The Great Canadian Catholic Hospital History Project

Documenting the legacy and contribution of the Congregations of Religious Women in Canada, their mission in health care, and the founding and operation of Catholic hospitals.

Projet de la Grande Histoire des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des congrégations de religieuses au Canada, leur mission en matière de soins de santéainsi que la fondation et l'exploitation des hôpitaux catholiques.

Faithful to the Mission: Fifty Years with the Catholic Health Association of Canada

by

André Cellard and Gérald Pelletier

Source: Catholic Health Association of Canada, Ottawa

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Translated from French by
David R. Miller

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The Cover

Deborah Austin, a former employee, painted the watercolour of 312 Daly Avenue in Ottawa, which forms the background to the cover. This historic property was the headquarters of the CHAC from 1960 to 1987. Over 160 years old, the four story building played an important role in Canadian health care. Today this painting hangs in our boardroom to remind us of the CHAC's pioneers and the events in *Faithful to a Mission* which took place here. Those events and the people, both lay and religious who helped them happen, were inspired by the CHAC mission. Our mission says that the association strives to have a concern for health in all its aspects: physical, emotional, spiritual and social. Mother Allaire, the spirit behind the founding of the association, seems to be watching over modern day pioneers who continue to live the mission in member hospitals and homes today.

The Authors

André Cellard, doctor in Canadian history, is a specialist in medical history and lecturer at the University of Ottawa.

Gérald Pelletier, M.A. has completed his course work towards a doctorate in Canadian history. A freelance researcher, he has a special interest in the development of social assistance in Canada.

David R. Miller, (translation), graduated from the University of Ottawa with an honours degree in translation. Presently studying for a masters degree, he works for the Economic Council of Canada and the Bank of Canada. Mr. Miller also translates Russian and Polish.

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A.C.
G.P.

Introduction

Fifty years ago, the Catholic Health Association of Canada (CHAC) was born. Fifty years ago, too, Canada stood on the brink of the Second World War. History is rarely the product of pure coincidence....

In 1939, a handful of Canadian religious sisters, with the support of the episcopate, laid the foundations for a nationally based association of Catholic hospitals. By 1989, it had become an organization of men and women — laity for the most part — with a deep commitment to a wide range of health care issues. Originally concerned primarily with the affairs of hospitals, the CHAC radically broadened its horizons to embrace all aspects of health care: physical, psychological, spiritual and social. Yet its motto, like its basic mission, remained unchanged: "Caritas Christi urget nos."

To retrace the history of the CHAC is to follow the path collectively trod by a close-knit group of women and men who found a common purpose in their personal convictions. Naturally, among their number are certain individuals who stand head and shoulders above the rest. That is why the present chronicle frequently unfolds around the major figures who have made a lasting impression on the history of the CHAC. With this book, the CHAC pays tribute to the outstanding contributions of these individuals in its half-century of accomplishments, even as it salutes the efforts of the countless others who, day after day, gave their all for the good of the organization.

For while there are certain major figures in the history of the CHAC, their actions, in one way or another, simply reflect the social currents of their time. It would be a distortion of history to shine the spotlight on a select group of individuals without endeavouring to place them in their proper social and historical context.

The story of the CHAC is inextricably bound up with the history of Canada as a whole. The political coming-of-age of this young nation, the extraordinary advances in the field of medicine, the far-reaching events unleashed by the outbreak of the Second World War, the rise of the laity and pluralism within Canadian society, and the renewal of the Church with Vatican II — these are just some of the many elements that have played a role in the birth and development of the CHAC. Many others could be cited.

The reader may be struck, for instance, by the central role of women in the CHAC's founding. Conventional wisdom might claim that this was an era when women were relegated to a subordinate place in society and could aspire only to such careers as nursing and teaching. While this might have been true of secular society, it was not of life within the Church. For, despite an inherently submissive aspect to the role of women vis-à-vis the Church hierarchy, the choice of the religious life opened the door for women to stimulating professional opportunities, such as hospital administration and education, that went far beyond those available to the majority of women who had chosen marriage and family as their way of life. There could be no more conclusive proof than the chapters that follow, each dominated by female pioneers.

The energy that sisters devoted to the founding of the CHAC flowed directly from their ages-old commitment, for the Catholic Church had been involved in hospital care in Canada since the earliest colonial days. Indeed, health care had been the privileged domain of the Church since medieval times. In Canada, the roots of this commitment can be traced back to 1639, when the Augustines Hospitalières founded the Hôtel-Dieu de Québec. In this country, as elsewhere, sisters have always stood in the front lines of the battle against disease. And as the frontiers of Canada pushed outward, Catholic hospitals sprang up all over the country.

Until the twentieth century, however, Catholic hospital institutions developed more or less independently, making little attempt to coordinate their activities. Yet, given their vocation, they could not remain forever locked in their own little corners.

The original impetus to unite the forces of Catholic hospitals was born in the United States in the early years of this century. This push was primarily a reaction to the hospitals' realization that their medical skills were lagging far behind the recent triumphs of medical knowledge. The Canadian provincial and regional hospital associations, known as conferences, trace their origins to this first North America-wide initiative. The idea of a specifically Canadian Catholic hospital association was planted during the period between the world wars, concomitant with the rise of Canadian nationalism and the Great Depression of the 1930s. Fed by the wave of patriotic fervour unleashed by the Second World War and the stated intention of the state to play an active part in health care, this germ of an idea spawned a mighty movement.

Faithful to a Mission is a journey through time broken into seven periods that together make up the history of the CHAC. Each chapter is built around one or more outstanding individuals who dominated their particular times. While the tenor of their speech and actions directly reflect the prevailing social climate, these leaders, diverse in nature as they were, remained true to a common message. These chapters and their central figures show to good advantage the many and varied faces of the Catholic Health Association of Canada during its long history.

The roots of our Association

Virginie Allaire, SGM

1915 - 1939

Destination Milwaukee

une 7, 1939. The looming spectre of war dominates newspaper headlines and everyday conversation. On the federal political scene, Prime Minister Mackenzie King's Liberal party is still basking in its 1935 landslide victory of 178 seats — 114 more than all the opposition parties combined (Conservatives, Social Credit, CCF, independents and United Farmers). Still, there are indications that a new election is in the offing. The press is convinced that Mackenzie King will take advantage of the intense publicity surrounding the visit to Canada of King George VI and Queen Elizabeth to launch his electoral campaign.

The Royal Visit is the big story of the day. Today, June 7, finds the royal couple in the midst of their tour of Ontario, with many towns and cities on the itinerary. This evening they leave for the United States, where they will visit President Roosevelt at his Hyde Park residence before returning to eastern Canada. Their Canadian trip finally wraps up on June 15 when they travel to Newfoundland, which is still an independent territory.

The newspapers of the period not only inform us about the great issues of the day, but also provide us with myriad details about the everyday lives of Canadians, offering us a taste of the flavour of the times. For example, the "women's page" of a major Montreal newspaper urges young women to attend a closed retreat led by Father D'Orsonnens, SJ. A vendor of ashtrays and tobacco jars offers "wholesale prices to its ecclesiastical clientele," and

sings the praises of tobacco by citing the example of Pope Leo XIII, "a Holy Father very fond of a pinch of snuff."[1]

Truly, Canada's political, economic and cultural climate in 1939 was completely different from that of 1989. But that was the world inhabited by a certain sister whom we find on June 7, 1939, waiting in a Montreal railway station to catch a train to the United States. Dressed in the habit of the Grey Nuns of Montreal, Mother Virginie Allaire, SGM, was on her way to Milwaukee, Wisconsin, for a convention. This city was to play host, on June 15, 1939, to the annual convention of the Catholic Hospital Association of the United States and Canada (CHAUSC), attended by representatives of hundreds of U.S. and Canadian Catholic hospitals.

Beneath Mother Allaire's kind and unassuming demeanour beat the heart of a true pioneer.

Mother Allaire[2] was hardly a novice at this game. Some twenty years earlier, in 1919, she had attended a similar convention in Chicago, and she had been a member of the executive board of the CHAUSC since 1929. Beneath Mother Allaire's kind and unassuming demeanour, which even her austere outfit could not conceal, beat the heart of a true pioneer of the Canadian hospital movement. Her life was inextricably bound up with the drive to organize hospitals and to improve the professional training of nurses and hospital administrators.

Just the year before, in 1938, her unflagging zeal and great contribution to the advancement of nursing science had been publicly recognized by the University of Montreal, which conferred upon her an honorary doctorate. Mother Allaire was the founder of the Marguerite d'Youville Institute, a post-secondary institution offering a Bachelor of Hospital Science degree. A year after its founding in 1934, the Institute had become affiliated with the University of Montreal. This project, which came to fruition during her tenure as general assistant of her order (1930-1946), was originally conceived in 1921, when she was local superior of the General Hospital in Regina, Saskatchewan (1917-1921), and vice-president of the

province's Registered Nurses' Association. At that time, she had organized university-level summer courses for nursing-school directors and hospital administrators.

In 1940, the CHAUSC itself paid homage to Mother Allaire by awarding her its Silver Medal for Distinguished Service in recognition of not only her many years of outstanding contribution to the coordination of hospital work, but also her contributions as the founder, in 1932, of the Quebec Conference of the CHAUSC, as an active participant in the Canadian Hospital Association (CHA), as a decade-long member of the executive committee of the CHAUSC, and as the Canadian representative on the editorial board of *Hospital Progress*, the CHAUSC's journal.

A fluently bilingual Franco-American born in Grafton, Massachusetts, in 1883, an accredited nurse and a woman of progressive ideals, Mother Allaire was in a unique position to understand how important it was for North American hospitals to organize themselves, while respecting the distinctive characteristics of the Canadian hospital system. The CHAUSC closed its 1940 tribute to her with the following words: "Our Association will remain forever indebted to her wise direction in dealing with Canadian affairs on the Executive Board."

Indeed, it was Mother Allaire's abiding interest in the affairs of Canadian hospitals that was the prime motivation for her trip to Milwaukee in the summer of 1939. The convention of June 15, 1939, had a special significance for the representatives of Canada's Catholic hospitals. They viewed it as the culmination of long efforts, the realization of long-cherished and amply justified ambitions. This convention would provide an opportunity to discuss the formation of a new, specifically Canadian body to represent Canadian hospitals.

But let us not get too far ahead of ourselves, for this was just one milestone in a movement that began as early as 1915, a movement in which Mother Allaire played a leading role. Images from the quarter-century that had passed since the U.S. parent association was founded in

1915 probably ran through Mother Allaire's mind on her long trip to Milwaukee, as, lulled by the rhythm of the train and the steady and mesmerizing flow of the Canadian and American countryside, her thoughts roamed freely back in time....

Birth of the Canada-U.S. Association

The CHAUSC did not come into being in 1915 by chance; it was a response to specific social needs. In no way was the CHAUSC a foreign organ artificially grafted onto the body of society and thus destined to shrivel and die. Rather, it was a natural outgrowth of society itself, so that the explanation for its longevity and influence should be sought primarily in the context from which it arose.

This was an era of far-reaching structural reform for hospital medicine in the United States, a movement in which Catholic hospitals would play a significant part. These events were set in motion by the famous Flexner Report, released in 1910. In it, the author, Abraham Flexner, a professional educator, laid bare the prevailing mediocrity of hospital medicine. He harshly criticized the dismal quality of teaching at medical schools and the laxity of hospital standards. Almost from the day of its release, the report found wide public support. And it produced results: in 1914, the American College of Surgeons proposed the establishment of a North America-wide program to evaluate the quality of hospitals. Institutions meeting its prescribed standards with respect to, for example, teaching, staff and equipment would be "accredited" by the College.

There was no doubt that such measures were urgently required. Since the late nineteenth century, medicine had made enormous strides in many areas — anatomy, physiology, bacteriology, pathology and pharmacology, to name a few. This situation made government intervention in the medical and hospital sector essential to ensure that basic standards of quality were universally enforced as medical advances were put into practice.

Yet the state was reluctant to abandon its traditional laissez-faire stance with regard to social issues. As a result of this inaction, disparities in hospital policies and standards grew even wider. The practices followed in some institutions had completely failed to keep pace with medical progress. Dr. Harvey Agnew, the founder of the CHA, has left a vivid account of the state of Canadian hospitals around 1915 during his internship.

As he remembers them,[3] conditions were almost beyond belief. Hospitals were frequently housed in ancient buildings, wholly unsuited to the purpose, that had been donated by some prominent family. Amenities such as baths and showers were rare, and as many as 36 beds might be crammed into a ward. The smell of burnt rubber hung in the air, the result of frequent mishaps that occurred when nurses, who had to sterilize catheters and rubber nipples by boiling them in large enamelled cauldrons, were called away to attend to more pressing duties. Once the water had completely boiled off, the instruments were left to burn slowly at the bottom of the pot. The quality of care, reports Harvey Agnew, was very uneven. He cites the disturbing example of a surgeon who not only refused to wear gloves during operations but also took no precautions to prevent the beads of sweat from his forehead from falling directly into the open abdomens of his patients!

Clearly, there were serious deficiencies in the hospital system. Recent advances in medical science, combined with the new pressures from hospital overcrowding that accompanied the First World War, made the modernization of hospitals an urgent priority. Nonetheless, the American College of Surgeons' standardization program encountered stiff resistance from the outset, particularly since many hospitals were reluctant to submit to the judgment of a third party. The strongest support for the College's crusade would come from Catholic hospitals, organized under the banner of the first Catholic hospital association in North America.

The idea of such an association first arose at a retreat organized for the Sisters of St. Joseph of Carondelet at Minnesota's St. Joseph's Academy. It was conducted by Rev. Charles B. Moulinier, SJ. The sisters, who were aware of the objectives of the College of Surgeons, were eager for Catholic hospitals to preserve their reputation as among the very best health care institutions. Thus they were naturally anxious to ensure that as many Catholic hospitals as possible received accreditation, and they pondered how best to achieve this goal. They also hoped to forge links and a common philosophy among hospitals scattered from one end of the continent to the other. The sisters shared these concerns with Father Moulinier.[4]

Organize a Catholic hospital association!

Fortunately, they could not have picked a more enlightened confidant. Father Moulinier was well informed about recent developments in the world of medicine. A broad-minded individual, he was also regent of the Marquette University School of Medicine in Milwaukee, a position of great responsibility. His solution to their quandary was short and to-the-point: "Organize a Catholic hospital association."

The initiative was immediately endorsed by the archbishop of Milwaukee, His Excellency Sebastian G. Messner. His support would prove crucial, as Archbishop Messner was able to intercede at the highest levels of the U.S. Church hierarchy to secure the backing of bishops across the country for the proposed project. In fact, events proceeded so rapidly that, after just a few months' planning, the first convention of the Catholic Hospital Association took place in Milwaukee in June 1915. With the theme "Education in the Care of the Sick," the meeting brought together representatives of hospitals from Milwaukee, Chicago, Dubuque, St. Louis and St. Paul. It was not long before Canadian Catholic hospitals joined the fledgling association. By 1916, only one year after the association's founding, institutions from six Canadian provinces were members.

The speedy affiliation of Canadian members was due to two factors: the strong support of the Canadian episcopate for the initiative, and the international dimension of religious faith. Indeed, from this perspective, the Canada-U.S. border was, for all intents and purposes, a purely theoretical division. And it was precisely because religious ideals transcend political boundaries that the drive for hospital accreditation received such staunch support from the newly formed organization of hospitals, shortly thereafter known as the Catholic Hospital Association of the United States and Canada (CHAUSC).

Twenty-Five Years of Progress

The strong attraction exerted by the new association on Catholic hospitals was striking. By 1923, five hundred of the continent's six hundred Catholic hospitals were represented at its annual convention. A powerful force had come into being, heralding a new era of progress for hospitals. While the CHAUSC had a long list of immediate objectives, there was a common underlying concern: the urgent need for Catholic hospitals to get in step with modern scientific progress while taking care not to lose touch with the spiritual dimension of their mission as *Catholic* institutions. In other words, patients were entitled to receive the best possible care for both body and soul.

One of the most important accomplishments of the CHAUSC during the 1915-1939 period was undoubtedly the successful drive to accredit Catholic hospitals. Between 1918 (the year the College of Surgeons' standardization program began) and 1923, Father Moulinier crisscrossed the continent, conducting thorough inspections of countless Catholic hospitals.[5] His efforts paid off, because Catholic institutions quickly outdistanced their non-Catholic counterparts in the drive for accreditation. For example, by the early 1930s, Canada had proportionately twice as many Catholic as non-Catholic hospitals accredited by the College[6] — clear evidence of progress! The actual number of Catholic hospitals was also growing quickly, from 65 in 1905 to 134 in 1930. Population growth was undoubtedly partly responsible for the general expansion of the hospital system, but it was also in large

measure due to greater reliance on hospital facilities by the public as their confidence in the quality of hospital services grew.

The CHAUSC actively supported efforts to upgrade the professional skills of hospital personnel. This commitment to excellence led, in the 1920s and 1930s, to the establishment of new schools of hospital administration and full-fledged educational programs for hospital administrators, technicians and, of course, nurses. On the latter front, the creation of the Council on Nursing Education led to the development of a basic educational framework as a resource for Catholic nursing schools. The CHAUSC's determination to help Catholic hospitals attain higher standards of professionalism manifested itself in a variety of initiatives. This desire was shared by Father Moulinier, as well as by his successor, Rev. Alphonse Schwitalla, SJ, who took over the presidency of the CHAUSC in 1928. Father Schwitalla, Dean of the School of Medicine at the University of St. Louis, was, like his predecessor, a man in touch with current realities in the hospital field. An extremely talented and energetic individual, he would guide the destiny of the CHAUSC until 1947.

The Canadian Conferences

In order for a North American hospital association to function effectively in such a geographically vast and culturally diverse continent — a veritable mosaic of states and provinces, each governed by a different set of legislation and subject to varying influences — there was a need for smaller, regionally based organizational units. This realization led naturally to the idea of provincial and state hospital conferences patterned after the national association, each holding its own annual meeting. The decision to institute such a system of conferences was made at the 1919 convention in Chicago. The very first conference of the CHAUSC, representing hospitals in the State of Wisconsin, was formed in 1920. On the other side of the Canada-U.S. border, preparations were soon under way for the first Canadian conference of Catholic hospitals.

The Western Conference

While the Maritime Conference is undoubtedly the oldest "permanent" conference in Canada (1922-1975), it was not the first conference to be founded in this country. *Hospital Progress* magazine (the official organ of the CHAUSC), the archives of the Saskatchewan provincial conference and even those of the Maritime Conference itself all agree on this point: the first Canadian conference of the CHAUSC was in western Canada. Its membership included virtually all the Catholic hospitals in Manitoba, Saskatchewan and Alberta.[7]

The representatives of Catholic hospitals in western Canada met together for the first time at the CHAUSC's annual convention in St. Paul in 1921. There, the decision was taken to form the first Canadian conference of Catholic hospitals. Mother Allaire, the newly appointed provincial superior of the Grey Nuns of St. Boniface (1921-1925), was chosen as president. The first official meeting of the new organization, devoted to drafting a constitution and by-laws, was held on November 2-3, 1921, at the Grey Nuns' Hospital in Regina, Saskatchewan. At the annual convention of the Western Conference of the CHAUSC one year later in November 1922, Mother Allaire gave a speech entitled "Social Service and Hospital Library."[8] The Western Conference became only the ninth conference in North America to be formed under the auspices of the CHAUSC. Unfortunately, we lose track of this first conference around 1924[9]; shedding light on this mystery will be a task for the historian of the western conferences. Suffice it to say that, in the early 1930s, a new organization of Catholic hospitals known as the "Prairie Provinces Conference" arose in the West. But first there is another part of the story that needs to be told.

The Maritime Conference

The Maritime Conference was founded on May 18, 1922. It was the first permanent Canadian conference, and the twelfth to join the umbrella association of Catholic hospitals — ahead even of the New York Conference!

For the next decade the Maritime Conference was a model of vitality for the rest of Canada. This vitality was a direct reflection of the deep commitment of its founders.

Two enthusiastic and energetic sisters were the driving force behind the creation of the Maritime Conference: Mother Léa Audet, RHSJ, mother superior of the Hôtel-Dieu of Campbellton, New Brunswick, and Sister M. Ignatius, a Sister of St. Martha, from St. Joseph's Hospital in Glace Bay, Nova Scotia. They were aware of the accreditation campaign being conducted by the American College of Surgeons and so understood the importance of meetings and discussions as a means of promoting progress. This led them to be the first to propose founding a regional hospital association in the Maritime provinces. Their first steps in this direction were taken in 1921, when they resolved to seek the advice of other sisters who were well informed about recent developments in the medical field. This proved to be a wise move, since one of the sisters they contacted, Mother Allaire, suggested to Mother Audet that they contact Father Moulinier. This was all that was needed to start the ball rolling. Father Moulinier sent Mother Audet a copy of the constitution and by-laws of the CHAUSC and suggested that the mothers superior of Maritime Catholic hospitals plan to meet in Halifax in May 1922 to coincide with a planned meeting in this city by the American College of Surgeons. The guests were to include the bishops of the Maritime provinces and representatives of the medical profession.[10]

This seemingly smooth sequence of events was not without incident, however. In a letter dated March 15, 1922, Mother Audet confided to Sister Ignatius: "I have written to our bishop, but he does not seem to be very well informed about our needs."[11] Mother Audet went on to say that she was seeking the support of the Western Conference, founded the year before. She ended the letter by asking Sister Ignatius to take charge of organizing hospitals in Nova Scotia, noting that the bishop of Charlottetown, Most Rev. O'Leary, would take responsibility for hospitals in Prince Edward Island, while she personally would look after those in New Brunswick. Unfortunately, Sister Ignatius suddenly fell ill, dealing

a harsh blow to the fragile scaffolding of hopes that was quickly being erected. "I thought of giving up when I heard of your illness," wrote Mother Audet on May 4, 1922, to Sister Ignatius, who by that time was on the road to recovery. "But God has since taken care of everything," she added. "Father C.B. Moulinier is coming to Halifax and will provide the inspiration we need to make our hospitals the best in the country."[12]

It should be pointed out that Father Moulinier's presence was particularly important since Mother Audet, because of the rules of her cloistered order, was forbidden by her bishop to openly play a leading role in organizing the Maritime Conference. She could attend the inaugural meeting of the Conference, but had to keep a low profile, concealing, as it were, her role as founder. "What a handicap it is to belong to an order of cloistered sisters," this energetic woman could not help confiding to Mother Faustina, superior of the Sisters of St. Martha (Antigonish).[13] The spirit of self-denial shared by the pioneers of the modern hospital system in Canada is clearly evident in Mother Audet's correspondence. Overshadowed by more visible personalities, she toiled silently behind the scenes to build a durable legacy.

Finally, on May 18, 1922, the long-awaited day arrived. Mother Faustina was elected president. Sister Anna Seton, a Sister of Charity from Halifax, and Sister Gertrude, a Sister of Charity of the Immaculate Conception from Saint John, New Brunswick, were elected as the two vice-presidents. A constitution and by-laws were drafted. The objectives of the Conference were basically patterned after those of the parent association: to promote better professional training for hospital sisters and set higher standards of excellence in nursing schools. The ultimate goal — as with all such conferences — was to improve the quality of care provided in health care institutions in order to better serve society. At the 1923 congress, meetings and discussions ended on a strong note of unanimity: hospital orders were facing common problems and, thanks to the close bonds of solidarity knit by the newly founded conference, they were fully confident that together they would be able to devise appropriate solutions.

The Maritime Conference came to be considered a model conference. *Hospital Progress* devoted a number of articles to it. "An outstanding conference for its intensive activities,"[14] it reported in glowing terms in 1933.

Three New Canadian Conferences

In 1930, the indefatigable Mother Allaire found herself once again at the forefront of the Canadian hospital scene. It should be recalled that she had become a member of the executive board of the CHAUSC the previous year, and she now urged the umbrella association to lend its support to the establishment of new Canadian conferences.[15] It is relevant at this point to note that Father Moulinier had attempted to organize a conference in Quebec as early as 1922. He reported[16] that he spent three days in Montreal attempting to convince members of the clergy that a conference of Catholic hospitals in that province was needed. However, his efforts were in vain, since the proposal had been deemed premature. Now, however, the time was ripe. Mother Allaire's determination, combined with the active support of no less than the president of the CHAUSC, Father Schwitalla, saw to it that by 1932, Canada could boast three major new conferences.

The Ontario Conference

In 1931, the archbishop of Toronto, His Excellency Neil McNeil, called a meeting of representatives of Catholic hospitals in the Toronto area. There was good reason for such a high dignitary of the Church to become involved. In 1928, the Canadian Medical Association had created a Department of Hospital Services in order to meet the need for a hospital organization. In 1931, this original organization became the Canadian Hospital Council (CHC),[17] a national non-confessional hospital association. Father Schwitalla immediately saw how important it was for Canadian Catholic hospitals to be represented on this council, and he expressed these views to the Canadian episcopate. The problem was that all "fully organized" hospital associations were entitled to two delegates on this new council. However, since at that time the only conference in existence was that of the Maritimes, Canadian

Catholic hospitals as a whole would be entitled to only two representatives. The creation of a new conference thus became a necessity.[18]

It was against this background that, in response to the call of Archbishop McNeil, the first discussions took place in Toronto concerning the creation of an Ontario conference of Catholic hospitals. On September 28, 1931, the date and location of the founding convention were settled: the Ontario Conference would be officially established on April 5, 6 and 7, 1932, at the University of Ottawa. The convention was well attended and delegates heard a number of speeches. One of the speakers was Mother Allaire, who reminded them of the crucial importance of adequately preparing sisters to meet the demands of modern hospitals. Another, Sister Madeleine de Jésus, SGO, of Ottawa, first president of the Conference, presented an overview of the problems facing Ontario hospitals, noting difficulties in areas such as financing, personnel and training. Indeed, few aspects of hospital life escaped her critical assessment. Given this situation, the formation of a provincial conference made perfect sense. It could inaugurate an era of cooperation and communication that would inevitably advance the cause of hospitals. Another paper, entitled "Problems Common to Hospitals in Canada," was presented by Harvey Agnew, then of the CHC. (It should be noted in passing that Mother Allaire was a member of the CHC for eight years and was its second vice-president in 1943.) His presentation came to the conclusion that Catholic and non-Catholic hospitals alike faced the same set of problems.[19]

The Prairie Conference

The Prairie Conference was founded only one month after the Ontario Conference. The initial impetus for this project was Father Schwitalla's contacts in 1930 with the episcopates of the provinces of Manitoba, Saskatchewan and Alberta. In April 1932, Sister M. Mann, SGM, of Manitoba's St. Boniface Hospital wrote to Catholic hospital administrators in Manitoba, Saskatchewan and Alberta to suggest that they found a conference. The response was quick and enthusiastic. In fact, the idea came to life almost

as soon as it was put forward. On May 15, 16 and 17, 1932, at St. Boniface Hospital, the groundwork was laid for the Prairie Conference. Statutes and by-laws were drafted and Mother Laberge of the Edmonton General Hospital in Alberta was elected the first president. Among the participants at this meeting was a special guest, Father Schwitalla.[20]

The Conferences in the Province of Quebec

The driving force behind the creation of the Catholic Hospital Conference of Quebec in Montreal, on June 8, 1932, was Mother Allaire. She was in fact both its founder and first president. However, from the outset, Cardinal Villeneuve, the archbishop of Québec, favoured a different formula, one organized along diocesan lines. Added to the fact that certain problems were perceived differently in Québec than in Montreal, it was no surprise when, by September 1936, two autonomous conferences — Québec and Montreal — had emerged.[21]

Thus, by 1932, every existing Canadian province except British Columbia had its own conference of Catholic hospitals, all of them members of the Canada-U.S. umbrella association. As we have seen, a sense of regional identity and the existence of common problems were the fundamental reasons for the creation of the conferences. These same forces would soon prompt the various provincial conferences to band together in a national organization. The issues of hospitals' allegiance and identity would soon be viewed through the prism of Canadian nationalism.

Canadian Nationalism and the Great Depression

The inter-war years were of great historical importance for Canada. First of all, the country finally became fully independent from the British Empire. And, like other Western nations, Canada witnessed increasing government intervention in the realm of social affairs.

The chain of events that was to lead Canada to complete independence was set in motion by the country's participation in the First World War. Until then, Canada's star had shone quite timidly in the firmament of nations. A striking example was Great Britain's decision in 1914 to declare war on Germany in the name of Canada. As a member of the Empire, Canada was not even consulted on the matter. However, this colonial-style relationship began to disintegrate in the aftermath of the war. Canada emerged strengthened from this conflict and gradually took steps to assert its nationhood. Two milestones in this march toward national affirmation were Canadian membership in the League of Nations and the attainment of complete autonomy in foreign policy in 1931 through the Statute of Westminster. Finally, the tide of growing Canadian nationalism also fostered a feeling of independence from the United States, which at the time was pouring business investment into Canada.[22]

The march toward political autonomy was accompanied in Canada, as in many other Western countries, by government attempts to establish a foothold in health care, an area previously outside its jurisdiction. The reasons for this intervention were simple. During these years, the population in many industrialized countries became predominantly urbanized, a phenomenon unprecedented in the history of humanity. By 1930, 53 per cent of Canadians lived in cities. The profound demographic change represented by this new distribution of the population between city and country had enormous repercussions on the organization of many services, including health care. Two aspects should be noted here. First of all, a larger urban population naturally led to a greater concentration of health care services in hospitals. This meant that the days of the country doctor making his appointed rounds were gone. A second, even more fundamental impact of the transition from a rural to an urban society was the breakdown of the traditional rural bonds of solidarity and mutual assistance and their replacement by the anonymity of city life. Hence, mutual assistance ceased to be a community responsibility, leaving a void that would be filled by the state. This process was given greater impetus by the Depression of the 1930s.

The crash of 1929 struck Canada with devastating force. Within a few months of the stock market collapse, industrial production had fallen by 52 per cent. By 1933, the unemployment rate had risen to 23 per cent, compared with 3 per cent in 1929. The Depression, which had dramatic effects across the country, brought special hardship to the Maritimes and the Prairies. In the West, many farmers were forced into bankruptcy. The price of a bushel of wheat fell from $1.60 in 1929 to 38 cents by the end of 1932. These statistics are even more telling when we realize that at the time there were virtually no social assistance programs.[23] Popular discontent grew. The slum areas where many were forced to live in tar-paper shacks were nicknamed "Bennettburgs" after Prime Minister Bennett, who was elected in 1930. Likewise, the automobiles drawn by horses because their owners could not afford gasoline were nicknamed "Bennettbuggies."

But the primary lesson of the Depression was that there were limits to private charity and that the government had to intervene more directly in social affairs. Moreover, this was the thrust of one of the recommendations of the Rowell-Sirois Commission, established by Prime Minister Mackenzie King in 1935, the year of his election. This growing social consciousness led, among other things, to the establishment of the unemployment insurance program in the early 1940s. But, as might be expected, the issue that undoubtedly topped the list of Canadian concerns at the time was health care.

The Depression exacted a heavy toll from Canadian hospitals. First of all, hospitals' funding arrangements differed depending on the province and municipality in which they were located. Generally, the governments concerned paid a portion, based on a per diem, of the bills of patients unable to pay the total cost of their hospitalization. Other patients had to pay their own bills. Of course, a number of voluntary insurance plans were established between 1910 and 1940, notably the Blue Cross plan, to which most provinces subscribed. Nonetheless, the system remained inadequate, since during the Depression almost a third of patients were unable to pay the cost of their hospital stays. As a result, hospitals came under enormous

pressure and were sometimes obliged to resort to imaginative financial stratagems. For example, one Vancouver hospital, owing more than $30,000 to the bank and $16,000 to its suppliers, was forced to accept payment in kind, such as cords of wood and cattle, from its patients. The hospital then sold these products to the city to obtain the hard cash that its creditors demanded.[24]

This state of affairs could not continue forever. Government intervention in the health sector, as in other areas of social policy, was clearly called for. Mackenzie King had included a health insurance plan in his electoral platform as early as 1919. However, there was a long road ahead before this proposal would become a reality. The problem was that the idea provoked immediate hostility from certain quarters. The clergy, for example, took a very dim view of state interference in a field that had been its exclusive preserve since the Middle Ages. In its view, the implementation of a health insurance plan would threaten the very existence of voluntary hospitals. In general, the Church was suspicious of any move by government to intervene in the daily lives of individuals, a practice decried as statism or socialism. The Bolshevik revolution remained vividly etched in the memory of the Church, which therefore remained vigilantly on guard against any hint of communism, any infringement on free enterprise or freedom of religion.

The growing national pride of the young Canadian federation and increasing government involvement in the health care field were two factors that would directly affect relations between Canadian and U.S. Catholic hospitals within the umbrella association.

The first stirrings towards Canadian independence were felt in the CHAUSC immediately after the new Canadian conferences were founded and became members. By 1934, in fact, the CHAUSC was faced with a number of complaints from the representatives of Canadian hospitals. These complaints were of two kinds. First, the parent association was criticized for being indifferent to Canadian affairs. Although Father Schwitalla considered the criticism unjustified and defended himself

by citing budgetary constraints,[25] there were genuine differences in outlook. The following example is revealing in this regard. As reported by Harvey Agnew in a 1933 address to the CHC in Winnipeg, Father Schwitalla declared that any move towards government hospital insurance should be rejected out of hand. It would lead, he argued, to a complete government takeover of even voluntary hospitals. Many American churchmen, added Dr. Agnew, saw the spectre of socialism behind any involvement of the state in hospital affairs. This view, although also prevalent in Canada, was not shared by all. For example, after Father Schwitalla's speech, a Canadian mother superior confided to Dr. Agnew that she totally disagreed with his remarks.[26] Religious sisters, it must not be forgotten, were the ones who, day after day, had to deal with the realities of the hospital world.

Government hospital insurance should be rejected out of hand.

The second criticism levelled by Canadians at the parent association concerned its magazine *Hospital Progress*. Canadians found it totally American in that it failed to significantly reflect their concerns and paid scant attention to the Canadian reality — the unique features of Canadian culture, Canada's linguistic duality and its more pronounced leanings toward a degree of egalitarianism.

Clearly, the development of a Canadian Catholic hospital association had now begun. This movement was only natural and, consequently, irreversible. Furthermore, few Canadians were moved by Father Schwitalla's warnings of the dangers of such a separation for the cause of Canadian Catholic hospitals at a time when, in his view, everything pointed to the need for unity. Father Schwitalla was soon informed by Cardinal Villeneuve that an important meeting of Canadian Catholic hospitals would be held in October 1935 in Ottawa, with the goal of creating a Canadian executive board within the CHAUSC. The final outcome of this meeting was the establishment of a Canadian division of the CHAUSC.[27] However, this

proved an awkward compromise and a new alternative was quickly found. On June 12, 1938, Most Rev. Mozzani of the Apostolic Delegation in Canada informed Father Schwitalla that the Canadian bishops would soon meet to decide on the formula for future relations between the Catholic hospitals of Canada and of the United States.[28]

Father Schwitalla himself then proposed as a solution the creation of a Canadian board within the CHAUSC. In accordance with the wishes of the Canadian episcopate and in the presence of its delegates, a meeting of Canadian hospital representatives was scheduled for mid-June 1939, to coincide with the annual convention of the parent association in Milwaukee. This meeting, which took place on June 15, 1939, laid the groundwork for the future Canadian Advisory Board of the CHAUSC. Among the participants would be a woman who, for some twenty years, had been active in every aspect of the Canadian hospital scene: Mother Virginie Allaire. She was now on a train bound for Milwaukee, and others were waiting in the wings to help her defend the interests of the Catholic hospital movement in Canada.

Notes and References to Chapter One
The Roots of our Association
(1915-1939)

Le Devoir, Montreal, June 7, 1939. Examples such as this could be multiplied endlessly. For example, another major daily proclaimed the virtues of products ranging from Melchers Gin at 90 cents for 10 ounces to an electric frying pan at $26.95, not to mention an advertisement for red energy pills to combat fatigue!

The information on Mother Virginie Allaire is taken from the archives of the Grey Nuns of Montreal: obituary and other documents.

G. Harvey Agnew, *Canadian Hospitals, 1920-1970: A Dramatic Half-Century*, Toronto and Buffalo, University of Toronto Press, 1974, pp. 5-16.

4. Robert J. Shanahan, *The History of the Catholic Hospital Association, 1915-1965: Fifty Years of Progress*, St. Louis, Catholic Hospital Association of the United States and Canada, 1965, pp. 5-10.

5. "The Past: A Prologue 1915-1965," St. Louis, 1965, a document from the archives of the Catholic Health Association of Canada (CHAC), p. 11.

6. "Statistics on Special Phases of Hospitals in Canada," *Hospital Progress*, 1930, p. 118.

7. Among others, these hospitals included: Grey Nuns' Hospital in Regina, Sask.; Providence Hospital in Moose Jaw, Sask.; Misericordia Hospital in Winnipeg, Man.; St. Boniface Hospital in St. Boniface, Man.; Holy Cross Hospital in Calgary, Alta.; Notre Dame Hospital of North Battleford, Sask.; General Hospital in Vegreville, Alta.; and Grey Nuns' Hospital in Saskatoon, Sask. This information is drawn from a document entitled "History of Saskatchewan Conference of Catholic Hospitals" in the archives of the Catholic Health Services Conference of Saskatchewan (see Appendix I).

8. Archives of the Grey Nuns of Montreal, loose sheet.

9. Judging from the document quoted in Note 7 above, this conference disappeared sometime during 1924.

10. Archives of the Religious Hospitallers of St. Joseph, Bathurst, New Brunswick. Document entitled "History of the Maritime Conference of the Catholic Hospital Association of the United States and Canada,

1922-1934" (condensed from a chronicle prepared in 1934-35 and edited by Sister M. Ursula, May 1964), pp. 1-8.

11. Archives of the Sisters of St. Martha, Antigonish, N.S. Letter from Mother Audet to Sister Ignatius, March 15, 1922, (translation).

12. Archives of the Sisters of St. Martha, Antigonish. Letter from Mother Audet to Sister Ignatius, May 4, 1922.

13. Archives of the Sisters of St. Martha, Antigonish. Letter from Mother Audet to Mother Faustina, April 28, 1922. See also Mother Audet's letter to Mother Faustina dated April 25, 1922.

14. *Hospital Progress*, 1933, p. 273.

15. Robert J. Shanahan, op. cit., p. 176.

16. *Hospital Progress*, 1922.

17. Archives of the Hôtel-Dieu de Québec. François Rousseau, "Répertoire numérique simple du fonds de la conférence des hôpitaux catholiques de Québec (1933-1962) (P4), kept in the archives of the Hôtel-Dieu Monastery, April 1986, p. 2.

18. Archives of the Catholic Health Services Conference of Saskatchewan. Document CHAN, September 1962.

19. Archives of the Catholic Health Association of Ontario. "Proceedings of the First Annual Convention of the Ontario Conference of the CHA of US and Canada," 1932, pp. 1-39.

20. Archives of the Catholic Health Services Conference of Saskatchewan. Document CHAN, September 1962, pp. 6-7.

21. Archives of the Hôtel-Dieu de Québec. Document cited in note 17, p. 2. See also *Hospital Progress*, 1933, p. 273.

22. Examples of this influx of U.S. capital into Canada are given in Ramsay Cook, *Canada: A Modern Study*, Toronto, 1981.

23. Edgar McInnis, *Canada. A Political and Social History*, Toronto and Montreal, 1969, pp. 518f; Kenneth McNaught, *The History of Canada*, 3rd ed., London and Toronto, 1970, pp. 246f.

24. G. Harvey Agnew, op. cit., p. 150.

25. Robert J. Shanahan, op. cit., pp. 176-177.

26. G. Harvey Agnew, op. cit., p. 75.

27. Robert J. Shanahan, op. cit., p. 177.

28. *Hospital Progress*, 1939, p. 103.

The first steps towards independence

Berthe Dorais, SGM

Margaret Phelan, CSJ

1939 - 1945

he emergence towards the end of the 1930s of a specifically Canadian association of Catholic hospitals was but one of many signs of growing Canadian nationalism. In fact, the story of the birth and first steps of what was to become the Catholic Health Association of Canada (CHAC) mirrors the development of the Canadian identity during this period. The distinctly Canadian origins of the CHAC are reflected in a number of ways: the energy devoted to its foundation, the major issues that first occupied its attention, the nature of its commitments and interests, and, of course, the careers of the individuals who played pioneering roles in its development.

The period covered by this chapter (1939-1945) was a critical one for the fledgling association as it struggled to establish an administrative structure and to anchor itself securely in turbulent times. During this period, the hospital sector was buffeted by the urgent demands of the Second World War and by the debate over the government's proposed hospital insurance plan, a development that threatened to radically transform a system that had been in place since the Middle Ages. Following in the giant footsteps left by the Franco-American Mother Virginie Allaire in her work across Canada, two other prominent figures in the history of Canadian hospitals would now take up the challenge of piloting the new hospital council. The first, Mother Margaret Phelan, CSJ, had emigrated from Ireland at the turn of the century, choosing Toronto as her new home. The second, Quebec-born

Mother Berthe Dorais, SGM, considered herself "a child of the West."[1] Here were two individuals, then, whose origins reflected the diversity of the Canadian mosaic.

Mother Phelan, a graduate of St. Joseph's Academy in Toronto, began her novitiate and took up the veil in January 1908. Teaching was her first vocation. In recognition of her obvious talent, she was soon assigned to an administrative position at St. Michael's Hospital in Toronto, where she eventually became superintendent, a position she held for ten years. She was appointed the first secretary-treasurer of the Ontario Conference, founded in 1932, and helped draw up its constitution. In 1940 she received the Award of Merit of the Catholic Hospital Association of the U.S. and Canada (CHAUSC).[2]

As a child, Mother Dorais left her native Joliette, Quebec, to move to Saskatchewan, and spent most of her life in western Canada. She was secretary-treasurer of St. Boniface Hospital from 1938 to 1944, and played a prominent role in organizing the Catholic hospital movement and developing its Canadian identity. The author of numerous studies and articles, she played an active role in health care organizations both provincially and nationally. Official recognition of her dedication and enthusiasm came in 1962, when the Canadian Hospital Association (CHA) presented her with the George Findlay Stevens Memorial Award, and in 1974, when the University of Winnipeg granted her an honorary Doctor of Law degree.[3]

At the close of the organizational meeting of the Canadian Advisory Board of the CHAUSC on September 21, 1939, Mother Phelan and Mother Dorais found themselves standing together at the crossroads of the Canadian Catholic hospital movement. But again, we are getting ahead of ourselves. Let us first turn our attention to the discussions and recommendations of the "preparatory" meeting held in Milwaukee on June 15, 1939.

Birth of the Canadian Advisory Board

Milwaukee, June 15, 1939. The weather is sunny but cool.[4] Today, sisters from the Canadian conferences of the CHAUSC and Canadian priests delegated by their bishops are meeting with a specific goal in mind: "To form the Canadian Council of the Catholic Hospital Association of the United States and Canada in conformity with the wishes of Their Excellencies, the Archbishops and Bishops of Canada." The meeting was to be chaired by Rev. Alphonse Schwitalla, who would remind the participants at the outset:

> *"that the plan to form a Canadian Council had the approbation of the Hierarchy of Canada with the understanding that there was to be no separation of the hospitals of Canada from the Catholic Hospital Association, and no interference on the part of the proposed Council with the liberty of the Conferences of Canada."*[5]

The purpose of the meeting was to sketch out the basic structure of the new Canadian council, including its nature, composition, election procedures and mandate. Of course, these decisions would remain subject to the final approval of the Canadian episcopate.

The most fundamental issue to be addressed was respect for Canada's linguistic duality. This question had figured among the earliest complaints cited by Canadians as justification for a separate organization, so it quite naturally topped the agenda, particularly with reference to the composition of the council. It was therefore proposed that the council be made up of six sisters — three French-speaking and three English-speaking — plus two priests who would function as reverend advisers — one from each language community. It was hoped that these representatives would be chosen so as to reflect the regional composition of Canada. The council, under the guidance of the Canadian episcopate, would concern itself exclusively with problems affecting Canadian Catholic hospitals. The final proposal was that the first election of members be held the following fall in Toronto during the meeting of the International Hospital Congress.

It is significant that this council, which would still operate under the auspices of the parent association, was created to look after Canadian affairs at the very time that these hospitals stood on the brink of the gravest crisis in their history. This crisis, as we shall see, would lend additional impetus to the process of Canadianization of the new council, to the point where, for all intents and purposes, it would become independent of the parent association.

At 8:00 pm, on September 21, 1939, a meeting that was to last well into the night was called to order in Toronto. Its purpose was to flesh out the preliminary plans for a Canadian council of Catholic hospitals that had been drafted a few months earlier in Milwaukee. The schedule of the International Hospital Congress had made it necessary to meet at this late hour, but there was no postponing the session, since the situation had suddenly become urgent. Canada was at war! War had been declared just a few days earlier, on September 10, 1939. It is important to note that the United States would not be sending troops overseas until 1942. This meant that there would be a span of some three years during which Canadian and U.S. hospitals would view the situation through different eyes. This state of affairs would have far-reaching consequences.

Ironically, when the date for the International Hospital Congress was chosen — a date that would mark the formal establishment of a Canadian council of Catholic hospitals — no one could possibly have foreseen that the world was about to be plunged into the bloodiest conflict in history, a struggle where the dead and wounded would be counted by the millions and the resources of hospitals strained to their very limits.

Aware of the momentous events that were unfolding, the immediate concern of the participants at the Toronto meeting was to lay a solid foundation for their organization. The meeting was well attended; as Father Schwitalla noted, this augured well for the future. Participants included representatives of eight Canadian archdioceses

and eight Canadian dioceses, fifteen sister delegates representing each of the Canadian conferences, and about fifty other sisters from various Canadian Catholic hospitals.

The next step was to elect the six sisters who would sit on the council, and their two reverend advisers. To ensure that the French- and English-speaking communities were equally represented, as stipulated by the preparatory meeting in Milwaukee, voting delegates (i.e., the sister delegates from the Conferences and the priests delegated by the episcopate) were divided into two groups along linguistic lines. It was hoped that this arrangement would ensure that the selection of representatives faithfully reflected the wishes of both linguistic groups. Accordingly, the English- and French-speaking sister delegates separated into two groups on either side of the hall to elect their six representatives, while the priest delegates likewise retired to separate rooms to choose the two advisers. Mother Phelan, superior general of the Sisters of St. Joseph in Toronto, was chosen from among the six elected sisters to be president and Mother Dorais from St. Boniface Hospital in Manitoba was named secretary. Another face on the council needing no introduction was Sister M. Ignatius. The two elected advisers were Rev. Ivan d'Orsonnens, SJ, from Montreal and Rev. Joseph McCowell from Hamilton.[6]

This long meeting — it did not adjourn until after 11:00 pm — marked the official founding of the new Canadian council. Everyone realized that the time had come for action and worked together to make it happen. The newly elected members wasted no time in getting down to work. On September 24, just three days after their election, they met once again at St. Michael's Hospital in Toronto to begin drafting the statutes and by-laws of the council. A potential problem with the name of the new association was quickly resolved. It was felt that the name "Canadian Council" would be too easily confused with the "Canadian Hospital Council," and so a new title was chosen: "The Canadian Advisory Board of the Catholic Hospital Association of the United States and Canada." The next item on the agenda was ratifying the principal recommendations of the two previous meetings

(September 21 and June 15, 1939). Over the next two years, the search for statutes and by-laws acceptable to the episcopate would demand an enormous amount of time and effort. It was not until June 19, 1941, according to the documentary evidence, that the approval of the hierarchy was forthcoming.

In any event, the Canadian Advisory Board's immediate mandate was to address the many problems facing Canadian Catholic hospitals in this time of war. The Canadian Advisory Board took this responsibility seriously, and sent a telegram to the Minister of Defence to state that the nation's Catholic hospitals stood ready to assist the Canadian government.[7] This act reflected the deep commitment to caring for others shared by the forerunners of the CHAC, since at this time, it must be remembered, Catholic hospitals were still strictly private institutions.

The nation's Catholic hospitals stood ready to assist the Canadian government in time of war.

For the first several years, the Canadian Advisory Board met biennially. Its by-laws stipulated that these meetings were to be held at the same time and in the same city as those of the Canadian Hospital Council (CHC).[8] The idea of holding twice-yearly meetings had originally been put forward by Father Schwitalla at the September 21, 1939, meeting. Interestingly, at their meeting on September 24, 1939, the newly elected council members expressed a clear preference for a single annual meeting, citing the great distances separating the regions of Canada. Although the idea was rejected, it resurfaced a few years later when, as we shall see, the Advisory Board was in the process of asserting its independence from the parent association.

Between 1939 and 1941, the professional training of nurses and the quality of nursing care in hospitals once again topped the list of issues of particular concern to the Canadian Advisory Board. The demands of the war naturally placed additional responsibilities on the shoulders of hospital nursing staffs. In response, the Advisory

Board lobbied hard to extend the existing nursing school evaluation program to the Canadian Catholic nursing school system.

The Catholic Hospital Council of Canada

The following year, 1942, proved a momentous one for the Canadian Advisory Board. Much of the Board's energy was taken up by the emergence of another critical issue alongside the war: the federal government's proposed health insurance program. Under the combined effect of this new health care policy and the wave of patriotic fervour generated by Canadian participation in the Second World War, the Advisory Board moved one step closer to complete independence from the parent association. On November 20, 1942, the "Canadian Advisory Board of the Catholic Hospital Association of the United States and Canada" officially dissolved, to be immediately reborn as the "Catholic Hospital Council of Canada" (CHCC).[9] This rebirth served to effectively Canadianize the Catholic hospital movement, making it possible for the new council to wade directly into the battlefield where Canadian health care issues were being decided. The events that were played out against the backdrop of the war and the health insurance issue are sufficiently important to warrant a more detailed examination.

The Second World War

Adolph Hitler, Nazi Germany, the aggressive red and black colours of the Third Reich, the Panzer divisions, Goebbels' propaganda machine, Aryan supremacy, concentration camps, the ovens — these are some of the images drawn from one of the saddest pages in the history of mankind. Yet even these images, powerful and evocative as they are, but dimly capture the nightmare into which the people of the time were plunged. For them, a terrible shadow had arisen in Germany, an enemy that was as unstoppable as it was implacable. The free world itself was imperiled, and Canadians understood it only too well....

It was at this time that the young and still sparsely populated Dominion of Canada began to affirm its nationhood. It declared war on Germany only one week after Britain and committed to the maelstrom its most precious resource: its youth. The conflict lasted six years. Canadians fought on every front — on land, at sea and in the air. At home, all resources were mobilized for the war effort. The war dominated the headlines. All thoughts were turned to events overseas, and feelings swung daily from despair to hope. All Canadians felt personally involved in the war — and how could it be otherwise? Although Canada then had a population of only 12 million, it had put one million young people in uniform. Of these, 42,000 would make the supreme sacrifice (55,000 if the "missing in action" are included) and tens of thousands would return home wounded.

Canada was caught up in a wave of patriotism, and hospital officials, whose responsibilities had multiplied tenfold because of the war, were swept along with it. The nation's hospitals, particularly its Catholic hospitals, felt themselves to be, in their own way, fighting on the front lines with a mission to save lives, and were determined to stand shoulder-to-shoulder with their fellow Canadians. In this climate, the swift commitment of the Canadian Advisory Board to the war effort is understandable. One of its first actions, it may be recalled, was to place the services of Catholic hospitals at the disposal of the Canadian government. There could hardly be a more convincing argument than this for having a distinct Canadian decision-making body within the parent association, especially considering — as noted earlier — that the United States would not become embroiled in this world conflict directly until 1942.

In 1940, on the advice of Father Schwitalla, sisters began to keep careful track of the services rendered by Catholic hospitals to the armed forces and to the war effort as a whole, in the hopes of making the government more aware of the indispensable role played by these institutions. The statistics derived from these records are

impressive. A report from 1940-1941 reveals that English-language hospitals alone (the report for French-language hospitals is missing) had examined 3,000 soldiers, administered 4,000 X-rays, provided the Red Cross with supplies and equipment, supplied personnel for active service, and participated in a variety of ways in the child evacuation program. And this was not all. Hospitals also sponsored a wide range of fund-raising activities for the war effort, such as benefit tea parties, dances and sewing groups, and participated in a variety of other activities, such as washing sheets.[10]

On September 10, 1941, the second anniversary of Canada's entry into the war, the Canadian Advisory Board sent a heartfelt message to Prime Minister Mackenzie King:

> *... this Association hereby expresses to the premier of Canada, its deepest sympathy in the anxieties and sorrows which beset his people. We beg God's blessing upon that land, upon its resources, its unselfish purposes, its struggles, its aspirations. We plead with God for the triumph of justice and of the principles which safeguard the dignity of man. We renew the offer which this Association has previously made, of the use of our Catholic institutions and of their staffs for the national needs and we wish to give the assurance that our Sisterhoods and those associated with them and their work, will yield to no group in this wholehearted and unselfish devotedness to the national cause.*[11]

Thus the experience of the war years led, in the hospital field and in the country generally, to closer bonds between Canadians in all regions of Canada and to a deeper sense of national identity. But while patriotism certainly coloured the sense of commitment of the Canadian Advisory Board in these troubled times, another equally and perhaps even more important issue would soon thrust the young hospital organization along the path to full independence. This was the crucial and complex issue of the health insurance plan that the government sought to implement in the 1940s.

The Canadian Government's Health Insurance Program

As we have seen, the Depression prompted the state to adopt a more interventionist approach to the wide-ranging field of social affairs. Accordingly, the federal government instituted a number of concrete measures, including an unemployment insurance program and an old-age pension plan. The proposal to create a health insurance program to provide free and universal access to medical care was simply a logical extension of these new social policies.

Initially, however, the Canadian Advisory Board, reflecting the views of a number of Catholic hospitals and especially those of the episcopate, was opposed to this proposal. As we have already seen, the Church's reaction can be understood when viewed in context. While the Church remained keen to preserve its image as a defender of the poor and the sick, a function it had performed since the Middle Ages, it viewed this proposal as an implicit challenge by the state to one of its fundamental roles and an encroachment on an area of responsibility that had long been its exclusive preserve. Furthermore, the Church was prone to see the spectre of socialism lurking behind such interventionist policies and it viewed a takeover by the state of responsibility for the care of the needy as an infringement of the principle of individual freedom. In short, the Church was intent on defending its traditional status in a country in the throes of a veritable revolution in social policy.

The new Advisory Board was soon immersed in the debate over state-sponsored health insurance. The Rowell-Sirois report, released in 1939, advocated "cooperative federalism" as a formula for equitably redistributing federal revenues to the provinces. The reaction of Catholic hospitals was swift. In August 1939, Rev. Francis J. Brennan, JTL, published an article in *Hospital Progress* on the significance of the Canadian government's new orientation in health care policy. In 1941, with rumours flying about the impending announcement of a health insurance program, the Canadian Advisory Board condemned in the strongest terms any scheme of socialized medicine.[12]

However, the idea had already taken root. In 1942, Prime Minister Mackenzie King appointed a physician, Dr. J.J. Heagerty, to head an advisory committee with a mandate to study the possibility of implementing a national health insurance program. This action triggered a vigorous and earnest debate.

Since Catholics held widely divergent views on this issue, the Advisory Board had to be receptive to the opinions of all parties involved. Despite the official position taken by the Church on this question, a substantial number of Catholic hospitals remained supportive of the concept of a health insurance program. Nevertheless, the Advisory Board continued to defer to the episcopate in its decisions. Ecclesiastical oversight was tightened further in 1943, when the newly created Canadian Catholic Conference (CCC) established an Episcopal Commission on Catholic Hospitals. We shall return to this subject later.

The state might ultimately permit practices judged contrary to Catholic morals.

In short, Catholics involved in the debate faced a genuine dilemma. The reason the proposal was supported by some and opposed by others was precisely that it entailed both advantages and risks for Catholic hospitals. In a letter dated February 12, 1942, to Mother Dorais, Most Rev. Rosario Brodeur, the bishop of Alexandria, Ontario, and future secretary of the Episcopal Commission on Hospitals, summed up the problem as follows. On the one hand, he explained, state intervention in the administration of Catholic hospitals — traditionally autonomous institutions — could sooner or later pose a genuine threat to their independence. There was a danger that the state might ultimately impose its own standards, and that it might be tempted to override the existing code of medical ethics and permit practices judged contrary to Catholic morals. On the other hand, continued Bishop Brodeur, the implementation of such a health insurance program would unquestionably benefit the downtrodden of society, while at the same time providing valuable financial

assistance to Catholic hospitals.[13] In light of the problems outlined above, should this indeed come to pass, the Church and Catholic hospitals would have to devise strategies to protect their vital interests.

In any case, the immediate priority for the representatives of Catholic hospitals was to overcome indecision and reach a consensus quickly, so that they could present a strong and united front in this debate. However, there was another, much more serious problem. The representatives of Catholic hospitals learned that they might be barred from participating in discussions on the new legislation, for the simple reason that they were affiliated with an international organization and not members of a purely Canadian association. The fact that the only way for the Catholic hospital community to secure direct representation was through a strictly Canadian association was brought home at an important meeting held in Toronto on October 18, 1942. Up to that point, the Canadian Advisory Board had believed that it could make its voice heard "directly," while remaining under the umbrella of the CHC. However, such was not the case.

Mother Allaire, who attended the meeting, was the first to recommend a reorganization of the Canadian Advisory Board along purely Canadian lines. Father Schwitalla, who was also present, noted that this was a definitive step toward total separation but that, in the final analysis, such an outcome was foreseeable under the circumstances. A name was chosen for the association. On November 20, 1942, following a mandatory 30-day waiting period, the executive board of the parent association endorsed the creation of the Catholic Hospital Council of Canada.[14]

In the interim, the participants in the October 18, 1942, meeting did not wait passively for events to unfold. First of all, Father Brennan and Mother Allard, RHSJ, who were already members of the CHC's health insurance committee, were formally appointed as the official spokespersons of the Canadian Advisory Board on this issue. Mother Dorais was assigned to officially inform Dr. Harvey Agnew, Dr. Heagerty, Cardinal Villeneuve of Québec

and His Excellency McGuigan, the archbishop of Toronto, of the recent developments. It was also decided to set up a master committee to study the implications of the health insurance program for administration and nursing. This committee included some by now familiar faces: Mother Dorais, Mother Ignatius, Mother Allaire, and others. In September 1943, Mother Dorais was elected president of the CHCC and Mother Ignatius appointed secretary. It should be mentioned in passing that Dr. Agnew referred admiringly to Mother Dorais on that occasion as the embodiment of the exemplary skill and dedication characterizing the work of many sisters.[16]

As we have seen, the CHCC was founded on November 20, 1942. A week later, on November 28 and 29, 1942, its health insurance committee met to consider a number of guidelines on the subject formulated by the CHC (since the CHCC naturally remained a member of the CHC). Moreover, since the CHCC was now a truly Canadian association, in 1943 it was permitted to name one of the two representatives of the CHC on the government's Health Insurance Advisory Committee. This representative was entitled to speak independently on all issues affecting the social mission of the Church in the hospital field.

Two significant sets of ideas came out of this important meeting on November 28 and 29, 1942.[17] First of all, it was absolutely essential that Catholics maintain control over the administration of their institutions. The best way to achieve this objective, it was believed, was for each province to institute its own health insurance program - with the federal government providing the funding, of course. It was also essential that the implementation of such a program be non-political in every respect. As Mother Allaire pointed out, the significant contribution made by sisters also had to be recognized. At that time, sisters were responsible for 34 per cent of hospital beds and 42 per cent of nursing schools in Canada. Second, while the CHCC obviously agreed that the state should come to the aid of the the most disadvantaged members of society, assistance should be limited solely to this group,

since Christian philosophy was sympathetic to the concept of individual responsibility exemplified in the expression, "The Lord helps those who help themselves." These views and a number of questions were then forwarded to the Canadian episcopate.

The Joint Episcopal Committee on Hospitals, in a statement of principles issued on January 11, 1944 "to guide" the CHCC, was very explicit on a number of points:

> *State Medicine, which implies ownership and operation of all Hospitals, is condemned. State Health Insurance, while not approved, is tolerated, because of the proximity of its introduction by the present Government, and because of the impracticability of opposing it at this stage....*
>
> *The Catholic Hospital Council of Canada should have direct representation on the Federal Commission.... But because the Catholic Hospitals can benefit greatly from the association of the Catholic Hospital Council of Canada with the Canadian Hospital Council, the present association and good understanding should be maintained with all the possible good will. Thus the Catholic Hospital Council of Canada should accept as its spokesman the representative of the Canadian Hospital Council for all general hospital problems, and call upon its own representative only when the Social Mission and the Teachings of the Church are involved....*
>
> *No articles should be published and no public addresses should be made in the name of the Catholic Hospital Council of Canada in regard to Health Insurance, without consultation with the Episcopal Committee.*[18]

However, as it turned out, the much-vaunted health insurance proposal, which had set off a storm of debate and a flurry of activity, was unceremoniously shelved on February 7, 1946, following the federal government's failure to reach agreement with the provinces on the issue. Still, for the CHCC, the efforts devoted to this issue did, in the end, yield some positive results, as we shall see in the next chapter.

The Consequences

First and foremost, in many regards it was a stronger hospital association that emerged from the debate over health insurance.

To begin with, the CHCC found itself with a much larger membership at the conference level. During this period the number of hospital conferences in the West increased from one (the Prairie Conference) to four, swelling the ranks of the CHCC. This expansion was the result of developments on two fronts.

First, the health insurance issue had spurred the Catholic hospitals of British Columbia to form a conference in order to present a united front. The founding assembly took place on April 12, 1940, at Rosary Hall in Vancouver. Nurses representing twelve B.C. hospitals were present. The Reverend Mother Mary Mark, provincial superior of the Sisters of St. Ann, was elected president of the new British Columbia Conference of the CHAUSC.[19] It should be pointed out that this most westwardly conference in Canada did not immediately join the national association — at that time, the Canadian Advisory Board. But on August 31, 1944, it took the logical step of becoming a member of the CHCC.

Second, the possibility that the proposed health insurance plan might be debated and implemented on a provincial basis led the Prairie Conference, composed of Catholic hospitals in Manitoba, Saskatchewan and Alberta, to split into three provincial conferences, thereby ensuring that the representatives of these three new conferences could legitimately speak on behalf of their respective provinces. On March 15, 1943, at the urging of Mother Dorais, the six hospitals of Manitoba officially organized the Catholic Hospital Conference of Manitoba. During a visit to Saskatchewan, Mother Allaire encouraged the Catholic hospitals in that province to organize as quickly as possible so that they could take part in the debate. This new association was called the Catholic Hospital Conference of Saskatchewan. The Catholic Hospital Conference of Alberta was the first of the three to be formed, on

February 9, 1943. The former Prairie Conference was officially dissolved in 1945 and replaced by a simple joint committee made up of the presidents and secretaries of the three new conferences.

The expansion of the CHCC, which at that time had a membership of 206 Catholic hospitals, was not limited to new hospital affiliations. It was during this period, for example, that the Council on Nursing Education became a standing committee of the CHCC. This step was taken in consideration of the new powers that devolved upon the national body when it moved from a purely "advisory" role to a more "executive" role. The opinion of the Joint Episcopal Committee for Hospitals was first sought. In January 1945, the committee decreed that the education of Catholic nurses in Canada would henceforth be placed under the jurisdiction of the CHCC. The decision was officially implemented in June 1945.

Canadianization led to greater interest in and vigilance regarding Canadian issues.

Naturally enough, the Canadianization of the association led to much greater interest in and vigilance regarding typically Canadian issues. In the fall of 1942, for example, the CHCC took a keen interest in the matter of the beatification of Jeanne Mance, contributing financially to the cause and keeping its members informed of developments. Any discussion of the Canadianization of the CHCC must inevitably include mention of the signs of independence that marked its later development. The process of maturation which led to the formation of the CHCC in 1942 would continue in the years to come. There were a number of major players in this process. For example, the high stakes involved in the health insurance proposal led the CCC to pay careful attention to developments in the hospital field. In 1943, with this in mind, it set up a Joint Episcopal Commission on Hospitals

(Francophone and Anglophone), which was responsible for closely monitoring the activities of the CHCC and Catholic hospitals in general. This commission worked for greater independence for the CHCC.

It was the Episcopal Commission, for instance, that first suggested that the CHCC create a permanent secretariat. The organization opened its first offices in 1944, in the Mother House of the Grey Nuns at 1190 Guy Street in Montreal.[20] The Episcopal Commission also encouraged the CHCC to rewrite its statutes and by-laws in order to emphasize its separate legal identity from the parent association. This task was undertaken in October 1944. The new provisions called for a president, two vice-presidents, a secretary-treasurer and two reverend advisers representing the episcopate. The CHCC proper was composed of two sisters from each Canadian conference. As a result of these discussions, the sisters asked the episcopate on November 9, 1944, to appoint "a priest" as president of the CHCC, a position previously held by a sister. At first glance, this move by the sisters may appear surprising, since they had always performed their duties in an exemplary fashion, setting a high standard of professionalism for others to emulate. In fact, the explanation is quite simple. Because of meetings, the president of the CHCC was required to keep late hours, a schedule considered inappropriate for sisters. The episcopate, at least in the beginning, overruled these objections, arguing that only the sisters had sufficient knowledge of the hospital field to carry out such a mandate and that so far they had done an outstanding job.[21]

The drafting of a new constitution thus marked the beginning of a new chapter in relations between the Canadian and U.S. associations. It was in this spirit that Bishop Brodeur, secretary of the Episcopal Commission on Catholic Hospitals, wrote to Father Schwitalla on February 13, 1945: the CHCC, he explained, would henceforth be the sole organization responsible for the activities of Catholic hospitals in Canada, although close ties would continue to exist between the two associations.[22] In June

1945, a new statement of principles officially confirmed the status of the CHCC as the sole spokesperson for Catholic hospital affairs in Canada, including those of nursing schools.

The year 1945 brought to a close one of the most momentous periods in the history of Canadian hospitals. Through the CHCC, Catholic hospitals succeeded in making the best of a difficult situation. Against a backdrop dominated by two major events — the Second World War and the development of a national health insurance program — the CHCC toiled valiantly in a supporting role, skillfully adapting to rapidly changing conditions. The demands of the moment prompted the CHCC to remodel itself into a truly Canadian organization, and it discovered, in the process, that the mix of skills needed to manage its own affairs was available right at home. This is borne out by a glance at the membership of the CHCC's executive as of September 20, 1945, which included such figures as Mother Dorais, president; Mother Ignatius, vice-president; and, her old friend, Mother Léa Audet, second vice-president. The reins of this fledgling organization were in the hands of women whose many years of experience in the hospital field reflected the new maturity of the Catholic Hospital Council of Canada.

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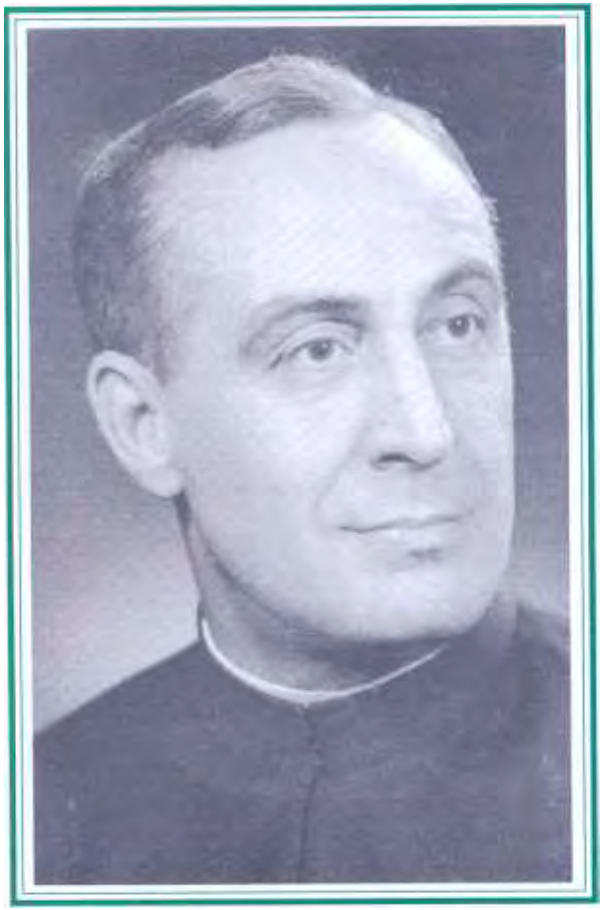

Hector-Louis Bertrand, SJ

1945 - 1952

Father Bertrand burst upon the hospital scene in Canada immediately after the Second World War. A Jesuit of formidable energy with natural abilities of a leader, he threw himself into the hospital world with a vengeance.[1]

hat is how Dr. Harvey Agnew described the arrival on the Canadian hospital scene of Rev. Hector-Louis Bertrand, SJ, in the aftermath of World War II. One of the players on this scene was the Catholic Hospital Council of Canada (CHCC), and Father Bertrand took a leading role as its president from late 1945 to 1952. He was the right man at the right time; his leadership abilities proved an inestimable asset in the immediate post-War years when reconstruction was the top priority.

The seething climate of the bloody war years had repeatedly forced Canadians to act quickly to smooth over and defuse the tensions and crises that everywhere seemed on the verge of erupting. Lasting solutions had been found to the successive challenges that wartime had posed the nation. Indeed, in the hospital field, the creation of the CHCC had been a response to one such challenge. But now the storm was over. By the end of 1945, Canada and its allies had emerged victorious from the conflict. Canadians had proved themselves on the field of honour, and now the country, proud and independent, stood ready to take the place it felt it had earned among world leaders.

The watchword of the times was reconstruction. It was a time to heal wounds and to pick up where life had left off. Because the economic crisis had been swept away by the onset of war, the time was ripe for making up for the lost years of the past. With demobilization of the armed forces, the lifeblood of the country —

its youth — was returning home, ready to pitch in and help with the slow process of rebuilding the everyday lives of Canadians.

The CHCC, too, had emerged stronger from the ordeal. A solid foundation had been laid down in the years 1939-1945. Now that the war was over, the task was to erect a strong structure on these firm footings. Yesterday's planners and architects were joined in their task by construction experts.

Father Hector-Louis Bertrand

Father Bertrand was born in 1907 in Warren, Ontario, a small town some 50 miles east of Sudbury. His mother was of Irish descent and his father French-Canadian, a lumber camp foreman. Hector-Louis was of good pioneer stock. After studying at Sudbury's Classical College and taking his holy orders, Father Bertrand became a teacher of history, English, and physical education. He then devoted four years of his life to theological studies. At Sudbury College he was successively given the responsibilities of study-room supervisor, dormitory supervisor and, in 1941, master responsible for discipline. In 1943, Father Bertrand was appointed to the rank of captain in the Canadian Army and chaplain of the paratroopers. In the course of the very next year, the young priest rose to commander of chaplains, then major, and finally colonel.[2] Here was a man born to command. He believed in directness, "formality only when necessary," according to his friends.[3] It was in 1945, when he was a colonel, that he received the order from his provincial superior to take the helm of the CHCC. He hastened to obey.

It may be recalled that sisters themselves had called for the appointment of a priest to the post of CHCC president. A man, they believed, would end up accomplishing more because he would be able to keep later hours, travel more freely and sleep in hotels. The Canadian episcopate, originally ill-disposed towards this request, eventually bowed to the sisters' persistent demands. When Mother Berthe

Dorais was re-elected CHCC president on September 18, 1945, she accepted the position for a six-month term only – enough time for Most Rev. Rosario Brodeur to find a priest to take her place.[4]

On December 4, 1945, at a CHCC executive meeting, Father Bertrand officially took up his duties.

> *Father Bertrand worked for the Council of Catholic Hospitals with the energy of a multitude of men.*[5]

The energy brought by the new president to his job quickly confirmed what the sisters had been arguing to the episcopate. Barely two months into his mandate found Father Bertrand explaining to an executive meeting that the president of the CHCC urgently needed the use of a car. His order would buy it, he explained, as long as the CHCC would pay for its upkeep. The idea was unanimously approved.[6]

Now Father Bertrand could really get around! In the course of the same year, 1946, he seemed to be literally everywhere. He attended seven of the eight conventions held by the Canadian conferences. He was in Toronto for a meeting of the Canadian Nurses' Association (CNA). He was present at various meetings held in hospitals in Montreal, Lachine, Québec and Chicoutimi. He travelled to St. Louis, Toledo, Milwaukee, Chicago, Vancouver, Victoria, Winnipeg, Trois-Rivières and Hull! And that was not all. Father Bertrand himself noted that his journeys took him to many hospitals in the Maritimes and the West in order to attend meetings of hospital personnel. He also paid visits to sisters and nurses in Kingston, Cornwall, Hamilton, North Bay, Sudbury and London. These visits, it must be noted, frequently included conferences.[7] All this in just one year! Harvey Agnew's description was clearly not exaggerated. Under Father Bertrand, the CHCC became an institution that worked tirelessly to weld its diverse components into a unified whole.

Father Bertrand gained a reputation for outspokenness. When it came to matters that he considered important to the welfare of the CHCC, he refused to mince his words. His address to delegates at the general assembly held in Montreal on May 24, 1949, provides a good example:

> *If you cannot accept the fact that others do not think as you do, we will never get anywhere. Your President needs your cooperation or else he can do nothing at all. [He] needs cooperation from sisters, priests and bishops. In the past every time we sent letters to the Executive Committee they seemed to think that they had to say "Yes." But it should be different in the future....*
>
> *I am exceedingly happy that a bishop and my superior are present here today because I have a few things to say. As a religious I cannot resign but what I can do is ask my major superior to take me out of this work. However, if I had not been a religious you can be sure that I would have resigned before today. I have not received the cooperation that I should have received. Most of the sisters have been working very closely and faithfully with me.... I want to make it clear that unless I am fully supported I cannot do anything for the Council.*[8]

Father Bertrand clearly had no qualms about dressing down the troops. He was a man of dogged determination, single-minded in his quest to finish whatever he turned his mind to. Otherwise, in his view, what was the point in trying?

The Final Link With the Parent Association

As we know, relations between the CHCC and the Catholic Hospital Association of the United States (CHA-US) had remained warm and cordial. Such friendliness was only to be expected, given their common interests and the links forged by history. But one of these links served, in a very concrete way, to bind, and in fact subordinate, the CHCC to its big U.S. sister — finances. On this score, the CHCC found itself in a curious position of dependence upon the U.S. association. The old formula for membership dues had not been changed: Canadian hospitals still

paid their dues directly to St. Louis, which, in turn, remitted to the CHCC head office in Montreal the funds it needed to finance its operations. Naturally, those who wanted Canada's Catholic hospitals to belong to a completely independent and autonomous association had little use for this type of "sovereignty-association."

The first time this issue was tentatively addressed was at a CHCC executive meeting on April 29, 1948. The reading of a resolution drafted by the British Columbia Conference concerning the CHCC's finances was followed by a short discussion period, nothing more.[9] Yet that was all that was needed to give Father Bertrand a new cause to champion. He chose the CHCC's general assembly on May 24, 1949, as the forum to open the debate on the nature of relations between the CHCC and the CHA-US. The discussion was long and drawn out, but Father Bertrand had prepared his strategy well.

He began by itemizing in tabular form the amounts paid to and returned by the U.S. association. He then retraced the steps along the road to independence taken by the CHCC: September 1939, November 1942.... In the ensuing discussion, two extreme positions were quickly staked out by the many speakers. One camp, composed primarily of representatives of the Maritime Conference, wanted to preserve the remaining link with the CHA-US in recognition of their long history of close relations. The other camp saw financial autonomy as simply the final and most important step towards complete independence. The debate essentially pitted the founding conferences against the conferences that had more recently joined the CHCC. Understandably, the discussion was frequently charged with emotion. Let us give the first word to Sister Mary Claire:

> *... They [the Americans] didn't do anything for us until we ourselves decided that we had to do something about it.... If we want any work to be done in Canada we have to do it ourselves and not wait for an American body to do it.*

Sister Margaret immediately responded:

> *Father Schwitalla organized our Conferences across Canada.... I would feel very bad if Father Schwitalla was not remembered.... The benefits have been slow in coming, but it is we who have been the slow people.*

A way out of this impasse was finally found through a resolution presented by Sister Mary Claire on behalf of the young Catholic Hospital Conference of British Columbia. While calling for the formation of a finance committee with a mandate to separate the assets of the two associations, it stipulated that this action was to be taken without severing relations with the CHA-US. Discussion of this resolution was no less heated, but finally the younger conferences carried the day against the veterans. The resolution proposed by British Columbia was adopted.[10]

The debate was far from over, however; it surfaced again at the May 22, 1950, annual meeting in Montreal. It was left to the Canadian episcopate to resolve the issue once and for all. Meeting on December 5 and 6, 1950, the episcopate recommended that the contribution of Catholic hospitals be remitted to the CHCC in Montreal.[11] A resolution to this effect was adopted the following year with but one dissenting vote: "Be it resolved...that all hospitals and allied agencies be billed directly every January by the Head Office of the CHCC...."[12] In a letter dated October 1, 1951, to Most Rev. Vachon, Archbishop of Ottawa, Father Bertrand wrote:

> *I can assure you that the problem of relations between Canada and the United States is definitely resolved. St. Louis accepts our autonomy as indicated in this resolution, and we maintain close and very friendly relations with our parent association in professional and moral terms.*[13]

At the annual meeting in May 1952, a report on CHCC finances was presented to delegates by the secretary-treasurer. In the course of the ensuing discussion, it was revealed that 134 hospitals — 80 per cent of member hospitals — had already paid their membership dues.[14]

The financial independence of the CHCC was but one of many issues to which Father Bertrand turned his formidable energies. A number of other problems continued to trouble the Canadian hospital scene. Some were altogether new, but others were simply new versions of old controversies. One of the latter was the question of health insurance, which once again became a major issue during this period. Not surprisingly, Father Bertrand had some strong ideas on this subject as well.

Health Insurance

As will be recalled, the federal government had shelved its health insurance plan in 1946. However, by 1948 the issue had returned to the forefront of debate, bringing with it the same set of worries that had earlier caused so much concern. The issue was discussed during the general meeting held in Montreal on May 24, 1949. Sister Kenny, RHSJ, from the Hôtel-Dieu in Chatham, New Brunswick, eloquently summed up the dilemma once again facing Catholic health care institutions:

> *All hospitals need money. If we refuse because we are afraid of Catholic principles being interfered with and go along by ourselves, we wouldn't get very far with that on the income from the patients. Whichever way we go the government has us. Under the control of the government we will have everything we need, but the day will come when they will put secular administrators over our sisters. We'll have illegal and unethical practices in our hospitals. Sisters could not work in them.*[15]

In Sister Kenny's view, the above scenario would quite simply mean the end of Catholic hospitals. For Father Bertrand, the mere prospect of health insurance was literally a catastrophe:

> *Socialistic tendencies still exist in our country under various forms, and in particular with regard to a national health program.*[16]

At this time, during the immediate postwar period, there was still a very strong distrust of government intervention. In fact, even hospitals that were not operated

by religious orders had reservations. The fear of socialism expressed by the CHCC president becomes more understandable when we recall that these events occurred at the height of the Cold War. In Canada, the Gouzenko affair in 1946 had caused shock and consternation among Canadians when they learned that a Soviet espionage ring existed in their country. Meanwhile, in the United States, "McCarthyism" raged unchecked. Nevertheless, CHCC representatives took no action on this issue beyond discussion during these years. Decisions were taken on a number of other important issues, however, including nursing training, establishment of hospital administration institutes and, above all, revision of the CHCC's constitution.

Nursing Training

As we have seen, the question of nursing training had long been a major concern of the various Catholic hospital associations in North America. In 1946, the CHCC established an evaluation program for nursing schools. The inspiration behind this program was a document written by Rev. Alphonse Schwitalla, modified and re-issued in accordance with specifically Canadian needs. In October 1946, visiting sisters took the first step of touring Catholic nursing schools in Canada. A short time later, the CNA asked the CHCC for assistance in establishing a similar program in its schools. In 1950, Father Bertrand could proudly claim in his annual report that:

> *There is no doubt whatsoever that the Canadian sisters are by far the leaders in this field.*[17]

The evaluation program pioneered by the Canadian Conference of Catholic Schools of Nursing thus represented one of the major accomplishments of the CHCC. Equally notable was the establishment, at about the same time, of hospital administration programs under the auspices of Laval University and the University of Montreal, largely at the urging of Father Bertrand.

Instruction in Hospital Administration

February 1946 found Father Bertrand explaining to his executive the importance of establishing courses in hospital administration. The president thought that Father Schwitalla would be an excellent choice to head this initiative. It was clear, however, that the task would be far from easy. First of all, the support of CHCC members had to be secured. And, of course, it was essential that these courses be eligible for university credit. Furthermore, the proposal had to be approved by the American College of Hospital Administrators. All of these objectives were vigorously pursued by Father Bertrand. The president, who only a few years earlier had worn a colonel's uniform, carried out his orders with military efficiency. Backed by solid support from the Québec and Montreal conferences, by 1948 Father Bertrand had organized two courses, each with a duration of 90 hours. High academic standards became a certainty when the University of Montreal and Laval University agreed to sponsor the courses. The following year the course was extended to six weeks, with instruction totalling six hours a day. Enrolment in that year was 275, and 350 students were expected in 1950.[18]

Revision of CHCC Constitution

During this period, under the direction of the Canadian episcopate, the CHCC began the process of rethinking its constitution. The recent changes that had taken place in the CHCC called for a new look at its legal framework.

The first tentative move in this direction was taken in 1948 by the dynamic British Columbia Conference, which proposed that the national body expand its executive — composed of only four members — in order to make it more representative of all the Canadian conferences.[19] Once planted, the seed of constitutional reform quickly took root. On May 24, 1949, participants at the CHCC general meeting recognized that their constitution had become obsolete and agreed on the urgency of drafting a new one. One of the most important points, stressed Rev. Joseph B. Nearing, representing the Maritimes, was

to set out clearly once and for all the duties and powers of the CHCC president. A resolution was duly passed establishing a constitutional review committee with a mandate to canvass the various conferences for their views on this issue.

It was only a few months later that the episcopate unveiled its vision of how the constitution of the CHCC should be structured. These decisions had been made on November 10, 1949, by the Episcopal Commission on Hospitals and Welfare. They were formally presented by Bishop Brodeur to the CHCC annual meeting on May 22, 1950.

According to the hierarchy's proposal, the CHCC would henceforth have a dual administrative structure composed of an administrative board and a board of directors. The administrative board would be headed by a bishop and would have responsibility for all matters involving dogma, ethics and public relations. In addition to its episcopal chairman, the administrative board would be composed of the committee of bishops' representatives, a group of eight priests whose directives would become binding policy. The addition of the bishops' representatives would be, as Bishop Brodeur explained, the only substantive change to the CHCC.

The second decision-making body, the board of directors, would be responsible for general hospital matters and the actual administration of the CHCC. It would be made up of the delegates of the Conferences, a bilingual administrator (the executive director) appointed by the episcopate and acting as CHCC chaplain, and an executive committee composed of priest delegates and sisters and chaired by a priest. This executive committee would have the following members: the president, two vice-presidents, a secretary and two other persons chosen from among the members of the Conferences.[20]

During the annual meeting held on May 30 and 31, 1952, at the nursing school of St. Joseph's Hospital in Sudbury, Ontario, CHCC representatives thoroughly vetted the proposed constitutional revision. In particular, the

concept of an annually elected president was accepted. But a wide-ranging debate also took place on a more fundamental issue — the constitutional philosophy of the CHCC. Should it remain a "federation of conferences" or instead become a simple association of member hospitals? In keeping with the wishes of the Episcopal Commission and the political make-up of the country, the federal formula was adopted. Lastly, it was decided to implement the new constitution for a one-year trial period.

This important May 1952 meeting brought to a close one of the most important periods in the history of the national body. With the country in the throes of reconstruction, the relatively young CHCC succeeded in laying the structural groundwork which essentially remains in place today. During this period, its leadership team opened up new avenues for the future course of the organization. This impetus for these developments was largely the indomitable will of Father Bertrand, who devoted seven years of his life to the CHCC. At the meeting of May 1952, in fact, he handed in his resignation as president, feeling that there were new challenges in the hospital field that needed his attention.

In keeping with the spirit of recent decisions, Rev. John G. Fullerton was elected to replace Father Bertrand. Another man who would have a strong impact on the CHCC, Rev. Henri Légaré, OMI, was appointed to the important newly created position of executive director. During his term of office, the Catholic Hospital Council of Canada would continue to carry on its work in the tradition of the early pioneers who had laid its foundations.

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Major Issues

Henri Légaré, OMI

1952 - 1958

s it entered the 1950s, Canada continued the economic revival that had begun during the Second World War. The nation's economy was in the midst of a period of unprecedented growth that would see the gross national product increase fivefold between the start of the war and the end of the 1950s. Happily, economic prosperity was accompanied by an explosion in human capital: over the same period, Canada's population jumped from 11 1/2 to 18 1/2 million. Although immigration certainly played an important part in this demographic expansion, by far the most significant factor was the explosion in births that history would call the "baby boom."

The first consequence of this new prosperity was a general improvement in the living standards of the population as a whole. Salaries doubled, the work week shrank from 48 to 40 hours, and paid holidays made their appearance — all concrete signs of Canadians' new affluence. Canadians quickly put the terrible shortages and sacrifices of the war years behind them. The real purchasing power now in their hands opened wide the doors to the era of modern convenience. The figures speak for themselves. In 1951, 90 per cent of Canadian homes had running water and 50 per cent had hot water; by 1961 these percentages had risen to 97 and 90 per cent, respectively. In 1951, 82 per cent of Canadian dwellings had flush toilets and 61 per cent had a bathtub or shower; again, by 1961, the corresponding figures had jumped to 91 and 80 per cent. Similarly, the easier availability of mortgage credit sparked

an increase in property ownership. The mushrooming of suburbs was a phenomenon of this era. A rich, industrialized and largely urbanized country — this was the new image of Canada.

Hand-in-hand with economic vitality came political stability. During these years, the Liberal party enjoyed a virtual monopoly over the reins of power. The government of Mackenzie King was succeeded by the long reign of Louis St. Laurent, or "Uncle Louis" as he was affectionately called. St. Laurent guided the country from 1948 to 1957, when a brief recession brought John Diefenbaker's Progressive Conservatives to power.

Economically rich and politically stable, Canada was able to secure its place in the international community. It began to play an important role in major international organizations such as the UN, NATO and NORAD. In the years since the Great Depression, as we have seen, the state had undertaken a number of social assistance initiatives. The Second World War had only served to strengthen this trend. The economic health of the country created the conditions that would eventually lead to the rise of the Welfare State.

For most Canadians, therefore, the 1950s were a time of tranquillity. Prosperity was within their grasp, and the future looked even brighter. The country's rapid development was pushing aside the old order, and the Catholic Hospital Council of Canada (CHCC), already an integral part of Canada's social fabric, felt these pressures keenly. The current of change sweeping the country was certainly a major factor in the CHCC's decision in the early 1950s to review and renew its make-up.

Father Henri Légaré, OMI, and the Move to Ottawa

Rev. Henri Légaré goes down in the history of the organization as the first individual to occupy the demanding post of executive director, a position instituted, it will be recalled, in 1952. The choice of Father Légaré was an inspired one, because he brought to his duties a vast range of proven abilities.

Father Légaré was born in 1918 in Willow Bunch, Saskatchewan, and was ordained as a priest in 1943. His studies took him to Laval University, Washington Catholic University, Fribourg University in Switzerland and St. Louis Catholic University in Missouri. The singular talents of this individual were quickly recognized and put to good use, as the meteoric course of his career testifies: after his stint as executive director of the association from 1952 to 1957, he was subsequently rector of the University of Ottawa (1958-1964) and provincial superior of the Oblates of Manitoba (1965-1967). He was consecrated Bishop of Shefferville-Labrador in 1967 and served as president of the Canadian Conference of Catholic Bishops from 1981 to 1983. He was subsequently named Archbishop of Grouard-McLennan in Alberta.[1]

When an organization finds it necessary to move its head office or to overhaul its administrative structure, it is usually an indication that it is entering a new stage in its development. In the case of the CHCC, its tiny office in Montreal had become incongruous with its national standing. A move was inevitable. In fact, this was the first task faced by Father Légaré following his appointment as executive director in 1952.

The decision to leave Montreal for Ottawa originated with Most Rev. Rosario Brodeur, the Episcopal Commission's representative. Moving the CHCC to the nation's capital was necessary, explained Bishop Brodeur, "due to the national character of our organization."[2] It was in these terms that Bishop Brodeur expressed the wishes of the Canadian episcopate to delegates at the CHCC general assembly of May 30 and 31, 1952 in Sudbury. Things moved very quickly: the minutes of a meeting on January 15, 1953, note that Father Légaré proudly welcomed members of the executive to the new CHCC offices at 1 Stewart Street in Ottawa. The rental arrangements provided for two offices and the use of a big hall when the occasion — such as the annual meeting — demanded. Although the move had required a considerable investment in time and energy, no one involved doubted that it would prove well worth the effort. For the time being, the immediate priority was to finish the task of organizing the CHCC's files

and setting up a library — whose shelves would soon hold a complete collection of *Hospital Progress*. It goes without saying that Father Légaré's speedy work in carrying out the move was warmly praised by all concerned.[3]

The CHCC was now established in Ottawa. Its new address was more in keeping with its national stature — and it also reflected the very real process of change under way within the CHCC as it tried to finalize a new constitution. This exercise in constitutional reflection would have several important outcomes: a clear expression of the central role of the episcopate in the operations of the organization, a definition of new responsibilities, and even a new name more befitting the CHCC's importance and the role that the hierarchy intended it to play.

A New Constitution

Because the legal framework of any socially based organization is generally quite complicated, it is always the last element to reflect change within the organization. In other words, the fact that the legal foundations of an organization are being updated usually indicates that the environment in which it operates is already in the throes of fundamental change.

As we saw in the previous chapter, the constitutional revision process began at the CHCC in the late 1940s. From the ferment of ideas emerged a draft constitution in May 1952, and it was decided to implement it on a trial basis for a year. However, the Canadian Catholic Conference's (CCC) Commission on Hospitals and Welfare was convinced that the text of the new constitution still required considerable reworking. A subcommittee composed of Bishop Brodeur, Most Rev. A. Leverman and Most Rev. Charles O. Garant was formed to work in cooperation with Father Légaré to prepare a new version of the document.[4]

Following numerous meetings and extensive revisions to the text, the proposed new constitution finally managed "to meet the views of the episcopal committee appointed

to study and modify them. [In fact,] almost all the suggestions made by the bishops empowered by the CCC to do so were accepted by the CHCC."[5]

Nevertheless, the constitutional framework that the episcopate had unanimously approved was still essentially the same as in the draft hammered out in May 1952. A copy of the 1953 document is provided in Appendix I of this book. It also includes a summary of the CHCC's mission:

> *The object of the Association shall be to promote and realize higher ideals in the religious, moral, medical, nursing, educational, social and other phases of hospital activity pertaining to Catholic hospitals and schools of nursing in Canada.*[6]

The managerial structure for carrying out the objectives outlined in this mission remained the same — responsibility was still shared by the administrative board and the board of directors. Within this dual structure were two "officers" whose positions were especially important. First was the administrator (executive director), a position that automatically fell to the bilingual chaplain named by the CCC. In actual fact, the executive director was the only appointed officer, all the others being elected at the CHCC's annual convention. Father Légaré, as we know, was the first incumbent of this position. The second major "officer" of the organization was the president of the executive committee of the board of directors. He was to be a priest, "bilingual as much as possible." Rev. John G. Fullerton was the first president of the board of directors elected under the new constitution (although he actually took up his duties before the document had received the final approval of the episcopate). He was succeeded in May 1953 by Rev. Victorin Germain, who remained in the post for two years.[7] Father Germain, who later became a bishop, held a BA in Philosophy and a PhD in Theology. His commitment to social issues was of the highest order.[8]

Even a cursory examination of the revised 1953 constitution reveals that the Canadian episcopate was truly one of the pillars upon which the new constitutional frame

work was erected. The hierarchy itself had been behind two major changes in the 1952 draft. The first was a broader definition of what constituted a Catholic hospital. The Episcopal Commission had recommended that "the Catholic lay hospitals... become part of the Canadian Catholic Hospital Association."[9] This change, which indeed made its way into the constitution, was a significant one. Predating Vatican II by some ten years, this initiative indicated that Canadian bishops were attuned very early on to the slow but very real current of change at work within Catholicism.

The episcopate was also responsible for another change. The Episcopal Commission on Hospitals and Welfare made the following proposal in 1953:

> *That the name be changed to the Canadian Catholic Hospital Association as it is felt that this would give the organization more prestige in their dealings with the Department of Health.*[10]

The proposal to change the organization's name prompted some discussion. Rev. Y. D'Orsonnens, SJ, the episcopal representative for the Montreal Conference, feared that "in changing the name of our Council to Association we were severing the links between the United States and Canada." This remark was made at the annual convention held in St. Boniface on June 3 and 4, 1954. Father Légaré replied that the new name would not in any way affect relations between the two hospital associations. "On the contrary," he argued, "changing our name from Council to Association would bring us more prestige and put us on the same level as other national and international organizations."[11]

Overall, then, the Catholic Hospital Association of Canada (CHAC) emerged from the process of constitutional change a stronger organization. The incorporation of lay-directed hospitals into its ranks was one sign among many of its renewed vigour. It boasted a full complement of managers and a diversified decision-making structure. On a more fundamental level, however, the process of constitutional reform, by placing the episcopate front and

centre in the organizational structure, served to demonstrate the national importance that the CHAC had acquired in the eyes of the Canadian bishops. The CHAC was now an organization whose opinion was sought and respected across the nation.

Of course, there were still certain problems to be ironed out. At one point in one of the many debates concerning the constitution, some sisters suggested that the association be organized into two sections, one French and one English "to establish and maintain peace and charity." The motion was withdrawn after the episcopate pronounced such a division as "undesirable."[12] But such disagreements were only to be expected, given the diversity of regional aspirations contained within a country the size of Canada. On the political scene, the St. Laurent government was also beset by the same type of wrangling between Duplessis in Quebec and Hepburn in Ontario. Such is the price paid by any federation that stretches the breadth of Canada from sea to shining sea. For the CHAC, however, these passing differences of opinion faded next to the shared commitment binding the various parties together: a common devotion to the cause of Canadian Catholic hospitals. And the great issues that would occupy the CHAC's attention in the years to come would simply prove to be new opportunities for its members to draw closer together.

The Code of Medical Ethics

A code of medical ethics is to the Catholic hospital what personal conscience is to an individual. It is one of the fundamental features that sets Catholic hospitals apart from other non-confessional health institutions. All physicians, surgeons and other hospital staff who work in Catholic institutions are bound to respect this code to the letter.

The idea of drafting a code of medical ethics in accordance with the fundamental principles of Catholic philosophy originated in the 1930s with the Catholic Hospital Association of the United States and Canada (CHAUSC). In 1936, the Quebec Conference approved a code that was

binding upon all medical personnel working in Catholic hospitals.[13] In fact, violation of the prescribed rules would "result in the dismissal of the surgeon responsible."[14] The rules were even posted right on the operating room walls so that no one could claim ignorance of the moral guidelines spelled out in the code.

This code, which was still in force in the early 1950s, constrained hospital personnel to obey a series of rules divided into two categories: "positive" and "negative."

The negative part of the code listed prohibited practices. "Any directly induced abortion, even for therapeutic reasons, is forbidden under pain of excommunication." Also forbidden were practices aimed at preventing conception, such as removal or sterilization of ovaries, and vasectomies. Outlawed, too, was instruction in any method of birth control. And, since the code censured interference with the beginning of life, it was logical that it did the same for hastening its end:

> *While doctors are authorized to administer sedatives to the dying to ease their pain, in no instance, under pain of an extremely serious fault, may they deprive them of their senses and reason until they have had the opportunity to make final temporal and spiritual arrangements. And even when a dying patient has, from all points of view, made his peace with God and man, the physician may not, except under extremely unusual circumstances, deprive him through injection of morphine or other means of the possibility of experiencing the extremely precious blessing of a holy death in the full possession of his faculties.*

It hardly needs to be mentioned that euthanasia was absolutely proscribed.

The other part of the code — the "positive" part — had two main thrusts. The first concerned the physician's duty to advise any patient facing death of this fact, so that he had the opportunity to put his spiritual and temporal affairs in order. The second was concerned with procedures to follow with respect to the fetus. First of all, baptism was mandatory in all situations. If the egg was expelled, it was to be immersed in water and the

appropriate words spoken. A specific ritual was provided for cases when the existence of a fetus was in doubt. Finally, interuterine baptism was called for when the fetus's life was in danger.[15]

A similar code existed for English-speaking hospitals. Entitled the *Medico-Moral Code of the Catholic Hospital Association of the United States and Canada*, it was considerably more explicit than its French-language counterpart. Two examples suffice to illustrate this. No exception was admitted to the ban on abortion; it was expressly forbidden even when the mother's life was in danger. Teaching birth control was also forbidden; when pregnancy might adversely affect the mother's health, abstinence was the only conscionable precaution.[16]

These moral codes were originally drawn up, as we have noted, in the 1930s. The Second World War had ushered in a new age of scientific research and phenomenal advances were taking place in the medical world. It became increasingly obvious that a review of these documents was in order. In the early 1950s, signs multiplied that the code of ethics needed updating. On April 21, 1951, St. Paul's Hospital in Saskatoon wrote to the CHAC to ask for clarification on some ethical problems connected with childbirth.[17] On November 22, 1952, Sister Tougas, the director of nursing at the Grey Nuns' Hospital in Regina, also wrote to the CHAC's administrators. She confided to Father Légaré that:

> *We have in our Operating Room a Surgical Code published by the Catholic Hospital Association of the United States and Canada, but which seems out-dated at the present time. Would you kindly tell us, Father [Légaré], if there is a Surgical Moral Code prepared for Canadian Hospitals by the Canadian Hospital Council? If not, is there a relatively recent revision of the Moral Code published by the Parent Association?*[18]

Father Légaré was forced to reply to Sister Tougas on January 27, 1953, that "As yet, no surgical medical code for Canadian hospitals has been published by the CHCC."[19] However, these appeals did not fall on deaf ears.

In a letter to Bishop Brodeur dated October 8, 1953, summarizing his annual report, Father Légaré included a section entitled "A Code of Ethics for Hospitals" in which he expressed the following thoughts:

> *This would involve the Episcopal Commission recommending that the CHCC form a Commission of priests versed in medical morals to review the present moral code used in our hospitals, i.e., the code of the CHA-US. In light of recent developments in psychiatry and the most recent pronouncements of the Holy Father on the subject, a revision of the moral code for hospitals is clearly required.*[20]

The idea quickly gathered momentum. The same year, the CCC's Episcopal Commission on Hospitals and Welfare declared that:

> *This Commission favours the adoption of a code of ethics for Catholic nurses and Catholic hospitals, subject to the approval of the local Ordinary.... We suggest that this code be drawn up by a group of specialists in moral theology who are to be chosen by the Association and approved by this Episcopal Commission.*[21]

Events proceeded swiftly. In January 1954, Father Légaré informed the members of the executive at their meeting in Ottawa that a committee had been struck to revise the moral code. The result of their efforts was expected to be ready for presentation to the Episcopal Commission for their approval in the fall of 1954.[22]

The members of this committee were as follows: Rev. Jules Paquin, SJ, professor of medical morals at the Marguerite d'Youville Institute of the University of Montreal; Rev. Léon Loranger, OMI, professor of medical ethics at the Faculty of Medicine, University of Ottawa; and Rev. Jan Warczak, STD, professor of moral theology and director of the St. Boniface Seminary. These individuals had been chosen for the task not only on the basis of their abilities, but also for their regional affiliation in order to ensure "national representation." The committee set to work immediately and was able to deliver on time a new *Moral Code*, which the CHAC immediately submitted to the Canadian episcopate. On October 14, 1954, at their

annual meeting in Ottawa, the members of the CCC endorsed the *Moral Code* with only a few changes, making it the official document for use in all Catholic hospitals in Canada.[23]

The next year, following the CHAC general assembly at St. Vincent Hospital in Ottawa on May 6 and 7, 1955, the CHAC proudly presented the new code to the national press. Father Paquin explained that the ultimate aim of the *Code's* 55 articles was to ensure respect for human life:

> *While the principles never change, it is a good idea to review procedures from time to time in light of scientific discoveries and progress on theological problems.*[24]

The new *Moral Code* was clearly more liberal than its predecessors. Its preamble, which laid out some general principles, expressly stated that: "In questions legitimately debatable, the physician remains free to follow the opinions which seem to him more in conformity with sound principles of medicine" (Article 5). The *Code* continued with a series of guidelines for medical and surgical care. Some were general in nature (patient consent, medical confidentiality, etc.), while others covered specific points: treatments causing death (abortion, euthanasia, etc.) or carrying the risk of death, and treatments concerned with the genitals and their functioning. The *Code* also contained a section entitled "Remedies," which included two articles. The first (Article 39) stipulated that "the prudent use of sedatives or narcotics for the alleviation of pain is legitimate and permissable." The second (Article 40) read as follows: "It is morally licit, so as to alleviate pain, and not to cause or hasten death, to deprive the dying of the use of their senses and reason; but only after the patient has put his spiritual and temporal affairs in order." The moral legislation provided by the new code was as up-to-date as possible, extending to such areas as the treatment of mental illness. The second part of the *Code* was entitled "Religious Care." Among other questions dealt with in this section was the need to respect the freedom of conscience of non-Catholic patients.

An enormous undertaking had been successfully completed in record time. The publication of the new code received wide coverage across Canada: *The Ensign, L'Évangeline, Le Richelieu, Action catholique, Le Droit* and *La Presse* were just some of the many newspapers that carried the story.[25] The attention paid by the media to the achievements of the CHAC was a reflection of its growing credibility in the eyes of the Canadian public. The stature of the CHAC had been won, in part, by its ability to manage simultaneously a number of major issues.

The Canadian Commission on Hospital Accreditation

In the early 1950s, the American College of Surgeons decided to discontinue its involvement in hospital accreditation and to assign its duties and responsibilities in this area to a joint U.S.-Canada commission. When it was informed of this decision, the Canadian Hospital Council (CHC) resolved to look into the possibility of setting up a uniquely Canadian hospital accreditation program.[26] An interim Canadian commission was created for the purpose.

It may be recalled that the issue of hospital accreditation had played a pivotal role in the first steps towards a North American organization of Catholic hospitals. The CHAC, therefore, was quick to recognize the importance of this new initiative. On January 15, 1953, the CHAC executive resolved (subject to the approval of the Episcopal Commission) to accept a seat on the Canadian accreditation commission at a cost of $2,500 a year.[27] This decision was ratified by the general assembly in May 1953.[28] True, the price was steep, but the CHAC was convinced that the importance of this issue fully justified the expense. The following year, it was suggested that each of the 250 member hospitals contribute about $12 to cover this cost.[29]

There were twelve seats on the Canadian Commission on Hospital Accreditation, divided as follows: four for the Canadian Medical Association, two for the Royal College of Physicians and Surgeons, one for the Association des médecins de langue française du Canada, one for the

Canadian Hospital Association (CHA), and five others including the one taken by the CHAC. The CHAC representative was Father Légaré.[30]

The Canadian Commission on Hospital Accreditation spent six years working to devise an adequate set of hospital care standards. Its efforts culminated in the inauguration of the Canadian Council on Hospital Accreditation in January 1959.

> *The federal Minister of National Health and Welfare, the Hon. Waldo Monteith, and a number of representatives of medical and hospital associations from both Canada and the United States attended this event, one of the most important in the history of hospitals and medicine in our country.*[31]

Now Canadian hospitals were no longer required to direct their applications for accreditation to Chicago, the head office of the U.S. association's joint commission. For the Canadian medical and hospital establishment, this was a clear milestone on the road to national maturity, and the CHAC was justifiably proud to have been associated with this initiative from the very beginning.

Nursing Education

Nursing education had long been a priority issue for the CHAC. Considerable progress was made on this front during the 1950s, thanks mainly to the efforts of one remarkable woman — Sister Denise Lefebvre, SGM. For about a dozen years she was president of the Canadian Conference of Catholic Schools of Nursing (CCCSN), a committee contained within the CHAC.

In some ways, Sister Lefebvre was the spiritual heiress to Mother Virginie Allaire. She succeeded Mother Allaire as director of the Marguerite d'Youville Institute in Montreal. Sister Lefebvre was the first Canadian nurse to receive a PhD in education.[32] Her thesis topic was "Evaluation Techniques for Nursing Schools." The expertise acquired by Sister Lefebvre on this subject would help make her virtually irreplaceable.

One of the first tasks of the CCCSN was, naturally enough, to mould Catholic nursing resources in Canada into a strong and coherent body within the CHAC. With this purpose in mind, study days on nursing education were organized in Montreal on April 26 and May 2, 1953. These events proved extremely successful, bringing together more than 150 members representing some 70 Catholic nursing schools affiliated with 25 religious communities.[33] Mimeographed copies of the proceedings of these meetings were produced in English and French at the CHAC's offices so that the deliberations could be shared with all those interested in the cause of Catholic hospitals. We will see later that, over the years, the CHAC would gradually broaden its education mandate in Canada beyond the simple dissemination of hospital knowledge.

There was thus a crying need for an accreditation program that was national in scope.

The CCCSN had decided to institute a nursing school evaluation program based on the extensive groundwork laid between 1946 and 1948 under the chairmanship of Rev. Hector-Louis Bertrand. For this endeavour, the academic training and interest of Sister Lefebvre would prove a valuable asset. There was no doubt that the CHAC had every interest in seeing a national evaluation and accreditation program for Catholic nursing schools instituted. In 1956, for example, 84 of Canada's 178 nursing schools were Catholic institutions and their enrolment represented almost half of all nursing students in the country. It must be remembered that nursing education was strictly a provincial responsibility, all provinces having their own universities and nursing associations. There was thus a crying need for an accreditation program that was national in scope.

In the interests of completing this project successfully, a group of Canadian nurses spent some time with the National League of Nursing in the United States. Much was learned from this exercise, because this organization had some twenty years' experience in developing techniques and setting up services for accrediting nursing

schools. The ultimate goal was to follow up on the program that the CHAC had established in 1946-1948 and to give each religious order the opportunity to train one of its sisters as a qualified accreditor who would visit the nursing schools under its administration.[34]

Nursing education was not the only one of the CHAC's traditional issues of concern to resurface in the mid-1950s. Another was hospital insurance. This issue, which will be discussed in detail in a moment, was to give the CHAC yet another opportunity to demonstrate not only its importance as the defender of Catholic hospitals in Canada, but also the respect it was winning at the national level.

Hospital Insurance

In response to requests from British Columbia, Saskatchewan and Ontario, the federal government agreed in 1955 to include the question of hospital insurance on the agenda of the upcoming federal-provincial conference in October. One of the outcomes of this meeting was the creation of a committee composed of the health and finance ministers of the various provinces to carry out an in-depth study of this issue and report back in early 1956. The committee completed its work within the prescribed time limit, and on January 26, 1956, the federal government was able to present to the provinces the proposal for a health insurance scheme outlined below.

The proposed program was to be entirely administered by the provinces. The role of the federal government would be limited to providing technical and financial support. Ottawa insisted that the program be universal, that it cover the costs of diagnostic services (laboratory tests and X-rays), and that it cover public-ward hospital fees only. The following costs would not be covered by the program: administration costs; the cost of implementing the plan; depreciation of hospital buildings; interest on debts contracted by hospital institutions; expenses

connected with mental illness; expenses connected with cases of tuberculosis; and the cost of private and semi-private rooms. Overall, the federal government was proposing to reimburse 50 per cent of the total cost of the program.

While the deep concerns that Catholic hospitals had felt in the past about health insurance had certainly not entirely dissipated, these institutions were now more or less resigned to making the best of the move. Part of the reason for this change in attitude was that Canadians were generally better off now than in the past. However, the Catholic hospital community was not prepared to accept all the new rules of the health care game unconditionally. One aspect of the new program was particularly irksome to Catholic hospitals and, in fact, to all private hospitals; namely, the fact that building depreciation costs and interest payments on loans incurred to finance new construction were among the seven items excluded from federal coverage. Since patients would no longer be paying hospital fees and the government would not cover these expenses, where would the money come from?

The very survival of private hospitals was clearly at stake, and the CHAC did not mince either its words or its actions. On February 14, 1956, only two weeks after the federal proposal was unveiled, a delegation from the CHAC (which had already surveyed the Conferences' views on this issue) was received by the Minister of Health, the Hon. Paul Martin, at his request. Mr. Martin tried to reassure the CHAC representatives that the state had absolutely no interest in taking over control of Catholic hospitals. But these assurances did not satisfy the CHAC.

On March 2, 1956, in cooperation with its ally in the battle, the CHA, the CHAC sent out a questionnaire to all its conferences on a myriad of subjects related to hospital management. The CHAC asked for "accurate replies" to be returned by mid-April. A number of conferences suggested that a meeting be organized with members of the

Episcopal Commission on Hospitals to thoroughly discuss the federal proposal. This meeting took place in Ottawa on August 31 and September 1.

In his opening remarks to this extraordinary session (attended by no fewer than five bishops), Rev. J.-A. Leahy, SJ, who had been elected CHAC president just the previous year, set the tone for the discussions, declaring, "We do not usually bring people from three thousand miles distant except for very important matters." Then, before handing the proceedings over to Father Légaré, Father Leahy explained that the CHAC no longer felt that the idea of hospital insurance was to be dismissed out-of-hand, even though there were several flaws in the proposal that needed correcting. To back up his point, he mentioned that he had recently been hospitalized for four months and had only had to pay $125. The reason? Father Leahy was a resident of British Columbia, where a provincial health insurance plan was already in force.[35]

The CHAC no longer felt that the idea of hospital insurance was to be dismissed out-of-hand.

A number of speakers were heard from in the course of the meeting. The general feeling was that a crisis was at hand. The CCC had just refused to accept Father's Légaré's resignation as executive director, appointing instead a joint secretary, Rev. Francis J. Smyth, to assist him in his duties.[36] The "top brass" of the CHAC had gathered for this extraordinary meeting, including: Most Rev. J.F. Ryan (Hamilton), Most Rev. N.A. Labrie (Gulf of St. Lawrence), Most Rev. B.I. Webster (Peterborough), Bishop Brodeur (Alexandria), and Most Rev. C. Leblanc (Bathurst); Rev. Victorin Germain and Father Fullerton (past chairmen), R. Durocher, OMI (Manitoba), Rev. J.L. Chiasson (Maritimes), Rev. R. Gendron, OMI (Ottawa), Father Leahy, Father Légaré, and Father Smyth; Sister M. Mann (Montreal), Sister Marie Alban (Ottawa), Mother Berthe Dorais (Alberta), Sister Marie Madeleine (Québec), Sister Jeanne de Chantal (Québec), Sister Madeleine de Jésus (Ottawa), Sister Mary (Alberta), Sister G. Jarbeau

(Manitoba), Sister Joseph-Edmond (Ottawa), Sister St-Philippe (Ottawa), Sister Lefebvre (Montreal), and Sister Françoise de Chantal (Ontario); and, as lay representatives, Emmett Hall (Saskatchewan) and G.L. Pickering (Manitoba).

One of the lay representatives, Emmett Hall, the delegate of the Catholic Hospital Conference of Saskatchewan, was a staunch opponent of the federal program in its present form. His opinion was based on an assessment he had made of a similar program instituted in Saskatchewan, where he discovered a number of problems. Catholic hospitals, concluded Mr. Hall, now found themselves in an extremely delicate situation because of the immense support the health insurance proposal enjoyed among the general public. No doubt about it — the CHAC was caught between a rock and a hard place.

The main outcome of the meeting was the appointment of a subcommittee, composed of Mother Dorais, Father Durocher and Father Smyth, to compose a brief for submission to the Minister of Health. There were two messages the CHAC wished to convey in its brief. The first was a message of understanding: the CHAC recognized the legitimacy of the program, acknowledged that there were patients in desperate need, and supported the idea that collective action was needed to come to the aid of the unfortunate of society. The second message was essentially a plea for assistance, asking the government to show some understanding in its turn. The state, it was argued, must not discourage private initiative, and a failure to include depreciation and loan interest charges would, for all intents and purposes, do exactly that.[37]

Once this brief had been forwarded to the episcopate, there was a delay while the CHA prepared its own brief, since it was felt that a common front would have more impact. Eventually the two briefs were presented jointly to the Minister of Health, the Hon. Paul Martin, on March 13, 1957.[38] In the meantime, Father Légaré had had the opportunity to meet with Mr. Martin in November 1956, who stated that he was prepared to show some flexibility and to meet with a delegation from the CHAC.[39]

It was just after this meeting, in early 1957, that Father Légaré submitted his resignation. He was replaced on an interim basis by Father Smyth.

In May 1957, Mother Dorais used her address to the CHAC general assembly in Saskatoon to deliver a rousing speech entitled "A Governmental Hospitalization Plan: Challenge for Voluntary Hospitals." The message she addressed to Catholic institutions was plain and simple: we must meet the challenge by rolling up our sleeves and getting down to work. A heated debate followed her speech. One group, including layman Emmett Hall, remained dead set against the federal proposal. On the other side was a group with more accommodating views. One of their number was Father Leahy, who observed that "in British Columbia hospitals...were not afraid of the future." This was also the attitude of Right Rev. John G. Fullerton, PH, who responded to Mr. Hall that "We have to think... that Bill 320 is good for the people." The position of the moderates finally won the day, as indicated by the resolution adopted (not unanimously) at the close of the 1957 Saskatoon convention:

> *WHEREAS the Government of Canada has inaugurated a plan of hospital insurance to help pay for the hospital care of the people of Canada, and WHEREAS the CHAC is vitally interested in the health and welfare of the Canadian people, BE IT RESOLVED that the CHAC commend the government of Canada for its plan designed to better the health and welfare interests of the Canadian people.*[40]

It hardly need be noted that the CHAC gained a great deal of credibility with the Canadian government as a result of its actions at this time. It is not so surprising, then, that the Minister of Health decided to meet the CHAC delegation in person. Father Durocher remembers the episode well. Mr. Martin and his staff were housed on the second floor of a Saskatoon hotel, while, on the third floor, a small group of CHAC delegates (including Father Durocher, Father Smyth and Mother Dorais) were trying to hammer out a joint statement to present to the Minister. However, the seriousness and complexity of the issue caused their discussions to bog down. Several times,

the Minister sent one of his staff members to the floor above to urge the delegates to hurry up. "This is a once-in-a-lifetime chance," he told them. "But you must make up your minds." Still the discussions dragged on and on. At long last a common position was found on the general principles to be conveyed to the Minister.[41]

A few days later, the Liberal troops of Louis St. Laurent were defeated by the forces of John Diefenbaker's Progressive Conservatives. But the passing of the reins of power to a new government did not destroy the consensus that had been reached on the health insurance issue. On June 6, 1958, a new delegation from the CHAC delivered a new brief to the current Minister of Health, the Hon. Waldo Monteith. The delegation was composed of the following members: Most Rev. Alexander Carter (apostolic administrator of the Sault St. Marie diocese), Judge Emmett Hall, Father Smyth (the interim CHAC executive director), and Mother Dorais (the general treasurer of the Grey Nuns of Montreal). The brief stressed once again the fear that federal hospital insurance legislation represented a step towards the eventual disappearance of private hospitals, because it relied on such a restricted definition of hospital service costs. At that time, private hospitals (including Catholic) accounted for 75 per cent of all hospital beds in Canada.[42] The "Hospital Insurance and Diagnostic Services Act," which had been enacted in 1957, was scheduled to come into effect in July 1958. We will continue to this part of our story in the next chapter.

During the 1950s, the CHAC carved out a reputation for itself as a nationally recognized body whose opinions were sought as a matter of course. In the eyes of governments, the media and hospitals as a whole, the CHAC was an organization that mattered. The episcopate was well aware of this fact, and was determined that the CHAC would continue to play a central role. As we have seen, the CHAC tackled several major issues during the 1952-1958 period, including a code of ethics, its own constitution and health insurance. Yet, in the midst of this complex work, it never forgot that its primary mandate was

to serve the sick. Other accomplishments of the CHAC during the 1950s included the creation of a Committee for the Aged and the declaration of May 12 as National Hospital Day.

In short, the association that emerged from the 1950s was strong and nationally based, capable of juggling complex issues at the same time as it looked after the unfortunate of society.

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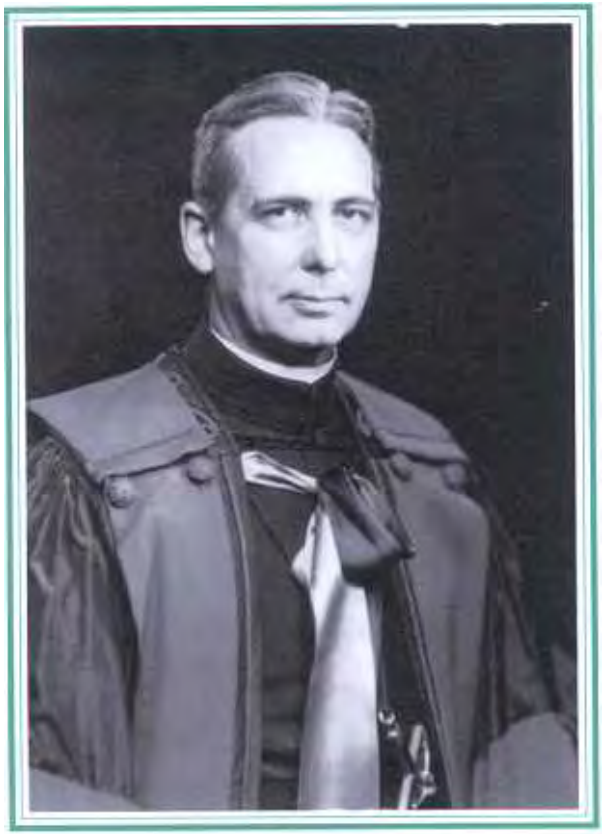
The rise of the laity



A. Lorenzo Danis, OMI

1958 - 1967

n 1958, there were some 220 member hospitals of the Catholic Hospital Association of Canada (CHAC), representing a total of $20,000 in membership dues. With assets of about $18,000, the CHAC was lodged at the Catholic Centre in Ottawa, where two modest rooms provided office space for its three permanent employees, including the executive director, an assistant and one secretary. By 1967, nine years later, the CHAC had 300 active members. Its annual convention attracted an average of 400 participants. Hospital membership dues had doubled and the value of CHAC assets had increased sevenfold. Now housed in a two-storey building, six full-time employees were looking after the CHAC's day-to-day affairs.[1]

In 1958, John Diefenbaker, a unilingual Baptist lawyer from Saskatchewan, swept the federal elections, soundly trouncing the Liberal forces of Lester B. Pearson, who had been awarded the Nobel Peace Prize just the year before. "Cold-war warrior" that he was, Diefenbaker went as far as to declare to cheering audiences that he "would roll back the Iron Curtain."[2] In 1967, Pierre Elliott Trudeau, then a young minister of justice in the Pearson cabinet, pushed through reforms on abortion, divorce and homosexual rights. "The State," he declared, "has no business in the bedrooms of the nation."[3] The values of Canadian society were starting to shift, and the young Trudeau — bilingual, debonair and somewhat unconventional — would in a way become the political incarnation of this current of change. The phenomenon that soon became

known as Trudeaumania was essentially a reflection of the new image that Canadians were developing of themselves and of the world.

In 1958, the president of the executive council of the CHAC was Rev. Joseph B. Nearing. Father Nearing had previously been a priest at the Immaculate Conception parish in Sydney Mines, N.S., as well as the bishops' representative for the Maritime Conference.[4] At the CHAC, his companion-in-arms was Most Rev. Alexander Carter, who had replaced Most Rev. Rosario Brodeur as the episcopal chairman of the administrative board. The duties of executive director, it will be remembered, were in the hands of Rev. Francis J. Smyth on an interim basis. Father Smyth, who had already been the director of the Social Affairs Department of the English section of the Canadian Catholic Conference (CCC), had stepped in quickly to replace Rev. Henri Légaré until a permanent successor was found. Father Smyth was no stranger to the extended CHAC family: in the potboiler climate that reigned during the development of a national hospitalization insurance plan, the administrative board had recommended his appointment as joint secretary to Father Légaré "during the period of this present crisis."[5] The federal government was preparing to launch another foray into the health care arena, one that would keep the CHAC scrambling for the entire 1958-1967 period.

Hospital Insurance

On July 1, 1958, the "Hospital Insurance and Diagnostic Services Act," which had been passed a year earlier, came into effect. This universal and national plan ushered in a whole new era in health care in Canada, and years later Mother Berthe Dorais would say: "Finally, social justice took the place of social charity which, up to then, had been obliged to supply what was lacking."[6] To be sure, hospital decision-makers were still extremely leery of having truck with socialized medicine; they looked upon it as a cancer that would tenaciously undermine and eventually destroy the autonomy of Catholic hospitals. Their calls for vigilance against the hidden agenda of the state had a special resonance in the years

of the Cold War. This distrust largely disappeared in the face of the undeniable benefits that Canadians immediately gained under the new legislation. The human angle of the issue led the CHAC to endorse the federal legislation wholeheartedly. While, as we have seen, the CHAC had already forcefully voiced its support in a May 1957 resolution, the delegates assembled in Montreal did not hesitate to repeat the gesture on May 26, 1961:

> *Hospitals consider the implementation of Hospital Insurance as a necessary social measure and suggest that government control be kept quite flexible in order to maintain both essential interest in wise and sound administration and a high standard of patient care. That is why the CHAC wishes to express to our governments its intention to cooperate with them and its hope that the hospitals which it represents can retain the autonomy necessary to the exercise of their hospital functions and their apostolate of Christian charity.*[7]

While the CHAC felt that the 1957 Act as a whole reflected the legitimate aspirations of Canadians, it found some of its provisions totally unacceptable, in that they posed a genuine threat to the continued existence of many Catholic hospitals. As we saw in the previous chapter, the legislation stipulated that depreciation of buildings and interest on investment borrowing did not qualify as reimbursable costs for hospitals. The CHAC considered this exclusion totally unjustified, since businesses everywhere included these items in management and operating costs as a matter of course. The reason Catholic hospitals faced the prospect of financial loss was the paradoxical situation in which they found themselves: they were institutions that were non-profit, yet still private. The lack of ready funds threatened to have serious consequences for many Catholic hospitals. Where would the religious communities that owned them find the money for renovation and construction in order to remain competitive with public hospitals? Were they to draw upon their own salaries? The total wage compensation received by hospitals from the state varied enormously depending on the size of the institution. In a letter to the CHAC executive director

dated October 22, 1959, the archbishop of Winnipeg, Most Rev. Philip P. Pocock, spelled out the situation in concrete terms:

> *... in a hospital where there are three hundred Sisters on the staff, they are receiving an annual salary of well over $600,000.00. However in a hospital with only twenty five or thirty Sisters on the staff, the salary income means almost nothing in retiring a debt of several million dollars.*[8]

As for the possibility of finding the financial salvation of Catholic hospitals in voluntary donations, the CHAC knew very well that the public's generosity in this regard was lukewarm at best. People were all too aware that they were already contributing to hospital insurance through their taxes. The representatives of Catholic hospitals felt trapped, since they realized that the already precarious financial situation facing many of their institutions would only get worse: the ranks of religious communities, whose salary demands were low, were steadily declining, and lay personnel were gradually moving in to take their places. "We are in a squeeze play and our very existence is threatened," declared Bishop Carter, chairman of the CHAC administrative board, to the Royal Commission of Enquiry on Health Services. And he added, "From a purely financial point of view, [sisters] would be wise to get out of the hospital field quickly."[9] He hastened to explain that the reason they did not was that the care of the sick was so deeply ingrained in their personal lives that they could not abandon this responsibility entirely to the government.

As we have said before, the CHAC made this issue its cause célèbre throughout this period. It would see its efforts bear fruit in 1966, when a truly universal health insurance plan was created. It continued to exert pressure on the government throughout this period, directing its efforts primarily at the Minister of Health but also on occasion at the Prime Minister himself. This pressure took many different forms: briefs, delegations, recommendations, interviews and letters. Sometimes the CHAC acted alone, sometimes in concert with the Canadian Hospital Association (CHA). In particular, the CHAC insistently lobbied the federal government to modify the legislation

to make depreciation and interest payments reimbursable in order to give the nation's Catholic hospitals a fighting chance at survival.

Several major figures in the history of the CHAC were associated with this crusade. Some, like Mother Dorais, had long aligned their personal lives with that of the CHAC. Others were relative newcomers to the hospital scene. One of the latter group was Rev. A. Lorenzo Danis, OMI. Hardly had he joined the CHAC in September 1958 as its executive director than he plunged into the heat of battle. His appointment was eagerly awaited, since the Episcopal Commission on Hospitals and Welfare had apparently had no small difficulty finding a bilingual priest capable of fulfilling this duty.[10] As will be recalled, the CCC had the responsibility for naming "the Chaplain/Executive Director of the C.H.A.C."[11]

Father A. Lorenzo Danis Joins the CHAC

A native of Cornwall, Ontario, Father Danis was ordained as a priest in 1930. This Franco-Ontarian boasted a well-rounded academic background; his studies at such universities as Ottawa, Toronto, Harvard and Michigan had armed him with degrees in philosophy, canon law and theology. His intellectual abilities were swiftly recognized. In 1945, the University of Ottawa entrusted him with the establishment of its Faculty of Medicine, and in 1957 he rendered the same service for the "Common Law" section of the Faculty of Law. While dean of both these faculties, he also taught medical ethics and lectured in case law. A man of knowledge with a natural talent for organization, Father Danis's close ties with university medicine called to mind such figures as Rev. Alphonse Schwitalla and Rev. Charles B. Moulinier.[12] One of the strengths of the CHAC was that it always seemed to be able to attract men and women of high calibre who, despite their close connections to the highest levels of academia, remained attuned to the needs of ordinary people. When CHAC president Father Nearing brought to the executive committee's attention the urgent need for funds to support the construction of a hospital in the Kottayan diocese in the Indies, the reaction was swift. Father Danis himself

coordinated the fund-raising effort.[13] It must be recognized that actions such as this were far removed from the immediate mandate of the CHAC, especially in its current time of crisis.

The CHAC's readiness to respond to the needs of ordinary people was revealed in another example. On October 2, 1958, a woman from Restigouche County, N.B., wrote to Father Danis to describe, in her own unique way, the difficult situation in which she found herself. Desperately poor, she was faced with a large hospital bill. We'll let her fractured French speak for itself:

> *Bien Mr. Directeur des Hopital catholiques. Je vous écrit pour vous demandez si vous pourrais nous donné une aide pour payer notre hopital comme mon mari à pas douvrage assez pour arrivéz a payer le manger de la famille..... Et ont peut pas payer notre hopital.... Notre compte d'hôpital est rendue a $2029.08 et a payer $2.00 par mois sa va pas vite - la ils vont mettre cela a colecter. Je vous demande si qu'il y a moyen de nous venir en aide....*

Father Danis, visibly moved, made sure that this letter found its way onto the desk of the New Brunswick Deputy Minister of Health.[14]

The track record of the energetic figure of Father Danis just four months after his arrival was indeed impressive: he had participated in a meeting in New York organized by the Catholic Hospital Association of the United States (CHA-US), attended conventions of four CHAC conferences, participated in a meeting of the Canadian Council on Hospital Accreditation, made personal visits to many hospitals, helped organize the national Catholic Nurses' Association, and, perhaps most importantly, overseen the publication of the first issue of the *CHAC Bulletin*.

The CHAC Bulletin

The first issue of the *CHAC Bulletin* appeared at the tail end of 1958. To be sure, it was a modest enough beginning. Printed by the Leclerc Co. in Hull, the inaugural November-December 1958 issue consisted of a mere

eight pages of unadorned text — four in English and four in French. The *Bulletin*, which was intended to be a quarterly, was distributed free of charge to all Catholic hospitals. Its very first page set out its aims: "to bring all our hospital institutions closer together, from Newfoundland to British Columbia, and to increase the influence of our national Association, in keeping with the fervent wishes of the Canadian episcopate."[15]

The need for such a review was obvious. In the communications age, it was essential for the Canadian association to have its own communications tool, since the U.S. journal, *Hospital Progress*, was no longer the proper vehicle for its ideas. The CHAC had an agreement with the CHA-US under which copies of *Hospital Progress* were sent to all Canadian Catholic hospitals according to the formula of one subscription for every 100 beds.[16] In May 1959, the CHAC board of directors established the policy that Canadian Catholic hospitals should receive five copies of the *Bulletin* for every 100 beds; by the fall of 1961, small hospitals were receiving five copies of the *Bulletin*, those with 100-250 beds 10 copies, with 250-350 beds 15 copies, and with over 350 beds 20 copies.

The *CHAC Bulletin* filled such a clear need that it was soon expanded. By 1962 it was published 10 times a year, and it underwent an extensive facelift in 1963, becoming a 16-20 page publication enlivened with photographs and containing considerable advertising copy. The *Bulletin* was certainly in the pink! The CHAC had clearly created an excellent tool for furthering its objectives.

From the very beginning, the *CHAC Bulletin* pledged to keep its readers posted on all developments in the world of Canada's Catholic hospitals. And this was a promise that was kept. One of the many matters on which the *Bulletin* regularly kept its readership informed was progress towards the formation of a national association of Catholic chaplains.

The Association of Catholic Chaplains of Canadian Hospitals

The expanding ranks of health care workers as a result of the proposed new role of the government in the health care field led in some ways to a diminished role for the traditional hospital chaplain. Often perceived simply as someone who visited the hospital to say mass and administer the sacraments, chaplains as a group suddenly felt isolated and overwhelmed by the armies of specialists marching into health care institutions. Unless something was done, the increasing specialization and secularization of hospitals threatened to render obsolete not only the office of chaplain, but also the entire spiritual dimension of patient care. The survival of an important facet of the identity of Catholic hospitals was on the line.

CHAC officials, particularly Father Danis, who worked tirelessly on this question, were quick to recognize the danger. They acted as a focal point for the development and implementation of a two-pronged campaign to remedy the situation. First, chaplains had to form their own association in order to forge better links among themselves, and, second, they had to develop special expertise in hospital pastoral care in order to meet the new demands of their working environment.

A CHAC convention at the Hôtel-Dieu of Montreal in May 1959 provided the opportunity for the first national meeting of Canadian Catholic chaplains. On behalf of the CHAC, Father Danis had summoned chaplains from the four corners of the country to attend the convention and to organize a series of study sessions.[17] The 40 chaplains in attendance held three such sessions, which proved very useful.

The purpose of the third of these was to form a committee of chaplains with a mandate to "lay the groundwork for a [national] association of hospital chaplains with the approval and cooperation of the Canadian Catholic Conference...."[18] A six-member executive was chosen to oversee the operation of this provisional committee. The chairman was Rev. Ernest Chiasson, at that time the

chaplain of St. Rita's Hospital in Sydney, N.S., and already the president of the very first diocesan organization of hospital chaplains in Canada, the St. Camille Association in the Antigonish diocese, which had been founded April 21, 1958. Father Chiasson took the podium to explore the problems that hospital chaplains faced on a daily basis, noting that their complexity could easily cause chaplains to become lost in an impenetrable "labyrinth of difficulties." For this reason, what was needed was an association committed to promoting the spiritual dimension of chaplains' activities that could serve as a forum for the exchange of ideas and information. Not only had the United States had such a national organization for 23 years, continued Father Chiasson, but there was already an International Association of Chaplains that had recently held its fourth convention in Brussels in July 1958. By invitation, Canada had been represented by the executive director of the CHAC.[19]

What was needed was an association committed to promoting the spiritual dimension of chaplains' activities.

It should be noted that the constitution and by-laws of the national organization of Catholic chaplains (1961) would not be "formally" adopted before the early 1970s, when this organization would take the name of the "National Federation of Catholic Chaplains of Canadian Hospitals." There were many reasons for this delay, but the main one was that the Episcopal Commission on Hospitals and Welfare, while asserting its firm support for the chaplains' initiative in 1961, nevertheless felt that the initial focus of their efforts should be on fostering the development of provincial associations. The main reason was the wide differences in the various provincial hospitalization plans. The institution of a national association at some later date would allow the features common to all provinces to be successfully merged while respecting their individual differences.[20] Although Canadian chaplains had already formed their own organization, they evidently respected this advice; their second president, Right Rev. Edgar Godin (chaplain of Bathurst Hôtel-Dieu and chancellor of the diocese), was

able to note in his second annual report (1965-1966) that provincial associations were successfully operating in Alberta, Manitoba, Saskatchewan, Quebec and the Atlantic provinces.

Thanks to the inspiration and assistance of the CHAC, chaplains were now organized from coast to coast. However, the job remained of equipping themselves with the proper tools for adapting to the challenges of a workplace that was being transformed by the forces of social change. Chaplains had to become an integral part of the hospital team and to promote their role — exploring the spiritual universe of patients — as a fundamental aspect of therapy. To have credibility in their dealings with specialists, however, chaplains needed to have recognized training and expertise in hospital pastoral care. In cooperation with the chaplains' association, therefore, the CHAC organized a training program for hospital chaplains at St. Paul University in Ottawa.

This three-year program consisted of three two-week study sessions a year.[21] Classes began in the winter of 1965 with an impressive array of specialists among the lecturers. Reflecting the complexity of chaplaincy and the multi-faceted problems of adjusting to modern hospitals, the thirty or so lectures offered under this program covered a wide range of topics, such as "Status and Duties of the Hospital Chaplain," "The Psychology of the Sick," "The Spiritual Life of the Chaplain," "Spirituality of the Layman," "Psychology of the Infant and the Adolescent," "Integration of Protestant Ministers With Catholic Chaplains," and "Public Relations and the Hospital Chaplain."[22] Documents emanating from Vatican II on hospital pastoral care were also a subject of study. The CHAC undertook to publish a complete compendium of these lectures. St. Paul University awarded diplomas to chaplains who completed the entire program in either the Anglophone or Francophone sections. The initial graduating class of 16 chaplains — the first in Canada — received their certificates in hospital pastoral care in 1967.[23] Among them were some familiar names, such as Father Chiasson, as well as others, like Rev. Maurice Dussault, OMI, that would soon be linked to the CHAC.

All in all, an impressive record of progress since 1959, when the newly arrived Father Danis undertook the task of forging country-wide links between the nation's hospital chaplains. And this effort had paid off! Yet this was far from Father Danis's only success; as we shall see, his period in office was marked by a long series of accomplishments touching every aspect of the work of the CHAC. In 1960, for example, Father Danis succeeded in installing the CHAC in a new head office that was better suited to the demands of the modern world.

Purchase of 312 Daly Avenue, Ottawa

When Father Danis arrived at the CHAC, it had for many years been located at the Catholic Centre of the University of Ottawa at 1 Stewart Street. The rent it was paying for its two small rooms was becoming quite expensive; it jumped from $600 to $900 a year in May 1958 and was scheduled to rise to $1200 the following year after an elevator was installed.[24] These rent increases were cited as a major factor in the 1958 deficit, the first in the history of the CHAC. Another reason was the purchase of an automobile by the CHAC, a Chevrolet Impala.[25] In any event, the CHAC management had already started to look for new lodgings.

Several possibilities were considered, including Dalhousie Street in Ottawa and the premises of the CCC. Father Danis was the first, in January 1959, to point out the advantages of the CHAC's buying its own property. Apparently his suggestion was not acted upon, and the CHAC ended up in October 1959 renting a three-room apartment on King Edward Street in Ottawa for $1,600 a year. Yet even these accommodations soon became cramped.[26] It was then that Father Danis's idea of purchasing a property resurfaced, and this time it was supported by the new president of the CHAC, Rev. Raymond Durocher, OMI, who had been elected to the position at the annual meeting in May 1959. Father Durocher was a member of the Advisory Committee of the Manitoba Ministry of Health and Welfare. He had been appointed

bishops' representative of Manitoban Catholic hospitals in 1955, and was also Chairman of the Research Committee of the Episcopal Conference of Manitoba.[27]

Father Durocher was convinced that an association like the CHAC needed "permanent headquarters." He argued that such accommodations would soon prove to have a thousand and one benefits.[28] In April 1960, final arrangements were made for the CHAC to purchase for $23,000 a three-storey building located at 312 Daly Avenue, close to the Convent of the White Sisters of Africa. The CHAC offices occupied the second and third floors, with the first rented out (at least for the time being) as an apartment for $125 a month. There was an office for the executive director, a large main office, a board room, an area for duplicating machines, and a number of other offices arranged for maximum administrative efficiency within the space available.[29] Sister Claire Dupont, SGO, supervised the renovations.

With its installation in new, modern offices, the CHAC obviously had room for additional staff. And there was much to occupy them. Reference has already been made to the *Bulletin* and the CHAC's publications related to chaplaincy training. At the initiative of Father Danis, the association undertook to publish books, articles, pamphlets, letters and newsletters by the thousands. The French-language editor of the *Bulletin*, Émile Bouchoux, paid tribute to Father Danis for his part in expanding the CHAC's line of publications:

> *It proves that the Association and Father Danis, its leader of nine years, have always striven to fulfil their role as teachers and information-providers, both to hospitals managements and staffs, in the purest spirit of devotion and charity captured in the motto: "Caritas Christi urget nos."*[30]

Mother Dorais Returns to the Association

In 1961, one of the pioneers of the CHAC returned to take the helm — Mother Dorais, at the time the general treasurer of the Grey Nuns of Montreal. The decades-long time span of Mother Dorais's work on behalf of Catholic

hospitals speaks volumes about the importance of her contribution. The main points of her life have already been sketched out, but a few additional details are relevant here. She was a graduate of St. Louis University, in hospital administration, and a member of the American College of Hospital Administrators. In addition, she had an extensive background in hospital accounting and was a member of major national and international accounting associations.[31] In these uncertain times, when hospital sisters were increasingly being called upon to upgrade their training to meet the demands of modern hospitals and to keep pace with public hospitals, a woman of the intellectual depth of Mother Dorais was an important source of inspiration and a model for others to emulate.

Mother Dorais was backed up on the board of directors by a team that matched her personal dynamism. During the CHAC general assembly held at the Hôtel-Dieu of Montreal in May 1961, the religious delegates re-elected Sister M. Clarissa, CSM, from St. Rita's Hospital in Sydney, N.S., to a second term as first vice-president. Mother Mary Angelus, SSA, the provincial superior of the Sisters of St. Ann in Victoria, B.C., was appointed second vice-president and Sister M. Patricia of the Sisters of St. Joseph, Port Arthur, Ontario, was named secretary. The position of treasurer was entrusted to Sister Marie-Joseph, SGC. Two other advisers were elected to serve on the executive: Mother St-Adolphe, superior of the Hôtel-Dieu of Québec, and Dr. Paul Bourgeois, the first lay member of the CHAC's board of directors. The slate was rounded out by Father Durocher as CHAC past president.

In short, the affairs of the CHAC were in good hands. Mother Dorais was able to count upon the watchful eye of Father Danis (executive director for almost three years now) and the support of Bishop Carter, chairman of the CHAC administrative board. It was this solid team that produced one of the CHAC's most important accomplishments of 1962 — its brief to the Royal Commission of Enquiry on Health Services. In this brief, which was presented by Mother Dorais, the CHAC implored the government to safeguard the financial survival of Catholic hospitals so that they could maintain, without fear of going

under, "high-quality hospital care and professional training worthy of its traditions of service in the health care field in Canada."[32] These twin goals, in fact, constituted what Canadian Catholic hospitals regarded as their primary mandate: care of the sick (of course) and nursing education. The 1962 brief noted that almost half of the nursing schools in Canada were owned and operated by communities of hospital sisters.[33] It is not surprising, therefore, that members of the Canadian Conference of Catholic Schools of Nursing (CCCSN) were on hand to lend their support to the CHAC brief. Their number included CCCSN chairman Sister M. Felicitas, SP, and past-chairman Sister Denise Lefebvre, SGM. The important place of the CCCSN in the history of the CHAC merits a closer look.

The Canadian Conference of Catholic Schools of Nursing (CCCSN)

Because of an obvious convergence of beliefs, the history of the CCCSN has been intimately linked to that of the CHAC. In the early 1960s, the CCCSN, which included the directors of all Catholic nursing schools in the country, was simply a standing committee of the CHAC. Its representatives were directly named by the CHAC until 1961, at which time the direct power to name representatives was awarded to the directors of the schools themselves. The directors made sure their choices were acceptable to the CHAC, however.[34]

"In light of recent developments, not only medical and scientific but also social, and considering the results of the evaluation project carried out by the Canadian Nurses' Association (CNA), we must review the training programs [offered in our] nursing schools,"[35] declared in the late 1950s Sister Lefebvre, the director of the Marguerite d'Youville Institute in Montreal and chairman of the CCCSN. Canadian nursing schools were faced with two serious problems at that time. The CNA had sponsored a "nursing school evaluation project" to provide an overall assessment of its programs. The report released by the CNA revealed that only 16 per cent of the schools included in the survey sample would have merited an

accreditation certificate if such a program had existed![36] Since half of the schools surveyed were Catholic, the CCCSN was quick to react. As early as 1956, it had gone on record as supporting an accreditation program for Catholic nursing schools. It quickly organized a study week (February 23-27, 1961) to thoroughly discuss the problem and to devise appropriate strategies. More than 200 people — directors and teachers from virtually all Catholic schools in Canada, superiors general and provincial, directors of Catholic hospitals, religious and laity alike — gathered at St. Joseph's Hospital in Toronto for the meeting. The result was a long series of resolutions designed to tighten up across the board standards of excellence related to nursing education, whether the students involved were destined for teaching, practical or administrative positions.[37]

To follow up on this initiative, the CCCSN hired an accredited nurse named Mary Berthe to work as an administrative secretary in the CHAC head office. The expense was partially covered by an annual fee levied on nursing schools. Financially speaking, then, the CCCSN (which the CHAC used to call "our committee on Nursing education") had become independent by the early 1950s. While this former committee was now self-financing, the nursing schools it represented still needed financial assistance in order to face up to the same challenge as Catholic hospitals — keeping up with the rapid current of social change. This was the thrust of one of the recommendations included in the CHAC's 1962 report to the Royal Commission.[38]

The CCCSN, which Father Danis considered one of the most important and most active of the CHAC's standing committees, continued to hold annual "study days" on topics related to nursing education. The 1963 session, for example, brought together more than 375 delegates under the patronage of Paul-Émile Cardinal Léger.[39] The session was chaired by CCCSN chairman Sister Felicitas, a well-known figure on the Canadian nursing scene (and a future president of the CNA). One of the contentious issues in 1963 was whether nursing schools should remain under the auspices of Catholic hospitals (as the CCCSN

wanted) or whether the proper place for nursing education was in universities as part of a general curriculum. A forum on "The Future of the Hospital School of Nursing," held as part of the CHAC general assembly in May 1963, centred on these concerns.[40]

The CCCSN laid out its goals in the statues and by-laws that it adopted in January 1964. They included actively promoting a Christian philosophy of the commitment to nursing, and fostering closer ties among Canadian Catholic nursing schools and between nursing school personnel and practising nurses.[41] The CCCSN's desire to maintain a global approach to the nursing profession and to not disassociate its "teaching" and "practical" aspects led the organization to change its name in the mid-1960s to the Canadian Catholic Conference on Nursing (CCCN).[42]

The ideal nurse melds Christianity, scientific culture and social function into an organic whole.

In order to avoid any confusion about whether the CCCN was a committee or a conference and to maintain its relationship with the CHAC as expressed in the preamble to its statutes and by-laws ("[the CCCN] depends directly on the Catholic Hospital Association of Canada"), the CCCN indicated to the CHAC that it would like to have an arm within the CHAC operating as a committee. Thus was born the "Nursing Committee of the CHAC."[43] Sister Berthe Lesage, SFA, was named the first chairperson of this new committee. With her solid academic credentials (Laval University, Marguerite d'Youville Institute, Catholic University of America in Washington) and vast experience in nursing education, not to mention her membership in numerous associations and other organizations, Sister Lesage was the perfect choice.[44]

In a speech to a CHAC convention, Rev. L. Noël (in 1989 the bishop of Trois-Rivières) described the ideal nurse as an individual "who has managed to meld her Christianity, her scientific culture and her social function into an organic whole."[45] Because of the profound changes taking place

in hospitals and in Canadian society generally, continuing education was paramount. In fact, the assumption by the government of collective responsibility for health care, which previously had been largely borne by religious communities and their private initiatives, led to far-reaching changes that were shaped by the respective arrangements in the various provinces. The restructuring of the Quebec wing of the CHAC conferences is another good example of these developments.

Strength in Unity

By the late 1950s, the CHAC was composed of eight conferences spread out over the provinces and regions of Canada. Almost half of its Catholic hospitals were located in Quebec, which was also the only province represented by two conferences. Actually, the forces of Catholic hospitals in that province were split among four different organizations. The implementation of the federal Hospital Insurance Act prompted the CCC to issue an official statement in November 1958 calling upon all Catholic hospitals, whether run by religious or laity, to become members of the CHAC through their respective provincial or regional conferences. The bishops made no bones about their views:

> *The Catholic Hospital Association of Canada (CHAC), which comprises the provincial or regional conferences, is the only Catholic association recognized by the Canadian Catholic Conference in the hospital field. This Catholic association is active nationally through its Board of Directors and provincially and regionally through its conferences. It is the voice and the spokesman of the Catholic hospital movement across Canada and in all the provinces.*[46]

The message was clear. At a time when the government was becoming increasingly involved in the health care sector, Catholic hospitals had to band together from coast to coast and amalgamate their forces behind the banner of the CHAC. And the task of consolidating the energies of Catholic hospitals had to begin at the conference level. Thus it was that the Quebec bishops urged the Montreal and Québec conferences to join with the

province's other two Catholic organizations (the Association patronale des services hospitaliers du Québec and the Comité des hôpitaux du Québec) to merge into a single unified association. In the eyes of the Church, the swift pace of social change in the province since the death of Premier Maurice Duplessis in 1959 and the accession to power of the Jean Lesage government in June 1960 made it more imperative than ever for Catholic hospitals to join forces.

August 1962 marked the achievement of unity among Quebec's Catholic hospitals, religious and lay-directed alike. The four independent associations disbanded to be collectively reborn as a new body called the Association des hôpitaux catholiques du Québec (AHCQ). With Mother Pauline Maillé, RHSJ, as its president, the AHCQ set itself several goals, including maintaining a permanent channel of communication with officials of the provincial hospital insurance program. While the Quebec bishops had been calling for unity ever since the 1950s, the ultimate trigger had proven to be the federal government's new health care initiatives.[47]

The CHAC emerged from these developments with renewed strength. On August 16, 1962, Father Danis reported to the Episcopal Commission on Hospitals and Welfare on the CHAC's recently expanding membership:

> *309 hospitals are C.H.A.C. members in good standing, almost 50 more than 2 years ago. 17 of the latest members are Quebec hospitals operated by lay corporations or private individuals. There are more than 62,000 beds in our member hospitals.*[48]

It should be noted, too, that in 1963 the CHAC extended an invitation to all senior citizen homes to join its ranks; by 1964, about twenty institutions had taken advantage of the offer, contributing further to the vitality of the CHAC's membership.[49]

The bishops' 1958 statement and the consolidation of the forces of Catholic hospitals had borne fruit. The CHAC's institutional membership had greatly expanded

and was now divided into seven rather than eight conferences. Incidentally, while it was true that the AHCQ was, in some ways, the "new kid on the block," the venerable Maritime Conference also attracted its share of attention in the same year (1962) by giving itself a new name: it would henceforth be known as the Atlantic Conference, in order to better reflect the addition of Newfoundland, the newest of the Canadian provinces, to its ranks.[50] The *CHAC Bulletin* reported that in that year, too, Newfoundland for the first time hosted the meeting of the conference of the Maritime provinces.[51]

The year 1962, then, was a most momentous one in the history of the CHAC, since it boasted two major events — the preparation of a brief to the Royal Commission and the consolidation of the nation's Catholic hospitals behind the banner of the CHAC. But 1962 was important for another reason. From the larger perspective of the 1960s' symphony of change, 1962 would close on a note of renewal for the entire Christian world — the opening of the Vatican II Council.

Vatican II Council

In 1958, death claimed Pope Pius XII, the spiritual leader of the Catholic Church since 1939. For the Catholic world, it was a keenly felt loss. To succeed him, the cardinals elected the Patriarch of Venice, Angelo Giuseppe Roncalli. This peasant's son, who was then 77 years of age, took the name John XXIII, even though "John XXIII" had been the name of an illegitimate pope in the Middle Ages. "Does this indicate that he will not follow in the footsteps of his predecessor?"[52] Be that as it may, on January 25, 1959, John XXIII announced his intention to convene a Plenary Council.

The great day finally arrived on October 11, 1962. More than 2000 bishops gathered at St. Paul's Basilica for the opening of the Vatican II Council. The deliberations of the Council, which more than one observer had thought would not last long, ended up stretching to four separate sessions between 1962 and 1965. They even outlived their originator, John XXIII, who died on June 3, 1963.

Vatican II was a renewal in every sense of the word; it breathed new life into a Catholicism that had become mired in doctrine and orthodoxy. The message of John XXIII was unequivocal: "The Council should not be a doctrinal work, but a pastoral one."[53] Because pastoral action was to be open to dialogue, reaching out to man in his totality, it therefore had to strive to integrate the laity into ecclesiastical structures. With promotion of the laity, evangelization became the concern not only of the priesthood alone, but also of the Christian community as a whole. This was one of the fundamental components of the Church's new perspective on the world. While remaining faithful to the spiritual dimension of faith, John XXIII successfully "plugged" the Church into the modern world. And the time was right for such a renewal in the Church, because western culture as a whole was in grip of fundamental change. At the watershed of the 1960s, Canada and other countries were finding out that "Faith is no longer a fact of culture.... Youth is no longer Christian by nature."[54] In this context, concluded the Vatican Council, pastoral work was more than ever the critical element, since its primary purpose was the propagation of the faith

Canadians in the 1960s

Canada in the 1960s was basking in economic prosperity. The country continued the remarkable pace of economic growth set in the postwar years. The contrast could not have been greater between the pre-war Depression era, when a majority of the population lived the daily grind of poverty, and the striking abundance of the postwar years.

"Never had prosperity lasted so long." On the demographic front, the full employment in those years allowed the two and a half million immigrants who entered the country between 1946 and 1966 to quickly find a place in Canadian society and made it possible for the country to absorb without too much difficulty the unprecedented explosion in births — or baby boom — which lasted until the 1960s.[55]

Never had so many Canadians come of age at a single time and never had they been so affluent. By the late 1960s, Canada was still dominated, as never before, by its young. The long prosperity which still struck their elders as a lucky accident seemed to them a normal state of affairs.[56]

It is not inaccurate to speak of a full-blown revolution in Canadians' standards of living. It was not long before secure and well-paid jobs translated into an explosion of purchasing power. Suddenly, the possibilities were limitless: cars, homes in the expanding suburbs, education, and more. In the 1960s it seemed as though nothing was out of reach. Yet prosperity engendered a worship of things material among ordinary people, and many began to take a second look at the basic tenets of religious faith that only yesterday had been taken for granted. The mass media also helped cultivate this new view of the world. Television in particular had become the instrument for dissemination of a universal culture. And this culture, which drew extensively upon foreign influences, had some powerful components. Among others, there was the birth control pill and the sexual revolution, part of the reason the birth rate in Canada plummeted from 29.2 to 18.2 per thousand women between 1957 and 1967.[57]

Against this backdrop of twenty years of almost uninterrupted economic prosperity, the Canadian government introduced a long series of social measures to assist Canadians. "Without really admitting the fact, post-war Canada had evolved into a social democracy."[58] The wave of prosperity sweeping the country meant that the government could afford to implement a policy of social justice; its revenues doubled in the course of a single decade (1957-1967).[59] The Welfare State came to occupy an unprecedented place in the daily lives of Canadians. The process of secularization, which had accelerated sharply throughout the 1950s to peak in the 1960s, stripped churches and private charities of their responsibilities for a whole range of social concerns, including health (with the advent of hospital insurance and universal health insurance), education, and welfare (with the introduction of public assistance for the disadvantaged).

To put it simply, the state broadened its influence and society became more secular. The 1960s gave birth to a series of collective projects in which the Church had no part. In light of the laicization of society, Pope John XXIII's vision of a renewed Christianity where everyone could participate fully was the Church's only hope of avoiding being swept away on the tide of de-Christianized conscience.

Prosperity, the consumer society, the erosion of religious practice, the sexual revolution, the rise of the laity, the increase in non-confessional charity works, the renewal of the Church, and the promotion of lay participation — Canada in the 1960s was caught in a veritable whirlwind of change that would leave nothing untouched, including the CHAC.

A Time for Reflection

The 1963 annual convention of the CHAC, held at the University of Ottawa and attended by some 300 delegates, was the setting for the start of a process of reflection on the orientation of Catholic hospitals. The June 1963 issue of the *Bulletin* set out the reasons for this exercise in the clearest possible terms:

> *Because of the transformations set off by the implementation of hospital insurance legislation in the various provinces and in accordance with the new spirit created by the sessions of the Ecumenical Council, the directors of Catholic hospitals believe it is necessary to rethink the approach that they have followed up to now.*[60]

This new orientation would be expressed through a number of explicit elements: a clear statement of the Catholic hospital philosophy; guidelines on the question of transferring ownership of hospital facilities out of the hands of religious communities; and recognition that the laity should be encouraged to play a larger role in the work of the CHAC. From 1963 onward, these questions came to dominate the CHAC annual assemblies. Convention themes such as "Why and Whither Catholic

Hospitals?" (Ottawa, 1964) and "Living the Philosophy of the Catholic Hospital" (Montreal, 1965) testified to the importance of such issues.

The Identity of the Catholic Hospital. This question was the subject of intensive reflection within the CHAC during these years. The modern hospital was light years away from the medieval image of a place of death for the destitute of the world; now hospitals were considered places of knowledge where patients received the best possible care regardless of their station in life. This change in perception led naturally to an important question: What served to distinguish Catholic hospitals from other health care institutions? The views expressed by participants, panellists and speakers at the CHAC's annual meetings converged on one point: the uniqueness of the Catholic hospital lay in the fact that it generated a "human presence" within its walls. The Catholic hospital had to become a refuge within whose gates patients benefited from medical expertise coupled with apostolic action. In other words, it had to be a place of both compassion and competence, a place where therapeutic excellence was married to personalized and holistic service, where attention was focused not only on the body but also on the whole person in order to ease all aspects of the patient's suffering and, if necessary, to help him or her die with dignity. As we have discussed earlier, with this approach to hospital care, the full meaning of the work of nurses and chaplains could blossom. "What the Catholic hospital as such brings to religious health," said Rev. G. Lesage, OMI, "is the supernatural meaning of illness."[61] The CHAC was convinced that following this philosophy was the best and surest way to defend and preserve Catholic hospitals.

Hospital Ownership by Religious Communities. At a time when the State was asserting a new role for itself and the Vatican was inviting the laity to participate more actively in its structures, religious communities that had for centuries considered the hospitals they owned as extensions of themselves were plunged into a heart-wrenching dilemma. Should they hang on to their hospitals? Or should they instead let them slip from their hands on the grounds that the government and

the Christian laity stood ready to assume responsibility for social assistance, releasing sisters from the duty of looking after others and allowing them to devote their time to more evangelical pursuits? The second option appeared to make the most sense, considering that the ranks of religious orders were starting to dwindle at the same time as hospital insurance and demographic growth were making it urgent to create new hospitals and to recruit extensively from among the laity. Between 1940 and 1960, an average of 3000 new sisters joined the ranks every five years; but between 1960 and 1965, the five-year total of new sisters was only 1500 — half that figure.[62]

Sisters thus found themselves in a terrible quandary, and were desperately seeking sound advice on how to resolve it. Yet even the opinions expressed by religious authorities on this question sometimes seemed poles apart. For instance, Most. Rev. Paul Philippe, OP, secretary of the Sacred Congregation of Religious, gave a speech in Ottawa to one of the assemblies organized by the Major Superiors of the Canadian Religious Conference (CRC) in August 1963. In it, he stated that "the Church will never renounce the exercise of Charity in all its forms." He thus encouraged religious communities to continue their involvement in the secular sphere.[63] Yet eighteen months later, the archbishop of Québec, the Most. Rev. M. Roy, struck a quite different note:

> *The awakening of the laity to its responsibilities within the Church is fortuitous and will allow religious communities to devote themselves to an apostolate that is more in keeping with their religious character.*[64]

The prelate was speaking to more than a thousand sisters on the occasion of the annual mass for religious communities. It was clear that hospital communities were not about to be handed ready-made answers applicable to all situations. Each case had be dealt with on its own merits.

It was with this perspective in mind that the following resolution was passed by the CHAC annual convention in 1963:

> *Be it therefore recommended before any hospital initiate any process, leading to transfer of property to governmental or other bodies, that they consult their Catholic Hospital Associations for information.*[65]

Integration of Laity into the CHAC. There were a number of reasons that prompted (in fact, compelled) the CHAC to encourage greater lay participation in its activities, including the trend towards a stronger lay presence in society as a whole, the promotion of the laity by Vatican II, and the decline in religious vocations. As we have seen, in May 1961 Paul Bourgeois became the first lay person to serve on the CHAC board of directors. At that time, he was the director of Notre-Dame Hospital in Montreal and the past president of the Association des hôpitaux du Québec. Encouraging lay-directed hospitals to join the CHAC (as the episcopal statement had done in 1958) necessarily implied giving them a say in the decision-making process as well. Unfortunately, the CHAC was a prisoner of its own constitution in this regard. As Father Danis wrote on September 1, 1960:

> *The Constitution of our National Association does not provide for lay representation on the Board of Directors.... At the next revision at the constitution, amendments will probably be made to secure adequate lay representation.*[66]

These amendments to the constitution were approved in principle by the annual convention on May 1961 — "in principle" because the matter was not truly concluded until 1965. We will return to this part of our story later. For the time being, the fact that the new legal framework of the CHAC admitted the possibility of a lay president and provided for mandatory lay representation on the board of directors was enough to secure the services of Dr. Bourgeois.[67]

The CHAC also strongly urged religious-owned Catholic hospitals to set up "lay advisory councils." Father Danis was one of the most ardent defenders of this idea. In 1962 he started a campaign to convince the sisters involved in hospital administration to appoint competent lay assistants to help them in all areas of hospital management. By encouraging the laity to become partners in the efficient operation of the modern hospital complex in areas such as finance, legal issues, insurance, equipment and public relations (a task that was becoming more and more onerous for the small band of sisters who usually composed the boards of directors) and to play the role of "liaison between the institution and the public," the CHAC helped to construct a bridge between Catholic hospitals and the surrounding lay world.[68]

Dr. Bourgeois would not remain the only lay representative on the CHAC executive for long. Elections during the 1963 annual meeting soon brought him a second lay member in the person of André Moisan, at the time general director of St-Ambroise Hospital in Loretteville, Quebec. Mr. Moisan was named the general director of the AHCQ shortly afterward. Delegates to the 1963 meeting also elected the following people to serve on the board of directors alongside lay advisers Bourgeois and Moisan. First, Mother Dorais was succeeded as president by Right Rev. Francis J. Smyth from Antigonish, N.S. This was a repeat performance for Msgr. Smyth, since, as you will remember, he had earlier served as interim executive director of the CHAC under the presidency of Father Nearing. At the time of his new appointment, Msgr. Smyth was director of the Coady International Institute. Mother Angelus from Victoria, B.C. took over the position of first vice-president, while the position of second vice-president went to Rev. John A. O'Mara of Toronto. Sisters Patricia and Marie-Joseph were re-elected as secretary and treasurer, respectively. The board was completed by two final names: Sister Clarissa, the general treasurer of the Sisters of St. Martha (Antigonish, N.S.) and Sister Hélène Levasseur, SCN (Vegreville, Alberta).[69]

Lastly, the CHAC took an important step forward in incorporating the laity into its decision-making structures. At its May 1966 annual convention in Halifax, the following resolution was adopted:

> *Whereas the lay workers in the hospital are responsible of such a degree for the Catholic health apostolate. Be it resolved that the delegates for each Conference be composed of a proportionate number of laymen who will have the opportunity of participating in the policy-making decisions of the Catholic Hospital Association of Canada.*[70]

The year 1963, therefore, saw CHAC begin to reflect upon the identity of Catholic hospitals, on the dilemma facing religious communities about whether or not to retain ownership of their hospitals, and on the importance of utilizing the talents of the laity at all levels, including the decision-making process. This period of reflection or collective meditation was not a time of paralysis, however. Even as it wrestled with these important issues, the CHAC continued to bring to fruition several important projects for its hospitals. One of the most important of these was the creation of the School of Hospital Administration in 1964.

The School of Hospital Administration (1964)

> *Whereas, the Annual Convention of the Catholic Hospital Association of Canada, held in Edmonton in 1962, strongly supported the recommendation that a School of Hospital Administration be organized by the CHAC of Ottawa and whereas, the urgency of this project increases from year to year as the need grows for competent professional personnel, and whereas, the resources of the CHAC have attained sufficient stability to justify this enterprise;*
>
> *Be it resolved: the Board of Directors proceed to the establishment of such a School jointly with the University of Ottawa.*[71]

With these words, the School of Hospital Administration became a reality. The above resolution was passed by the voting members attending the CHAC general convention in the University of Ottawa's Academic Hall on

May 17, 1964. The School, operating under the auspices of the University of Ottawa, would offer English-speaking hospital workers, both religious and lay, the opportunity to take courses in hospital administration in a Catholic academic setting. Their French-speaking counterparts, as the reader will recall, already enjoyed this privilege thanks to the efforts of Rev. Hector-Louis Bertrand in the late 1940s.

As may be inferred from the text of the 1964 resolution, achieving this goal had been far from easy. "For the past three years," wrote Father Danis back on August 16, 1962, "the C.H.A.C. has tried to establish a Course in Hospital Administration for English-speaking hospital personnel."[72] And he continued by urging the CCC (to which these lines were addressed) to support his efforts to sell the University of Ottawa on the idea. It can be said unequivocally that Father Danis was the heart and soul of this project. Without his dogged determination, the School would never have seen the light of day. He was assailed by all manner of objections to the project; one by one, he put them to rest, thanks in no small measure to his own university background. Was this not a project fraught with financial risks? Would it not add to the University's financial burden? No, Father Danis explained, the CHAC was prepared to assume complete financial responsibility for it. His suggestion that the School be accommodated right on the CHAC's Daly Avenue premises and his personal quest for outside financial backing were part of his campaign to guarantee the financial viability of the project. Still, other voices joined the chorus: Was it not unwise to urge religious communities to enrol their sisters in such a course without a formal guarantee of academic recognition? Father Danis replied,

> *It goes without saying that the course will be "duly accredited." My experience with the Faculty of Medicine and the Faculty of Common Law has taught me something, and I am the first to make sure that courses are recognized by competent authorities.*[73]

Yet another objection: Would it not be a good idea to refer the question of the program's utility and feasibility to an expert committee? On this point Father Danis, now convinced of his project's merits, stood his ground. "With reference to the formation of such a committee," he said, "I cannot help but voice my disapproval. If we had consulted the experts, the Faculty of Medicine at the University of Ottawa would never have been founded!"[74]

Yet even the plan's sceptics could see that the need for the program was urgent. "The implementation of health insurance plans in all provinces," wrote Father Danis on September 12, 1961, "means that hospital directors will have to have better professional training than in the past."[75] In a letter dated August 9, 1962, Most. Rev. Henri Routhier, OMI, Bishop of Nessus and Apostolic Vicar of Grouard, explained the urgent need for action to Bishop Carter of Sault Ste. Marie:

> *... there being in Canada no graduate school of this nature in any English Catholic University. More and more the Provincial Departments of Health are imposing more stringent requirements in all hospitals, not excepting, of course, our own Catholic hospitals.*[76]

Thus, despite the roadblocks thrown in his way, in August 1964 Father Danis was finally able to secure an agreement between the University of Ottawa and the CHAC that led to the inauguration that September of the first School of Hospital Administration at the University of Ottawa. The success of this enterprise owed much to the support of some influential friends — Most Rev. J.-M. Lemieux, OP, the archbishop of Ottawa and chancellor of the University of Ottawa, and, of course, a faithful ally of the CHAC, Father Légaré, later the rector of the University of Ottawa.

Because the official opening of the School was so hasty, there were only five students enrolled the first year, including two sisters, one from Ontario and one from Alberta. The School was properly launched in 1965, when 12 applicants from a field of about 30 were accepted, including a sister from St. John's, Newfoundland.[77]

From the very beginning, the School's teaching staff was drawn from the cream of the crop. Father Danis, by that time director of the School, was able to write on October 2, 1964, that:

> *We already have two full-time people. Mr. [Théodore I.] Jongerius [the former President of the Saskatchewan Association of Hospital Admitting Directors] and a chartered accountant with considerable experience in hospital accounting, and we may be able to secure a medical doctor with a Master's degree in Hospital Administration for the third full-time appointment. We will have several part-time lecturers. I do not expect that my duties as Director of the School will take a great deal of time. I am continuing as Executive Director of the CHAC. I feel that the CHAC Director should also be at least the nominal head of the school. The Association and the school should develop together.*[78]

In fact, once under way, things proceeded so smoothly that the CHAC was not even obliged to absorb the expected financial deficit, as Father Danis was able to explain proudly to the general convention on May 31, 1965.

> *The most important accomplishment of the Association during the past year may well be the creation of a School of Hospital Administration at the University of Ottawa.... The CHAC accepted responsibility for covering any financial deficit incurred in operating the School. A grant from Public Health of more than $30,000 a year and financial assistance from the Kellogg Foundation have made this commitment practically a mere formality, and the CHAC has already benefited from its close association with the School of Hospital Administration. Not only do member hospitals and our religious communities find it an exceptional opportunity for training their administration staff, but the School's professors provide all kinds of services to the Association.*[79]

Father Danis's determination had certainly paid off, and the sizeable student body today enrolled in the University of Ottawa's "health administration" program has him to thank.

In short, the pet project of Father Danis became a treasured part of the heritage of both the University of Ottawa and the CHAC. From a broader point of view, it was perhaps the most outstanding product of the CHAC's active commitment to education during the 1960s.

The CHAC and the Dissemination of Hospital Expertise

The CHAC made the 1960s an era of intense activity in the area of hospital education, a role hinted at by the achievements of the preceding decade. It is no exaggeration to say that, during those years, the CHAC pursued every possible avenue to promote hospital education under the guiding hand of Father Danis. This chapter has already traced some of the important realizations of its commitment to education, including the training program for hospital chaplains (leading to a certificate in hospital pastoral care), the "study days" organized annually by the CCCSN, and, of course, the School of Hospital Administration. Impressive as this list is, it was only the beginning.

The horizons of the CHAC's educational mandate had broadened considerably. Under Father Danis, the CHAC became associated with more than a hundred different study sessions on subjects ranging as far afield as mental health, pastoral psychology, medical morals, management techniques and hospital administration. This ambitious educational program was launched in the early 1960s and did not slacken pace until about 1965.[80] Obviously, space does not permit an exhaustive list of all the initiatives undertaken during this period. Still, to give the reader a better idea of the richness of this educational program, which helped thousands of people from countless Canadian cities, let us briefly survey the various study days organized or sponsored by the CHAC during a single period — January 1964 to April 1965.[81] The abundance of activities in this short time span provides us with a better idea of the scope of the program as a whole.

On January 27-31, 1964, 350 people involved in nursing education from a number of religious communities that managed Catholic hospitals met at the invitation of the CCCSN at the Centre Marial Montfortain in Montreal

to discuss the "Change and Challenge of Nursing."[82] On February 17-21, this time in Ottawa, was held a study week on hospital administration directed by Mr. Christopher from the CHA-US. There were 27 participants. A similar meeting was held a few days later (February 27-29) in Winnipeg, attended by some 200 participants. In cooperation with the AHCQ, the CHAC organized study days on medical morals on April 6-8 at the Hôtel-Dieu de Saint Vallier in Chicoutimi. Msgr. Godin, chancellor of Bathurst diocese, gave a series of lectures on medical-moral problems in the hospital setting to an audience comprising 150 religious and lay nurses, chaplains and doctors.[83] In the fall of 1964, Rev. O'Doherty of the College of Dublin directed study days on pastoral psychology on October 5-7 in Ottawa. About one month later (November 23-25), Dr. V. Szyrynski and Rev. Alan McInnis, OMI, led 110 participants in a study session on mental health and pastoral psychology.

There was no let-up in activities the following year. The program for 1965 kicked off on January 25-29, 1965, when 250 participants met at Estérel, Quebec, for a study week on nursing education sponsored by the CCCN. As we have already seen, the winter of 1965 also marked the inauguration of the training program for hospital chaplains. On February 22-24, 1965, the CHAC held study days on mental health and pastoral psychology. More than 300 people attended lectures by, among others, Dr. J.N. Fortin, Dr. Paul Lefebvre and Rev. Jean-Marie Raymond, SJ.[84] Finally, three important study days were held at the Saint-Sacrament Hospital in Québec on April 26-28, 1965, at which, according to the *Bulletin*, there were close to 500 participants. Twenty-two hours of courses were offered in the space of only three days. Among the speakers was Dr. Karl Stern, an internationally renowned psychiatrist attached to St. Mary's Hospital in Montreal.[85]

As a supplement to its broad, wide-ranging program relying mainly on workshop sessions and university-level programs, the educational endeavours of the CHAC reached out to encompass correspondence courses. Thanks to an agreement concluded by Father Danis with International Correspondence Schools, Catholic hospital

workers had the opportunity to expand their knowledge and learn about special techniques for accomplishing their duties without leaving their home towns.[86]

The CHAC's offensive in the area of hospital training enhanced its role and reputation as a strong promoter and disseminator of education. And at the same time as it was making its mark as the driving force behind the dissemination of hospital expertise, it was also taking steps to affirm its legal status by updating its administrative structures and obtaining official government recognition.

The Incorporation of the CHAC (February 1, 1965)

On February 1, 1965, the Department of the Secretary of State of Canada issued letters patent incorporating the CHAC. The push for incorporation had begun back in 1960, following the purchase of 312 Daly Avenue. What was to have been a relatively simple change in the statutes and by-laws of the CHAC (as required by the Department of the Secretary of State) degenerated into an extremely complex situation, punctuated by numerous setbacks and marked by high emotions. The path to incorporation is outlined below.

In May 1961, the CHAC general convention, held in Montreal, unanimously adopted a new set of statutes and by-laws with the aim of having the organization constituted into a civil corporation under federal legislation. The most important changes concerned the need to provide for more extensive lay representation within the CHAC's decision-making structures. The chairmanship, reserved by the 1953 constitution to "a priest, bilingual as much as possible" was opened to sisters (which allowed the return of Mother Dorais) and to laity. The CHAC executive committee became the new board of directors and was explicitly to include lay members (thus allowing a seat for Paul Bourgeois). Finally, it was no longer necessary for members of the board of directors to be chosen from among the official delegates.[87] Opening up the CHAC structures to laity in this way was in accordance with the views of the episcopate, which was most concerned at that time with encouraging lay-directed hospitals to join the CHAC.[88]

Overall, however, despite these innovations, the 1961 version of the constitution was not ideologically too different from that of 1953. One change required by the Department of the Secretary of State was that there be only one body managing the CHAC (instead of the existing two-headed structure); accordingly, the new constitution had been drafted "to retain, in practice, the prerogatives of the Administrative Board and of the Bishops."[89] In short, the process of constitutional revision appeared to be virtually settled. Unfortunately, this judgment proved premature....

First off, the Department of the Secretary of State demanded additional changes.[90] Then, the CCC appeared to be in no hurry to approve the new document, since it felt the changes did not go far enough. We read in a letter dated March 3, 1960, that the episcopate wanted not only the position of president to be open to laity, but also that of executive director,[91] a position that then automatically fell, as the reader will remember, to the bilingual chaplain appointed by the CCC. This idea, which rapidly gained some support, was vexing to the incumbent director, Father Danis, who failed to see its logic. Nevertheless, this change and many others aimed at further broadening the constitutional base of the CHAC were endorsed by Mother Dorais, who, as we have seen, had recently returned as president of the CHAC. Under her chairmanship, the board of directors voted in February 1962 to give the reform movement a high priority. To this end, sets of amendments were approved at the 1962 and 1963 general meetings. Finally, a committee headed by Msgr. O'Mara completed a draft of the new statutes. On May 17, 1964, the CHAC delegates gathered at the general assembly in Ottawa adopted these by-laws unanimously and ordered them forwarded to the Department of the Secretary of State for approval. The new legal document had already received the stamp of approval of at least one of the secretaries of the Episcopal Commission on Hospitals and Welfare — Bishop Carter, then chairman of the CHAC administrative board.[92]

The statutes and by-laws adopted in May 1964 introduced several major changes. Let us look at some of them briefly. First of all, the administrative board and its episcopal

chairman were abolished. The era of a double-headed administration was over: "The Board of Directors shall [henceforth] be the executive body of the Association and shall have full authority to act on behalf of the Association in all matters relating to the conduct of its affairs...." (Article 28). Another important change was that the CHAC chaplain no longer automatically assumed the position of executive director. The power to choose the executive director was vested in the board of directors. As "the chief executive officer" (Article 25), he would have "the right to be present at the meetings of the Board, but... not...the right to vote" (Article 17).

The board of directors would henceforth be composed of ten members (the former executive committee had eight) elected by the general assembly in accordance with the respective representation of the conferences. In other words, each of the seven conferences would have at least one representative (Article 26). Finally, each conference would be represented at the general assembly by a minimum of "three voting delegates." However, the AHCQ had the right to send eight, the Ontario Conference five, and the Atlantic and Alberta conferences four each. In addition, one of the voting delegates designated by each conference had to be the official chaplain of that conference (Article 13). In fact, this was a way of retaining the "bishops' representatives" under a different name.[93]

The CHAC had turned an important page in its constitutional history. It had succeeded in giving itself an operational structure that was more flexible, more open, and certainly more in keeping with the rapid pace of social change and the mood of the Vatican Church. Back on October 26, 1963, the Episcopal Commission on Hospitals and Welfare had adopted the following resolution at its plenary meeting:

> *That the re-examination of the statutes and by-laws that is currently under way continue in accordance with the present context and with the following guidelines: Seek to eliminate the Administrative Board to the extent it is redundant ...; Seek to allocate Bishops' representatives by Conference rather*

than by diocese; Seek to disassociate in principle the duties of the Executive Secretary and the General Chaplain, since these two jobs can sometimes be filled by the same person and the General Chaplain as such is appointed by the CCC.[94]

Clearly, the Canadian episcopate was eager for the CHAC to get in step with the profound changes sweeping society in general and Christianity in particular. It felt that the issues involved were too important to be taken lightly. And these opinions were rapidly picked up and acted upon by certain individuals, Mother Dorais among them.

In the course of this constitutional reform process, the membership of the CHAC board of directors changed more than once. Rev. C.S. Godin from Estevan, Saskatchewan, was elected president of the board of directors to complete the mandate of Msgr. Smyth, who had found it necessary to resign in May 1964. The changeover was made during the general assembly held in Ottawa on May 1964, which was attended by more than 300 members and which had the honour of an address by the Governor-General of Canada, Georges Vanier, at its main banquet. Father Godin, the chaplain of Providence Hospital in Moose Jaw, was attending the convention as the bishops' representative for the Conference of Saskatchewan.[95]

The annual convention of the CHAC was held at the Hôtel-Dieu de Montréal on May 31-June 2, 1965, under the patronage of Cardinal Léger. The proceedings were saddened by two pieces of news. First, President Godin announced that the day before, just prior to the opening of the convention, Father Danis had suffered a heart attack. He was resting at the General Hospital in Ottawa, and would be bedridden for more than two months. The convention was then informed of the death of Father Schwitalla — an event made even unhappier by the fact that the CHA-US was preparing to celebrate its fiftieth anniversary.

At the 1965 convention, Father Godin was elected to a second term as president.[96] The 1965 convention also saw the delegates pass a resolution stating that future annual

meetings of the CHAC would be held in the same city as the CHA in order to further strengthen ties between the two associations.

The CHAC Weathers a Difficult Period

In 1966, at the CHAC general assembly in Halifax on May 23-24, the delegates from Quebec adopted a resolution calling upon the board of directors to study the feasibility of creating a single national hospital association: "Whereas there exist two national hospital associations.... Be it resolved....that the Board of Directors determine whether the objectives to be reached fully justify the existence of a national Catholic association."[97] What the members of the Quebec delegation likely had in mind was the solution recently adopted in their home province, where a single interdenominational hospital association had been created on January 25, 1966.

On that date, the AHCQ, which had been founded on August 8, 1962, and which had 145 member hospitals, merged its forces with those of the Association des hôpitaux du Québec, an organization of some 55 hospitals, including all the Protestant and Jewish hospitals of the province and a handful of large Catholic hospitals. The result was the Association des hôpitaux de la province du Québec (AHPQ). The drive to amalgamation had been astonishingly swift, perhaps even precipitous. The AHPQ's goal in mustering the combined energies of all the hospitals of the province was to have more influence over Quebec's political masters as they struggled to govern a province gripped by the "Révolution tranquille."

One central feature of the Quiet Revolution was a race to catch up with the rest of the country in a variety of areas, including health care, social services, education and natural resources, particularly state control of hydroelectric power. The driving force behind this revolution was something that was not immediately understood by the rest of Canada: Quebec nationalism. The Quebec government perceived itself not only as the promoter of the province's economic development, but also as the agent of its cultural and linguistic survival. From this point of

view, the devolution of some of the federal government's powers upon the Quebec government was seen as essential, and a stark refusal would have brought demands for sovereignty to the fore.[98] It must be realized that "by 1963, one Quebecker in six believed in separation."[99] The creation of the Commission on Bilingualism and Biculturalism in 1963 was a direct result of this new reality: to have any hope of implanting in Quebec a sense of belonging to Canada, French had to be a national language on the same footing as English.[100] The following resolution, adopted by the CHAC convention in 1966, was a direct response to these aspirations:

> *Whereas the French speaking hospitals which are members of the Catholic Hospital Association of Canada contribute more than half of the membership dues and constitute the majority of Catholic hospitals. Whereas the principle of bilingualism and biculturalism should be clearly recognized within the Association. It is proposed that the Board of Directors and all committees of the Catholic Hospital Association be composed of at least fifty percent of French speaking members. That at all meetings, discussion be carried on in French and in English, and the ethnic and cultural character of all members be respected. That the President of the Association be bilingual unless accepted by the unanimous vote of the Assembly.*[101]

The hospitals of Quebec were now grouped under the name of the Association des hôpitaux de la province du Québec (AHPQ). A Catholic pastoral service was created within this interdenominational association to serve as the umbilical cord to the CHAC. The AHPQ allotted this denominational service a budget to cover the Catholic hospitals' membership fees to the CHAC. The pastoral service was seconded by a council that each year selected Quebec's official delegates to the CHAC. Overall, the formula of a denominational pastoral service within the bosom of an interdenominational association was unique. However, from the national association's point of view, it created a precedent with potentially dangerous consequences not only for Quebec, but also for the other conferences.[102] In a letter dated April 26, 1966, Father Danis

put into words what many other were thinking: "Personally, I think it would be a catastrophe for our Association if the Quebec hospitals were to leave the CHAC."[103] The CHAC was clearly entering difficult times.

The final days of 1966 brought yet another emotional upset for the CHAC. At Christmas time 1966 Father Danis had a second heart attack. The precarious state of his health merely confirmed his stated intention to tender his resignation as executive director of the CHAC, which he did immediately. However, while forced to cut back drastically on his work load, Father Danis was not the kind of person who could tolerate total inactivity. He quickly vowed to devote more of his time to the School of Hospital Administration. Since his successor was not named right away, Father Danis acted as interim director until Father Dussault was sworn in.

At the annual convention held in Montreal in May 1967, the new president of the CHAC thanked Father Danis "for his nine years of devotion to duty and of service to the CHAC." In recognition of his solid contribution to the cause of Catholic hospitals, Right Rev. J.J. O'Brien of the board of directors presented him with a commemorative plaque and offered him the CHAC's car.[104] The departure of Father Danis left a large void. But other figures on the board of directors — some new, some old — stood ready to carry on the work of the CHAC. One of these was Msgr. Godin, who had been elected CHAC president at the 1966 convention.

The history of the CHAC during the 1960s provides us in some ways with a documentary retrospective of that era. On all fronts, the CHAC had to adapt its ways to the accelerating pace of change that was transforming Canadian society and rocking the traditional pillars of the Christian faith. It undertook to modernize itself, embraced the era of mass communications with the publication of its *Bulletin*, and assumed a leading role as a disseminator of hospital expertise. It also stepped up its political representations, increased its staff, renewed its constitutional foundations and opened its administrative ranks to the laity, all in keeping with its evolving

environment and the spirit of Vatican II. This list of accomplishments is impressive indeed. Yet perhaps certain aspects were neglected, for the first few clouds that had appeared on the horizon of hospital care in 1963 to trigger the initial impulse of reflection had not disappeared, but lingered still. When coupled with recent developments on the Quebec hospital scene, these events presaged the formation of other clouds — and these were ominously black. It looked as if a real storm was brewing....

Notes to Chapter Five
The Rise of the Laity
(1958-1967)

1. *CHAC Bulletin*, Vol. 9, No. 8 (October 1967), p. 9.

2. Craig Brown (ed.), *The Illustrated History of Canada*, Toronto, Lester & Orpen Dennys Ltd., 1987, p. 492 and 494.

3. Ibid., p. 512.

4. *CHAC Bulletin*, Vol. 1, No. 3 (April-June 1959), p. 3.

5. Archives of the Canadian Catholic Conference (henceforth CCC) Hospitals, 1946-1974 Extracts from the Minutes of the Canadian Catholic Conference from 1949 to November 1963. Commission on Hospitals and Welfare, p. 8 (1956 Annual Convention).

6. Archives of the Canadian Religious Conference (hence forth CRC) Mother Berthe Dorais, SGM, *Vatican Council II, Socialization, and the Catholic Hospitals of Canada*, February 1972, p. 22.

7. CHAC CHA of the U.S. and Canada, Minutes, 1956-1961. Minutes of the Meeting of the Board of Directors of the Catholic Hospital Association of Canada held at the Hôtel-Dieu, Montreal, May 26, 1961.... (translation).

8. CHAC Reports to the Canadian Catholic Conference Episcopal Commission on Hospitals, 1944-1966. Letter from the Archbishop of Winnipeg, Philip P. Pocock to the Executive Director of the CHAC, Father Danis, October 22, 1959.

9. CHAC Catholic Hospital Association of Canada. Brief to the Royal Commission on Health Services. 1962: draft and documentation. Ottawa: 1961-1962. Extracts from the newspaper "The Gazette," April 18, 1962 entitled "Protection asked for private, non-profit hospitals."

10. CCC Hospitals, 1946-1974. Extracts from the Minutes of the Canadian Catholic Conference from 1949 to November 1963. Commission on Hospitals and Welfare, pp. 8-10.

11. This committee was also confirmed in a statement released by the CCC in December 1958. See: CHAC CHA of the U.S. and Canada, Minutes, 1956-1961. Minutes of the Meeting of the Executive Committee, January 9-10, 1959, Ottawa.

12. *CHAC Bulletin*, Vol. 1, No. 1 (November-December 1958), p. 1.
See also CHAC Correspondence with Bishops' Representatives, 1952-1977.
Extract from Edmonton newspaper "Western Catholic" attached to a letter dated September 22, 1958.

13. CHAC
CHA of the U.S. and Canada, Minutes, 1956-1961.
Minutes of the Meeting of the Executive Committee, January 9-10, 1959, Ottawa.

14. CHAC
General correspondence with Government of New Brunswick, 1958-1965.

15. *CHAC Bulletin*, Vol. 1, No. 1 (November-December 1958), p. 1 (translation).

16. CHAC
CHA of the U.S. and Canada, Minutes, 1956-1961.
Minutes of the Meeting of the Executive Committee, January 8-9, 1960, Ottawa.

17. CHAC
National Conference of Catholic Chaplains of Canadian Hospitals.
Minutes, 1960-1973.
Meetings of April 9, April 27 and May 4, 1959.

18. *CHAC Bulletin*, Vol. 1, No. 3 (April-June 1959), p. 3:
"Association nationale d'aumôniers projetée" (translation).

19. *CHAC Bulletin*, Vol. 1, No. 4 (July-September 1959), pp. 3-4:
"Une association diocésaine d'aumôniers."

20. CHAC
National Conference of Catholic Chaplains of Canadian Hospitals.
Minutes, 1960-1973.
Most. Rev. Valérien Bélanger and Most. Rev. Alexander Carter, "Brèves réflexions des secrétaires de la Commission épiscopale sur les hôpitaux et oeuvres d'assistance, en marge du projet de constitutions et règlements de l'Association des Aumôniers catholiques des hôpitaux du Canada," Montreal-North Bay, August 29, 1961.

21. CHAC
Reports to the Canadian Catholic Conference Episcopal Commission on Hospitals, 1944-1966.
1965-1966. Report of the Chaplain of the Catholic Hospital Association of Canada to the Canadian Catholic Conference, by Father Lorenzo Danis, OMI, October 7, 1966, p. 5.

22. CHAC
The Hospital Chaplain and his Apostolate. Course given to the Catholic Hospital Chaplains in Ottawa (November 15-23, 1965), Ottawa, 1965.

23. *CHAC Bulletin*, Vol. 9, No. 3 (March 1967), p. 6:
"Seize aumôniers reçoivent un certificat de pastorale hospitalière."

24. CHAC
CHA of the U.S. and Canada, Minutes, 1956-1961. Minutes of the Meeting of the Executive Committee, Ottawa, April 10, 1958.

25. CHAC
CHA of the U.S. and Canada, Minutes, 1956-1961. Minutes of the Meeting of the Executive Committee, January 9-10, 1959, Ottawa.

26. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966. Report to the Most Reverend Archbishop and Most Reverend Bishops of the Episcopal Commission on Hospitals by the Reverend A.L.M. Danis, OMI, Executive Director of the Catholic Hospital Association of Canada, September 1959 to September 1960, Ottawa, September 1, 1960.

27. *CHAC Bulletin*, Vol. 1, No. 3 (April-June 1959), p. 3 and 8.

28. CHAC
CHA of the U.S. and Canada, Minutes, 1956-1961. Minutes of the Meeting of the Executive Committee, Ottawa, January 8-9, 1960.

29. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966. Report to the Most Reverend Archbishop and Most Reverend Bishops of the Episcopal Commission on Hospitals by the Reverend A.L.M. Danis, OMI, Executive Director of the Catholic Hospital Association of Canada, September 1959 to September 1960, Ottawa, September 1, 1960.

30. *CHAC Bulletin*, Vol. 9, No. 7 (September 1967), p. 4: "Il a dirigé l'AHCC pendant neuf ans" (translation).

31. *CHAC Bulletin*, Vol. 4, No. 3 (March 1962), p. 1: "Hommage à la Rév. Mère Dorais."

32. *Mémoire*, p. 8. Extract from the *CHAC Bulletin*, Vol. 4, No. 4 (April 1962), p. 1 (translation).

33. CHAC
Catholic Hospital Association of Canada. Brief to the Royal Commission on Health Services. 1962: draft and documentation. Ottawa: 1961-1962, "Item VI."

34. CHAC
CHA of the U.S. and Canada, Minutes, 1956-1961. Minutes of the Meeting of the Board of Directors of the Catholic Hospital Association of Canada, Montreal (Hôtel-Dieu), May 26, 1961.

35. *CHAC Bulletin*, Vol. 1, No. 3 (April-June 1959), p. 5: "Étude du projet d'évaluation des écoles d'infirmières" (translation).

36. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966. Reports to the Most Reverend Archbishop and Most Reverend Bishops of the Episcopal Commission on Hospitals by the Reverend A.L.M. Danis, OMI, Executive Director of the Catholic Hospital Association of Canada. September 1959 to September 1960, Ottawa, September 1, 1960.

37. *CHAC Bulletin*, Vol. 2, No. 6 (November-December 1960), p. 1: "Sémaine d'Études sur l'enseignement du Nursing," and Vol. 3, No. 1 (January-February 1961), p. 1: "Formation des infirmières" and p. 3: "Résolutions adoptées par l'Assemblé générale de la CCECI."

38. CHAC
Annual Convention Minutes Minutes of the General Assembly Meeting of the Catholic Hospital Association of Canada, Edmonton, June 2, 1962, p. 4: Recommendation 4.

39. *CHAC Bulletin*, Vol. 5, No. 3 (March 1963), pp. 1, 4 and 5: "Le service du Nursing, but de l'éducation infirmière."

40. *CHAC Bulletin*, Vol. 5, No. 6 (June 1963), p. 4 and Vol. 5, No. 7 (September 1963), p. 7-8: "L'avenir de l'École d'Infirmières dans l'Hôpital.

41. CCC
Hospitals, 1946-1974. Nurses, 1946-1970 Statutes and By-Laws of the Canadian Conference of Catholic Schools of Nursing (adopted in January 1964).

42. *CHAC Bulletin*, Vol. 7, No. 3 (March 1965), p. 9: "La CCCN propose des moyens d'améliorer la formation des infirmières." Resolutions adopted during the seventh annual study days held January 25-29, 1965.

43. CHAC. Board of Directors Minutes 1962-1971. Document dated November 11, 1965 referring to a meeting of the Board of the Canadian Catholic Conference on Nursing held October 23, 1965 at the office of the CHAC.

44. *CHAC Bulletin*, Vol. 9, No. 2 (February 1967), p. 1-2.

45. *CHAC Bulletin*, Vol. 3, No. 4 (June-July 1961), p. 5: "Formation professionnelle" (translation).

46. Extract from statement released by CCC in November 1958 and reproduced in the *CHAC Bulletin*, Vol. 2, No. 1 (January-February 1960), p. 3: "Comuniqué de la CCC au sujet de l'AHCC" (translation).

47. See *CHAC Bulletin*, Vol. 3, No. 4 (June-July 1961), p. 1: "Regroupement des

hôpitaux catholiques du Québec" and Vol. 4, No. 8 (October 1962), p. 1: "Unité des hôpitaux catholiques du Québec."

48. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966. Report to the Most Reverend Chairman of the Episcopal Commission on Hospitals and Welfare on the Activities of the Catholic Hospital Association of Canada from September 1961 to September 1962 by the Reverend Lorenzo Danis, OMI, Executive Director, August 16, 1962

49. *CHAC Bulletin*, Vol. 5, No. 3 (March 1963), p. 6: "Nos foyers de vieillards" and Vol. 6, No. 5 (May 1964), p. 2: "Problèmes gériatriques."

50. CHAC
Annual Convention Minutes, 1962-1971. Minutes of the General Assembly Meeting of the Catholic Hospital Association of Canada, Edmonton, June 2, 1962.

51. *CHAC Bulletin*, Vol. 4, No. 6 (June 1962), p. 5.

52. Jean Hamelin, *Le XXe siècle*, Vol. 2: *De 1940 à nos jours* in Nive Voisine (ed.), *Histoire du Catholicisme québecois*, Montreal, Boréal Express, 1984, p. 209 (translation). The subsequent section on Vatican II draws extensively on Chapter III of this book "À fenêtres et portes ouvertes, 1958-1965, pp. 209f.

53. *Ibid*, p. 211 (translation).

54. *Ibid*, p. 223 (translation).

55. Craig Brown, *op. cit.*, pp. 476, 478 and 483.

56. *Ibid*, p. 503.

57. *Ibid*, p. 505.

58. *Ibid*, p. 471

59. *Ibid*, p. 503.

60. *CHAC Bulletin*, Vol. 5, No. 6 (June 1963), p. 1 (translation).

61. *CHAC Bulletin*, Vol. 6, No. 1 (January 1964), p. 1: Rev. Father G. Lesage, OMI, "Les buts généraux de l'hôpital catholique" (translation).

62. Figures from a 1965 survey of religious vocations in Canadian institutes reported in *CHAC Bulletin*, Vol. 7, No. 8 (October 1965), p. 1 and 4: "Vocation à la sainteté et à la vie religieuse."

63. *CHAC Bulletin*, Vol. 5, No. 7 (October 1963), p. 1: "Rénovation et adaptation des instituts religieux" (translation).

64. *CHAC Bulletin*, Vol. 7, No. 2 (February 1965), p. 4-5: "L'Église a besoin plus que jamais des communautés religieuses" (translation).

In 1968, Cardinal Maurice Roy had the following to say about the entry of religious communities into society: "The honest acceptance of necessary adaptations, the ecumenical spirit, progress toward a certain lay trend in places where, up to now, clerics and religious have played a supplemtory role, all that is excellent. But we must not be led by that to a sort of defeatism that would cause us to doubt the value of every institution bearing a religious label." Extract from: CRC, Mother Berthe Dorais, SGM, *Vatican Council II, Socialization, and the Catholic Hospitals of Canada*, February 1972, p. 33.

65. CHAC
Annual Convention Minutes, 1962-1971.
Minutes of the General Assembly Meeting of the Catholic Hospital Association of Canada in the Academic Hall, University of Ottawa, April 30, 1963.

66. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966.
Report to the Most Reverend Archbishop and Most Reverend Bishops of the Episcopal Commission on Hospitals by the Reverend A.L.M. Danis, OMI, Executive Director of the Catholic Hospital Association of Canada, September 1959 to September 1960, Ottawa, September 1, 1960.

67. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966.
Report of the Catholic Hospital Association of Canada. Period September 1960 to September 1961. Prepared by Father Lorenzo Danis, OMI, September 12, 1961.

68. *CHAC Bulletin*, Vol. 3, No. 6 (October-November 1961), p. 1 and 4: "Nécessité des Conseils Consultatifs laïcs"; *CHAC Bulletin*, Vol. 9, No. 7 (September 1967), p. 4: "Il a dirigé l'AHCC pendant neuf ans" (translation).

CHAC
Catholic Hospital Association of Canada. Bishops' Representatives, Minutes of Meetings, 1961-1968.
Letter from Father J.A. Leahy, December 28, 1962.

69. CHAC
Annual Convention Minutes, 1962-1971.
Minutes of the General Assembly Meeting of the Catholic Hospital Association of Canada in the Academic Hall, University of Ottawa, April 30, 1963.

70. CHAC
Annual Convention Minutes, 1962-1971.
Minutes of the General Assembly Meeting of the Catholic Hospital Association of Canada, Halifax, May 23-24, 1966.
Appendix "A": Report

of the Resolutions Committee, 1966. Resolution No. 7: "Lay delegates."

71. CHAC
Annual Convention Minutes, 1962-1971.
Minutes of the General Assembly Meeting of the Catholic Hospital Association of Canada in the Academic Hall, University of Ottawa, May 17, 1964.

72. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966.
Report to His Excellency the Most Reverend Edouard Jetté, Chairman of the Commission on Hospitals and Welfare of the Canadian Catholic Conference on the Activities of the Catholic Hospital Association of Canada from September 1961 to September 1962 by Father Lorenzo Danis, OMI, Executive Director, August 16, 1962.

73. The exchange of correspondence (translation) referred to above and below is taken from a file containing eight letters maintained in the CHAC Archives under the code:
CHAC
Correspondence with Bishops' Representatives, 1952-1977.

74. *Loc. cit.* (translation).

75. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966.
Rapport de l'Association des hôpitaux catholiques du Canada. Période de september 1960 à september 1961. Prepared by Father Lorenzo Danis, OMI, September 12, 1961 (translation).

76. CHAC
Correspondence with Bishops' Representatives, 1952-1977.
Letter to Most. Rev. A. Carter from Most. Rev. H. Routhier, OMI, August 1, 1962.

77. CCC
Hospitals, 1946-1974.
CHAC, 1963-1966.
Report of the CHAC Executive Director to the Most Reverend Chairman of the Episcopal Commission on Hospitals, September 21, 1965.

78. CHAC
Doyle, M.G., "The Story of Catholic Hospitals of Canada": Correspondence, 1963-1969.
Letter from Father Danis to Rev. M.G. Doyle, October 2, 1964.

79. CCC
Hospitals, 1946-1974.
CHAC, 1963-1966
Association des hôpitaux catholiques du Canada. Rapport du Directeur à l'Assemblée générale le 31 mai 1965 (translation).

80. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966. Report to the Most Reverend Archbishop and Most Reverend Bishops of the Episcopal Commission on Hospitals by the Reverend A.L.M. Danis, OMI, Executive Director of the Catholic Hospital Association of Canada, September 1959 to September 1960, Ottawa, September 1, 1960.

CHAC
Reports to the Canadian Catholic Conference Episcopal Commission on Hospitals, 1944-1966. 1965-1966. Report of the Chaplain of the Catholic Hospital Association of Canada to the Canadian Catholic Conference, October 7, 1966, p. 5.

81. CCC
Hospitals, 1946-1974. CHAC, 1963-1966. Report of the CHAC Executive Director to the Most Rev. Chairman of the Episcopal Commission on Hospitals, September 21, 1965. See p. 4: *Teaching Program.*

82. *CHAC Bulletin*, Vol. 6, No. 3 (March 1964), p. 1 and 3: "L'Évolution du Nursing."

83. *CHAC Bulletin*, Vol. 6, No. 5 (May 1964), p. 3: "Enseignement de l'Église, soins spirituels et besoins médicaux."

84. *CHAC Bulletin*, Vol. 7, No. 3 (March 1965).

85. *CHAC Bulletin*, Vol. 7, No. 6 (June 1965), p. 7: "Les Journées d'études sur l'Hygiène mentale à Québec.

86. *CHAC Bulletin*, Vol. 9, No. 7 (September 1967), p. 4: "Il a dirigé l'AHCC pendant neuf ans" by E. Bouchoux.

87. CHAC
Reports to the Canadian Catholic Conference. Episcopal Commission on Hospitals, 1944-1966. Report of the Catholic Hospital Association of Canada. Period September 1960 to September 1961. Prepared by Father Lorenzo Danis, OMI, September 12, 1961.

88. CCC
Hospitals, 1946-1974. CHAC 1953-1962 Letter from Rev. Charles-E. Mathieu, Director, Department of Social Action, CCC, to Father Danis, Executive Director, CHAC, March 3, 1960.

89. CHAC
Catholic Hospital Association of Canada. By-laws, drafts, amendments, applications for approval, 1939- Copy I, Folder 2. March 15, 1961.

90. CHAC
Catholic Hospital Association of Canada. By-laws, drafts, amendments, applications for approval, 1939- Copy I, Folder 2. Circulating letter from the Executive Director of the CHAC on the proposed new

CHAC on the proposed new statutes and by-laws, April 19, 1962.

91. CCC
Hospitals, 1946-1974.
CHAC 1953-1962
Letter from Rev. Charles-E. Mathieu, Director, Department of Social Action, CCC, to Father Danis, Executive Director, CHAC, March 3, 1960.

92. CCC
Hospitals, 1946-1974.
CHAC, 1963-1966.
Report of the CHAC Executive Director to the Most Rev. Chairman of the Episcopal Commission on Hospitals, September 21, 1965.

93. See, among other documents:
CCC
Hospitals, 1946-1974.

CHAC, 1963-1966.
Letter from Father Danis to Rev. J.F. Ryan, Chairman. Episcopal Commission on Hospitals and Welfare, April 10, 1964.

CHAC
Catholic Hospital Association of Canada.
Bishops' Representatives
Minutes of Meetings, 1961-1968. Includes guidelines for Bishops' representatives.
Minutes of the meeting of Bishops' Representatives of the CHAC held at the University of Ottawa, April 24, 1963.
Meeting of Bishops' Representatives at CHAC head office, May 16, 1964.

94. CHAC
Catholic Hospital Association of Canada.
By-laws, drafts, amendments, applications for approval, 1939-
Copy I, Folder 2.
Letter from Raymond Limoges, PD, General Secretary of the CCC to Father Lorenzo Danis, OMI, Executive Director, CHAC, December 2, 1963 (translation).

95. CHAC
Annual Convention Minutes, 1962-1971.
CHAC, Assembly Meeting, Sunday, May 17, 1964.
See also *CHAC Bulletin*, Vol. 6, No. 6 (June 1964), p. 1 and 3.

96. CHAC
Annual Convention Minutes, 1962-1971.
Minutes of the General Assembly of the CHAC at the auditorium of the Nursing Residence at the Hôtel-Dieu, Montreal, Wednesday, June 2, 1965 (second session).
See also *CHAC Bulletin*, Vol. 7, No. 6 (June 1965), p. 3.

97. CHAC
Annual Convention Minutes, 1962-1971.
Minutes of the General Assembly Meeting of the Catholic Hospital Association of Canada, Halifax, May 23-24, 1966.
Appendix "A": Report of the Resolutions Committee, 1966.
Resolution No. 8: "Orientation of the CHAC."

98. Craig Brown, op. cit., p. 500.

99. *Ibid.*, p. 500.

100. *Ibid.*, p. 500.

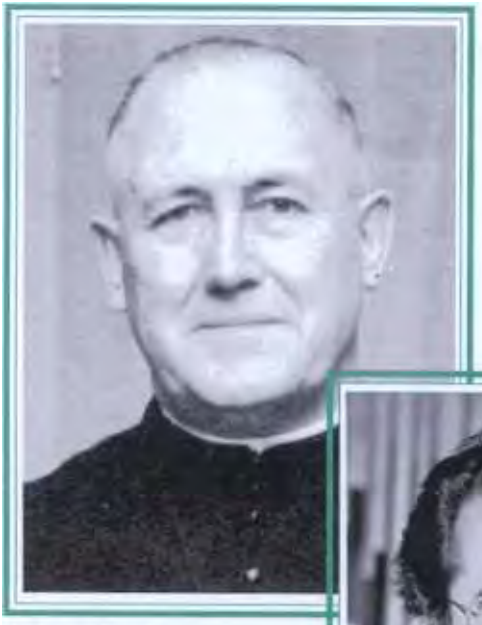
101. CHAC
Annual Convention Minutes, 1962-1971. Minutes of the General Assembly Meeting of the Catholic Hospital Association of Canada, Halifax, May 23-24, 1966. Appendix "A": Report of the Resolutions Committee, 1966. Resolution No. 5: "French and English."

102. CCC
Hospitals, 1946-1974. Reports (Episcopal Commission), 1951-1965. Minutes of the Joint Meeting of the French and English Sectors of the Episcopal Commission on Hospitals and Welfare of the CCC held in Rome, October 14, 1965, at the General Secretariat of the CCC. See heading: "Future of the CHAC."

103. CHAC
Catholic Hospital Association of Canada. By-laws, drafts, amend ments, applications for approval, 1939- Copy I, Folder 2. Letter from Father Danis to Mr. André Moisan, April 26, 1966 (translation).

104. CHAC
Annual Convention Minutes, 1962-1971. Catholic Hospital Association of Canada, Minutes of the General Assembly, Montreal, Windsor Hotel, May 7 and 8, 1967.

The CHAC at the crossroads: ten years of crisis



Mauriuce
Dussault, OMI

Rev. Norman Andries

1967 - 1976

History goes on. The great social phenomena analysed during our study sessions are always ineluctable. They force us to rethink our positions ceaselessly. Boredom arose one day from uniformity. Taking this into account one does not have time to get bored because everything changes and today's life is becoming more and more complex. One speaks of pluralism and mutation; also of crisis, but do you know that this word means exactly to take up the matter anew?[1]

he current of change that roared through the 1960s, leaving far-reaching reforms in its wake, grew treacherously fast as it swept into the 1970s. Traditional patterns of life were being altered beyond all recognition, and the Western world found itself facing a veritable "cultural revolution."

By the end of the 1960s, the bubble of prosperity that Canadians (and Americans, too) had been enjoying for many years had still not burst. At the same time, there was a new generation coming of age in record numbers, a generation that had been reared during years of plenty, and so knew nothing of the lean years that had gone before. They viewed the values espoused by the older generation as artificial and alien, and they wanted to overturn the old value system and replace it with something new. This was the era of rock music, long hair, "love-ins," anti-war protest, and the fight for racial equality. Young people everywhere rallied behind the banner of "Peace and Love" and denounced violence and hypocrisy in all its forms. The California-inspired counter-culture threw overboard all the traditional social conventions and old taboos. Aided and abetted by the birth control pill, 1967's "Summer of Love" fired the first shot in a bona fide sexual revolution. Cohabitation prior to marriage became commonplace. Everywhere barriers were falling that only yesterday had seemed solid and unyielding.

In this seething social cauldron, the concept of the family changed drastically. Divorce was no longer unusual. By 1974, one marriage in four eventually foundered. The rise of feminism sparked a vociferous debate over abortion. The central place of drugs was perhaps the most shocking aspect of the new lifestyles in the eyes of the older generation. In 1957, there had been 354 drug-related convictions in Canada; in 1974, there were 30,845....[2]

On the political and economic scene, Canada stood on the brink of great changes, some of which would spiral into violent confrontation. The 1967-1976 period that is the subject of this chapter opened with the World's Fair in Montreal and closed with the celebration of the Olympic Games in the same city. Two major political events also lie within this time span — the founding of the sovereignty-association movement by René Lévesque and the election of the Parti Québecois. Actually, the ascension to power of a separatist party in Quebec was only one (although certainly one of the most important) in a long series of challenges to Canadian confederation. Pierre Elliott Trudeau, who was sworn in as Prime Minister in 1968, quickly assumed the mantle of saviour of the nation.

The new, relatively young leader of the Canadian government was not an entirely unknown quantity to the public. The year before, as justice minister in the Pearson government, Trudeau had been responsible for reforms on divorce, abortion and homosexual rights, and had legalized the promotion of contraception. There was no doubt that his legislative initiatives in the political arena reflected the values of the cultural revolution.

Trudeau undertook his first mandate with the firm intention of bringing his native Quebec back into the fold of Canadian federalism. While a fierce proponent of national unity based on a strong central government and an ardent supporter of bilingualism, Trudeau was unable to prevent his country from tumbling into a severe constitutional crisis. In fact, his own personality — intransigent and uncompromising — probably helped to fan the flames. Trudeau's confrontationist approach culminated in the invocation of the War Measures Act in 1970, a move

partly intended to show the rest of the country who was master in Quebec. Trudeau also found himself unable to prevent the rise of irreconcilable regional aspirations across the country. The western provinces, flushed with new wealth from the oil boom, had long been convinced that Ottawa was neglecting their interests in favour of the central provinces. Now they were determined that Ontario would receive no breaks on the price of their oil. At the same time, the Maritime provinces, struggling vainly to modernize their faltering economies, were increasingly perceived as the poor partners of Confederation. Regional tension continued to escalate. The birth of the "Western Canada Concept" party and (especially) the ascension to power of the Parti Québecois on November 15, 1976, seemed eloquent proof that the country was headed for a messy break-up.

Because the Catholic Hospital Association of Canada (CHAC) had always remained in close contact with the society that it served, it felt the shocks of these radical changes particularly strongly. Indeed, the precipitous changes of the 1960s sucked the association into a whirlpool from which it barely managed to escape intact. The CHAC was to face the worst crisis in its history during this period, a crisis spanning almost a decade.

I. Father Maurice Dussault, OMI, and the Laval Project

Rev. Lorenzo Danis's replacement as executive director of the CHAC was Rev. Maurice Dussault. Among the reasons for this choice was Father Dussault's background in pastoral work, an activity that had an obvious overlap with the interests of the CHAC. Franco-Manitoban by birth, Father Dussault completed his primary and secondary studies with the Marianists and Jesuits of St. Boniface. He entered the Oblates in 1922. His ordination in 1928 was sandwiched between his studies in theology and philosophy and the start of a twelve-year career in teaching. As superior of the Juniorate of St. Boniface, he directed the destiny of students for six years. The Second World War found him serving his country as a military chaplain. After four years in the service, he was named chaplain of a general hospital in Winnipeg. Later, Father

Dussault founded the Association of Hospital Chaplains of Manitoba and later still became the president of the Association of Catholic Chaplains of Canadian Hospitals. As we have seen, in 1967 Father Dussault was among the group of 16 chaplains who were the first in Canada to receive certificates in hospital pastoral care. It was in the summer of that same year that he was approached about becoming the new director of the CHAC.[3]

As he took up his new duties, Father Dussault confided to the *CHAC Bulletin* that he was well aware that the national association was approaching a major crossroads:

> *It is not without some misgiving that I accepted the challenge of trying to step into the shoes of Reverend Father Danis at a time of crisis. Catholic hospitals are confronted with a dilemma not dissimilar to that of our universities.*[4]

Thus it was with no illusions that Father Dussault agreed to meet the challenge facing Catholic hospitals. He realized, however, that waiting for the axe to fall was a fool's game. The situation required quick and decisive action, especially since in May 1967 CHAC representatives meeting in the annual convention had passed the following strongly worded resolution:

> *WHEREAS there are two national hospital associations; and WHEREAS we should attempt to become more efficient; BE IT RESOLVED that the Board of Directors of the Catholic Hospital Association of Canada be mandated to formulate the objectives which the Catholic Hospital Association of Canada should pursue as a national Catholic organization; THAT the Board of Directors establish if the above objectives justify fully the existence of a national Catholic association or if they can be as well realized by other means.*[5]

The very existence of the CHAC was being called into question.

And as he took up the battle, Father Dussault was quick to zero in on the underlying reasons for this painful soul-searching. "What are the pros and cons of religious orders owning and operating hospitals in Saskatchewan, in Canada?" he asked in a 1968 letter to a sister at St. Ann's

Home in Saskatchewan.[6] This was indeed the crux of the problem: should hospital orders continue their mission, or should they relinquish ownership of their institutions? As we have seen, this terrible dilemma had first arisen in the transitional years between the 1950s and 1960s. Time had not provided the answer: transfers of hospital ownership were now a fact of life and the despondency of religious communities trying desperately to hold on to their hospitals was growing with each passing year. The 308 member hospitals of the CHAC in 1964 had shrunk to 285 by 1966. It seemed as if the bottom had dropped out.[7] Father Dussault had no trouble adding two plus two: no more Catholic hospitals meant no need for a Catholic hospital association. The CHAC found itself with its back against the wall, struggling to justify its existence. As Father Dussault wrote in October 1967:

> *Today, when nothing is taken for granted, when every one and everything is questioned as to its usefulness or even existence, it is not surprising that, in some quarters, the C.H.A.C. is brought to the bar and probed by modern inquisitors.*[8]

Such was the dismal state of affairs. The titles of articles appearing in the *Bulletin* during 1968 bear witness to the crisis: "Catholic Hospitals — Benefit or Burden?", "What is in Store for the Catholic Hospital?", and "The Validity of a 'Catholic' Hospital." The last of these articles was the text of a speech given the by the Most Rev. James Hayes, the archbishop of Halifax and chairman of the Canadian Catholic Conference's (CCC) Episcopal Commission on Health and Welfare, to the CHAC general convention held in Vancouver on May 28, 1968. "The practical necessity of having Catholic hospitals in our society," he said, "has given way to the practical impossibility of maintaining them."[9]

Father Dussault had not accepted the directorship of the CHAC to preside over its funeral. On September 19, 1967, he received special permission from the board of directors to appoint a task force to examine and update the CHAC's objectives.[10] Father Dussault evidently had a strategy mapped out, since on October 13, 1967, he was able to send out a questionnaire on the future of the

CHAC to all member hospitals. The questions were wide-ranging: What should be the goals of the CHAC? Should the CHAC withdraw from certain fields of activity? Should it promote new types of initiatives? Was it a good idea to set up a task force to explore the issues in depth?[11] This last idea was not destined to lie on the shelf.

At the annual convention in Vancouver in 1968 — the occasion for the appointment of a new president, Sister M. Honora, CSJ, secretary-treasurer of St. Michael's Hospital in Toronto — delegates agreed that the entire issue should indeed be referred to a task force. The stated mandate of this group was "to guide our understanding of the value of the Christian witness in hospital care."[12] The members of this team of researchers were drawn from a sociology research group at the University of Laval and placed under the direction of Rev. Jean-Paul Rouleau, SJ. This decision, which was made by the board of directors at its meeting in Ottawa on September 12 and 13, 1968,[13] marked the beginning of the "Laval Project," as it soon came to be known. It would be a long and tortuous route before its job was done.

For the time being, however, the project was launched with enormous hope and expectations. Addressing the readers of the *CHAC Bulletin*, Father Dussault explained that:

> *[in order] to see clearly where our institutions fit in the structure of the health care service of the country... [the CHAC] agreed to hand over this task to the Research Centre in Religious Sociology, of Laval University.... The Research Centre....is an organization of the Faculty of Theology of Laval University, striving mainly to promote religious sociology in Canada and to be experimentally useful to the teaching of pastoral theology.*[14]

The Laval Project had two main aims. The first was to develop a clear definition of what constituted a "Catholic" hospital in the waning years of the 1960s. The second was to determine the exact role that an association like the CHAC should play in these fast-changing times. Its actual report would appear in two stages: an interim report to be

submitted in May 1969 (since time was of the essence), and a final report scheduled for the fall of 1970, preceded by a draft report to be presented at the annual meeting in May.

There was a great deal of work to be done and no time to waste. Father Rouleau's team quickly determined that, while the 300 questionnaires provided by Father Dussault represented a good basis for beginning its work, the individual conferences of the CHAC had to be even more closely involved in the process. The conferences responded enthusiastically to the suggestion, and before long 89 individuals divided into 8 provincial committees were hard at work on "serious community-level introspection" that would flow into the research of the Laval Project.[15] The Project received the generous sum of $25,000 to carry out its work,[16] an expense that the CHAC was able to fund out of a $30,000 grant received from the federal government after the fact.[17]

The CHAC's directors quickly realized that the original work schedule for the Laval team was unrealistic. In his report to the delegates at the June 1970 general convention, Father Dussault offered the following explanation:

> *To assert that the Research Project entrusted to the C.R.S.R. of Laval, was the main concern of the C.H.A.C. during the last year, would not be an understatement. Like so many undertakings, the time allowed to bring the project to its fruitful conclusion proved insufficient. One had to be involved in it to realize its wide range and the complexity of the problem. Not only is Canada a vast country, but its bilingual character, however enriching, complicates the job of getting and keeping in touch.... This is why the Board of Directors thought it advisable not to hold the Laval Centre to its date limit agreement, in order to be sure of having a valid survey.*[18]

While a somewhat longer timetable was readily understandable, a degree of impatience began to set in as further delays materialized. The conclusions of the Laval Project were simply taking too long.... On April 22, 1971, Father Rouleau's team agreed to release some of their preliminary findings. Hospital communities were urged to not let go

of their institutions too easily and instead to investigate ways to turn their hospitals into truly Christian communities where patients and health care workers could interact in a spirit of fraternity. The CHAC, for its part, was called upon to focus its energies simultaneously on developing plans of action, exerting pressure on national organizations (i.e. the federal government), and playing an expanded role as an information centre. It was further recommended that the membership structure be overhauled in order to allow any individual or organization interested in the Catholic dimension of hospital care to join the CHAC.[19]

Interesting as these conclusions were, they remained preliminary. When it was announced at the 1971 annual convention that the release of the final report would be delayed yet another year, disappointment and annoyance were evident on many faces, since considerable hope was riding on the outcome of the study. In the interim, however, the CHAC remained very active on a number of fronts. Present conditions could hardly dictate otherwise.

Abortion

From 1966-67 onward, abortion (or more precisely the decriminalization of certain aspects of abortion) was a major issue of concern for Canadians. The Pearson government had announced in 1967 that it was considering amending the Canadian Criminal Code to allow therapeutic abortions. A House of Commons Committee was struck in the fall of 1967 to garner public opinion on the subject. The CHAC had already laid out its position on this question at its May 1967 convention in Montreal:

> *WHEREAS the Moral Code for Catholic Hospitals in Canada does not approve therapeutic abortions and WHEREAS there is a tendency to legitimize therapeutic abortions in Canada; BE IT RESOLVED: a) that the delegates attending the Annual 1967 Convention of the C.H.A.C. renew their disapproval of any law attempting to legalize therapeutic abortions; b) that a copy of this resolution be forwarded to the C.C.C. and to the proper civil authorities.*[20]

On December 11, 1967, the CCC asked the CHAC to prepare a brief for submission to the Commons committee studying abortion liberalization.[21] Then, quite unexpectedly, Trudeau tabled his famous "Omnibus Bill" in the House of Commons. Among the many amendments to the Criminal Code contained within this bill was the legalization of therapeutic abortion. The news struck the CHAC like a thunderbolt. But it recovered quickly and issued press releases dated December 21 and 24.[22] Three days later, on December 27, 1967, Father Dussault sent a letter to all administrators of member hospitals of the CHAC, stating that he was "shocked by the cavalier attitude of the Minister of Justice who, before even listening to the bishops and Catholic hospitals, has apparently ended the debate as he sees fit."[23] But the CHAC was determined that its brief would be presented to the parliamentary committee regardless, and it had the opportunity to do so on February 8, 1968. Its spokesmen made the following points: the CHAC represented almost 300 hospitals (accounting for 35 per cent of beds at the national level); abortion in any form was a clear violation of the moral code followed by these institutions; and a Royal Commission of Enquiry was needed to explore the entire issue further. The CHAC's brief was later endorsed by the delegates at the general assembly held in Vancouver on May 28, 1968. Father Dussault took the opportunity to declare in his annual report that:

> *If there is one endeavour of the CHAC in the course of the year which has proved beyond any doubt not only the usefulness but the importance of having an association at the national level, everyone will agree that the work done by the CHAC in taking a firm though not intransigent stand on this proposed abortion bill has been it.... We are not that naive, I think, in believing that our appearance before the House Standing Committee has converted the diehards but it certainly has made some impact....*[24]

The new federal legislation on abortion was passed into law in 1969. But the CHAC did not let up its efforts. It was active in a multitude of ways on this issue, including support for anti-abortion rallies and the publication of texts in its official review, and it gave highest priority

to its political representations. Shortly after the adoption of Bill C-150 in 1969, Father Dussault took pains to inform John Turner, the new justice minister, that Catholic hospitals had no intention of allowing abortion committees to be set up within their institutions.[25] On March 11, 1971, Rev. Jean-Marc Daoust, SJ, then president of the CHAC board of directors, sent a letter to all member hospitals urging them to block the actions and lobbying efforts of pro-abortion groups. He suggested that they "undertake immediate direct action through their respective MPs, who are mandated to convey the views of their constituents to Parliament."[26] Eight months later, on November 22, 1971, Father Dussault forwarded to Prime Minister Trudeau a copy of a resolution adopted by CHAC delegates at their annual meeting in Ottawa on September 27-29. This resolution voiced the fears of Canadian Catholic hospitals that the government would undertake further liberalization of abortion legislation. Let us salute in passing the contribution made by Rev. John Mole, OMI, to the abortion issue through his insightful comments as editor of the CHAC's review. In short, the debate was far from over, and the CHAC had no intention of relaxing its lobbying efforts. In the meantime, the uproar over the abortion issue had prompted the CHAC to review its code of medical morals.[27]

A Medico-Moral Guide

At this point in our story, Canadian society resembled nothing so much as a film on fast forward, such was the rapid pace of social transformation. Changes followed one upon the other in quick succession, sometimes with no apparent rhyme or reason. The very nature of society was in flux, and new social values were supplanting the old at a dizzying rate. Advances in the field of medicine, too, were coming fast and furious. It is hardly surprising, therefore, that Catholic hospitals found themselves under increasing pressure to implement these new techniques in their institutions. At the same time, they had to be careful to stake out a clear position on such sensitive issues as abortion.

During the latter half of the 1960s, many Catholic hospitals had felt the need to consult the CHAC on such delicate questions as genetic experimentation, fetal rights, vasectomies, and so on. CHAC representatives had little choice but to refer them to the 1955 *Moral Code*, a document that events had already rendered obsolete. The executive director of the CHAC was well aware of the problem. In May 1968, he wrote:

> *Again machinery was assembled to cope with the most urgent as well as the foreseeable problems that confront Catholic hospitals and in which our Moral Code might be outdated.*[28]

In January 1968, the CHAC established a multidisciplinary committee to lay the groundwork for a new hospital code of ethics. The members of this committee included a theologian (Rev. E. Marcotte, OMI), a hospital chaplain (Rev. Norman Andries), an administrator (A. Boehm), a doctor (G. Hurteau), a lawyer (D. Dehler), as well as Father Dussault, the CHAC executive director, and the central figure of this process of reflection, Rev. J.G. Le Marier, OMI, who had recently completed his PhD in moral theology at the Alphonsian University in Rome.[29]

The process of revision took place under the watchful eye of the CCC, whose approval would be required before any reforms proposed by the Le Marier committee could be fully implemented.[30] Archbishop Hayes, chairman of the Episcopal Commission on Health and Welfare (English section), made it clear from the early stages that the episcopate intended to play an active role in the process. Speaking at a 1968 CHAC convention in Vancouver, he raised a fundamental question: Did the Church have the right to impose its moral code on all those entitled to the services of Catholic hospitals? And should not the revision of the *Moral Code* take into account the strong possibility that, sooner or later, Catholic hospitals would end up under government control?[31]

In fact, the views of Archbishop Hayes and Father Le Marier had much in common. The crux of the matter was whether hospital ethics could continue to be governed by a strict code composed of directives and sanctions,

or whether instead a more flexible and modern formula should be adopted, under which the basic morals of a Catholic hospital would flow from the "personal morals" of the Catholics working in it. In other words, it was choice between clinging to the past or looking to the future in the spirit of Vatican II. For both Archbishop Hayes and Father Le Marier there was only one choice: the formula of renewal. Father Le Marier's contribution to this effort as a modern scholar of morals would be invaluable.

The new philosophical approach that would be stamped upon the revised code in order to transform it into a tool suited to the new needs of Catholic hospitals was, at least at the early stages, a subject of some controversy. This was partly because the CHAC took pains to ensure that the debate was a nationwide one in which moral experts, hospital administrators, physicians, bishops, and all other interested parties had their say.

In October 1968, Archbishop Hayes and Most Rev. L. Noël, co-chairmen of the CCC's Episcopal Commission on Health and Welfare, wrote to Father Dussault to lay out the guidelines that the Commission wished to be followed on this matter:

> *The revised Code of Ethics should be a sort of "compendium" of pastoral guidelines that the Church presents to the faithful who are members of hospital institutions; each hospital should have its own committee of medical ethics....*[32]

It would be up to Father Le Marier's team to translate this principle into reality. On April 9, 1970, after several different drafts, the new document finally received a verdict of "nihil obstat" from the CCC. The following month, Father Le Marier published an article entitled "From the Code to the Guide" in *Catholic Hospital*. The title of the article provides the key to the basic thrust of the 1970 version of the code.

Rather than imposing rules of conduct, the new document was intended to serve as a *guide*. In the article, Father Marier wrote:

> *... We must bring to the fore the importance of the judgment of conscience.... No manual is a substitute in cases where a person is obliged to render a final decision.... This is the actual reason for the new title; and the trend in favour of dropping the word "code" is an added reason.*[33]

Officially launched at the convention in Edmonton, the new *Medico-Moral Guide* offered basic guidelines on such questions as sterilization, tubal ligation, birth control, abortion, artificial insemination, euthanasia and organ transplants. The text itself comprised 26 articles, preceded by a lengthy preamble that laid out the new guide's raison d'être:

> *The Guidelines should serve to enlighten [the] judgment of conscience. They cannot replace it. In certain complex situations, and owing as much to the difficulty as to the importance of the decision, personal conscience will benefit from the opinion of specialists. The Guidelines therefore propose the appointment of medico-moral committees....*[34]

The *Guide* was divided into four sections. The first of these firmly established the *Guide*'s modern vision of hospital ethics. It invoked the need to "respect the dictates of the conscience of a patient" (Article 3), the idea that no one should be forced to participate in any medical activity against his moral conscience (Article 4), and the institution of medico-moral committees (Article 5). In the second section, entitled "The Right to Life," the authors of the *Guide* condemned euthanasia (Article 11) and abortion (Article 13). On the latter score, nevertheless, Article 14 specified that "medical means required to cure a grave illness in a pregnant woman, and which cannot be deferred until the foetus is viable, are allowed even though it might endanger the pregnancy in progress." The main theme of the third section was "The Right to Bodily Integrity." The *Guide* approved organ donation (Article 17) and rejected sterilization as a method of birth control (Article 18). The fourth and final section of the *Guide*, entitled "The Patient Also Has Other Rights," dealt with such topics

as the importance of medical confidentiality (Article 22), the concept of patient consent (Article 24) and the right of patients to be kept informed of their own condition (Article 25).

In short, the new guide reflected the profound changes that had taken and were taking place within the Church. The renewal of Christianity was also apparent within the CHAC itself. The push to integrate the laity, which had begun in the early 1960s, was continuing unabated. The year 1969-70 marked the election of the first lay person to the position of CHAC president — Lucien Lacoste, the executive director of Notre-Dame Hospital in Montreal. There were many signs throughout these years that the CHAC was doing its best to adopt the new ways of thinking in order to remain in step with the changing face of society. The interests of the CHAC began to expand beyond the hospital scene per se to embrace more general health and social concerns. Such issues as psychiatry, disabled persons, and drug and alcohol abuse, to name but a few, fell within the broadened sphere of interest of the CHAC.

The CHAC's 1971 decision to undertake a major review of its constitution and by-laws was largely inspired by its new interest in health in the broadest sense. The reform was spearheaded by Major J.J. Connors (retired). As well as the chairman of the constitutional committee, Major Connors was a member of the CHAC board of directors. The re-drafted statutes and by-laws departed sharply from the old in emphasizing the importance of the role of chaplains and in providing precise definitions of the duties of officers and committees.[35] But there was an even more significant change. The inevitable process of constitutional change — inevitable because it sprang from change within society itself — eventually led to the creation of a new category of CHAC member: personal members.

The Catholic Hospital Association of Canada has changed its constitution permitting personal membership to all interested in Catholic health related institutions. Formerly our Association was made up of Provincial and institutional members. During the past few years many people from all walks of life have indicated through our national office an interest in supporting our Association. Because of the many changes in medicine, government control, medico-moral problems such as transplants, genetic engineering, abortion, vasectomies, tubal ligations,... people see the health care field touching them in a more personal way than ever.[36]

This was indeed an extremely significant shift in direction. Unfortunately, no sudden change in course, no matter how drastic, could make the CHAC's problems vanish like magic. Indeed, the organization now found itself wending its way through a veritable minefield that threatened its imminent destruction!

Dark Times: the Completion of the Laval Report and the Departure of Father Dussault

The rationale for opening up the CHAC to personal members was not simply to broaden its support base, but also to counteract the hemorrhaging in its membership, which was growing steadily worse. In 1971, the number of institutional members had dropped to 273 from about 300 only a few years before. The CHAC administrators had good reason to be alarmed about this trend, since it threatened to become irreversible. In a number of conferences, particularly the Association des hôpitaux de la province du Québec (AHPQ), a rising chorus of discontent could be heard.

As we have seen, the AHPQ had adopted an interdenominational stance in the mid-1960s. It is understandable, therefore, that the AHPQ wished to maintain somewhat of an "arm's-length" relationship with the strictly Catholic national association. The link was not strengthened by the fact that the Canadian Hospital Association (CHA) could offer the AHPQ more or less the same services as the CHAC. And there was another reason the AHPQ was unhappy: the issue of Quebec representation.

While Quebec members accounted for two-thirds of the country's Catholic institutions, they were represented at the CHAC convention by only one quarter of the voting delegates. The CHAC had made some progress towards correcting this anomaly by according Quebec greater representation on the board of directors (under Articles 26 and 27 of the revamped March 1970 constitution). Still, dissatisfaction persisted. The crux of the matter was that Quebec representatives, while definitely in the majority in terms of institutional membership, felt they were treated like a minority within the CHAC itself, where so many meetings were conducted in English only.

The creation of a liaison committee to jointly advise the CHAC, the CCC and the Canadian Religious Conference (CRC) was a measure designed to rectify, at least in part, some of the disaffection of institutional members. The driving force behind the formation of this committee was Mr. Boehm, a lay member of the CHAC board of directors and the executive director of Holy Family Hospital in Prince Albert, Saskatchewan. The tripartite committee was given the following objectives: to consult with member institutions of the CHAC on the role of the Catholic hospital in the mission of the Church; to encourage continued ownership of hospitals by religious communities; and to identify and recommend means by which religious could fulfil their health care apostolate.[37] While these were worthy goals, it was probably too little too late, for the CHAC found itself plunged into a severe financial crisis.

The decline of hospital membership had been gradually undermining the CHAC's revenue base at the same time as wage demands were rising to keep pace with inflation. Suddenly, the CHAC found itself in a crisis situation. The question of the CHAC's financial woes had first been noted by the board of directors as far back as May 1968. At that time, the administration had been obliged, in order to balance the budget, to dip into a reserve fund set up in more prosperous times.[38] In the same year, a proposal was tabled to increase the dues of institutional members by 25 cents a bed. This increase would have meant $9,373.25 in additional revenues for the CHAC's coffers.

However, final decision on this proposal was shelved for the time being.[39] As a result, the CHAC found itself in dire financial straits just as it was called upon to tackle several issues vital to its future. For example, Father Dussault was forced to make the following announcement in the September 1969 issue of the *Bulletin*.

> *New legislation is also causing the death of many Canadian magazines. The* CHAC Bulletin *is obliged to adopt special measures for survival. The number of issues will be reduced from 10 to 6, and the number of pages per issue from 20 to 16.*[40]

Father Dussault also revealed that the *CHAC Bulletin* would change its name to *Catholic Hospital.* In September 1970, the board of directors were informed that the projected deficit threatened to severely deplete the reserve fund. Despite the fact that these problems demanded immediate action, however, Father Dussault argued that it would be better to wait for the completion of the Laval Report and to follow its recommendations. Same story for the disturbing decline in the hospital membership: better to wait for the conclusions of the Laval Project before undertaking any radical steps on the issue.[41]

But the self-same Laval Project churned on and on. It had been supposed to wrap up its work, as the reader will recall, in the span of 1969-1970, including an interim report and a final report. Yet here it was the end of 1970 and the CHAC found itself still waiting. Worse, its troubles were only beginning. In February 1971 a new bomb was dropped on the heads of the CHAC directors:

> *Father [N.] Andries read a letter re the Alberta Conference's motion at its last Board meeting. Motion: "That the Board of Directors* direct *and* recommend *the disbanding of the CHAC and that the Hospital portion of Catholic Hospitals be related to the Canadian Hospital Association, and that the medical moral issues relate to the CCC and CRC." Father Daoust and Mr. Lacoste both revealed that, though things had not gone so far in Quebec as yet, many institutions were thinking along the same lines and Father Andries stated that he was aware that other institutions throughout the country were following the same train of thought.*[42]

The Alberta resolution, discontent in Quebec, the decline in institutional membership, financial woes...the CHAC's ship was taking on water on all sides. Yet, against all advice and opinions to the contrary, Father Dussault insisted on waiting for the results of the Laval Project, apparently believing that it was a cure-all for the CHAC's ills.

In the final analysis, Father Dussault's intransigence simply showed that he had lost control of the situation. He appeared as a man out of step with the events taking place all around him. And the Laval team members were taking so long to unveil their conclusions — the survey was vast, to be sure — that some people felt that the Laval Project, too, would find that events had passed it by.

Nevertheless, at long last it appeared that the great day had arrived: the Laval report was slated to be formally submitted to the September 1971 annual convention of the CHAC. Then, the unbelievable occurred! Meeting on September 26, one day before the convention was to open, the members of the board of directors were stunned to learn from their president, Father Daoust, that the report would not be ready until the following year!

> *Father Daoust's revelation that the Laval Report was still not available and that only the 12th chapter would be tabled at the Convention brought consternation and frustration to the members who also feared the reaction on our membership, who were making such efforts to attend this particular Assembly in order to study the document.*[43]

Whispers began to be heard about those who had linked the fate of the CHAC so closely to the advent of the Laval report....

Since Chapter XII of the Laval report contained its recommendations for the future — and thus the survival — of the CHAC, the board of directors decided that these main conclusions would be presented "as is" to the delegates at the assembly. The Laval document recommended that the CHAC be restructured from the ground up in accordance with the goal of improving and streamlining

the operations of the national office. Among other specific recommendations, it was suggested that two assistants for the executive director be hired. The CHAC was also urged to broaden its membership base still further. The CHAC was also called upon to diversify its interests, to continue its lobbying efforts, and to turn its national office into more of an information centre.

The overall thrust of this action plan was approved by the delegates. Many of them were thinking, however, that the present executive director of the CHAC was no longer the man of the moment. On October 8, 1971, Father Dussault tendered his resignation to Father Andries, the new president of the board of directors. He left an embittered man. While his personal wish would have been to leave following the tabling of the Laval report, the board of directors had decided otherwise, and Father Dussault had found the timing of this decision particularly difficult to accept. Nevertheless, he wrote, he was proud to have spared neither time nor effort in his four years of service to shape the CHAC into a relevant and dynamic organization. And he added, "A human being needs to feel that what he is doing is important.... Now this confidence has been sorely shaken as you can well understand." Father Dussault closed his letter with the following plea:

> *Before closing this long letter, which may appear to some as a swan song, may I bring to your attention a vital issue on which I must vent my deep feelings, i.e., in choosing the new Director, the qualification of bilingualism must have top priority. To do otherwise would not only antagonize our French speaking members, and not exclusively those from Quebec, but would manifest an ignorance of the mood of that province, whose 117 institutions are our backbone. This is why a thorough and honest search for such a qualified person has to be made.*[44]

II. The Search for Renewal

A New Direction for the CHAC

A search committee was formed to find the candidate who would be able to put the CHAC back on track. The name of the recommended candidate was finally revealed at a meeting of the board of directors on January 25, 1972. Father Andries was leaving his position as CHAC president to become the new executive director. Major John Connors, previously the vice-president, took over the job of president, and the position of vice-president fell to Sister Bernadette Poirier, SGM.

Both Father Andries and Major Connors were well known to the CHAC membership. Father Andries had been a member of the board of directors since 1969. He became CHAC vice-president in 1970 and president in 1971. His administrative career in the health care field was complemented by a lifelong commitment to the work of hospital chaplains. Father Andries had been president of the Catholic Chaplains Association of Canada, president of the Catholic Chaplains Association of Saskatchewan, chaplain and bishops' representative to the Catholic Hospital Conference of Saskatchewan, chaplain at the Grey Nuns' Hospital in Regina, and national president of the Catholic Chaplains' Training Programme.[45]

Major Connors also boasted a well-rounded background. He had been a member of the board of directors for several years, and was the prime mover behind the reform of the by-laws in 1971. Major Connors stood as a perfect example of the rich contribution that the laity could make when given the chance to participate. As well as executive director of the Misericordia General Hospital in Winnipeg, Major Connors had been president of the Catholic Hospital Conference of Manitoba, chairman of the Manitoba Medico-Moral Committee, vice-president of the Defence Medical Association in Manitoba, and a special consultant to the Manitoba Health Services Commission.[46]

Shortly after his appointment as president of the CHAC, Major Connors used *Catholic Hospital* to deliver the following message to the CHAC's members:

> *This is the age of dynamic change in our society — change which demands dynamic leadership of your Association!.... This time of reorganization in so many vital areas, including the rebuilding of the Secretariat, imposes heavy demands upon us all — Board, new Executive Director and membership at large.*[47]

The idea of revitalizing the national office by hiring assistant directors with expertise in the CHAC's areas of interest was, as we have seen, one of the recommendations of the Laval report. In accordance with this recommendation, three women were hired as assistant directors.

Marie Fitzpatrick was the first hired; she was given responsibility for administrative matters, essentially acting as an executive secretary. Two others — Sister Ella Zink, SOS, and Stella Leo — were hired soon after to complete this dynamic trio. The former acted as the assistant executive director for public relations and publications, and the latter as assistant director for research and pastoral programs. The duties that were attached to these positions were directly inspired by the recommendations of the Laval report. As will be recalled, it was suggested that the CHAC give a higher priority to its pastoral programs and that it strive to become more of an information centre and political pressure group.

Sister Ella Zink, SOS, and Catholic Hospital

One of the priorities of the new board of directors was to revamp the CHAC's review, *Catholic Hospital,* in order "that the format and content of the 'Catholic Hospital' be changed, its purpose being education and *formation* rather than *information.*"[48] The task of carrying out this goal was given to Sister Zink, who was hired in early 1973 for this exact purpose. Sister Zink's educational background included studies in nursing, journalism and theology. And it was not only her university training that made her the ideal candidate for her new job at the CHAC;

her professional background included fifteen years of experience in hospital work in western Canada. She had played an active role in the Catholic Hospital Conference of Alberta. She was subsequently the assistant general secretary of the CRC and the director of public relations at the CCC.[49]

Not surprisingly, then, her arrival at the CHAC produced concrete results in short order. She rapidly overhauled *Catholic Hospital* to turn it into a lively, modern and much more interesting publication. The first issue of the new-look review included an enthusiastic editorial written by Major Connors:

> *I am confident that I speak for our total membership when I express congratulations to the Executive Director for the imagination, creativity and hard work that are manifested in the birth of "Catholic Hospital". Well done, well done, indeed!*[50]

As editor-in-chief of the review, Sister Zink engaged in an ongoing dialogue with its readers. She sounded out their feelings about the new format and encouraged them to contribute ideas to improve the publication. From time to time, she was not above deliberately goading her readership into responding:

> *If the last section has produced an overabundance of adrenalin, if it has caused a rise in blood-pressure, please take it out on the editor. I would be really happy to receive a flood of arguments and just plain blasts. Then I would know that you read your Journal....*[51]

Besides giving the CHAC's review a more modern look, Sister Zink was the first to lay a premium on good relations between the CHAC and the media. She brought home to the CHAC administration the critical importance of an effective media strategy in political lobbying. Sister Zink worked at the CHAC for only eighteen months, but her influence long outlasted her tenure.

Stella Leo and the Educational Mandate

Another important member of this triumvirate of talented women was Stella Leo. A graduate of the University of Saskatchewan (BSc in Nursing), she was hired in the fall of 1973 to take over responsibility for research and pastoral programs. Stella Leo's professional background prior to her arrival at the CHAC presaged her success. Among other positions, she had been the science instructor at the Nursing School of the Grey Nuns' Hospital in Regina. She had extensive experience with health care, having been closely involved with a number of professional organizations in this field in Saskatchewan. After joining the CHAC, Stella Leo immediately began to lay the groundwork for two programs: one for sister visitors, and the other for Master's students in Hospital Pastoral Care.[52]

The first study days devoted to visiting sisters took place in Hamilton on March 20-22, 1972. The goal was to set up a program to ensure that those aspiring to this type of work possessed the requisite abilities and general background for offering comfort to patients in the "totality" of their being. The undertaking was a singular success: 220 sisters from Canada and even the United States gathered in Hamilton to participate in the venture. Since follow-up to this initiative was clearly in order, Stella Leo and the CHAC undertook to organize a complete training course for visiting sisters. It was first offered at St. Paul University in September 1973. The CHAC rented rooms and equipment from the University and looked after all the planning details. The course was 90 hours in length (subsequently increased to 106 hours) spread over four weeks and offered once a year. (Two sessions were offered in 1974 only.) The first year, the project was supported by a grant from the Atkinson Foundation. Initially intended for religious sisters, enrolment was thrown open to laity and priests in 1974. At this time, the program was rebaptized "a Course for Pastoral Associates." The course is still offered today under the name of the "Pastoral Health Care Programme."

At the same time as she was organizing the course for pastoral associates, Stella Leo was also planning a Master's program in pastoral hospital care. Governments were just beginning to authorize hospital administrators to use some of the funds they received to establish pastoral care departments. The lack of training programs and the shortage of qualified personnel led Stella Leo and the CHAC to turn their attention to this issue. The CHAC developed a program and presented it to the senate of St. Paul University. An agreement was reached under which the CHAC would mount the program in the first year, after which the University would take over. Financially supported by the Kellogg Foundation and others, the association hired some professors from St. Paul University to start the program. "The first class in September 1974 was composed of eleven students: three nuns, one former nun, six priests and one Presbyterian seminarian." This initiative reflected the CHAC's growing conviction that patients were entitled to receive more holistically oriented health care, combining the psychological, spiritual and other dimensions. The theoretical part of the 10-month course reflected this approach: the 375 hours of teaching ranged from theology to psychopathology, dealing with such subjects as psychology, medical ethics and the organization of pastoral care services. The practical part of the course provided 400 hours of in-hospital practicum.[53]

The slate of educational programs successfully introduced by the CHAC during these years was indeed ambitious. Prominent among these was a "Medico-Moral Institute" held in Winnipeg on May 22-23, 1972. The event, which focused on the themes of dying, contraception, sterilization and abortion, attracted some 240 people.[54] Another notable success was the study days on medico-moral aspects of "human experimentation," held the following year on March 14-16, 1973, in Windsor, Ontario. This event was the first of its kind in North America. It was such a success from the media standpoint that the organizers had no trouble justifying its $2,500 net cost to the CHAC.[55]

A "Symposium on Euthanasia" held in Edmonton on October 3-4, 1974, was a triumph from every point of view: attendance (almost 700), media coverage and receipts (more than $10,000). A major factor in this success was the valuable assistance the CHAC received from the conferences of Saskatchewan, Manitoba and British Columbia. Over 10,000 brochures were printed and sent out to publicize the event.[56] The following year, another symposium, this one on "Medicine and Religion," was also a financial success.

The main reason that the educational activities sponsored by the CHAC enjoyed popular acclaim was their carefully chosen content. Sessions addressed the new concerns, going far beyond the strict limits of hospital issues to embrace such topics as recent advances in medical science, in vitro fertilization, bio-genetics and vasectomies.

Not only did the CHAC keep close tabs on medical progress, it continued to carefully monitor sensitive issues such as abortion. In April 24, 1975, for example, Major Connors sent all Canadian MPs and senators copies of a letter setting forth the CHAC's stand on abortion. The recipients were invited to reply, stating their personal position on the issue.[57] The CHAC received 77 replies out of 264, 41 of which supported the CHAC's point of view. The CHAC concluded, therefore, that only 15 per cent of Canadian parliamentarians supported its stand on abortion.[58]

Clearly, the CHAC was making a strong effort to follow the path of renewal. But the CHAC's management remained concerned, very concerned.... For even though the CHAC now appeared to be heading in the right direction, they were worried that it would succumb to internal problems before the fruits of its labours saw the light of day.

Worsening Problems

By now, the trap in which the CHAC was snared is achingly clear to the reader: as more and more religious communities sold their hospital properties, the CHAC's institutional membership was progressively shrinking.

This had two serious consequences: the financial base of the CHAC was gradually eroding and, even more importantly, the very reason for its existence was slowly disappearing. In 1972, the CHAC received a hard blow.

In that year, the AHPQ officially announced that it was withdrawing as an active member of the CHAC. As will be recalled, the AHPQ had been formed in 1966 through the merger of the Association des hôpitaux catholiques de la province du Québec and the Association des hôpitaux du Québec. In 1972 it had 215 member hospitals, including Catholic, Protestant and Jewish institutions.

There were several reasons why a substantial portion of the AHPQ's membership was dissatisfied with its close ties with the CHAC: the AHPQ's own interdenominational orientation, the existence of a rival national hospital organization (the CHA), and the fact that so many of the CHAC's meetings were unilingual English. In addition, it is not insignificant that the AHPQ's status within the CHAC had suffered from ambiguity since 1966. (As will be recalled, the link was maintained through the pastoral service.)

It was hardly surprising, therefore, that some of the newer members of the CHAC's management team asked the AHPQ more than once to help clarify its status within the national association. One such request was made in late March 1972.[59] The answer from the president of the AHPQ, Jacques Trahan, on June 28, 1972, was a request to downgrade the status of the AHPQ to associate member. At the same time, he proposed that Father Daoust be named the AHPQ's spokesman.[60] The subsequent appointment of Father Daoust as the national chaplain of the CHAC did not alter the basic thrust of the request.[61] In later years, the link between the AHPQ and the CHAC was maintained by Jean-Guy Lavoie, the chairman of the AHPQ's pastoral affairs committee.

The AHPQ made it clear that in asking for associate member status, it was renouncing "the privileges graciously granted by the CHAC since its founding in 1966 without true entitlement."[62] On August 21, 1972, the CHAC

accepted the AHPQ as an associate member and on August 29 formally incorporated this change into its by-laws. In September 1972, Sister Poirier presented to the CHAC general convention the AHPQ's report on the recent developments:

> *The AHPQ requested associate member status from the CHAC. This decision was taken in light of its multiconfessional character and current developments in Quebec. If both sides believe in mutual enrichment, the new affiliation arrangements should allow for efficient cooperation between the two associations, with utmost respect for people, cultures and jurisdictions.*[63]

There was understandable fear within the CHAC that the withdrawal of the AHPQ as an active member would set off a wave of de-affiliation among Quebec member hospitals, now that they had the power to decide themselves whether to leave or stay.

Another shock was coming. On October 15, 1975, the Atlantic Conference dissolved in favour of a new organization called "THERAPEIA" (from the Greek meaning "healing to wholeness"), which had been formed on September 19-20, 1975.[64] The new association had committed itself to "providing and maintaining a strong Christian presence in the health care system of the Atlantic provinces."[65] Like the AHPQ, THERAPEIA soon sought associate member status from the CHAC; this was granted on January 16, 1975.[66] While the founding committee of THERAPEIA had encouraged Catholic hospitals to continue paying membership fees to the CHAC, the appearance of another organization similar to the AHPQ augured poorly for the CHAC's immediate future.

In early 1975, Dr. E.G.Q. Van Tilburg, president of the CHAC board since April 1973, described in *Catholic Hospital* the general mood at the CHAC:

> *Although we like to start a new year optimistically, nevertheless, there are black clouds at the horizon moving fast towards us. The number of Catholic hospitals is decreasing, which is disappointing in a world where success is often measured by growth. Furthermore, we have finished the year with a deficit, and I am expecting a considerable shortfall again in 1975.*[67]

Indeed, the situation was growing worse with each passing year.

In early 1976, Father Andries took stock of the institutional losses of the CHAC. It was not a pretty picture. Between 1970 and 1975, he wrote, the number of Catholic hospitals fell from 264 to 151. In Quebec alone, the figure plummeted from 117 to 43. In terms of beds, the drop was a stunning 50 per cent, from 60,954 in 1970 to 26,356 in 1975.[68] The CHAC's revenues were becoming dangerously weak because of this phenomenon. The deficit broke the $20,000 mark in 1972, and the situation was hardly more encouraging in subsequent years. (The year 1974 was an exception, thanks to the revenues generated by the symposium on euthanasia mentioned earlier.) The CHAC had no alternative but to rely on the generosity of other Christian associations without direct connection to the hospital field, such as the Catholic Women's League and the Knights of Columbus. The CHAC received a $20,000 grant from the Ontario Knights of Columbus in 1976-77. It was in 1975, in the midst of this difficult period, that Sister Aline Leduc entered the CHAC's history.

A Daughter of Wisdom, Sister Leduc replaced Marie Fitzpatrick as administrative assistant. The choice was a good one. A graduate of the University of Ottawa (BSc), Sister Leduc had studied at the École de la Foi in Switzerland, an international centre for advanced studies in biblical theology. Before joining the CHAC, she had acquired 13 years of practical hospital experience at the Montfort Hospital in Ottawa.[69] Sister Leduc has made a tremendous contribution over the years and in 1989 was the longest serving employee at the CHAC national office. In 1976, A.J. Fry, the secretary-treasurer of the CHAC, made a point of thanking Sister Leduc and Father Andries for their sound financial management: in that year, an anticipated $16,000 deficit had been transformed into an $8,000 surplus.[70] But no manager, no matter how dedicated, can perform miracles every year....

The financial picture was very bleak. There was only one cause for optimism: a steady increase in personal members. Thanks to constitutional change, the CHAC had

begun to accept members on this basis as of January 1, 1973. By February 26 the same year, there were already 69.[71] In 1975, Sister Margaret Smith, CSJ, then president of the board, announced to the readers of *Catholic Hospital* that the number of personal members had passed the 360 mark.[72] Unfortunately, the membership dues of individual members were not in the same league as revenues from institutional memberships. In fact, the financial resources of the CHAC had become so slim that by early 1976 the prospect of moving the offices was contemplated. Surely some religious community, it was hoped, would be kind enough to provide office space free of charge?[73]

It was clear that the CHAC could not rely indefinitely on voluntary donations or revenue windfalls for its survival. "Obviously," wrote Father Andries in early 1976, "[the CHAC] cannot continue under its present structure."[74] The CHAC had almost returned to square one, the same position in which it had been in 1972. Almost. There was one ray of hope remaining. All eyes were now riveted on another task force that was preparing to submit its final report — one of the most important documents in the CHAC's history.

New Needs — Renewed Responses

On March 3, 1976, Sister Louise Demers, CSJ, chairman of the CHAC's task force, submitted its final report. The last few lines read as follows:

> *We have completed our Task. The challenge now belongs to you.... It is possible that our report may threaten because it is new and different. It is also possible that if we stand still we are stopping our pilgrimage.*[75]

The message was loud and clear. And Sister Demers had no reservations about delivering the tough conclusions of her committee, since she knew they represented the end result of intensive reflection and careful study of the recent experience of several conferences.

The task force, with a mandate to critically examine the structure of the CHAC, was created by the executive committee in August 1974. This working group was not starting from scratch, however. There were a number of intriguing ideas emanating from the process of reflection under way in certain provincial conferences. For, to a large extent, these conferences shared the problems of the CHAC. The route taken by Quebec's conference has already been fairly well covered. The conference of the Atlantic provinces, too, had set up a task force in 1973 to explore ways to open its ranks to the laity. This process of reflection had eventually given birth to THERAPEIA.

The same concerns had led the conferences of Saskatchewan and Manitoba, too, to restructure themselves in early 1974. Faced with the steady erosion of its institutional membership, the Conference of Saskatchewan had decided to open its ranks to other actors in the health field, irrespective of their religious affiliation. The "new look" Conference was reborn as the Catholic Health Services Conference of Saskatchewan.[76] The same tack was taken by Manitoba. Under the enlightened guidance of its president, Sister Ruth Hickey, SGM, the Manitoba Conference also decided to open its ranks more to laity in accordance with the spirit of Vatican II. It took the name of the Catholic Health Conference of Manitoba. It was to Sister Hickey that the CHAC turned in 1974 to head an ad hoc committee to survey the voting procedures and member privileges of the various conferences. A final source of inspiration for Sister Demers's task force was the recommendations of a meeting with the major superiors organized by the CHAC in 1974.

The mandate of the task force was "to examine and evaluate the current structure of the C.H.A.C. and make recommendations with regard to future structuring." The committee was composed of the following members. The chairman was, of course, Sister Demers, the executive director of St. Joseph's Hospital in Guelph, Ontario (1972-1975). Sister Demers had already served as president of the Catholic Hospital Conference of Ontario. Recipient

of a BSc from the University of Western Ontario, she had also completed a post-graduate program in hospital administration at the University of Toronto.

Sister Demers was seconded by a multidisciplinary team, including Sister Rose Beker (Alberta); Ed Buckley, Knights of Columbus (Ontario); Ruth Cooney, Catholic Women's League; Dr. Patrick Doyle, MD (Manitoba); Eric Duggan (N.S.); and Sister Irène Duschesneau, RHSJ (Quebec). Two CHAC chairmen also served as members of the group: first, Dr. Van Tilburg (British Columbia) and then (as of May 1975) Sister Smith. Naturally, the executive director of the CHAC, Father Andries, was also a member.

The work of the task force extended over 20 months, a period that saw meetings, consultations and the tabling of interim reports. There were eight meetings during this period, held in Ottawa, Edmonton, Orleans (Ontario) and Toronto. Two interim reports were delivered, both in 1975, as a way of gauging reaction and benefiting from comments. The first was presented at the general assembly in Ottawa in May, and the second at the Symposium on "Medicine and Religion" held in Toronto on October 15, 1975. There was much at stake in the work of the task force, since the CHAC's very survival was linked to its findings. It was hoped that, after all the difficult years of travail and soul-searching, there was finally some light at the end of the tunnel. An article by CHAC president Sister Smith in *Catholic Hospital* in 1975 gives a good indication of the hopes that were pinned to the work of Sister Demers's group:

> *The present is the only moment we have. Now is the acceptable time — to plant, and strike deep root; to uproot and transplant; to listen and ponder; to question without ready answer; to relinquish the past and shape a future unafraid; to hope, standing tall, allowing growth to happen.*[77]

The harvest, which would finally take place on March 3, 1976, would prove to be a bountiful one.

The authors of the report of the commission of enquiry began by outlining the present health care situation. It then took a long, hard look at the CHAC:

> *The C.H.A.C. is perceived as a unilingual association at present; the C.H.A.C. membership structure is oriented primarily towards institutional membership; the C.H.A.C. is in a precarious financial position due to decreasing institutional membership; the present system of voting does not adequately represent the total membership; there is inadequate liaison and communication among Conferences themselves and between Conferences and the National Office; the present C.H.A.C. membership structure, oriented primarily towards Catholic institutional membership, prevents C.H.A.C. from extending its service to concerned Christians in other health care endeavours.*[78]

The report called upon the CHAC to follow the example of Quebec, the Maritimes and the western provinces. It was recommended that the AHPQ and THERAPEIA be recognized as active members and that the number of directors-at-large be increased from three to six. The structure of the new board of directors would thus be as follows: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec and THERAPEIA would each be represented on the board by one director; the past president of the CHAC and the president of the Catholic Hospital Association of the United States (CHA-US) would be directors ex officio; and these nine directors would be complemented by the six directors-at-large mentioned earlier, bringing the total to 15. The voting system would also be changed. Each conference would be entitled to three votes at the general assembly, except for Ontario and Quebec with five each. This new structure would provide better representation for all provinces and the presence of directors-at-large would ensure that decision making would not be dominated by the institutions. In addition, 30 to 40 per cent of the voting delegates at the general assembly would represent personal members, the category recently accepted by the CHAC. Administrative personnel would compulsorily provide services in both official languages.

The task force report also suggested that over the transitional period (1976-1977), a new statement of philosophy and objectives be produced. The proposed philosophy statement was to be developed around such themes as "covenant and participation in the Brotherhood of Mankind," the universal concern of the Church for health, the articulation of "the meaning of human dignity, human rights and human morality," "integration and trust," the responsiveness of the CHAC to the needs of today and tomorrow. The proposed objectives of the CHAC, meanwhile, were described as follows: promoting concern for health as a total process, building a bridge between the various groups in society that shared a commitment to health as a total process, awakening society to the health care implications of the total development of the human being, and intensifying the "humanization" of health care through education, research, publications, etc.

The task force also recommended the creation of an integrated and expanded membership structure. Its framework would be constructed so as to encourage debate and discussion, to allow choices to be made and differences to be expressed, to seek out complementarity of talents, and to reflect the multifaceted character of Canadian culture. It was also recommended that the possibility of an integrated membership structure between the CHAC and the conferences be studied.

Lastly, the task force report turned its attention to the name of the organization. Since it was remaking its image, it was only logical that it adopt a new name in keeping with this new identity. The name, it was noted, would be presented to the annual general assembly on June 2, 1976, for approval. At this meeting, all the report's recommendations would be presented for endorsement in the form of resolutions. As for the new name, the report indicated that it must reflect the "kinship" of the CHAC with the conferences, "its national point of reference, its Catholic concern, its concern for health and its dialogic mentality."

The question of Catholic identity was a constant preoccupation that pervaded the task force's work. During a meeting in Toronto in October 1975, it was even questioned whether the word "Catholic" should figure in the organization's new name. Discussion was heated on both sides of the issue until a United Church delegate from Vancouver (representing a hospital group) rose to speak. He declared:

> *I do not understand why you are trying to be like everybody else. The term "Catholic" identifies you. It indicates clearly that you, at least, know where you are going. It seems to me that you should stick with it. In this way, you offer a clear path for those looking for answers.*[79]

After that, the debate gradually wound down. A consensus was reached. For years now, the CHAC had been inching its way through a thick fog. Now a beacon was finally visible on the horizon. The wind had turned.

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The CHAC at the Crossroads: Ten Years of Crisis (1967-1976)

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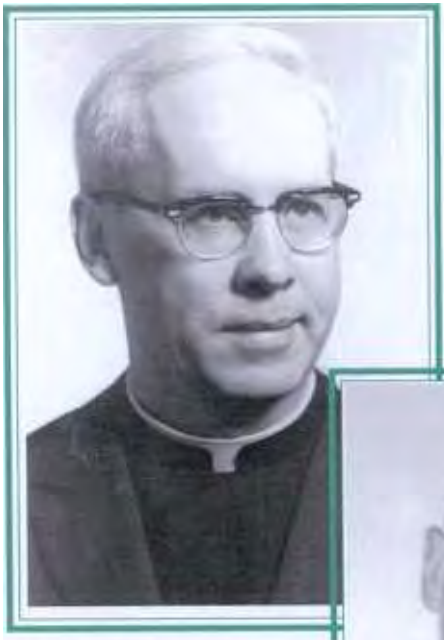
The Catholic Health Association of Canada



Jean-Marc Daoust, SJ

Rev. Everett MacNeil

1976 - 1989

he Catholic Health Association of Canada." Such was the new name adopted by the general assembly in June 1976. This name was not an arbitrary choice, but a rational, considered decision, a name designed to convey the essence of the organization's new orientation. There was a world of meaning behind the replacement of the word "hospital" by "health." As Sister Louise Demers, the chairman of the task force and the future president of the Catholic Health Association of Canada (CHAC) (1977-1978) explained:

> *Our purpose as a national, Catholic, bilingual health association is manifold: to promote and stimulate concern for health as a total process; to mediate between the various groups having a similar concern; to stimulate and awaken the consciousness of society to health care issues involving this total development of the person; to prepare the contemporary Canadian community for the health care problems of the future; to stimulate and support research towards the root diseases and crippling illnesses of our society; to intensify the humanizing of health care.*[1]

The CHAC had indeed made a significant change in direction. In the words of Sister Margaret Smith, re-elected as CHAC president in June 1976, the CHAC had to "incarnate itself on our Canadian culture, it must be an integral part of social progress,... [it] must be responsible to the present and alive to the future."[2] And these were no idle words. The CHAC faced the future with a renewed vision

and an ambitious agenda. And this was reflected clearly in the theme selected for the 1976 general assembly: "Shaping Health Care — The Year 2000."

I. Rev. Jean-Marc Daoust, SJ, and the Trials of Transition (1976-1978)

In October 1976, Rev. Norman Andries left the CHAC to return to his home diocese of Regina. To fill the post of executive director, the board of directors turned to Rev. Jean-Marc Daoust from Montreal. Father Daoust's links with the CHAC ran deep. He had already been, successively, a member of the board of directors, the president of the CHAC and the national chaplain. He could boast ten years of experience in the health care field. Director of pastoral services at the Association des hôpitaux de la province de Québec (AHPQ) from 1967 to 1975, he had maintained the semi-official link between the AHPQ and the CHAC since the early 1970s.[3]

Eight months after he took up his new duties, Father Daoust outlined to the CHAC representatives at the general assembly in Vancouver a five-year plan for implementing the recommendations of the task force. The proposed list of goals for 1977-1978 was formidable: modify the by-laws to encourage all its members to participate actively in the life of the CHAC, establish more systematic relations with the federal government and with the Canadian Conference of Catholic Bishops (CCCB)*, promote bilingualism within the association, formally reintegrate Quebec into the association's structures, and make an on-going commitment to senior citizens.

Good-bye to Stella Leo and Hello to Nancy McGee

Stella Leo left her position as CHAC program and research coordinator during the summer of 1977. She was replaced by another individual with a flair for organization, Nancy McGee. A graduate in nursing, Nancy McGee was a woman of great energy with wide-ranging interests.

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* *The Canadian Conference of Catholic Bishops (CCCB) was the new name of the Canadian Catholic Conference (CCC).*

She was vice-chairman of the Ottawa Separate School Board, a member of the Ottawa Immigrant Council and vice-president of the Ottawa Council of Women.[4]

Nancy McGee's first priority was the pastoral associates program. She organized the study days held in Québec on October 6-7, 1977, with the topic "Death and the Dying." The emphasis placed on education at the 1978 general assembly in Hamilton, whose theme was "Aging: A Time for Growing," was largely her handiwork. There were some 500 participants, including guest speaker the Hon. Thérèse Casgrain. Nancy McGee also had overall responsibility for relations between the CHAC and the federal government. The association's government lobbying efforts would soon redouble with the submission of the Badgley Report.

The Badgley Report

In early 1977, the chairman of the "Committee on the Operation of the Abortion Law," Robin F. Badgley, tabled an imposing 460-page report. Included among its recommendations was a proposal to create "women's clinics" attached to general hospitals where abortions could be performed. Following the example of the CCCB, the CHAC was quick to register its disapproval of this proposal with the federal government. This opposition was forcefully expressed in an exchange of letters between Sister Demers, then president of the CHAC, and the successive ministers of Health and Welfare, the Hon. Marc Lalonde and the Hon. Monique Bégin. The CHAC's magazine also published highlights of this correspondence.[5]

Father Daoust participated actively in the mobilization of the CHAC's forces. As a member of the ad hoc committee on abortion set up by the CCCB, he sent letters to the chairmen of all the CHAC Conferences asking them to name a person responsible for the abortion issue within their respective associations.[6]

The Comité catholique québécois de la santé

As we have seen, one of the new priorities established for the CHAC by the task force was the reintegration of Quebec into the CHAC as an active member. Accordingly, it was resolved in 1976 that any Quebec organization willing to bear the standard of Catholic hospitals in that province would be granted active member status. In the meantime, liaison between the CHAC and Quebec was maintained by Mr. Jean-Guy Lavoie, a member of the board of directors. On May 13, 1978, the annual convention in Hamilton opened with an address by Sister Demers, CHAC president:

> *Sister Louise Demers announced that, at a special Board meeting held immediately prior to the General Assembly, the province of Quebec was formally accepted into the Catholic Health Association of Canada under the name "Comité catholique québécois de la santé". Mr. Jean-Guy Lavoie was named the official appointee of the Comité to the C.H.A.C. Board of Directors and now had the right to vote at the Assembly.*[7]

The aim of this group, which would eventually become known as the "Carrefour des chrétiens du Québec pour la santé," was to represent all Christians in Quebec interested in safeguarding and promoting gospel and humanistic values in the field of health care and social affairs.[8]

Quebec's return to the fold coincided with the CHAC's new concern with promoting bilingualism with-in its ranks, another priority targeted by the task force. In early 1978, Father Daoust requested and received a grant from the Secretary of State for, among other things, translating a number of CHAC publications into French and making simultaneous interpretation available at important meetings.

Gradually, then, many of the recommendations of Sister Demers's task force were put into place. Unfortunately, an all too familiar spectre continued to haunt the CHAC and to seriously hamper its efforts to pursue its newly charted course.

The CHAC Cupboard is Bare

As the reader will remember, the financial health of the CHAC had been frail since the early 1970s. As a result of these on-going difficulties, the CHAC's coffers had begun to show signs of chronic anemia. In early 1977, Mr. A.J. Fry, the CHAC secretary-treasurer, was obliged to report to the board that:

> *... A serious look at the situation will have to be taken since the budget that was approved for 1977 is in deficit by $45,000. The situation at the present time is very dependent on donations, associate membership, personal membership, or any other source as foundations, etc....*[9]

The CHAC's finances had reached such a precarious state that, had it not been for the generosity of others, there was a real possibility of it closing its doors. For example, 15 per cent of the entire 1977 budget was provided by the Ontario Knights of Columbus, who had renewed their donation of $20,000. An unanticipated donation from the Religious Hopitallers of St. Joseph in that same year also helped the CHAC to step back from the precipice. The CHAC was walking such a thin tightrope that staff salaries had to be pared to the bone.

Naturally, this situation made it difficult to recruit good people. Following the departure of the editor of *Catholic Hospital*, Yolande Lapointe, in 1977, Stella Leo, Sister Aline Leduc and Father Daoust found themselves in the position of having to edit the magazine themselves. Thurston Smith, who was subsequently hired to fill this vacancy, was forced to leave in early 1978. The same year also saw the departure of Nancy McGee. When Sister Leduc, too, had to take a leave of absence for medical reasons in 1978, the national office of the CHAC stood nearly empty. It was clear to all that a cure had to be found for the CHAC's financial woes before they proved fatal. It was imperative to review the membership structure and by-laws and the administrative operations of the national office without delay. Happily, in the CHAC's time of need, its fortunes were in the hands of an especially competent board of directors. Three members in particular

distinguished themselves by the sense of leadership, energy and resourcefulness they exhibited during these trying times.

F. Patrick Doyle, MD, Lloyd O'Toole and L.A. Quaglia

Three laymen from western Canada with a firm dedication to health care — this was the common profile of Messrs. Doyle, O'Toole and Quaglia.

Dr. Patrick Doyle had practised family medicine in Manitoba since 1948, and had served as provincial coroner since 1953. He was bilingual and had completed his medical studies at Laval University in Québec. His record of professional experience and dedication to health care speaks for itself. He had been a member of the Manitoba Hospital Commission from 1962 to 1970 and of the Manitoba Health Services Commission from 1970 to 1972. Patrick Doyle was also a member of the Council of Doctors and Physicians of Manitoba, a director of the Canadian Council of Christians and Jews, President of the Catholic Physicians Guild of Manitoba and a member of the board of directors of the CBC. He was on the staffs of two Manitoban hospitals — Ste Anne and St. Boniface.[10]

Lloyd O'Toole, a Montreal native, was the administrator of the Eagle Ridge Hospital and Health Care Centre in Port Moody, British Columbia. After graduating from the University of Alberta with a Master of Health Services Administration, he served as executive director of the Alberta Hospital at Ponoka from 1972 to 1974.[11]

L.A. (Tony) Quaglia was the president of the Catholic Hospital Conference of Manitoba and the former president of the Manitoba Hospital Association. In 1969, he was named president of St. Boniface General Hospital.[12]

In the late 1970s and early 1980s, these three men would become omnipresent in the decision-making structures of the CHAC, serving on the board of directors and acting as chairmen of committees and task forces. Each in turn was elected to the presidency of the CHAC board. The CHAC's history has been profoundly marked by their passage.

In 1977, a membership committee chaired by Patrick Doyle was struck to follow up on the recommendations of the task force report. This committee naturally worked in close cooperation with the constitutions committee, which included Tony Quaglia as chairman and Lloyd O'Toole as a member. Together they accomplished an impressive amount of work. In 1978, a draft version of the new by-law was presented to delegates at the general assembly held in Hamilton.

The proposals called for a complete overhaul of the CHAC's membership structure. Under the 1971 by-laws, there were three different categories of membership: "active" (i.e. the Conferences), "institutional" and "associate" (this status could be "conferred upon hospitals, institutions, organizations and persons"). It was proposed that there henceforth be six different membership categories. The first two would continue to be "conference members" and "institutional members." The third category — "affiliate members" — was a new one aimed at health care institutions that were committed to the goals and mission of the CHAC but were ineligible or unwilling to join as institutional members. The fourth category was "associate members," which would henceforth be intended for other Catholic organizations, whether or not they were concerned with health care per se (such as Catholic religious communities, Catholic medical guilds and dioceses). "Personal members" would become a category in its own right. The final membership category would be "honorary members," conferred at the discretion of the board of directors.

Another fundamental change proposed at the Hamilton convention was an expansion in the system of voting rights for annual assemblies. It was suggested that the number of voting delegates be increased to 64, including the 14 board members, 10 delegates from Ontario, 10 from Quebec, and 6 delegates from each of the other Conferences. Only these 64 delegates would be empowered to vote on matters such as by-law amendments, election of board members and secret balloting. All members would be entitled to vote on other matters.

Concurrent with the revision of the CHAC by-law, the CHAC's mission statement was rewritten along the lines suggested by the task force report. It was decided that the mission statement would no longer be considered part of the statutes and by-law. A draft version of the new mission statement was presented to the same momentous Hamilton meeting.

The 1978 annual convention in Hamilton truly marked a turning point in the CHAC's history. In an editorial in *Catholic Hospital,* Father Daoust wrote, "The Hamilton Conference opened the 'ecumenical' doors to C.H.A.C. It authorized the initiation of more democratic procedures and gave new vigor through the incorporation of a new provincial conference."[13] The assembly also elected Patrick Doyle as president of the CHAC and Lloyd O'Toole as vice-president.

Reorganization of the National Office

Slowly but surely, the recommendations of the task force report were being implemented. In light of the gravity of the financial crisis gripping the CHAC, however, some members felt that the pace of change was not fast enough. On May 10, 1978, the board of directors created a special task force to study the situation prevailing at the national office. Its mandate was to suggest ways to remedy the office's problems in order to make it into a more efficient instrument. The task force was composed of two people, Tony Quaglia and Richard L. Criddle of St. Boniface. They carried out their investigation during the last week of June 1978.

Their work yielded a large number of recommendations. Noteworthy among them was a proposal to create a finance and administration committee with primary responsibility for the financial soundness of the CHAC. It was also recommended that an education and pastoral affairs committee be formed to look after the CHAC's educational program and its magazine. This committee would also have the job of organizing the educational programs for the annual meeting and managing the various pastoral care programs. Tony Quaglia and

Richard Criddle also proposed the creation of a planning committee charged with revising the statutes and by-law, drafting the final version of the mission statement and, perhaps most importantly, developing a new operating plan for the next three to five years.

Judgment had been passed on the national office, and considerable room for improvement had been found. Father Daoust had just submitted his resignation for health reasons (although he would remain in his position until the arrival of his successor). This left only Sister Leduc and Senior Clerk Deborah Austin at the main office. It had thus become urgent to revitalize the CHAC from the inside out by recruiting a larger and more specialized staff. Job descriptions were drawn up for four new managerial positions: research and planning, education, liaison between the CHAC and the Conferences, and administration and personnel management. Talk also surfaced at this time of selling 312 Daly Avenue as a way of raising some badly needed funds.[14] In short, the CHAC secretariat was finally opting for the path of reform recommended by the 1976 task force. There remained the question of finding a new executive director, a task that was assigned to the planning committee headed by Tony Quaglia. For his part, Father Daoust had a farewell message of hope and optimism for the members of the CHAC:

> *It seems very evident to me that the Catholic Health Association of Canada does have its justification. It may have searched its path with difficulty... but the Task Force Report has given it a direction which is the right one. That direction has just been incorporated with the new by-laws. We must no longer look behind. Objectives are clear and now is the time for action....*
>
> *The Catholic Health Association of Canada is only at its beginning. During the last ten years, I have had on many occasions the tangible proof of Christ's predilection for this Association. In my opinion, it will cease to exist in one form or another when Christ will have ceased to love the sick. Until then, the Association will go on.*[15]

II. Everett MacNeil and the Revitalization of the CHAC (1978-1989)

The CHAC was careful not to rush the choice of a new executive director. The juncture was critical, and it was essential to make the right choice. This decision would mark the culmination of the general restructuring process that had resulted from the 1976 task force report. The first step had been overhauling the structure and mission of the CHAC. The second had been the internal reorganization of the CHAC secretariat in the interests of maximum efficiency. Only one more chesspiece remained to be moved into position: the new executive director. The individual eventually hired had to be someone who reflected the CHAC's new beginning, a dynamic individual who could quickly implement the planned agenda and put the troubled organization back on track.

The position was posted and selectively advertised. The response was heavy, with more than 50 candidates applying. The committee headed by Tony Quaglia settled on a short list with 13 names. Nine of these made it to the interview stage, and four passed this step. Finally the field was narrowed to a single candidate: Rev. Everett MacNeil. As we will see, it would not take long for Father MacNeil to make his mark on the CHAC as one of those who have profoundly influenced its history.

When Father MacNeil first heard about the CHAC sometime back in the 1950s from two priests in his diocese, Rev. J.B. Nearing and Rev. Francis J. Smyth, he would have laughed at the suggestion he would one day be guiding its destiny. Father MacNeil was a native of Sydney, Nova Scotia. His university studies led him from St. Francis Xavier in Antigonish (BA) and the Holy Heart Seminary in Halifax (BA in Theology) to St. Thomas University in Rome (licence in canon law) by way of Notre Dame University in Indiana (Master's in History) and the University of Toronto (studies in political science). This wide-ranging academic itinerary was the outward manifestation of an inner drive for knowledge that would prove an invaluable asset in Father MacNeil's professional life. After teaching history at Antigonish's St. Francis Xavier (at Xavier College in Sydney) and serving as

chancellor of the Antigonish diocese, Father MacNeil was appointed to the CCCB. He was the assistant secretary of the CCCB from 1966 to 1968 and general secretary from 1968 to 1977. His duties brought him into contact with a wide range of issues; among other things, he was involved in the approval of the CHAC's new *Medico-Moral Guide* in 1970.[16]

In his first editorial in the CHAC magazine, Father MacNeil wrote:

> *We must show concern for the whole person, physically, emotionally, and spiritually. This mission certainly involves preventing and curing disease, but it also very much includes promoting "wellness".*[17]

Clearly, the personal convictions of Father MacNeil were a perfect match for the new orientation of the CHAC. But the executive director was wise enough to realize he would do well to rely upon the competent team of administrators already in place:

> *The challenge of this position is so great that it would be foolhardy to attempt to help achieve the goals of the C.H.A.C. were there not a strong, diversified, representative and dedicated board of directors.*[18]

As already noted, the members of the board of directors served on a variety of committees: finance and administration, liaison, nominating, planning, constitution, research, education and pastoral affairs, resolutions, and executive. This committee structure was complemented, as need be, by ad hoc committees and task forces.

Father MacNeil officially took up his duties on November 1, 1978. In December, the planning committee presented him with a seven-month operating plan covering the period December 1978 to June 1979. The following objectives were set: finalize the CHAC's mission statement; revitalize the financial picture; revise the membership structure; raise the CHAC's public profile; institute regular meetings of the board of directors; develop a long-range master plan (3 to 5 years); and, lastly, recruit

a top-quality staff in accordance with the recommendations of the Quaglia-Criddle report. On this score some welcome news awaited Father MacNeil, for both Sister Leduc, now recovered, and Nancy McGee were returning to the national office. *Catholic Hospital* was soon able to report that:

> *The national office staff of the C.H.A.C.... occupy two floors of a house which is nearly 150 years old.... A house of four floors,... 312 Daly Avenue was originally part of the estate of the Louis Besserer family,... an old Ottawa family name. On the second floor of this old, near-mansion, are the offices of Father Everett MacNeil, Executive Director of the C.H.A.C., Sister Aline Leduc, Director of Administrative Services, Mrs. Louise Carbonneau, the senior clerk, and Mrs. Deborah Austin, the executive secretary. Up the winding staircase to the third floor are the offices of Mrs. Nancy McGee, the C.H.A.C. Director of Education, Mr. Christopher Hughes, the research assistant, and Mrs. Denise Kirkpatrick, secretary to the departments of education and research.*[19]

The new director of communications of the CHAC hired in the spring of 1979 was Patrick Jamieson, who had special expertise in the areas of community development, adult education, theology and communications.

As noted earlier, the first priority established by the planning committee was "finalizing" the CHAC mission statement. The definitive version of the document received final approval on February 10, 1979. It is worthwhile for present purposes to quote this document at length, because it affords the reader a clearer idea of the new approach that the CHAC was trying to implement:

> *The C.H.A.C. is a national Catholic organization whose mission is to witness to the healing ministry and abiding presence of Jesus. Inspired by the Gospel, this Association strives to have a universal concern for health as a condition for full development.... The C.H.A.C. has as its principal ministries:*
>
> *to promote respect for the inherent dignity of each person and to reverence that unique experience of life, of sickness, and of death;*
>
> 2. *to promote and to stimulate concern for health as a total process...;*

3. *to help develop structures which foster holistic health, respect, and reverence for those who are sick, aged, disabled and dying;*
4. *to mediate or build bridges between the different groups in our society that are involved in...health as a total process;*
5. *to assist in preparing the contemporary Christian community for the critical health problems of the future;*
6. *to probe the ethical issues in the life sciences...;*
7. *to collaborate at all levels in assuring that competent and compassionate pastoral care is available in the health apostolate;*
8. *... to be aware and supportive of current social justice concerns...;*
9. *to intensify the humanizing of health care ...;*
10. *to stimulate and support research on the fundamental root diseases and crippling illnesses of our society....*[20]

In accordance with this mission, the CHAC also identified a number of specific objectives. Among them were the following:

> *to be a national resource centre;....to sponsor pastoral education projects; to strengthen relationships with provincial and regional associations; to cooperate with other churches, with national and international organizations, as well as with governments at various levels as required; to identify common problems and concerns of special interest groups;...to solicit broad collaboration in fulfilling its mission without attempting to impose its own religious beliefs on these collaborators; to influence national socio-economic policy;...to communicate with all sections of the country in both official languages; to be financially resourceful.*[21]

The above passages nicely summarize the main preoccupations of the CHAC. Its concerns extended to the following areas: health care institutions; pastoral care; education; relations with the Conferences, the various levels of governments and international organizations; medical ethics; and communications. Generally speaking, this list reflected the main areas of interest and activity of the CHAC over the previous ten years.

The "Three Colloquia," Health Care Institutions and Mission Education

As we have seen, in the mid-1970s the steady erosion of its hospital membership (particularly from Quebec) had led the CHAC to redefine its purpose and to broaden its sphere of influence — in short, to decouple its destiny from health care institutions alone. Nevertheless, hospitals remained its backbone, and they did not hesitate to remind the CHAC of this fact. Their message was heard and heeded.

a) Colloquia

Colloquium I (Montreal, February 8-10, 1980)

In February 1980, the CHAC organized a "Colloquium on Catholic Hospitals — Current and Former." This event offered three days of exchange and reflection on the future of Catholic health care institutions within Canada's pluralistic society. The steering committee for the colloquium included the vice-president of the CHAC board of directors, Tony Quaglia, its executive director, Father MacNeil, Sister Janet Murray, CSJ, and Lucien Lacoste.[22]

The impetus for this event had been a string of requests from all parts of the country asking the CHAC "to do something" in this area. Some of these requests had originated with owners of Catholic hospitals who had so far managed to stand firm against the wave of hospital selling triggered by government intervention in health care. Other requests had come from individuals working — and trying to maintain a Christian presence — in institutions that were formerly Catholic but now public-sector. It must be realized that, since 1976, events had dictated that the CHAC was more concerned with expanding and revamping its membership base than with systematically addressing the problems facing Catholic hospitals. The president of the board, Tony Quaglia, admitted this candidly in his speech at the second colloquium in 1981:

> *Before being appointed Administrator at St. Boniface General Hospital, many of my colleagues said there wouldn't be many Catholic health care institutions left by the mid 70's.*

Obviously some of us have survived. Some were frustrated and felt abandoned from even their own CHAC at the time that CHAC no longer focused on institutions.[23]

Colloquium I took place in Montreal with 275 participants carefully selected in accordance with their job responsibilities and their abilities to help develop a Catholic hospital strategy for the 1980s. The participants — 30 per cent of them laity — included administrators of Catholic health care institutions (30 per cent), major superiors of hospital-owning religious congregations (18 per cent), members of boards of trustees (16 per cent), pastoral agents (11 per cent), medical directors of Catholic hospitals (6 per cent), bishops and bishops' representatives (5 per cent), and others (14 per cent).

Five themes were explored and discussed in five separate workshops: "Hospital Ownership and Leadership with Limited Finances and Fewer Available Religious Personnel"; "Pastoral Care: Conscience of the Patient, Conscience of the Church and Conscience of the Hospital"; "Active/Chronic Care: A Dilemma?"; "Medical Moral Matters: Euthanasia-Abortion"; and "Christian Values in the 'Rationalization Process.'"[24] The sessions were vigorous and some sixty recommendations were formulated, included one to the effect "that the C.H.A.C. strive to have ownership assured by another Church organization should a Religious Congregation have to relinquish ownership." This recommendation targeted one of the overriding concerns that emerged from the colloquium, reflecting the importance of this issue for the participants. (Indeed, fully half signed up for the workshop on hospital ownership.) Another important statement made at the colloquium was "that the C.H.A.C. give assistance to member institutions in establishing a good mission statement."

The Montreal colloquium set Catholic health care institutions in Canada on the road to renewal. And participants were adamant that their recommendations must not sit on the shelf. They wanted action, and the CHAC took up the challenge.

The Health Care Institutions Committee

Following the Montreal colloquium, the CHAC instituted a new standing committee of the board — the health care institutions committee (HCIC). Headed by the president himself, Tony Quaglia, the HCIC was composed of ten members from all regions of the country. The western representative was Lloyd O'Toole, then CHAC past president. The Prairies had two spokesmen, Patrick Doyle, the past-president of the Catholic Health Conference of Manitoba, and Most Rev. Charles Halpin from Regina. Ontario was represented by three sisters, Sister Margaret Myatt, CSJ, who was director of St. Joseph's Health Centre (Toronto), vice-president of the CHAC (and future president from 1981-1982), and past president of the Catholic Health Conference of Ontario; Sister Ann Marshall, CSJ, superior general of the Sisters of St. Joseph of Hamilton; and Sister Thérèse Nolet, provincial superior of the Sisters of Charity of Ottawa and former president of the Catholic Health Conference of Ontario. Quebec was represented by Lucien Lacoste, former president of the Association des hôpitaux catholiques du Québec. Rev. M.A. MacLellan from Antigonish, the former President of St. Francis Xavier University, sat on the HCIC as the representative of the Atlantic provinces. The HCIC was rounded out by Father MacNeil as an ex-officio member.[25]

One of the first actions of the HCIC was to follow up on the conclusions of the Montreal colloquium by conducting a survey of 33 Canadian religious communities that currently owned Catholic hospitals.[26] Two main areas of reflection emerged from this process of consultation, and they provided the inspiration for the Second Colloquium on the Future of Canadian Catholic Health Care Institutions, which was held in Ottawa on March 13-15, 1981. As Father MacNeil explained:

> *Colloquium I focused on five broad areas of concern.... Colloquium II will concentrate on just two aspects — how to enhance the appreciation within the Church for the value of Catholic facilities; and how to strengthen the position of these institutions within the existing Catholic health care system.*[27]

Colloquium II (Ottawa, March 13-15, 1981)

The second colloquium brought together 180 individuals representing all 150 institutional members of the CHAC. The meeting produced a statement containing 50 specific recommendations on such issues as finances, spiritual leadership, staffing and government intervention.[28]

The Ottawa colloquium was divided into four plenary sessions. The theme of the first was "The Privileged Place of the Catholic Health Care Facility in Canada Today." Three speakers — Sister Genevieve McArthur, CSM, from Lethbridge, Alberta; Most Rev. John Sherlock from London; and Rev. Michael Stogre, SJ, MD, from Toronto's Jesuit Centre — discussed in turn the place of Catholic hospitals in the new context sketched out by Vatican II.

The second plenary session was devoted to a presentation by Father MacNeil on the results of a 1980 survey of hospital-owning religious communities. Among other sobering facts, the CHAC's executive director revealed that between 1970 and 1980 the number of religious involved in the health care apostolate dropped by 32.5 per cent. He also noted that the percentage of hospitals owned by religious orders fell from 15.1 per cent in 1974 to 9.8 per cent in 1980. To put it another way, Catholic institutions accounted for 1/5 of all hospital beds in Canada in 1974, but only 1/10 in 1980. In short, unless there was a reversal in the trend, 28 per cent of the remaining 150 Catholic health care institutions would disappear by 1990.[29]

The subject of the third session was "The Ideal Catholic Health Care Facility in a Collaborative/Competitive Milieu." A round table provided a forum for the opinions of Sister Marie Bonin, the provincial superior of the Grey Nuns of Manitoba, Patrick Doyle and the CHAC president, Tony Quaglia, who urged all those in attendance to promote greater unity among owners, administrators and managers in order to combat the disquieting trends

revealed by the 1980 survey. Still, encouraged by the spirit of renewal also evident in the survey results, Tony Quaglia went on to say that:

> *I am pleased to report that the Planning Committee of the CHAC Board is going to recommend some revisions to the Aims and Mission of the CHAC to insert clauses pertaining to institutions and institutional membership because activities focusing on institutions are now in our current operational plan.*[30]

Finally, the fourth session examined "Four Challenges/Some Responses." The thirteen physicians attending the Colloquium were treated to a presentation by Dr. David Hynes, a member of the CHAC board of directors and the medical director of St. Joseph's Health Centre in Toronto.[31]

To follow up on the work of the Montreal and Ottawa colloquia and the disturbing findings of the 1980 survey, the HCIC undertook the job of systematically analyzing the results to identify the most widespread and important needs. It came up with the following list of priorities: to update the physical infrastructure of Catholic facilities; to find "competent and empathetic, non-sister leadership"; to consider "the health care facility as an expression of Church and not only of the apostolate of sisters"; and to provide "improved leadership in dealing with planning bodies, especially in a city with two health care facilities, one being denominational and the other not."[32]

On May 12, 1981, the HCIC submitted its report and its proposals to the owners of Catholic hospitals for their approval. The major recommendations dealt with such questions as the role of consultants, the various models for hospital ownership, how the orientation of denominational hospitals differed from that of public institutions, and the possibility of creating a new health care crown corporation. These recommendations served as working documents for Colloquium III, which was held in Toronto on January 22-24, 1982.

Colloquium III (Toronto, January 22-24, 1982)

Two hundred forty people gathered in Toronto in January 1982 for the third of the CHAC's colloquia. "In essence, Colloquium III was concerned with HOW to implement our previous recommendations in very practical terms."[33] The meeting proved extremely fruitful, yielding, for example, "the formation for the first time of an interim medical advisory committee to function under the board."[34] The task of synthesizing the results of the meeting in order to present formal recommendations to the CHAC board of directors fell to the HCIC, which met three weeks after the event. "The two part recommendation made by this committee [and accepted by the board] dealt with a way to 'revisit' the mission identity question indepth and to study various organizational options to assist owners."[35]

The final word on these 23 months of "colloquia" goes to Father MacNeil:

> *...the single, most dramatic result of the Colloquium process may well be that good, dedicated people felt affirmed and confirmed in their work in the health care apostolate. I am now going to suggest even more strongly that the Colloquium process itself confirmed and helped identify perhaps the greatest and most profound challenge facing all of us as we work toward assuring the place of the denominational hospital in today's Canada. I refer to a faith insight, a theological insight, an ecclesial, "Church — People of God" insight; the catholic health care facility must become — and be seen to become — an expression of the total church, of especially the laity, and not simply an expression of the apostolate of a particular religious congregation, though it is of course that as well. The reference above to the shift of 30 percent lay people at Colloquium I to 50 percent at Colloquium III is most significant in this respect. The educational process required to help the total church to perceive the catholic health care facility in this way, to accept it, and to work for its continuing place in the healing ministry of the Body of Christ is a magnificent calling for the CHAC, its sister organizations (regional/provincial conferences) and its members from coast to coast.*[36]

b) Administrators' Seminars and Mission Education

Health care institution issues had returned to the forefront of the CHAC's priorities. In November 1982, the HCIC launched an in-depth survey "to understand specific needs and existing resources of the health facilities because of the Association's concern for their continuing viability."[37] The survey covered 130 institutions, 40 representatives of 29 hospital religious congregations, 7 conferences and 45 bishops (responsible for dioceses where the surveyed health care institutions were located). At 60 per cent, the response rate was sufficiently high that a person was hired to tabulate the results. In spring 1984, a paper summarizing the survey results and suggesting the CHAC's future course of action was released.

The survey revealed, first, that the CHAC was perceived as an important consultation mechanism for health care institutions. The main problem areas were considered to be hospital management, ethics and pastoral care. The message for the CHAC was clear: it had to further expand its role as a resource centre. The reports presented by the HCIC in May 1984 and May 1985 made it clear that the CHAC had a pivotal role to play as a "consultant" on such issues as hospital closures and potential sources of financial assistance.[38]

The CHAC undertook a number of initiatives with regard to health care institutions. One was the inauguration in November 1984 of a major seminar program for administrators of health care institutions. The basic objective was to help hospital directors translate into reality the spirit of their mission statements. These seminars have been held on a yearly basis ever since with a variety of specific themes.

The theme of the seminar held in Toronto in November 1984 was administrators and mission statements. There were 150 participants and an impressive slate of guest speakers. The focus was on actualizing mission statements. Naturally, one of the most fruitful aspects of the event was the opportunity it offered participants to exchange opinions and concerns.[39]

Toronto was once again the host city in 1985 for that year's administrators' seminar on implementing mission statements. Two broad themes were explored: management-labour relations and practical ethics for administrators. Montreal was the site of the next seminar in November 1986, this one on human dignity and ethics. Earlier, on May 25, sixty-two hospital owners had gathered in the same city for a special day-long seminar on "Owners' Responsibility for Developing Leaders — Religious and Lay — for Catholic Health Care Facilities."

The theme for the administrators' seminar in 1987 reflected the CHAC's continuing interest in the problems of contemporary society. Four seminars on AIDS were organized, each in a different Canadian city: Edmonton (October 15-16), Montreal (October 22-23), Toronto (November 12-13) and Halifax (November 19-20). Finally, the administrators' seminars for the years 1988 and 1989 were devoted, respectively to "The Ministry of Administration" and "Catholic Corporate Culture."

In the 1980s, at the same time as it was organizing these seminars, the CHAC's firm commitment to Catholic health care institutions drew it into an area of growing importance: mission education and mission effectiveness. The impetus for this initiative came from the institutions themselves, which requested the CHAC's assistance in developing their mission statements and making them come alive.

In his May 1984 report to the general assembly, Father MacNeil noted that:

> *Many of our institutional members, owners, and provincial/regional Conferences have been placing high priority on mission education. The Director of Education* [Mr. Richard Haughian, DTh, whom we will meet in more detail in the section on pastoral care] *and I respond to request[s] for assistance always in the context of seeing our contribution as part of a process at the local level, not as a one day wonder or a shot in the dark.*[40]

To provide extra help for mission educators in all its health care institutions, in 1985 the CHAC published a book by Richard M. Haughian entitled *Mission Education: A Manual for Catholic Health Care Facilities*. This guide offered a basic introduction to mission education, outlining its fundamental principles, analyzing the content of mission statements and discussing the development of mission education programs.[41]

The CHAC next organized a series of meetings for mission education coordinators. The first was held in Willowdale, Ontario, in March 1987 and attracted 34 participants. Another took place in Winnipeg in 1988 and will be discussed in more detail later.

In 1987, the CHAC hired a Francophone director of mission services to extend its services to French-speaking members of the CHAC. This individual was Sister Sarah Maillet, RHSJ, a native of New Brunswick. Sister Maillet held a graduate teaching certificate, a BSc in nursing, and an MA in pastoral studies from St. Paul University. Indeed, the quest for knowledge had been the driving force in Sister Maillet's life. Her academic qualifications were matched by an equally impressive occupational background: teacher, missionary (in Peru), nurse, pastoral health care animator and member of several boards of directors (including THERAPEIA and the CHAC in 1986-1987). She was also one of the founders of the New Brunswick Catholic Health Association.

The arrival of Sister Maillet prompted Father MacNeil to observe: "Her background in teaching, nursing, and pastoral care admirably equips her for the position of Director of Mission Services." Sister Maillet, for her part, had a clear idea of her duties. "I shall direct my efforts towards furthering the mission of CHAC through meeting people, and creating programs and projects which will serve our health care institutions, especially those in the Francophone sector."[42]

In 1988, Sister Maillet and Richard Haughian, the CHAC director of education, organized a seminar on mission effectiveness in Winnipeg. A total of 62 participants representing six Canadian provinces and the United States "came... to discover ways to bring the mission statement to life in the institution."[43] As one of them remarked, "we need workshops like this to energize us and give us affirmation."[44] In the same year (1988), Sister Maillet and Father MacNeil acted as resource persons for a regional symposium on mission education attended by 25 directors of health care institutions and social service agencies, held in Trois-Rivières. The following year, Sister Maillet's mission education duties took her to the Sorel region of Quebec and New Brunswick.

The mission services offered by the CHAC were not limited to hospitals, but were also aimed at the nursing home members of the CHAC. For instance, Sister Maillet helped organize a seminar for these institutions that was held in Sillery, Quebec, on April 13-14, 1988. Ninety-three persons attended.

The CHAC's on-going efforts to provide the best possible representation for health care institutions also produced the National Forum on Partnership and Team Building in Ste-Adèle, Quebec, on June 9-10, 1989. Its goal was to map out the history and future of the Canadian health care system. A broad spectrum of health care activists was represented: some 30 executive officers of health care organizations, federal and provincial deputy ministers, teachers and other health care professionals, and owners and trustees of health care facilities.

Overall, then, the CHAC mustered an impressive effort on behalf of health care institutions during the years 1976-1989. Of course, its activities also extended to many other areas.

A Network of Relations

While continuing to maintain a close working relationship with the Conferences, the CHAC cultivated a broad network of relations with national and international bodies during the 1980s.

a) International Relations

It would not be an exaggeration to say that the CHAC succeeded in establishing a true international presence during this period. Through its participation in a wide range of international events, it was able to forge numerous links and to make its name known and respected far beyond the confines of North America. On this continent, the Canadian and U.S. Catholic health associations have, of course, always enjoyed a special relationship born of their common history. G. Shirley Young, the executive director of St. Martha's Hospital in Antigonish, N.S., and in 1982-1983 the first lay woman to become chairman of the CHAC board (succeeding Sister Myatt), described this relationship in the following terms:

> *We consider our relationship with the Catholic Health Association of the United States to be most important. Our President* makes it a point to try to attend the regular Board meetings of CHA-US and their President, Mr. John Curley, attends the Board meetings of our Association. I was privileged to attend one of their Board meetings in St. Louis and to give a brief report on Canadian activities. I am pleased to note the open communication that exists between that Association and ours.*[45]

It should also be noted that the two associations have accorded each other "observer status" since the late 1970s.

Since 1981, the CHAC has maintained cordial relations with the far-off Catholic Health Association of Australia.

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* *By "President," Shirley Young was referring to Father MacNeil. In 1981, for administrative reasons, the CHAC constitution committee changed the title of "executive director" to "president" and the title of "president" (of the board of dircectors) to "chairman."*

This new-found friendship blossomed at the congress of the International Hospital Federation that was held in Sydney in that year. Shortly before the congress, in fact, the Australian association held a conference on the process of administrative reorganization then under way. Father MacNeil, Tony Quaglia and Patrick Doyle of the CHAC attended this event, and the presence and experience of the Canadian association was much appreciated by the Australians. Just one week later, Father MacNeil was invited to a study day on mission education held in Melbourne. He also had the opportunity at that time to address the Catholic Health Conference of Victoria (Australia).

In 1983, Father MacNeil had another opportunity to raise the international profile of the CHAC when he was asked to deliver the opening address to the Second International Congress of hospital physicians (private and religious) in Rome. Father MacNeil returned to Rome in October 1985 to attend the World Congress of the International Confederation of Catholic Hospitals, an event for which he had served on the organizing committee. The Canadian contingent numbered 82. On this occasion, Sister Bonin of St. Boniface was chosen as first vice-president of the International Federation of Catholic Health Institutions.

Thus one aspect of the CHAC's growing international stature was the ties of friendship it established and carefully nurtured with other organizations sharing its interests. But the CHAC's activities beyond Canada's borders expanded, too, in response to the increasingly global scope of its concerns, which led it to become active in a range of areas whose importance transcended mere borders. For instance, during the International Year of the Child (1979), Father MacNeil sent a letter to the Secretary-General of the United Nations on behalf of the CHAC board affirming children's right to life. In 1982, the CHAC once again took up this issue. Gathered at a general assembly in Moncton, its members adopted a resolution intended:

> *to go on record with the United Nations General Secretary and the Canadian External Affairs minister to register our strong protest to any such change which would omit mention*

of special safeguards and care, including appropriate legal protection, for children before as well as after birth.[46]

The CHAC was equally aware of the problems of people in the Third World. In 1979, it adopted a resolution calling upon Canadian teaching institutions to promote greater awareness among their students of the grave social injustices perpetrated in the Third World.

The question of breast milk substitutes was the next global issue that roused the CHAC to action. Since the CHAC fully endorses the World Health Organization's International Code, which condemns this practice, it joined the boycott against Nestlé, one of the firms selling massive amounts of infant formula to Third World countries.

The CHAC gradually became involved in an even broader spectrum of issues with an international dimension. For example, it endorsed the position of the CCCB on El Salvador in 1981 and it lent its support to the peace mission undertaken by Prime Minister Trudeau in 1983. Many other such examples could be cited.

b) National-Level Action and Relations

While the CHAC remained closely in touch with developments in the world at large, it naturally continued to concentrate its energy on the Canadian scene. Anything that touched in any way upon the health of Canadians found its way onto the CHAC's agenda. Medico-moral issues, of course, continued to occupy much of its attention: sterilization, bioethics, abortion, palliative care, non-resuscitation, euthanasia, and so on. All aspects of questions related to the family, the aging population and death were also singled out for special attention. Its investigation of such topics as the sexuality of the elderly and capital punishment testified to the wide-ranging scope of this interest. The CHAC was also active in areas related to social justice, including overbilling by doctors, poverty and AIDS. It participated in anti-smoking campaigns and lobbied on behalf of Native rights. It did not shy away from taking a stand on matters with political overtones, such as cruise-missile testing in Canada, the arms race,

drug patent law, free trade, the Meech Lake constitutional accord, and so on. As a result of its active representations to governments, it quickly became adept at the techniques of political lobbying.

In 1979, for instance, the CHAC was a charter member of the Canadian Health Coalition. This group, dedicated to the preservation of the health insurance system, came into being at the time of the Hall Commission of Inquiry into health services in Canada. The CHAC also presented its own brief to Judge Hall at that time. The main themes were taken up again in another brief presented in the spring of 1983 to the Minister of Health, the Hon. Monique Bégin. In this brief, the CHAC asked the federal government to institute clear, concise and nationally enforced minimum standards for health care, and it rejected overbilling by doctors and the practice of hospital user fees. During the debate over the Canada Health Act, the CHAC's director of education, Richard Haughian, chaired the Coalition. The CHAC eventually left the Coalition as a result of some divergences of opinion and because, to be frank, it felt that it no longer served a useful purpose. Another active area of political lobbying by the CHAC was the abortion issue. As we have seen, the CHAC vigorously campaigned against abortion through formal and informal submissions to politicians and through the media.

The various activities of the CHAC in the political arena were a natural outgrowth of the recommendations contained in its first seven-month action plan, which called for a higher national profile. In a similar vein, the CHAC instituted during the 1980s a new prize called the CHAC Performance Citation Award. Intended as a way to recognize the individual men and women who had worked tirelessly on behalf of health care over the years, this award was bestowed "in recognition of outstanding work complementing the mission and aims of the CHAC."[47] The first recipient of the Performance Citation Award in 1981 was Judge Emmett Hall.*

* *A complete list of the recipients of the CHAC Performance Award may be found in Appendix III.*

The CHAC's broad approach to health care, encompassing its physical, psychological, spiritual and social aspects, led it naturally to "tighten" its ties with other national organizations with overlapping objectives. In 1979, for example, the CHAC pressed the CCCB to name a bishop to sit on the CHAC board of directors. The CCCB eventually responded by appointing Most Rev. Donat Chiasson from Moncton. He sat on the CHAC board from 1981 to 1985 and was replaced by Most Rev. John A. O'Mara from Thunder Bay, who also served for four years. Today, this position is occupied by Most Rev. Jean Gratton from Mont-Laurier. In 1980, in close collaboration with the CHAC, the CCCB released a major pastoral letter on health, a subject we will return to shortly. Together with the CCCB and the Canadian Council of Churches (CCC), another organization with which the association maintained close relations, the CHAC also successfuly carried out an ambitious survey on institutional chaplains in the early 1980s.

Several CHAC Conferences were charter members of the Canadian Hospital Association (CHA) and the CHAC remained an active member until 1981. In that year, the CHA's desire to become a federation of *provincial* hospital associations meant that there was no longer a place in it for the CHAC. In fact, the reorganization of the CHA necessitated the departure of three national associations – the CHAC, the Canadian Medical Association and the American Hospital Association. Nevertheless, relations between the CHAC and the CHA have continued to be extremely close.

Indeed, the CHAC maintains cordial relations with a long list of national organizations. Since the early 1980s, Father MacNeil and about fifteen other chief executives of national associations (nurses, physicians, etc.) have met on an informal basis at least four times a year to exchange views on common concerns. According to Father MacNeil, these get-togethers represent "a particularly fruitful forum and mechanism for formal and informal contact among health care associations."[48]

c) The CHAC and the Canadian Conferences

For obvious reasons, the CHAC put a premium on its relations with the Conferences during the 1980s. This effort was in keeping with the findings of the Quaglia-Criddle report. The report's authors had even proposed the creation of a special director of "inter-provincial" relations within the CHAC executive. Communication with the various Conferences fell under the purview of Father MacNeil. The main vehicle of this link was regular twice-yearly meetings between the CHAC executive committee and the chairpersons and executive directors of the Conferences at which common problems and general policies could be thoroughly vetted.

The network of relations maintained by the CHAC had become so complex that the demands of holding it all together had become enormous. And the person with that task was Father MacNeil. An article entitled "CHAC's Flying Father" detailed the incredible pace of outside activities set by Father MacNeil during a single two-month period:

> *Rev. Everett MacNeil, CHAC President, has been busy representing the association. On September 4, he was the facilitator for the annual retreat of the board of directors of the Catholic Health Association of the United States. In late September, he was a speaker and a moderator during the annual convention of the Catholic Health Services Conference of Saskatchewan (CHSCS); and a lecturer on "Humanizing the Work Place: Reflections on Catholic Identity and Employee Relationships" in the Catholic Hospital Administrative Personnel series sponsored by the Catholic Medical Centre and St. John's University, New York. A week later, MacNeil was in Chicago for two days as a facilitator for a session for administrators of three United States institutions and seven Canadian catholic health care facilities. On October 20 and 21, our flying president spent six hours with senior management of the Edmonton General Hospital and the soon to be completed Grey Nuns' Hospital, Mill Wood, AB, in a workshop on mission effectiveness followed by a two hour question and answer session with the ethics committee. Three days later, he headed east to Ste-Anne-de-Kent, NB, where he celebrated with Guy Hachey and the staff the twentieth anniversary of Stella-Maris-de-Kent*

Hospital, and gave mission effectiveness sessions for staff, board and physicians. On October 30, MacNeil returned to New Brunswick to accompany a delegation from the New Brunswick Catholic Health Association meeting with the Minister and Deputy Minister of Health of the province.[49]

The contacts maintained by the CHAC with the Conferences often went beyond a simple exchange of views to include joint programs. A good example was a 1980 seminar held in Halifax on "Family: Health and Wholeness," the result of a joint venture between the CHAC and THERAPEIA. Cooperation between the CHAC and the Catholic Health Services Conference of Saskatchewan produced a workshop on pastoral care that was held in Saskatoon in March 1985.

During these years, the CHAC also played a key role in the formation of two new provincial conferences. The first was the Carrefour des chrétiens du Québec pour la santé, the successor to the Comité catholique québécois de la santé. The Carrefour was greeted with open arms by the CHAC in 1980. This was considered a most welcome development, since for too long Quebec representatives had participated only informally in the various meetings organized by the CHAC (with the associated costs assumed by the CHAC). The other new provincial organization that appeared during those years was the New Brunswick Catholic Health Association, which was born in October 1987. It was with great pleasure that Mr. Gerard Lang, the chairperson of the CHAC board of directors, officially welcomed the new conference into the CHAC at its annual convention in Saskatoon in 1988.

The CHAC was fully conscious of the increasing importance of the Conferences. In December 1985, it sent them a questionnaire to sound out their opinions on the importance of the CHAC as a national association and on the general thrust of its policies. This survey was followed up by a series of visits on behalf of the CHAC to the presidents and boards of directors of all the Conferences by Sister Simone Roach, CSM (Antigonish). Sister Roach submitted the findings of her mission to the CHAC in March 1986.

Sister Roach's report revealed that the CHAC was considered extremely important by the Conferences, which wanted to see the continued existence of a strong national association. In an addendum to the report, Sister Roach described a meeting attended by Sister Bonin, Michael Gehlen, Rénald Massicotte, Tony Quaglia, Patrick Doyle, Ernest Wehrle and herself, where the subject of the CHAC's membership categories had been discussed. One point that was brought up was that there was little room within the CHAC for owners of member facilities.[50] These conclusions prompted the CHAC to undertake a major review of its membership structure.

On December 5, 1986, the CHAC board of directors created a "Task Force on Membership and Fee Structure" for this purpose. Its aim was to review the CHAC membership categories and fee structure. It included the following individuals: Romeo Paulhus (Prince Albert), past chairperson of the board, as task force chairperson; Frank Bagatto, board chairperson in 1984-1985; Donald Bielby, CSC (Ottawa); David Hart (Edmonton); Sister Rita Kennedy, GSIC (Ottawa); John King (Saskatoon); Sister Gilberte Paquette, SGO (Ottawa); Sister Bernadette Poirier (Montreal), then the chairperson of the board; Henry Hannon (Québec); Ken Tremblay (Brantford); Father MacNeil; Sister Leduc; and Sister Maillet.

The task force held a number of meetings, reviewed a mountain of documentation and consulted extensively with the Conferences, institutional members and owners. One year later, in December 1987, it submitted a draft report to the CHAC board of directors. There were two main conclusions:

> *...the draft report indicated that it was clear that the two main member categories were institutions and owners. The Task Force was struck by two points in particular: [first] institutional members formed the backbone of the Association, yet did not have a direct voice in the basic orientation of the organization; and [second] there was no special category for owners.*[51]

The draft report provided the raw material for a second, more stream-lined task force. Its members were as follows: John King; Sister Elizabeth Davis, RSM (St. John's); Gerard Lang (Edmonton), elected chairperson of the board at a meeting in May 1987; Marie Lynch (Hamilton); Sister Paquette; Sister Leduc; and Father MacNeil. They tabled their report on March 10, 1988, and, as planned, submitted it the general assembly in Saskatoon in May 1988 for approval. Among the proposed changes to the membership structure were the following. The "active member" category would henceforth include Catholic health care institutions (homes and hospitals), owners, Conferences and the CCCB. The "affiliated member" category (i.e. members subscribing to the mission of the CHAC and sharing its objectives) would comprise corporate members (non-Catholic health care organizations), associate members and individual members. The third and last category would be "honorary members." For the time being, therefore, the CHAC was abandoning the idea of an "integrated" membership structure. The report also proposed a number of changes to the make-up of the CHAC board of directors, suggesting that this body should henceforth include: two elected members representing all members in the "home" category and nine others representing the hospital members; four elected spokesmen of institutional owners; the past-chairperson; two members named by the board itself; and one bishop appointed by the CCCB. Thus the elected members of the board would represent the choice of homes, hospitals and owners. The report also recommended a new fee structure, which we shall look at presently.

This new division of powers within the board of directors did not meet with universal approval. Some of the Conferences were unhappy that their own membership base (Catholic health care institutions and owners) would enjoy direct representation on the board without the Conferences themselves being represented. They felt that these changes threatened to undermine their authority just when they most needed it. In contrast to previous years, moreover, Conferences were now in a position to hire their own permanent staffs, meaning that they could develop a wider range of programs than previously possible. British

Columbia had just hired one person part-time. The Alberta Conference had two full-time employees, the Saskatchewan Conference three and Ontario two. Quebec and New Brunswick each had one part-time employee, and Manitoba had one full-time person on staff.

During the discussion of the main recommendations of the task force at the annual convention in Saskatoon, it became clear that the Conferences of Ontario and Manitoba were not at all open to approve the proposed changes. However, they were passed by the assembly. At the request of the general assembly, the existing board agreed to remain in place to follow up on the conclusions of the task force, which had now been disbanded. Accordingly, Gerard Lang was elected to a second term as chairperson. The work of the nominating committee (which also had responsibility for constitutional matters) should be singled out for mention in this regard. Chaired by Sister Poirier, it was a standing committee of the board of directors.

The year 1988-89 saw extensive consultation with members on this issue. A revised by-law based on the task force conclusions was sent to the membership for consultation. Since Ontario continued alone in its adamant opposition to the revision of the by-law, the board decided in February 1989 to recommend to the annual convention held in Saint John, N.B., that the vote on the revised by-law be postponed until 1990. It was hoped that this would provide enough time to find some common ground. Chairperson Lang also proposed on behalf of the board that a special commission be formed to study the revised by-law. The Honourable Wilfrid Dupont, a retired judge from the Supreme Court of Ontario, was selected to head this commission, a choice that was endorsed by Sister Davis, chairperson of the board of directors since May 1989. The commission was composed of nine members chosen by the CHAC and eight members directly representing the Conferences. The members of the commission met for the first time on August 25, 1989. By fall 1989, they had not yet reached the stage of developing specific recommendations.

Membership and Finances

The gradual erosion of its membership base and the concomitant decline in its membership revenues had haunted the CHAC throughout the 1970s, threatening its very survival. Luckily, the 1980s would be a completely different story!

The CHAC narrowly escaped a budget deficit in 1978 for two simple reasons: it had severely curtailed many of its operations and, most importantly, it had received a $20,000 donation from the Knights of Columbus. The Knights forwarded the same sum each year between 1977 and 1980. The voluntary contributions remitted by hospitals were also an important source of financial assistance. Clearly, however, the CHAC could not rely indefinitely on such acts of generosity for its survival. Lasting solutions had to be found, since deficits like the $119,000 forecast for 1979 could not be absorbed for long.[52] Happily, in April 1979, the finance committee, inspired by the findings of the Quaglia-Criddle report, was able to present to the board of directors a completely new membership fee structure. It was approved the following month at the annual general assembly. Under the new arrangements, which went into effect in 1980, institutional members would remit to the CHAC 0.035 per cent of their operating budgets. Members in the other categories would pay fixed amounts: $300.00 for affiliated members, $150.00 for homes, $100.00 for associate members, and $15.00 for individual members. In effect, therefore, the dues paid by institutional members included a built-in cost of living adjustment.

Institutional members were openly worried by the magnitude of the fee increases. They were not certain whether they could afford the higher dues.[53] The CHAC soon received an earful from certain members: "I am in receipt of your memo dated June 25, 1979, regarding the new fee structure," wrote David Hart, executive director of St. Paul's Hospital in Saskatoon. "I am somewhat concerned at the substantial, substantial, substantial increase in the proposed fee structure."[54] It should be noted, however, that David Hart's criticism was accompanied by

a $1000 donation to the CHAC. Authorized by the board of directors to explain the reasons for this increase, Father MacNeil replied, with his tongue slightly in cheek:

> *Dear Dave,*
> *Thank you for your excellent, excellent, excellent letter of September 20 regarding the "substantial, substantial, substantial increase" in the CHAC fee structure. Your remarks are worthy of a lengthy reply and some good discussion. I will spare you the lengthy reply at this time, but I would look forward to discussing this with you next weekend in Moose Jaw.*[55]

Father MacNeil set up meetings with officials of the institutions concerned about the new fee structure to make sure this move would not put any additional strain on the CHAC's already shaky membership base. Efforts to shore up the CHAC's financial infrastructure did not end there, however.

As will be recalled, the higher dues did not go into effect until 1980. Yet the projected deficit for 1979 left the CHAC with little choice but to call upon member hospitals to voluntarily respect the new fee structure when making their 1979 contributions. The results were all that could have been hoped for — and more. Over $76,000 in voluntary contributions were remitted to the CHAC. At the 1980 annual convention, the secretary-treasurer, Jean-Guy Lavoie, informed delegates that the generosity of the donor institutions had transformed the sizeable deficit originally forecast into a $6000 surplus.

In retrospect, the acceptance of the new fee structure and the additional voluntary contribution of institutional members followed logically from developments. The trend towards hospital defections that had arisen in the 1970s to decimate the CHAC's membership was essentially limited to Quebec institutions. The support of the institutions remaining within the fold continued to be strong. In fact, it was their unwavering support that prompted the

CHAC to pay renewed attention to its health care institutions in the early 1980s through the organization of special colloquia. The CHAC's new attitude in this regard soon reaped dividends.

The number of institutional members actually started to rise in the year following the fee increases. The ranks of CHAC members grew from 136 in 1979 to 145 in 1980.[56] The trend that had persisted since the 1960s had finally turned around! The CHAC was determined to continue these gains. In 1984, it canvassed 3000 long-term care and 1400 acute-care institutions. In October 1984, Father MacNeil was able to note in his annual report that the association's membership now included 168 health care institutions, 245 other institutions as associate members, and 1153 personal members and subscribers to the *REVIEW*.[57]

This swelling of the CHAC's ranks, coupled with the higher membership dues, brought about a dramatic reversal in the CHAC's financial fortunes. A $70,000 surplus in 1980 paved the way for successive budgetary surpluses until the mid-1980s. By the end of the 1980s, the CHAC's annual budget was well over one million dollars.

Towards the end of 1986, the CHAC set up a new task force with a mandate to reopen the question of the fee structure. The goal this time was integrating the membership structures of the Conferences and the CHAC. Discussions were still on-going in 1989....

Pastoral Health Care

Pastoral health care has always been one of the central reasons for the CHAC's existence. The general revival in the fortunes and energy of the CHAC during the 1980s sparked greater activity in this area.

In July 1980, on the occasion of the annual convention, which took "Pastoral Health Care" as its theme. Father

MacNeil wrote in the *CHAC REVIEW* that "the CHAC has always been interested in Pastoral Care; it is at the heart of its health care apostolate."[58] And he added:

> *At our annual meeting in 1979 the Association passed a resolution to investigate setting up a Catholic certifying and accrediting body for pastoral care agents. Last year our Research Department conducted a pastoral care survey of the over 3,600 health care institutions in Canada. Currently the Association is involved in an in-depth, inter-denomnational study on pastoral care.*[59]

As Father MacNeil mentioned, in 1979 the CHAC had undertaken a wide-ranging survey of thousands of health care institutions (3600, to be exact) in order to determine the typical characteristics of pastoral care departments in Canada. With some 400 responses received (88 from institutional members of the CHAC), this project yielded valuable results.

a) Report on Canadian Institutional Chaplains

The 1979 resolution that an accreditation and certification body for chaplains be set up was never followed through. However, it did lead to a report on Canadian institutional chaplains. The CHAC, the CCCB and the CCC decided to undertake joint action in this area. A three-person committee — composed of Rev. Floyd Green, an Anglican priest from Toronto, Joanne Walker, a Presbyterian deaconess, and Father MacNeil, president of the CHAC — was formed to survey the major national churches of Canada. Their investigation pursued several different avenues, including a standard set of terms, identification of clinical pastoral education programs, qualifications for pastoral health care, and changes to the way pastoral agents were designated by the civil and ecclesiastical authorities. The committee was to develop and submit its recommendations to the CCC and the CCCB.

Draft versions of the results of this survey were prepared and revised and two reports were produced. In the end, the survey stretched over the entire first half of the 1980s. It proved perhaps more difficult than expected to translate words into action. The ultimate goal was for

the Christian churches of Canada to voluntarily set up formal pastoral care ministries in order to ensure high standards of training across Canada. Unfortunately, a string of difficulties arose to impede the implementation of the recommendations even after they had been approved by the CHAC and the CCCB. The basic problem was that the various churches had different ingrained traditions when it came to pastoral training activities. Moreover, the various pastoral care departments in Canada had evolved in different directions in response to, among other things, the respective attitudes of their provincial governments.

b) Profile of Pastoral Care Services of CHAC Institutional Members

In 1987, the CHAC undertook — alone this time — the most ambitious survey of its history. Its 155 institutional members were asked to supply detailed information on their pastoral care services in order to constitute a comprehensive data base. A study then used the information supplied by their responses to draw up an inventory of currently available services, as well as a profile of the "ideal" pastoral health care service. In addition, a list of 20 recommendations was offered, dealing with management, staffing, budget planning, relations with outside agencies, research directions and training. The concluding recommendation stated: "In its planning, programs, and educational activities, the CHAC should concentrate its efforts on the future development of the profession."[60].

The CHAC had always considered pastoral care and education as one of the cornerstones of its activities. That is why it had striven to find top-notch individuals of recognized ability to serve as the director of education. Not only was the incumbent charged with planning, managing and organizing the educational programs, he or she also had responsibility for mission effectiveness and all activities related to pastoral care. In the early 1980s, this job was in the hands of Nancy McGee. The present director of education, Richard Haughian, took up his duties at the CHAC in June 1981. His academic achievements are impressive: a doctorate in theology from the Gregorian University in Rome, a Master's in Theology

from Regis College, Toronto School of Theology, as well as a Master's in Philosophy from Gonzaga University, Spokane, Washington.

c) Pastoral Care Program

Richard Haughian's responsibilities included organizing the course in pastoral health care offered annually in both official languages by the CHAC. The CHAC was justifiably proud of this program, which each year accommodated about sixty French- and English-speaking students. It was intended for laity, clergy, religious and health care professionals. There had been a crying need for an introductory course in pastoral health care of this kind, particularly since many sisters were turning to pastoral care as a second career. As we read in the December 1984 issue of the *CHAC REVIEW*:

> *The programme is designed for individuals actively engaged in pastoral health care and those who wish to take up this ministry.*
>
> *It offers an opportunity to strengthen their practice of ministry through the integration of their faith experience with a programme of formal knowledge, training in pastoral skills, and pastoral experience.*
>
> *The course consists of approximately 80 hours of formal instruction; 45 hours of supervised visiting in acute and chronic care hospitals, in nursing homes, community health clinics or parishes, and approximately 25 hours of discussion of patient visits.*[61]

The CHAC also organized seminars on pastoral care with the elderly. On October 16-20, 1983, 26 individuals from six provinces met in Moncton for the CHAC's first course in pastoral care for the elderly, offered in French only. In subsequent years, this course was mounted in a number of other cities: Mississauga in 1984, Saskatoon in 1985 (37 participants), Pierrefonds, Quebec, in 1986, Halifax in 1988, and Edmundston, N.B., in 1989.

Between 1976 and 1989, the CHAC also played a major role as a disseminator of ideas in the area of pastoral care. For instance, the CHAC was the prime mover behind a pastoral letter on health issued by the CCCB in the mid-1980s. Back in 1979, the CHAC board had asked the CCCB to compose a letter on pastoral health care. In 1980, the CCCB set up a committee composed of Most Rev. Roger Ébacher (today the bishop of Gatineau-Hull), Most Rev. Remi de Roo from Victoria and Father MacNeil. Following a series of drafts and consultations, a letter entitled "New Hope in Christ" was published in 1983. The CHAC agreed to oversee promotion of this document — and distributed 5500 copies! Similarly impressive figures can be cited for a prayer book entitled "Lift Up Your Hearts to the Lord." Published in 1988, this 112-page manual, intended for hospital patients and staff alike, has already sold more than 25,000 copies!

Health Care and the Local Church

The CHAC undertook a number of significant projects related to health care in the 1980s. In particular, it came up with an interesting idea that it promoted vigorously early in the decade — the diocesan health coordinator. The idea was to appoint one person in each diocese to be responsible for integrating the healing ministry into the diocesan apostolate as a whole. This coordinator would serve as the primary link between the bishop and the diocesan health care workers. The CHAC organized two meetings for health coordinators during 1987, the first in Mississauga on April 19-21 and the second in Calgary on November 15-17. Unfortunately, the idea ultimately failed to catch fire.

Medical Ethics Guide

The CHAC's commitment to the exchange and diffusion of ideas was reflected in the periodic updating of its *Medico-Moral Guide*. It was decided in 1985 that certain sections of the 1970 guide needed revising. A committee headed by Archbishop Chiasson was set up to lay the groundwork for these changes.

The first draft of the revised guide was unveiled at the 1986 administrators' seminar in Montreal. It sparked a lively debate in which the following point was forcefully made: not only did certain sections urgently require revision, but the 1970 document as a whole needed reworking. This major overhaul was given to a 12-person team that included men and women, theologians, hospital workers, pastoral agents, as well as Father MacNeil and Richard Haughian.

A second draft was ready by the end of 1988. Extensive consultation and rewriting finally produced a fifth and final draft; it was expected to receive the CHAC board's approval in the spring of 1990. This "Health Care Ethics Guide" marks a radical change from the *Medico-Moral Guide*. A preamble and a long introduction are followed by six sections, each beginning with a statement of the values or principles that underlie its particular articles. It is completed by an appendix entitled "Making an Ethical Decision," a glossary of terms and a bibliography. The six sections deal with the following subjects: "The Communal Nature of Health Care," "Dignity of the Person," "Care of the Dying Person," "Organ Donation and Transplantation," "Human Reproduction" and "Research on Human Subjects." The new guide was designed to represent a clear and concise statement of the teachings of the Catholic Church on health care ethics in contemporary Canadian society. The goal was no longer to provide unequivocal answers, but rather to clarify questions of judgment. The "Health Care Ethics Guide" was expected to receive final approval from the CCCB in the fall of 1990.

Communications

The CHAC strives to serve as a national resource centre. As we have seen, its publications are numerous and varied, ranging from compendiums and studies to guides and brochures. The CHAC has equipped itself with the necessary tools to properly promote the values it considers essential to the development of the whole person. Among these, the *CHAC REVIEW* — the modern descendant of the 1958 *Bulletin* — remains the CHAC's main vehicle for promoting its ideals.

Catholic Hospital changed its name to *CHAC REVIEW* in 1980. The format of the magazine was altered in the spring of 1983, when the column "Members in the News" was given independent life as a quarterly news bulletin entitled *CHAC Info*. The CHAC's magazine had now begun a process of gradual change that would see it evolve into a quarterly 24-page publication offering in-depth coverage of a wide range of topics related to the health care apostolate. The formula was a winning one. In 1985 came proof — the International Association of Business Communicators (IABC) awarded its Silver Leaf Award to Mr. Peter Johansen for the best feature article of the year. The article in question, entitled "Society's Forgotten Victims," had appeared in the *CHAC REVIEW*.[62] Mr. Johansen repeated this feat with an article in the fall of 1985 entitled "Not Stones and Mortar But Love."[63] Finally, in 1985 the IABC awarded the *CHAC REVIEW* an honourable mention in its "Magazine" category for its December 1984 issue.[64]

It is no coincidence that critical acclaim for the *CHAC REVIEW* coincided with the arrival of the present director of communications, Freda Fraser. A graduate of Mount Saint Vincent University, this communications specialist joined the CHAC in March 1984, replacing Nancy McGee, who had held the position since the arrival of Richard Haughian. Freda Fraser herself served the IABC as a member of its national board and president of its Ottawa chapter.

The CHAC expanded its role as a disseminator of information during the 1980s. It was active in an astonishly wide range of areas. Any information that touched in any way upon its mission spread quickly through its extensive communications network, which included educational sessions, courses and printed material. In his report to the annual convention in 1982, Father MacNeil informed participants that, between December 1981 and February 1982, the CHAC had distributed a total of 38,000 documents of various descriptions to its members. This impressive pace was to continue in the years which followed.

In addition, the CHAC national office gradually amassed a wealth of educational material, including videotapes on such topics as mission education, senior citizens, pastoral care, ethics and AIDS, which it made available on demand. The CHAC's library was completely reorganized in the mid-1980s under the direction of Margaret Parkin, a professional librarian. She also took over the task of bringing order to the CHAC's rich collection of archival material going back to the earliest days of its history, a project started by Sister Lillian Clark, FDLS, in 1985-1986. One of the reasons that the CHAC felt such a housecleaning was necessary was its approaching fiftieth anniversary. It is not all that often that national-level associations attain the ripe old age of fifty. This event offered the CHAC an excellent opportunity to look back and review its roots. Such was the genesis of the present history project.

Preparations for the project began in 1986, when André Cellard (PhD in History) and Gérald Pelletier (MA in History) were hired to carry out an initial systematic perusal and analysis of the CHAC's archival material. Their services were called upon once again for the second stage of the project — the writing of *Faithful to a Mission*. It should be noted that, once again, the CHAC benefited greatly from the generosity of its members; donations totalling more than $20,000 were received from various religious orders to make this project a reality. Mention should also be made of the invaluable assistance provided by the Conferences, which graciously provided copies of their archival documents to the CHAC; these were particularly welcome for the period prior to 1939. But even as the CHAC reviewed its past, it kept its eyes firmly fixed on the future.

The CHAC Moves to 1247 Kilborn

The idea of selling the old 312 Daly Avenue property had cropped up more than once during the 1970s. Not only was there the prospect of realizing a tidy profit on the transaction, but there was a very real possibility that 312 Daly would soon require extensive (and expensive)

repairs. Even the Quaglia-Criddle report had come out in favour of selling the property as soon as feasible. In his very first year of office, Father MacNeil was faced with the job of finding a buyer. This turned out to be not so simple a task. In his report to the 1980 annual convention, Father MacNeil described the situation as follows:

> *Our staying or not staying as 312 Daly Avenue was a yoyo question throughout the year. The Board wanted the building sold and we made a valiant effort but to no avail, mainly because of a City of Ottawa heritage designation for the property. We have therefore done some refurbishing to make 312 Daly a commodious place to work and we feel that it now is. I might add, however, that the Board still feels that the building should be sold, and we are on the alert for any opportunities that might come along.*[65]

The decreasing functionality of the accommodations, the impossibility of expansion (because of the heritage designation), the growth of the CHAC, the skyrocketing prices for old houses in the aftermath of the 1980s' recession — there was no shortage of reasons for trying once again to sell the property. And so the CHAC put out some feelers — and this time there was a bite. In 1986, the CHAC concluded a deal to sell the property for $417,000, realizing a profit of $386,000. The CHAC thus moved out of the premises where it had grown for more than a quarter-century and moved to 1247 Kilborn Place, Ottawa, into a building rented from the Roman Catholic Episcopal Corporation of Ottawa. The December 1986 issue of *CHAC Info* described the work involved in settling in:

> *Moving after 26 years is a major undertaking and the staff has been busy preparing. Everyone helped plan how best to use the new office space deciding upon a semi-closed, open concept environment. The computer upgrade will coincide with the move and, because of careful planning, the computer should be down only one week.... CHAC should be a more efficient operation with the enhanced software.*[66]

The CHAC now made its home in a thoroughly modern office that reflected its role as a major disseminator of information. The CHAC's eleven permanent employees also had sophisticated support technology to help them manage its affairs efficiently. (See organizational chart in Appendix V.)

Fiftieth Anniversary Celebrations

Towards the end of 1988, *CHAC Info* informed its readership that the time had come to begin preparing for the upcoming fiftieth anniversary celebrations. Readers were thus urged to send any photographs, ideas and suggestions they might have to the organizing committee.[67] At the first meeting of the committee, chairperson Anna Campbell reminded the other members that "the anniversary year has three dimensions: spiritual, educational and social which will be present in all anniversary functions."[68]

The CHAC decided to go all out for the festivities. A total of $34,000 was collected during a fund-raising campaign among members and other organizations. The celebration itself extended over an entire year. It kicked off on May 31, 1989, at the annual convention in Saint John, N.B., and officially ended at the 1990 annual meeting in Victoria. Twelve months, then, of special events marking the joyous occasion. Among the many highlights of this festive year, the "Special Day of Celebration" held on October 25, 1989, in Ottawa will remain a special memory for many. The day opened with a public address on prayer and health care by Rev. Henri Nouwen; it took place at the Motherhouse of the Sisters of Charity of Ottawa and was attended by 450 people. Participants then moved to Notre-Dame Cathedral for a eucharistic liturgy. This service opened with a procession of all the presidents of the various Conferences plus the CHAC president, each carrying a banner prepared especially for the event. The day ended with a banquet at the Ottawa Congress Centre, followed by a spectacular show featuring several presentations. The climax was a "soirée des moines" presented by

the Lucernairs of Aylmer directed by Louis Chabot, the CHAC's long-time translator. The entire show offered a heartfelt tribute to the founders of the CHAC and their 50-year legacy. Indeed, this was the main theme of the entire year of celebration: "Faithful Pioneers: Yesterday, Today and Tomorrow" — a heritage of which the Catholic Health Association of Canada can be well proud.

Notes to Chapter Seven
The Catholic Health Association of Canada (1976-1989)

1. *Catholic Hospital*, Vol. 5, No. 5 (September-October 1977), p. 1.

2. *Catholic Hospital*, Vol. 5, No. 2 (March-April 1977), p. 3.

3. *Catholic Hospital*, Vol. 4, No. 3 (May-June 1976), p. 72.

4. *Catholic Hospital*, Vol. 5, No. 4, (July-August 1977), p. 4.

5. See Ibid., p. 1 and art. cit., Vol. 6, No. 1 (January-February 1978, pp. 2 and 19.

6. CHAC
   Views on women's clinics proposed from Badgley Report; letters addressed to governments, bishops of Canada, presidents of Conferences.

   CHAC
   Annual Convention Minutes, 1972-1978
   Minutes of the General Assembly of the Catholic Health Association of Canada, Hamilton, May 13, 1978.

8. CHAC
   Carrefour des chrétiens pour la santé
   Documents on the history of the Catholic Committee and other associations.

9. CHAC
   Board of Directors, Minutes, 1976-1978, March 3, 1977.

10. *Catholic Hospital*, Vol. 6, No. 5 (September-October 1978), p. 2.

11. *Catholic Hospital*, Vol. 5, No. 5 (September-October 1977), p. 2.

12. Loc. cit.

13. *Catholic Hospital*, Vol. 6, No. 3-4 (May-August 1978), p. 3.

14. CHAC
    Board of Directors, Minutes, 1977-1978
    July 15, 1978, "Study of the Organization and Management of the CHAC."

15. *Catholic Hospital*, Vol. 6, No. 5-6 (September-October 1978), p. 1.

16. *Catholic Hospital*, Vol. 6, No. 5-6 (September-October 1978), p. 2.

17. *Catholic Hospital*, Vol. 7, No. 1 (January-February 1979), p. 3.

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Catholic Health Association of Canada. Mission, Aims, General By-Law No. 1-78. "Mission."

21. Ibid.
"Objectives.

22. CHAC
CHAC Colloquium I
(Feb. 8-10, 1980)
Catholic Hospital, current and former: documentation
Folder 4: Participants.

23. CHAC
CHAC Colloquium II
(Mar. 13-15, 1981)
Catholic Hospitals: documentation
Folder 2: Discussion docum.
Document entitled: "Colloquium II - Renewal"
Speech by L.A. Quaglia, February 26, 1981.

24. CHAC
CHAC Colloquium I
(Feb. 8-10, 1980)
Catholic Hospital, current and former: documentation
Folder 2: Discussion docum.
The most important sessions of the Montreal Colloquium were summarized in *CHAC REVIEW*, Vol. 8, No. 2 (March-April 1980), p. 4-8: "National Colloquium on Catholic Hospitals," by Patrick Jamieson.

25. The foregoing information was taken from *CHAC REVIEW*, Vol. 9, No. 1 (January-February 1981), p. 5: "Second Colloquium on Future of Catholic Health Care Institutions."

26. CHAC
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(Feb. 8-10, 1980)
Catholic Hospital, current and former: documentation
Folder 1: Correspondence
Letter from Rev. Everett MacNeil, Executive Director, to the Major and Provincial Superiors, September 10, 1980.

27. *CHAC REVIEW*, Vol. 9, No. 1 (January-February, 1981), p. 5: "Second Colloquium on Future of Catholic Health Care Institutions."

28. CHAC
CHAC Colloquium II
(Mar. 13-15, 1981)
Catholic Hospitals: documentation
Folder 6: Program and other related material.
Press release, March 31, 1981.

29. CHAC
CHAC Colloquium II
(Mar. 13-15, 1981)
Catholic Hospitals: documentation
Folder 2: Discussion documentation
Document prepared by Mr. Chris I. Hughes, Research Officer, dated February 1981 and entitled: "Statistics comparing total hospital beds in Canada with total beds in hospitals owned and/or operated by religious groups 1974 VS 1980."

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CHAC Colloquium II
(Mar. 13-15, 1981)
Catholic Hospitals:
documentation
Folder 2: Discussion
documentation
Document entitled:
"Colloquium II - Renewal."
Speech by L.A. Quaglia,
February 26, 1981.

31. CHAC
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(Mar. 13-15, 1981)
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32. CHAC
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"Health Care Institutions
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33. *CHAC REVIEW*, Vol. 10,
No. 1 (January-February
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(Jan. 22-24, 1982)
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CHAC assistance
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Folder 7:
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No. 1 (January-February
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35. *CHAC REVIEW*, Vol. 10,
No. 1 (January-February
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"The Colloquium Process,"
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37. CHAC
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Minutes of the 1985
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Report of the Health
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to the CHAC
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39. *CHAC REVIEW*,
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40. CHAC
Annual Convention Minutes,
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41. Richard M. Haughian,
Mission Education:
A Manual for Catholic Health
Care Facilities, CHAC, 1985.

42. *CHAC Info*, Vol. 5, No. 4 (December 1987).

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1983 Annual Convention, Winnipeg, May 20, 1983.
Report of the Chairperson of the Board to the Assembly.

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Annual Convention Minutes, 1979-1982
1982 Annual Convention, Moncton, May 21, 1982.

47. *Catholic Hospital*, Vol. 8, No. 3 (May-June 1980), p. 25.

48. CHAC
Annual Convention Minutes, 1983-1985
1983 Annual Assembly, Winnipeg, May 20, 1983.
President's report.

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50. CHAC
CHAC Survey 1986:
A Report of visits to CHAC Conferences as a follow up to a CHAC questionnaire, [by] Sr. Simone Roach.

51. CHAC
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52. CHAC
Board of Directors, Minutes, February 10, 1979.

53. CHAC
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59. *CHAC REVIEW*, Vol. 8, No. 4 (July-August 1980), p. 18: "Pastoral Health Care in Canada: Some Issues" by Rev. Everett MacNeil.

60. CHAC
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63. *CHAC REVIEW*, Vol. 13, No. 3, p. 10.

64. *CHAC Info*, June 1985, p. 2.

65. CHAC
Annual Convention Minutes, 1979-1982
Minutes of CHAC Annual Assembly, Ottawa, May 10, 1981.
Report of Executive Director.

66. *CHAC Info*, Vol. 4, No. 4 (December 1986), p. 1.

67. *CHAC Info*, Vol. 6, No. 4 (December 1988), p. 1.

68. *CHAC Info*, Vol. 7, No. 1 (January 1989), p. 1.

Conclusion

The Catholic Health Association of Canada (CHAC) has certainly travelled a long road from the time Mother Virginie Allaire stood waiting for her train to Milwaukee in 1939. If she could have seen the CHAC of 1989, Mother Allaire would likely have been stupefied.

The original association she worked so hard to bring into existence was an organization formed of Catholic hospitals; in 1989, she would find an association committed to health in the broadest sense of the word. Her world was organized along denominational lines; the group of men and women she would find in 1989, laity for the most part, lived and worked according to the spirit of ecumenism in a more secular and pluralistic society. She had believed it essential to have a thoroughly Canadian association in order to amass enough clout to counter the interventionist intentions of government in the health care sector; today she would find that the group of Canadians comprising the CHAC consider themselves watchdogs over the government, ensuring that its legislation serves to advance the cause of the most disadvantaged members of society. The time in which Mother Allaire lived was rife with taboos; it is a safe bet that she would be thunderstruck to find the modern association discussing such topics as AIDS and the sexuality of seniors. And, faced with the omnipresent video terminals at the new national office of the CHAC on Kilborn, she would find it hard to believe that only 50 years had passed.

If she looked closer, however, Mother Allaire would come to realize that the association she had helped to found had changed so dramatically simply because the society of its birth had itself been transformed almost beyond recognition. She would be the first to agree that the CHAC had had to adjust to change or risk anachronism and death. Above all, Mother Allaire would recognize that, despite the surface differences, the essential

mission of the association remained intact. At its jubilee celebrations, the members of the CHAC were proud to proclaim:

> *The Catholic Health Association is a national Christian community committed to health care in the tradition of the Catholic Church. Our mission is to witness to the healing ministry and abiding presence of Jesus.... Because we see health as a condition for full human development, our Association encourages all activities destined to promote wellness, prevent disease, and cure sickness.*

Although it was formed in 1939, the CHAC can trace its roots to the first association of Catholic hospitals that arose in the United States in 1915. This step had become vital because of the new pressures created by the outbreak of the First World War and, above all, because of the enormous gap that had opened between hospital medicine and advances in medical knowledge. Catholic hospitals from all corners of the continent came together through a common desire to become institutions of officially certified competence. By 1916, establishments from six Canadian provinces had rallied behind the banner of the Canada-U.S. association. In the early 1920s, geographic reality dictated that this far-flung association would subdivide into smaller units. The system of regional conferences was born. In Canada, a strong sense of regional or provincial identity was the driving force behind the creation of conferences. The same quest for regional expression would soon militate in favour of the formation of a large, uniquely Canadian body.

In the period between the wars, Canadians' growing national pride and the federal government's increasingly hands-on approach to social affairs — a consequence of the 1930s Depression era — gradually changed the tenor of relations between Canada's Catholic hospitals and the U.S. parent association. The first milestone on the quest for a nationally based Canadian body was the Canadian Advisory Board. In the early 1940s, Canadian Catholic hospitals took decisive steps to make their profile truly Canadian, leading to the creation of the Catholic Hospital Council of Canada (CHCC). The two fundamental

reasons behind this move were Catholic hospitals' unabashedly patriotic commitment to the country's war effort, and the federal government's intention to set up a national health insurance program with the stipulation that only "strictly" Canadian organizations would be allowed to participate directly in the discussions. By the end of the war, the CHCC had opened its first office in Montreal and had been recognized by the episcopate as the sole legitimate voice of the country's Catholic hospitals.

Thus were laid the foundations of the national association. It was in the post-war years, dominated by the drive for national reconstruction, that the time came to complete the framework. Under the guiding hand of Rev. Hector-Louis Bertrand, the CHCC achieved financial independence from the U.S. association, participated actively in setting up a nursing school evaluation program, organized courses in hospital administration under the auspices of Laval University and the University of Montreal, and began the never-ending task of perfecting its by-laws.

The economic prosperity of the 1950s and the rapid pace of social change plunged the CHCC into a period of transition. It began by moving its head office to Ottawa. This move was the first task entrusted to Rev. Henri Légaré, the first executive director of the CHCC. The CHCC next revamped its operating structure, notably welcoming lay-directed Catholic hospitals into its ranks. This change, which had been the wish of the hierarchy, demonstrated that the CHCC was in tune with the gradual process of change within society as a whole and within Catholicism specifically. The prominent role played by the hierarchy in the constitutional revision of 1953 bore witness to the national importance that the newly renamed Catholic Hospital Association of Canada (CHAC) had acquired in its eyes. The increasingly broad profile of the CHAC during those years was primarily the result of its success in simultaneously pursuing major initiatives on several fronts (moral code, hospital accreditation, nursing education [CCCSN], health insurance, and so on).

The whirlwind of change that enveloped the 1960s — the laicization of society and the de-Christianizing of conscience, the rise of the welfare state and the secularization of social safety nets, the rejuvenation of the Church and the promotion of the laity — forced the CHAC to make rapid adjustments on a number of fronts. It revised its statutes and by-laws and carved out a more prominent place for the laity within its ranks. It became more modern, notably by acquiring the 312 Daly Avenue property, and entered fully into the era of mass communications with the publication of its *Bulletin*. Its ranks swelled appreciably as it pursued an ambitious educational mandate, crowned by the founding of the School of Hospital Administration in 1964. These years were packed with important projects. In retrospect, it is true, the CHAC could likely have done more in certain areas and could have moved more quickly on certain issues. By 1963, it was clear to Catholic hospital administrators that their basic orientation had to be rethought. Many of the problems that had sparked the initial period of soul-searching had still not been satisfactorily resolved. And developments on the hospital scene in Quebec, where in 1966 a single interdenominational association had been forged in the fires of the Quiet Revolution, presaged difficult times ahead for the CHAC.

Between 1967 and 1976, the association found itself fumbling its way through a dense fog. Rev. Maurice Dussault, the new executive director, hurriedly mandated a task force to define the essence of a Catholic hospital and the role of the CHAC in these years of unbridled change. But while work on the Laval Project report ground on, the storm finally broke upon the CHAC. Quebec's representatives were unhappy, tired of being treated as poor second cousins when they represented the majority of institutional members. In 1971, the board of directors of the Alberta Conference actually suggested that the CHAC be dissolved. The number of institutional members was falling, and revenues were in a tailspin. Father Dussault found himself forced to resign.

In accordance with the recommendations of the Laval report, the CHAC's national office was revitalized by the hiring of three assistant directors. Yet the crisis deepened with the withdrawal of the Association des hôpitaux de la province du Québec as an active member in 1972, and the CHAC looked desperately for a way to save itself from being sucked under. The future looked bleak, indeed. Suddenly a light appeared in the form of the report delivered by a new task force headed by Sister Louise Demers. This document, which was formally submitted on March 3, 1976, proved the key to a bona fide renaissance of the CHAC, which moved to take on a new and more appropriate name: the "Catholic Health Association of Canada."

We have already discussed the significance of the name change. The period of revitalization experienced by the CHAC over the decade ending in 1989 was chronicled in Chapter 7. It is fair to say that the entire range of the CHAC's activities over those ten years was imbued with a sense of renewal.

First, the new membership fee structure inspired by the Quaglia-Criddle report and the concomitant increase in its institutional membership (the first rise since the 1960s) put an end to the CHAC's financial woes. The emphasis on institutional membership is deliberate; in the process of expanding its ranks, the CHAC had rediscovered, through the colloquia, the central place of health care institutions in its operations. The importance given to seminars for administrators, mission education and a new guide to health care ethics (notably to reflect new technological developments) flowed naturally from this new approach, as did the proposal to group Catholic health care institutions and owners together in the "active member" category and to award them voting status on the board of directors.

In looking at the list of the CHAC's contributions to health care in Canada over those ten years — pastoral health care, communications and the countless different projects it brought to fruition — one is struck by the sense of renewed energy that the organization brought to bear upon its commitments and its mission. In the realm of Catholic health care, the Catholic Health Association of Canada represents a shining beacon lighting the way into the 21st century.

Appendix I

Constitution and By-Laws of the CHAC

CONSTITUTION

ARTICLE I: NAME AND LOCATION

The name of the organization shall be "The Catholic Hospital Association of Canada", or alternatively, "L'Association des hôpitaux catholiques du Canada", hereinafter designated as CHAC (AHCC).

The central office shall be located in the city of Ottawa, Ont.

ARTICLE II: NATURE

a) The Association shall be a federation of the Conferences of Catholic hospitals of Canada.
b) Each Conference shall be composed of the Catholic hospitals of a region.
c) "Catholic Hospital" means herein an institution for the care of the sick, which renders technical hospital services as such, and which is under the management of a Roman Catholic Organization of Sisters or Brothers, or under lay administration duly approved by ecclesiastical authority.
d) Due respect and consideration shall be given to the official duality of language in Canada.

ARTICLE III: MEMBERS

a) The Constituent Members of the Association are the Conferences of the Catholic Hospitals of Canada, represented at the Association by at least two delegates (or alternates) of and from each Conference.
b) The Bishops' Representatives shall be Associate Members of the Association.
c) The Most Reverend Members of the Episcopal Commission on Hospitals and Welfare shall be Honorary Members of the Association.

ARTICLE IV: OBJECT

The object of the Association shall be to promote and realize higher ideals in the religious, moral, medical, nursing, educational, social and other phases of hospital activity pertaining to Catholic hospitals and schools of nursing in Canada.

ARTICLE V: GOVERNING BODIES

The powers and duties of the CHAC shall be vested in and exercised by:

1) *a Board of Directors* for all general hospital problems and administration of the Association; an Executive Committee (to act between annual meetings)
2) *an Administrative Board* for legislation, public policy, dogma and ethics.

ARTICLE VI: OFFICERS

The Board of Directors shall choose amongst the delegates (or alternates) *the following officers who shall be the officers of the Association*

- a President, a priest, bilingual as much as possible,
- a first Vice-President,
- a second Vice-President,
- a Secretary,
- a Treasurer.

ARTICLE VII: CHAPLAIN AND EXECUTIVE DIRECTOR

The Canadian Catholic Conference (the Canadian Hierarchy) shall appoint a bilingual priest as chaplain of the CHAC, who shall act as Executive Director of the said Association.

ARTICLE VII: MOTTO

The motto of the Association shall be: "Caritas Christi urget nos". "The Charity of Christ Presseth Us". (2 Cor. V., 14).

BY-LAWS

ARTICLE I: BOARD OF DIRECTORS

A. Composition

The Board of Directors of the CHAC shall be composed of:

1) the officers

2) the delegates (or alternates).

The delegates shall be recognized as such until written notice of the appointment of their successors is received at the Central Office.

The alternates shall be entitled to attend and participate in meetings as delegates, but their presence and their votes shall be taken into consideration only when they are acting in the place of an original delegate.

3) the executive director (without a right to vote).

B. Functions of the Board of Directors

The Board of Directors shall:

1. initiate effectively all the policies and projects as well as the program of activity of the Association;
2. elect the members of the Executive Committee;
3. safeguard the observance of the Constitution and the By-Laws;
4. determine the salary of the administrative officers.

ARTICLE II: THE EXECUTIVE COMMITTEE

The President, the past President, the two Vice-Presidents, the Secretary, the Treasurer and two other members, appointed from the membership at large, shall constitute the Executive Committee which shall transact all business in the intervals between annual meetings of the Board of Directors, in accordance with the instructions of this Board as may be required.

(The Executive Committee shall name the members of the Nominating Committee and of the Resolutions Committee. It may fill any vacancy on the Committees).

The President may call a meeting of the Executive Committee on two weeks' notice. Five members shall constitute a quorum.

ARTICLE III: ADMINISTRATIVE BOARD

A. Composition:

The Administrative Board of the Association shall be composed of:

1. an episcopal chairman;
2. the members of the Board of Directors;
3. the committee of Bishops' Representatives;
4. the executive director.

B. Functions and duties of the Administrative Board:

This Board shall direct the Association in its general policy, in its policy regarding legislation affecting Catholic hospitals and Catholic schools of nursing, in all matters pertaining to dogma and ethics, and in the coordination of the Association's interest and program with general catholic activity.

ARTICLE IV: THE COMMITTEE
OF BISHOPS' REPRESENTATIVES

1 The associate members of the Association shall constitute the Committee of Bishops' Representatives under the chairmanship of a Bishop (or his substitute) appointed by the Episcopal Commission on Hospitals and Welfare.

2. The duties of this Committee shall be to study all questions in the hospital and nursing fields pertaining to dogma, ethics and public relations, and, after reference to the Episcopal Commission on Hospitals and Welfare, to present their findings to the Administrative Board as a binding policy.

3. Official meetings of the Committee shall require as a quorum a presence of the presiding Bishop (or his substitute) and 1/2 of the members plus one.

ARTICLE V: DUTIES OF THE ELECTIVE OFFICERS

The President shall:

a) preside at all meetings of the Board of Directors and of the Executive Committee;
b) supervise and assist the other officers in the performance of their duties;
c) be, ex-officio, a member of all committees, excepting the Nominating Committee.

2. *The Vice-Presidents.*

It shall be the duty of the first Vice-President, or in her absence, of the Second Vice-President, to exercise the office of President in his absence or inability to act.

3. *The Secretary* shall:

a) draw up the minutes of all proceedings of the Board of Directors and of the Executive Committee;
b) supply copies of such minutes to the central office.

4. *The Treasurer* shall:

a) keep an up-to-date list of all hospitals having paid their dues to the central office and certify the same to the Board of Directors or the Executive Committee on request at any time;
b) submit an annual budget to the Executive Committee for approval and recommendation to the Board of Directors;
c) submit an audited financial statement to the Board of Directors at the Annual Meeting;
d) make all payments by cheques which shall bear her signature and that of the Executive Director.

ARTICLE VI: DUTIES OF THE APPOINTIVE OFFICER

The Executive Director

The board of Directors accepts as Executive Director of the Association the bilingual priest appointed chaplain by the Canadian Catholic Conference (the Canadian Episcopate).

The Executive Director shall assist the President and other officers in the performance of their duties and in particular, under the supervision of the President, he shall:

a) carry on the regular program of activities of the Association;
b) manage the business and financial administration of the Association, and countersign all cheques properly issued by the Treasurer;
c) direct the Central Office of the CHAC;
d) promote good relations between the Central Office and the Association's committees and conferences;
e) prepare, review and submit to the Board of Directors or to the Executive Committee the program of activities of the Association, or the general meetings and of special projects, and shall develop such activities either directly or through duly appointed professional assistants;

f) propose special studies, and either directly, or with the aid of selected personnel, undertake research projects authorized by the Board of Directors or the Executive Committee;
g) maintain and develop inter-organizational relationships in the educational, social and religious fields, with the advice and subject to the authority of the Board of Directors and the Administrative Board.

ARTICLE VII: ELECTIONS AND OTHER BUSINESS

1. *Election of Delegates*

The choice of the delegates from each conference shall take place at the annual meeting of the said conference, or at the executive meeting following.

In case of a vacancy in the membership of the Association, the particular conference whose representative has vacated her membership shall fill the vacancy in accordance with it by-laws.

2. *Election of Officers*

The election of all officers shall take place during the annual meeting of the Association.

3. *Qualifications of Electors*

The electors shall be the delegates from each conference (who shall be appointed at the annual meeting or at the executive meeting immediately following) and the officers of the Association, who, if present at the election meeting, shall be entitled to vote.

No proxies shall be permitted.

4. *Nominating Committee*

A Nominating Committee composed of three (3) members shall be appointed by the Executive Committee at the mid-year meeting.

5. *Method of Election*

The Chairman of the Nominating Committee shall present the report of the Committee.

The Delegates shall be permitted to make nominations from their seats.

The election shall be by ballot.

Two members of the Nominating Committee shall act as scrutineers.

6. *Tenure of Office of Elective Officers*

All officers shall serve a two-year term.

The officers, excepting the president, shall be eligible for one re-election.

ARTICLE VIII: COMMITTEES

The Board of Directors shall appoint standing committees on Hospital Administration, Finance, and Nursing Education (Canadian Conference of Catholic Schools of Nursing). The Board of Directors or the Executive Committee may appoint other committees.

The powers and the duties of these committees shall be determined by the Board of Directors or by the Executive Committee.

The chairman of these committees shall be chosen by the members of the Board of Directors.

ARTICLE IX: MEETINGS

1. The CHAC shall meet at least once a year. The time and place of the annual meeting shall be determined by the Board of Directors or by the Executive Committee if so decided by the Board.

2. A special meeting of the Board of Directors may be called at any time, by the President.

3. The Administrative Board and the Committee of Bishops' Representatives shall meet at the call of the Episcopal Chairman.

ARTICLE X: CONFERENCES

1. *Distribution*

The constituent members of the Association are at present recognized to be the following: 2 for the Province of Quebec; 1 for the Maritime Provinces; 1 for each of the following provinces: Ontario, Manitoba, Saskatchewan, Alberta and British Columbia.

2. *Purposes*

The purposes of the Conferences are the following:

a) to bring the Association's acts and policies more effectively before its members and to disseminate knowledge of such acts and policies among the members of the Conferences;
b) to apply the Association's acts and policies more effectively and with due regard to the local conditions of the members institutions of the Conferences;
c) to develop through the annual meetings a better understanding of local conditions, particularly, of local legislative enactments.

3. *Activities*

The activities of the Conferences shall be:

a) annual meetings at a time and place as local conditions may dictate or warrant;
b) to support and promote the Association's national program of activity in the fields of Hospital Administration, Hospital Service, and Nursing Education;

c) to undertake such regional programs of activity, in addition to the national programs, as may be made necessary by local needs and conditions;
d) to notify at will, the Central Office of all projected plans for professional activity;
e) to supply to the Central Office an annual report of its activities.

ARTICLE XI: FINANCE

The Association's fiscal year shall be the calendar year.

The Board of Directors shall fix a hospital fee on a bed capacity basis. The Central Office shall be authorized by the Board of Directors to bill the hospitals directly, for each fiscal year.

ARTICLE XII: RELATIONSHIP WITH THE CHA OF THE U.S. AND CANADA

The Central Office shall deduct annually from the hospital fees, an amount to cover the cost of a subscription to the journal "Hospital Progress" of the CHA, at a rate of 1 copy per one hundred beds.

2. Upon agreement with the CHA this subscription entitles the member hospitals of the Conferences of the CHAC to the same privileges which the CHA grants to its members.

3. Two Canadian Sisters, designated by the CHAC, shall represent this body on the Executive Board of the CHA.

4. This affiliation leaves to the CHAC its complete autonomy.

ARTICLE XIII: APPROVAL OF ECCLESIASTICAL AUTHORITY

The Catholic Hospital Association of Canada accepts this Constitution and these By-Laws as the norm and laws for its operation, subject to ecclesiastical authority.

The application of the Constitution, of these By-Laws and of the decisions of the Association shall, in the case of the individual hospitals, be subject to the approval of the Ordinary of the diocese in which the hospital is situated.

ARTICLE XIV: AMENDMENTS OF THE CONSTITUTION AND OF THE BY-LAWS

a) *of the constitution*:

This constitution may be amended only by a two-thirds vote of the delegates (or alternates) present at the general meetings, providing that previous notice or all changes have been given in writing at least thirty (30) days before the first day of such meeting to all delegates (or alternates), and to the two Bishops appointed by the Episcopal Commission.

b) *of the by-laws*:

To amend any of the by-laws, a vote of 1/2 of the delegates (or alternates) plus one shall be required.

Appendix II

Executive Directors

Rev. Everett MacNeil	1978 -
Rev. Jean-Marc Daoust, SJ	1976 - 1978
Rev. Norman Andries	1972 - 1976
Rev. Maurice Dussault, OMI	1967 - 1972
Rev. A.L.M. Danis, OMI	1958 - 1967
Rev. Francis J. Smyth	1956 - 1958
Rev. Henri Légaré, OMI	1952 - 1956

Appendix III

Chairpersons of the Board
1939 - 1989

Margaret Catherine Phelan, CSJ	1939-1943
Berthe Dorais, SGM	1944-1945
Hector Bertrand, SJ	1946-1952
Rev. J.G. Fullerton	1953
Most Rev. Victorin Germain	1954-1955
J.A. Leahy, SJ	1956-1957
Rev. J.B. Nearing	1958-1959
Raymond Durocher, OMI	1960-1961
Berthe Dorais, SGM	1962-1963
Most Rev. F.J. Symth	1964
Rev. C.S. Godin	1965-1966
Most Rev. Edgar Godin	1967-1968
M. Honora, CSJ	1969
Lucien Lacoste	1970
Jean-Marc Daoust, SJ	1971
Major John J.H. Connors (ret.)	1972-1973
Dr. Embert Van Tilberg, OSB	1974-1975
Margaret Smith, CSJ	1976-1977
Louise Demers, CSJ	1977-1978
Dr. F. Patrick Doyle	1978-1979
Lloyd O'Toole	1979-1980
L.A. Quaglia	1980-1981
Margaret Myatt, CSJ	1981-1982
G. Shirley Young	1982-1983
Lucien Fréchette	1983-1984
Frank Bagatto	1984-1985
Romeo Paulhus	1985-1986
Bernadette Poirier, SGM	1986-1987
Gerard M. Lang	1987-1988
	1988-1989
Elizabeth Davis, RSM	1989

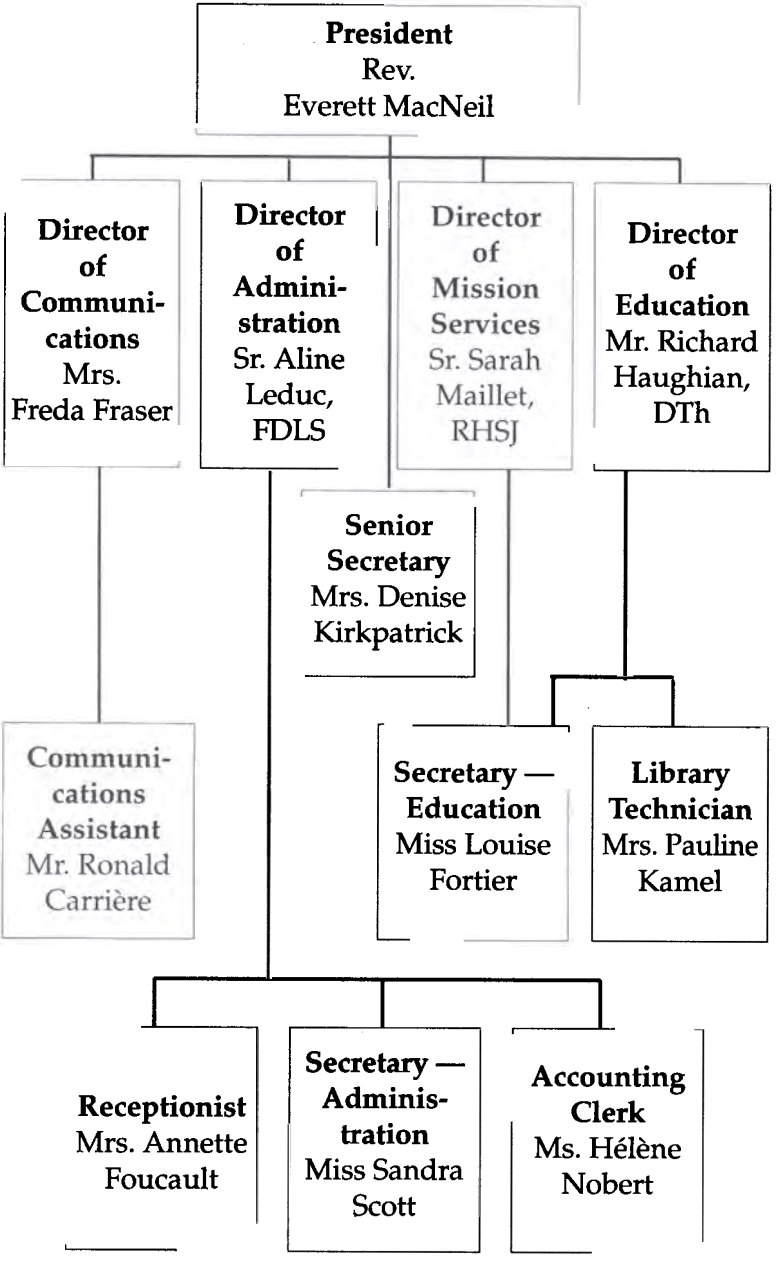
Appendix IV

Honorees of the CHAC's Performance Citation Award

1981	Hon. Emmett M. Hall
1982	Sister Mary Fabian Hennebury, RSM
1983	Mr. Claude Brunet
1984	Sister Gilberte Paquette, SCO
1985	Dr. John Scatliffe, MD
1986	Sister Thérèse Roddy, CSJ
1987	Sister Janet Murray, CSJ
1987	Sister Mary Michael, SP
1988	Sister Margaret Smith, CSJ
1989	Sister Marion MacDonald, SCIC

Appendix V

CHAC ORGANIZATIONAL CHART



October 25, 1989

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I. Books

This short bibliography includes general texts on Canadian history and medical history, as well as several CHAC publications.

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II. Sources

A. Published Sources

The CHAC has published an enormous body of material over the years which was systematically reviewed during the research for this book. Here we will mention only the official organ of the association, the *CHAC Bulletin*, which changed its name to *Catholic Hospital* and finally to *CHAC REVIEW.* Another useful publication was *CHAC INFO.* The journal of our U.S. parent association, *Hospital Progress*, also provided a wealth of information.

We also drew upon material published in a number of newspapers, including *La Presse, Le Devoir, Le Droit* and *The New York Times.*

B. Archives

Obviously, it is the archives of the CHAC that have provided the bulk of material for the present work. The CHAC's vast and well-organized archives contain several hundred files on various aspects of the history of the Association. The minutes of the CHAC general assemblies (1939-1989) and of meetings of the board of directors (1962-1989) were particularly useful sources of information.

Our research also led us to consult other archive collections, either on site or through telephone requests for photocopies of important documents, particularly when it came to information on the various provincial and regional conferences.

- Archives of the Catholic Health Association of Ontario

  Archives of the Catholic Health Association of Manitoba

- Archives of the Catholic Health Association of Saskatchewan

  Archives of the Catholic Health Association of Alberta

  Archives of the Carrefour des chrétiens du Québec pour la santé

- Archives of the Montreal and Québec Conferences of the Hôpitaux catholiques du Québec (housed at the Hôtel-Dieu de Québec)

- Archives of the Catholic Health Association of British Columbia

  Archives of THERAPEIA

  Archives of the Canadian Religious Conference

- Archives of the Canadian Conference of Catholic Bishops

- Archives of the Hôtel-Dieu de Québec

- Archives of the Religious Hospitallers of St. Joseph of Bathurst, N.B.

- Archives of the Grey Nuns of Montreal

- Archives of the Sisters of St. Martha of Antigonish, N.S.
- Archives of the Sisters of St. Joseph of Toronto

C. Oral Sources

We were able to conduct interviews by telephone or in person with a number of individuals who figure prominently in the history of the CHAC.