notably with the creation in 1996 by Aubie Angel (who had just served a term as the MRC’s first scholar-in-residence) of the Alumni and Friends of the Medical Research Council.

International Peer Review


As forecast in the Strategic Plan, MRC itself underwent “peer review.” In 1996 an International Review Panel (IRP), chaired by Arnold Naimark, president of the University of Manitoba, was invited to assess everything about MRC’s operations and plans. The IRP carried out a searching appraisal, apparently unprecedented in the history of Canadian granting councils, over six months. Its report was generally laudatory: “The Medical Research Council of Canada is an outstanding agency under dynamic and imaginative leadership doing first rate, internationally significant work in increasingly challenging circumstances. It fully merits the loyalty and support of the research community and the confidence placed in it by the Government and people of Canada.”

The panel drew attention to areas of unevenness in MRC’s implementation of the Strategic Plan and, somewhat fetchingly,

criticized the Ottawa secretariat for trying to do too much with too little in the way of senior staff. In general it was highly supportive of the new directions MRC had taken in the 90s, encouraged more progress along those lines, and suggested that the time had come for MRC to change its name to become the Health Sciences Research Council of Canada. Much more significantly, the panel warned of “a high degree of malaise in the biomedical research community” and added its authority to the mounting campaign to convince Ottawa that sustained austerity would gut the Canadian health research investment effort. “We are deeply concerned that unless additional support is provided soon the foundation of health sciences research in Canada will crumble ... Too much of Canada’s potential for research discovery is being lost.”



Discussing the creation of the Canadian Neurotrauma Research Program with Canadian hero Rick Hansen.



Chapter 4: Towards CIHR What Next?

IN THE LATE 90S MRC CONTINUED TO BROADEN ITS ACTIVITIES ALONG LINES ENDORSED BY BOTH THE STRATEGIC PLAN AND THE INTERNATIONAL REVIEW — DEVELOPING NEW PARTNERSHIPS AND NETWORKS WITH INDUSTRY, GOVERNMENTS, AND RESEARCH-INTERESTED ORGANIZATIONS AT HOME AND ABROAD. IT NOW HAD STANDING COMMITTEES ON SCIENCE AND RESEARCH, PLANNING AND DEVELOPMENT, BUSINESS DEVELOPMENT, AND ETHICS. ONE OF 1998'S NOTABLE PUBLICATIONS WAS THE TRI-COUNCIL POLICY STATEMENT, *ETHICAL CONDUCT FOR RESEARCH INVOLVING HUMANS*. THIS WAS THE CULMINATION OF ALMOST FORTY YEARS OF EVOLVING MRC POLICY ON RESEARCH ETHICS, WHICH HAD FIRST FOCUSED ON BIOMEDICAL ACTIVITIES, BUT WAS NOW EXTENDED BROADLY ACROSS ALL DISCIPLINES WITH THE SUPPORT OF NSERC AND SSHRC. CANADA BECAME THE FIRST COUNTRY TO FORMULATE SUCH AN INCLUSIVE POLICY.

The report of the International Review Panel generated a new round of discussion about how to update MRC's strategies. These sessions, a series of six retreats in the spring of 1997, became instantly, inevitably entangled with the morale, malaise,

and funding problems. What could be done to stop the erosion of Canada's research platform?

Glimmers of light at the end of the Government of Canada's austerity tunnel were beginning to appear. New initiatives involving health research began popping up in budget statements. 1996 had seen the announcement of what became the Canadian Health Services Research Foundation. The next year Ottawa launched the largest single investment ever made in Canada's research system, the Canada Foundation for Innovation, to channel some \$800 million over five years into research infrastructure in universities and hospitals. In 1998 the Minister of Finance was able to restore funding to the major granting agencies to the levels of 1994-95, which for the MRC would mean additional funding of some \$130 million over three years. "A grateful Council quickly approved 109 additional operating grants, extended the funding of 26 others, restored a clinical trials competition, funded all

approved equipment grants and reduced the cuts applied to project budgets,” the president reported. “All measures were applied retroactively to the September 1997 competition ... greatly heartening Canada’s health-research community.”

Ottawa and Canadians had not wavered in their underlying commitment to support medical or health research. There was no lack of good will. Now in a climate of good times there might well be enthusiasm for more new initiatives.

MRC could not rest content at even the restored budget levels. Most other G-7 countries, led by the United States, had been increasing their allocations for research all the while that Canada had been retrenching. With Congress considering proposals to double the budget of the U.S. National Institutes of Health over a five-year period, and with the spectacular overall boom in the American economy, the competitive disadvantages of doing research in Canada were becoming appalling.

“There is no level playing-field,” an internal MRC policy document concluded in 1997. “American-based researchers will continue to work with larger grants and better facilities. Canadian researchers, especially the ‘stars’ whom we already lose in disproportionate numbers, will continue to be attracted to the United States by such opportunities. Prospects of repatriating them or their work

will continue to shrink. With comparatively less basic research being done in Canada, there will be relatively fewer opportunities for Canadian companies to develop the achievements of Canadian scientists.”

No one at MRC believed that Canadian politicians would buy into proposals simply to keep on raising MRC’s base budget. In any case, the logic of Council’s broadening-out strategy, combined with the president’s emphasis on the need for “outside-the-box” thinking, suggested that the time had come to pull all the developments of the past few years together into a new vision.

To my mind, it was absolutely essential that MRC move into the broader mandate for the simple reason that if you just do biomedical research you’re only part of the spectrum. Whereas if you engage in the full range of health research, instead of simply a source of increased costs to health care, you are then also part of the solution Francis Rolleston

Conceiving the Institutes

Notions of creating Canadian “institutes” of medical research had surfaced in MRC discussions off and on for almost forty years. Usually they quickly sank because they were proposals for stand-alone bricks-and-mortar research institutes or transparently wistful dreams of imitating the American NIH system. (There was one suggestion, never debated, of simply merging with NIH, whose generosity in supporting Canadian scientists has perhaps never been fully appreciated among Canadians at large.) The idea cropped up again during the often-cacophonous 1997 retreats, sometimes in association with the proposed name change, sometimes linked with the Networks of Centres of Excellence, sometimes even with the image of the government’s recent “Team Canada” trade missions.

At a small meeting to discuss strategic priorities in Toronto on September 30, 1997 (attended by this author), Dr. Henry Friesen floated as a “trial balloon” the idea of the federal government creating “a Canadian National Institutes of Health system,” not as a clone of NIH but building on the existing university network. The idea seemed exciting to some, and it gradually gained currency in MRC strategizing that autumn and winter.

THE FIRST MENTION OF CIHR: We have to be consistent with our strategic plan. We have to acknowledge what government has done — the Networks of Centres of Excellence, Technology Partnerships, Canada Foundation for Innovation. Could the government create a Canadian National Institutes of Health system? One model might be 16 major universities each having a focus or two? — embracing 20,000 scientists, — more vibrant, dynamic system — what would it look like. Analogy to Max Planck [research institutes in Germany]. — just thrown out as a trial balloon. — whole point would be to reinforce the investment in the national infrastructure. —

NOTES OF HENRY FRIESEN’S REMARKS AT AN
MRC STRATEGY PLANNING MEETING,
SEPTEMBER 30, 1997.

Congratulating MRC Council Member Dr. Judith Hall on her appointment to the Order of Canada.



Smiles abound at the launch of the CIHR in February 1999. Joining Dr. Freisen at the Institut de recherches cliniques de Montréal (IRCM) are Health Minister Allan Rock, IRCM Director Dr. Jacques Genest and MRC Council Member Dr. Mona Nemer.

Dr. Friesen clearly decided to see how far he could run with the idea. As soon as it was before Council in March 1998 as an item in a draft policy document, he asked for and received support in principle. “This is very quick, virtually breathtaking movement,” a participant observed, “like a general who launches an attack while his strategists are still trying to draw up a plan of battle.” That very evening at a special dinner Dr. Friesen began to lobby Minister of Health, Allan Rock, about the idea. “Staff and Council members (and the Minister for that matter) are all breathless after Henry’s pre-emptive strike/rocket launch,” a senior staffer wrote the next day. “The Canadian National Institutes of Health idea has overtaken everything.”

No one, possibly including Dr. Friesen himself, was as yet quite sure how the concept might actually work. Brainstorming immediately began to flesh it out, first at the MRC then in a select task force made of up representatives from potential stakeholder groups. By his October 1998 report to the Minister, Dr. Friesen was able to explain the concept as follows:

By proposing to bring together the dynamic forces within the country in the area of health research, the Institutes project reflects the spirit of partnership, a formula which has proven successful in many other fields. The Canadian research community is a virtual network of partners. While many Canadian researchers

have already adopted a culture based on close collaboration, it is an extraordinary opportunity for the Canadian government to extend this culture now to the actual structure of the health research system. By capturing the full spectrum of health research into a *virtual* consortium, the Canadian Institutes of Health Research could establish a new framework for interdisciplinary research which will permit sharing on a national scale of skills, knowledge and expertise in fields with pressing public health needs: child health, virology, infectious diseases, cancer, aging, cardiovascular disease, diabetes, and health services research, public health, nursing, etc.



Dr. Friesen had to sell the CIHR concept - sell it to the universities, the hospitals, above all to a government that would be asked for funding at levels far higher than the old MRC base budget. In this campaign he was able to draw on an extraordinary stock of goodwill accumulated during his years of leadership at MRC, indeed during his lifetime in Canadian science.

Dr. Friesen had a reputation as being utterly sincere, the soul of integrity, and completely apolitical. His close friends and former badminton partners knew that he was stubborn almost to a fault and that he always played to win. As Kevin Keough remarks, MRC's apolitical president had become enormously politically acute. In his own organization, occasional grumbling about his priorities was almost always subsumed in fierce personal loyalty. But Dr. Friesen had not fallen into the trap of surrounding himself with sycophants. Knowledgeable observers thought the quality of people employed and volunteering to work at the MRC Secretariat at Holland Cross was higher than at any time in MRC's history.

It's not an easy task to work for Henry He's very demanding, but he gives so much that you go way beyond what you would like to give, and it's done naturally, and you never feel tired when you work with Henry because there's always a lot of enthusiasm around Sometimes I would work through a dossier thoroughly, as I thought, and try to brief him, and immediately he saw the loopholes He's very close to his troops. Claude Roy

Throughout the time of troubles, Dr. Friesen had maintained the support of almost all of Canada's deans of medicine and university research vice-presidents, and most of them eagerly signed on to the new Institutes initiative. To MRC's newer partners in industry and the volunteer agencies, Dr. Friesen was a researcher with both a great reputation and a credible and attractive new vision. As Judy Erola of PMAC pointed out, the Dr. Friesen initiatives at MRC had built a new trust relationship between industry and science. To the surprise of scientists who saw the private sector as fundamentally antagonistic to government spending (and whose doubts about the PMAC partnership still lingered at the end of the 1990s), industry readily endorsed MRC's vision of improving the public research platform. "We worked very closely with the

scientists, with Henry, and a whole group of people within the Medical Research Council to put pressure on the government to put that money back into the system, because industry cannot replace it, nor is it industry's role to do that ...”

For someone who is in effect a government bureaucrat to take on the mission of transforming a government agency as he has ... is very, very unusual not just in Canada but elsewhere There's no one in the country who has questioned his motives. HEATHER MUNROE-BLUM

Dr. Friesen's greatest strength was his credibility in Ottawa. He had taken the old MRC and modernized it, had doggedly held his course in hard times and in stormy weather, had put his organization through a tough international review, and emerged from these experiences in a very strong position to present his case. He remembered being able to take the battle into the government's own camp:

We began to say, if we really believe research is important to a modern health care system and should underpin it, how could it be that the very people who are critical of MRC not having invested in this area, those who manage much bigger envelopes of funding,

the deputy ministers of health, have never even discussed research in any of their meetings? This borders on negligence ... no other sector that is in charge of a \$70 billion enterprise in a modern setting would not at each board meeting ask the management, 'How's our research pipeline? What are the new and exciting things that are happening that will keep our sector competitive?' ... And the corollary of that is, 'And by the way how much are you investing in research in support of the sector that you say is the defining characteristic valued by all Canadians?' And so the fundamental proposition could be advanced: Maybe all the stress and strain that's on the Canadian health care system now is in part the result of the sustained chronic neglect of research

The fact that MRC had positioned itself with partnerships, had expanded its mandate, had subjected itself to this review ... all these things helped position MRC and particularly Henry in a good way to really get the general acceptance, first by the minister and then by the whole government, of this whole new concept of CIHR. The buy-into was helped by some of the actions that had been taken earlier ... If it hadn't been for Henry, it wouldn't have happened. If it hadn't been for the support of the Medical Research Council it wouldn't have happened. If it hadn't been for a lot of other people, it wouldn't have happened KEVIN KEOUGH



Talking about the future of health research with Pavel Hamet, Director of the Centre hospitalier universitaire de l'Université de Montréal (CHUM) Research Centre, Patrick Vinay, Dean of Medicine at the Université de Montreal and Bob Phillips, Executive Director of the National Cancer Institute of Canada.



Celebrating the creation of the CIHR at the Chateau Laurier in March 1999 with MRC Council Member Dr. Robert McMurtry, Ontario Deputy Minister of Health Jeff Lozon, M.P. for London West Sue Barnes, and Health Minister Allan Rock.

Success

Exactly how and why the Government of Canada decided to accept the MRC's proposal is a matter for further research. The Honourable Allan Rock, Minister of Health, later spoke publicly of how Dr. Friesen "brought together an extraordinary coalition of investigators from the various disciplines. You can imagine ... the political obstacles and the challenges he overcame. He developed common ground with disparate interests and he forged for us a proposal that's going to revolutionize health research for now and into the twenty-first century." The idea that Canada was pioneering in its multidisciplinary approach to health research, potentially leading the world, seemed particularly impressive. Creation of the Canadian Institutes of Health Research was announced to the public on February 18, 1999, at a press conference in Montreal attended by Prime Minister Jean Chrétien, Allan Rock, and Dr. Friesen. Two days earlier, the federal budget had forecast funding for CIHR over the next three years at levels designed to bring the annual budget of the new institutes to \$484 million by 2002, a doubling of the levels of the late 90s.

Henry Friesen was asked to chair the Interim Governing Council of CIHR. In April 2000, MRC would be absorbed into the new organization. The old granting agency would disappear and the Canadian Institutes would begin to chart their course, and the course of Canadian health research, into the 21st century.

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I hope the MRC will be remembered as the birthplace of health research in Canada as it is reborn as the Canadian Institutes of Health Research. The future begins today: Canadian researchers will one day recall that it all began in 1999, at the turn of the century and the dawn of the new millennium ... HENRY FRIESEN
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