



# 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 santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

### Catholic Health Association of British Columbia ANNIVERSARY BOOKLET

*Living The Mission :1940 - 1990*

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Catholic Health Association  
of  
British Columbia

**ANNIVERSARY BOOKLET**



— *Living The Mission* —  
1940 - 1990

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Health and Welfare, Canada



*The views expressed in this  
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those of Health and Welfare, Canada*



# MISSION



The Catholic Health Association  
of British Columbia  
is a Christian organization  
promoting health care  
in the tradition of the Catholic Church.

Its mission is  
to witness to the healing ministry  
and  
abiding presence of Jesus.

The Association strives to have a  
universal concern for health  
as a condition for full human development.



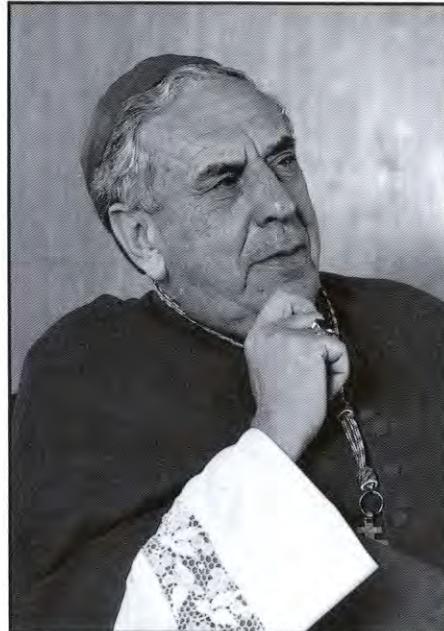
*Catholic health care embodies:*

- ❖ the preservation of the dignity of the human person and reverence for the sacredness of life from conception through death;
- ❖ holistic health care in all its aspects: physical, spiritual, emotional and social;
- ❖ health care delivery consistent with Catholic medical, moral and ethical standards;
- ❖ an atmosphere of peace, hope and loving concern.❖

Message from

# Most Reverend James F. Carney, D.D.

Archbishop of Vancouver



As I write these lines to mark the 50th anniversary of the Catholic Health Association in our province, I find myself reflecting on my recent hospital stay of nearly three months. The value of your members' service to individuals and to society is very much on my mind as I greet you on this important occasion.

It is, however, your service to the Church that I wish to mention in a special way. Every hospital and health care facility performs an essential human task; every health care worker has a demanding vocation. But your membership is called beyond this to the service of the Gospel, to witness to the priceless value of each human person.

Health care is, in itself, a great challenge. As a patient I observed this daily, and admired the men and women who labour in this field. But the difficulties of our times — technological advances, ethical questions, staffing shortages, budgetary considerations — make Catholic values more, not less, important. It is imperative that the Church's wisdom — the wisdom of Christ — be brought to bear on today's myriad problems of medicine and institutional care.

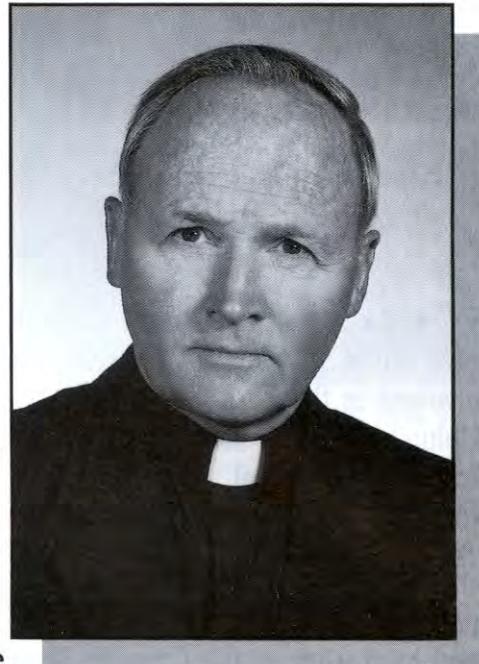
Stay close to the Church; let us work together to ensure our health care facilities are Catholic in much more than name.

Most of your member institutions possess a legacy from the religious whose commitment gave rise to our Catholic health care system. Many benefit still from the dedication of the Sisters who serve on their boards or work in the facilities themselves. I pray that this priceless heritage — built up by sacrifice — may inspire the CHABC to continue living the mission, the mission Christ gave to His Church. 

Message from

# Reverend Everett MacNeil

President  
Catholic Health Association  
of Canada



➲ The Catholic Health Association of Canada is proud to be vitally linked with the Catholic Health Association of British Columbia, vitally linked because of a common life and a common history that are shared. When CHABC came into existence, CHAC was only one year old. Our two organizations have witnessed and helped shape the evolution of health care in this country over the past 50 years. Therefore, in the name of Sister Elizabeth Davis, CHAC Chairperson, and on behalf of the Board of Directors of this Association I am pleased to offer Congratulations and best wishes on this happy occasion.

➲ Religious communities have historically given the leadership in delivering health care services based on Gospel values. Imagine the number of health care workers who have graced the corridors of the Catholic health care facilities in British Columbia these past 50 years. Imagine the acts of compassion-based care that were offered to patients, their families, and other staff. If only the walls of these institutions could talk, what a story of life and death, suffering and joy they could tell as health was restored to many, as life ebbed from the dying and was quickened in the newborn.

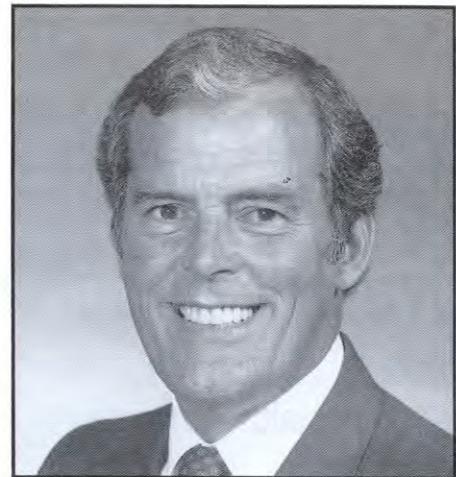
➲ CHABC has much of which to be proud. May your 50th Anniversary Celebration give you renewed strength for ‘*Living the Mission*’ into the 21st century! ☩

Message from

# William N. Vander Zalm

Premier of the Province  
of British Columbia

As Premier of British Columbia, I am delighted to offer warm greetings and sincere best wishes to everyone involved in the Catholic Health Association of British Columbia. Please accept my hearty congratulations on the occasion of your 50th Anniversary of serving the physical, emotional, spiritual and social health needs of British Columbians.



Both as individuals and as members of organizations, we each bring unique talents and energy to our community. There are many challenges to meet and difficulties to overcome in the provision of necessary health services to residents of our wonderful province, but the commitment and hard work of the Catholic Health Association of British Columbia has made a lasting and significant difference in the lives of so many people.

On behalf of the people and Government of British Columbia, may I convey every good wish for a very memorable anniversary, and for many more years of productive and caring service in this extremely worthwhile field. S

Message from

# John Jansen

Minister of Health  
Province of British Columbia

It is with pleasure that I extend greetings and congratulations to the Catholic Health Association of British Columbia on this anniversary marking fifty years of service to the people of our province. It is also a tribute to the nursing Sisters who cared for the health and well-being of our early pioneers, beginning with the Sisters of St. Ann in Victoria over a century ago, in 1858. In the ensuing years, throughout British Columbia, they worked under hardships and very difficult conditions ministering to the sick and afflicted. During this time, they also established training programs which were instrumental in the indoctrination of many thousand young people into the nursing vocation under the most exacting and highly professional standards.



It is gratifying to all of us that your Association is dedicated to ensuring the continuation of those physical, spiritual, and social standards in our health care system today. S

Message from

# Miss Mary L. Gordon

President  
Catholic Health Association  
of British Columbia



Within the pages of this booklet lies the history of 50 years of Catholic Health Service in British Columbia. It is with much pride and pleasure that I recommend you read this history.

We are ever grateful to our religious communities who gave of their personnel so generously in order that many areas in British Columbia would receive Catholic Health care. We have much to learn from their tradition of compassionate care, to the building of hospitals against great odds, and maintaining them with standards equal to none.

Thank you to Miss Margaret Mahoney who made this booklet a reality and to the Committee who worked so hard in bringing the historical information together.

On behalf of the Board of Directors of the Catholic Health Association of British Columbia a very special and heartfelt thank you. ☺

Message from

# Herman Crewson

President  
British Columbia Health Association



The British Columbia Health Association (BCHA), representing all general hospitals in the province and many other health care facilities and agencies, congratulates The Catholic Health Association of British Columbia on attending its 50th anniversary.

BCHA supports The Catholic Health Association of British Columbia in its view that "health" is a totality of aspects for each individual and that health care should aim at enabling others to attain optimum well-being. This concept is now gaining ground world-wide.

BCHA is also aware and deeply appreciative of the role of the Catholic Health Association of British Columbia and its members in the provision of health care in this province. ☺

# YESTERDAY AND TODAY

## The Catholic Health Association of British Columbia

• In 1940, on April 12, the inaugural meeting of the British Columbia Conference of the Catholic Hospital Association for the United States and Canada was convened in Vancouver, B.C.

• The Conference was opened by the Reverend Alphonse Schwitalla, S.J. in the presence of His Excellency Most Reverend W.M. Duke, Archbishop of Vancouver. Very Reverend Monsignor Chaloner, Director of the Catholic Schools of Nursing in the Archdiocese, was Chairman. At that time there were fourteen Catholic Hospitals in B.C. and the Conference membership included representatives of the religious orders who owned these hospitals. Three out of seven Schools of Nursing in the Province were under Catholic auspices.

• It was emphasized at the first Conference that there was a great need for union among the Catholic Hospitals in British Columbia because of their relative isolation from each other and from other parts of Canada.

• In the early years the Conference provided a forum for the Sister Administrators to discuss issues pertinent to the times. Some of these topics included: What Constitutes an Emergency; Nursing Education; Ethical and Moral Problems; Economic Aspects of Hospital Administration; Developing a Patient Library Service; and Role of Psychiatry in a General Hospital.

A special Executive Meeting was held on November 29, 1944 "to discuss hiring a Medical Superintendent." The minutes are recorded as follows: "Sister M. Kathleen elicited the opinion of those present on the advisability of a Medical Superintendent for hospitals. She is contemplating this experiment. Some communities do not favor this experiment as it is practically impossible to secure the ideal man. Given that this type might be available would there be another to follow in case of death or a desicion to transfer his business?" The final decision was not recorded!



*Inauguration of the  
British Columbia  
Conference of the  
Catholic Health  
Association of the  
United States and  
Canada.*

*Vancouver, B.C.  
April 12, 1940.*

• In the 1950's, as can be noted from reports of meetings, the need for financial assistance from Federal and Provincial grants was recognized. The Sisters were aware of the financial advantages of such grants but were concerned with the possibility of interference with the freedom required to give patients spiritual as well as physical care and to safeguard the identity of their hospitals. In the Catholic hospitals solicitude extended beyond the mere restoration of physical health and the alleviation of human suffering. The main concern was, and continues to be, the eternal destiny of man's spiritual being.

• For thirty years the Executive of the Conference included only Sisters from religious orders. In 1972 Dr. E.G.Q. Van Tilburg became the first lay person to serve as President. He and other lay persons who were later elected all shared the same devotion to the mission of witnessing the healing ministry of Jesus in all the member hospitals.

• In recent years, due to diminishing numbers of Sister Administrators, an increasing number of qualified lay administrators are carrying on in the traditions of the original founders. Today the Catholic Health Association of B.C. faces new trends and challenges. Concern for the future ownership of Catholic hospitals has been a major issue. In this regard, CHABC members have participated, at the national level, in a series of meetings with the religious congregation owners. Each year an Education Day is held in conjunction with the Annual General Meeting. An annual retreat was initiated a few years ago to provide an opportunity for the spiritual development of health care workers.

• The Catholic Health Association of B.C. promotes respect for the dignity of each person, stimulates concern for health care, probes ethical issues in the life sciences, builds bridges between groups involved in the health care process, assures that compassionate pastoral care is available in the health apostolate and serves a variety of other needs of its members.

• As well as ten Institutional Members there are categories of Affiliate and Personal memberships open to those organizations, groups and individuals who wish to support the goals of the Association.

• The Catholic Health Association of British Columbia encourages membership as a means for Christians to carry out the mandate of caring and serving bestowed through Baptism.



• The office of the Catholic Health Association of British Columbia is located in the Catholic Charities Building: 210 - 150 Robson Street, Vancouver, B.C. V6B 2A7  
Telephone: (604) 689-3451

*Telephone or written inquiries concerning membership are welcome.♦§*

*The Catholic Health Association of B.C. Board of Directors (1989 - 1990). From left to right: Mr. Michael Pontus, Mrs. Carol Brown, Mr. Michael Higgins, Sister Rita Kehoe, Mr. Bruce Harber, Mrs. Maureen Giefing (Administrative Assistant), Mr. David Dines, Sister Elizabeth Ryan, Miss Margaret Mahoney, Miss Mary Gordon and Father Joseph Hattie, O.M.I.*

*Missing are: Mrs. Elizabeth Ryan, Mrs. Dasa Sperling, Mr. Glynn Spelliscy, Mr. John Moonen and Sister Louise Denis.*

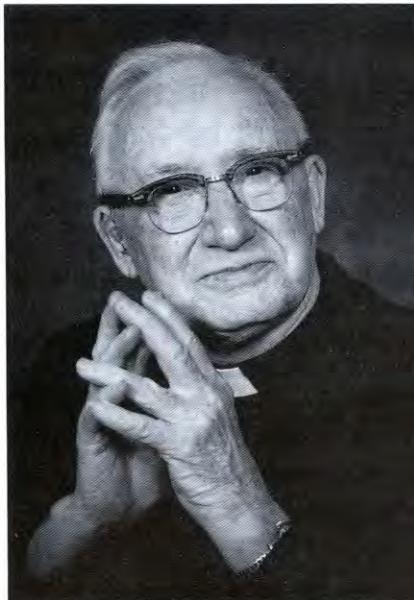
# REVEREND J.A. LEAHY, S.J.

June 11, 1897 — March 15, 1985

• Father Leahy entered the Society of Jesus on October 9, 1919, came to Vancouver in 1931 and served at Immaculate Conception Parish until he returned to Eastern Canada in July 1984.

• In 1946 Father Leahy was appointed Chaplain of the British Columbia Catholic Hospital Association. In this capacity, he was an active promoter of the Association's objectives. He was often a speaker at local Conventions which he attended regularly. Annually, he attended the meetings of the national organization — The Catholic Hospital Conferences of Canada. He looked forward to these meetings and was always eager to exchange views with other Conference Chaplains as well as with those actively engaged in hospital pastoral care.

• Father Leahy's contribution to the Health Care field included not only his years as Chaplain to the Catholic Health Association of B.C. but also his initiation and chaplaincy of the Catholic Physicians' Guild. His aim was to bring the physicians to a better knowledge of the place Catholic Ethics holds in the hospital field and to help maintain the true purpose of the Sisters' Hospitals.



*"The Catholic Hospitals must be as efficient as any City Hospital, but, first and foremost, they must be just in the treatment of all patients and staff — medical, nursing, and subsidiary."* •

• With the advent of Hospital Insurance, Father Leahy maintained an excellent rapport with key members of the government in relation to the total hospital operation for the mutual benefit of the Religious, the patients and staff.

• Perhaps Father Leahy's ability to remain as Hospital Chaplain throughout a number of years was because he was not a "charismatic personality", but very low-keyed. He kept the Conference Executive constantly aware of its "raison d'être":

"The Catholic Hospitals must be as efficient as any City Hospital, but, first and foremost, they must be just in the treatment of all patients and staff — medical, nursing, and subsidiary."

He was well versed on the encyclicals, quoting them and urging the Sisters to study them and implement them wherever necessary.

• Nobody would approve more or be happier than Father Leahy in seeing the present trends in Hospitals today — Sectarian, as well as those operated by Religious. Much of the bedside nursing formerly done by devoted Sisters in Catholic Hospitals is now done by dedicated lay nurses under the supervision of Sisters, while many Religious Sisters and Laity are ministering to the Spiritual Needs of patients in all hospitals. •

# INSTITUTIONAL MEMBERS

## Catholic Health Association of British Columbia

### HOLY FAMILY HOSPITAL

7801 Argyle Street  
Vancouver, B.C. V5P 3L6

**Administrator:** *Mrs. Carol Brown*

**Mission Effectiveness:** *Mrs. Cecile Rooney*

### MOUNT SAINT FRANCIS HOSPITAL

1300 Gordon Road  
Nelson, B.C. V1L 3M5

**Administrator:** *Sister Rita Downey, S.S.A.*

**Mission Effectiveness:** *Sisters of St. Anne*

### MOUNT SAINT JOSEPH HOSPITAL

3080 Prince Edward Street  
Vancouver, B.C. V5T 3N4

**Administrator:** *Mr. Bruce Harber*

**Mission Effectiveness:** *Sister Louise Denis, M.I.C.*

### MOUNT SAINT MARY HOSPITAL

999 Burdett Avenue  
Victoria, B.C. V8V 3G7

**Administrator:** *Sister Theresa Brousseau, S.S.A.*

**Mission Effectiveness:** *Sisters of St. Anne*

### ST. JOSEPH'S GENERAL HOSPITAL

2137 Comox Street  
Comox, B.C. V9N 4B1

**Administrator:** *Mr. Michael Pontus*

**Mission Effectiveness:** *Sister Patricia Macaulay, C.S.J.*

### ST. MARY'S HOSPITAL

220 Royal Avenue  
New Westminster, B.C. V3L 1H6

**Administrator:** *Mr. Bernard Bilodeau*

**Mission Effectiveness:** *Mrs. Sidney Tomchenko*

### ST. PAUL'S HOSPITAL

1081 Burrard Street  
Vancouver, B.C. V6Z 1Y6

**Administrator:** *Mr. Ronald Mulchey*

**Mission Effectiveness:** *Sister Therese Carignan, S.P.*

### ST. VINCENT'S HOSPITAL

749 West 33rd Avenue  
Vancouver, B.C. V5Z 2K4

**Administrator:** *Mr. Michael Higgins*

**Mission Effectiveness:** *Sister Frances Rooney, S.C.I.C.*

### ST. VINCENT'S ARBUTUS

EXTENDED CARE HOSPITAL  
6650 Arbutus Street  
Vancouver, B.C. V6P 5S5

**Administrator:** *Mr. Michael Higgins*

**Mission Effectiveness:** *Sister Frances Rooney, S.C.I.C.*

### YOUVILLE RESIDENCE

4950 Heather Street  
Vancouver, B.C. V5Z 3L9

**Administrator:** *Sister Rita Kehoe G.S.I.C.*

**Mission Effectiveness:** *Sister Muriel Rennick, G.S.I.C.*

# THE SISTERS OF SAINT ANNE

## Pioneering in Health Care (Since 1858)

• The Congregation of the Sisters of Saint Anne was founded in 1850 by Marie Esther Blondin (Sister Marie Anne) in Vaudreuil, Quebec. The earliest rules read:

*"The greater glory of God is the aim of the Daughters of Saint Anne, in consecrating themselves to the education of children, both boys and girls."*

The revised constitutions of 1984 read:

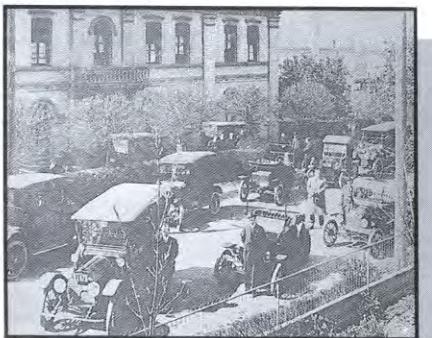
*"To share the mission of Christ the Educator was also, for our young Congregation, to answer to the appeals of the Church from distant regions and to accept other forms of service, especially the care of the sick."*

• On their arrival in the colony of Victoria on June 5, 1858, the Sisters of Saint Anne, in the spirit and tradition of their Foundress, immediately added health care activities to their teaching ministry. These originated from the Sisters' home and orphanage, a small log cabin at the edge of Beacon Hill Park. The Sisters visited and cared for the poor, the elderly, the sick, and the dying in their homes, preparing the dead for burial as well.



Pioneer Convent Sisters of Saint Anne, Victoria (1858), where Catholic Health Care in B.C. began.

• The building of Saint Joseph's Hospital in Victoria was the culmination of this pioneering. It began as the vision of innovative leaders — a bishop, Charles Seghers, a doctor, James S. Helmcken, and a woman, Sister Mary Providence. The Congregation of the Sisters of Saint Anne shared the vision, kept it alive, and brought it into existence in 1876.



St. Joseph's Hospital, Victoria, B.C. (1876).

• At a cost of \$13,900, the original unit was a two-storey, thirty-five-bed facility with crude furnishings including mattresses hand-made by the Sisters and girls at St. Ann's Academy. The hospital's original staff consisted of four Sisters, a dedicated doctor and a handyman. Throughout a century the facility developed into a more than five hundred-bed unit serving in its centennial year more than thirteen thousand patients besides more than forty thousand emergency and five thousand out-patients. Its staff had grown to more than a thousand. Its equipment was sophisticated, handled by professionally competent men and women.

• The Heart of this institution was its Chapel. Here the Sisters began their day with Community Prayer. Here they celebrated the Eucharist daily, responding each morning to their baptismal call to be healers, and through Communion, renewing their strength to overcome the obstacles and hardships inherent in beginnings.

• Shortly after the hospital had opened, the Sisters established a health insurance policy under the name of St. Joseph's Hospital Society. The early chronicles describe it:

*"All persons in good health, without distinction of age, sex, creed or colour, can become members on payment of one dollar a month. A fee of five dollars was requested of any new member joining after September 30, 1876, and \$100.00 purchased a life membership. Members were entitled to free admission to the hospital; visits of the hospital doctor at a reduced rate; and medicines free of charge. Any surplus funds were earmarked for the free treatment of patients devoid of means."*

• St. Joseph's Hospital School of Nursing began in 1900. There were no available text-books on the science and practice of nursing, nor was there any general programme. Sister Mary Gertrude of Jesus, the first superintendent of nurses, planned and taught her own programme. Her hand-written notes are still retained. Of the two thousand four hundred and four graduates of the School of Nursing, the first was a Mr. Anthony Williams. These graduates later provided nursing care in many areas and in other hospitals opened by the Sisters of Saint Anne. They are members of an active alumnae. A large number served with the armed forces in World Wars I and II.

With its expansions of 1888, 1926, 1950, and 1960, the hospital's medical services included every aspect of health care, including a tuberculosis sanitarium. Besides the medical and surgical services regularly provided in general hospitals, other departments and programs included a School of Medical Technology, Nursery, Pediatrics, Physiotherapy, Eye Department, Radiology, Tonography Laboratory, Emergency, and Coronary, as well as units for Communicable Diseases, Burns Care and Ambulatory Care. In 1945 it became the first hospital in Canada to accept Red Cross Blood Transfusion Service.

In 1972 the Sisters of Saint Anne withdrew from St. Joseph's Hospital, the first public hospital in Victoria, turning it over to the South Vancouver Island Hospital Society. The name was changed to Queen Victoria General Hospital, and later to Victoria General Hospital. A plaque in the Main Entry reads:

#### ST. JOSEPH'S HOSPITAL — SISTERS OF ST. ANNE (1876-1972)

*"Erected by the medical staff of the Victoria General Hospital in acknowledgement of a century of service of the Sisters of St. Anne to the people of Victoria.*

*Through their labours and Christian dedication the Sisters of St. Anne have endowed this hospital with a tradition of deep concern for the body and the spirit which the Medical Staff will endeavor to perpetuate."*



St. Mary's Hospital, Dawson Y.T. (1898), cruising down the Yukon River.

With the construction in Victoria of the new Helmcken General Hospital, St. Joseph's Hospital, now Fairfield Health Centre, began to serve Victoria's residents as an extended care facility for the elderly, and as a specialized clinic for various diseases and disabilities of out-patients. A Sister of Saint Anne presently serves as assistant chaplain on its pastoral team. On September 8, 1989, the one hundred and thirty-ninth anniversary of the founding of the Congregation of the Sisters of St. Anne, the pastoral team had St. Joseph's Chapel re-dedicated in a ceremony presided over by Ronald Shepherd, Anglican Bishop of Victoria.

Throughout more than a century the Sisters of Saint Anne kept pace with every aspect of health care in B.C. as well as in the Yukon and Alaska. They went wherever the Church called them. In 1898 the Sisters went to Dawson City in the Yukon Territory to serve in St. Mary's Hospital. Our Lady of Lourdes Hospital in Campbell River, B.C. was opened in 1926. In 1933 they accepted the administration of the Bulkley Valley District Hospital in Smithers, B.C., adding to its facilities according to plans drawn by Sister Mary Oosithe, S.S.A. In 1942 they established St. Martin's Hospital in Oliver, B.C. In each of these areas the Sisters experienced trials and hardships but they were not without the cooperation and support of the people. These hospitals were operated and maintained by the Sisters of Saint Anne until local general hospitals were established.



Mount Saint Francis, Nelson, B.C. (1947).



Mount Saint Mary, Victoria, B.C. (1941), Occupational Therapy - Sister M. Angelica.

Two hospitals for the chronically ill and aged were opened by the Sisters of Saint Anne. **Mount Saint Mary** in Victoria, opened in 1941, is a one hundred and twenty-five-bed institution.

**Mount Saint Francis** in Nelson was begun in 1947 and accommodates eighty-four patients. The Sisters continue to administer these in the same spirit as our pioneer sisters.

Besides providing health care in hospitals, Sisters of Saint Anne served as nurses in the Indian Residential Schools. St. Mary's School at Mission City included a Preventorium for the children threatened with tuberculosis. When no doctor was available, the Sisters assisted the sick, the injured, and the dying on the local Indian Reserves.

The Sisters of Saint Anne continue to visit and care for the elderly and ill in their homes, as well as in hospitals and nursing homes. Sisters serve on pastoral teams in hospitals and in parishes.

In 1982, the Congregation established in Victoria a nursing home for its own Sisters. This replaced the nursing unit at Mount Saint Angela, now one of Victoria's heritage buildings accommodating older Sisters, some still in active ministry. In the modern structure of St. Ann's Residence, the senior Sisters live out their final years. Here in this facility staffed by dedicated lay nurses, the Sisters continue to find meaning in their own human suffering, and here they continue to witness to their baptismal call to be both healers and healed.

# THE SISTERS OF PROVIDENCE

## Providence Meets the Challenge (Since 1886)

• The Sisters of Providence began in Montreal, Canada, as the work of one woman, Emilie (Tavernier) Gamelin. After the death of her husband and their three children within a period of four years, Madame Gamelin dedicated her life entirely to compassionate care of the poor and suffering. Mary, Our Mother of Sorrows was her model of suffering and compassion throughout her life. She aided the victims of poverty and disease, the sick, the infirm, the orphans, the aged and prisoners. Her works of charity soon attracted others of like mind, many of whom worked with her in a small home they had established to care for thirty elderly sick women.



Emilie Gamelin (1800 - 1851), Foundress of the Sisters of Providence (1843 - Present). Depicting the works of the Community. Motto: *Charitas Christi Urget Nos* (The Charity of Christ Urges us on).

• Having failed in his efforts to bring the Daughters of Charity of St. Vincent de Paul from France to carry on Emilie Gamelin's good works, Ignace Bourget, Bishop of Montreal, decided to establish his own religious community with the formation of seven women, co-workers of Madame Gamelin. He received their religious vows as Daughters of Charity, Servants of the Poor, in 1843. Mother Gamelin was elected first superior of this young Community. Under her leadership, the new Community's works of charity expanded rapidly. Inspired by the deep spiritual strength and profound trust in

Divine Providence characterized by Mother Gamelin, the Sisters demonstrated the same faith and trust that the Providence of God would supply the needs of those they served. They were never disappointed. The Sisters became known as "**Sisters of Providence**," a name they later officially adopted. Mother Gamelin died in 1851 at 51 years of age, a victim of the cholera.

• In 1856, one of the Sisters of this new Community, Mother Joseph of the Sacred Heart (Esther Pariseau), was missioned to direct the work of the Sisters of Providence in the Pacific Northwest working out of Vancouver, Washington. The area included the province of British Columbia at that time.

• **Saint Mary's Hospital** in New Westminster was the first health care facility founded by the Sisters of Providence in the Canadian West. The year was 1886. The hospital was

built at the urging of the Oblate Fathers under Bishop d'Herbomez, O.M.I. A small group of Sisters, including Sister Joseph of the Sacred Heart, a woman of unique architectural talents, responded to the Bishop's plea and within eleven months a fifteen-bed structure opened its doors to the sick and needy, many of whom were elderly and indigent.

Saint Mary's Hospital today,  
New Westminster, B.C.

• At that time, Saint Mary's Hospital had a unique Medical Plan by which a person could receive full coverage for sickness or injury for an annual fee of ten dollars. The only exceptions were alcohol-induced illnesses. However, funding of the hospital's construction and operating costs was always a problem, and frequently a challenge in a predominantly and sometimes antagonistic environment. Early records reveal that the Sisters made annual "collection trips" to raise funds. Travelling on horseback, they combed the railway and logging camps, the mines and woods, begging for money, sometimes raising as much as \$3000.00. There was no such thing as government funding; hence, the Sisters had to rely on the Providence of God to sustain the works of their mission.

• Over the next eighty years the history of the hospital was one of expansion and improvement. The role and physical structure changed frequently and dramatically in response to the changing needs and increasing demands of the Community it served. By 1967, the new and modern Saint Mary's had reached its peak capacity of two hundred and fifty-six beds and had become a fully accredited health care facility, providing a comprehensive range of acute care services. During all these years the one aspect of the hospital that



remained constant and unaffected by the elements of change and progress was its basic philosophy of compassionate care for the sick. This aspect has always been in evidence and a recognized part of the patient care given at Saint Mary's Hospital. Credit for this is shared among the Sisters, the doctors, the lay staff and the Women's Auxiliary.

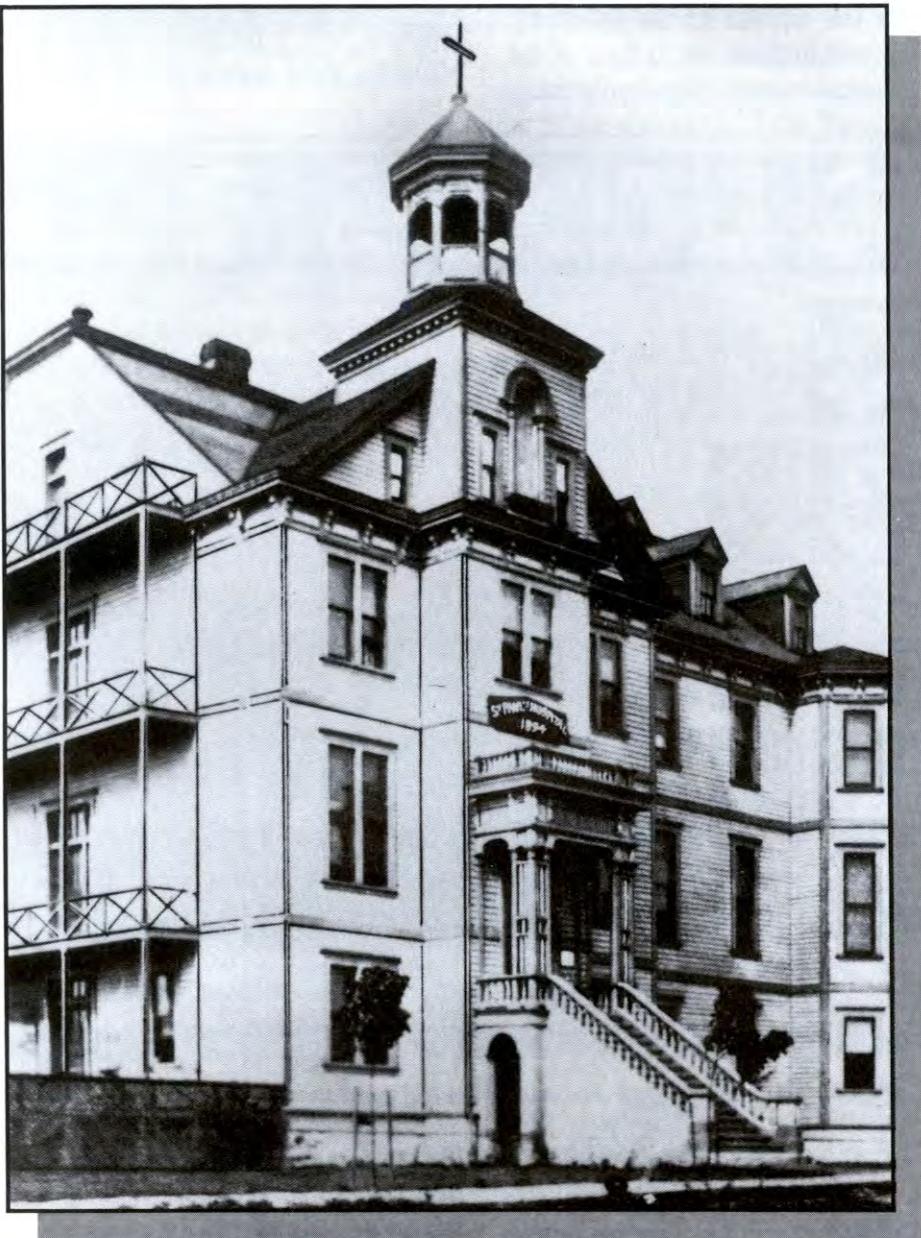
• The last twenty years have probably been the most critical years in the history of the hospital industry in British Columbia. Saint Mary's was no exception. A lagging economy, decreased government funding, drastic reductions in total bed counts due to increased centralization of services and a marked increase in day care surgery, advanced technology, etc., have all served to cause dramatic role changes in all hospitals throughout the Province. St. Mary's Hospital finally stabilized itself at one hundred ninety-two beds and capitalized on its expertise as a referral centre for the medical and surgical subspecialties while forfeiting the more major specialties to the large referral hospitals. It was at this plateau of service and stability, in 1986, that Saint Mary's Hospital celebrated its One Hundredth Anniversary of dedicated service to the community. This centennial milestone will historically be remembered as the year in which the administration of the hospital was transferred from the traditional religious to lay administration.

• Presently, Saint Mary's is rapidly developing another area of expertise, that of providing a full range of acute care services for the large and ever increasing geriatric segment of society in the community and other areas which the hospital serves. Also, and in the true tradition of Providence health care facilities, a Palliative Care Unit is in the advanced planning stage. Thus, as Saint Mary's Hospital enters its second century of caring, its new role provides an even greater challenge for the members of the Pastoral Care Team whose mission it is to carry out the true Christian

ethic of the Catholic Hospital.

• The founding of St. Paul's Hospital in 1894 was in response to an oft-voiced desire of the Oblate Missionaries to have the Sisters of Providence build a hospital in Vancouver, B.C. Construction began in May, 1894 and was completed in November of the same year. The twenty-five-bed facility was blessed by Bishop Paul Durieu, O.M.I., after whom the hospital was named. Six Sisters and one patient were already installed.

• Almost immediately, and for the next five years, the Sisters rode up the Coast on horseback, soliciting funds from the loggers and the miners. They sold "tickets" which would entitle the bearer to free hospital and medical care. These collected funds were used to equip and operate the hospital. By 1899, more land was purchased to permit the first of numerous expansions of the hospital to meet the needs of the city's rapid increase in population. In 1903, the Ladies of Charity of St. Paul's Hospital was organized and to



"Original" St. Paul's Hospital, Vancouver, B.C. (1894).

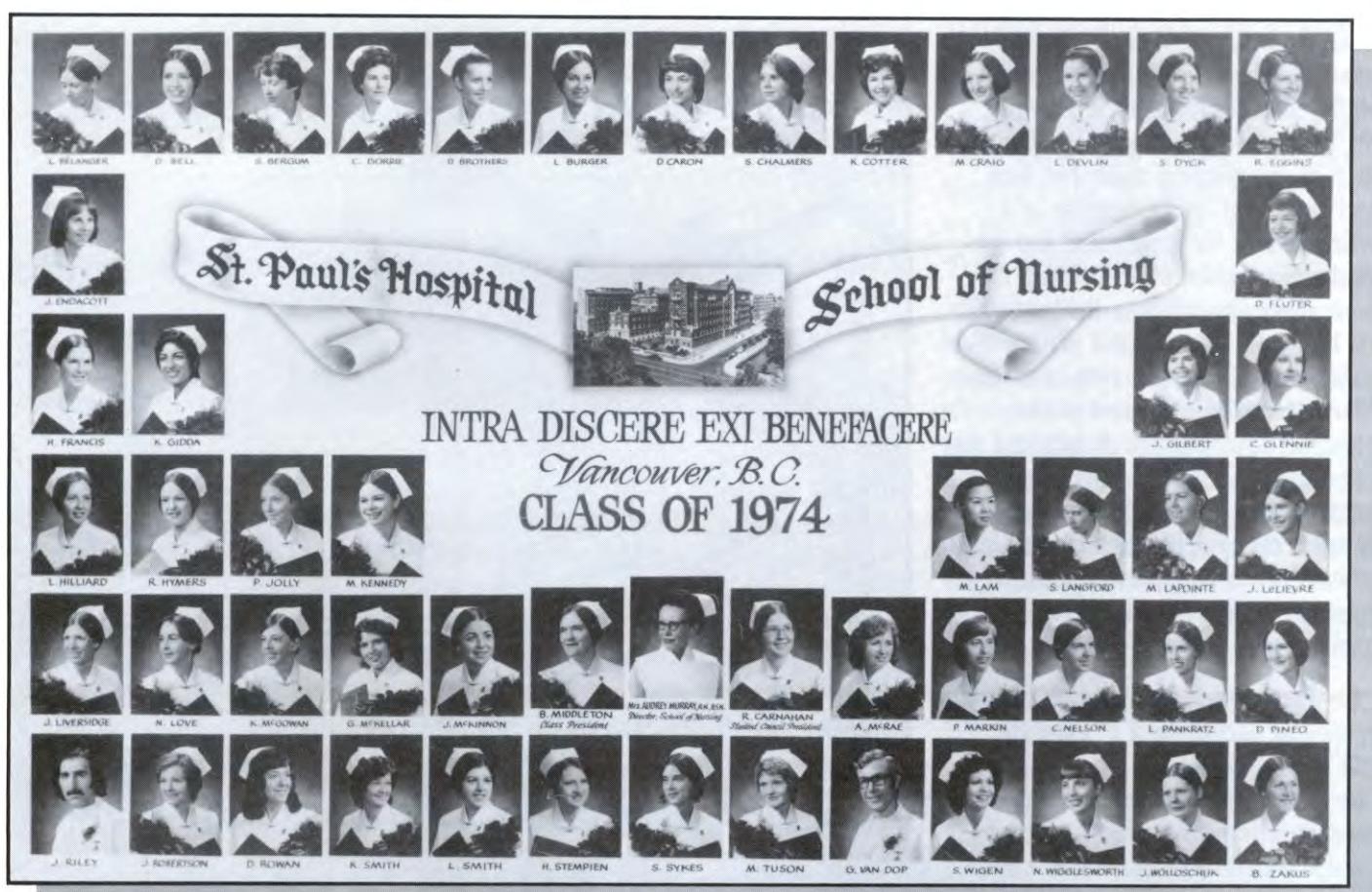
# THE SISTERS OF PROVIDENCE, *Cont'd.*

this day succeeding groups of auxiliary workers have carried out their valuable tradition of fund raising and service to the hospital.

→ In 1907, the "Training School" for nurses was established. The School enjoyed an excellent reputation, including student affiliation with the U.B.C. School of Nursing. The School of Nursing closed in 1974 after graduating over four thousand nurses. The three-year diploma schools were being pressured to phase out in favor of the four-year university degree program.

years, bed areas were razed and major additions were built in 1912, 1930, and 1959, including a new School of Nursing. Clinical departments mushroomed over the years, claiming many "firsts" in the Province (use of Radium, Blood Bank, affiliation with U.B.C. School of Medicine, computerized laboratory, etc.). It was also a time of organizational achievements, including the formation of a Board of Management, a fully organized and departmentalized Medical Staff, a flourishing School of Nursing, and a competent staff that in-

→ Over the next almost-five decades, the accomplishments of the hospital are too numerous to detail. As one of the larger acute care hospitals in the lower mainland, St. Paul's has expanded into a fully accredited, tertiary referral centre for a wide variety of specialties such as cardiology, including open-heart surgery; renal dialysis and kidney transplants; multiple trauma, to mention a few. More recent programs include Drug and Poison Control Centre; Family-oriented Maternity Unit; Psychiatric Services; Infectious Disease Clinic (patients living



*The last class to graduate from St. Paul's School of Nursing in Vancouver, B.C. (1974).*

→ In its first fifty years of existence, St. Paul's made remarkable progress in its growth from a small twenty-five-bed facility to a first-class teaching hospital of over five hundred beds. Over the

cluded forty-five Sisters of Providence. During this time St. Paul's Hospital hosted the inaugural meeting of the B.C. Conference of the Catholic Hospital Association (1940).

with AIDS); Wellness Clinic, Pain Control, Eating Disorders and more recently Palliative Care.

• The Medical Staff has increased to four hundred and many are involved in research and educational activities related to the clinical care of patients. There is an ongoing affiliation with the U.B.C. School of Medicine. There are active programs for Residents and Interns, and Students of many disciplines. Major expansion plans include a two hundred and fifty-bed Tower completed in 1983, and a second Tower nearing completion, to house service areas planned for relocation.

• Over the last twenty years, the involvement of the Sisters of Providence in the hospital has visibly diminished. A lay Director replaced the religious administrator in 1969, and the complement of Sisters has dwindled from twenty-four to five. At the Corporate level, the Provincial Council maintains an active involvement and presence on the hospital's governing board.

• The resident Sisters of Providence are actively involved in Pastoral Care and Mission Education whose primary roles are to carry out the Mission of the Church, the extension of Mother Gamelin's mission — to serve the poor and needy; comfort and heal the sick; seek out the young and the aged; share their gifts of faith and knowledge and bring courage and hope for tomorrow. In this ministry they are assisted by other religious and lay women and men, as well as committed persons who reflect and carry forward the traditional philosophy and values of the Sisters of Providence.

• Responding to the urgent requests of the Oblate Missionaries, the Sisters of Providence established hospitals in many 'frontier' areas of British Columbia to serve the spiritual, material, and health needs of small towns and their surrounding Indian Reservations. St. Eugene's Hospital (1897 - 1972) in the Kootenays, provided general and nursing care for victims of railway and mine accidents, forest fires, and epidemics. Its Medical Insurance Plan and School of

Nursing (1911 - 1950) considerably relieved the financial burdens of the small town dwellers, and provided invaluable resources for the hospital.



*St. Eugene Hospital, Cranbrook, B.C. (1897 - 1970), St. Eugene School of Nursing on the left (1911 - 1950).*

• The so-called "Hospitals of the Great Depression" — Providence Hospital (1931 - 1973) in Fort St. John, St. Joseph's Hospital (1932 - 1973) in Dawson Creek, and St. John's Hospital (1941 - 1964) founded in the isolated town of Vanderhoof in the Interior of B.C. — each answered specific needs of the indigent, the poor, the sick, and the dying. There were no health care facilities in these areas.



*St. Paul's Hospital, Vancouver, B.C. (1989), New St. Paul's Hospital in foreground. Under construction today.*

• These hospitals shared common financial problems, shortages of doctors and nurses, lack of equipment, insufficient facilities, and at times, even a dearth of water and other necessities of life.

• At the same time, these hospitals benefitted from the assistance given by Ladies' Auxiliaries, Churches of all

denominations, Benevolent Societies, Local Groups and Individuals, together with periodic government grants. The people supported the Sisters in good

times and bad. The Sisters, on their part, continued to display extraordinary courage and trust in Providence in carrying out their Apostolic Mission despite almost insurmountable difficulties.

• These hospitals all enjoyed full accreditation prior to the withdrawal of the Sisters from these hospitals due to a lack of funds, decreasing numbers of religious personnel and greater involvement of the government in the operation of hospitals.

• The people shared as well in the sadness and regret of the Sisters' withdrawal from these health care facilities. With faith and trust in God, the Sisters believed their Apostolic Mission in these areas had been fulfilled. •



# SISTERS OF ST. JOSEPH OF TORONTO

## Total Health Care in the Comox Valley (Since 1913)

• The Congregation of the Sisters of St. Joseph was founded in France in 1648 for the purpose of "practising every kind of interior and exterior perfection, and every manner of zealous undertaking for the spiritual good of persons and the relief of the needy."

(Primitive Constitutions.)

• The Congregation flourished in France until it was disbanded at the time of the Revolution. It was re-established in 1807 by Mother St. John Fontbonne, and the first American foundation was made in 1836, spreading to Canada in 1851. It was this group, based in Toronto, which answered the call of Bishop MacDonald of Victoria to set up a hospital in the logging area of the Comox Valley.

• It was early in July, 1913, that the first Sisters — Majella, Claudia, Praxedes and St. Edmund arrived at the lumber camp site. The Community had received a promise from the Bishop of a five-acre parcel of land, and living quarters for the Sisters. The journey had been long and uncertain, and the expected dwelling was nowhere to be found. The annalist confesses that some were reduced to "having a good cry."

• Sister Majella Doran, the superior, decided to make the best of the unexpected hardships. According to the comment of a long-time resident:

"She turned once to look at the little boat (fittingly named The Charmer) still lying at anchor at Comox wharf — perhaps this was her only backward glance, for this work of love and mercy stretched before her, and she was equal to it."



St. Joseph's Hospital (1914), a 10-bed facility and founding Sisters.

• Sister Majella immediately set up an eight-room farmhouse as the first convent hospital in the Comox Valley. It accommodated the four Sisters and two patients. Additions were made and by the following February, 1914, there were sufficient quarters for ten patients. By August of that year (the beginning of World War I), the little hospital could accommodate twenty-five patients.

*"She turned once to look at the little boat (fittingly named The Charmer) still lying at anchor at Comox wharf — perhaps this was her only backward glance, for this work of love and mercy stretched before her, and she was equal to it."*

• The 102 Battalion, consisting of many young soldiers, set up a training camp in the Comox area in 1916. Many soldiers were treated at the hospital in those war years.

• In 1918, the Spanish flu invaded the valley and soon the hospital was filled with patients as a result of this epidemic. There were so many flu victims that the school had to be converted into a temporary hospital during the crisis.



Here we are in 1923.

• In 1923, the bed capacity increased to thirty-five by the building of yet another addition to the original farmhouse. There was no further construction until an expansion program provided for another increase in beds, bringing the total to sixty-eight in 1937.

• This new addition met the health care needs of the community for another thirty years. A new acute facility with seventy-five beds was constructed in 1967 and St. Joseph's General Hospital became the regional general hospital for the Comox Valley.



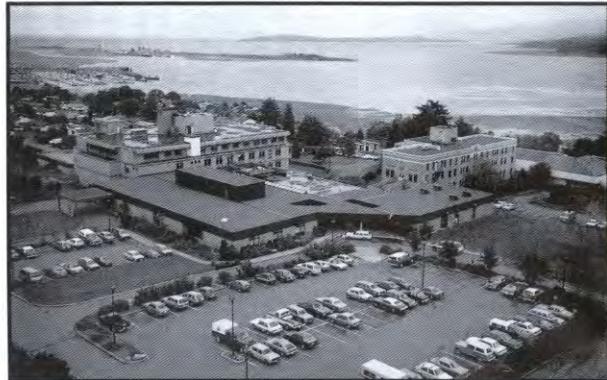
*Psychiatric Unit (1973).*

• The population of the catchment area has increased steadily since then and further additions have been made, not only in bed capacity but in all health care services. The latest project was a very fine extended care facility having accommodation for seventy-five patients. Today the bed capacity is two hundred and twenty with many special services such as the coronary care unit, the psychiatric unit, the cancer clinic and outpatient day care.

• St. Joseph's General Hospital has always been fortunate in the dedicated staff — doctors, nurses, assistants, and support services. The increase in the number of staff and services available gives some indication of how the hospital has grown since its humble beginnings in 1913 when there was one doctor, one nurse, one nursing assistant and one housekeeper-cook.

• Many service groups in the Comox Valley, as well as the ever-faithful Women's Auxiliary, founded in 1914 by Mrs. P. Fletcher, have been

very helpful. Every year the hospital benefits from the generosity of those involved in these clubs and organizations. Consequently, a much needed piece of equipment or service is given to the hospital from time to time as a result of the financial support given by these generous benefactors. The Board of Management also deserves praise for its share in the growth of St. Joseph's from the setting up of the first Board in 1924, with Mr. J.A. Carthew as Chairman, to the present groups.



*Aerial view of St. Joseph's General Hospital, Comox, B.C. (1986).*

• The Sisters of St. Joseph of Toronto withdrew in the Fall of 1989 from the Administration of St. Joseph's General Hospital. The Diocese of Victoria now continues the work begun in faith, and carried on with such perseverance despite the many difficulties encountered over the years.

• At this point it seems fitting to conclude this historical summary with a quotation from the psalmist who wrote, in praise of God's goodness:

*"Unless the Lord build the house, they labor in vain who build it; unless the Lord guard the city the watchman keeps awake in vain."* •



*The Annual Garden Party - Ladies' Auxiliary (1966).*

# THE MISSIONARY SISTERS OF THE IMMACULATE CONCEPTION

## A Multicultural Health Care Ministry (Since 1921)



*Mount Saint Joseph Hospital's staff in 1957.*

### Historical Background

➲ The Missionary Sisters of the Immaculate Conception is a Canadian Religious Institute founded in Montreal, Quebec, in 1902 by Delia Tetreault, and works as an international group in fourteen countries. It was in 1909 that the first Missionary Sisters going abroad travelled via Vancouver on their way to Canton, China. In May, 1921, four members of the Institute, (one of whom had lived in China for some years) responding to a pressing request from Archbishop Timothy Casey, came to Vancouver with the mandate of establishing a mission and ministering to the needs of the oriental population, particularly the city's largely neglected Chinese immigrants.

➲ Soon the Sisters opened the doors of their modest Keefer home in order to provide health care and education services. Home visits were made to the sick and before long they were convinced that a shelter for the sick was badly needed. A four-bed infirmary was put up in their residence. With language and cultural barriers to overcome, and limited financial resources, it was a dif-

ficult beginning. Nevertheless, the Sisters persevered. Recognizing the urgent need for a larger shelter, the Sisters opened a dispensary on Campbell Avenue in 1924. Within four years the three-storey house was transformed into a small hospital for

thirty-two patients. Later, it was enlarged to accommodate the many poor and tuberculous patients needing care. For nearly fifty years, the Sisters operated what had become the "Oriental Home". Hundreds of elderly found there a shelter, care, compassion and love. Over the years as the oriental community grew, the facility was not big enough to meet the ever increasing demand for health care services.



*Sisters and Mount Saint Joseph Hospital's staff, celebrating Mr. Quan's 100th Birthday.*

➲ Finally in 1946, the Sisters opened a private eighty-seven-bed hospital for Canadian Chinese on Prince Edward Street. Two years later, Mount Saint Joseph was officially established as a

General Hospital and its services were made available to the entire community. In 1956, the hospital was enlarged to one hundred and fifty-four beds and in 1969 the maternity ward was converted to an Intensive Care Unit, and Day Care surgery was initiated. In 1977, a large addition brought the Hospital to its present size and provided new quarters for Extended Care residents. In 1979, a Short Stay Assessment and Treatment Centre was opened. It established the first specialized geriatric service of its kind in British Columbia.

➲ Lately, the hospital extended its tradition of caring through the establishment of the "Lifeline Program". This Personal Response System offers a valuable new service to patients being discharged from hospitals and to elderly or disabled people who are living alone in their homes. This new venture is an exciting and promising one and carries Mount Saint Joseph's tradition of caring into the heart of the community.

➲ Future plans for 1991 include the expansion of a modern new twenty-four-bed Pediatric Wing, Surgical and Diagnostic Imaging facilities.

### Health Care Ministry

➲ The Missionary Sisters of the Immaculate Conception seek to proclaim the Good News of Salvation in Jesus Christ in a spirit of **Thanksgiving** among the people to whom they are sent and collaborate with the **Missionary** project of the local churches.

The mission of the Institute is rooted in the mission of Christ and is expressed through spiritual and corporal works of mercy. The "ministry of health care" is one such work of mercy undertaken by the Institute enabling it to participate in the Christian tradition of healing. It involves providing care for the sick, working to restore health and wholeness in all facets of the human person and the human community, and promoting health education and preventative health care services. In accordance with the missionary charism of the Institute, the Sisters encourage the Hospital to be progressive and sensitive to the needs of the growing community and develop culturally sensitive health care programs and initiatives which would improve the Hospital's effectiveness in nursing patients from different cultures and various ethnic backgrounds.

### Shared Mission

Dedicated to the heritage of their foundress, Delia Tetreault, and to the mission entrusted to their Institute by the Church, the Sisters who provide the religious leadership of Mount Saint Joseph Hospital encourage the development of collaborative modes of governance and operation, enabling each and everyone associated with the Hospital to become partners and collaborators in a shared mission of

continuing the healing ministry of Christ. The Board of Directors, Administrator, management, physicians, staff, patients and residents are called to form a community of compassion and healing.

Since sponsorship implies the willingness of the Institute to associate its name, tradition and identity with Mount Saint Joseph Hospital, it demands that there be a measure of accountability. An effective way to achieve this goal is through an "Institutional Mission Effectiveness Program". A Director for Mission, member of the Mount Saint Joseph Hospital Society, appointed by the Superior General and accountable to the Administrator, acts as liaison between the Hospital and the Society for all matters relating to the sponsorship responsibilities. She is responsible for the Hospital Mission Effectiveness program and activities.



*Sister Louise Denis, Assistant Executive Director Mission Effectiveness conversing with Ms. Dianne Doyle, Assistant Executive Director, Patient Care Services.*

### Conclusion

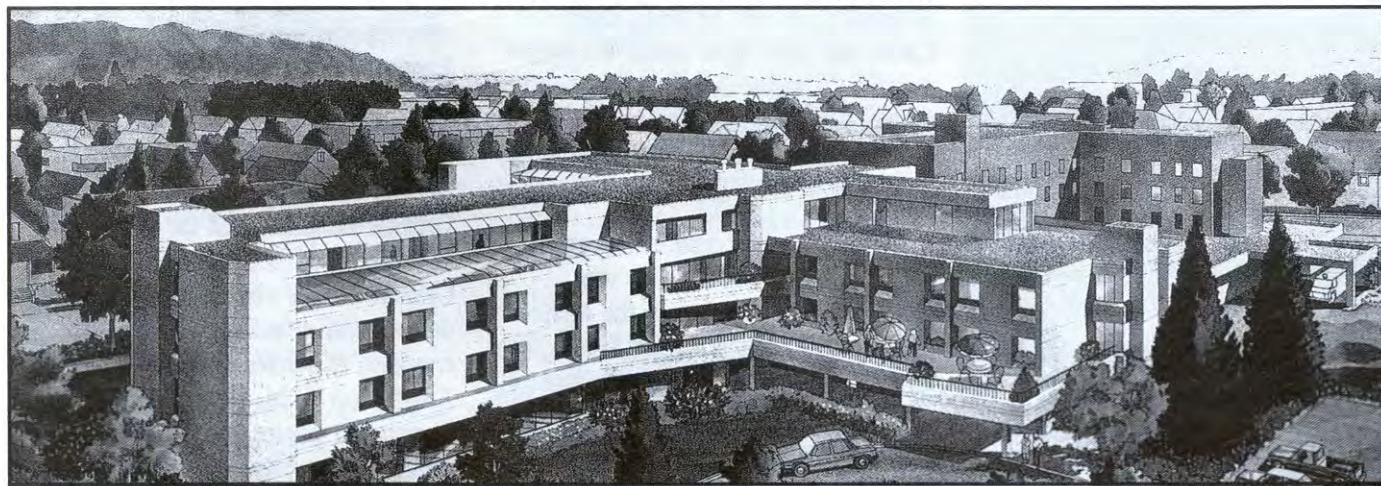
Mount Saint Joseph Hospital has a history and tradition of health care ministry. This has been possible because of our clear mission, the commitment and generous contributions of talents and time by the Sisters and staff who have gone before us. We are grateful for their example, and accept the challenge to preserve and enhance this heritage. May our sources of mission

always be the motivating force for all with whom we share this privileged ministry. ☩



*Sr. Francoise Royer, Co-ordinator Pastoral Care Services, visiting a patient.*

*Mount Saint Joseph Hospital, including the expansion project of a 24-bed Pediatric Wing for 1991.*



# SISTERS OF CHARITY OF THE IMMACULATE CONCEPTION

## Community-Oriented Health Care Ministry (Since 1929)

• In 1852 Thomas Louis Connolly, O.F.M., Bishop of Saint John, New Brunswick, recognized the urgent need for Sisters to care for the sick and children left orphaned by an epidemic of the Cholera among the many immigrant families in his Diocese.

• Honoria Conway, known as Mother Vincent and three other Novices who were near completion of Novitiate training with the Sisters of Charity of St. Vincent de Paul, Mount Saint Vincent, New York, responded to an invitation from the bishop, and authorized by their Superiors, went to Saint John. Under the direction of Bishop Connolly, the Sisters continued their spiritual training and pronounced Religious vows on October 21, 1854. The initial seed in the foundation of a Religious Community, the Sisters of Charity of the Immaculate Conception, was sown with caring for the sick and education of children. The work of the Community progressed and spread to other parts of Canada and Peru.

• The Sisters of Charity of the Immaculate Conception founded and administered Our Lady of Mercy Home, situated on West 54th Avenue and Oak Street in Vancouver. The home was a foundling Home and refuge for unmarried mothers. The attractive, spacious Residence served as a home for many girls and babies from 1933 - 1966. The Home was located at 40 West 15th Avenue, Vancouver, from 1929 - 1933 pending acquisition of the above location. The Sisters who worked there over the years have fond memories of the many children and mothers they served. A change in Social Service policy prompted the closure of Our Lady of Mercy Home.



*Our Lady of Mercy Home, West 54th Avenue and Oak Street, Vancouver, B.C. (1933 - 1966).*

• Archbishop Duke's concern for the health care of children in the parochial schools in the early 1940's prompted him to solicit the dental services of Drs. H. Nomura and Lavery who agreed to give free service. Because this proved inadequate, the Archbishop and Dr. Nomura approached the Sisters of Charity of the Immaculate Conception to help out in the situation.

• From the Fall of 1941 until 1942 Sister Diana Harsch assisted at the Dental Clinic at 650 Richards Street. With increasing need for services, Sister Carita and later Sister Anne Fix were assigned to assist. Because there was no doctor available, the Sisters attended to the weighing and measuring of children, and checked their vision and teeth.

• Because of certain health problems, the lack of health care was brought to the attention of the Metropolitan Health Clinic by the Sisters. The clinic agreed to assist, assigning four doctors to take care of the immunization program against smallpox and diphtheria.

• Procedures carried out by the Sisters in the Kindergarten and Elementary Schools included examinations of eyes, ears, and teeth as well as examinations for scabies, ringworm and pediculosis. Iodine tablets were distributed weekly to compensate for the lack of iodine in the water. Milk paid for by the Catholic Family Services was distributed daily by Associated Dairies to Kindergarten and Elementary Schools. Homes were visited in cases of frequent absenteeism. Cases of child labor in bowling alleys until midnight were reported to the Department of Labor.

• Referrals were made in appropriate cases to the Vancouver General Hospital, Children's Hospital, Oriental Hospital, and the Catholic Children's Aid Society, while children of Oriental Origin were referred to Oriental dentists and a family physician. A large residence at White Rock was donated to Archbishop W.M. Duke, to be used as a camp for poorer children. Twenty-five children were examined each week prior to their departure for the camp.

• A Mobile Unit was set up on the grounds of high schools to X-ray all students for tuberculosis and other chest problems and the students were immunized against smallpox and diphtheria.

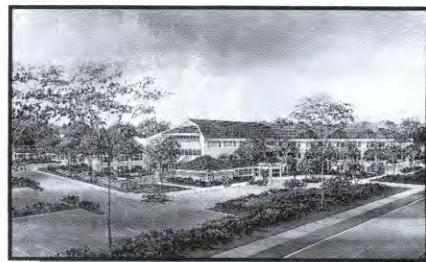
• Arrangements were made at the Willow Chest Clinic to have all teachers and other personnel X-rayed for chest problems. A maintenance man was found to have active tuberculosis and one person had a serious heart problem.

• The name was changed from Dental Clinic to Catholic Health Services. The two Sisters serviced students in eight High Schools and in fifteen Kindergarten and Elementary Schools. Their work was funded by the United Appeal until 1949. With the coming of Medical Health Plan many of these health problems were eliminated and today services are being provided by the Public Health Nurses.

• Responding to an invitation from Archbishop William M. Duke, Archbishop of Vancouver, to establish a Catholic Hospital in his Archdiocese, the Sisters purchased land from Canadian Pacific Railway Co., at 33rd Avenue and Heather Street. After much preparation, **St. Vincent's Hospital**, a one hundred-bed facility, was officially opened on July 19, 1939, the Feast of Saint Vincent, patron of the Sisters and all charitable works. The first Mass was celebrated in the hospital chapel on June 19, 1939 by His Excellency, Archbishop Duke. The first Administrator was Sister Mary Ruth. Sister M. Camillus served as Director of Nurses. They were assisted by a staff of fifteen Sisters. The first Chaplain was Rev. Anthony Perreault, who had previously been chaplain at Saint John's Home for boys in Burnaby and Our Lady of Mercy Home in Vancouver. Both institutions were operated by the Sisters of Charity of the Immaculate Conception.

• St. Vincent's Hospital, a Catholic Community-oriented hospital, increased to one hundred ninety-three beds plus forty-four bassinets with the addition of

the Main Wing in 1954. In 1974 a West Wing was added, named in honour of Sister Marion MacDonald who served as Administrator from 1957 to 1980. This unit provides extended care and psychiatric facilities, and increased the bed capacity to two hundred and seventy-five. Mr. Michael Higgins, President and C.E.O., has been on staff since 1980.



*St. Vincent's Langara Extended Care Hospital to be completed early in 1991.*



*St. Vincent's Hospital (1989).*

• Today, St. Vincent's Hospital reaffirms its position in the Lower Mainland as a Community-oriented hospital with family practice teaching responsibilities.

• At the request of the Provincial Government, the Sisters of Charity of the Immaculate Conception and the Board of Management of St. Vincent's Hospital agreed to administer Arbutus Private Hospital. The change in operation became effective April 1, 1976. On October 20, 1977, Arbutus Hospital was incorporated as St. Vincent's Arbutus Hospital Society. The hospital is a seventy-five bed Extended Care Unit and has been awarded maximum level accreditation by the Canadian Council of Health Facilities Association Board.

*St. Vincent's Arbutus Hospital.*



• The Construction of **St. Vincent's Langara Hospital**, a two hundred twenty-five-bed Extended Care Unit, was commenced August 21, 1989, with completion date estimated early in 1991. St. Vincent's Langara will be owned and

operated by St. Vincent's Health Service Society and sponsored by the Sisters of Charity of the Immaculate Conception.

• The Spirit of St. Vincent de Paul and Honoria Conway lives on today in the Sisters of Charity of the Immaculate Conception who work in the health care field of British Columbia.♦§



*St. Vincent's Hospital Extended Care (Oct. 1985).*



*25th Anniversary St. Vincent's Hospital Guild.*

# GREY SISTERS OF THE IMMACULATE CONCEPTION

## Continuing Care for Seniors (Since 1931)

• Youville Residence, owned and operated by the Grey Sisters of the Immaculate Conception of Pembroke, bears the name of the Foundress of the Grey Nuns, Blessed Marguerite d'Youville, first Canadian Foundress of a Religious Order and first Canadian-born woman to be beatified.

• Marguerite was born at Varennes on the shores of the St. Lawrence, October 15, 1701. From earliest childhood her life was marked with the Cross. In 1721 she married Francois-Magdeleine You d'Youville, an irresponsible and selfish spouse. In 1730 he died, leaving her with two children and the burden of his debts.

• As a widow she fulfilled her duties as a mother to her two sons and consecrated herself to charitable works.

• In 1737 she founded the Congregation of the Sisters of Charity of the General Hospital of Montreal, known as Grey Nuns.

• Between 1840 and 1849 three new foundations, canonically erected, branched from Montreal, St. Hyacinthe, Ottawa and Quebec. From the parent tree in Ottawa, two autonomous English-speaking branches have grown — the Grey Nuns of the Sacred Heart, Philadelphia, Pa. and the Grey Sisters of the Immaculate Conception, Pembroke, Ontario.

• In 1931 Archbishop Duke invited the Grey Sisters of Pembroke to open a care facility in Vancouver.

• On September 11, 1931 four Grey Sisters arrived by train. (By the time of the transfer to Youville Residence, there were ten Sisters). His Grace met the Sisters and conducted them to their

home at 853 Pender Street on the fringe of our so-called "Skid Row" area — the Home and Shelter consisting of two buildings, one of brick and the other of wood construction. The Archbishop made no apologies for the humble home or its environment, but casually remarked that fifteen elderly men were awaiting admission.



*Birthplace of Youville, 953 East Pender, Vancouver, B.C.*

• As the Sisters assumed their responsibilities in what was to become known as St. Vincent's Home and Shelter, they enunciated their Mission Statement: "No man must be turned away if in need of food, clothing or shelter if it is at all possible to give accommodation."

• The scope of the ministry was formidable: maintaining a residence for aged men, providing food and shelter for transients (victims of the depression), dispensing clothing and responding to the cry of the hungry from the increasing bread lines before their doors. It was the age of the "Hungry Thirties."

• "*No man must be turned away if in need of food, clothing or shelter if it is at all possible to give accommodation.*"

• Annals record the following statistics for the period from September, 1931 until November, 1934:

Meals served to transients and residents . . .	<b>71,650</b>
Beds provided . . . . .	<b>17,474</b>
Clothing distributed . . . . .	<b>2,742</b>

Records continue to paint a similar picture of concern and caring.

As the depression subsided, the shelter service was discontinued, and St. Vincent's Home continued to provide for aging men.

• If the task confronting the Sisters in 1931 was formidable, the support, encouragement and financial assistance were overwhelming. Annals spell out in detail the assistance given by the Archbishops and members of the clergy, every Religious Sisterhood, the St. Vincent de Paul Society, and the Knights of Columbus, local and national food suppliers and the hundreds of volunteers and donors.

• Amidst all this human need and generous giving, a genuine Christian atmosphere permeated the institution — thanks to the devoted efforts of the chaplains — Father Sweeny, Father A. Carlyle, O.S.B. and Father G. Beauregard.

• As this East Pender location became unsafe and much too small to handle the increased needs of the community, it was necessary to find a new location. At the same time, the Welfare Department had taken over many of the responsibilities of the Sisters; consequently, the Sisters were free to move

into a field of greater need — the care of elderly men and women.

May 3, 1968 marked the turning of the first sod for the new Youville Residence at the corner of 33rd and Heather. The Residence was officially opened on June 18, 1969.

Youville is one of the two Catholic Intermediate Care facilities in the Province of British Columbia licensed to receive one hundred and fifty-nine elderly persons. In 1988 Youville applied for the first time for a survey by the Canadian Council on Health Facilities Accreditation and was awarded a two-year status.

“The Home definitely reflects care, compassion and respect for the dignity of the individual.”

A staff of pastoral care workers, recreational therapists and volunteers unite with nursing staff to provide a holistic approach to resident care.

Youville endeavours to provide the quality of care recognized in the commendation of the Council on grant accreditation:

“The Home definitely reflects care, compassion and respect for the dignity of the individual.”



Official opening of Youville Residence, June 18, 1969.



Grey Sisters and residents, St. Vincent's Home about 1949.



Youville Residence (1989).



Socializing at Youville.



Santa comes to Youville.

# SISTERS OF PROVIDENCE OF ST. VINCENT DE PAUL

## Specializing in Geriatric Rehabilitation (Since 1947)

• The beginnings of the Sisters of Providence of Kingston are rooted in France in the Congregation of the first Daughters of Charity.

• In the early 17th century, France, like many areas of the Third World today, was a land of contrasts — wealth power, beauty and pleasure on the one hand, and destitution, oppression, squalor and misery on the other. It was in this milieu that Vincent de Paul, the intellectually gifted son of poor French peasants, became a priest. Falsely accused of theft, he was publicly treated as a robber, and thus experienced the powerlessness and injustice of a poor man. A few years later, when his efforts to counsel a theologian failed, Vincent told God that he would take upon himself the doubts and scruples of the man he was trying to help. God took him at his word. For three or four years Vincent suffered a terrible "inner darkness". In the midst of his anguish he vowed to give his whole life in service to the poor. The darkness lifted. From then on, his biographer writes, Vincent no longer looked at the poor; he saw them. He changed from being an observer to a transformer of his society.

• Vincent organized "Confraternities of Charity", groups of men and women who voluntarily went out of themselves to provide material help to those in need. Together with one of these ladies, Louise de Marillac, he organized the first Daughters of Charity, Servants of the Poor, a permanent group of young country girls who had offered their services as nurses, cooks and teachers. Unlike the cloistered religious com-

munities of women of the time, the Daughters of Charity, trained in the spiritual life as nuns, were available to go wherever there was someone in need of help. Through Louise, Vincent gave them a Rule of Life in which he insisted that they be animated by the spirit of humility, simplicity and charity. In 1640 he permitted them to pronounce the vows of religion. The poor and the sick were to be their lords and masters. With this belief, they were able to endure unbelievable hardships in their selfless service to those in need.

• When, in the 1840's Bishop Ignace Bourget of Montreal tried unsuccessfully to get a group of these Daughters of Charity to come to Quebec to administer Madame Emilie Gamelin's home for aged and needy women, he decided to found his own Religious Community of women modelled after Vincent's Daughters of Charity. He obtained an authentic copy of Vincent's Rule and founded the Sisters of Providence, Servants of the Poor, in March, 1844.

• It was from this community that a group of four Sisters responded in 1861 to the request of Bishop Horan of Kingston, Ontario to establish in his diocese an Institute like their own to care for the aged, the sick-poor, and all, young and old, who were in need of help. The eight

candidates, trained according to the Rule of St. Vincent de Paul by these four Sisters, formed the nucleus of the Sisters of Providence of Kingston under the leadership of its first professed religious, Sister Mary Edward McKinley. After five years of initiating the new Community, while visiting the sick in their own homes, caring for orphans, working in one of the prisons and begging from parishes for money and produce to feed and clothe their charges, the four returned to Montreal.

• The Sisters of Providence of Kingston continued to expand their original works of visiting the sick-poor in their homes and caring for orphans to encompass social and pastoral ministries. They expanded geographically into various parts of Canada and into Massachusetts whose congregation became an independent one. They established, as well, in Peru and Guatemala. Their history of initiating a work, and when circumstances necessitated their withdrawal, of moving on to meet new challenges, served the changing needs of Church and society.



The original Holy Family Hospital with (from left to right): Sister Benigna, Sister Dolorosa, Sister Snowflake and Sister Stephanie (November 1949).

It was to such a need that they responded in January, 1947 when the City of Vancouver approached Archbishop W.M. Duke to get a group of Sisters to establish a hospital in Vancouver to cope with the health care needs of the City's rapidly growing population. On April 30 of that year, three Sisters arrived in Vancouver and settled in an empty two-storey house at 7801 Argyle Street on a five-acre piece of land purchased by the Archbishop.

Sister Dolorosa and "Laundry Daze" (1949).



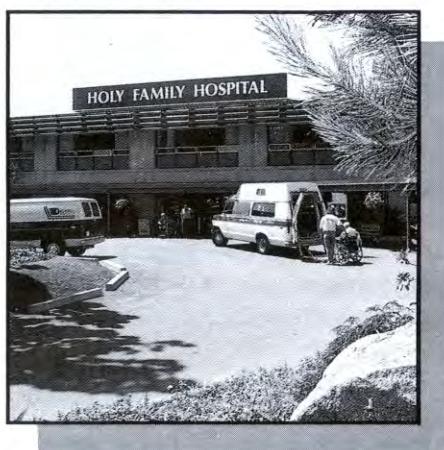
Even though they had no money to furnish or renovate the house adequately as a hospital, the Sisters admitted fifteen women patients in August, 1947. Since none of the patients could pay and the Social Service Department of Vancouver paid only a certain amount, the Sisters sold bouquets of Lily of the Valley that grew on the property, to pay the bills.

In March, 1954 the patients were transferred to a new fifty-two-bed hospital. The Sisters, then, had access to bedrooms in their little house, instead of sleeping under stairways.

Holy Family Hospital was recognized as a Rehabilitation Hospital in 1961 and the planning of a large addition was begun. Fifteen years later, on

June 20, 1976, the new wing was opened. The hospital is now recognized by the Ministry of Health of British Columbia as a Geriatric Rehabilitation Centre for the province. It has consistently achieved three-year Accreditation status by the Canadian Council on Hospital Accreditation.

*Holy Family Hospital.*



Holy Family Hospital has a strong multidisciplinary approach. The hospital attends various diagnostic groups: Cerebrovascular Accidents, Amputations, Arthritis Disease, Orthopaedic conditions (fractures, joint replacement), Multiple Sclerosis, and other neurological conditions. The average age of patients in the Rehabilitation Unit is seventy-five, and in the Extended Care Unit the ages of seventy-five per cent of the patients exceed eighty.

The Hospital's Mission has not changed over the last forty-two years. It simply states, "in the spirit of Christ's example of love and compassion for the sick, we are committed to providing high quality health services in a spirit of compassion and justice. We are committed to recognizing the dignity and worth of every person." The patient is the first concern. It is a simple but powerful Mission that serves as well today as it did in the time of the three Founding Sisters.

The call of the poor has always been present. So, too, has been the willing response of lay women and men who can identify with the Mission of the Sisters and who consider it a privilege to share with the Sisters the responsibility of recognizing and heeding the call of Jesus in the cry of the poor. The administration and staff of Holy Family Hospital continue to have the same vision and commitment as their Foundresses who really placed the hospital on the "leading edge."



Volunteers and the Sisters of Providence of St. Vincent de Paul touch patients and staff with the strength of their love and compassion.



Misty, Holy Family Hospital's most popular "therapist" visits the residents in Extended Care daily.

# AFFILIATE MEMBERS

## Catholic Health Association of British Columbia

### DUKE RESIDENCE

1114 Burnaby Street • Vancouver, B.C. V6E 1P1

**Administrator:** Sister Eileen Gamble

As a Community, the Missionary Sisters of Christ the King have worked in the Health Sector in B.C. for many years. Our Sisters helped improve the health situation among the Native People in B.C. for over 20 years—namely on the Anaham Indian Reserve and the Anahim Lake Indian Reserve. Since 1969, our nurses have undertaken the care of the elderly at the Duke Residence in Vancouver's West End. Our long Term Care Facility serves ladies of many ethnic and religious backgrounds. The dignity, the health and the rights of the individual are of prime importance to us. The needs of our elderly residents are met by means of: daily religious services, doctors' visits, entertainment, music and exercising therapy, and round the clock nursing care. **•S**



*Front, outside view of Duke Residence.*



*"We Care/We Serve"*



*St. Michael's Centre, Burnaby, B.C.*

### ST. MICHAEL'S CENTRE

7451 Sussex Avenue • Burnaby, B.C. V5J 3V6

**Administrator:** Mr. G.J. Herkel

St. Michael's Centre was initially set up as the "Flagship" of multilevel care for the elderly in Burnaby, B.C. Founded by the Anglican, Roman Catholic and United Churches, St. Michael's Centre opened its doors on July 6, 1981. With its present complement of 40 Intermediate Care beds, 40 Extended Care beds and an Adult Day Care Program with 15 clients per day, St. Michael's Centre has achieved a reputation for providing excellent resident and client care.

Since its opening, St. Michael's Centre has been surveyed by the Canadian Council of Health Facilities Accreditation in 1983, 1985 and 1988. In each of these surveys St. Michael's Centre has done very well and looks forward to its next Accreditation Resurvey in late 1990.

The Board of Directors has always looked forward to expanding St. Michael's Centre in the future. Towards realizing this goal, the then Minister of Health, The Honourable Peter Dueck, announced on February 27, 1988, an addition of 90 Extended Care beds for the Centre. During the course of planning the expansion, St. Michael's Centre and its neighbour, Fair Haven United Church Homes, entered into a comprehensive development rezoning of their site covering a continuum of care from independent living through to Extended Care. As we approach our expansion and the implementation of our Master Plan, St. Michael's Centre takes pride in its mission and goal to provide multilevel care to our residents in conformity with the teachings and spirit of Jesus Christ. **•S**



*Our Caring Mission.*

# In By-Gone Days

## SISTERS OF ST. JOSEPH OF PEACE MATER MISERICORDIAE HOSPITAL *Rosslan, B.C. (1896 - 1969)*

• In 1895 a patron of St. Joseph's Hospital, Fairhaven (now Bellingham), had gone prospecting in Rossland, B.C. in the southern part of the province. He recommended the Sisters of St. Joseph of Peace to Father A. Lemay who was looking for Sisters to start a hospital in that mining town. In April, 1896, two days of arduous travel took Sister Teresa Moran and Sister Stanislaus Tighe from the town of Fairhaven in Washington State to visit the priest and see what the prospects were. A proposed two-day visit became a two-month long one. The Sisters became thoroughly acquainted with the area as they collected money from the miners in the surrounding area and in Trail where a huge smelter was already operating.

• On November 4, 1896, a temporary hospital was opened in a new double storey building, having a capacity for thirty patients. The first Sisters were: Sister Teresa Kiernan, Superior, with Sisters Ursula, Carmelite, and Joseph Marie. By June 4, 1897, a new completely modern hospital was built.

• Soon the hospital was in a precarious position because of a ruinous strike at the mines. Sister Teresa Kiernan's resourceful plan saved the hospital. She decided with the approval of the mayor and leading citizens of the town to make application to the Provincial Government of British Columbia for an annual grant. Within a short time this was approved, the first time ever that one had been made to a denominational hospital. A great legacy of Sister Teresa is that subsequently all hospitals in Canada became recipients of such grants.

• The hospital grew and contributed greatly to the surrounding areas, but by 1965 the government was taking excellent care of the sick in a fine hospital in the City of Trail, just a few miles away. Since the number of vocations was diminishing, it was felt that the hospital personnel could be better utilized in some of our larger hospitals. •

## SISTERS OF ST. JOSEPH OF PEACE SACRED HEART HOSPITAL *Greenwood, B.C. (1901 - 1918)*

• Shortly after the Sisters of St. Joseph of Peace were established in Rossland, B.C., an appeal was made by Father Bedard, O.M.I., of Greenwood, B.C. to establish a much needed hospital in the newly developed copper mining district. Mother Teresa Moran, together with Sister Teresa Kiernan visited with the Mayor and City Council and approved arrangements for Sisters to operate a hospital under the name of Sacred Heart Hospital. It opened on August 17, 1901, with the community consisting of Sister Aloysius Degnan, Superior, with Sisters Ursula, Berchmans, and Stephen.

• For some years the hospital flourished but the low market rate for copper, coupled with the war, had reduced Greenwood to a ghost town and the Sisters could no longer maintain a hospital there. Regretfully, the hospital was closed in 1918. Hope was held out that the Sisters might return when the mining conditions improved. In a letter in October, 1919, Sister Teresa stated that the Sisters would be willing to return to, as she put it, "our favorite field of labor." However, the mines did not re-open so in 1921 the Community finally had the hospital dismantled and the lumber taken to Nelson for an extension being planned on the school. •

## THE SISTERS OF THE LOVE OF JESUS ST. MARY'S PRIORY *Victoria, B.C. (1939 - Present)*

• The Sisters of the Love of Jesus, an Anglican Community, was founded by Mother Cecilia Mary (Dodd) on April 8, 1922. The Foundress and seven members converted to Catholicism in Vancouver, B.C., on July 30, 1937 (Decree of Erection). In 1939 Mother Cecilia converted her St. Anthony School on Oak and 27th Street in Vancouver to a health care facility for elderly people.

• The Community moved to Victoria in 1942 and there purchased the James Bay Hotel where they cared for elderly men and women. They also established a convent and novitiate on Simcoe Street in Victoria in 1943. In a house adjoining the convent, they housed elderly retired women. The following year they purchased property on Barnard Avenue in Esquimalt but they were not able to expand because of zoning laws so they sold the holdings. In 1946 they sold the James Bay Hotel and bought the Glen-shiel Hotel, bringing with them those who wished to come.

• In 1950 the Community purchased the property and clubhouse of the Royal Colwood Golf Club in Langford and there established St. Mary's Priory. The property held the Chez Marcel Restaurant. When its lease expired they converted this building into a twenty-four-bed hospital in 1952. In 1955 a new house called House of Peace was built on the property.

• Mother Cecilia extended her facilities by purchasing the Royal Auto Club across the street. The individual units were joined together, creating St. Anthony's Home for the elderly.

• St. Mary's Priory became the Juan de Fuca Hospital. It was taken over by the government in 1967. In the meantime, it had become internationally known for its standards in long-term health care and was accredited in 1971 as such. A new unit known as the Hiscock Unit with a seventy-five-bed capacity was opened in 1979. In 1990 the House of Peace will be demolished and a new seventy-five-bed health care facility erected.

• Mother Cecilia died at the age of ninety-eight in March, 1989 in the hospital that she founded. The hospital continues to function under the B.C. Health Association and, as in the time of its beginnings, its standards remain high. •



# The Future of Catholic Health Care in British Columbia

→ A paradigm shift has taken place in the operation of Catholic Hospitals in B.C. These institutions since they first opened their doors have been under the management of religious women. They have been a perfect example of family operated businesses with all the benefits and responsibilities that means. Today for the most part the hospitals in British Columbia are sponsored by the owners but very few Sisters are in positions of leadership and authority.

→ The reasons for the above are well known but the primary one is that no longer is there a steady stream of applicants for religious life dedicated to institutional ministries. This is as it should be. We speak today of the age of the laity. If this is so it is important that opportunities are provided for our lay leaders to assume their rightful place in the healing ministry in the Church.

*Healing body and spirit.*



*The old order changeth, giving way to the new  
And God fulfills Himself in many ways.*

Tennyson

→ The healing ministry has always held a central place in the Mission of the Church. In the Gospel we learn that Jesus expressed His compassion for suffering persons by healing them in body and spirit. Then when the disciples were sent out they were to heal the sick and proclaim the Good News. Through the Centuries the Church has continued this mission. **The question for us today is how the Church in B.C. will continue the healing ministry in the 21st millennium.** Should it be in the form of institutional commitment? If so, how is this to be, given the changing circumstances? How will the Church deal with ever more challenging ethical questions in our pluralistic society; one that no longer is based on Christian mores? How can the Church infuse Christian values into the public system that does provide health care? And should it?

→ Jesus tells us that we must read the signs of the times. We know that the number of Catholic hospitals in B.C. today is about half of the number that were in the early sixties. Most of these hospitals were in the smaller communities with the exception of St. Joseph's in Victoria. The decision to turn these hospitals over to the local communities had something to do with the replacement of buildings which the religious communities were not able to finance. It also was due to the increasing number of medical moral questions arising because of the changing mores in society. The fact that the number of hospitals is fewer should not be a concern for the Christian Community. Throughout salvation history God has often worked with a remnant of His people. Even though there are few remaining institutions, the Church should consider all alternatives before relinquishing the sponsorship of all health care institutions.

• In the mid eighties the Bishops of the United States set up a commission to study the Catholic Health Ministry in their country. Their published report entitled "*A New Vision for a New Century*" published in 1988 contains much that is relevant to Canada. Included in their vision is the recognition that Catholic Health Ministry is the activity of the whole Church, responding to human suffering with a range of personal and corporate resources. This is a change as through the years the hospitals have been seen to be the work of religious communities and not related to the local Church in a vital way.

• If we believe that the healing ministry is vital to the Church, the Bishops will of necessity have to provide leadership and call forth the gifts of the laity to continue the work begun by the religious. This has already happened in Alberta and Saskatchewan. And in our own Province of B.C. Bishop Remi De Roo assumed the ownership of the hospital in Comox when the Sisters of St. Joseph found it necessary to withdraw.

• In the final analysis the Catholic Health Care Ministry of the future will depend on the leadership that is provided. This must come from the local Church in the person of the Bishop, the religious owners and those presently involved in the governance and management. The clearly enunciated mission statement must be based on values which have the capacity to motivate and energize all operations within the institution.

• In looking to the future of health care we must be well aware of the changes taking place in that area of society. Our rapidly aging population suggests that allocation of funds could well turn from the acute care institutions to long term in order to care for the increasing number of chronic illnesses. Trends indicate that more treatment will be done in day care and community based services. We must be prepared and willing to move in that direction. •

*Leaders in the Catholic institutions must move forward in faith, open to the Spirit and the Signs of the Times. Changes must come but there is nothing to fear*

*Because the Holy Ghost over the bent*

*World broods with warm breast and with ah! bright wings.*

*Hopkins*

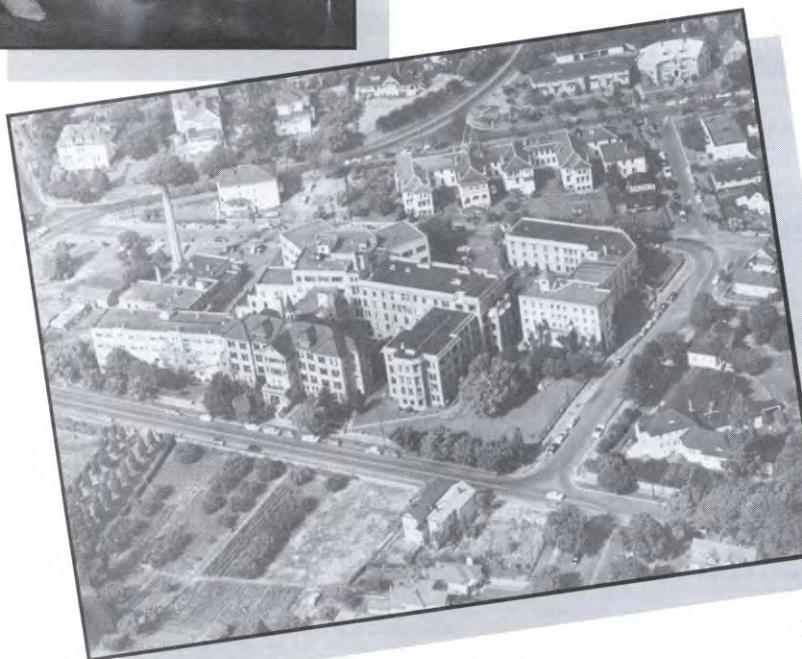
*Hands to the needy.*



# PRESIDENTS 1940 — 1990

## Catholic Health Association of British Columbia

1940	Rev. Mother Mary Mark, S.S.A.	1966	Sister Mary Clare, S.P. (Kingston)
1941	Sister Mary Camillus, S.C.I.C.	1967	Sister Mary Clare, S.P. (Kingston)
1942	Sister Mary Camillus, S.C.I.C.	1968	Sister Marion MacDonald, S.C.I.C.
1943	Sister Mary Kathleen, S.S.A.	1969	Sister Marion MacDonald, S.C.I.C.
1944	Sister Mary Kathleen, S.S.A.	1970	Sister Mary Matilda Gibbon, C.S.J.
1945	Sister Columkille, S.P.	1971	Sister Mary Matilda Gibbon, C.S.J.
1946	Sister Columkille, S.P.	1972	Dr. E.G.Q. Van Tilburg
1947	Sister Columkille, S.P.	1973	Dr. E.G.Q. Van Tilburg
1948	Sister Helen Marie, S.P.	1974	Dr. E.G.Q. Van Tilburg
1949	Sister Mary Ruth, S.C.I.C.	1975	Sister Mary Matilda Gibbon, S.C.I.C.
1950	Sister Teresina, S.P.	1976	Sister Germaine Roy, M.I.C.
1951	Sister Leo Francis, S.P.	1977	Sister Germaine Roy, M.I.C.
1952	Sister Mary Loretto, S.S.A.	1978	Sister Catherine Doherty, S.P. (Kingston)
1953	Sister Mary Loretto, S.S.A.	1979	Sister Catherine Doherty, S.P. (Kingston)
1954	Sister Mary Loretto, S.S.A.	1980	Miss Margaret Mahoney
1955	Sister Mary Ruth, S.C.I.C.	1981	Miss Margaret Mahoney
1956	Sister Anne, S.P.	1982	Mr. Michael Higgins
1957	Sister Mary Angelus, S.S.A.	1983	Mr. Michael Higgins
1958	Sister Mary Angelus, S.S.A.	1984	Mr. Don Brown
1959	Sister Mary Angelus, S.S.A.	1985	Mr. John McKenna
1960	Sister Mary Loretto, S.C.I.C.	1986	Mr. John McKenna
1961	Sister Mary Loretto, S.C.I.C.	1987	Mr. Georges Leroux
1962	Sister Mary Loretto, S.C.I.C.	1988	Mr. Georges Leroux
1963	Sister Mary Michael, S.P.	1989	Sister Anne Purcell, C.S.J.
1964	Sister Mary Michael, S.P.	1990	Miss Mary L. Gordon
1965	Sister Mary Lucita, S.S.A.		



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