



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.

St. Paul's Hospital: A Proud Tradition of Compassionate Care

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St. Paul's Hospital

A Proud Tradition of Compassionate Care



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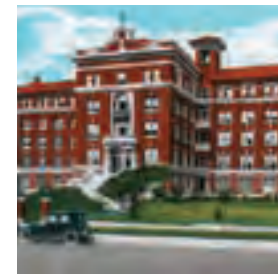
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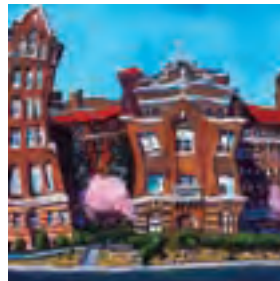




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FOREWORD

A Proud Legacy

In 2007, St. Paul's Hospital celebrates the 100th anniversary of the opening of its School of Nursing. We mark this milestone because the School played such a vital role in making this hospital a strong, vibrant contributor to the health care system of Vancouver and British Columbia. Led by the Sisters of Providence, the School's rich history mirrored the sweeping social changes that transformed Canada in the twentieth century. More than 4,000 nurses were trained at St. Paul's before the profession shifted its educational focus to post-secondary institutions. Although the School closed more than 30 years ago, there is a strong bond among former students and a close affiliation with the hospital. Through those graduates — who went on to become nurses at St. Paul's or other hospitals, entered post-graduate training, raised families and became involved in research or teaching — the School of Nursing has touched an entire community.

The courage and commitment of the five Sisters of Providence, who made the trip to the fledgling town of Vancouver in 1894, still define us. Ask anyone working at St. Paul's what makes their hospital different or unique, and you'll likely hear about the

spirit of those five founding women. And you will discover a strong sense of pride in being associated with a caring organization.

What would Mother Marie Frederic think if she saw St. Paul's today? She might congratulate herself on choosing an excellent location. She would marvel at the sophisticated technology and advances in patient care. She would recognize the challenges that we face — finding the space, staff and resources to meet patient needs. And I like to think she would be proud that the Sisters' tradition of compassionate care continues to this day.

St. Paul's has always been there to meet our community's needs. In 1894, when the growing town of Vancouver didn't have adequate medical care, the Sisters of Providence established the hospital. In the Great Depression of the 1930s, the Sisters provided meals daily for the city's poorest people. In the 1980s, when fear of HIV/AIDS was rampant, St. Paul's opened its doors to a rejected and desperately ill group of people. Today, as a member of Providence Health Care, St. Paul's is a leader in compassionate health care, in teaching and in research.

Below: St. Paul's School of Nursing's first graduating class (top row, l-r) T. Whitt, R. Ferguson, M. Benner, (middle) D. Rich, C. McKensbry, S. McCallum, A. Bonnin, (front) A. Alexander, M. Brown, G. Jenkins, E. Donaldson (1910).
Opposite: St. Paul's Hospital's imposing new front entrance, facing Burrard Street (ca. 1914).

As we work today to ensure the hospital's renewal, we are strongly guided by our history. The spirit of St. Paul's goes beyond bricks and mortar. Whether we are working at a community clinic, at our original site or at a different facility, St. Paul's will always be responsive and relevant to the needs of the people it serves.

During this year of celebration, we give our thanks to the many dedicated health care professionals who gave so much to create St. Paul's Hospital's proud legacy.

Dianne Doyle
President and CEO
May 2007



Mission

Providence Health Care is a Catholic health care community that respects the sacredness of all aspects of life.

Inspired by the healing ministry of Jesus Christ, our staff, physicians and volunteers are dedicated to service and to the support of one another.

In this environment of service, support and respect, we meet the physical, emotional, social and spiritual needs of those served through compassionate care, teaching and research.

Vision

We will continue to grow as a community, regional and academic health science enterprise that is a recognized leader in the provision of health care within British Columbia. We will be respected for our care and services, known for our mission and values, acknowledged for the contributions of our teachers and researchers. We will actualize our Vision by being an organization of caring hearts, creative souls and resourceful actions.



Values

Spirituality: We nurture the God-given creativity, love and compassion that dwell within us all.

Integrity: We build our relationships on honesty, justice and fairness.

Stewardship: We share accountability for the well-being of our community.

Trust: We behave in ways that generate trust and build confidence.

Excellence: We achieve excellence through learning and continuous improvement.

Respect: We respect the diversity, dignity and interdependence of all persons.

“St. Paul’s is an organization that really cares about its mission. Everybody has a mission, but St. Paul’s really talks about its mission and vision, reminding itself that it’s a place that started out by paying attention to marginalized populations. That truly is a mantle we all wear.”

[YVONNE LEFEBVRE, PROVIDENCE HEALTH CARE RESEARCH INSTITUTE]



How you want to be treated.



1870

1873: The first nurses' training school was established in Canada at St. Catherine's General Hospital in Montreal, with the motto: "Where there is no woman, a sick man groans."

1890

1897: Canada's Victorian Order of Nurses received its charter, and the first superintendent, Charlotte McLeod, led a team of nurses to the Klondike to supply medical services to thousands of prospectors.

1900

1907: St. Paul's Hospital opened its training school for nurses. Fourteen young women were accepted into the first class.

THE TRANSFORMATION OF NURSING

From Handmaiden to Professional: 1907-2007

As St. Paul's marks the 100th anniversary of its School of Nursing, the enormous changes that the hospital has undergone are matched by a transformation in the role of nurses, from doctor's handmaiden to highly trained specialists who carry out key roles throughout the hospital and all segments of health care.

When St. Paul's School of Nursing was founded in 1907, nurses were expected to be obedient helpers who unquestioningly followed doctors' orders. The philosophy that the role of the nurse in the medical profession was to be subordinate persisted well into the twentieth century. Training for nurses in the early days of the School of Nursing focused on basic care such as bathing patients, making beds and applying bandages.

Canadian nurses earned growing respect as a result of their participation in World War I. Nursing began to shift from being a religious vocation to being a secular profession. Just one year after the war ended, nursing advanced significantly when the University of British Columbia became the first Canadian university to establish a Department of Nursing and nurses became officially registered. But this progress was not without opposition. When UBC proposed introducing a nursing degree program, the response from the College of

1910

1912: The Registered Nurses Association of B.C. was founded. Anyone wanting to practise nursing in the province was required to join.

1914–1918: Canadian nurses, known as “Blue Birds”, played a significant role in World War I.

1919: The St. Paul’s School of Nursing graduating class was the first to write the Provincial Registered Nurses examinations.

1919: The University of British Columbia became the first in Canada to establish a Department of Nursing.

1930

1931: A new six-storey Nurses’ Residence opened at St. Paul’s Hospital. It included accommodations for 200 students, classrooms, a library and recreational space.

1931: St. Paul’s introduced the first post-basic nursing education program, a six-month operating room course.

1937: The first capping ceremony took place at St. Paul’s School of Nursing, recognizing students who completed the six-month probation period.

1940

1939–1945: So many Canadian nurses were willing to enlist in the war effort that they had to be encouraged to stay home to provide medical support. Nursing became a crucial service both in Canada and overseas.

1946: The Registered Nurses Association of B.C. (RNABC) won its first certification at St. Paul’s Hospital.

“The chief requisite of the student was following doctor’s orders implicitly, and keeping the patient as comfortable and as cheerful as possible.”

[FROM ST. PAUL’S HOSPITAL 50TH ANNIVERSARY BOOK]

Physicians and Surgeons was not encouraging: “... overtraining nurses is not desirable and results largely in the losing of their usefulness,” the doctors warned.

In the years between the two World Wars, nurses continued to work hard for modest wages. There was no compensation for overtime, holidays or sick days. And if a nurse broke an instrument, that amount would be deducted from her paycheque. Nursing education continued to be largely centred

in hospitals, with students living in residences and working long hours for little or no pay.

More than 4,000 Canadian nurses saw active service during World War II. Resources were stretched thin as the remaining colleagues provided care at home. There was growing collaboration between nurses and doctors on the battlefield and in Canadian hospitals — beginning the team approach that defines health care today.

The many medical advances that occurred in the post-war period had a dramatic effect on the status of nurses. As the practice of medicine became more complex, nurses assumed tasks previously performed by doctors, such as taking blood pressure and starting IVs. There was a growing need for nurses to be skilled professionals who could be active participants in patient care. But the stereotype of subservience persisted for some time — in the 1960s, students were still expected to stand when a physician entered the room.



1950

1957: Nursing students at the University of British Columbia began doing most of their clinical work at St. Paul's.

1959: The union representing St. Paul's nurses took part in province-wide bargaining for the first time. Students at the School of Nursing were allowed to marry and continue their nursing education.

1960

1967: The British Columbia Institute of Technology introduced a two-year diploma nursing program.

1968: A Master of Science in Nursing degree was introduced at the University of British Columbia.

1970

1974: St. Paul's School of Nursing closed after 67 years and the graduation of more than 4,000 students.

1979: The Registered Nurses Foundation of B.C. was formed to assist nurses in furthering their education. St. Paul's nurse Don Ransom was the founding president.

The growing emphasis on advanced education for nurses reflected the increasing demand for specialized skills. The closing of St. Paul's School of Nursing in 1974 was part of a trend that saw training shift to post-secondary institutions. Universities began to offer master's degrees in the fields of clinical nursing, nursing research and nursing administration, which led to more graduates taking on key leadership roles. In recent years, it has been accepted that in order to contribute fully as partners in health care, nurses would need even more education; by 2000,

it became mandatory for registered nurses in B.C. to have a university degree. After their initial training, RNs could expand the scope of their work into specialized disciplines such as critical care, neonatal, nephrology and pediatric critical care. And with increasing frequency, nurses were taking post-graduate degrees in order to master the evolving health care environment.

The clinical nurse specialist (CNS) is an important advanced role the nursing profession has established. A CNS holds a master's degree and has a specialized clinical focus. A common responsibility is case-managing

complex patients, which can include supervising complicated care during a hospital stay and providing support after discharge. The CNS is also educated to handle system-wide issues such as policies and procedures, research, evaluating change and supporting nursing practice. This evolving leadership position enables St. Paul's to keep pace with the rapid change that underscores current health care.

The role of the nurse practitioner throws into sharp relief the tremendous change that the profession has experienced. Nurse practitioners diagnose and treat common illnesses, order tests,

1980

1981: The B.C. Nurses' Union was officially founded as an independent Canadian union.

1985: A team from St. Paul's that included RNs Irene Goldstone, Barbara Bolding and Ann Beaufoy led efforts in AIDS education for nurses that appeared in a special report in RNABC News.

1989: The last hospital-based nursing education program in B.C. closed at Vancouver General Hospital.

1990

1991: PhD in Nursing introduced at the University of British Columbia.

2000

2000: It became mandatory for registered nurses in B.C. to have a university degree.

prescribe medications and refer patients to health care colleagues. They aren't substitutes for doctors, but work collaboratively with physicians and the rest of the health team to provide enhanced patient care. And with the mounting pressure on all health care providers, the role of nurse practitioners continues to evolve. In 2007, St. Paul's nurse practitioners were working in several areas, including Orthopedics and the Heart Centre.

Nurses today are in key decision-making roles within government, universities and health care organizations. The current CEO of Providence

Health Care, Dianne Doyle, began her career as a nurse. Whenever there are advances in health care, it's often the nurses who are at the bedside delivering the improved treatment. And, as researchers, managers and teachers, it is often nurses who are developing and implementing these advances.

While the role of the nurse has been transformed radically over the past century, the essence of nursing remains unchanged. Nurses are at the heart of patient care.

CHANGING THE FACE OF HEALTH CARE

St. Paul's nurses have made numerous contributions to health care, stretching back to the days of Sister Charles Spinola and her groundbreaking ether machine. In recent years, St. Paul's nurses have received notable awards for their work in diverse areas:

- :: Improved pain control for patients
- :: Improved care of long-term care patients
- :: Mandatory registration of nurses in B.C.
- :: Developing post-graduate curriculum
- :: Writing national operating room nursing standards
- :: Creating the master rotation concept for staffing
- :: Leading HIV nursing in Canada
- :: Nursing orientation programs
- :: Nursing leadership initiatives

CHAPTER ONE

The Early Years: 1894–1913

A NEW HOSPITAL FOR VANCOUVER On a rainy March day in 1892, two Catholic Daughters of Charity, Servants of the Poor (commonly known as Sisters of Providence) stood on a piece of wilderness on Burrard Street. They were trying to picture a thriving hospital that would care for the growing health needs of the young city of Vancouver. It was undoubtedly a tough image to conjure: what lay at their feet was nothing more than a former forest recently scarred by fire and only partially cleared. With miles of sparse meadowland surrounding the still small townsite, it must have felt like a bit of a gamble for the Sisters to choose this land for their new hospital. In the end, they paid \$9,000 for seven lots, a decision that proved to be a shrewd move as it would one day be part of the city core.

Incorporated as a city just a decade earlier, Vancouver experienced a surge of growth with the arrival of the railway in 1887, but that was soon followed by an economic depression. A smallpox epidemic in 1892 and other health crises caused by flooding of the Fraser River highlighted the need for a new health care facility to serve the growing port. Bishop Paul Durieu, O.M.I., of the New Westminster Diocese approached the Sisters of Providence in Montreal several times to ask for their help. In 1892, they responded by sending Mother Marie Therese from the Sisters of Providence in Portland, Oregon. Accompanied by Sister Rodrigue from St. Mary's Hospital in New Westminster, Mother Marie Therese was on a fervent mission: to buy some land suitable for a hospital.

- **Below:** The foot of Burrard Street showing the North Shore mountains (ca. 1896).
- **Opposite:** Cordova Street five weeks after the fire that destroyed Vancouver on June 13, 1886.



City of Vancouver Archives
CVA 1376-169

THE FOUNDRESSES OF ST. PAUL'S

Sister Marie Frederic (Elisabeth Niquette)
[1894–1898] Superior

Sister Marie Alphonse (M. Julianna Fusey)
[1894–1901] Nurse, Pharmacy
[1914–1928] Directress of Nurses and Councillor

Sister Praxède de la Providence (Marie Caroline Gerin-Lajoie)
[1894–1900] Assistant and Nurse Superior
[1900–1906] Superior

Sister Lea Castonguay
[1894–1900] Dietary Department

Sister Marie du Saint-Esprit (M. Angeline Hebert)
[1894–1899] Nurse, Pharmacy
[1904–1908] Pharmacy, Graduate Nurse 2nd Floor

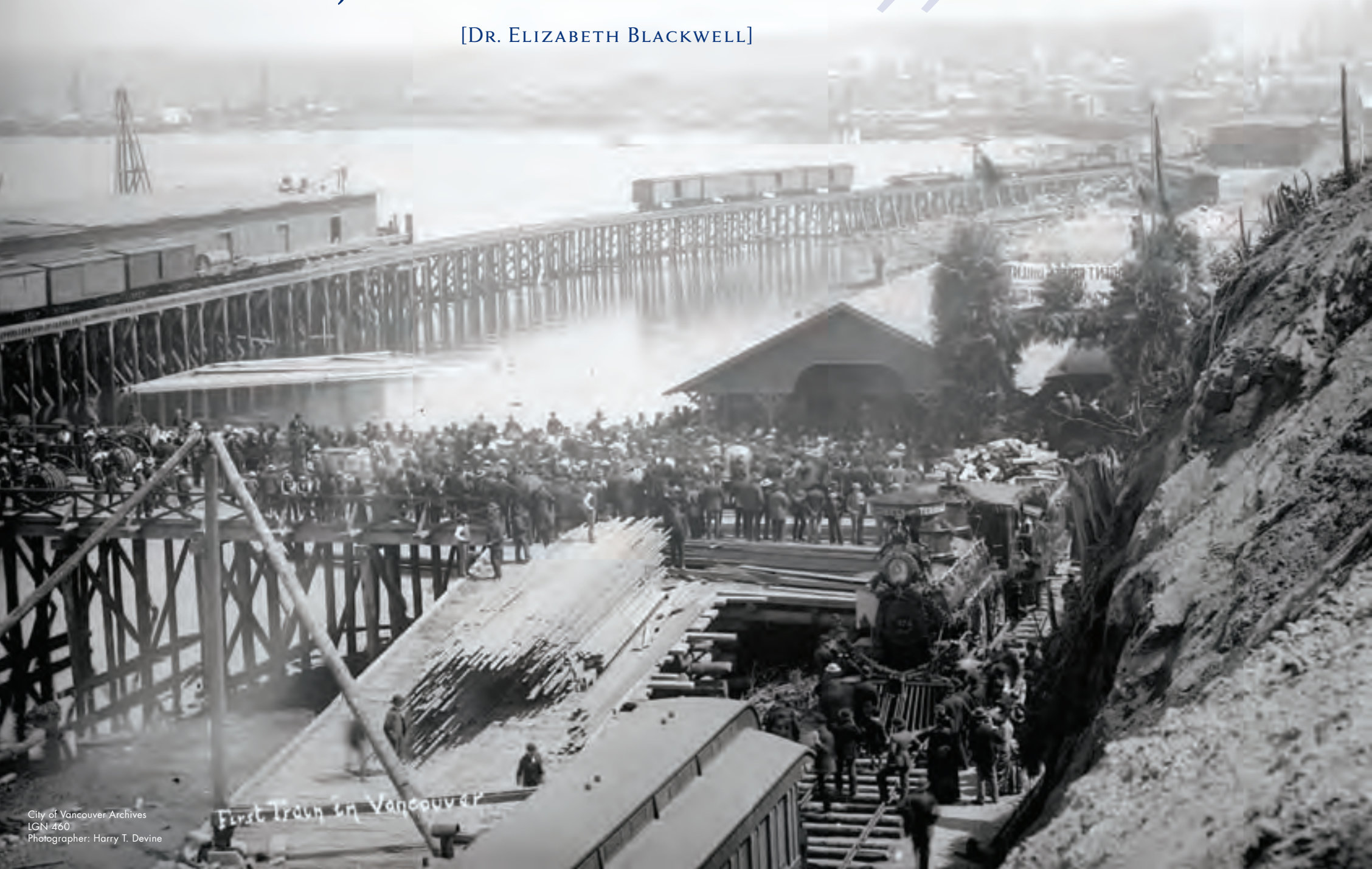
Sister Marie de Bethléem (M. Delmina Simard)
[1894–1898] Nurse 3rd Floor

Sister Elzire Guindon
[1894–1900] Dietary Department



*“It is not easy to be a pioneer —
but oh, it is fascinating! I would not trade
one moment, even the worst moment,
for all the riches in the world.”*

[DR. ELIZABETH BLACKWELL]



A ROUGH START — VANCOUVER IN THE 1890s

When the five Sisters of Providence stepped down to the CPR station platform in 1894, Vancouver must have been a shock. It certainly didn't measure up to more refined centres back east. But what any visitor at the time couldn't know was that the chaotic little town was already a transformed place. A new brick city was rising from the destruction of the 1886 fire that had destroyed the first village of clapboard shacks, saloons, shops and houses strung along Water Street. Speculation, fuelled by the 1887 CPR extension from Port Moody, soon came up empty. Work was hard to find, investment opportunities failed to materialize and city fathers contemplated declaring the town broke. But the decision to quickly rebuild galvanized the newly named city.

Between 1891 and 1901, the population skyrocketed from 13,709 to 29,000 — in 1884 the settlement only had 400 citizens. The CPR's first Hotel Vancouver was opened in 1888. The railway company — which was soon reaping a bonanza from sales of its property — built a lavish Opera House where Sarah Bernhardt sang in 1891. In 1897, the town became a staging area for prospectors headed to the Klondike gold fields and business took off. Stanley Park was already a much-loved park, the B.C. Sugar Refinery was gaining new markets, the first Granville Street Bridge spanned False Creek and the Vancouver Board of Trade was in business.

In the same decade that St. Paul's opened its doors, the city was stricken by a devastating smallpox epidemic. Once the smallpox crisis abated, people started feeling optimistic again. The Vancouver establishment was moving into the dignified new West End neighbourhood just behind the hospital. Local lumber and rail barons founded the Vancouver and Terminal City clubs, electric streetcars appeared on city streets and the first of the CP Empress ocean liners were soon to make regular calls to the port, filled with Asian luxuries bound for European markets.



Opposite: Crowds at Vancouver's new CPR station to welcome the first train to arrive in Vancouver (May 23, 1887).

Above: A new city rising. Brick buildings grace the intersection of Water, Cordova and Richards streets, 14 years after the great fire (ca. 1900).



• **Above:** St. Paul's nurses (ca. 1910).

• **Opposite:** Sisters of Providence (front row, l-r) Sisters Charles Spinola, Anne Philomena, Marie Leona, (back row) Sisters Justinien, Charles Elisée, Casilda, unknown, Cyr.

TAKING THE PULSE

1873: The first nurses' training school was established in Canada at St. Catherine's General Hospital in Montreal, with the motto: "Where there is no woman, a sick man groans." (Diana J. Monsell, RN, PhD, *Forging the Future: A History of Nursing in Canada*)

Nurses were expected to be obedient, loyal, dutiful, sober, moral and to ground their practice of nursing in their deep religious faith. (*Forging the Future*)

1888: Vancouver mayor David Oppenheimer officially opened St. Luke's Hospital. Sister Frances Redmond established B.C.'s first nurses' training school at the hospital along with Vancouver's first social services centre.

1893: Dr. Mary MacNeill was registered as the province's first female doctor and practiced in Victoria. She received her medical training in Chicago because Canadian colleges frowned on female medical students and accepted only a few very determined women. (B.C. Ministry of Health and Ministry Responsible for Seniors and Women's Health Bureau, *The Challenge of Caring: A History of Women and Health Care in British Columbia*)

1897: Canada's Victorian Order of Nurses received its charter, and the first superintendent, Charlotte MacLeod, led a team of nurses to the Klondike to supply medical services to thousands of prospectors.

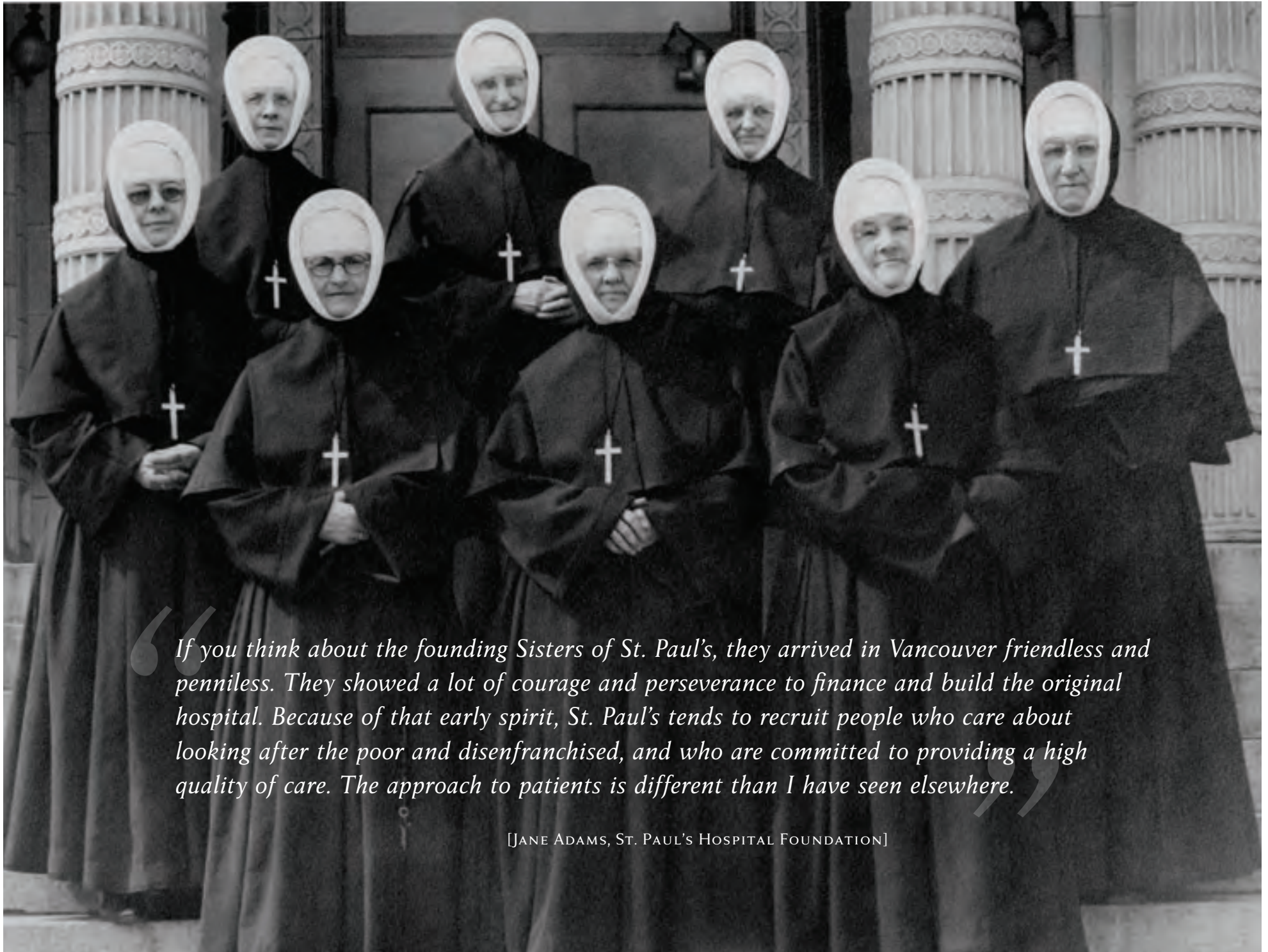
1898: Dr. Vera McPhee, Vancouver's first woman doctor, opened her practice. (*The Challenge of Caring*)

HANDY WITH A NEEDLE

"When a student [nurse] had received her cap, the hospital issued the material for her to make her dress uniforms ... We each had two dresses and six aprons initially. The dresses were of a blue and white cotton material, somewhat like ticking such as the Chinese used for their suits. The dresses had long sleeves and round necks and were buttoned to the top. Then there was a starched white collar, like an Eton collar, and starched white cuffs about five inches long and fastened by cufflinks. Over the dress we wore a starched white apron with a bib. Aprons were buttoned in the back. They were long, almost like a skirt, but not sewn down the back. The apron was gathered at the waist band. The bib was small and stitched to the skirt portion. Senior nurses wore differently shaped bibs. They were larger and came up to the neck, with straps that crossed at the back ...

"We always put on a clean apron at noon and that one was again used the next morning. This enabled us to always look fresh and clean in the afternoon when we had finished washing patients, making beds and so on ... We had to wear 'sensible' black shoes with a good square heel ... and wore black lisle stockings even after graduation ...

"Instruments used in the operating room were often the personal property of a physician. Vaseline was rubbed onto the instruments to prevent them from rusting." (*Labor of Love: A Memoir of Gertrude Richards Ladner 1897-1976*)



“If you think about the founding Sisters of St. Paul’s, they arrived in Vancouver friendless and penniless. They showed a lot of courage and perseverance to finance and build the original hospital. Because of that early spirit, St. Paul’s tends to recruit people who care about looking after the poor and disenfranchised, and who are committed to providing a high quality of care. The approach to patients is different than I have seen elsewhere.”

[JANE ADAMS, ST. PAUL’S HOSPITAL FOUNDATION]

“St. Paul’s Hospital was created for one simple reason: to respond to a community’s need with a commitment to healing body, mind and soul.”



When the Sisters purchased the land on Burrard Street, it was on the outskirts of a town with about 10,000 people. At the time, there was only a dirt trail from the harbour to English Bay. The area on which the hospital was built was distinguished by several great stumps and the charred remains of the forest that had been destroyed in the great Vancouver fire of 1886. The blackened trees and underbrush covered the whole of what later became Vancouver’s West End. In years to come, the hospital would be surrounded by smooth lawns, with a summer house, fruit trees and vegetable gardens in a lovely fenced area at the back.

St. Paul’s Hospital was created for one simple reason: to respond to a community’s need with a commitment to healing body, mind and soul. During the course of the next century and beyond, the hospital stayed true to the Sisters’ original vision of being responsive and relevant to the community.

Their site selection process over, the Sisters of Providence went to work, raising money and overseeing the construction of a medical facility to serve nearby mining and fishing camps, as well as the local community. The 25-bed four-storey hospital would augment the services of Vancouver General Hospital, which had been built eight



years earlier. The total cost of the first building was \$28,000. It was designed by Mother Joseph of the Sacred Heart, an accomplished architect and carpenter who had planned more than 30 hospitals, schools and homes for orphans, the elderly and the sick in the western United States and British Columbia. The first sod was turned on May 16, 1894, under the careful supervision of Sister Marie Frederic, first Superior of the new hospital. In the years that followed, 12 more buildings would be constructed on the same site.

- **Above (l-r):** West End, looking west from Barclay Street (1890); Mother Joseph of the Sacred Heart, responsible for building 30 hospitals, schools and First Nations missions in the Northwest (1823–1902).
- **Opposite:** The first St. Paul’s Hospital, finished in 1894.





THE SISTERS OF PROVIDENCE

The Institute of the Daughters of Charity, Servants of the Poor was founded in Montreal in 1843 by Ignace Bourget, the Bishop of Montreal, and Mother Gamelin. Emilie Gamelin was a widow who was distinguished by her ardent charity towards the poor and those in need.

In 1856, Mother Joseph of the Sacred Heart and four other Sisters traveled to the Pacific Northwest, setting up a mission in Vancouver, Washington, and opening several hospitals in Washington and Oregon. In 1886, the Sisters came to New Westminster, B.C.,

to open St. Mary's Hospital. They took long trips by horseback and river boat to the mines in Idaho, Montana, Oregon and the Cariboo Country in British Columbia, begging for precious gold dust and nuggets to support their works of charity.

Through the years they were known simply as the "Sisters of Providence" because they relied on providence and spoke and sang about providence. But it was more than a century before they formally adopted Sisters of Charity of Providence as their official title.

“There is still a great attachment at St. Paul's to this group of religious women, pioneers in health care services, who came out to Vancouver, raised funds and built a facility for individuals who otherwise wouldn't have had care. We're still very much committed to that kind of work — reaching out to the vulnerable and the underserved.”

[DIANNE DOYLE, PRESIDENT AND CEO,
PROVIDENCE HEALTH CARE]

On October 18, 1894, five French-speaking Sisters of Providence stepped off a train in Vancouver: Sister Marie du Saint-Esprit, Sister Marie de Bethléem, Sister Benjamin, Sister Lea Castonguay and Sister Elzire Guindon had arrived to provide much-needed help to Sister Marie Frederic. One month later, Sister Praxède de la Providence, who would become one of St. Paul's leading figures in the early years, replaced Sister Benjamin. These founding Sisters needed their faith to endure those first years in Vancouver as they adjusted to life in a raw, new city, learned a new language and embarked on the hard work of running a hospital on their own.

On November 21, the first patient, Mrs. Woodlock, was admitted. What ailed her is still unknown; early records are incomplete and in French. The following day, the modest original four-storey wooden structure — located where the South Wing was built in 1940 and where the Providence Wing now stands — was blessed by Bishop Paul Durieu, O.M.I. The hospital was named St. Paul's, honouring both the Saint and the Bishop. After the ceremony, 200 people attended a banquet and reception held in honour of the occasion.

Above: Mother Gamelin, Foundress of the Sisters of Providence.

Opposite: Located above a real estate agent, Vancouver doctors' offices in the early 1890s.



VANCOUVER'S MEDICAL PIONEERS

With the hospital now open for business, the Sisters turned their attention to recruiting medical staff. Doctors in Vancouver were difficult to come by — it would be many years before the University of British Columbia opened its medical school. As a result, the first doctors in Vancouver were trained in Central Canada or abroad. Dr. John Mathew Lefevre, a graduate from McGill University in Montreal, was the first Canadian Pacific Railway surgeon in Vancouver. Many years later, his wife, Mrs. Lillian Lefevre,

became known as St. Paul's greatest benefactress. In 1938, she donated \$35,000 to the hospital to help fund the hospital's new south wing.

Dr. W.J. McGuigan, another McGill grad, arrived in Vancouver in 1886. Twenty years later he became the mayor of Vancouver.

Dr. Francis Xavier McPhillips came to Vancouver in 1893, the year before St. Paul's Hospital opened. A skilled surgeon who lived across the street from

the hospital, Dr. McPhillips sent all his hospital cases to St. Paul's and conducted the first surgery at St. Paul's in 1894. In later years, he lectured at the School of Nursing and chaired St. Paul's first Medical Staff. In 1904, Dr. McPhillips performed the first Caesarean section operation at St. Paul's — before a large audience, it was said. Dr. McPhillips was an excellent surgeon, leader and educator until his retirement 38 years later.

AN ANSWER TO THEIR PRAYERS

In 1895, the story is told, the Sisters sought temporal favours from Our Lady of Sorrows to aid the Sister Superior, who was struggling with the problems of the new St. Paul's facility.

An old man was found sitting on the hospital steps in obvious distress. It seems that he had \$700 plus several years of interest, for a total of \$900. He asked if he could spend the rest of his days at the hospital and be cared for in return for turning all his worldly possessions over to the nuns. The Sisters considered their prayers well answered.

HORSE-DRAWN AMBULANCES AND SPEAKING TUBES

In St. Paul's first year, 120 patients were admitted, with the Sisters personally taking care of all of them. The doctors, who often lived in the upscale new West End neighbourhood, used horse-drawn buggies in the summer months and horse-drawn sleighs in winter. Dr. R.E. McKechnie had his own coachman, and Dr. Stuart Ross was known for always riding a big white horse. A hitching post was installed outside the hospital gate. Ambulances were also horse-drawn. On arrival, the driver would ring a bell for assistance.

The hospital's one elevator was operated by hand. Wards and offices were connected by a complex array of speaking tubes, designed to save staff from running up and down stairs when they needed to

speak to someone. After whistling through the mouthpiece and alerting someone at the other end, the staff member would listen attentively for a reply — it was strictly a one-way connection.

The hospital's laboratory was contained in one little box that a Sister carried under her arm; doctors brought their own surgical instruments with them.

Large china jugs and hand basins were used to bathe patients: sinks with running water were not yet a part of the hospital's many conveniences. In fact, the original hospital was barely a hospital at all, just a sparsely furnished building where the Sisters provided whatever care they could and where doctors would pay occasional visits.

EARLY FUNDRAISING The hospital site may have been chosen for its proximity to a growing town, but when it came to fundraising efforts, the Sisters looked further afield. Typically, they raised funds for St. Paul's by making annual trips up the coast to visit logging and mining camps. Led by First Nations guides, the Sisters braved tough travel conditions in canoes and on horseback, determined to raise funds for their mission. They sold workers tickets that entitled the ticket holder to hospital

care when he might be laid up with sickness or injury. The worker could even choose his own doctor. This early form of medical insurance was used often by injured men, and it proved to be an excellent way to raise funds for the new hospital. On one trip to the mines in 1900, two Sisters returned with \$1,500 — a substantial sum at the time.

“St. Paul's distinct character comes from its founding congregation. The Sisters had the courage to begin, the courage to come here and develop partnerships to raise money to supply health care to those who were in need. It's unique that they were able to take this vision, create a reality and then sustain it, to keep making new realities to service even greater needs.”

[NEIL MACCONNELL, PROVIDENCE HEALTH CARE LEGACY PROJECT]

• **Opposite:** The Sisters of Providence (in Oregon in the 1870s) made annual journeys to remote logging and mining camps in the Pacific Northwest to raise funds for charitable projects such as St. Paul's.





SISTER PRAXÈDE DE LA PROVIDENCE'S IMMENSE CONTRIBUTION

NURSING EDUCATION BEGINS

Within a few years, it was clear to the Sisters that they needed more nurses. Given the scant resources available in Vancouver at that time, this meant they would have to train the nurses themselves. In 1899, the Sisters began regular classes of instruction in how to care for the sick, the poor and the needy. Instruction was directed by Sister Praxède de la Providence, who became Sister Superior in 1900. Despite being physically frail for most of her life, Sister Praxède de la Providence served as Superior until 1906, when she started the School of Nursing at St. Paul's. She continued for another three years, taking charge of the planning and construction of the hospital's new centre block.

A NEW CENTURY In the spring of 1901, St. Paul's received its first government grant — a sum of \$800. This signalled the arrival of the hospital as an accepted part of the city's medical

St. Paul's Golden Jubilee book, published in 1944, describes Sister (by this time, Mother) Praxède de la Providence's immense contribution to the hospital:

"Mother Praxède de la Providence had been a Foundress at St. Paul's Hospital; she had witnessed every phase of its growth, she had grieved, taken courage, known set-backs, renewed her confidence and often-times rejoiced, as the respective circumstances unfolded themselves. She it was who had striven for better nursing care for the patients when she organized daily classes for those Sisters destined to care for the sick in 1899. She supervised the building of the wing in 1904 with the ever-combined motives of efficiency and the greater glory of God. The poor were to have service second to none. In 1906, the first X-ray was installed and, at the same time, an apparatus for electric therapy. It would be impossible to enumerate here the improvements, great and small, which resulted from her far-sighted and prudent administration. May her courage and faith continue to guide and to inspire all those who so generously follow her brilliant examples of charity, and whose services are dedicated to the sick and poor."

establishment. On July 24, the *Province* newspaper reported that between June 1, 1900, and May 31, 1901, St. Paul's admitted 561 patients, discharged 506 of them and had 35 still in beds. The article also noted that some 25 patients died, 11 of them within three days of entry.

In that same year, Queen Victoria died and Edward VII ascended the throne, Marconi flashed the world's first wireless message across the Atlantic and the new horseless carriages were starting to show up on

Vancouver streets. St. Paul's physician Dr. Thomas Nelles was one of the first to drive one of these noisy conveyances to work. The introduction of automobiles made it more complicated for hospital staff to keep track of which doctor was on site. In the early days, the job was fairly straightforward. If a doctor was expected in the operating room or was needed by a patient, a Sister only had to look out a window to see if his distinctive horse and buggy were hitched outside. Now staff had the added burden of memorizing who owned which of the rapidly proliferating new "contraptions" parked in the street.

VANCOUVER'S FIRST AUTOMOBILE

September 26, 1901: B.C.'s first automobile, a Stanley Steamer, costing \$650, appeared on a Vancouver street. The first motorist was William Henry Armstrong, a contractor who took the mayor for a ride. "The beautiful horseless carriage," wrote one reporter, "answered the steering gear to a hair's breadth as with rubber tires it noiselessly rolled along the asphalt with a motor power entirely hidden from view like some graceful animal curving its way in and out of the traffic."



- **Opposite:** The expanded St. Paul's building in 1904, completed under the supervision of Mother Praxède de la Providence.
- **Left:** Stanley Steamer automobile.

- **Below:** The dressing room at St. Paul's (ca. 1910).
- **Opposite:** An operating room in the 1890s.



A CHANGING APPROACH TO MEDICINE

Automobiles were not the only innovations making an impact on medical facilities at the turn of the century. For most of the nineteenth century, knowledge of infectious disease was at best rudimentary. Hospitals had an unenviable reputation for being breeding grounds for disease, infection and death. Understandably, doctors felt it best to avoid the local hospitals and treat patients in their own homes, where the odds of recovery were much greater.

However, all that changed with the growing availability of new antiseptics and a greater understanding of the benefits of sterilizing medical instruments. These breakthroughs meant doctors soon saw a benefit to having patients in hospitals that offered new regimens of cleanliness, professionally trained staff and the most up-to-date medical equipment. Patients began to view hospitals as places where they could get better, rather than somewhere they went to die.





LADIES OF CHARITY OF

ST. PAUL'S HOSPITAL As St. Paul's became known for its superior medical care — an institution where everyone, rich or poor, could expect the best possible treatment — it began to attract the attention of women from “elite society” who lived in the adjacent West End and were interested in doing good work. It was an ongoing tradition in institutions of the Sisters of Providence to form volunteer committees of women who were willing to undertake an assortment of charitable works for patients. Hospital chronicles refer to “Ladies of Charity” providing refreshments at the blessing of the new hospital in 1894. The Ladies of Charity of St. Paul's Hospital (which later became the Women's Auxiliary) was launched in 1904 under the leadership of Mrs. F.X. Martin, a society matron with formidable fundraising skills.

One of the Ladies' first acts was to ensure that every patient had a suitable gift under the Christmas tree. After gaining permission from the mayor of Vancouver, the Ladies of Charity introduced Vancouver's first Tag Day in 1916. They would take to the streets of Vancouver, asking for donations in return for a small tag that showed the donor's generosity. They raised a whopping \$2,700 on their first Tag Day. This tradition continued for many years, with student nurses eventually assigned to stand in uniform at downtown intersections to collect money for the hospital.

• **Opposite:** An early fundraising picnic hosted by the Ladies of Charity. St. Paul's first women's auxiliary was started in 1904.

• **Right:** During World War I, St. Paul's Ladies of Charity organized volunteer groups to support medical efforts overseas. Here one group is rolling bandages.

ANOTHER HOSPITAL RISING

In 1903, construction started on the new Vancouver General Hospital building.

On November 13, 1901, the secretary at the hospital reported that the facility's expenditure during the previous month was \$2,492.16. The house surgeon reported that there were 38 patients (26 males and 12 females) in the hospital at the beginning of the month.



The Sisters who founded St. Paul's were being responsive and relevant to the times. Times have changed and so has the hospital, but we never lose that sense of purpose: providing quality care and fulfilling our educational mandate to ensure we can continue to be responsive and relevant.

[DIANNE DOYLE, PRESIDENT AND CEO, PROVIDENCE HEALTH CARE]

GROWING TO MEET NEW NEEDS

Vancouver's explosive growth in the early 1900s put a lot of pressure on St. Paul's. By 1903, plans were already drawn up for the construction of a new wing facing Pendrell Street. But a lack of funds and staff shortages delayed completion until 1904. The newly enlarged building, with 24 private rooms and nine wards, boosted St. Paul's capacity to an unprecedented 75 beds. The location, on a quiet residential street a few short blocks from the city's bustling business centre, was considered a medical haven, practically free from urban noise and pollution.

ADVANCES IN MEDICAL CARE

By 1906, advances at St. Paul's were helping to build its reputation as a hospital that provided excellent medical care to all. In that year, the first X-ray apparatus was installed. Purchased for the impressive sum of \$700, the machine was used

for "electric treatments and examinations" of patients. Considered very cutting-edge at the time, the primitive machine could only record human extremities on simple glass negatives that took up to 45 minutes to develop. And there was the ever-present danger of burning patients or giving the operator a shock from the uninsulated wiring.

The hospital's first X-ray Department was inaugurated in 1909 under the direction of Dr. V.G. Lockett, who had taken special studies in Europe for electric treatment. His machines, which he imported from Paris, were rare in Canada and even rarer on the still wild west coast.

About the same time, Dr. F.X. McPhillips, one of Vancouver's outstanding pioneer surgeons, performed the first Caesarean section at St. Paul's. The radical new procedure was widely reported, and



on the day of the operation Dr. McPhillips found the operating theatre packed with curious onlookers. Dr. McPhillips, who conveniently lived just across the street, had a long and distinguished career with the hospital. He conducted the first surgery at St. Paul's in 1894 and continued in his role as a medical leader and educator until his retirement 38 years later.

• **Above:** Dr. F.X. McPhillips, one of St. Paul's pioneer surgeons, with hospital nursing staff (ca. 1906).

• **Opposite:** The 1904 wing, which expanded St. Paul's capacity to 75 beds.





“St. Paul’s Hospital and the School of Nursing carried on the mission of the Sisters of Providence in the Canadian West. When the Sisters of Providence first came to Vancouver, setting up a hospital was very much the mission of caring for the sick, reaching out to the poor and ministering to the needy. The School of Nursing also participated in the mission: teaching, learning and caring for those in greatest need. What a privilege.”

[SISTER EVELYN DECHANT, SCHOOL OF NURSING GRADUATE 1960]

THE SCHOOL OF NURSING OPENS

Serving the needs of a booming community was daunting and required some visionary thinking. It was clear to the overworked doctors and Sisters at St. Paul’s that there was an urgent need for properly trained staff to handle general nursing care. Only 11 Sisters and 11 employees were on duty at the hospital in 1906, and the city’s pool of skilled nurses was very small. So, the Sisters of Providence made the bold decision to start their own training school.

In 1907, the call went out for young women who could meet the necessary requirements to enter the new school. They had to demonstrate good character, possess good health and be 20 years of age. Fourteen young women were accepted for that first class. On September 1, 1907, the doors of Vancouver’s second school of nursing officially opened under the guidance of its first Superintendent of Nurses, Sister Hermyle.

The inauguration ceremony took place in the community room of St. Paul’s. The School’s motto was “Intra discere, exi benefacere” — “Enter to learn; go forth to do good.”

Spartan dormitory-style living quarters were provided on the top floor of the hospital for the successful applicants. Students had one free hour each day and one afternoon off every week. On top of the free room and board they received \$7 a month. “This amount is not intended as compensation ... being regarded as an ample equivalent for their services,” reads an article in the School of Nursing’s 50th Anniversary Book.

NURSES-IN-TRAINING In the early years of the school, there was no formal system of caring for the sick. The chief duty of the student was to follow the doctor’s orders implicitly and to

keep the patient as comfortable and as cheerful as possible. The well-being of the patient was the full responsibility of the nurse in charge.

The nursing course took three years. Lectures and instruction were given by members of the visiting medical staff, the directress of the school and the Sisters in charge of the various departments. In addition, the students received daily practical training in the wards under the close supervision of physicians and Sisters. There was a one-month probationary period, but at any time during their courses, students could be dismissed by the Superior for misconduct, lack of physical strength, inefficiency or neglect of duty. There were few recreational amenities but many reports of student nurses spending happy hours enjoying each other’s company.

• **Opposite:** Nursing students in front of the original nurses’ residence.

A NEW CENTURY — VANCOUVER IN THE 1900s

By the time St. Paul's School of Nursing opened in 1907, the city was headed into an economic slump. Earlier in the decade, a mood of optimism had prevailed. In 1900, the Hudson's Bay Company opened a four-storey emporium at the corner of Granville and Georgia, and the bells of Holy Rosary Cathedral were blessed by a papal delegate visiting the city. The city got its first permanent cinema (the Edison Electric Theatre, which opened in 1902), and Charles Woodward launched Woodward's Department Store. By 1903, the Carnegie Library at Main and Hastings, boasting more than 8,000 books, was opened. In 1906, construction began on the provincial courthouse, now home to the Vancouver Art Gallery. Sometime around 1907, the city's first gas station appeared on the corner of Cambie and Smythe streets. The *Vancouver Daily Province* newspaper reported a circulation of just over 15,000.

But the good times slowly vanished as the decade advanced and the city's mood worsened. High hopes for the long-delayed Panama Canal opening were frustrated as the project ground to a standstill. Exasperated by the delays, the U.S. purchased the canal in 1906 in order to get things moving. But it would be another eight years before the huge undertaking was completed.

A year later, the city's *News-Advertiser* paper reported that an Asiatic Exclusion League had been formed to keep Oriental immigrants out of B.C. And on September 2, 1907, newspapers reported an anti-Asian riot in the vicinities of the Chinese and Japanese neighbourhoods.

By the end of the decade the city was again on the upswing. In 1910 Woodward's held its first one-price sale day, "25 Cents Day," a forerunner of its famed "\$1.49 Day." Growth became almost frenzied and boosterism filled the city. This was reflected graphically in a banner strung across Granville Street proclaiming, in hopeful and somewhat politically incorrect rhyme, "In 1910 Vancouver then will have 100,000 men."

Below: Hastings Street at Homer Street (ca. 1910).



City of Vancouver Archives
CVA 677-623
Photographer: Philip T. Timms

TAKING THE PULSE

1901: The city hospital was officially incorporated as Vancouver General Hospital.

1903: Construction began on the new Vancouver General Hospital.

1909: Vancouver's first mechanized ambulance was taken out for a test drive and promptly ran over and killed an American tourist. In the same year, construction started on the "Hospital of the Mind" in Essondale, which later became Riverview Hospital.

A FEW GOOD WOMEN

At the turn of the century, there were fewer than half a dozen women doctors in B.C.

"Dr. Florence McAlpine was the first female graduate of the St. Louis Dental College. She passed the B.C. Dental Association qualifying examination with highest honours, and became the province's only female dentist." (B.C. Ministry of Health and Ministry Responsible for Seniors and Women's Health Bureau, *The Challenge of Caring*)

DUTIES

The St. Paul's Hospital School of Nursing training covered

"... all the general principles of nursing, including the management of helpless and convalescent patients and diet of the sick; the best method of friction to the body and extremities, prevention and treatment of bedsores, bedmaking, changing clothes, moving and bathing bed patients, the making of poultices and applications of fomentations, cups and leeches and bandaging; the dressing of wounds, burns, blisters and sores of all kinds ..."

"The chief requisite of the student was following doctors' orders implicitly, and keeping the patient as comfortable and as cheerful as possible." (*St. Paul's Hospital 50th Anniversary Book*)

KNOWING YOUR PLACE

Great emphasis was placed on seniority. Nurses did not pass through a door ahead of a doctor or a more senior nurse. They rose from their seat when approached by anyone who had more training than they. There was little of intermixing between the classes in the residences. (*Royal Columbian Hospital School of Nursing Commemorating its Diamond Jubilee, 1901 to 1976*)

GREAT EXPECTATIONS

A variety of publications elaborated on the type of woman most suited to perform the functions of a nurse. She was

"[a] young woman of intelligent face, neat apparel, and quiet demeanour ... Her skillful hand prepared food, her watchful eye anticipated every want. She was calm, patient, and sympathizing ... She did not stoop to simulate an affection she did not feel, nor to express hopes of recovery that could not be realized ... She met emergency with knowledge and unruffled spirit. To the physician she proved an invaluable assistant, executing his orders intelligently, and recording accurately the various symptoms as they developed. She watched the temperature of the room as closely as that of the patient." (Monsell, *Forging the Future*)



NEW BUILDING, MORE BEDS

With the addition of the School of Nursing and the continuing growth of the city, it soon became obvious that St. Paul's needed to expand to accommodate both patients and students. In 1908, a two-storey brick building was built at the rear of the hospital. It provided space for carpentry and laundry services along with accommodation for students. The rooms vacated by the nurses were converted into wards, opening up an additional 22 beds.

By 1909, the work of the hospital was conducted by 19 Sisters, 14 student nurses, 10 graduate

nurses, a resident physician and 6 attendants (usually males called "orderlies"). There were 2 surgeries, 33 private rooms, 7 semi-private rooms and 11 wards with accommodation for 120 patients. In addition, the expanding hospital boasted offices, reception rooms, a dispensary, a chapel, dormitory and community rooms for the Sisters and employees' quarters, as well as dining and culinary departments.

Private rooms ranged in price from \$15 to \$30 per week; semi-private rooms and wards ranged from \$8 to \$12.50 per week. These rates included nursing.

THE FIRST RESIDENT ANESTHETIST AND SURGEON

Facing an increasing surgical load at St. Paul's, the Sisters decided to arrange for a resident house surgeon. Surgeons performing operations in the hospital usually made arrangements for their own anesthetist, often some medical friend who was able to give a good anesthetic. The Sisters felt it was important to have a resident doctor administer anesthetics on short notice day or night, and to be on hand for medical or surgical emergencies.

- **Left:** St. Paul's (1907).
- **Below:** Dr. Henry B. Gourlay.
- **Opposite:** St. Paul's surgery (1910).

In 1909, after a lengthy search of likely candidates in the city, the Sisters engaged the services of Dr. Henry B. Gourlay as the first resident anesthetist and surgeon. From this time onward, all anesthetics were administered by the resident surgeon or by some doctor arranged for by Sister Charles Spinola, who was in charge of surgery at that time and had a comprehensive list of Vancouver's medical talent. At this time, the Sisters were clearly in charge of all aspects of the hospital.







1911: A SNAPSHOT OF ST. PAUL'S

- :: 115 beds
- :: 19 Sisters
- :: 33 lay nurses
- :: 1,864 admissions
- :: 2,765 night watches (at patients' homes)
- :: 1,185 free meals
- :: 23,972 free prescriptions

THE GRADUATION PIN

When the first class graduated from the School of Nursing, a cherished tradition was established: the School of Nursing graduation pin. Like other nursing schools, St. Paul's provided graduates with a



pin that represented where they took their training. Nurses would proudly wear this pin on the lapel of their uniform.

The School of Nursing's graduation pin was changed in 1916 with the introduction of a Maltese Cross shape. The sharp corners of the pin were rounded out 10 years later into the oval style that was retained for almost 60 years.

"The nursing pin was absolutely treasured. It represented an awful lot of hard work along the way to graduation. We would wear it on our uniform every day to work. It's something that nurses noticed among ourselves — what School of Nursing pin your co-worker was wearing." (Jan Saunders, Department of Nursing, retired)



NINE GRADUATES, TWO BRIDES

On October 20, 1910, the first class of nurses graduated. The ceremony for the 11 new professionals was held in Lester Court, on the corner of Granville and Davie streets. Following the exercises, nurses went to their own homes, where small receptions were held in their honour.

During the three years that the young women spent in the hospital they worked very closely with young, eligible physicians and romances frequently blossomed. Soon after graduation, nursing graduate Gertrude Jenkins married Dr. Henry Gourlay, and

Reta Ferguson became the bride of Dr. A.J. MacLachlan.

In time, Dr. and Mrs. Gourlay's children would become members of the extended St. Paul's family: Dr. Robert Gourlay; Nancy, who graduated as a nurse from the 1944 class; and Ruth, who graduated from the 1945 class.

The School of Nursing graduating class of 1911 had only four students, and the 1912 class just seven, so these students shared their graduation picture.

Sadly, Sister Hermyle, who spent much of her time training these young women, died in August 1912.



"The nursing pin was absolutely treasured. It represented an awful lot of hard work along the way to graduation. We would wear it on our uniform every day to work. It's something that nurses noticed among ourselves — what School of Nursing pin your co-worker was wearing."

[JAN SAUNDERS, DEPARTMENT OF NURSING, RETIRED]

Above (clockwise from left): 1916 graduating pin; graduating pin 1926–74; Sister Hermyle.

Opposite: St. Paul's School of Nursing's first graduating class (top row, l-r) T. Whitt, R. Ferguson, M. Benner, (middle) D. Rich, C. McKensbry, S. McCallum, A. Bonnin, (front) A. Alexander, M. Brown, G. Jenkins, E. Donaldson (1910).



GROWING PAINS The St. Paul's nursing graduates were in huge demand: another population boom in Vancouver meant that, once again, the hospital's capacity was being pushed to its limits. It was time to expand, again. In 1912, the original wooden building was demolished, and a laundry and power house were added to an imposing new centre wing. This structure was built of reinforced concrete, pressed brick and granite base with terracotta trimming, the distinctive look that continues to distinguish St. Paul's today.

Opened in December 1913, the completed wing accommodated 200 patients, a surgical department and a state-of-the-art X-ray unit. The 1904 South Wing remained as an annex to this new heart of the hospital.

When the laundry was moved to its new quarters, the nursing students found that they had an entire building to themselves — their first Nurses' Home. The main floor was transformed into a lecture hall, an eight-bed dormitory (referred to as the Green House because of its green burlap walls), several private rooms and a sewing room. On the second floor were double rooms and a room for the Sister Superior. The attic was converted into dormitories and spaces for the night duty nurses.

The total cost of the new hospital addition was \$400,000. Management continued to be under the control of the Sisters. By this time, more than 20,000 people had been treated at St. Paul's — 15 percent of them were some of Vancouver's poorest citizens. The Sisters' strong commitment to compassionate care made the hospital a centrepiece of medical service to residents of Vancouver. This role grew enormously in the coming years.

KEEPING THINGS CLEAN

In 1912, there was no specific method for sterilizing surgical supplies. Linen was placed in a large double-boiler on the kitchen stove and steamed for three hours. Instruments were boiled for half an hour. And since rubber gloves weren't used yet, surgeons would scrub for 10 minutes, then immerse their hands in chloride of lime and paint their fingertips with iodine.



Left: The 1913 expansion under construction. Built of reinforced concrete, brick, granite and terra cotta, the new building cost \$400,000.

Above: St. Paul's staff spent long hours ensuring hospital wards and operating rooms were kept spotless.

Opposite: The 1913 wing taking shape. By the time the wing opened, some 20,000 people had been treated at St. Paul's.



CHAPTER TWO

Wars and Depression: 1914–1945

CANADA AT WAR When war broke out in Europe in August 1914, the impact was felt immediately at St. Paul's. Several of the hospital's nurses were among the Canadians sent to the war zone. Like other Canadian nurses who served overseas during World War I, they were known as the Blue Birds, a reference to their light blue uniforms. More than 3,000 Blue Birds served during the war: some in Canada, others at base hospitals or evacuation and mobile hospitals, and some



Above: War veterans (the “Stick Brigade”) leading a parade on Main Street at Harris Street (1916–18).

City of Vancouver Archives
Mil P92
Photographer: Stuart Thomson

Opposite: The new wing in 1914, with the nurses’ residence in back right.

aboard hospital ships and trains. While World War I resulted in devastating Canadian casualties and tremendous hardship at home, the situation did give nursing a tremendous boost as a profession. Across the country, women were brought into services and careers previously closed to them. In nursing, because of the shortage of male medical professionals, areas of responsibility and privilege that were previously claimed by men began to open up to women.

Several St. Paul's doctors also enlisted and saw service overseas. A number of them were killed, or returned wounded and were unable to return to active medical practice. Those doctors who remained in Vancouver suffered through the inconveniences of food rationing and medicine shortages. Even castor oil became an expensive item, with the cost rising precipitously to 50 cents an ounce.

“Because St. Paul’s is a faith-based organization, people are comfortable talking about our need to serve. Other hospitals have the same strategies, but the need to serve is more prominent here.”

[LYNETTE BEST, DEPARTMENT OF NURSING]



PATRIOTISM AND HARDSHIP — VANCOUVER DURING WORLD WAR I

In 1914, Canada went to war with Germany, Austria and the Ottoman Empire. The whole affair was seen through a haze of patriotism. People expected a quick victory and lots of glory followed by endless public celebration — the pattern followed by most wars of the nineteenth century. Instead, World War I had a devastating effect on Europe and Canada, including Vancouver. Once the initial marches and speeches were over, the city slumped deeper into a depression that already had been underway. Economic conditions worsened as young men lined up to enlist. Soon there was no one home to fill the ranks of workers. Factories emptied and the construction industry ground to a halt.

During the four years leading up to the outbreak of hostilities, times were quite a bit happier. In 1911, Terminal City's population passed 120,000 — double what it had been only five years earlier. There was a building boom with impressive new "high-rises" dotting the landscape. In 1912, one newspaper noted with some alarm that "the roads are getting crowded" with 1,769 automobiles clogging city streets. Just before the war, the doors of the impressive new Birks store opened at Georgia and Granville, and construction on one of Vancouver's most elegant buildings, the Hotel Vancouver, started just across the street. In 1914, the Panama Canal finally opened, drastically cutting travel time to Europe.

Aside from the war, another dark moment marked Vancouver. In October 1918, Vancouver was hit by the Spanish influenza. The epidemic, viewed lightly at first as just another gripe, soon turned ugly, and within a month 400 people in Vancouver were dead. Fifty million died worldwide. By 1919, the exuberance that had marked the city 10 years earlier had evaporated.

• **Below:** Crowds gathered for Armistice Day on Granville Street north of Georgia Street.



City of Vancouver Archives
Mil P14.1
Photographer: Stuart Thomson

TAKING THE PULSE

1912: The Registered Nurses Association of B.C. was founded and anyone wanting to practise nursing in the province was required to join.

1914: The Vancouver School of Pharmacy opened.

1919: The Rotary Clinic for Chest Diseases was officially launched, providing free medical care to children. It was an outpatient clinic for the treatment and prevention of tuberculosis, commonly called the White Death. In the same year, Shaughnessy Hospital opened its doors.

A GOOD NIGHT'S SLEEP

"We didn't use sleeping pills in 1914, we used nursing techniques like back rubs, warm sponges, change of position and warm milk." (Royal Columbian Hospital School of Nursing)

FROM VOCATION TO PROFESSION

"During the years 1914 to 1919, Canadian nursing continued its transformation from spiritual vocation to secular profession ... due to a growing self-confidence in nursing that grew out of the increasing value the public placed on the nursing service ... In addition to gaining self-confidence, nurses returning from their overseas experience (of WWI) became a closely knit, strongly unified group with a continuing respect for sacrifice ..."

"The reputation of Canadian nurses was such that they were called upon to assist in the nursing of His Majesty King George V, whose horse had reared and fallen upon him while reviewing Canadian troops. Two Canadian nurses returned to Buckingham Palace and continued to care for him during his 'very long and tedious and painful illness.'"

"The need for nurses overseas caused a marked depletion in personnel at home; therefore, students became the essential hospital staff, often with only a Lady Superintendent, a Day Superior, and a Night Supervisor to guide them. Sixteen-hour shifts were common with little or no time off. [On] their free days students turned up at the hospital to roll bandages and make dressings and received no pay for their services." (Monsell, *Forging the Future*)

CLEANLINESS, ORDER AND MORALITY

"The cleanliness and neatness of nurses maintained on the wards symbolized the values nurses hoped to instil in patients and their families. Together, cleanliness, order and morality provided the environmental balance necessary for patients to regain good health." (Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing 1900–1990*)

"The School of Nursing grads are the continuity to the mission. They spent years working arm in arm with the Sisters. When you hear them talking about the nursing hours and the work that they did, it illustrates the depth of commitment to the work at hand. They have a personal and intimate connection with St. Paul's values. I have great admiration and gratitude for those who are part of the alumni and continue to give of themselves in this noble cause."

[CARL ROY, PRESIDENT AND CEO, PROVIDENCE HEALTH CARE, 2001–06]

THE SPANISH FLU HITS

VANCOUVER On November 11, 1918, the war in Europe ended, but the ensuing jubilation was short-lived. Vancouver was soon hit by a severe epidemic of influenza that became almost universal in the fall and winter of 1918-19. The outbreak taxed hospitals and medical staff almost beyond their capacity. Many doctors and nurses died of the killer disease as there were no medications available to treat the victims, who often succumbed after only a few hours of infection. At one point in 1918, 56 St. Paul's staff members were ill at one time.

NEW STANDARDS FOR ST. PAUL'S

By the end of the war, Vancouver had a population of more than 200,000 and its position as an important Canadian city was being recognized in eastern centres. Until this time, there had been no staff organization or systems for keeping patient records in place at St. Paul's. That changed in 1918 when the American College of Physicians and Surgeons launched a movement to standardize hospital services throughout the United States and Canada. Hospitals were soon required to have an efficient X-ray department and laboratory facilities. Medical staff was expected to keep proper records of every case, to maintain rigorous standards of

THE SPANISH INFLUENZA

The following account by reporter Tim Padmore in the *Vancouver Sun* on Wednesday, March 31, 1976, explains just how lethal the influenza epidemic of 1918-19 was:

"The first case of Spanish Influenza in Vancouver was reported on October 5th, 1918. Five days later there were 66 cases! Within a month, the death toll was more than 400 — and thousands of cases had been reported; schools and public meeting places and churches had been closed, and citizens were being urged to wear gauze masks — in a vain attempt to check the spread of the disease.

The final death count, when the epidemic had burned itself out in the Spring of 1919, was 981 — which was 1% of the population of Vancouver at that time!

It started so suddenly, that apparently healthy people would, within an hour, become helpless with fever, delirium and chills. It killed quickly, suggesting that it was viral pneumonia, as opposed to the bacterial pneumonia which

sometimes complicates normal 'flu.' It cut down the young and healthy as well as the elderly. Two-thirds of its victims in Vancouver were between 20 and 40 years old!

In Vancouver, the major hospitals — Vancouver General, St. Paul's, and Coquitlam — soon overflowed, and temporary wards were set up in King Edward High School, the University of B.C. auditorium and adjacent classrooms, and Selkirk School in South Vancouver.

A temporary 200-bed building was erected in less than three weeks at Heather and Twelfth Avenue. It was subsequently moved and remodelled, and was finally demolished in 1973, with the building of the Bamfield Pavilion at V.G.H.

Total death toll from this 'flu' epidemic for Canada was estimated at 30,000 to 45,000, and worldwide at 20 to 50 MILLION! Most of these deaths occurred in a three-month period — starting in October."

scientifically based medicine by holding meetings regularly to discuss clinical cases, and to provide interns with good practical medical training.

The first step at St. Paul's was to have the doctors more involved in running the hospital. In April 1919, the Sisters' Council met with a group of physicians to discuss organizing the medical

staff at St. Paul's. Dr. F.X. McPhillips chaired the first Medical Advisory Board, which took on the tasks of coordinating the staff, providing advice to the Sisters and implementing consistent record keeping and laboratory use. By implementing these standards, St. Paul's took a huge step forward in becoming a front-rank community

- **Right:** Sister Charles Spinola; the St. Charles Ether Vaporizing Machine, invented by Sister Spinola.

hospital that could meet growing demands for patient care and adapt to the many changes that would soon come its way.

At the same time, students at the School of Nursing began to receive more specialized training in pediatrics, obstetrics, surgery and admitting. After 12 hours on floor duty, they were required to put on a clean uniform and attend lectures from 7:00 p.m. until 9:00 p.m. Then it was time for bed!

The School of Nursing graduating class of 1919 was the first to write the Provincial Registered Nurses Examinations. Nursing education took yet another step forward that year when the University of British Columbia became the first Canadian university to establish a Department of Nursing.



NURSE TURNED INVENTOR

Around this time, ether was the usual anesthetic used for surgery. The problem was that it was quite cold when administered. In 1918, Sister Charles Spinola, a School of Nursing graduate (1911), invented an apparatus that would warm the ether, causing less of a shock to patients when it was administered. It became known as, and was patented and sold as, the St. Charles Ether Vaporizing Machine and was used

until 1920. Sister Charles Spinola was a mainstay in the operating room for many years. On several occasions, when other assistants were not on hand, she was the only assistant to the surgeon. She went on to become supervisor for the X-ray Department for more than 20 years and retired in 1963 after serving at St. Paul's for more than 50 years.









MEDICAL ADVANCES IN THE POSTWAR PERIOD

The postwar years brought many changes at St. Paul's. The hospital was maturing, with comprehensive improvements in training, patient treatments and internal organization. During these years blood transfusions and anti-tetanus injections became the norm. In 1920, St. Paul's was the first hospital in Vancouver to provide radium treatment for cancer. The equipment, considered the most current at that time, included a serialograph fluoroscopic machine, the first of its kind in the Pacific Northwest.

With advances in medical care and research, doctors were performing more difficult operations, which in turn required better-equipped surgeries and technically trained nurses. The School of Nursing therefore upgraded its training and extended lecture hours. As enrolment in the school grew, space became a problem and the hospital was faced with the prospect of turning away applicants. Instead, however, the school decided to grow. In 1921, the front of the Nurses' Home was enlarged to add more accommodation

for the students, and a large lecture hall and several small classrooms were also added.

The professional registration of nurses got off to a slow start in Canada, but by 1920 every province had established registration laws. These new laws improved training and working conditions for nurses and helped to raise the profession's profile. In Britain, two universities even went so far as to establish post-graduate courses for nurses. It would be many years before universities in British Columbia followed suit.



GARDEN PARTIES FOR CHARITY

Starting in 1917, the Women's Auxiliary would hold a garden party, which was an important fundraiser for the hospital. The 1920 garden party, for example, brought in an impressive \$6,000. Auxiliary members enjoyed other social fundraising activities, such as fashion shows and luncheons. They also ran the hospital gift shop, drove outpatients to appointments and visited patients in the hospital. The hard work and commitment of these volunteers have been one of the mainstays of St. Paul's, and today the group continues to run the hospital gift shop.

The first annual meeting of St. Paul's new medical staff took place in June 1921. The struggle for better and more accurate patient records continued. It took several years — and many reminders from the Sisters — before all the doctors fell into the habit of keeping records current. By 1924, the hospital had decided to organize St. Paul's burgeoning medical staff into departments: Medicine, Surgery, Obstetrics and Gynecology, Orthopaedics, Pediatrics, Eye, Urology, Pathology and Bacteriology, X-ray and Ear, Nose and Throat. By this time, 17 doctors were on the staff roster.

Pages 48-49: Nurses' dining room (1919); Pediatrics (l-r) nurses Oddstadt, Harkness, Jackson (ca. 1928).

Above: The graduating class of 1920 (picture donated by Ethel Galloway).

ALL THAT JAZZ — VANCOUVER IN THE 1920s

Vancouver got off to a slow start when peace resumed in 1919, and it was well into the 1920s before the city regained some of its earlier swagger. Gradually construction started up again and prosperity made a long-awaited comeback. In 1920 the first of the city's ubiquitous Yellow Taxis made its appearance, driven by Roy Long, a lawyer. Joe Fortes, the celebrated English Bay lifeguard, died in 1922; his funeral at Holy Rosary Cathedral was the largest in Vancouver's history. On March 15 of the same year, Vancouver's first radio station (CJCE) joined the airwaves, and there was one car for every 12 people in the city. By 1924, Nat Bailey (the founder of White Spot Restaurants) was hawking peanuts at baseball games and contemplating converting his truck into a mobile lunch counter.

It was also the year that neon came to Vancouver. Installed by a Granville Street merchant, the bold, colourful new lights would later turn Vancouver into one of the neon capitals of the world. Indoors was no less impressive with bright footlights. Vaudeville, flappers and jazz hit Vancouver big time. When the lavish 3,000-seat Orpheum Theatre opened in 1926, it was Canada's largest entertainment venue.

By 1928, nearly 1,000 people per month were streaming into the city, and the population of the Lower Mainland outside

of Vancouver was more than 150,000. Some 80,000 people were residents of the municipalities of South Vancouver and Point Grey, both of which decided that year to amalgamate with Vancouver, making it the third largest city in Canada.

Then the bottom fell out. On October 24, 1929, panic erupted on Wall Street. The next day, the New York Stock Exchange collapsed, setting off one of North America's worst depressions.

Below: By the 1920s, bathing in English Bay was already a long-established summer pastime for Vancouverites.

Opposite: View of downtown Vancouver looking northeast from the roof of the Baptist Church at Burrard and Nelson.



City of Vancouver Archives
CVA 677-96
Photographer: Frank Gowen



City of Vancouver Archives
Van Sc N63
Photographer: W.J. Moore

TAKING THE PULSE

1920: Before a joint meeting of the British Columbia Hospital Association and the Public Health Association, Ethal Jones, a prominent B.C. nurse, made an emphatic appeal for professional nurses:

"In Canada today, any person or group of persons may assemble a number of sick persons under a roof and call that place a hospital. Further, they may offer to young women instruction in one of the most vital and difficult of arts. It would be reasonable to suppose that before so doing it would be necessary to

assure some competent authority that conditions in that school were such as would insure the pupil competent instruction and proper living and working conditions. Such is not the case. The only point in which specific legislation exists in most of our provinces is that a certain number of beds — beds mind you, not patients — must be available before a training school is established. And what is this minimum? In some provinces as high as twenty-five, in others as low as five. No mention of qualified instructors, no restrictions as to hours of duty, no provision for teaching equipment — just beds and pupils." (Monsell, *Forging the Future*)

1923: The Women's Institute, a province-wide charity group, launched a campaign to create a Crippled Children's Hospital in Vancouver. It merged with other facilities later to become Children's Hospital in 1947.

1926: There were several noticeable changes in the appearance of student nurses at St. Paul's: the blue and white striped uniform, with its white apron, collar and cuffs, had been replaced by an all-white, tunic-style, short sleeved, cotton uniform. (*St. Paul's Hospital 50th Anniversary Book*)

1927: A home at the corner of 67th Avenue and Hudson Street was converted into Vancouver's first Children's Hospital. The Salvation Army opened Grace Hospital.

Also in 1927: Kew Ghim Yip, a Vancouver-born doctor, began to practise medicine in Chinatown. He would treat patients for more than 40 years and conducted a free weekly clinic at Main and Hastings for pensioners and other patients who could not afford private medical care.

1929: The Georgia Medical-Dental Building opened, adorned with an imposing set of three 11-foot-high terracotta statues of nursing sisters in World War I uniforms.

WORKING WITH LEECHES

Leeches remained a formal part of hospital therapeutics until at least 1928. One student entered the following instructions in her 1925–28 notebook:

"There are two kinds of leeches, American and Swedish. Swedish is the best. It will take 1 ounce of blood. To apply: Cleanse skin with unscented soap. Place leech in test tube head uppermost. Place on skin. Do not leave patient as leech may crawl into nostrils or ears. If leech does not bite, moisten skin with milk or prick skin until it bleeds a little. Do not handle leech too much or it will not bite. To remove leech before it is finished feeding, sprinkle it with salt. Do not use leech twice."

ENTER THE EFFICIENCY EXPERTS

"The influence of scientific management (a.k.a. the efficiency experts) on nursing procedures in the interwar decades is clearly evident. Each feature of nursing practice was subdivided into its component steps, and students were drilled in the precise execution of each step. For example, bed-making, a task with which all raw recruits to nursing schools would be familiar, was rationalized ... As probationers, students learned that when stripping a bed, the table and chair first had to be moved away from it. The nurse was then instructed to place the pillow on the chair with the closed end of the pillow case towards the door, loosen the linen, and fold it in quarters, beginning at the foot of the bed and working up to the head, etc. with more such detailed instructions ..." (McPherson, *Bedside Matters*)



City of Vancouver Archives
Bu N248
Photographer: W.J. Moore

A LITTLE RESPECT: PUBLIC HEALTH NURSING GETS ORGANIZED

"The 1920s saw the establishment of public health nursing as an organized body ... The irregularity that occurred in the progress of nursing resulted from the tension that was created by the desire of the nursing leaders to push for professionalism (public health nurses) and the resistance on the part of the private duty nurses, who to a large extent, continued to cling to the old notion of nursing as a vocation." (Monsell, *Forging the Future*)

HARD, LONG HOURS: WORKING CONDITIONS FOR NURSES IN THE 1920s

"There was never enough linen, blankets or instruments. We worked hard and long hours. Isolation had coal and wood stoves and in the winter it was cold. Night floats dusted offices, cooked supper for the night nurses, relieved ward nurses for their suppers, and then even washed the dishes. We might as well have been waitresses." (As told by Mrs. A. Miller, *Royal Columbian Hospital School of Nursing*)

"It is true that time softens harsh memories [but one remembers the good times] despite the arduous routine, the spirit of youth prevailed. We learned to discard uniform for mufti in record time and run for the street car to make full use of hours off or the half day. Street car conductors usually glanced toward the hospital side of the street and would wait for anyone on the run. We had four late passes each month — two for 10:30 and two for midnight ...

- **Opposite:** The opening of the Salvation Army's Grace Hospital (1927), with the Salvation Army band, doctors, nurses and other dignitaries seated on the stage.

What was nursing care like in the twenties?

It was long before the philosophy of early ambulation and self-help, so most of the patients were confined to bed. It was also before the art of body mechanics was known and taught, and there were no mechanical aids to make lifting and moving safer and easier for patients and staff. The philosophy of rehabilitation was unknown to us. We were not encouraged to help patients to do what they could do for themselves. To do so would, in all probability, have resulted in a reprimand for laziness or shirking one's duty." (As told by Esther Paulson, *Royal Columbian Hospital School of Nursing*)

"I remember the operating room training when all supplies and solutions were made by the nurses; intravenous solutions and sets were wrapped and sterilized by the nurses; and all breakages were charged to the nurses. Syringes cost 40 cents, medicine glasses 5 cents and thermometers 40 cents. Imagine dropping a tray of thermometers and having the amount deducted from your six dollars a month!" (As told by Miss Frances McLean, *Royal Columbian Hospital School of Nursing*)

SCRUBS: A POEM

A popular verse entitled "Scrubs" was meant to remind nurses of the contribution that simple cleaning skills could make to patient care and medical practice:

*A Probationer stood in a ward one day
With a brush in hand and a basin tray.
Her task — beds, tables and chairs to scrub,
And anything else that needed a rub.
"How long will it last?" was the maiden's cry —
"I'll be tired out long ere the day goes by.
Is there never an end to the cleaning that's done?
Must I still do this when my cap I've won?"*

*The more germs scrubbed and boiled away
The better the chances, so they say,
For wounds to heal in the long, hard fight
To bring back health.*

*To be trusted to share in a surgeon's task
Is as great a thing as a nurse could ask:
So cheer up, Probationer, do not mind
The work that tedious now you find.
It will be pleasanter the more you do,
And the day will come when you'll be through:
Then, with understanding smile,
You'll look back and say, "It was all worthwhile."
(Abridged)*



*“I think the nuns set the tone when they started St. Paul’s.
It’s a hospital with a mission statement, which means we don’t turn anyone away.
It’s friendly. The residents like coming here. Patients like coming here.
Doctors, nurses and allied professionals love working in this hospital.”*

[DR. ROGER SHICK, PAIN CENTRE]

We never turned anyone away. If they couldn't pay their insurance or they had no money to pay, we always had beds for them. Anybody that needed care could come. They were treated just as anybody else. There was no difference.

[SISTER MARIE-PAULE VINET, SCHOOL OF NURSING GRADUATE 1952]

MAKING ROOM FOR

COMPASSIONATE CARE From the very beginning of St. Paul's, the Sisters of Providence were committed to providing care for all, regardless of financial circumstances. This often meant sacrificing their own personal comfort to provide proper care for patients. In 1922, when space was once again becoming tight, Sister Marie Clarisse converted the employees' lodging into a hospital ward of 25 beds. The Sisters' cottage was rearranged for employees, and two storage rooms on the sixth floor, which fortunately offered a beautiful view of English Bay, were converted into dormitories for the Sisters. This ongoing process of rearranging, converting and moving to accommodate more patients became a hallmark of St Paul's, and the tradition continues to this day.

At the 1925 School of Nursing graduation ceremony, Dr. F.P. Patterson spoke about the progress of St. Paul's since the turn of the century. It had grown from 50 beds with a staff of 7 Sisters to 285 beds with a staff of 30 Sisters and 100 nurses who treated about 6,500 patients a year, many of whom were charity cases.

Throughout the 1920s, the hospital faced recurring medical challenges. Diphtheria was common in the city at the time and claimed large numbers of children. In 1926, the Obstetrics Department was faced with an outbreak of impetigo in newborns. To solve this problem, St. Paul's maternity floor closed its doors for three months that summer so that isolation rooms could be built.

St. Paul's also added many smaller improvements during these years, including an ice-making machine, a modern refrigeration system and an automatic elevator. Most notably, the hospital acquired a washing machine and an electric press for the laundry, significantly reducing the time and manual labour required to do laundry.

In 1928, the hospital appointed its first two interns: Dr. Rush, who worked the day shift, and Dr. Zito, who worked at night. These two overworked men were not sufficient for the needs of the hospital, so the administration, desperate for more applicants, sent recruiting notices to medical centres in Central Canada. No one knew at the time that the St. Paul's internship program would eventually grow to become one of the most sought-after in the country.



- **Opposite:** Cashiers (l-r) Sisters Napoleon Marie, Gertrude of Jesus, Charles Ernest, Claude de la Colombiere, Rolande.
- **Above:** Graduating class of 1926.

VANCOUVER IN THE DIRTY THIRTIES

The Great Depression hit hard. Breadlines and soup kitchens sprang up as relief organizations tried to help. At its worst, the Depression pushed 34,000 local people onto relief. A *Vancouver Sun* reporter at the time counted 1,250 men in a breadline at a city church. Political and labour unrest turned into demonstrations at City Hall. In 1935, hundreds of unemployed men boarded freight cars in Vancouver to begin an "On to Ottawa" trek.

As Vancouver struggled, the headier days of the 1920s drew to an end with the completion of some of the city's more iconic projects. The Marine Building, an art deco masterpiece, opened as the 1930s got underway, and in 1932, the equally impressive Burrard Street Bridge was completed. The new span profoundly altered St. Paul's relationship with the city. In its early years, Burrard Street had evolved from a rough track connecting the harbour to English Bay into a fairly sedate residential street. With the completion of this new six-lane bridge, the hospital found itself facing one of the city's busiest thoroughfares.

In 1931, the Art Gallery opened; and a census from that year reported 246,593 people living in Vancouver. In 1934, the Pacific National Exhibition gave away its first prize home, valued at a whopping

\$5,000 (including city lot and furnishings). The city celebrated its Golden Jubilee in 1936, marking the occasion with the opening of a new city hall at Twelfth and Cambie streets; and King George VI and Queen Elizabeth dedicated the Lions Gate Bridge during their 1939 Royal Tour.

Then hostilities broke out again in Europe and the city experienced a sea change as it geared up for what became a two-front war.



Left: The Marine Building, an art deco masterpiece and Vancouver's tallest building when completed in 1930.

Above: A 1930 illustration of homes and rooming houses on Coal Harbour, facing the North Shore.

Opposite: Makeshift shelters in the "Jungle" of the City dump in the early days of the Depression (1931).



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TAKING THE PULSE

1929–30: Annual average income for nurses:

Private duty nurses \$1,022.00
Institutional staff \$1,385.00
Public health workers \$1,574.00

1930: The first iron lung was donated to Vancouver General Hospital.

1932: On April 13, Sister Frances (Mrs. Fanny Dalrymple Redmond), Vancouver's first public health nurse, died at the age of 80. She was called the "Florence Nightingale of the City" for her nursing care during the smallpox epidemic of the 1890s.

Also in 1932: Findings from a Survey of Nursing Education in Canada (the Weir Report): "Nursing should be regarded as a profession, however immature in the attainment of professional standards, rather than as a potential member of a trade union."

1936: Of the eight occupations recording the greatest numbers of unemployed women, the highest percentage, over 22 percent, was among graduate nurses. (McPherson, *Bedside Matters*)

Also in 1936: George Moir, provincial secretary to Premier Duff Pattullo and provincial minister of education, campaigned for health insurance coverage for those living on \$1,800 a year or less. The bill failed because of opposition by doctors, but became the basis of the B.C. Hospital Insurance Act.

1937: Dr. Ethlyn Trapp of New Westminster set up a centre in Vancouver to bring the benefits of radiotherapy to local citizens.

1937: A nurse from Comox wrote: "In almost every hospital in the province nurses are being seriously overworked, and are leaving hospital service with ambition crushed and health broken." (McPherson, *Bedside Matters*)

FACING OPPOSITION

"The thirties was a decade in which nursing faced stiff opposition on the road to professionalism: resistance to improved educational qualifications and preparation, unemployment, difficult conditions of work and occasional wholesale opposition to its very existence. Canadians in general were in a mood of apprehension, which included discontent with traditionally accepted Canadian institutions, one of which was nursing service." (Monsell, *Forging the Future*)

GUIDELINES FOR NURSES

"If you nurse children, practice telling children's stories until you do it well ... learn something of occupational therapy. Children love to work with their hands. For obstetrical cases learn short cuts in baby care; know about time schedules; study best authorities in supplementary diets. If you are nursing men, learn Bridge and card games that two can play; watch stock quotations and discuss them." (Monsell, *Forging the Future*)

REWARDS

"Nurses received no overtime pay, holiday pay, or sick pay. They had no pensions. Out of their monthly \$90.00 wage, \$30.00 went to room and board and nurses were responsible for their own laundry costs." (Monsell, *Forging the Future*)

WELL BEFORE MEDICARE

"Patients were responsible for both doctor and hospital bills. The bill included the rate per day depending on the type of accommodation — public wards were \$2.50 per day, dressings, medication, laboratory, and X-ray. The hospital kept a list of what kind of work a patient could do. After discharge, if the opportunity arose, many were able to work off their bill by painting, gardening, carpentering, or doing orderly work. Many others paid their bill with garden produce or dairy products." (Royal Columbian Hospital School of Nursing)

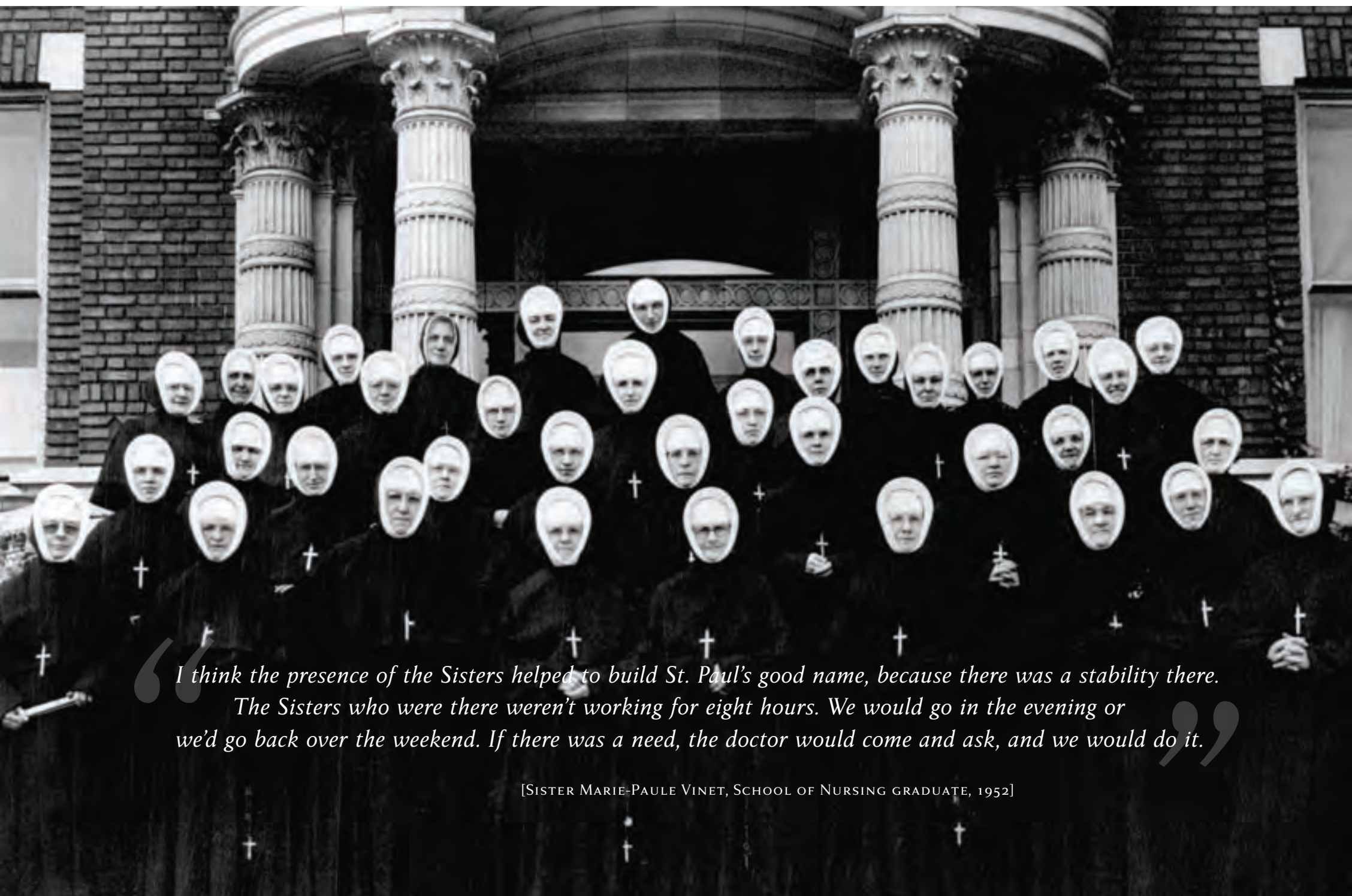
A SECOND LOOK

"Blue dresses, white aprons, foundation belts, black stockings and black oxfords with rubber heels. Mufti attire must also be proper: hat, gloves, covered arms and dressed so well in fact that 'a gentleman may want to take a second look.'" (Royal Columbian Hospital School of Nursing)

A QUESTION OF OVERTIME

M. Judson Eaton argued in *Canadian Nurse*: "In almost every other occupation the fact is recognized that it is impossible for people to work seven days in the week — not to mention twelve hours out of twenty-four ... Not so with the nurse. Every day's rest or recreation she takes represents a loss greater than any gain possible on a day 'on duty'. She may, and often does, work overtime and risks her own health recklessly when the life or welfare of her patient is at stake, and when, after the battle is won, she is obliged to spend a week, a month — or sometimes longer — recuperating from the effects of the strain ..." (McPherson, *Bedside Matters*)

⋮ **Opposite:** St Paul's Hospital Sisters on staff in 1937.



“I think the presence of the Sisters helped to build St. Paul’s good name, because there was a stability there. The Sisters who were there weren’t working for eight hours. We would go in the evening or we’d go back over the weekend. If there was a need, the doctor would come and ask, and we would do it.”

[SISTER MARIE-PAULE VINET, SCHOOL OF NURSING GRADUATE, 1952]

- **Below:** The North Wing under construction (1930).
- **Opposite:** The hospital chapel in the 1930s.



COPING WITH THE DEPRESSION The stock market crash of 1929 forced St. Paul's to face the impact of another worldwide catastrophe, the Great Depression. Within months thousands of people were confronted with dramatic economic reverses. Suicides, mental illness and physical illness due to malnutrition became commonplace. The Sisters, staff, doctors and nurses had to cope with challenges that mounted rapidly as the situation deteriorated. In the darkest days of the Depression, hundreds of the needy would line up at St. Paul's side entrance where the Sisters would feed as many as 700 people a day. One Sister worked full-time preparing and packaging sandwiches into individual lunches that were distributed with a blessing to all who needed them.

According to hospital lore, the Sisters were said to have prepared an impromptu chicken dinner for some indigents who appeared unexpectedly at their door one night. It became so widely known that no one would be refused a meal at St. Paul's that some continued to visit the hospital seeking food well into the 1950s. Once there, they were ushered into the warmth and comfort of a little dining room, known as Mother Gamelin's guest room, where they were treated to the Sisters' legendary hospitality.





A NEW HOME FOR THE NURSES

Some 20 years after it was established, the School of Nursing was teaching as many as 100 students. Unfortunately this success meant that the school had outgrown its original building. Sister Therese Amable, who succeeded Sister Marie Alphonse as Superintendent of Nurses, was a 1917 graduate of the school, so she understood the need for expanded facilities. Despite the poor economy and tight finances, the hospital decided that it needed to grow. A new six-storey Nurses' Home was officially opened in October 1931. The training school then became officially recognized as St. Paul's Hospital School of Nursing. The new building had room for 200 students and offered a library, classrooms and recreational spaces. To show their appreciation, the graduating class of 1931 pooled their resources and gave the residence a very special gift — a baby grand piano. The piano was the source of much entertainment in the nurses' lounge in the residence until the school closed in 1974. The building is still standing, and is known today as the Comox Building.



For nursing students in the 1930s, time was at a premium. The hospital was staffed in two 12-hour shifts: 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. In addition to hours of work and study the students were also expected to turn out for volunteer activities, the biggest of which was Tag Day. On the appointed date, students came on duty at 5:30 a.m. All patients were bathed, beds were changed and treatments were given before the breakfast trays came out. One nurse was left on duty on each ward while everyone else lined up for inspection and received a tin can and directions to their location for the fundraising drive. Because the nurses had so many other responsibilities, however, it was decided that the 1931–32 class would be the last one to participate in a Tag Day.



Opposite: The entrance to the new School of Nursing residence at 1056 Comox Street.

Above (from top): S.L. Howe, Provincial Secretary, handing over the key at the official opening of the new nurses' residence (October 27, 1931); the new nurses' lounge, showing the baby grand piano donated by the graduating class of 1931.

MEETING THE MEDICAL CHALLENGES OF THE 1930s

Along with the new Nurses' Residence, a North Wing was added to the hospital along Comox Street in 1931. This addition allowed another 150 beds. The first patients were admitted to the new wing in 1932.

Tuberculosis (TB), popularly known as the White Death, was a terrifying threat that claimed some 8,000 Canadians annually early in the twentieth

century. A worrisome outbreak in 1933 alarmed health officials, who recommended safety measures in an attempt to protect medical personnel. Nurses were soon required to wear masks, gowns and gloves and to use aseptic techniques when treating patients. Authorities even suggested isolation units to keep TB patients at a safe distance.

In 1935, the hospital established a new library. The Sisters and staff looked inward to put books on the shelf — each employee was requested to donate \$3 (no small sum during the Depression) for the purchase of new books. Volumes soon filled the library shelves, helping the medical staff stay abreast of the latest developments in medical care. An important advance at the time was the first sulphanilamide (sulpha) drugs, introduced at St. Paul's by Dr. A.Y. McNair in

1936. Predating the advent of penicillin, this early wonder drug finally gave physicians a medication that could successfully treat infections.

PARKING PROBLEMS As St. Paul's grew, so too did the city. By 1937, the downtown core of Vancouver had spread around the St. Paul's site in the block bordered by Burrard, Comox, Thurlow and Pendrell streets. The good news was that the founding Sisters had chosen their site well: St. Paul's was ideally placed as a community hospital. The bad news was that the hospital had to begin dealing with all the challenges that come with being located in a densely populated area. Minutes from a 1937 medical meeting noted that doctors were already complaining about a lack of parking near the hospital. Over the years, parking problems would be eased, but only temporarily. Concerns about a lack of space for cars would intensify over the next decades.



• **Left:** Medical books donated to the School of Nursing library.

• **Opposite:** St. Paul's new North Wing completed in 1931.





THE ALUMNAE ASSOCIATION SUPPORTS THE NURSES

Within a dozen years of its founding in 1907, the St. Paul's School of Nursing had grown from graduating a handful of students to sending out more than 100 annually. The graduates felt a strong affiliation with the School of Nursing and with St. Paul's, even if they didn't stay at the hospital. To ensure a continuing connection among these women, the St. Paul's Nurses' Alumnae Association was established in 1920. Mrs. Dorothy Bellamy, a 1917 graduate, was its first president. For the next 10 years, the activities of the Alumnae were mainly of a social nature, with an occasional bazaar or bridge game to raise money for extra furnishings for the Nurses' Home, such as chinaware, silverware or a tea wagon. The Alumnae also occasionally provided some form of entertainment for the new graduates each year.

After a few years of lacklustre participation, the Alumnae Association was galvanized in 1935 under the leadership of Mrs. W.J. MacKenzie (Enid Howell, 1919). The Association soon set up a sick fund for members as well as an emergency fund. The success of this sick fund was very largely due to the tireless energy of Mrs. MacKenzie. Her enthusiasm inspired the members to carry on as a very active organization, contributing to the welfare of the nurses in much the same way that the Women's Auxiliary was contributing to the welfare of patients.



PARTIES AND CAPPING AT THE SCHOOL OF NURSING By the late 1930s, student nurses were starting to introduce a bit more fun into their daily regimens of work and study. A drama club was organized, and students began throwing the occasional party to which they could invite friends. But they still lived and worked under the strict eye of the Sisters, who were serious about providing their charges with a solid nursing education.

The first capping ceremony took place in 1937.

Students entering the School of Nursing began with a six-month probation period, giving rise to the well-known nickname "Probie." If their performance proved satisfactory, the new students were "capped" after six months. The ceremony took place in the hospital auditorium where the nurses-in-training were handed their first cap. This was an eagerly anticipated event for the new students, who invested much pride in their right to wear the distinctive white cap. It told the world they were nurses, even if graduation was still a long way off and far from certain.

The School of Nursing's affiliation with the Provincial Mental Hospital also began that year. This meant that nursing students would add an extra eight-week course, including lectures and practical work related to mental health issues, to their already full workload.

• **Opposite:** The 1939 graduating class.

• **Above:** Edith Canning, a "Probie" recently capped, in the hospital garden (1943).

"The School of Nursing had a large faculty who were dedicated to transforming students from awkward "Probies" into professional nurses. Then there were the Sisters of Providence. In my time (1937-40), there were many of them, they seemed to be everywhere! Their presence was felt everywhere in the hospital. To my knowledge, students of all faiths respected the Sisters and learned from them to become disciplined young ladies. These dedicated women were caring and friendly and evidenced their love for students-in-training."

[FLORENCE HAGARTY (SISTER MARY MICHAEL S.P.), SCHOOL OF NURSING GRADUATE 1940]



Vancouver Public Library

ST. PAUL'S EXPANDS ... AGAIN

Although it had been only seven years since the North Wing opened, the hospital already needed more beds to meet the community's needs. In 1938, a donation of \$35,000 from the estate of Mrs. Lillian Lefevre (wife of Dr. Lefevre, who together were two of the hospital's greatest benefactors) started the funding for construction of the South Wing. A provincial grant of \$50,000 also helped complete the addition. Despite rumours of impending war, construction got underway in 1939. The new wing was located on the southwest corner of the hospital property facing Pendrell Street, replacing a tennis court. After many delays, owing to shortages caused

by the outbreak of war, the wing was officially opened in June 1940. Special features of the seven-storey building included roof gardens, Pediatric and Physiotherapy departments, a pharmacy, interns' living quarters and the Sisters' dining room. The Central Dressing Room was also established at this time. It supplied dressing carts, intravenous solutions and similar medications to all parts of the hospital, helping to make operations more efficient.

- **Above:** St. Paul's in the 1940s.
- **Opposite:** In the Central Dressing Room (l-r) Flavia Lazzarin (1944 graduate), Head Nurse R.S. Westall, unknown staff member, Suzanne Hart (1944), Sister Helen Marie (1937).

ACCEPTING ASIAN-CANADIAN STUDENTS

In 1937 the School of Nursing accepted Asian students for the first time. Dorothy Nakamachi, who entered the school that year, describes the situation:

"In those early years it was difficult for us to enter nursing in British Columbia. A hospital in Alberta at Lamont was the only place an Oriental girl could apply. Vancouver General Hospital accepted the first Japanese Canadians around 1934 and only one each year. In 1937 their quota was filled and St. Paul's had not opened its door to non-whites, so I applied to the United Church affiliated hospital in Lamont. My parish priest was upset that a Catholic girl could not enter a Catholic hospital's School of Nursing. He went to the Superintendent of Nurses to appeal my case. As a result the Board of Directors amended their policy and decided to accept one Oriental girl into the school.

"The Sisters of Charity of Providence were champions on our behalf and defended our rights for us all the way. Notable examples are shown by what our wonderful Nursing Director, the late Sister Columkille, did for the Japanese Canadian students immediately after Pearl Harbor. I was a graduate then and working on an 11 p.m. to 7 a.m. shift. During those dark days the Japanese Canadian community had curfews imposed on us which made it difficult for me to go to work after sundown. Sister Columkille gave me a room in the Residence free of charge, which she said I could use from the time of sundown until I went on duty at 11 p.m. In this way I was able to continue working ..."





SISTER COLUMKILLE TAKES

CHARGE After many years of working in the laboratory, Sister Columkille succeeded Sister Marie Celina as Superintendent of Nurses in 1938. She became an admired and much-loved Directress of the school, a mother figure for many of the out-of-town students who were new to life away from home. During her 15-year tenure, Sister Columkille saw 1,240 student nurses graduate. She was unfailingly cheerful and pleasant, with a ready smile and supportive word for all her charges. Originally a staunch Anglican, Sister Columkille told of a dream where a child asked her if she was looking for peace. She decided that yes, she was looking for peace, and shortly thereafter she entered a Catholic church to request instructions about joining the Catholic faith. Her request was met with the response, “Are you not afraid? ... You have

no idea what you’re in for!” But she was determined. After her profession of vows, Sister Columkille enrolled in St. Paul’s School of Nursing, graduating in 1919. She was the first nurse to receive a diploma as a Laboratory Technician in 1925.

Sister Columkille’s past was the source of much discussion among her students. Was she really a Shakespearean actress as a young woman? Did she really give up a boyfriend to enter the sisterhood? And did she really have flaming red hair under her habit? Another story that made the rounds was about a nurse, Miss Frances Benedict, who was invited to join the School of Nursing faculty. “But I’m not a Catholic,” she told Sister Columkille. “That’s okay,” came the answer. “You have a Catholic name!”



REMEMBERING SISTER COLUMKILLE

Sister Columkille is remembered kindly in a biography from the hospital’s archives: “The feelings most prominent in the hearts of those who knew her were in terms of her kindness and sensitivity, her ability to overlook faults and failings, and her being adept at stressing the finer points in other people’s character and personality.”

- **Opposite:** Celebrating the end of school (l-r) Sister Columkille, Sister Laura Bernadette, Mother Catherine of Bologne, Sister Patricia Ann, Sister Ursula (Sisters Laura Bernadette, Patricia Ann and Ursula are graduating from the School of Nursing).
- **Right:** Sister Columkille, a 1919 graduate and the Directress of the School of Nursing for 15 years.

SHORTER HOURS, HIGHER

EXPECTATIONS A more significant change for nurses during this time was the introduction of the eight-hour shift. This was welcomed by students who had juggled work and study in a 12-hour schedule and found little time for extracurricular activities. Still, expectations remained extremely high for students at the school. In the 1939 yearbook the Superior, Sister Marie Philippe, outlined the necessary qualities for a nurse:

NYLONS!

In the late 1930s, nylon had just been invented. The first white nylon stockings replaced the cotton or lisle ones previously worn and were welcomed enthusiastically by the students!



City of Vancouver Archives
CVA 1184-2803
Photographer: Jack Lindsay

“The quality of dependability, sincerity, conscientiousness, the quality of friendliness, sympathy, kindness, good-will toward the patient and the doctor; intelligence, resourcefulness in thinking and initiative of action, leadership, or managerial ability which enables one to take hold of a situation so that it will be handled courteously, tactfully and without friction, are qualities which, if combined with a profound reverence for God, and reverence for the souls of others, produce success; if absent, make for failure.”

Graduation was a huge celebration at the School of Nursing. Ceremonies in the 1930s were held at the Hotel Vancouver Crystal Ballroom. Pedestrians and traffic frequently paused to take in the sight of the proud students, escorted by a police guard, marching down Burrard Street in their navy blue wool capes with red lining and

starched white uniforms. Originally the nurses were given the capes to keep warm on winter days. In later years they were worn only for more ceremonial occasions such as graduation.

By the late 1930s more opportunities were opening up for nurses. Pat Eccleston, one of the 48 graduates from the School of Nursing in 1939, would become Trans Canada Airlines' first hostess. In those days, airplane cabins were not pressurized, so travelling was rather more risky than it is now, especially for people with heart or lung problems. It was therefore mandatory for stewardesses, as they were then called, to be registered nurses in case any of the passengers needed medical assistance during the flight.

Left: Despite wartime shortages, nylon stockings were in high demand in Vancouver (1940s).

Opposite: To mark the 1939 visit to Vancouver by King George VI and Queen Elizabeth, St. Paul's staff and patients lined the motorcade route to cheer the royal couple.

“For all of us, St. Paul's was home! Studies and ward work (nursing) took up so much time that there wasn't much time for a social life outside. But that didn't seem to bother most students. After three years we got to know each other quite well and we took the rules in our stride. We were a happy group.”

[FLORENCE HAGARTY (SISTER MARY MICHAEL S.P.), SCHOOL OF NURSING GRADUATE 1940]



THE ROYAL VISIT

In 1939, staff and patients at St. Paul's lined up outside the hospital on Burrard Street to see the motorcade of King George VI and Queen Elizabeth go by en route to the opening of the new Hotel Vancouver. At 9:00 a.m. all those patients able to sit up were taken down on the lawn in front of the hospital, while the others were placed at the windows. Three hundred uniformed nurses bordered the sidewalk and the Sisters occupied the space just in front of the main entrance. It was quite a sight.

CONFLICT AND GROWTH — VANCOUVER IN THE 1940s

On September 10, 1939, Canada declared war on Germany. World War II pushed Vancouver out of the Depression as factories supporting the war effort sprang up. At their peak, the city's shipyards employed some 25,000 workers. The Boeing Aircraft plant in Richmond hired 5,000 employees to make B-29 parts. At Burrard Dry Dock, tradition was shattered when the company decided to employ 1,000 women in the yard. It was a heady time for women.

With the bombing of Pearl Harbor on December 7, 1941, Canada declared war on Japan. Vancouver found itself on the front line. Even the upbeat wartime songs and dance crazes that helped to rally citizens' spirits couldn't dispel the nagging fear that the city was vulnerable. Uncertain and afraid, the government made a decision to round up 24,000 Japanese Canadians and remove them to internment camps for the duration of the war. In the city hospitals, blackout and air raid drills were started and preparations made for evacuation of all patients and staff in the event of bombing raids.

On August 9, 1945, the war came to an end when a second atomic bomb was dropped on Nagasaki. It signalled the beginning of a new era. The city went wild with celebrations but quickly moved into a more sustained postwar mood of hope mingled with uncertainty. As everyone made an effort to relax, changes marked the landscape. In 1946, the parking meter made its appearance on city streets, and in 1947, the average monthly wage rose to an astounding \$175. Also in 1947, Chinese citizens, who had been denied the vote since 1874, had it returned to them. By 1949, Grouse Mountain had its first chairlift, and kitchen tables were displaying a new culinary marvel: margarine.

- **Right (clockwise from top):** Crowds at the recently opened Malkin Bowl in Stanley Park for a military service (1942);
- Japanese Canadians on their way to internment camps (February, 1942);
- Canada's answer to "Rosie the Riveter." During the war thousands of women were hired to work at the Richmond Boeing plant and North Shore shipyards (ca. 1942).



City of Vancouver Archives
CVA 1184-13
Photographer: Jack Lindsay



City of Vancouver Archives
CVA 1184-1125
Photographer: Jack Lindsay



City of Vancouver Archives
CVA 1184-1044
Photographer: Jack Lindsay

COPING WITH WARTIME

SHORTAGES The outbreak of World War II had a huge impact on St. Paul's. Even basic necessities were in short supply, and ration cards became commonplace. To help with the purchase of restricted foods such as sugar, coffee, butter and lard, the nursing students turned their ration cards over to the school. While the coffee break had not yet become an established habit, it was possible to snatch a few moments' respite and have a cup of coffee on the ward. During the war the brew was usually an ersatz concoction, with no cream or sugar to improve the taste, and bread without butter was about the only snack available in the nurses' dining room after work.

Linen was always in short supply, and beds could be changed only after much haggling with the linen lady, who had to cope with lines of nurses at her



door seeking clean drawsheets. In those days, the patients did not get out of bed for a week to 10 days following surgery, and had to be given daily bed baths. Keeping the patient washed and comfortable took up much of a nurse's time, and clean sheets were considered essential to recovery.

If instruments were broken or lost, medical staff had to find creative repair and replacement solutions. Metal parts were not available, and plastic had not yet been invented. Improvisation became standard. The surgical teams weathered many frustrating experiences trying to do their work under such difficult circumstances.

It was a constant struggle to maintain a full complement of hospital staff as many doctors and nurses joined the armed forces and went overseas. Of the 4,200 nurses who served with the Canadian armed forces in World War II, those who faced the most dangerous duties were the flight nurses. They travelled back and forth in airplanes converted into rough ambulances. They had to minister to the wounded, piled in tiers on either side, and worked



in reduced atmospheric pressure, which lowered oxygen levels in the blood and expanded the air in body cavities. Equally heroic service was administered by nurses who worked in cities under air bombardment. They accompanied emergency crews at bombing sites and staffed mobile field hospitals set up near the advancing war fronts.

Back home, nurses were doing their part for the war effort. In 1944, staff at St. Paul's donated an impressive 24 percent of their salaries for Victory Bonds. In appreciation, the Royal Canadian Regiment offered the hospital a Victory Flag, which flew over the main entrance.

- **Left:** Sterilizers in CSD (ca. 1940).
- **Top:** The Diet Kitchen in 1944, Larry Moralek (Cook)
- with Sisters Agatha and Louise Marie.

TAKING THE PULSE

1939–45: More than 4,000 nurses saw active service in the war.

1941–42: Canada-wide, there were only 400 women practising medicine as doctors.

1941: On November 12, the first person in Vancouver to donate blood to the Red Cross was a local grocer named Jimmy Muir.

1942: Electroconvulsive shock therapy (ECT) was introduced at Essondale, B.C.'s provincial mental health facility.

1944: A Children's Health Centre was built at Vancouver General Hospital.

1947: The George Derby Veterans' Rehabilitation Centre, which began as part of the Shaughnessy Hospital program to help wounded veterans, opened in Burnaby.

READY AND WILLING

"The Canadian Nurses Association and nine provincial associations loyally supported the Federal Government's decision to go to war and pledged to the Canadian Red Cross Society War Council that members of the nursing profession in Canada were ready and willing to render any national service requested of them ... In fact, the numbers were so great that Elizabeth Smellie, Matron-In-Chief of the World War II Army Medical Corps, visited a number of Canadian hospitals to discourage enlistment and to remind nurses that services were still needed at home as well ...

The war effort strained nursing resources at home to the limit. In 1941, there were a total of 26,473 graduate nurses in Canada, 8,000

of whom were associated with the Medical Corps. Approximately 4,000 nurses were required for 34 overseas military hospitals, 60 domestic military hospitals and 2 hospital ships. The remaining 22,000 nurses were expected to deliver nursing service to the civilian population spread across the country. Nursing, therefore, became an indispensable service to a nation at war — a situation that would prove to be of immeasurable advantage to nursing's quest for professionalism." (Monsell, *Forging the Future*)

The increasing demand for nurses during the war also affected the attitude of physicians towards nurses. Throughout the war years, the collaboration between nursing and medicine that occurred on the battlefield also took place on the home front as both professions met the needs of Canadians. Collaboration and consultancy became key elements in the relationship between the medical and nursing professions.

St. Paul's Hospital had a wonderful medical staff. They were dedicated and proud to be associated with the hospital and the School of Nursing where they often gave their time to teach the students.

[FLORENCE HAGARTY (SISTER MARY MICHAEL S.P.), SCHOOL OF NURSING GRADUATE 1940]

Below: A WW II emergency drill showing a doctor and nurse with a patient on a stretcher.

Opposite: Nursing staff and children in the hospital shelter during a 1942 air raid drill.

Vancouver Public Library



BLACKOUT! With memories of World War I and the horrors of gas attacks still vivid, in 1941 the government issued gas masks to each member of the hospital staff. Authorities were uncertain about the outcome of the war and it was feared that the fighting might escalate to the use of deadly gases on civilian populations. Later in the year, after the attack on Pearl Harbor, there was near panic about Japan's capacity to launch an attack on Canada's west coast. Many areas of the coast of B.C. were hastily fortified and the population was put on constant alert for any subversive activity.

When the government ordered a total blackout of the Pacific Coast, 1,700 hospital windows and doors had to be quickly blacked over. St. Paul's bought thousands of yards of black material, 8 1/2 miles of black building paper, 63,000 thumbtacks and endless gallons of black paint to comply with the order. Special hoses and a telephone were installed on the roof. Twenty-six fully equipped firefighting carts were placed on floors and in corridors, ready for immediate service. Emergency operating rooms and maternity rooms were prepared in the safest shelter located in the service tunnel, and a complete auxiliary lighting system was set up. The first of the blackout drills occurred on May 22, 1941, when the entire city — then numbering 300,000 people — was plunged into

complete darkness from 9:45 p.m. until 10:00 p.m.

These blackouts took place several times during the war until peace was declared in 1945.

St. Paul's experienced its first air raid precaution drill in 1942. The staff managed to move more than 500 patients to places of safety within 15 minutes. Blackout curtains were dropped, 200 patients were taken to basement shelters and other patients were moved to hallways where they would be safe from flying glass.

The first blood bank in Vancouver was opened in St. Paul's that same year. With the help of a large group of volunteer donors, the hospital launched the bank, which, at that time, had a capacity of 325 pints.

“I may be compelled to face danger, but never fear it, and while our soldiers can stand and fight, I can stand and feed and nurse them.” [CLARE BARTON]



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Photographer: Jack Lindsay



THE IMPACT OF THE WAR

St. Paul's Golden Jubilee book of 1944 describes the impact of the war on the hospital:

"It could probably be said without fear of contradiction that from no group in the country has so much been expected these days as from hospitals. Although their work is a ministry of peace, the heaviest demands are placed upon them in time of war. Their work must be extended while their staffs of doctors and nurses are curtailed. Their facilities were never so crowded. Still the best evidence of the genuineness of their devotion to the ideal of charity is that we have not yet heard the cry 'enough.'"

A bright spot in 1943 was the opening of a pleasant tea room on the main floor of the hospital. Visitors and staff could drop in for a most welcome treat — a light meal, a Danish pastry, a tart or a piece of the pastry

chef's fantastic apple pie. Gaston Dubois would work as St. Paul's pastry chef for 36 years. In the early years, you could buy a T-bone steak for 75 cents, veal chops for 40 cents and a hamburger for 35 cents.

The student nurse worked three alternating shifts during the 1940s. The split shift was from 7:00 a.m. to 7:00 p.m., with the hours from 11:00 a.m. to 3:00 p.m. off. The afternoon shift was from 3:00 p.m. to 11:00 p.m., and night duty was from 11:00 p.m. to 7:00 a.m. Half an hour was allowed for meals. If lectures were scheduled for any times in which the student nurse was off duty or on a day off, she was still required to attend them. Often the doctors' lectures were at noon, so those on night duty would have to get up and do their best to stay awake throughout the

The School of Nursing's largest graduating class to date, 71 nurses, received their diplomas at the Hotel Vancouver in April 1942. Due to the war, the traditional reception at the Nurses' Home was cancelled that year. The following year, a record 94 nurses graduated.

In May 1944, St. Paul's hospital staff took time out to celebrate the hospital's Golden Jubilee. The celebrations included sports activities, visits from prominent Sisters and the publication of the Golden Jubilee booklet, *St. Paul's Hospital 50th Anniversary Book*.

Since the founding of the school, the graduates of St. Paul's had established a precedent of going on to a variety of careers in the hospital and across the country. During the war many graduating nurses joined the armed forces or left Vancouver to work in different parts of the world. Some took post-graduate courses, some chose to marry and raise families and some stayed on at St. Paul's to teach or supervise in various departments. The School of Nursing left its mark on the entire community, and the work of the Sisters of Providence continued to spread beyond the confines of the hospital.



“There’s a really strong sense that we’re here to treat the whole patient — and that involves psychological and maybe even spiritual care. We’re values-driven. From senior leadership throughout the organization, we intentionally live our mission and values every day. That creates a working environment where people want to be.”

[DR. JEREMY ETHERINGTON, MEDICAL AFFAIRS]

- **Opposite:** Taking a break in the hospital’s tea room (ca. 1947).
- **Left:** The urn presented by the City of Vancouver to St. Paul’s marking its Golden Jubilee 1894–1944.



A DAY IN THE LIFE OF A 1940s NURSE

During the early 1940s, the student nurse's uniform was a heavily starched cotton tunic, and she was required to wear white stockings and shoes, and to keep her hair up off the collar of her uniform. After her three-month probationary period, she wore a white starched cap. In surgery, the diet kitchen, the case room and the nursery she wore a cotton turban that completely covered her hair.

There were strict rules about wearing the uniform anywhere but in the hospital setting. It was strictly forbidden to wear one's uniform on the street or on public transport.

Once a nurse had graduated, she was usually very proud to wear her bib and apron, but because they were so heavily starched, and consequently chafed the neck and arms, and became quite messy looking when worn during strenuous work, many nurses eventually chose to wear a more practical uniform. The cost of laundering the bib and apron was also a major consideration. New uniforms allowed the nurse more freedom of movement, and later, once polyesters and nylons became available, were even easier to wash and iron. However, these did not appear until several years after the war.

At the 6:00 a.m. roll call in the auditorium, the student nurse was expected to be fully dressed and ready for duty. No makeup was permitted. After roll call and morning prayer led by a Sister, each student passed in single file past Sister Columkille, who thoroughly checked each nurse's appearance before allowing her to descend the stairs to the cafeteria for breakfast. Sister Pulcherie presided over the hot steam tables and usually greeted the sleepy nurses with a cheerful Bonjour!

Breakfast usually consisted of porridge or toast, but occasionally there might be a boiled egg and sometimes on Sunday, even a rasher of bacon. The fare was simple, but usually adequate. Considering that food was fairly severely rationed during the war, it must have been a real struggle for the Sisters to feed so many hungry mouths.

- **Clockwise from right:** In the nursery with Dr. Keith Burwell; student nurses in the baby formula lab with Sister Anne (ca. 1949); working with the pharmacist, Sister Wilfrid (ca. 1945); Sister Denise Marguerite with a patient in one of the hospital's private rooms (ca. 1945).
- **Opposite:** Classroom instruction, which was combined with a daily work regimen (ca. 1944).



A MEDICAL BREAKTHROUGH

Although the war years brought stress and hardship for those working in Canadian hospitals, they also brought exciting changes in the world of medicine. One of these changes was the discovery of penicillin. This powerful new drug was an extremely effective antibacterial agent for the control of infection. Given intravenously and intramuscularly, it could also be applied as a topical dressing. This breakthrough in the fight against infection was greeted enthusiastically by the entire medical community. Originally used to fight infection at the war front, penicillin gradually became available to hospitals in the latter years of the war and was viewed as a miracle drug by doctors and nurses who had devoted much of their work to fighting infections. The new wonder drug, along with sulphanilamide for the treatment of burns, were tremendous advances in the care of the sick.

At the same time, much health care was fairly rudimentary by today's standards. Incubators used for premature babies in the 1940s consisted of a simple glass box with a light bulb for heat and water to provide humidity.

As the St. Paul's family grew, it attracted a number of people who became long-term fixtures in the

• **Left:** Penicillin molecular model.

• **Right:** Head Nurses (l-r) Miss Turner, Marguerite Smith, Rolly, Gladys Armson, Edna Hanafin, Sadie MacLachlan (1940s).

hallways and wards of the hospital. There was, for example, a barber on call during the day. He shaved the male patients or cut hair when necessary, as patients were often in hospital for many days, weeks or even years. There were no extended-care facilities available to the helpless, so St. Paul's often met this need. By 1944, several women at the hospital had been bedridden for as long as 9 years, and one gentleman, totally paralyzed and blind, received care from the Sisters for 14 years. Looking after the chronically ill and the aged became a natural extension of the Sisters' work. They would tend to people's needs for months or years without remuneration. For the recipients of this care St. Paul's became a home.

On top of their daily ministrations to the needy, the Sisters of Providence continued to manage all aspects of the hospital. This allowed the physicians to focus on medicine. According to Dr. W.D. Keith in his Foreword to *The History of the Medical Staff, 1920-1940*, "The Medical Staff has nothing to do with the management of the Hospital; the worries of maintenance and development and economics which are part and parcel of the very existence of the hospital are the problem of the Sisters of Providence ..."



While the Sisters ran the hospital and the School of Nursing with a firm hand, there were always opportunities for levity. One story tells how a student nurse accidentally dropped a vial down an elevator shaft one day. This was a worry, because the students had to pay for any equipment that they broke. Fortunately a maintenance worker found the vial. "It's a miracle!" the student told the Directress of the School of Nursing. "Oh, you Protestants," replied the Sister. "It's not a miracle; it's the divine hand of God!"

A newspaper man named John Laing was also a well-known fixture at St. Paul's for many decades. Morning and evening he walked the hospital corridors, seven days a week, delivering papers to any patient who wished to purchase one. He made his rounds faithfully from 1943 until he was well over 80 years old, spreading the news for more than 40 years.

A Catholic chaplain lived in the hospital from the early years and was usually on call 24 hours a day to say a daily Mass, distribute Communion throughout the hospital and administer the Sacraments to the sick or the dying. Before the advent of the public address system, it was the usual custom for the Sister in charge of the floor to kneel in the corridor and recite her morning and evening prayers out loud for as many as possible to hear.



The intern shortage that the hospital had experienced earlier in the century had been resolved by a steady stream of new medical graduates. These new interns were expected to assist doctors, examine patients, write histories and orders, and deliver babies, if the patient's own doctor was not available. Often they were on call for 24 hours at a time. The work was tough, but St. Paul's training was highly regarded and was seen by interns and nurses as something of a career passport.

Throughout the early history of St. Paul's, an ambience grew that many believe is still unique to this hospital. The feeling of family, or perhaps a feeling that each member of the staff was a part of something very personal, was almost palpable. There were many instances of multiple family members serving at the hospital (as doctors, nurses or other staff members), with many staying to work in the service of St. Paul's for their entire careers. Throughout the many changes over the years, this unique atmosphere and the commitment to compassionate care have remained as hallmarks of St. Paul's.

- **Left:** Interns in 1944 (l-r) Drs. Callbeck, Campbell, Edwards, Shulhan, Knight, McCarley, Hay, Siddall.
- **Right:** Dr. Josephine Mallek comforting a patient.

ST. PAUL'S FIRST WOMAN DOCTOR

Dr. Josephine Mallek was an endocrinologist who came to Vancouver in 1942 with her husband, Dr. Howard Mallek, an ophthalmologist. The daughter of immigrant doctors, Dr. Mallek was brought up above her father's medical office in Montreal. By the age of eight, she was operating the sterilizer and setting out dressings. After completing a medical degree at McGill University in 1936, she earned a master's degree in endocrinology. At that time, the university maintained quotas on both the number of Jews and the number of women admitted to medicine, restricting them to just six percent of the class. Dr. Mallek met her husband at McGill, and they completed their residencies in wartime England. The Malleks returned to Canada and settled in Vancouver, where they opened adjacent medical offices in the Birks Building downtown. Dr. Josephine Mallek was invited to join the staff of St. Paul's in 1946, at the urging of Dr. Ted Trowbridge — one of the conditions being that she not attend the annual medical staff banquet. It would be many years before another pioneering female doctor, Dr. Doris Kavanagh-Gray, straightened out that particular situation.

A dedicated physician who mentored many female doctors and was active in St. Paul's Diabetes Clinic, Dr. Mallek retired after 51 years in practice. In addition to being a doctor herself, the daughter of a doctor and the wife of a doctor, she was the mother of a doctor — her son David also became an ophthalmologist at St. Paul's. Dr. Josephine Mallek died at St. Paul's at the age of 92.



CHAPTER THREE

Prosperity and Growth: 1946–1969

GROWTH SHAPES ST. PAUL'S In September 1945, World War II ended with the surrender of Japan. The euphoria of peace was soon followed by a period of tremendous adjustment as doctors and nurses who had served overseas returned to Canada to resume their professions. St. Paul's nurses served in many theatres of the war as well as in Canada, South Africa and the U.S. They served with distinction in the country's army, navy and air force and even joined the ranks of the U.S. paratroops.

Once attention and resources switched from war to recovery, substantial medical care improvements got underway at St. Paul's. A photofluorographic unit was installed in the X-ray Department, making it possible to perform many more chest X-rays — up to 1,200 per day. The machine was a marvel of modern technology, automatically adjusting to the density of the patient, delivering the correct dosage of radiation and shutting off automatically.

With the introduction of intercoms in patients' rooms, the old call-light system was phased out. The intercom at the chart desk made it possible for the nurse to determine patients' needs before making the trek to a room. No one has ever calculated how many miles this saved the nurses, who spent so much of the day on their feet, but estimates are considerable.

The Nurses' Residence continued to grow in 1948, with the addition of a new wing containing 96 bedrooms, 2 large classrooms, 5 teachers' offices, a kitchenette, a living room, a “rumpus room” and a library. Enrolment at the School of Nursing expanded, as did the city and its suburbs, in these heady postwar years.

Below: Sister Charles Spinola and Mr. Monk with patient in X-ray (1950s).
Opposite: Sister Marie de Loyola and a School of Nursing applicant (ca. 1948).



“The spirit of St. Paul's? Competitive. Progressive. Always striving towards excellence in the programs and the services made available to the people. Over the years, many changes had to be made to meet the demands of health care needs.”

[SISTER EVELYN DECHANT, SCHOOL OF NURSING GRADUATE 1960]



H-BOMBS AND HULA HOOPS — VANCOUVER IN THE 1950s

It was supper club heaven in Vancouver during the 1950s. At the top of the list was the Cave, a subterranean fantasy of faux stalagmites and stalactites in granite greys with a bit of glitter thrown in for good effect. The style was pure kitsch, but the acts were top-notch. Vancouver audiences soaked up shows featuring Frank Sinatra, Mitzi Gaynor, the Mills Brothers and a host of stars who were in town polishing their acts before heading down to Las Vegas. Neon was at its peak, with Granville Street's Theatre Row awash in gaudy nighttime colour. At the time, there was one neon sign for every 18 residents in the Lower Mainland — reportedly, more than 18,000 signs.

However, the war was still a tangible memory as returning soldiers settled back into civilian life and Japanese Canadians were finally allowed to come back home. Vancouver's population ballooned as people from the prairies and eastern Canada poured in, attracted to the city's mild climate and good job prospects. By 1951, the metropolitan population was edging toward half a million.

This was the era of the car and the start of the commute, shopping malls and industrial parks. As people gathered to mourn the passing of Vancouver's last streetcar, West Vancouver's Park Royal Shopping Centre (Canada's first suburban mall) was already five years old. Drive-in restaurants and theatres popped up in mushrooming satellite municipalities. Televisions were everywhere. People sat glued to their sets watching *Our Miss Brooks*, *I Love Lucy* and *Leave It to Beaver*.

It was also an era of nuclear anxiety for Vancouver. In 1950, the city's first bomb shelter was built — in a Shaughnessy backyard — and soon families were touring mock shelters on display at the PNE and schoolchildren were learning to hide under desks in the event of an atomic attack. By 1957, the Soviets had launched Sputnik and the space race was officially on. Later in the decade, disaster struck when the new Second Narrows Bridge collapsed during construction in 1958, killing 18 workers and a rescue worker.

Below: Lineups outside Vancouver's popular Cave Supper Club (1948).



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CVA 1184.3469
Photographer: Jack Lindsay



A NEW WING AND SPECIAL CARE FOR BABIES

By 1950, the city and the hospital were in the throes of another growth phase. New highways, shopping malls, suburbs and schools were springing up all around Vancouver. Increasing demands on the hospital's resources prompted a major expansion that year — another wing at the east end of the centre main building. The three-storey addition was extended out to Burrard Street, and a curved walkway led off Burrard Street to the entrance. This space housed administration offices, cashier and payroll offices and a new admitting office. The medical library and Medical Social

Services Department were also given spacious accommodation. The doctors had a new lounge, the Sisters had a new community room and orthopaedic patients had a new sundeck.

In February 1950, a state-of-the-art Premature Baby Clinic was opened at St. Paul's. The facility included the first suction device of its kind in Canada that counteracted one of the greatest hazards to premature babies: asphyxiation from mucus or food blockages in the throat. It was the only premature baby ward in B.C. and entirely separate from the hospital's infant ward.

Designed as an isolation ward, it was fitted with air conditioning to ensure that all contact with the hospital would be severed, except for a small supply hatch built into one wall. In addition, two ambulances and two B.C. airplanes were equipped to plug in the new machines for emergency transportation of infants from around the province.

• **Above (l-r):** Dr. Ken Atkinson studying in the medical library; Dr. Burwell in the nursery; new East Wing added at front of hospital (1950–51).



“*St. Paul's is a very special place. It gets in your blood.*”

[JANE ADAMS, ST. PAUL'S HOSPITAL FOUNDATION]

• **Above (l-r):** Barbara Iwasaki (Taylor) with
• a baby; newborn nursery with Head Nurse
• Scotty Damer in the foreground; Pediatrics
• Playroom in 1944 with 1943 nursing school
• graduates (l-r) Miss Middleton, RN, Helen
• Wilson, RN.

• **Opposite:** School of Nursing grads keeping
• kids happy and healthy in Pediatrics.



TAKING THE PULSE

1951: The Academy of Medicine opened in Vancouver.

1953: At a Women's Institute Convention in Cloverdale, delegates endorsed a resolution calling for a national health scheme.

Also in 1953: The Richmond Hospital Society was formed with total funds amounting to \$1,011, and the Kinsmen's Mothers' March began in response to a fresh outbreak of polio.

1956: The Vancouver-based B.C. Cancer Institute launched the first cervical screening program across the province.

1959: Two centennial pavilions were opened at Vancouver General and Burnaby General hospitals.

Also in 1959: The British Columbia Medical Association launched its new *B.C. Medical Journal*.

MAKING ROOM FOR WOMEN

In October 1955, the east wing of the new nurses' home was officially opened. In every respect, it came up to our expectations. The spacious auditorium had all the desired features. One of the first functions held in this lovely setting was the annual nurses' homecoming reception. A very interesting part of the program was a tour of the entire building. One might be forgiven for contrasting the plain rooms of yesteryears, with these lovely bright attractive rooms of today. (*St. Paul's Hospital 50th Anniversary Book*)

Dr. Doris Kavanagh-Gray became the first female cardiologist at St. Paul's Hospital in 1959, but not without considerable effort. Even obtaining her medical training was a challenge. She applied to the University of Ottawa Medical School right out of high school, at a time when returning World War II veterans took priority. She was told her request was out of the question, but she refused to accept this. Just 17 years old at the time, she approached the dean of the medical school, who was evidently impressed by this determined young woman. She was one of only two women accepted that year. (B.C. Ministry of Health and Ministry Responsible for Seniors and Women's Health Bureau, *The Challenge of Caring*.)

TIME FOR FUN By the early 1950s, it was accepted that more room was needed in the student nurses' packed schedules for a bit more extracurricular fun. Students quickly formed a Student Nurses' Association, a glee club, an art club and a drama club. Sports activities became a welcome part of the school agenda and St. Paul's students participated in inter-school sports events with their peers at Royal Columbian and Vancouver General hospitals. The hospital administration encouraged students to take up softball, swimming and tennis (and later, basketball and ping-pong)

as a way of relaxing and connecting with other student nurses in the area. But inter-hospital competition was known to get fierce — St. Paul's students especially relished a win over their cross-town rivals at VGH.

To help raise awareness of the nursing profession, St. Paul's students also began speaking at high school vocational classes in 1952. Money for these activities was raised from bake sales, bazaars or other fundraising projects organized by the students.





Vancouver Public Library

THE 1951 ROYAL TOUR

A special highlight for Vancouver in 1951 was the Royal Tour, the first visit to the city by Princess Elizabeth and her husband, Prince Philip, who were on a world tour visiting Canada and all the Dominions and colonies. Once again, the staff of the hospital lined up along Burrard Street to watch the royal cavalcade go by.

“Because St. Paul’s is not a huge hospital, you know most of the members of staff that you come into contact with. There’s a team feel to the place. There’s a friendliness. I was aware of it when I first came here 40 years ago and it’s still here.”

[DR. ROD ANDREW, DEPARTMENT OF MEDICAL EDUCATION]

NO CAP, SIR, JUST A HANDSHAKE

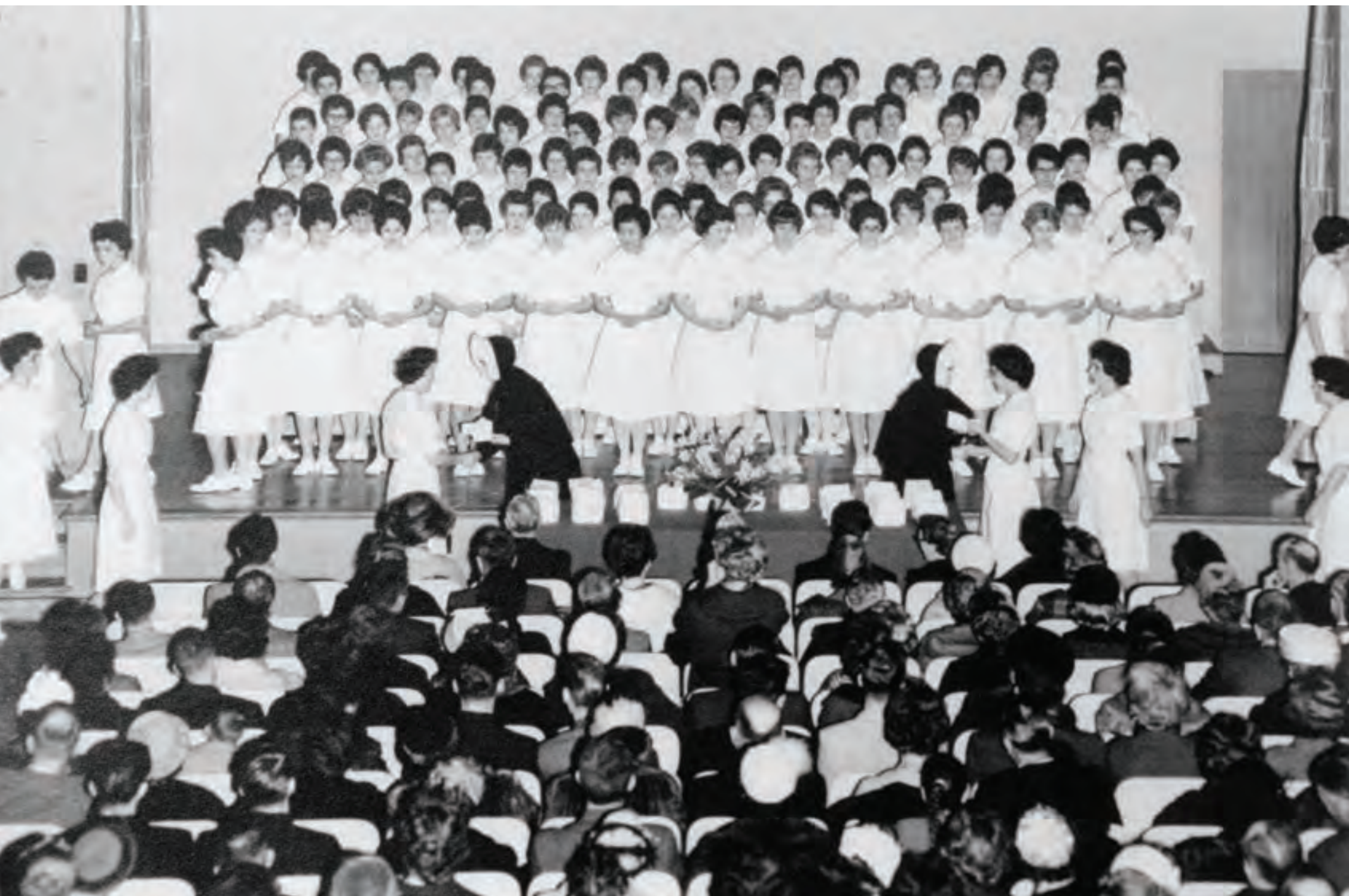
In 1951, the first male nurse graduated with this largest-ever St. Paul’s class. James Bullen of Langford, Vancouver Island, became the first man to graduate as a registered nurse in B.C. The women got caps whereas he, as he recalled years later, “got a handshake.” Among his 109 graduating classmates, eight students received diplomas as medical technologists and four received X-ray technician diplomas.



Opposite: St. Paul’s Hospital employees annual picnic on Bowen Island in 1953.

Above: Princess Elizabeth and Prince Phillip shaking hands with locals during their tour of B.C. in 1951.

Left: James Bullen, the first man in B.C. history to graduate as a registered nurse, receiving his pin from Mrs. William Murray during the graduation (April 25, 1951).



SISTERS AS STUDENT NURSES

Sisters continued to attend the nursing school throughout the 1950s. Their life was somewhat different from that of their fellow students, however, as they lived with the other Sisters on the sixth floor of the hospital. And at graduation the Sisters were never seen on stage with the signature bouquets of roses, like the other graduates. They were included in the official class photos, but they knew that their role at graduation was to sit in the audience.

Sister Columkille left St. Paul's in 1953 to become Superior at Notre Dame Hospital in North Battleford, Saskatchewan. She served at St. Paul's for 35 years, spending the last 15 as the admired and much-loved Directress of the School of Nursing. Sisters would continue to lead the School of Nursing until the departure of Sister Mary Michael in 1963.

A GROWING ROLE FOR THE

WOMEN'S AUXILIARY After a pause in activity during World War II, the Women's Auxiliary moved into high gear in the postwar years. The Superior, Sister Marie Celina, recruited a number of women, including many doctors' wives, to reactivate the Auxiliary. Their duties were defined, and suitable uniforms were found at Woodward's Department Store. The Auxiliary opened a gift bar



in the hospital and took on tasks throughout the hospital that would free up staff for other work — repairing toys in the pediatrics ward, helping at clinics, delivering mail and flowers and driving patients to and from appointments. They raised money through fashion shows and a Fall Fiesta, and at the gift bar. Over the years, these dedicated volunteers made a huge contribution to the quality of care that patients received at St. Paul's.

A CURE FOR POLIO

Patient care underwent a revolution in the 1950s with the introduction of new medical procedures and drugs, many of which were developed during the war. Sixty percent of retail drug sales involved products that did not exist 10 years earlier. And 90 percent of new drug prescriptions could not have been written 15 years previously.



A landmark contribution to medicine was the development of a polio vaccine. Dr. Jonas Salk's vaccine, instantly hailed as a vital addition to medical knowledge, was widely available by 1955. Finally there was a weapon to fight this heartbreaking, crippling disease. Just two years earlier, B.C. had recorded its largest number of polio cases: 787. At that time, several of St. Paul's nurses, including a former intern, or their relatives were stricken with the disease.

Opposite: The 1959 capping ceremony for the class of 1961.

Above (l-r): Busy Bees making medical supplies (1950s), with Sister Louis Nazaire at the head of the table; OPD coffee service: Judy Payzane is serving, Mary Barker has her back to camera.

MEDICAL STUDENTS COME TO ST. PAUL'S

In 1952, just two years after the School of Medicine was established at the University of British Columbia, medical students began training on St. Paul's wards. This was a significant milestone for the hospital. St. Paul's had a newfound status as a teaching hospital, plus the added responsibility that went with such a designation. Doctors were required to stay abreast of the latest medical advances, a decided advantage for patients being treated there. Over the years, St. Paul's has become one of Canada's leading teaching hospitals. Intern positions are still much sought-after, with hundreds of applications sent in every year for a limited number of positions.

A NEW WING With more students on site, a burgeoning medical staff and an increasing number of patients seeking treatment, St. Paul's once again faced the need to grow. In 1954, a large wing was erected at the rear of the expanding facility. It included additional operating rooms, an auditorium, clinic rooms, student lecture rooms, student bedrooms, a biology laboratory, a kitchen, a cafeteria and a coffee shop. There were now 87 student bedrooms, as well as lockers, lounge and kitchenette facilities for graduates. With students' lives becoming less restricted, it wasn't long before television became a fixture in the Nurses' Residence. The set was donated courtesy of a student fundraising drive.

It's a very different feeling in a hospital where there's a lot of teaching going on. In a hospital where there's no teaching, the attending physicians come in, see their patients, do their thing and leave. If you're in a teaching hospital, you tend to spend more time with patients because you are teaching other physicians. And the physicians who do the teaching are more academic, more senior members of the profession. The patients are the beneficiaries because there's this spirit of inquiry and there's always more than one person involved in the care of a particular patient.

[DR. ROD ANDREW, DEPARTMENT OF MEDICAL EDUCATION]



THE WORK OF INTERNS: Getting Paid to Stitch Up Rowdy Loggers

St. Paul's offered a distinct advantage for medical students looking for an internship in the early 1950s: pay. While some hospitals such as Royal Victoria Hospital in Montreal provided no remuneration for interns, St. Paul's offered \$75 a month. It wasn't a lot, but it was enough to attract young doctors such as Dr. C.E. (Ed) McDonnell, who went on to become one of the hospital's leaders. The interns lived in the refurbished 1894 hospital building, which was

located behind the 1950s building. They were on duty through the day and every second night. Dr. McDonnell recalled a particularly busy time in the Emergency Department during a loggers' strike. The loggers visited the ER regularly since they had money to burn while in the city and little to do but "carouse, drink and fight," according to Dr. McDonnell. The young intern notched up plenty of experience stitching up knife slashes and casting broken bones for the loggers.





A DARK DAY

During the October 13, 1954, Executive Committee meeting, Dr. Clarence Gordon Campbell, chief of the Radiology Department since 1939, asked to be excused after reading his report. Saying he didn't feel well, Dr. Campbell collapsed. Neither artificial respiration nor oxygen could revive him.

At the same time, Sister Superior was called to the third floor where Dr. Gimmett, the ear, nose and throat specialist, had been admitted several weeks earlier with pneumonia. Returning to his bed from the washroom, Dr. Gimmett collapsed and died soon after. It was a shock for everyone at St. Paul's to lose two of their devoted doctors at the same time.

A GROWING COMMITMENT TO RESEARCH

The medical profession, which had evolved gradually until this point, began to experience accelerated change in the 1950s. With the introduction of many new types of medical equipment, both doctors and nurses were constantly upgrading their knowledge and skills. By the middle of the decade, the hospital was finding itself hard pressed to stay in the vanguard of innovation. One criticism that threatened to gain local currency labelled St. Paul's as "long on art and short on science." In response, the

“St. Paul's advantage is its size. We're large enough to be able to offer specialty services that will attract world-class people. But we're small enough that you're not just a number. That's why I've stayed here all these years. And that's why people will come back after they work somewhere else. St. Paul's is different.”

[EWAN FORBES, MEDIA SERVICES CENTRE]

hospital launched an ambitious program to develop its research capabilities. In 1956 it opened the Clinical Investigative Unit (CIU). A joint project of the Departments of Medicine, Pathology and Surgery, the CIU sparked considerable progress in diagnostics and research. It also allowed St. Paul's to attract talented young physicians who wanted to develop a specialty without having to first go into general practice. This new unit began St. Paul's transformation from a community hospital to a world-class teaching, referral and research centre.

From the beginning, the CIU generated a reputation for innovation and resourcefulness. Lacking a solid source of funding, the doctors decided to reorganize the electrocardiography (ECG) service so that fees from the interpretation of tracings would be pooled and used as operating funds for the new unit. The additional funds helped to establish a top priority

project — St. Paul's cardio/respiratory service.

Over the next decade, ECG revenue (which grew from \$2,000 to \$16,000 a year) was used to build and buy equipment, help pay salaries and establish groundbreaking programs. A number of the young specialists who would be recruited to the hospital in the coming years were supported by these funds while they built their practices.

St. Paul's went on to design and develop new equipment such as the heart-lung machine, which was essential for heart surgery. St. Paul's cardiac team became one of the first in Canada to perform coronary bypass operations, and the hospital would soon become one of three major centres in B.C. for open-heart surgery.

• **Previous pages:** A typical student nurse's single bedroom (ca. 1954); dedicating the new nursing residence, in 1953.

• **Opposite:** Sister Marie Philippe and Mr. Adams visiting a patient in one of the hospital's iron lungs.

THE SCHOOL OF NURSING MARKS ITS JUBILEE

The Nurses' Alumnae members put together a three-day program to celebrate the 50th anniversary of the School of Nursing. The June 1957 event was attended by more than 400 people. It included an opening Mass, coffee parties, luncheons, dinners, class reunions, hospital and city tours and dramatic presentations in the auditorium. A tour and dinner at the Hollyburn Chalet was available for just \$4.







- Previous pages: St. Paul's School of Nursing Jubilee events.
- Above: St. Paul's Hospital School of Nursing Golden Jubilee (1907–1957).



RELAXING THE RULES

The Sisters of Providence continued to play a maternal role to nursing students at St. Paul's. A letter to students from their "adoptive mother," Sister Marie de Loyola, at Christmas 1958 reads in part:

"First, from December 21 to January 3 inclusive, the February class will have the honor system. My 'big girls' have been very good and very faithful in their R.N. reviews and now I want to tell them I am so proud of them so it is the honor system for February class; Merry Christmas! Won't it be nice to come in and go out, no permission to ask — just sign the book? I know you will not abuse the privilege by injuring your health by a complete lack of sleep.

"From December 21 on, you can invite your boy friends to come into your nice warm living room, sit near the fireplace and you can even sing for him, a 'love song.' We won't mind. During the holiday, December 21 to January 3, he may stay till eleven o'clock. I know it's hard for you to ask him to go home. Shall we have a little bell to ring?"

Reminding students about the importance of keeping their rooms clean and tidy, Sister Marie de Loyola warned: "If you do not, I will have to tell your boy friend that you are not a good housekeeper and he will need to have maids all the time. It may discourage him, and I don't want to do that."

In 1959, for the first time in the history of the School of Nursing, students were allowed to be married throughout their program. There were six married students that year. In ensuing years, that number would increase. A number of women either entered the school while already married or left to marry and returned to finish their course later. It was no longer compulsory for married students to live in the Nurses' Home during training.

In addition to medical students, increasing numbers of University of British Columbia nursing students were spending part of their time studying and working in the hospital. By 1959, these students were receiving most of their hospital experience at St. Paul's. They were easy to spot on any ward, their pink uniforms standing out among the bright white uniforms of the St. Paul's School of Nursing students.

Given the evolution of postwar medicine, the School of Nursing made a point of providing more specialized training. Nurses had to become aware of the use of new equipment and drugs, and familiar with any side effects. Gradually their scope of responsibilities increased, and their standing within the health care professions gained greater stature.

The 1959 graduating class numbered 135, along with 6 X-ray technicians and 4 laboratory technicians.

The graduation ceremony for that year was also notable because it took place in the new Queen Elizabeth Theatre. It was a grand affair, with the stage lit in purple and gold lights, the school's official colours. When someone from another nursing school questioned the cost of such an event, the St. Paul's organizers responded that on the contrary it was

Opposite: St. Paul's clinical instructors and the supervising Sisters (1954/55).

quite affordable. In fact, it didn't cost a thing. The theatre was new and the owners, eager to showcase the venue, offered it to the school free of charge.

In 1959, the union representing St. Paul's nurses took part in province-wide bargaining for the first time.

The round of negotiations resulted in a new two-year contract with medical and pension benefits. A decade earlier, St. Paul's nurses had become the first in B.C. to negotiate a contract with a hospital.

THE FAKE DOCTOR

In 1958, a fake doctor was discovered among the intern staff. Jack Brett, aged 26, joined St. Paul's as an intern on April 3, 1958, and passed himself off as Dr. Harris for three weeks. On April 23, his lack of credentials finally caught up with him. The young man had been interviewed by three doctors and made such a good impression with an apparent fund of medical knowledge that he was accepted on the understanding that he would take out his interim certificate from the B.C. College of Physicians and Surgeons as soon as possible.

Although "Dr. Harris" had apparently done a great deal of medical reading during the previous two years, he had no formal medical training. Later, when he was found unable to perform a spinal tap, an alert nurse reported his lack of knowledge and he was fired. The hospital immediately tightened up its hiring procedures.





It's a mark of your society whether you look after people who have made bad choices in their life. And it's part of a health professional's job to look after the downtrodden. Over the years, St. Paul's has been a terrific example for doing that, under demanding circumstances.

[DR. JAMES HOGG, THE JAMES HOGG ICAPTURE CENTRE]

AN ERA OF GIVING St. Paul's had many sources of income during this era, and a number of them were found within the hospital's own walls. An historical record from 1959 reads:

"Through mutual understanding among the medical and secular staff, monetary gifts are given to the Sisters to bring Christmas cheer to poor families of the district. With the amount they provide varied substantial food, dainties, children's toys and garments filling 14 huge hampers. The Sisters and employees take pleasure in this personal touch, bringing good tidings to their friends, the poor and the needy."

The Women's Auxiliary consistently made a big difference for St. Paul's through its volunteer fundraising. In January 1960, the group presented the Superior, Sister Florence Mary, with \$5,000 for the purchase of a new machine to measure blood glucose levels. The Medical Staff's Benevolent Fund also made donations to the hospital for equipment.

A number of individual donors were generous in their support. Records show benefactors bequeathing as much as \$52,000 to the hospital during these years. Corporate donors also directed funds to the hospital. The Ohio Chemical Company of Vancouver, for example, presented an oxygen tent valued at \$535 to St. Paul's in December 1960. After the tragic drowning death of St. Paul's pediatrician Dr. Peter Spohn in May 1960, his family requested donations to a memorial fund in lieu of flowers. Within a month, the fund exceeded \$2,600. As a long-time friend of St. Paul's, the P.A. Woodward Foundation donated \$5,000 to the hospital in 1961 for the purchase of special camera equipment for cardiac studies. There were also regular donations from individuals, including \$400 from the estate of Mr. Neal Larson, that went to hospital programs every year from 1954 to 1982. The School of Nursing's annual Fall Fair raised funds that went to help needy nursing students.

During this time, the Sisters quietly continued their good works with the city's less fortunate citizens. In 1960, they provided 6,580 meals to the needy along with 7,073 free prescriptions. In 1963, they opened a hospital department focused exclusively on caring for the poor. The new Providence Depot provided food, clothing and "words of comfort and encouragement," according to the hospital's records. By 1970, the Depot was also serving Emergency and Out-Patient Department needs and providing care to discharged patients. With limited resources to support their care for the needy, the Sisters were constantly in need of supplies. It is a testament to the community spirit of St. Paul's that the bulk of goods and funds that helped to support Providence Depot were provided by the hospital's own doctors, nurses, employees and students.

• **Opposite:** The Sisters in their role as hospital cashiers
• (l-r) Sisters Napoleon Marie, Gertrude of Jesus, Claude
• de la Colombiere.

MAKING HISTORY IN OPEN-HEART SURGERY

For years it was assumed that doctors would never be able to operate on the heart. By 1925, after a number of failed attempts, heart surgery had been pretty well abandoned. Near the end of World War II, however, doctors began trying new surgical procedures and there was renewed enthusiasm about the possibility of success. By 1960, St. Paul's was on the threshold of performing open-heart surgery, thanks to its new heart-lung machine. Developed by Dr. Harold Rice, the heart-lung bypass prototype took three years to be built. It was the only machine of its kind ever designed and built in Canada.

In true innovative St. Paul's style, a team of four doctors (Drs. Coursley, Gourlay, Musgrove and Rice) travelled to the Mayo Clinic in

Minnesota to take a first-hand look at the heart-lung machine there. There were no heart-lung machines available commercially at the time, so researchers and technicians were forced to construct their own. Fortunately St. Paul's received a grant of \$80,000 from the B.C. Heart Foundation, which enabled Dr. Rice to design and build his own breakthrough apparatus.

By building its own heart-lung machine, St. Paul's had the advantage it needed to open a heart surgery program, and at a much lower cost than most hospitals. Techniques were so new that no formal education programs existed, so procedures were self-taught. Doctors and nurses would come in on weekends to practise. By 1960, they were ready. The hospital's cardiac team made history in June of that year by performing open-heart surgery on a 12-year-old girl. The operation was a resounding success. The team then went on to perform 5 more surgeries that year and almost 150 in the next five years. This was the beginning of St. Paul's proud tradition of leadership in cardiac care. Over the years, the hospital has developed into a provincial centre of excellence for cardiology that continues to pioneer new treatments in the field.



ST. PAUL'S RESIDENT INVENTOR

Dr. Harold Rice first came to St. Paul's from Edmonton in 1955 as an intern and was asked to stay on as director of the Clinical Investigation Unit. This unique character is described in Käthe Lemon's *Spirit of Discovery*, an excellent history of cardiac care at St. Paul's: "By all accounts, Rice had an incredible mind and was capable of designing and building just about any medical device. He was also known to be difficult to work with at times." Kavanagh-Gray has described him as a "small, vigorous and sometimes vexatious physiologist. He was a very innovative, inventive man. Irritating, but very innovative."

Similarly, Dr. Bob Gourlay, the chief surgeon at St. Paul's from 1958 to 1978, once said about him in an interview, "Harold was a very difficult person, as you well know, and Harold was a tremendous fellow to make anything."

Dr. Rice's inventions and adaptations of medical devices were impressive enough to attract equipment suppliers from both Canada and the U.S. to ask his advice or to see how he had solved a particular mechanical or medical problem. In later years he was invited to work at NASA, but chose instead to stay in Canada.

Dr. Rice also had a very personal interest in improving open-heart surgery techniques: his wife, Dorothy, had been the fourth open-heart surgery patient in the world at the Mayo Clinic in 1953. The surgery successfully corrected a defect in Dorothy's heart but surgeons also discovered another defect in a pulmonary vein, which could only be repaired with the use of a heart-lung machine. Dorothy had her second open-heart operation in 1958 and subsequently enjoyed many years of good health. Her experience piqued Dr. Rice's interest in the potential of bypass machines, and he set his mind to developing his own heart-lung machine. His resulting invention, one of many used at St. Paul's, was used in hundreds of open-heart surgeries over the next decade.



Opposite (clockwise from top right): St. Paul's heart-lung machine (ca. 1960); Drs. Frank McCaffrey and Cowan and unidentified student nurse in Operating Room (1960s); Dr. Robert H. Gourlay, Head of Surgery 1958–1978.

Above (l-r): Blood pressure transducer built by Dr. Harold Rice in the late 1960s; Dr. Rice with his heart-lung machine (1960).

A CAREER OF INNOVATION AND LEADERSHIP



Dr. C.E. (Ed) McDonnell was a young general internist when he joined St. Paul's Department of Medicine in 1962. His early work focused on dialysis for patients with kidney failure but he soon made his mark in other areas of patient care. In 1965, Dr. McDonnell and a nurse named Beverly Miller, RN, started the first rehabilitation service for stroke patients at St. Paul's. The success of this service led to the opening of an Activation Unit in 1974, the first formal rehabilitation program at St. Paul's. This in turn led to the Geriatric and Rehabilitation Division, which Dr. McDonnell led from 1978 to 1988, and the Acute Geriatric Assessment Unit.

Recognizing the importance of providing care for people with diabetes, Dr. McDonnell oversaw the establishment of a Diabetes Clinic, which grew to include not only treatment but also significant education and research activities. He also encouraged the development of an Amputee Clinic and an occupational therapy program at St. Paul's. One can only imagine how many times hospital president Dr. Hugh McDonald would look up from his desk to find Dr. McDonnell standing there with yet another program proposal!

Dr. McDonnell served for many years on the faculty of the University of British Columbia Faculty of Medicine and also developed the St. Paul's internship program into one of the best in the country. He capped off his career by chairing the committee for St. Paul's centennial celebrations in 1994.



ST. PAUL'S ON THE WORLD STAGE

In May 1960, St. Paul's Chief Surgeon Dr. Lyon H. Appleby was recognized as one of North America's finest surgeons by the World Federation of Surgeons. Dr. Appleby was also named president of the Federation that year. In addition to being a gifted surgeon, Dr. Appleby was a true leader, also serving as the president of the College of Physicians and Surgeons of British Columbia. Dr. Appleby served at St. Paul's for 40 years, 32 of them as chief surgeon.





THE TRANSFORMATION OF

ST. PAUL'S BEGINS By the early 1960s, St. Paul's could boast a 70-year record of commitment and service to the community, but there was a growing feeling that the future would call for a wider scope of work that took into account the hospital's clinical management, teaching and research capabilities. Looking at Vancouver's growing population, St. Paul's leadership decided that the city needed another tertiary-care hospital in addition to Vancouver General Hospital. Although St. Paul's had signed an affiliation agreement with the University of British Columbia in 1952, Vancouver General Hospital was viewed by the medical establishment as the city's major teaching hospital. That began to change with the arrival of a new generation of doctors.

Medical Director Dr. Hugh McDonald, Dr. Bill Hurlburt, Head of the Department of Medicine, and Dr. John Sturdy from the Department of Pathology oversaw this shift that changed St. Paul's from a community hospital into a modern teaching and tertiary referral facility. During the process, Dr. Hurlburt attracted several highly qualified physicians, including Dr. Harold Rice, Dr. Doris Kavanagh-Gray, Dr. Stan Stordy, Dr. Dwight Peretz, Dr. C.E. (Ed) McDonnell, Dr. Bill Ibbott, Dr. Bill Young, Dr. Tom Davis and Dr. Ken Berry. During this period of growth in the 1960s, the St. Paul's medical staff nearly tripled in size. Many of those new faces would help to dramatically change the position of the hospital within the medical establishment and the city as well as throughout the province.

“The hospital came alive in the 1960s. Bill Hurlburt got it going when he created the Department of Medicine and recruited so many talented specialists. He just sold them with his enthusiasm. And it changed the hospital forever.”

[DR. C.E. (ED) McDONNELL, RETIRED]

• **Above (l-r):** Dr. Bill Hurlburt; some of the medical staff at St. Paul's in the 1960s (l-r) Doctors N. Schmidt, C.E. (Ed) McDonnell, A. Gerein, E. Musgrove, E. McAmmond, J. Frost, W. Patterson, J. Gray, M. Frost, D. Smail, G. Frost, Mr. Gregory, H. Cooper, K. Atkinson, D. Manson.

PAVING THE WAY FOR WOMEN

Until the 1960s the advancement of women in the medical profession was measured in small and irregular increments. But the pace of change suddenly started to quicken. University medical schools were graduating more women, and these new doctors, unwilling to accept their traditional second-class status, were knocking on the doors of all the biggest and best teaching hospitals.

Dr. Doris Kavanagh-Gray was a trailblazer. She was the first full-time specialist hired by St. Paul's and one of the hospital's first female physicians. Although she did experience some discrimination as a female doctor in the 1960s, Dr. Kavanagh-Gray would just get to work and demonstrate her skill and knowledge as a cardiologist. She was an activist for women's issues and counts among her accomplishments the decision to include female colleagues in the annual medical dinners. The men traditionally attended the dinner while the women (interns, residents and physicians) would stay behind to look after the hospital. In *Spirit of Discovery*, the author Käthe Lemon explains:

“It was a joy to work at St. Paul's. I was really privileged to be able to work there. Everyone seemed to get along well and help each other if there was a problem. I thought it was like this all over the world but I suspect it was unique. There was a strong spirit of cooperation; it was one of the beauties of the place. Everybody benefited, including the patients.”

[DR. DORIS KAVANAGH-GRAY, DEPARTMENT OF CARDIOLOGY, RETIRED]

“Kavanagh-Gray thought the policy was more than a little outdated and decided to do what she could to have it changed. She joined the Hospital Advisory Board and at every chance brought up the issue of the female staff being excluded from the annual dinner. ‘It got rather awkward, so finally after about three years of badgering, the powers that be said, Alright, we'll give you, the women, some money and you can go have your own little party.’ While Kavanagh-Gray thought it wasn't as good as joining the men's party, it was some measure of progress. ‘We decided we'd have a lovely cultural evening, no buns would be thrown, it wouldn't be like the wild parties the men were having,’ Kavanagh-Gray recalls.

Dr. Mary Mate knew the chef at the William Tell, a fine dining restaurant, and arranged for a dinner, and Dr. Josephine Mallek, a senior physician at St. Paul's at the time, arranged for the women to go to the opera afterwards. ‘We had a superb dinner,’ says Kavanagh-

Gray. ‘Lots of Pink Ladies, I recall, and we weren't finished by the time the opera was on.’ Fortunately, because Mate knew the chef, the restaurant agreed to stay open while the doctors went to the opera. ‘We all came back, ordered more Pink Ladies, Baked Alaskas were brought out, the rest of the restaurant was closed but it was open for us. We had a grand time.’

That grand time was reflected in the grand total of the bill. ‘When the Medical Advisory Board got the bill they turned somewhat pale and said, Well, from now on the women will join the men [for the annual dinner]. So we hit them in their financial weak spot. From then on we were with [the men] all the time.’”

• **Below:** Staff member with a patient.

• **Opposite:** In the Cardiac Catheterization Lab (l-r) X-ray technician Virginia Morozoff in white facing the camera, Dr. Doris Kavanagh-Gray, Agnes McCarthy, RN, Gerry Galazyk of Biomedical Engineering.





HIGH-RISES, HIPPIES AND GREENPEACE – VANCOUVER IN THE 1960s

In the 1960s, the winds of change stormed into Vancouver again. On October 12 and 13, 1962, Typhoon Frieda ripped through the city with winds of 125 kph. The Beatles landed in 1964 and triggered Vancouver's own British Invasion. Later in the decade hippies made Kitsilano's Fourth Avenue their home. Strathcona neighbourhood residents stared down City Hall planners and politicians to defeat plans for a downtown freeway and save Vancouver's original townsite — a few square blocks on the Downtown Eastside that once again became known as Gastown. On a single day in 1967, the city witnessed an anti-Vietnam War mass demonstration and its first "Super Human Be In" in Stanley Park. The globally famous Greenpeace got a modest start in the city, growing out of a protest against a U.S. nuclear test on Amchitka Island in 1969.

During the decade, venerable buildings came down and the city shot up with Pacific Centre and the first residential high-rises in the West End. Simon Fraser University's design made architect Arthur Erickson famous; the Vancouver Aquarium became famous with the capture of its first killer whale; and hockey fans were delirious at the awarding of the 1969 NHL franchise to Vancouver.

Vancouver was a robust place in the 1960s, with its population reaching 800,000 by 1964 — double what it had been in 1946. It was a time for beginnings: the city launched the Vancouver Sea Festival, hosted the Grey Cup, started the iconic bathtub races, introduced the first carol ships at Christmas and opened the ski slopes at Whistler.

Below: People taking to the streets of Vancouver in the 1960s to oppose nuclear testing.

Opposite: Mother and daughter St. Paul's grads Mrs. V. Dietrich (née Town), class of 1920, and Lorraine Dietrich, class of 1946.



TAKING THE PULSE

1960: On October 3, Grace Hospital (now known as the B.C. Women's Hospital and Health Centre) celebrated its 50,000th birth.

1961: The new 285-bed Lions Gate Hospital opened in North Vancouver.

Also in 1961: The University of British Columbia opened the School of Rehabilitation Medicine to alleviate a shortage of therapists in the city and province. The last lobotomy was performed at Riverview Hospital.

1965: Vancouver built its first curb ramps (now called curb cuts) for wheelchair users.

1966: Canada's federal parliament passed the Medicare Bill, thus extending universal medical insurance to all Canadians.

Also in 1966: On March 17, the 132-bed Richmond General Hospital admitted its first patient, the facility's first baby was born later that day and Dr. Vivien Basco began practising radiation oncology in Vancouver.

1968: The first kidney transplant was performed at Vancouver General Hospital.

OBSERVING CERTAIN PROTOCOLS

"Nursing students [from UBC] in the 1960s were influenced greatly by the switch to St. Paul's Hospital as their clinical location and by the fact that this was a Roman Catholic Hospital run by the Sisters of Providence ... Certain religious protocols now had to be included in student orientation. For example, care of the dead and dying was subject to religious edicts and care of the fetus in spontaneous abortion had to involve baptism. Codes of conduct in the 1960s were less strict than those of the 1950s, although still considerably different from those of the 1990s." (B.C. Ministry of Health and Ministry Responsible for Seniors and Women's Health Bureau, *The Challenge of Caring*)

IT'S A SIN TO BREAK THERMOMETERS

St Paul's administration encouraged careful stewardship of resources and nothing was thrown out. Newspaper was used under drapes and to make bags for bedside waste; scrap paper was recycled. A sign posted on one of the wards warned that "It is a sin to break thermometers". Students were also required to stand when a Sister appeared, even in class, and standing for physicians on the wards also still was expected behavior in most situations. (*The Challenge of Caring*)



Codes of conduct in the 1960s were less strict than those of the 1950s, although still considerably different from those of the 1990s.

- Below: Graduating class, 1960.
- Opposite: A Jubilee Mass in the hospital chapel.
Monsignor Francis Chaloner is kneeling at the altar.

I liked the caring atmosphere among the whole staff. The St. Paul's approach goes back to the Sisters and their emphasis on the patient as an individual. Whenever someone had an idea or suggestion for me, I would ask 'What'll it do for the patient?' We never forgot that's why we were there, to do what was best for the patient.

[DR. HUGH McDONALD, PRESIDENT AND CEO, 1967-87]



THE SISTERS PROVIDE LEADERSHIP

During these years of change, the Sisters of Providence remained front and centre at the hospital. They reinforced daily the proper approach to patient care, and a Sister was assigned to monitor every ward. She would remind nurses if a call-light was on for too long or if a patient needed attention. Many students in the School of Nursing would attend morning Mass in the chapel every day. Loudspeakers installed on all the floors and wings enabled all patients to hear morning and evening prayers. The School of Nursing graduating class of 1960 was notable for having the last two Sisters to be trained at the school. Sister Evelyn Dechant (Damiana, 1960) and Sister Pauline Kruchten (Ursula Marie, 1960) went on to serve at several hospitals across western Canada during long and distinguished nursing careers.





VANCOUVER'S DIALYSIS PIONEER

Along with advances in cardiology, renal care became one of St. Paul's key areas of specialization. The hospital's capabilities were boosted in 1962 when Dr. Russell Palmer, one of North America's best-known pioneers in the development of artificial kidneys, joined St. Paul's medical staff. Dr. Palmer was the first physician in North America to treat patients with an artificial kidney machine. He had gained his experience as a young army doctor serving in the Netherlands during World War II. There he encountered a patient with an artificial kidney, or hemodialyzer, which removed waste by filtering the patient's blood and returning it to the body. The machine's inventor, Dr. Willem Kolff,

met Dr. Palmer and gave him his complete working drawings of the artificial kidney. Upon his return to Canada, Dr. Palmer set to work building North America's first artificial kidney dialysis machine and used it for the first time in 1948.

After practising at Vancouver General Hospital for years, Dr. Palmer moved to St. Paul's where he developed treatments for chronic renal failure. He was one of the first doctors in

North America to use peritoneal dialysis as a treatment for patients with this condition. Under his guidance St. Paul's became a leader in this new field. His was an extremely encouraging approach to treating a condition once considered fatal. It was initially derided by some in the medical profession as doomed to fail, but Dr. Palmer's success silenced critics and helped to change the practice of medicine.



THE SCHOOL OF NURSING

CHANGES AGAIN The winds of change were blowing through the School of Nursing once more. Rules that had been on the books since the school opened its doors came under review and were relaxed under the leadership of the school's director, Sister Mary Michael. Prior to that time, students who married or became pregnant had to stop training. Sister Mary Michael decided that senior students should be allowed to marry during the last six months of their program. But first, they needed permission!

The betrothed student had to submit a request to the School of Nursing and the Hospital Board. Students who had previously left the school to marry were permitted to return and complete their training, and pregnant senior students were granted maternity leave. In recognition of the increasing complexity of the nurse's role, entrance requirements were also upgraded. In 1964, the minimum educational requirement for admission to the training school was completing Grade 12. The age requirement was 18 years by the date of entry into the school.

- **Opposite (from top):** Dr. Russell Palmer; Dr. C. E. (Ed) McDonnell with RN Sheila Oliver, technician Karl Kucera and a patient undergoing hemodialysis.
- **Below:** Dr. E.J. Gray.

In 1963, Sister Mary Michael was transferred to St. Mary's Hospital in New Westminster. Her replacement at the School of Nursing was Roberta J. Cunningham, the first lay person to serve as a director of the school. A graduate herself from 1942, she was a true St. Paul's career nurse, dedicated to both nursing and teaching. Roberta Cunningham went on to earn bachelor's and master's degrees while also serving with a number of professional nursing associations. She remained director of the School of Nursing until 1970.

FAMILY DYNASTIES

The Gray family played a leading role at St. Paul's for much of the twentieth century. Dr. E.J. Gray was one of the early doctors at the hospital and served as chief of staff. His son, Dr. John Gray, was head of surgery, and John's wife, Dr. Doris Kavanagh-Gray, was a long-time cardiologist at the hospital. Two of John's sisters worked in the laboratory, and one was a nurse. One of his daughters studied medicine at UBC and another daughter still works in the St. Paul's mail room.

Dr. Anson Frost, who had been Chief of Obstetrics at St. Paul's, was awarded The Prince of Good Fellows

honour by the Vancouver Medical Association in 1955. He and his wife, Mrs. Lila Frost, were the parents of Drs. John, Maxwell and Gardiner Frost.

Dr. John Joseph Gillis was a physician with a general practice in Merritt. He was also the mayor of that town and served as the Liberal MLA for Yale for 24 years. He contributed much to the life of St. Paul's: of his eight children, three daughters trained at St. Paul's as nurses, one was a laboratory technician and one son, Dr. J.G. Gillis, later became a well-known doctor in the hospital.





A SPECIAL CHRISTMAS TRADITION

Christmas was always a special time at St. Paul's, thanks in part to the School of Nursing. Every year the students would go carolling through the halls of the hospital. Dressed up in their best uniforms, sometimes wearing their elegant capes, the nurses often carried candles as they walked and sang throughout the hospital. It was a cherished tradition that brought cheer to patients and hospital staff for years.

In the early 1960s, the School of Nursing students staged a Christmas pageant for the patients. Patients were moved into the auditorium, some in beds and others in wheelchairs. The talents of the student nurses were on full display in that show, with performances ranging from skits to singing and dancing. The pageant soon became another St. Paul's Christmas tradition.

What makes St. Paul's special? If only we could bottle that!
St Paul's is like a small town. People get to know other people from all different areas.
It's part of the culture of this place. I've seen many people leave St. Paul's and come back
because of the sense of community. There's a feeling that everybody matters.

[MARY LEATHLEY, INTENSIVE CARE UNIT]

- **Above (l-r):** Santa makes a Christmas call to Pediatrics (1969); the Christmas play in the auditorium.
- **Opposite:** Father Horgan blesses the Nativity scene in front of the hospital.



ST. PAUL'S GOES HIGH TECH

Much like the 1950s, the 1960s brought significant medical advances, which St. Paul's integrated into its programs as soon as possible. A new syringe developed in the United States made possible a one-shot vaccination against four diseases: polio, tetanus, diphtheria and whooping cough. Rubber stoppers inside the barrel of the syringe kept the vaccines in separate compartments, preventing them from mixing

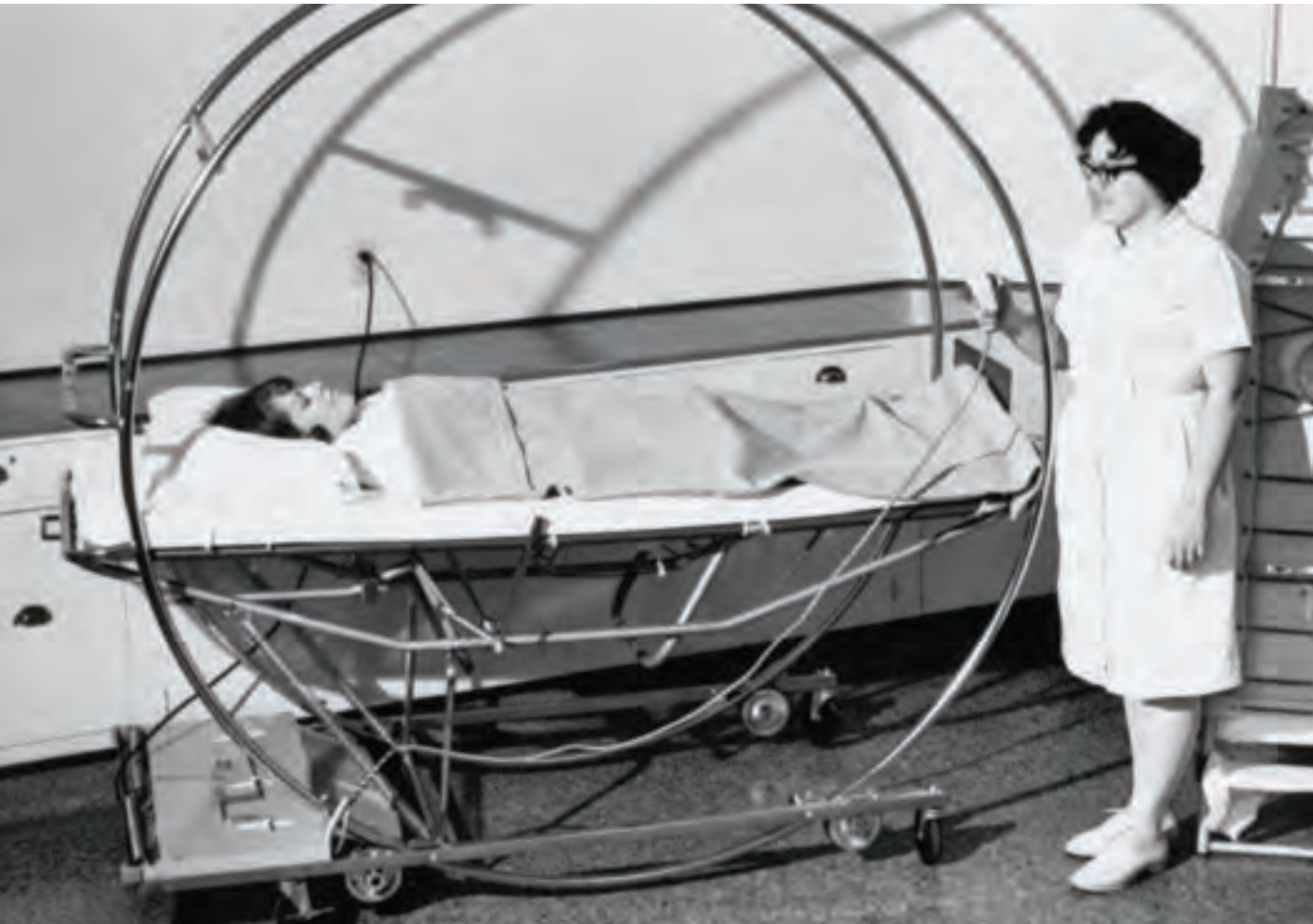
- **Below:** High tech at St. Paul's: a patient in a "Circoelectric" bed (ca. 1958).
- **Opposite:** The old emergency entrance at St. Paul's.

together. When the plunger was pressed, the vaccines flowed together and were blended before passing through the needle into the patient.

One invention that proved a huge boon to both patients and nurses was the electric bed. This new device could be adjusted with the flick of a switch, making patients more comfortable and saving nursing staff from back-breaking work.

THE GROWTH OF ST. PAUL'S ER

By the time St. Paul's opened the doors of its new Emergency Department in 1962, changes were taking place in all areas of medical care. In an effort to improve the department's efficiency, the hospital's new medical director, Dr. Hugh McDonald, revised a long-standing policy that patients arriving in Emergency had to wait for their family doctors or have their family doctor's approval before they could be treated by another physician. Dr. McDonald also brought more general practitioners into Emergency, which helped to keep the doctors involved in the evolution of the hospital and informed about the latest innovations in emergency care. As a result, patient waiting times dropped, allowing the department to care for more people. Today St. Paul's Emergency Department is one of Canada's busiest and most highly respected.







- **Above:** The Operating Room post-graduate class (ca. 1960s).
- **Right:** Dr. Dwight Peretz (left) demonstrates a bedside monitor to Ed Blond, president of one of St. Paul's major benefactors, Vancouver Rotary (ca. 1966).
- **Opposite:** Dr. Madill examining X-ray film in the viewing room.

BENEFACTORS IMPROVE PATIENT

CARE Many of the advances in patient care at this time were funded by private donors. One of the hospital's most generous benefactors was Mr. P.A. Woodward, owner of the well-known Woodward's Department Store chain. His generosity enabled St. Paul's to establish the Woodward Respiratory Diagnostic Laboratory in 1965 and to purchase vital equipment for the X-ray Department.

In 1966, bedside monitors were installed for the first time. Now commonplace, these machines represented a huge advance in patient care. Donated by the Rotary Club and the B.C. Hospital Insurance Service, the devices (attached to seriously ill patients who had undergone major surgery) monitored their heart rates and alerted staff to any sudden changes, all the while feeding a constant stream of data on heart function and pulse rate.

The hospital also acquired two multi-channel TV recorders for use in open-heart surgery and other hazardous operations. One recorder was mounted in the operating room, giving doctors an instant reading of patients' vital functions. The other was designed as a portable machine that could be moved rapidly to any section of the hospital experiencing an emergency.

This new type of technology was soon becoming the norm in North American hospitals as electronic equipment became increasingly affordable. The impact on nursing was considerable. Keeping pace with these changes, the nurse was now performing tasks normally done by physicians — giving transfusions and injections, performing catheterizations and administering oxygen. The nurse was also expected to be familiar with the operation of the new machines that were appearing on wards and in operating rooms: electrocardiograph machines, roentgen apparatus and radiation equipment. The job had changed considerably from the days when a nurse's primary duty was to ensure patients were kept clean and comfortable.





X MARKS THE SPOT

A \$70,000 X-ray Unit, equipped with closed-circuit television, was installed in St. Paul's Radiology Department in 1962. It was one of the most advanced machines in medicine at the time, and the only one west of Montreal. Its main use was in fluoroscopic work. The process used X-rays to project images of internal organs on a fluorescent screen and allowed the heart, lungs and other organs to be observed in action.





CANADA'S FIRST COMPUTERIZED

LAB Technological advances were also making inroads into other departments. Aware that the computer would soon revolutionize medicine, St. Paul's became the first hospital in Canada to computerize its laboratory. Prior to that, testing was extremely complicated and labour intensive. After blood was drawn, it had to be analyzed; this involved controls, graphing and measuring

optical density. Each measurement took time and would only be done once a day; some tests could be done only once a week. When the first computer was introduced in the 1960s, analysis time was drastically reduced, giving staff fast and more frequent access to test results. It was also easier to identify the more problematic abnormal results. According to one story, the lab team

became so proud of their new ability to swiftly and accurately deliver abnormal findings that they began highlighting them on patients' charts with stars. This apparently didn't go over well with the doctors, who weren't about to be told what was normal or abnormal. The stars quickly disappeared.

• **Opposite and Above:** St. Paul's was the first hospital in Canada to computerize its laboratories in the 1960s. • Cardiology was also at the forefront of technology, as these photos from the 1980s show.



CANADA'S FIRST ICU St. Paul's holds the distinction of being the first hospital in Canada to open an Intensive Care Unit (ICU). Now a regular feature in most facilities, the ICU was a new and untried concept at the time. Intrigued by the life-saving potential such a unit might offer to seriously ill patients, St. Paul's recruited a young cardiologist named Dr. Dwight Peretz to lead in its development. After considerable research and planning, St. Paul's Intensive Care and Coronary Care Unit opened in September 1966, with Sally Staples, RN, as head nurse. Heralded as one of the most modern in North America, the 10-bed ICU cost more than \$300,000 including construction, medical equipment and furnishings. The costs were shared equally by the federal and provincial governments and St. Paul's, with the

largest share of the hospital's contribution coming from the P.A. Woodward's Foundation. The project required 14 different departmental moves to provide the required space for the unit. The Sisters, who gave their full support to the new initiative, gladly sacrificed their large common room for the new ICU.

The new Intensive Care Unit featured ultra-modern beds and was equipped with the latest scientific equipment for the monitoring, diagnosis and treatment of coronary heart disease, coma, shock and acute respiratory failure. One exciting feature was "magic doors" that opened automatically as people or equipment entered or left. The unit had its own crash cart for cardiac arrests and a special communication system linked to the hospital's Emergency Department, ensuring that all patients coming into Emergency suffering from diabetic shock or cardiac arrest could get instant treatment. Within a relatively short time, the mortality rate for heart attacks was cut in half. Within a few years, the unit was so full of equipment and patients that a new 10-bed Coronary Care Unit had to be opened across the hall in a lovely chapel the Sisters also gave up. The chapel was later moved to the Comox Building.

The complexity of care in the Intensive Care Unit layered new responsibilities onto the work of the nurses assigned there. They were constantly with the patient and became the key to the entire program, being specially trained to detect early danger signs and to initiate life-saving procedures.

In keeping with the modernization of the hospital, the Department of Surgery got a new Hydrazust table, one of the most modern pieces of equipment on the market. It featured an electric foot control for the urologist, as well as a portable hand control for the anesthetist or technician. The table could be put quickly and effortlessly into any position required for specialized work.

Another first for St. Paul's was the Orthoptic Clinic and Tonography Unit in the Out-Patient Department. Primarily used to treat children with crossed eyes and for glaucoma testing, it was the only unit of its kind in B.C. at the time.

- **Top:** Sally Staples and Marcel Campbell in the ICU with a patient.
- **Opposite:** Dr. Bruce Ford and Anne Meighen, RN, with a patient in the ICU.



We were very proud when we opened our Intensive Care/Coronary Care Unit. It had the latest monitoring equipment, and people came from around the world to see how we had done it. The mortality rate for people with heart attacks dropped dramatically because we could treat them immediately. It was an exciting time.

[DR. DWIGHT PERETZ, INTENSIVE CARE UNIT, RETIRED]





THE SISTERHOOD MODERNIZES

Modern times even visited the Sisters, whose appearance changed markedly following the Second Vatican Council. The traditional long flowing hood and cape that covered a Sister's head and shoulders were replaced by a simple black and white corona with a short veil attached. It was made of lighter material than the traditional heavy serge. Sister Lucien was the first Sister of

Providence in Vancouver to adopt the simplified habit. In later years, most of the Sisters eventually abandoned this new uniform in favour of regular clothes with no headpiece. Many Sisters also reverted to their family names at this time, causing minor confusion for staff and the Sisters themselves as new names were introduced. As these reforms were being welcomed, the number of Sisters in residence was dwindling.

Opposite: St. Paul's in 1960.

Below (l-r): The signature flowing cape and hood that long identified Sisters in the hospital were replaced after Vatican II: Sisters Laura Bernadette (Germaine Baillargeon), Patricia Ann (Kathleen Dineen), Catherine de Bologne; (back row) Sisters Pearl Oster, Christine McIntyre, (front) Sisters Lillian Casault, Catherine McIntyre.

REACHING OUT TO THE PROVINCE

As St. Paul's added more services, it began to evolve into a more broadly based referral hospital that provided specialized care for people throughout the province. One key referral area in the 1960s was pacemaker services. In the early days of pacemakers, patients had to be assessed in hospital every three months. This placed quite a travel burden on people who lived outside Vancouver. Always looking for solutions, the St. Paul's team found a way to do pacemaker readings by phone. The pacemaker sounds could be transmitted through the telephone as an ECG reading, allowing the cardiology team to monitor the device and determine any need for adjustments.

Like many other specialists at the hospital (including those in the Renal and Pulmonary Units) the cardiologists at St. Paul's launched an outreach program for regions of B.C. and the Yukon. Hospital specialists would travel to different areas, visiting patients and providing lectures to help local health professionals expand their expertise. This outreach program continues today and plays an important part in St. Paul's role as a provincial referral resource.

STUDENT NURSES GIVE

GENEROUSLY With nursing shifts reduced from 12 to 8 hours some 10 years earlier, St. Paul's student nurses were finding more time for social activities. In addition to participating in the glee club, drama club, choir and class parties, the students also organized several fundraising activities each year. Car washes and the Fall Fair (offering numerous fun activities at different booths) raised as much as \$3,000 each year. It's reported that the students generated so much money in 1966 that they couldn't find ways of spending it! But after a few inquiries to staff or

“It's very important to me to protect and promote the legacy of the Sisters, their legacy of care. While I respect the fact that this is one of Vancouver's classy heritage sites, we desperately need better facilities. I always think, what can I do for these people who deliver service, because some of them work in horrible conditions. But we still provide the best service in B.C.”

[NEIL MACCONNELL, PROVIDENCE HEALTH CARE LEGACY PROJECT]

the Sisters, a good cause was always identified. The students donated money for a playpen in the pediatric ward, a games cupboard for adult patients and Christmas hampers for families in the community. One year they even bought a washing machine for their laundry room. In addition to mastering the more straightforward challenges of a nursing education, the students were also learning about St. Paul's tradition of caring for the needy. This tradition flowed directly from the values of the Sisters, who treated all with dignity and respect, and honoured their mission to continue the healing mission of Jesus through practical charity and compassion.

NURSING EDUCATION FINANCES: 1968

St. Paul's School of Nursing offered an affordable way for young women and men to gain a nursing education. Although the student nurses wouldn't get rich on their monthly stipend, it did save them from the mounting tuition costs that students deal with today.

Entrance Fee:

\$250.00 (payable on entrance day)

Remuneration:

First six months:	Nil
Second six months:	\$8 per month
Second year:	\$10 per month
Third year:	\$13 per month

The School of Nursing provided room, board, uniforms and text books. Students who didn't live in the residence were given a monthly living allowance of \$20 and a locker in the Nurses' Residence.



A LINEAGE OF COMPASSION AND CARE

St. Paul's Hospital School of Nursing: Directors of Nursing (1907-74)

Before 1909 there were no specifically assigned nursing supervisors. It was likely that the three Sisters in charge of the floors would have directed the education of students.

1907	Supervisor, First Floor	Sister Anne de Parèdes
	Supervisor, Second Floor	Sister Dominique du Rosaire
	Supervisor, Third Floor	Sister Joseph Onésime
1908	Supervisor, First Floor	Sister Marie Augustin
	Supervisor, Second Floor	Sister Dominique du Rosaire
	Supervisor, Third Floor	Sister Joseph Onésime
	Supervisor, Fourth Floor	Sister Anne Françoise

The role of Director of Nursing included both Nursing Service and Nursing Education.

1909-13	Sister Hermyle
1914-28	Sister Marie Alphonse
1929-36	Sister Therese Amable
1936-38	Sister Marie Celina
1939-53	Sister Columkille
1953-55	Sister Denise Marguerite
1956-58	Sister Marie de Loyola
1958-59	Sister Mary Michael
1959-61	Sister Paul Denis, Acting Director (September – May)
1961-62	Sister Mary Michael

In 1962, the dual role of the Director of the School of Nursing and Nursing Service was divided, and a separate Director of Nursing Service appointed.

1962	Sister Mary Michael
1963-70	Miss R. J. Cunningham

In 1970, Nursing Education and Nursing Service were again combined under the Director of Nursing.

1971-74	Mrs. A. Murray
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In September, 1974, St. Paul's Hospital School of Nursing was closed.

THE SISTERS STEP DOWN FROM THE ADMINISTRATION

The Sisters of Providence had overseen St. Paul's administration since the hospital was established in 1894. But by the late 1960s, the increasingly complex job was taxing the resources of their diminishing community. Medicine and the finances needed to support health care were changing rapidly. Reforms in Catholicism, initiated by the Second Vatican Council, called for greater lay involvement in all aspects of Church operations. Eventually the Sisters of Providence made the difficult decision to turn St. Paul's over to a lay administrator.

Dr. Hugh McDonald was appointed executive director of St. Paul's in 1969. A general practitioner, Dr. McDonald had originally come to the hospital six years earlier to serve as medical director. He would serve in his new position for the next 18 years.

This superficially simple appointment reflected an even deeper shift for St. Paul's. It meant the Sisters' withdrawal from all daily administration. Despite this change, however, the Sisters continued to remain active in the hospital, offering care and guidance to patients, students and staff. As well, the Sisters of Providence still owned the hospital and maintained their authority by appointing the St. Paul's Board of Directors, which always included a number of the Sisters themselves.

• **Opposite:** At a St. Paul's workshop for Superiors and Treasurers in 1963.
• **Below:** Dr. Hugh McDonald.





A NEW RENAL UNIT The year 1968 marked an important advance in care with the opening of St. Paul's new Renal Unit, offering peritoneal dialysis treatment for patients with chronic kidney disease. The new unit was led by Dr. Angus Rae, who had been recruited from Seattle where he was overseeing the experimental U.S. public health service home peritoneal dialysis program. Dr. Rae, with the assistance of Head

• **Above (l-r):** Patient being trained for home hemodialysis with nurse Isobel Muir (ca. 1980). The machine is now obsolete; patients participating in the management of their own dialysis care, with the Kiil Dialyser, in 1968.

Nurse Pauline Craig, RN, and other staff, began training patients to administer their own dialysis at home. This had never been done before in B.C., but it would save those patients who were eligible for such care the time and inconvenience of travelling to the hospital for treatment several times a week. In 1969, the first two patients were sent home to carry on their own dialysis under the care of their family physicians. St. Paul's supplied the patient with sterile linen, gloves, equipment and the \$1.30 bottle of dialyate, funded by contributions from the staff doctors. In later years, the Kidney Foundation was established and all supplies and equipment were supplied to patients free of charge.

The St. Paul's Renal Unit was soon attracting patients from across the province. Those who were able were trained for home dialysis; the others were treated at the Renal Unit. In June 1969, a new Day Care Unit opened, with seven beds to accommodate patients who were undergoing day surgery.

Around this time, the hospital also established a Poison Control Information Service. This province-wide service was open to the public so that anyone with questions about poison or a possible emergency could phone for assistance 24 hours a day.



NOT ONE TO MISS A DAY

Dr. Angus Rae was not a man to shirk his responsibilities. Just weeks after the opening of the Renal Unit he broke his leg while skiing. With no insurance, a family to support and a clinic full of patients to treat, Dr. Rae continued working from a bed in his own Renal Unit, getting around the hospital in a wheelchair.



“In the early days I was the sole nephrologist at St. Paul’s. When I went away to meetings, I would continue to do rounds at the hospital over the phone. I told my head nurse that if they didn’t need to talk to me, she shouldn’t accept my collect call. The hotels I stayed at must have wondered about the doctor who couldn’t get the hospital to accept his calls!”

[DR. ANGUS RAE, RENAL CENTRE, RETIRED]



75 YEARS OF CHANGING TIMES

— AND HEMLINES When St. Paul's celebrated its 75th anniversary in 1969, the hospital had 560 beds and a staff exceeding 1,200, and was treating more than 17,000 patients each year. With only seven remaining Sisters, history seemed to have come full circle — this was the same number of Sisters who had been on the original staff of the hospital in 1894.

To celebrate 75 years of service, the Nurses' Alumnae and the Auxiliary worked together to decorate the hospital with flags, bunting and anniversary medallions, giving public spaces a festive air. Many staff and volunteers wore vintage dress, and an archives display gave visitors a glimpse into the past. Of most interest were the



1919 uniform worn by Jean Brown (Campion, 1919) and a 1910 uniform worn by Shanny Sochowski (Dawe, 1945), which had been made by her mother, Alice Dawe (Johnson, 1917). Two other nurses wore more recent uniforms: Vera Godwin (Morrow, 1944) modelled the bib and apron of her era, and Cathy Jack modelled the 1969 uniform that sat above the knee. How styles had changed!

Along with hemlines, rules for student nurses had also relaxed. The School of Nursing alumnae were amazed to discover that sign-in time for students was now 2:00 a.m., students could marry without the permission of the school administration and the 12-hour shift worked by student nurses had been reduced to seven-and-three-quarter hours!



After a Thanksgiving Mass, the student nurses' choir performed and Sister Marie Philippe (Elisabeth Auclair) cut an elegant four-tiered cake. At least 18 other former Sisters who had worked at St. Paul's joined in the festivities. It was a proud and happy testament to St. Paul's service to the City of Vancouver, the Sisters' legacy of care and compassion for the needy, and the medical leadership that have made the hospital one of the most respected in Canada.

• **Opposite:** Uniforms from different eras meet at St. Paul's 75th anniversary celebration in 1969.

• **Above (l-r):** "Cavalcade in White!" An old archive headline celebrates "50 years of Progress in Nursing Uniforms" at the Canadian national nurses' convention in Ottawa (1958); Nursing uniforms from World War II. (Pictures donated by Edith Tennant, class of 1922)

CHAPTER FOUR

Turbulence and Change: 1970–1993

A SANCTUARY FOR HEART SURGERY In the decade following the first open-heart surgery at St. Paul's, procedures and safety measures were transformed beyond all expectations. By 1970, the cardiac surgery team was performing close to 250 open-heart surgeries annually. Soon, waiting lists for open-heart surgery were becoming unmanageable, causing competition for operating room time with other surgeons. St. Paul's decided it was time to clear the backlog

by building a new facility. In 1973, the old hospital chapel was turned into a new 15-bed Cardiac and Pulmonary Unit.

The number of open-heart operations increased to five per week in the new facility. Dr. Rice's heart-lung machine, which required seven units of blood to prime, was finally retired and replaced with a new no-blood heart-lung machine that was purchased by the Women's Auxiliary. The Greater Vancouver Regional Hospital District purchased a second heart-lung machine. Despite the increased capability, however, the demand for coronary bypass surgery continued to rise. By 1974, there were 80 patients waiting for surgery. It would be several years before the new Providence Wing would provide more operating rooms to meet the enormous demand for heart surgery.



⋮ **Above:** St. Paul's surgery team (1970s).

TRIMMING TIME

In 1971, the average length of stay in hospital for a cardiac surgery patient was 29–30 days. Today, patients generally stay in hospital for less than a week after heart surgery.

PEDIATRICS GOES MOD

To make the hospital surroundings less intimidating to children, St. Paul's completely revamped its Pediatric Department in 1970. The walls were decorated with cartoon murals and pictures, and rooms were brightened by painting the doors and trim in mauve, pink and yellow. Staff was encouraged to wear brightly coloured cotton dresses, with coloured shoes and stockings, and student nurses were given pinafore-type aprons to complete the new look. A large playroom was also equipped with ride-on toys and other toys to interest the children while they were confined to hospital.



Above: The Pediatrics playroom (ca. 1971), Lynne Johnston with patients.

Left: Mrs. W. Tate, with patients in the pediatric ward, which closed on December 31, 1975.





A NEW ERA IN RESPIRATORY CARE

The new unit ushered in an exciting era of respiratory care at St. Paul's. The pulmonary section was led by an interesting duo: Drs. Graeme Copeland and Dick Donovan. The new respirologists were recruited after Dr. Bill Young, who ran the Pulmonary Function Laboratory, moved to New Zealand in 1971. For two years, the hospital searched for a respirologist; then they found two at once. Both Dr. Copeland and Dr. Donovan turned down the job of overseeing St. Paul's lung function testing, saying it was too much work for one person. Then they proposed that the hospital hire both of them, arguing that income from the function studies would support their salaries. The hospital administration was doubtful, but was also growing desperate, so both doctors were hired in 1972.



From the beginning, Drs. Copeland and Donovan worked closely together. They even travelled to the hospital together and practised together. They made rounds with each other, often doing combined rounds with surgeons, nurses and physiotherapists. Their colleagues soon had a nickname for this tag team — the Bobbsey Twins. This team approach was a precursor to St. Paul's current focus on interdisciplinary care.

Drs. Copeland and Donovan were appointed as clinical professors at the University of British Columbia to develop St. Paul's teaching role. Both doctors enjoyed teaching and spent much of their time with residents, training many of the



province's respirologists. Like the Cardiology Unit, the Pulmonary Unit also did a lot of consulting across the province.

When the new Pulmonary Unit was being built, Drs. Copeland and Donovan made sure it incorporated sophisticated equipment that could do lung function tests unheard of at the time. These two remarkable physicians worked together for many years, building a large division that soon included several more respiratory physicians and a large number of respiratory technologists.

• **Opposite:** Patient on the ergometer with RN Joanne Perry.
• **Below (l-r):** Sharon Dixon, head respiratory nurse; Imelda Bains-Parton (asthma patient) with Dr. Copeland; Dr. Dick Donovan and Dr. Lindsay Lawson consulting a patient.





KEEPING THE FAITH Despite the reduced presence of the Sisters of Providence in the hospital, St. Paul's remained committed to its roots as a Christian centre of care. In 1970, Sister Christine McIntyre took on the new role of Spiritual Care Coordinator. Her work provided spiritual support to patients and bereaved families. Meanwhile, three Sisters and a chaplain continued to make daily rounds on the floors, "radiating Christ's charity to those that are ill."

Providence Depot became the focal point of the hospital's day-to-day charitable work. In 1972, the depot served 530 people, and 100 boxes of clothing were sent to relief organizations in the city. Betty Brite Cleaners, a local dry-cleaning business, provided free dry-cleaning for all donated clothing.

In the face of rapidly growing community needs, the Out-Patient Department expanded its mandate to serving the West End's poor and sick, offering medical care and counselling to unwed mothers and those with drug and alcohol-related problems. Doctors on the St. Paul's staff also gave half a day per week to the various free services on a rotating basis.

A HOSPITAL IN TRANSITION

As the hospital's first lay administrator, Dr. Hugh McDonald consulted closely with the Sisters of Providence as he took over management of the hospital. One of his first moves as executive director was to create a departmental organization led by medical staff. At the same time, he oversaw a shift in the hospital's board to involve more business and community leaders. The 550-bed hospital was under pressure as Vancouver's population grew rapidly. During the 1970s, the medical staff voted to become a specialty-oriented tertiary-care teaching hospital while continuing to be Vancouver's downtown community hospital. St. Paul's presented a plan for a new \$40-million hospital to the provincial government. The concept was approved by Victoria — briefly — but was cancelled in 1972. It would be another decade before the hospital expanded.

FAMILY-FOCUSED MATERNITY

CARE Even though plans for a new hospital were on hold, the hospital still found ways to grow during the 1970s. In early 1971, a new 30-bed family-centred Maternity Unit was opened on Sixth South — formerly the Sisters' living quarters. Like many new ideas at St. Paul's, the concept for a new Maternity Unit came from within the organization. After reading about a maternity ward in Halifax that was family inclusive, RN Bernadet Ratsoy put together a proposal that she submitted to Dr. McDonald. As a former family physician who had been involved in his fair share of births, Dr. McDonald saw the merit in her proposal, and the project quickly moved ahead.

The rooms in the new Maternity Unit had the feel of home — beds were not hospital issue, and the decor was made cheerful and bright with new drapes,

bedspreads and wallpaper. Fathers were welcomed into this unit and could visit almost any time. Since the baby could be kept in the mother's room, the father was welcomed to hold (and even change!) the baby if he wished. He could also have his meals with the mother in a bright lounge nearby which

had a small roof garden. Mother and baby usually went home after about 5 days, instead of the 9 or 10 days previously felt necessary for maternity patients. While the family-centred concept wasn't new, this ward was the first of its kind in western Canada. That year, 1,571 babies were delivered in the new Maternity Unit.



• **Opposite:** The distinctive red brick and terra cotta design of St. Paul's 1930 North Wing, facing Comox Street.

• **Right (l-r):** Mrs. Matthew, head nurse OPD, wheels out a patient and new baby; Director of Nursing Bernadet Ratsoy with a mother and baby in St. Paul's Maternity Unit.



DISCO AND DEMOLITION – VANCOUVER IN THE 1970s

It was the “Me Decade” in Vancouver. The human potential movement landed and people were lining up for courses in self-knowledge. There was a blur of fads and follies too: earth shoes, platforms, hot pants, tank tops and designer labels. The leisure suit was spotted on downtown streets and moviegoers adopted Annie Hall and Saturday Night Fever fashions. Out at the University of British Columbia’s Wreck Beach, the fashion became “clothing optional.” And there were pet rocks, mood rings, Star Wars toys and a flood of do-it-yourself macramé plant holders. The Happy Face landed, as did the neighbourhood pub (in 1972), and Pierre Trudeau quietly wed Margaret Sinclair in a North Shore church. Rock and roll was out, disco was in.

Vancouver continued to grow as the metropolitan population passed the one million mark, and new high-rises seemed to be everywhere. The venerable Birks Building came down (amidst howls of protest) to make way for the new Bank of Nova Scotia tower. Gracious old homes in the West End were bulldozed in a storm of development that transformed the quiet enclave into one of Canada’s most densely populated — and most urban — neighbourhoods. Work started on Granville Island, one of the country’s showcase urban renewal projects. And on July 12, 1979, the Island’s Public Market opened to the public. It was an instant hit.



TAKING THE PULSE

1972: Radiologist Dr. Ethlyn Trapp died in West Vancouver. She had been appointed director of the B.C. Cancer Institute from 1939 to 1944 and was the first woman president of the B.C. Medical Association (1946–47).

1973: The last class of psychiatric nurses graduated from Essondale (now Riverview) Hospital.

1974: Children’s Hospital opened the first “Care by Parent” unit.

1977: Construction started on the new B.C. Women’s Hospital and Health Centre. In the same year, the hospital celebrated its 100,000th birth.

1978: Vancouver’s Variety Club Telethon raised \$1,152,000 for medical charity, a world record for any fundraising drive sponsored by the Variety Club.



Above: St. Paul’s staff lining Burrard Street to greet Queen Elizabeth II during her 1971 visit to B.C.

Left: False Creek in the 1970s before the Expo transformation.

Opposite (from top): Roberta Cunningham, Director of School of Nursing, 1963–1970; the graduating class of 1972.

FAREWELL TO THE SCHOOL OF NURSING

Along with the many new beginnings, the early 1970s also heralded a significant ending for St. Paul's: the closing of the School of Nursing. The hospital decided to begin phasing out its program and shut down the school in 1974. This was in response to a growing trend in training that emphasized a concentrated academic learning process followed by an internship. It is interesting that, at the same time, the training of medical interns was shifting in the opposite direction: interns were gaining more experience in hospitals while attending medical school.

In 1971 the last class was registered in the three-year program, with enrolment reduced from 100 to 60. After that, no more new students were accepted. As the number of students declined each year, parts of the Nurses' Residence were gradually converted to offices. St. Paul's was the first hospital in Greater Vancouver and Victoria to phase out its nursing school, but all the other training hospitals soon followed suit. Nurses would now receive their academic instruction at Vancouver City College, the B.C. Institute of Technology or the University of British Columbia. Their clinical training would take place in several of the city hospitals on a rotating basis.

To mark the closing, graduates were invited to tour the Nurses' Residence for the last time. Arrangements were made for as many as possible to come in uniform, and they were invited to attend the final graduation ceremony at the Queen Elizabeth Theatre. Each class hosted its own dinners, teas and other activities to celebrate the school's contribution to health care and to mark its passing. Some 700 graduates returned to honour their school. After 67 years and the graduation of more than 4,000 students, the class of 1974 marked the end of an era for St. Paul's.





- **Above (l-r):** Two interns doing rounds with
- Drs. Cleator, Gourlay and Gray (1977); a
- group of nurses receives part of their education;
- physiotherapist working with a patient.
-
- **Opposite:** Doing rounds (1977).

AN ONGOING TEACHING ROLE

St. Paul's commitment to education didn't stop with the closing of the School of Nursing. One year later, the hospital added an education library, conference and seminar rooms and audio-visual facilities in the newly renovated Comox Building. A large number of students studying medicine, nursing and related specialties (such as physiotherapy and occupational therapy) continued to tap into St. Paul's valuable teaching and training resources. Most importantly, patients continued to benefit from St. Paul's position as a teaching hospital that was filled with experienced personnel who were guiding the next generation of health care professionals.







“PLEASANT ENVIRONMENT” FOR MENTAL HEALTH SERVICES

The closing of the School of Nursing freed up much-needed space for several hospital services. A new Psychiatry Unit was opened on the first and second floors of the Comox Building in 1975. The first floor was for day patients; the second for longer-term patients. The unit is described in historical records as a beautiful place: “[T]his pleasant environment helps the mental state of a patient, and this, with the expert care of a well-trained staff, should bring the patients there to a prompt return to mental health.” By 1978, the unit included 10 beds for short-stay patients, 20 long-stay beds, an Intensive Day Program, a Morning Activation Program plus a Day Hospital. Department Head Dr. Conrad Schwartz oversaw the expansion of mental health services.

MAMMOGRAPHY ARRIVES, PEDIATRICS DEPARTS

International Women’s Year, 1975, was a landmark year for change at St. Paul’s. The B.C. government announced that it would install special mammography equipment to diagnose breast cancer in 25 hospitals across the province, including St. Paul’s.

The Pediatric Department, which had been in operation since 1931, was phased out in 1975 and children’s care was moved to the new B.C. Children’s Hospital on Oak Street.

Meanwhile, St. Paul’s was under construction again. The Admitting Department and Burrard Street entrance were completed, and the Emergency Department moved into the old Administration office space. Several other areas were renovated, including the Out-Patients Clinic, Medical Day Care, Ophthalmology, X-ray and the Department of Medicine. A new paging system was introduced at St. Paul’s that could alert cardiac arrest team members simultaneously



DEMAND OUTPACES SUPPLY

Between 1970 and 1975, emergency treatments at St. Paul’s rose by 50 percent while staff grew by only 7 percent. Referred admissions from outside Vancouver more than doubled in that time. As a result, St. Paul’s began to encounter serious budgeting challenges. The hospital administration was discovering that budgeting for a teaching and referral hospital was vastly different from the financial management of a community facility. It was nearly impossible to accurately forecast demand for patient care. In 1974, cardiac surgeons installed 72 pacemakers; in 1975, that number more than doubled to 171.

While St. Paul’s faced rocketing demand for its services, the provincial minister of health was calling on hospitals to contain costs, announcing that the government would no longer automatically cover year-end deficits. St. Paul’s, like most acute care facilities in B.C., had a substantial deficit in 1975. The minister’s warning did not bode well for the hospital.

- **Opposite:** The opening of Psychiatry (l-r) Sister Brunt, Board Chairman J.R. Longstaffe standing, B.C. Health Minister Dennis Cocke, Dr. Conrad Schwartz.
- **Top:** Molly Smith at the Admitting control board.
- **Left:** The hospital’s Information Desk; Nancy House (front) and Winnie Drainie (ca. 1970).



THE ADVENT OF NURSING

SHORTAGES In the midst of budget cuts and an escalating demand for services in the mid-1970s, St. Paul's was also confronted with a growing shortage of registered nurses. With the School of Nursing closed, there were fewer student nurses readily available to work in the wards. The hospital was forced to hire more nurses to plug the gaps once filled by the students. While education programs tried to expand, the province's demand for trained nurses always outstripped supply. The problem was particularly acute in the summer when nurses wanted time off to care for their children or to go on vacation.

The role of nurses kept changing, too. Advances in medicine and technology meant they had to be better educated and required longer periods of orientation in order to master the complexities of a tertiary-care hospital. The hospital responded by extending the standard orientation program to four weeks.

AN EYE ON THE FUTURE Despite funding and staff shortages, St. Paul's continued to improve its services with the opening of a new Department of Ophthalmology in October 1977.

The unit offered a wide range of diagnostic and treatment procedures for eye diseases and was billed as one of the most sophisticated eye treatment centres in western Canada. The head of the Department of Ophthalmology was Dr. Herbert Fitterman, known for pioneering the implantation of acrylic lenses eight years earlier. As usual, St. Paul's gathered funding for the new department from a number of sources: the Greater Vancouver Regional Hospital District, the Western Optical Company, the H.A. Simons Foundation and the Royal Canadian Legion.

- **Above (l-r):** In the delivery room, Myrna Skazel tying the gown and Patricia Scott-Mancriff, RN; Director of Nursing Bernadet Ratsoy at the Family-Centred Maternity Care nurses' station; new nursing grad Sheryl Tonco, RN, and Veda Peters, RN, discuss a patient; a group of St. Paul's head nurses: (back row) Anne Semerjien, Edward Johanson; (middle) Margaret Lee, Barb Cave, Alice Wilson, Maureen Donnelly, Barney Hickey, Jessie Nyberg; (front) Jeannie Foran, Sue Cush.
- **Opposite:** Sign of the times – a poster celebrates nurses as dedicated professionals.

nurse **OUR INVALUABLE PROFESSIONALS!**



*“While education programs tried to expand,
the province’s demand for trained nurses
always outstripped supply.”*

RESEARCH COMES TO ST. PAUL'S

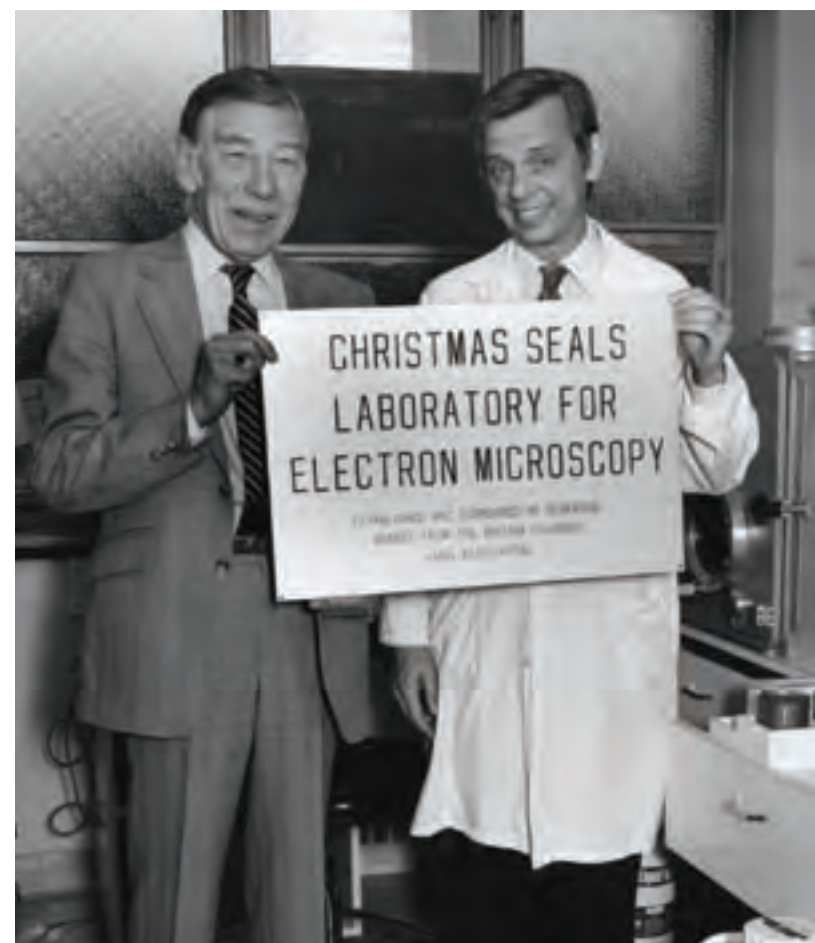
While St. Paul's commitment to general medical research dates back to the 1956 opening of the Clinical Investigative Unit, the opening of the Pulmonary Research Laboratory in December 1977 marked St. Paul's first step into significant laboratory research. The hospital recruited a talented team from McGill University in Montreal to start up the new lab: Dr. James Hogg was appointed director and Dr. Peter Paré co-leader. One of Dr. Hogg's former graduate students, Elisabeth (Lisa) Baile, was the first research assistant in the lab. Drs. Hogg and Paré went on to make enormous contributions in their field, vaulting St. Paul's into a world-class position in research. The new lab was sponsored jointly by St. Paul's and the University of British Columbia, and supported by donors including the B.C. Christmas Seal Society, the Vancouver Foundation and the Medical Research Council.

Dr. Hogg was the first full-time professor based at St. Paul's, giving the Pulmonary Research Laboratory an important link with the University of British Columbia. In addition to its research, the lab served as a diagnostic referral centre for lung disease in B.C. Beginning with Dr. Hogg, Dr. Paré, Lisa Baile and a handful of staff, the lab quickly established

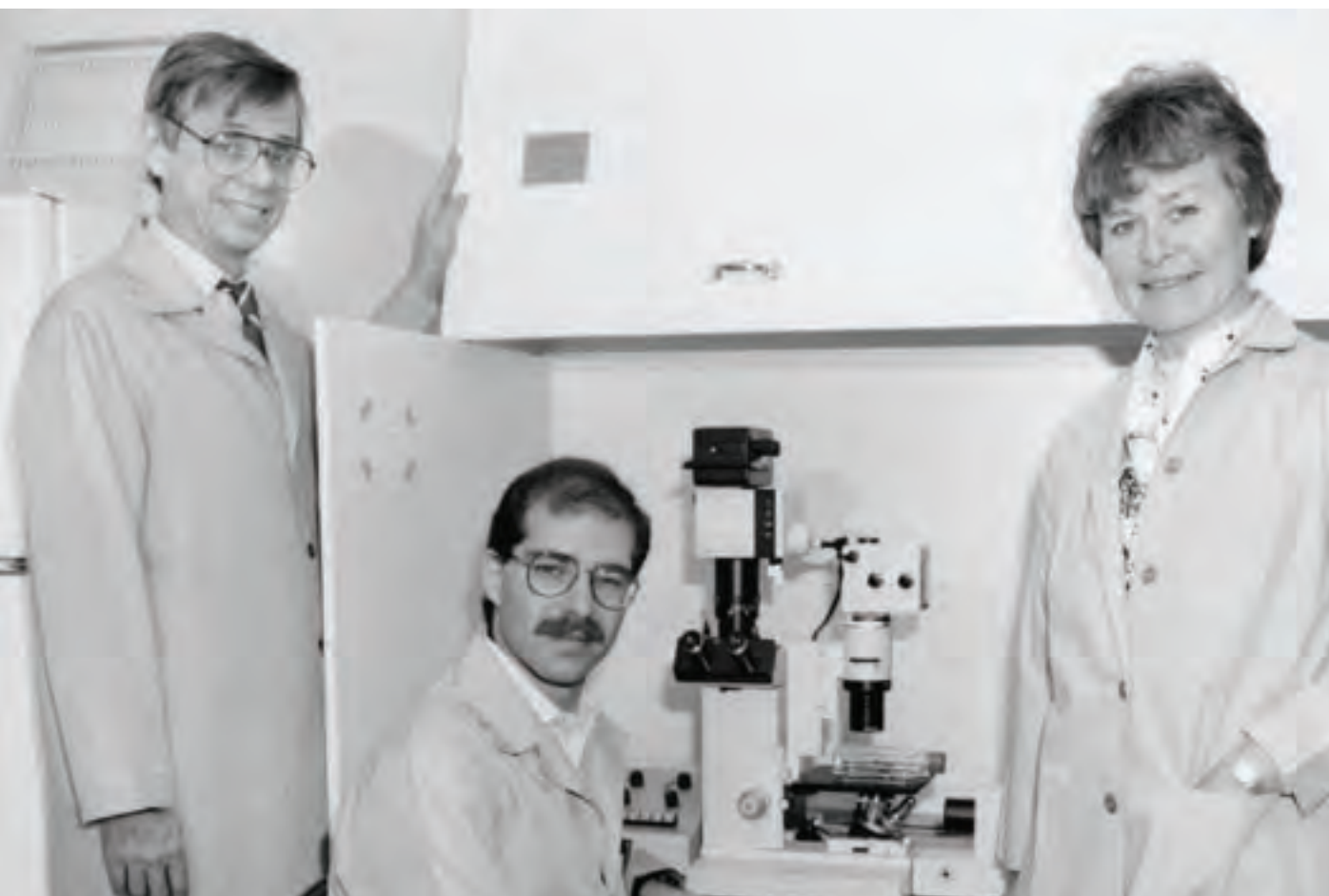
itself as a focal point of research excellence in the area of heart-lung conditions. Today, the centre is known as the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research. It employs more than 250 people and remains closely aligned with the clinical lung and cardiovascular groups.

Launching the new lab was a huge challenge, and Drs. Hogg and Paré had to start from scratch. St. Paul's was conducting very little research at the time, so there was no culture of scientific research at the hospital. And there was no equipment. The team prepared a wish list based on the lab in which they had worked at McGill, and the B.C. Lung Association and the University of British Columbia agreed to provide the funding. The next challenge was finding space in the hospital, which was always at a premium. They finally settled on a room that offered the best conditions for the lab's electron microscope. Work quickly began on transforming an underused nurses' locker room into St. Paul's first major research lab.

In 1982, the University of British Columbia Division of Respiratory Medicine was transferred to St. Paul's, becoming the first university division to



be located at the hospital. Within a few years, the lab housed \$1 million worth of equipment and was raising more than \$600,000 a year from outside funding sources. Most importantly, it was attracting talented researchers from around the world. Today the iCAPTURE Centre is home to 35 UBC-appointed principal investigators and brings in more than \$9 million a year in research grants.



JOINING FORCES WITH UBC While St. Paul's was expanding and setting up research programs, the University of British Columbia was looking to double the size of its medical school. To handle the flow of graduates, the university needed a second major centre in Vancouver (in addition to Vancouver General Hospital) for medical students to gain their all-important clinical experience. St. Paul's signed an affiliation agreement with the University of British Columbia in 1977, making the hospital the second-largest clinical base for the Faculty of Medicine. The two institutions agreed to share responsibility for medical teaching, research and patient care at the hospital. In addition to providing official recognition of the hospital's teaching role, this affiliation agreement forged a stronger relationship between the hospital and the university, which would benefit both institutions in the years to come.

I think the humanitarian fabric that runs through medical care and health care from perhaps Hippocrates is certainly exemplified by the will and intent of the founding Sisters. It is also exemplified by the health care workers who are here, by the visionary leadership at the CEO level and especially with the full cooperation of UBC. There has always been a culture of caring in this organization.

[DR. BRUCE McMANUS, THE JAMES HOGG ICAPTURE CENTRE]

- **Opposite:** Christmas Seals laboratory dedication of electron microscope (1983).
- **Above:** Over the years, the St. Paul's Foundation and community stakeholders have been instrumental in funding special acquisitions for the hospital, such as the 1985 donation of a new inverted microscope by the Woodward Foundation. Shown here (l-r) Drs. Jim Hogg, Peter Dodek and Ann Autor.

HIPPOCRATES' TREE

The magnificent tree that guards the entrance to St. Paul's Hospital was grown at the University of British Columbia from a single seed brought from the Greek island of Kos. The seed is from the ancient tree under which Hippocrates, the father of scientific medicine, is reputed to have taught his students from 460 to 370 BC. The slender seedling was planted on the grounds of St. Paul's Hospital in 1978 to symbolize the hospital's dedication to service, teaching and research in scientific medicine.

⋮ **Right:** Hippocrates' tree, outside St. Paul's.

Photo by Heather Dean Photography

PRESERVING THE PAST While great strides were being taken to move St. Paul's into the next century, efforts were also underway to preserve the hospital's rich history. In 1977, the administration approved the formation of the hospital Archives. Led by Dr. C.E. (Ed) McDonnell and Robert Gregory, retired manager of Stores, a dedicated group of volunteers rescued early documents, handwritten patient and financial registers, administrative records, photos and artifacts, including original medical equipment. The Archives also assumed custody of the School of Nursing records. Originally scattered through several areas of the hospital, the Archives is currently housed on the third floor of the old Nurses' Residence.



“There’s a very nice atmosphere here — a feeling of kindness and caring. It’s almost contagious when you come in here. People who work at St. Paul’s all feel it. Our volunteers are proud to wear their red vest. It’s satisfying to feel needed.”

[ANGELA WHITE, ST. PAUL’S AUXILIARY]

A FEW GOOD MEN

At the 1978 annual St. Paul’s Women’s Auxiliary meeting, St. Paul’s Director of Finance, Mr. Don Gemino, was made the first male honorary life member. To accommodate the several male members who had joined the organization, the name was changed to St. Paul’s Auxiliary. This energetic volunteer group continued to be an important contributor to the hospital. That same year, the Auxiliary donated \$90,000 towards a machine for the laboratory that could perform 40 different blood tests on 20 patients simultaneously. The group also funded the purchase of equipment for the Urology and Obstetrical departments.

⋮ **Right:** Don Gemino with Betty Thompson.





THE TRANSFORMATION BEGINS

In 1977, St. Paul's embarked on an ambitious redevelopment program that promised to completely rebuild the hospital. The plan was to replace the entire facility over a period of 15 years, creating a more modern hospital, strengthening ambulatory care and expanding teaching and referral services. Although the provincial government initially approved the plan, construction was delayed by tough economic times. When it finally got underway in May 1979, the project was again delayed by planning difficulties, labour strikes and even arson. In 1981, a disgruntled worker, angry at being laid off his job, deliberately set fire to an area under construction in the new wing. Unfortunately, this was the area earmarked for the new Operating Room suite. Extensive smoke damage to the duct work and electrical systems required major repairs costing close to \$4 million. This set back construction and delayed the opening of the new wing by many months.

The first phase of St. Paul's redevelopment meant the hospital had to start a hunt for more land. They bought an adjacent parking lot and several houses, but the assembled package wasn't enough. They also needed land that was occupied by a Presbyterian church. The church reluctantly agreed to sell, but on the condition that St. Paul's find them another West End location, which they did. When the interns' quarters on Pendrell Street were demolished to make room for the expansion, the interns were housed in several large mobile homes erected on the empty lot where the Presbyterian church once stood. Meanwhile, the entire block of Pendrell Street between Burrard and Thurlow Streets disappeared into the building site.



Opposite: The Presbyterian church on Thurlow being demolished to make way for the Providence Wing.

Below (l-r): A temporary home for interns: trailers replaced the interns' residence, demolished to make way for the new Providence Wing; the former interns' residence before construction started on the Providence Wing.

Pages 158-159: Carrying on the commitment to compassionate care: Sister Juliette St. Laurent with a patient (1987); (back row) Sisters Pearl Oster, Christine McIntyre, Geraldine Marie Lorimer, Juliette St. Laurent; (front) Sisters Lillian Casault, Catherine McIntyre, Alice Dancause (ca. 1983).

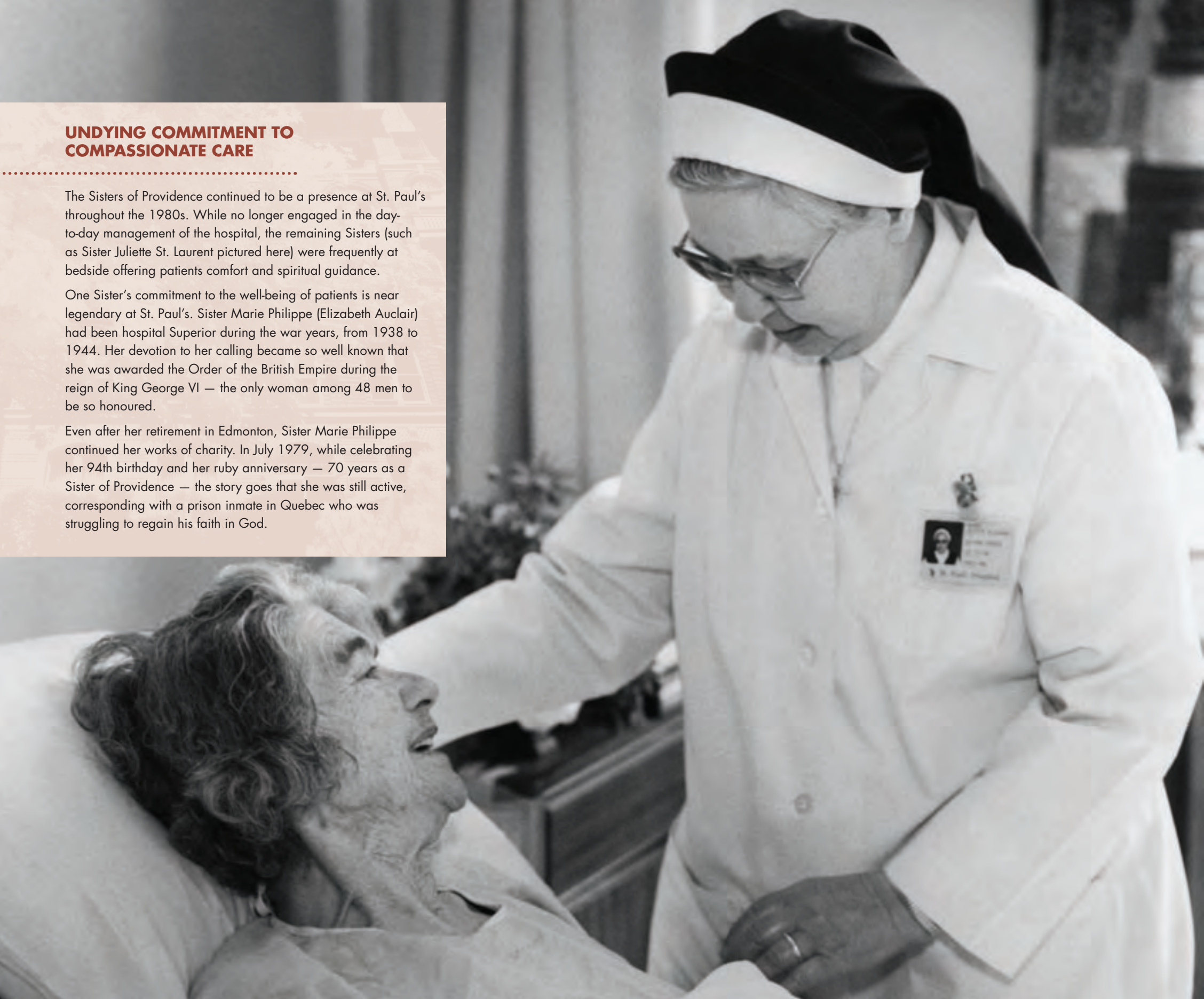


UNDYING COMMITMENT TO COMPASSIONATE CARE

The Sisters of Providence continued to be a presence at St. Paul's throughout the 1980s. While no longer engaged in the day-to-day management of the hospital, the remaining Sisters (such as Sister Juliette St. Laurent pictured here) were frequently at bedside offering patients comfort and spiritual guidance.

One Sister's commitment to the well-being of patients is near legendary at St. Paul's. Sister Marie Philippe (Elizabeth Auclair) had been hospital Superior during the war years, from 1938 to 1944. Her devotion to her calling became so well known that she was awarded the Order of the British Empire during the reign of King George VI — the only woman among 48 men to be so honoured.

Even after her retirement in Edmonton, Sister Marie Philippe continued her works of charity. In July 1979, while celebrating her 94th birthday and her ruby anniversary — 70 years as a Sister of Providence — the story goes that she was still active, corresponding with a prison inmate in Quebec who was struggling to regain his faith in God.







THE RENAL PROGRAM'S UNIQUE

PARTNERSHIP By 1979, the Renal Unit had established an enviable record of service, providing dialysis and training for home dialysis for patients from across the province. In a move that typified St. Paul's resourcefulness, Drs. Angus Rae, Clifford Chan-Yan and Ronald Werb formed a unique partnership that enabled them to build the teaching and research arms of the unit. The plan's success relied on fees generated from patient services. By pooling all earnings and drawing a portion monthly, the doctors could take part in teaching, attend conferences, conduct research and handle administrative duties without sparking a budget crisis. This partnership, a groundbreaker in the field of specialist medicine in B.C., continues to this day. It is a ready reminder of St. Paul's inventive approach to stretching resources in order to meet emerging needs.

“St. Paul's has always had a more caring, compassionate and collaborative style. I'm proud of the Renal Program because of our interdisciplinary team. From what I can observe, that's one of our greatest strengths. We collaborate, we respect each other. We're like an extended family.”

[LEE CLARK, RENAL UNIT]

- **Opposite:** Dr. Angus Rae (with a bow tie) conducting chart rounds with a group of care providers that includes nurses, social workers, dieticians and pharmacists. On his left are Senior Nurse Isobel Muir and Dr. Sarri Junaid.

TRYING TO SAVE SKANA

St. Paul's commitment to patient care sometimes extended to the animal world. The hospital received an unusual call for help in 1980 from the Vancouver Aquarium. Their famous killer whale, Skana, was ill and aquarium staff was desperate: could the St. Paul's team help her? A team from the Gastrointestinal Clinic performed an endoscopy on Skana, but discovered the infection was so widespread that nothing could be done. Skana died the next day.



Taking a blood sample from a whale's tail fluke. (2010)

This form of clinical commitment, the animal's ability to hide the fact that it is sick, probably has selective value in the wild by preventing sick animals from advertising their weakness and falling prey to predators.

In the Aquarium such behaviour has distinct disadvantages and forces the veterinarian to rely on subtle clinical signs or changes in predictable behaviour.

Relative to human and most animal medicine, marine mammal medicine is in its infancy. Smaller size often makes diagnosis and treatment difficult, not to mention the fact that cetaceans are conscious breathers which makes the use of anaesthetics difficult or impossible. Knowing this, preventative medicine is the ideal, but when problems arise help is sought from some unlikely sources.

Over the years the Aquarium staff and veterinarians have benefited from the interest and concern of many human medicine practitioners: dermatologists, obstetricians, radiologists, and a host of other specialists. All have willingly shared their knowledge, expertise, and equipment to help solve medical problems in marine mammals.

A case in point is the staff at the Gastrointestinal Clinic at Vancouver's St. Paul's Hospital. The Clinic is a referral centre in British Columbia which provides a wide range of diagnostic procedures for patients suffering from all forms of gastrointestinal disease. It is primarily an ambulatory care facility but serves inpatients and provides follow-up services. The Clinic is a combined medical/surgical clinic with a research and educational role and is one of the most modern of its kind in design, construction and equipment.



Dr. Cleator and Sharby from the St. Paul's Gastrointestinal Clinic prepare equipment to carry out an endoscopy using a fiberoptic. (2010)

St. Paul's has helped the Aquarium in countless ways over the years including doing blood analyses for animals like Hyla.

Last year when a sick whale failed to respond to all other procedures, Clinic Director Dr. I. Cleator, Assistant Director Dr. S. Sharby and their technicians carried out an internal examination on the whale using a gastrointestinal fiberoptic. A localized infection was diagnosed and successfully treated. Unfortunately the patient later succumbed to another untreatable condition. However the experience gained became another step forward.

Human medicine and animal medicine are inextricably linked. The progress made in the treatment of so many human disease conditions has been furthered through observing these conditions in creatures other than ourselves. How wonderful that the knowledge flows two ways for the better health and understanding of all living creatures.



- **Left:** Dr. Thelma Sharp Cook.
- **Opposite:** Drs. Ann Autor, Peter Dodek and Jim Hogg with the new inverted microscope.

BUILDING A STRONG FOUNDATION

In October 1980, St. Paul's followed the lead of other medical centres across North America by establishing an active fundraising arm for the hospital, the St. Paul's Hospital Foundation. The Foundation's mandate was to raise funds for medical equipment, research, enhanced patient care and education. The Board of Directors was initially

chaired by Dr. Thelma Sharp Cook; the executive director of the new Foundation was Linda Stevenson Dickson. The Foundation rapidly became an integral part of the hospital, helping to link St. Paul's more closely to its community stakeholders. Over the next 27 years, the Foundation would raise more than \$100 million for the hospital.

NEW EQUIPMENT STOPS TRAFFIC

The early 1980s marked the arrival of what would soon become a vital part of health care at St. Paul's: a new Picker Head CT Scanner. Purchased in 1981, this remarkable machine was used to detect tumours, hemorrhages and blocked blood vessels, and could also scan the entire body. It was sent from Cleveland, Ohio, in 38 boxes. Since all the equipment had to be kept level, Comox Street had to be closed for an entire day to allow a large crane to unload the three vans carrying the boxes. Technicians came from Cleveland to install the equipment and several days after its very public arrival the scanner was in operation.



The Purchase of this
Leitz Divert Inverted Microscope
was made possible by
the Generous Donation of the
Mr and Mrs. P A Woodward's
Foundation
1985



AS SEEN ON TV A familiar technology, first introduced to the student nurses' lounge in the 1950s, was now having an impact on St. Paul's teaching program. The hospital's Continuing Education Program launched into the media age in 1981, with the first televised program aired live and broadcast by satellite from the B.C. Institute of Technology. The program was seen on the province's public educational broadcaster, Knowledge Network, by an audience across B.C., Alberta, the Yukon and parts of the Northwest Territories and Washington State.

Diving even deeper into the new technology age, the hospital's Biomedical Communications Department (established in 1982) embraced medical illustration, photography, audiovisual and television. Virtually any type of surgery could be captured on video for clinical or teaching purposes. The unit produced everything from simple patient documentation to a complete instructional package. In collaboration with Knowledge Network the hospital could also broadcast programs across the province. Via the Network's cable system, doctors were also able to connect in real time with colleagues in other hospitals and to have two-way dialogues with students in remote locations.





- **Opposite:** TV conferencing, live at St. Paul's.
- **Below:** Members of the Nurses' Journal Club at a dinner marking its 10th anniversary.

CONNECTING THROUGH THE NURSES' JOURNAL CLUB In 1981, communication inside the hospital was boosted with the formation of the St. Paul's Hospital Nurses' Journal Club, under the guidance of Director of Nursing Bernadet Ratsoy. A first for the nurses, the club was a combined educational and social group, open to senior professionals

by invitation only. It became a valuable way for peers to share views, develop their knowledge and enjoy each other's company. Typical of the collegial atmosphere of St. Paul's, members of the Journal Club continue to meet decades later, long after their retirement. After Bernadet Ratsoy's retirement, the members renamed the club the Bernadet Ratsoy Journal Club in her honour.



“There is a spirit at St. Paul’s — people are really dedicated to patient care. When the new Providence Wing was first opened, the elevators weren’t working. People carried patients up and down the stairs for surgery. That’s care that’s above and beyond. And it’s characteristic of St. Paul’s.”

[DR. JAMES HOGG, THE JAMES HOGG
[CAPTURE CENTRE]

Below and Right: A parking lot, interns’ quarters and a block of Pendrell Street demolished to make way for Phase I of the hospital’s expansion.

Opposite: St. Paul’s new look: Phase I completed (1986–1987).



PROVIDENCE WING TAKES

FLIGHT In the middle of a tight budget period (that included government austerities) the hospital still found a way to expand, and moved into long-awaited modern facilities in March 1982. The hospital’s linen service was the first to occupy space in the imposing Phase I Providence Wing. A few months later, the regional and provincial governments approved funding to complete planning for Phase II of St. Paul’s redevelopment and the Providence Wing was officially opened in April 1983. While on-strike hospital workers demonstrated outside, Health Minister Jim Nielsen officiated at the opening of the \$40-million facility held in the new fourth-floor roof garden. It included a new suite of operating rooms, and new space for diagnostic imaging services, teaching, clinical laboratories, pharmacy and shipping. There were also five floors of patient units, and new nursing stations came equipped with computers and TV modules, all connected to a spectacular hospital-wide audiovisual education system.

The new wing included 14 new operating rooms, replacing 9 in the old building. When the wing first opened, only six of the operating rooms could be used while the rest stood empty due to a lack of nurses. The hospital was actively looking for operating room nurses, but had difficulty filling the positions. The administration watched in alarm as the average waiting time for an elective operation grew to nearly six weeks.

The Providence Wing also provided room for new research facilities. Research at St. Paul’s had grown substantially since the Pulmonary Research Laboratory was established in 1977, and by the mid-1980s, the original lab was already outgrowing its space. The Phase II expansion allowed the Pulmonary Research Laboratory to move into a now-vacant wing of the hospital. It was renamed the McDonald Research Laboratory in honour of Dr. Hugh McDonald, the hospital’s long-serving administrator who was now about to retire.





- **Below:** Celebrating Vancouver's 100th birthday: the entrance to the Expo '86 fair grounds on False Creek.



GOOD CAUSES, AIDS AND EXPO — VANCOUVER IN THE 1980s

After the somewhat heady 1970s Vancouver tried to counteract the “greed” ethos of the 1980s by taking to good causes — and heroes. Citizens cheered Terry Fox’s Marathon of Hope and mourned his death (the annual Terry Fox Run continues to raise millions of dollars each year to fight cancer). Another local boy, Rick Hansen, galvanized spinal cord injury research with his global Man in Motion tour that started and ended in the city. In 1981, a march against nuclear arms turned into an annual event that became the largest of its kind in North America. More than 100,000 people showed up to call for peace and an end to the threat of nuclear war. Vancouver’s Food Bank started in that year, too, and by 1989 was distributing food to 15,000 people every month.

Everyone rolled out for the city’s 100th birthday and its five-month-long party, Expo ‘86. Expo changed the way Vancouverites saw themselves. Overnight the city seemed to find itself in the global spotlight. In order to welcome the world without having to explain puzzling local bylaws, the city fathers relaxed restrictions on public drinking to allow people to quaff their favourite alcoholic beverages on Sundays.

But just up the hill from the False Creek celebrations, the AIDS crisis was intensifying. From its beginnings only a few years before, the struggle against this new disease helped to define the 1980s for Vancouver. It touched the city’s gay community, the medical establishment and city and provincial governments, and sparked a revolution in grassroots activism, leading to a new era of political dissent.

“At first, no one wanted to treat anyone with AIDS. No one knew anything about it. Society at the time equated it to the modern-day plague. But St. Paul’s welcomed the AIDS patients because of the influence of the Sisters — they won’t turn anyone away. We now have a world-class scientific research centre because of decision-making based on that fundamental belief.”

[KIP WOODWARD, CHAIR, PROVIDENCE HEALTH CARE]

TAKING THE PULSE

1981: The B.C. Nurses' Union was founded.

1984: The Canada Health Act was introduced, affirming the central principles of medicare:

- :: Public Administration
- :: Comprehensiveness
- :: Accessibility
- :: Universality
- :: Portability

1985: Seventy cases of AIDS were reported in B.C., with the majority receiving treatment at St. Paul's.

1989: B.C. nurses voted in favour of strike action, which eventually affected 69 provincial facilities.

“St Paul's Hospital is synonymous with HIV/AIDS care in Vancouver. They stepped up at a time when most hospitals throughout the country were not prepared to give care to people diagnosed as having HIV/AIDS. That will forever be part of Vancouver's memory of St. Paul's.”

[MAXINE DAVIS, DR. PETER AIDS FOUNDATION]

THE ETHICS OF AIDS



**‘Please
do not
ostracize
us’**

**—Vancouver AIDS
victim Allan Pletcher**

Maclean's

COMPASSIONATE CARE FOR HIV/AIDS PATIENTS

Despite the excitement generated by the new building and impressive facilities, the early 1980s were a time of cutbacks and restraint. Nurses especially felt the impact of bed shortages and reduced levels of staffing. Soon the pressure on St. Paul's was intensified by the appearance of gravely ill people, most of them young men, with an array of profoundly debilitating symptoms. AIDS had arrived at St. Paul's.

Very little was known about the disease or how to treat these rapidly failing patients. The fear of contagion and homophobia further complicated the situation for many medical facilities throughout North America as they tried to cope with this devastating new disease. Newspaper stories reported on some hospitals refusing to treat AIDS patients, hurriedly sending them off in taxis.

But there was no question about how St. Paul's would respond to this crisis. The hospital, guided by its mission of providing compassionate care for those who needed it, opened its doors wide.

St. Paul's was initially the only hospital in B.C. that knowingly received people with AIDS. Despite their lack of experience with the disease, St. Paul's nurses did everything possible to provide desperately needed care for these patients. In the early days of what seemed like a plague, the nursing staff responded to the complex needs of the patients. This was truly pioneering work. AIDS was a completely new and unknown disease, and there were no guidelines on how to treat it. St. Paul's nurses were on the front line, providing care for the fatal disease, combating fears of infection, providing support and solace to dying patients, their friends and family, and fighting the stigma of the disease. Their work was heroic. But it was also heartbreaking. Some of the hospital's earliest patients were staff members who had contracted the disease in the West End neighbourhood where they lived.



“The first AIDS patients were our own staff. This hospital lost so many people — I stopped counting at 45 or 50. The impact on the staff was devastating and it just kept coming. We’d come in and say, who’s sick now?”

[IRENE GOLDSTONE, B.C. CENTRE FOR EXCELLENCE IN HIV/AIDS]

OH, NURSE

Oh nurse
do I not know that
you work under constraints?
Oh nurse
do I not know that
you work with such limitations?
Your frustration grows
and the pain deepens
Do I not know this?
Please know this
Your gentle kindness
somedays
is all I got to keep me going

Vancouver artist, poet and AIDS
activist Pei Hsien Lim expresses his
appreciation for the care he received
from nurses at St. Paul's Hospital.

The Board and Sisters of Providence were very supportive all along of St. Paul's being there and being counted when it came to dealing with these AIDS patients who were in severe need. And the Chairman of the Department of Medicine, John Ruedy, made it clear from day one that we were staying in this business, looking after these people. Dr. Alastair McLeod played a key role in providing clinical leadership to the group. To be honest with you, if you were to ask each of these players why did they do it — they would probably say it was simply the right thing to do at the time.

[DR. JULIO MONTANER, B.C. CENTRE FOR EXCELLENCE IN HIV/AIDS]

TAKING ITS TOLL

AIDS was taking a terrible toll on its victims. Life expectancy for someone diagnosed with AIDS in 1987 was just nine months, and the average age at death was 37 years. St. Paul's opened its first specialty clinic for HIV-infected patients in 1986. It was later named after the Head of the Department of Medicine who was instrumental in creating an environment of excellence in clinical care, teaching and research for people with HIV/AIDS. Today the John Ruedy Immunodeficiency Clinic remains an important source of medical care for a very ill population.



“Once the staff got over the issues of transmission and really understood the disease, they had tremendous compassion of universality. And I think that’s one of the reasons they have the capacity to give care to injection drug users whose behaviour can be quite difficult. They have the patience because they understand: there but for the grace of God go I.”

[IRENE GOLDSTONE, B.C. CENTRE FOR EXCELLENCE IN HIV/AIDS]



St. Paul's Director of Medical Nursing Irene Goldstone took a leading role in working with AIDS service organizations and educating St. Paul's staff and other health care professionals about HIV/AIDS. In an article in the Registered Nurses' Association of B.C. magazine in December 1985, just one year after the AIDS virus was identified, Irene and her nursing colleagues described the challenges of caring for patients with AIDS:

“Until much more is known about AIDS, fear will be a major problem in dealing with it. The potential for

over-reacting is significant. Health care personnel, patients and their social support group, members of high risk groups, as well as the community at large are alarmed. As professional nurses, we must help diffuse the fear and foster a calm, rational approach to issues associated with AIDS.”

By 1985, there was consensus at St. Paul's that AIDS was not a passing phenomenon and that the hospital needed a program specifically designed for AIDS patients. The hospital therefore started its AIDS research program that year under the leadership

of Dr. Julio Montaner. As Chief Resident he had been on the front lines, treating deathly ill patients brought into the Emergency Department with AIDS-related pneumonia. Dr. Montaner took charge of St. Paul's first AIDS research team in 1987, which later became part of the B.C. Centre for Excellence in HIV/AIDS. Under his leadership, researchers at St. Paul's have developed important treatments for AIDS, including combination therapy, which can suppress the AIDS virus, and anti-retroviral therapy, which makes HIV-positive people less infectious.

“The decision to accept AIDS patients was made by Al McLeod, who was the head of the AIDS committee in this hospital, and John Ruedy, who was the head of the Department of Medicine. The reality was that the most unbiased people in the world were John Ruedy and Al McLeod. Until the day I die, I will respect the work they did.”

[DR. MICHAEL O'SHAUGHNESSY, B.C. CENTRE FOR EXCELLENCE IN HIV/AIDS]

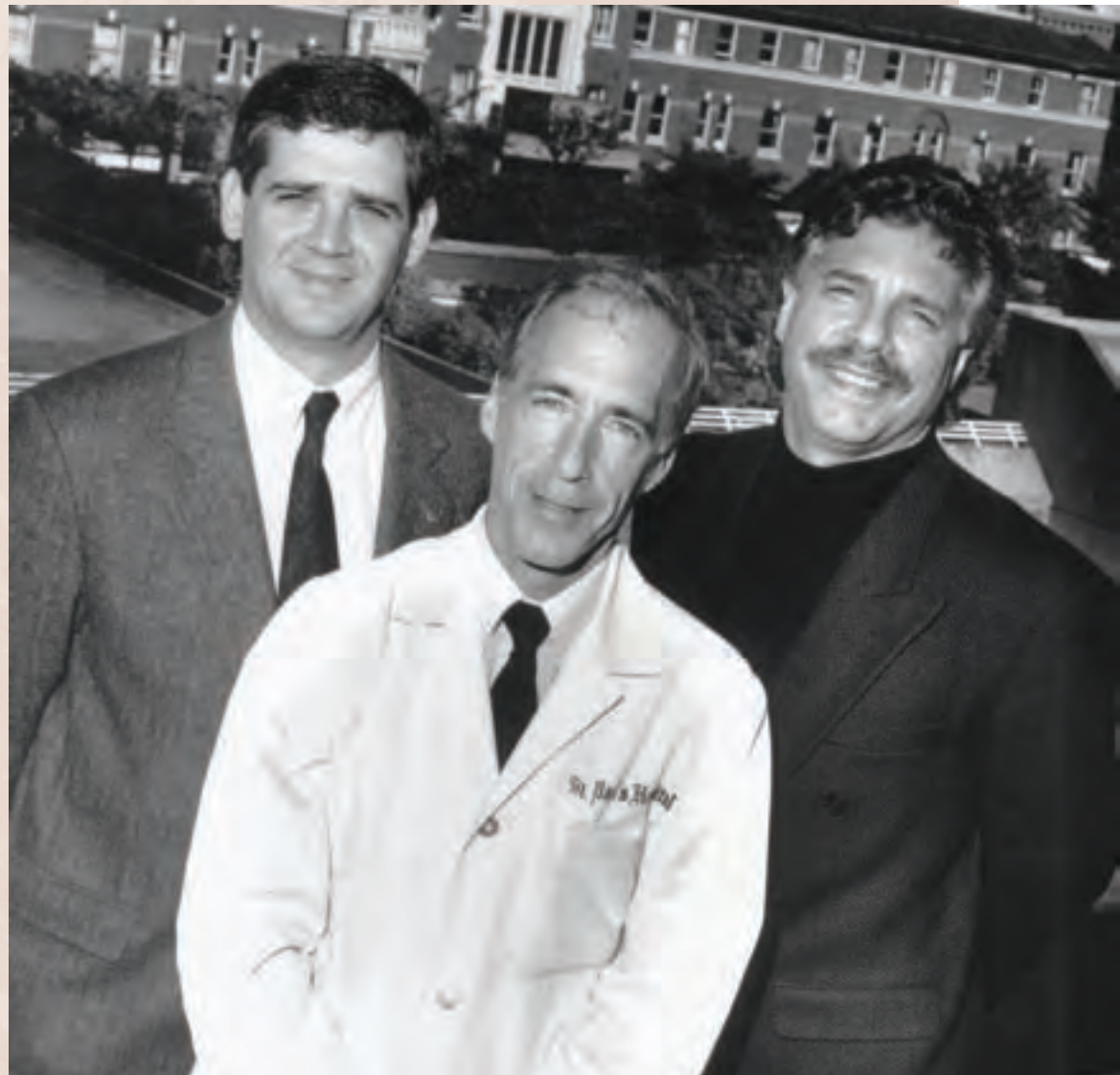
EUREKA!

"In 1995, we were part of an international study of combination therapy for AIDS. We were in a position to find, for the first time, whether we could come up with a drug cocktail that could work. All the samples were being sent to Dr. Mark Weinberg in Montreal. I ran into Dr. Weinberg at a conference and he said he thought we had a problem. In more than half the samples I was sending him, he couldn't grow the AIDS virus. Was I sure we weren't messing up with anything, he asked. I didn't know. It was a devastating piece of news. In those days there was not even an expectation that the treatment could work so well that you could not grow the virus.

So I went back to Vancouver, and we took a batch of samples six months after people started treatment with this combination therapy. Then we ran tests on them all to see what happened. Lo and behold, we found that a whole new group of people had a non-detectable virus. They had it to begin with and they didn't have it now. We knew some of the patients were doing very well. But we didn't know why. This was a huge revelation. It was the happiest day of my life." (Dr. Julio Montaner, Director, B.C. Centre for Excellence in HIV/AIDS.)

CANADIAN HIV TRIALS NETWORK

Dr. Ruedy also had the vision to create the Clinical Trials Network (CTN) in 1990. Under his leadership, along with Drs. Julio Montaner and Martin Schechter and with support from the federal government, the Canadian HIV Trials Network was created to coordinate a national infrastructure for research and clinical trials in Canada. With national and Pacific region headquarters at St. Paul's, the CTN has succeeded in creating a well organized infrastructure that gives Canadians access to innovative therapies.



Opposite: Irene Goldstone, RN, one of Canada's most admired nurses in HIV care, who worked to establish nursing protocols for HIV/AIDS patients and helped found the Dr. Peter Centre.

Above: Founding directors of the Canadian HIV Trials Network (l-r) Drs. Julio Montaner, John Ruedy, Martin Schechter (ca. 1991).

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Steven
Doug
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Doug S.
Bernie
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Ricky C.
Bruce
Wayne
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Philip
Chuck
Bradley H.
Ken F.
Graham
Len W.
Richard L.
Anthony
Raymond
Tony
Donald
Roy
Stephen
Ken
Frieda
Len
W.
Ricky C.
Infinite
Spirit

Some people come into
our lives and quietly go
others stay for awhile
and leave footprints
on our hearts
and we are never
ever the same.





A quilt made in 1993
 by the nurses of 10D,
 the Palliative Care
 unit, commemorates
 the lives of the 250
 people who had died
 of HIV/AIDS while in
 palliative care at St.
 Paul's (1989-98).

MEDITATIONS ON COMPASSION

"The painting of a patient's room at St. Paul's Hospital is one of a body of work which I've entitled *Felt Absence*, a series of interiors where an occupant has just vanished and yet a vague sense of them somehow still hangs in the air. The hospital room, in its grim colours and with the endless droning blue light from the television, represents to me a sad place of waiting and lingering and was painted in my darkest moments. Outside the window the lights of the city are cold and unforgiving. The fragility of the human heart lies trapped there. However there's somehow still a ray of hope in the comfort and compassion that I have received within those walls from the kind and generous people that staff the place. We all find respite in their unflinching care." (Tiko Kerr)



Below: *Felt Absence* by Tiko Kerr.

Opposite: *Lifesaver* by Tiko Kerr.







ST. PAUL'S PIONEERS COCHLEAR

IMPLANTS Despite the pressures of dealing with the AIDS crisis and managing its demands on hospital resources, the pioneering spirit of St. Paul's remained strong in the 1980s. In 1982 the hospital made an important advance for profoundly deaf people with Canada's first cochlear implant. Cochlear implants are surgically placed electronic devices that directly stimulate the auditory nerve to partially restore hearing. They are designed for children and adults who are unable to hear, even with high-powered hearing aids. The results of cochlear implants dramatically alter patients' quality of life by improving their ability to communicate.

Opposite: One month after the first kidney transplant (front row, l-r) Mr. Ravinder Palmar, recipient, Dr. Angus Rae, Head of the Unit, Dr. David Landsberg, transplant physician and immunologist, (back row) Dr. David Manson, transplant surgeon, Marie-Lou Hales, nursing coordinator (April, 1986).

Above: A recent model of a cochlear implant, smaller and more streamlined than the original version used in 1982.

Right: Sherril Burden, the head nurse of the Dialysis Unit when the new Renal Unit was opened.

TAKE MY KIDNEY, DEAR

By 1993 St. Paul's kidney transplant program was facing a backlog with 240 people waiting for kidney donors. With fewer cadaver donors, there was an increase in the number of transplants from living donors. The first spousal donation occurred in March 1993 when Bill Kuhnlein of Vernon donated a kidney to his wife, Irene. A diabetic for more than 20 years, Irene had been travelling to Kelowna twice a week for dialysis. Bill said the decision to donate a kidney was an easy one. "She needed it, I had it and I could spare it," he said. "There was no pain involved and no inconvenience, as bad as it sounds."

THE FIRST KIDNEY TRANSPLANT

Another first took place in the Renal Unit with the hospital's premiere kidney transplant in 1986. Facing mounting demand for kidney transplants, the Renal Unit had been planning to set up a transplant program for a long time. It took several years, though, before St. Paul's got the go-ahead from the B.C. Ministry of Health. On April 23, 1986, a 32-year-old man became the first person to receive a new kidney at St. Paul's with the surgical team working under the guidance of Dr. David Landsberg. Heartened by this success, the hospital opened a four-bed Transplant Unit and the team quickly got to work. Within three months, they had tripled the rate of kidney transplants in the province.

Around the same time, the Renal Unit also opened a Travellers Dialysis Clinic to accommodate visitors to Vancouver. Because renal dialysis services around the country were seriously overloaded, it was

difficult for dialysis patients to visit relatives or take a vacation. Forced to turn away numerous requests from visitors requiring dialysis, the Renal Unit opened the Travellers Dialysis Clinic on the 17th floor of the Century Plaza Hotel, just across the street from the hospital. Later the clinic moved into a room in the hospital's Burrard Building. Visitors were charged the same fee as regular patients receiving hospital dialysis. The clinic treated hundreds of out-of-town patients before closing in 1993, due to lack of funding.



“The one thing that was unique about St. Paul’s in the ’80s was the culture. St. Paul’s was a relatively small hospital and there was a lot of solidarity. Everybody knew everybody, and when the HIV epidemic came around, St. Paul’s basically was the only institution that took a step forward to say yes, we’re going to serve this community that is in need, largely because it was happening in our own backyard.”

[DR. JULIO MONTANER, B.C. CENTRE FOR EXCELLENCE IN HIV/AIDS]

A PAIN CENTRE PROVIDES RELIEF

Relieving pain has always been one of medicine’s most difficult challenges, so a program dedicated to easing pain seemed a natural choice for St. Paul’s. The clinic was founded by psychiatrist Dr. Roger Shick and internist Dr. May Ong after they noted that there was a gap in care for patients suffering from non-malignant pain and a need for a more integrated approach to pain management.



In a move that set them apart from other pain clinics, they employed a bio-psycho-social model that addressed emotions and other underlying issues related to pain that may have been missed in the original diagnosis. An initial half-day per week consulting service evolved into St. Paul’s Pain Centre, one of the first of its kind in Canada. Once word got out, people living with chronic back pain, headaches, problems caused by car accidents and numerous other forms of pain were soon seeking relief at St. Paul’s. The clinic grew rapidly and became the province’s main referral centre. When family doctors couldn’t solve a patient’s pain problem, they sent them to St. Paul’s. In addition to patient care, the team at the Pain Centre became involved in teaching and research into innovative pain alleviation.

The year 1986 was a significant one for Vancouver. It marked the city’s centennial and was the year that Vancouver threw its biggest party, Expo 86. Since the fair site was within easy walking distance of St. Paul’s, the hospital anticipated an increased need for health care services. Staff underwent training sessions to prepare for any sudden rise in patient load during the five-month event.

With several million people passing through Expo’s gates it came as a pleasant surprise that there were no major catastrophes during the celebration. It was fortunate, too, because the hospital found itself in the throes of labour unrest throughout that summer. By October, Hospital Employees’ Union pickets were outside the hospital, forcing the cancellation of many services. Staffing was cut to the bare minimum and patients had to be discharged from hospital early due to sanitation and food service problems. The strikers eventually returned to work, but many unresolved problems remained.

• **Above:** Psychiatrist Dr. Roger Shick, a chairman of the Medical Advisory Committee and Vice-President, Medical Staff.

• **Opposite:** Dr. C.E. (Ed) McDonnell with two interns (ca. 1985).



“St. Paul’s is distinguished by its ability to reach out to what can often be a marginalized population. The people here are prepared to do work that others were not necessarily prepared to do, particularly in HIV/AIDS and dealing with the Downtown Eastside population and the multiple issues they bring.”

[SANDRA HEATH, CHAIR, PROVIDENCE HEALTH CARE, 2002–06]



⋮ **Opposite:** Sister Mary Celestine and Dr. Hugh McDonald.

A LEADER RETIRES After 25 years at St. Paul's, President Dr. Hugh McDonald retired in 1987. It marked the end of an era. Under his leadership, the hospital was transformed from a community facility into a major tertiary-care, referral and teaching centre. Dr. McDonald and his wife, Wilma, an active member of the Auxiliary, both contributed tremendously to this change. He was recognized as a leader who understood both the politics of administration and the medical side of things. Described by friends and colleagues as a good listener, Dr. McDonald acted decisively but liked to remain in the background, always making way for the contributions of others.

Dr. Thelma Sharp Cook, past chair of the hospital's Board of Trustees, wrote in 1985 of Dr. McDonald's tenure:

"In the early 1980s, St. Paul's was Vancouver's well respected 'downtown community hospital'; today St. Paul's is a nationally and internationally known teaching, research and referral centre. Virtually every service and aspect of the hospital's role and operation has changed and most of the changes have been in anticipation of need rather than in response to external forces. Dr. McDonald has been at the centre of all the planned changes — although it takes a well informed eye to spot him there.

He was instrumental in strengthening St. Paul's relationship with UBC and remained committed to the philosophy of the Sisters of Providence."

Dr. McDonald's ability to tactfully handle the often prickly relationship between management and hospital unions was honoured in an article in the newsletter for the Hospital Employees' Union at St. Paul's: "Dr. McDonald brought a unique

flavour to labour relations at this facility. His open door communications policy towards the Unions helped both parties to set a progressive example of how labour relations should and could be conducted ... His influence helped us avoid the embittered union bashing philosophy prevalent at many other health care facilities. Dr. McDonald is really a caring individual."

To honour the retiring president, the hospital renamed its research laboratory area the Dr. Hugh McDonald Research Wing. Dr. McDonald was succeeded by Ronald D. Mulchey, who came from Sunnybrook Medical Centre in Toronto. Although not a medical doctor, Ron Mulchey had a record of extensive administrative experience at one of Canada's largest and most respected medical centres. Upon arriving at his new post, he saw one of his first priorities was to re-energize the hospital's recently stalled expansion program.



Province of British Columbia Ministry of Health
Honourable Peter Dueck Minister

**Another New Health Project
Better Service to this Community**

PHASE TWO REDEVELOPMENT PROJECT

ST. PAUL'S HOSPITAL

BUILDING FOR YOUR FUTURE

307 Acute Care Beds Diagnostic & Support Services

**60 Million Dollars Jointly Funded By The Provincial Government
& The Greater Vancouver Regional Hospital District**

A HOLE IN THE PLAN From the start of excavation, the Phase II project was mired in controversy. Much of it focused on a large two-storey hole that was to be the foundation for the new tower. The hole had already been dug when the government suddenly announced a restraint program in 1987. Funds for the building project were frozen, construction came to a halt and a big pit sat gathering rainwater for months. Soon the city started insisting that the excavation was a public hazard and needed to be filled in. For the hospital administrators, who knew the project would eventually be completed, this was an unacceptable expense. They therefore launched into negotiations with the city and the provincial government that stretched on for several months. Finally, permission was granted to resume the project. Later that year, a new Emergency Department was opened and the province finally announced \$60 million in funding to build the Phase II 10-storey tower.



• **Opposite and Right:** Work on Phase II gets underway (August 1987).

“Ours was the first palliative care unit opened in a hospital in Canada that was focused on HIV and cancer. Everyone said you couldn’t do it and boy, we had no time to recruit, with all the staff shortages. The nurses got it. And by integrating AIDS with other diseases, St. Paul’s was showing real leadership. It was de-stigmatizing.”

[IRENE GOLDSTONE, B.C. CENTRE FOR
EXCELLENCE IN HIV/AIDS]

PALLIATIVE CARE PROVIDES COMFORT, DIGNITY

As Vancouver’s AIDS crisis intensified, St. Paul’s opened a Palliative Care Unit in 1989. A friendly, comforting space, the new unit looked a lot more like home than a hospital, yet had the capacity to alleviate complex symptoms. Its purpose was to provide supportive care for patients and families right up to the moment of death. Led by Medical Director Dr. Jacqueline Fraser and Head Nurse Lois Hughes, RN, the unit’s approach emphasized quality of life and the dignity of the individual.

In the beginning, almost half of the patients in the Palliative Care Unit had AIDS. The unit’s focus of caring for patients with HIV/AIDS and patients with cancer made it unique within the Canadian health care system. It was extremely challenging for the people who worked there as they searched for ways to deal with the intensity and range of

symptoms. As advancing research slowed the admission of patients with advanced HIV, more of the unit’s beds were used by patients with other end-stage diseases. The unit’s physicians and nurses worked with a range of caregivers (from physiotherapists and social workers to music therapists and pastoral caregivers) as well as a large group of dedicated volunteers.

St. Paul’s Palliative Care Program continued to grow over the years. By 2005, the hospital had introduced a mobile Palliative Care Response Team that provided specialized end-of-life care to patients and families across the hospital and throughout Providence Health Care facilities.

• **Opposite:** St. Paul’s Hospital’s renowned Palliative
• Care Unit, a peaceful environment for patients and their
• loved ones.

By 2005, the hospital had introduced a mobile Palliative Care Response Team that provided specialized end-of-life care to patients and families across the hospital and throughout Providence Health Care facilities.







EMERGENCY EXCELLENCE In 1984, three members of St. Paul's medical staff were among the first in Canada to attain their Fellowship in Emergency Medicine from the Royal College of Physicians and Surgeons of Canada. Inspired in part by their accomplishments, the department decided to focus on becoming one of the leading emergency departments in the country. That meant expanding the hospital's teaching role. Two years later, the first Emergency Department resident started work at St. Paul's.

The department's next challenge was financial: standard billing practice was failing to compensate the Emergency physicians fairly. Because of St. Paul's role as a treatment centre for inner-city residents, many of whom did not have B.C. health insurance, there was a non-payment rate of between 20 and 30 percent. Physicians could work a Saturday night shift, dealing all night with difficult cases, and be paid as little as \$100. This made it difficult to attract staff. The team therefore

decided to adopt an alternate payment contract, which provided an agreed-upon amount for all services, and the Emergency Department began to thrive. Today, St. Paul's Emergency Department makes a major contribution in patient care, teaching and research.

- **Opposite:** Dr. Albert Scholtz, Dr. G. Miller, a patient, Alicia Priest, RN.
- **Above:** Emergency head Dr. Albert Scholtz lectures (ca. 1982).

“We embrace the people that no one else wants to look after. When people from the Downtown Eastside come into the Emergency Department, they are generally very ill and have neglected themselves for a long time. When you interact with them, you make a big difference. For those of us who are altruistic, it's quite a neat place to work.”

[JEREMY ETHERINGTON, MEDICAL AFFAIRS]



“I’ve always felt very proud of the fact that the mission statement wasn’t just a piece of paper plastered on the wall. People actually cared about modeling the mission — they cared. A big illustration of that was when HIV/AIDS started. This denominational organization embraced these terminally ill young men and made sure we were able to care for them. In the early days of this disease some other health care agencies did not want to deal with these patients. But there was no question that we would care for them at St. Paul’s; we care for everybody who comes through our doors. I think that’s pretty amazing.”

[JAN SAUNDERS, DEPARTMENT OF NURSING, RETIRED]

CHARITY BEGINS AT HOME Since St. Paul’s opened its doors in 1894, staff members have nurtured a strong tradition of support for the hospital. From the early days, doctors and other personnel made generous donations of money or equipment. These acts of generosity continue to this day. St. Paul’s “family” of staff, physicians, scientists and volunteers makes a significant financial contribution to St. Paul’s Hospital Foundation every year. The care they provide also inspires many donations from patients and families.



- **Opposite:** Mrs. Pat Broadbridge, Auxiliary President, presenting a \$25,000 cheque to Dr. Rod English for the purchase of the first 20-channel chemistry analyzer in B.C. (1977).
- **Left:** Sister Christine McIntyre beside a statue of the Virgin Mary in the vestibule of the Nurses' Home in 1974. The Home was originally scheduled for demolition that year.

THE SCHOOL OF NURSING SPIRIT ENDURES

The 1939 School of Nursing graduating class celebrated its 50th anniversary in 1989 with a dinner at the Hotel Vancouver. The class had been the first to have its graduation in the new hotel, which had just opened. The alumnae arranged to have the same menu that they enjoyed 50 years earlier — at an increased cost, of course — and band leader Dal Richards was there to salute their anniversary. The hotel was very busy that night because many people were booked in to watch the demolition of the Georgia Medical-Dental Building across the street. It was dramatically imploded early the next morning. In a way, it was fitting that the two events coincided: some members of the Class of 1939 had either had surgery themselves or had worked for doctors in that historic building.



A NEW APPROACH TO EATING DISORDERS

The money raised by the St. Paul's Hospital Foundation supported many new initiatives, including the Eating Disorders Clinic, opened in 1990 to treat severe cases of anorexia and bulimia. At the time, people with eating disorders were often sent out of province or to the United States for treatment. By opening a local program, St. Paul's allowed patients to stay closer to home, which significantly enhanced recovery.

The Eating Disorders Clinic's goal was for as little intervention as possible, as early as possible. Although the Clinic treats about 300 patients at a time, there are only a handful of in-patient beds. The Clinic also has a residential house, as well as various

out-patient programs and clinics throughout the province.

Like St. Paul's other specialty areas, the Eating Disorders Clinic is involved in teaching and research. The team has authored a highly respected textbook about managing eating disorders and has developed effective ways of treating patients through its Community Outreach Partnership Program. While other eating disorders programs were offering palliative treatment, the St. Paul's team focused on rehabilitation. By treating patients in the community and focusing on specific goals not necessarily related to food, the St. Paul's Community Outreach Partnership Program managed to drastically reduce readmission to hospital.

RECOGNIZING A LEADER

In 1982 St. Paul's new auditorium in the Providence Wing was named in honour of one of the hospital's leaders. As Head of the Department of Medicine from 1962 to 1978, Dr. Bill Hurlburt oversaw the transformation of St. Paul's into a first-rate teaching hospital. In a tribute following Dr. Hurlburt's death in 1990, his long-time colleague Dr. Angus Rae spoke about Dr. Hurlburt's immense contribution: "His enduring legacy is a host of good bedside clinicians serving this province, and a teaching hospital dedicated to the main purpose of all hospitals — the care of the sick. For this, the whole community can be truly thankful."

NURSES AS MEDICAL LEADERS

The role of the nurse continued to change in tandem with society in the 1990s. Those changes are explained well by a *Vancouver Sun* article by medical reporter Rebecca Wigod that ran on October 5, 1991:

"Nurses are the largest group of health care workers, with one for every 119 Canadians. Everyone has a nurse in the family, or knows a nurse, but few people outside the profession realize how radically it has changed.

Recent developments let nursing students get extra training and become specialists, as doctors do. It is even possible to earn a PhD in nursing: to become, in effect, Doctor Nurse!

Practicing nurses are conducting research on the job. Hospital staff nurses, whose annual salaries range between \$36,000 and \$48,000, are demanding a say in the way their institutions are run, breaking out of the old militaristic or monastic hierarchies that had them perform their duties unquestioningly.

Nursing has been forced to make these changes. Once one of just three or four options available to career-minded young women, it now competes for their attention with attractive well-paid fields like medicine, law and engineering."

Opposite: Clem Meunier, a representative of the Ministry of Children and Families, at the presentation of the first B.C. Eating Disorders Award.

Below: Instructing patients in self-care.





ST. PAUL'S, GROWING AGAIN

The Phase II Providence Tower had been on the drawing board since 1978. It was finally officially opened in September 1991. The impressive new wing included 296 in-patient beds, with the top six floors containing two 25-bed wards each. There was a new Critical Care Complex, an elaborate new kitchen, a cafeteria and improved space for many departments. The final phase, which would replace the old hospital and Nurses' Residence with new facilities for emergency, outpatient and other services, was never built due to lack of funding.

A SIGN OF THE TIMES

By 1991, St. Paul's reflected Vancouver's diverse community. The hospital's staff spoke 33 languages, including Arabic, Cantonese, Swahili, Welsh and sign language.

- **Opposite:** New four-bed unit, Providence Wing (ca. 1985).
- **Right:** A single room for patients (ca. 1985).



• **Opposite:** By the mid-1990s St. Paul's was one of the three leading AIDS research and treatment hospitals in North America. By 2000, work started on a new facility for people living with AIDS that became the Dr. Peter Centre.

For 12 years I came in here every day with a sense of anticipation. I thought about what's going on today — what's the excitement that's going to happen today? What are the students going to be doing? What's the lab going to be showing? I never thought about the building. It just didn't matter. But it does stink.

More than once I had the rain coming through my roof!

[DR. MICHAEL O'SHAUGHNESSY, B.C. CENTRE FOR EXCELLENCE IN HIV/AIDS]



B.C. CENTRE FOR EXCELLENCE IN HIV/AIDS

As the hospital serving Vancouver's gay community, St. Paul's was at the epicentre of the AIDS epidemic. In response to the hospital's leading role in research and treatment of HIV/AIDS, the provincial government designated St. Paul's as a Centre for Excellence in 1992. Dr. Michael O'Shaughnessy, who started the first HIV testing in Canada in 1984, was recruited to be director of the Centre. Under his leadership, the Centre formed a team that simultaneously carried out scientific investigations, outcomes investigations and medical care. The dedicated team of doctors, scientists and students focused on one challenge:

finding the best way to treat HIV/AIDS. They wrote guidelines that are now used around the world, they pioneered combination therapy, they developed resistance testing and they gave the world a test to detect HIV in newborns.

By this time, St. Paul's had become one of the three leading AIDS research and treatment hospitals in North America. Groundbreaking work at the Centre is leading to a dramatic decrease in AIDS-related deaths in B.C. and is guiding international efforts to control the AIDS pandemic.



“The Centre’s original focus was to provide better care and treatment for people with HIV disease. And what better place to come than St. Paul’s? This was a place that accepted people with HIV disease. The culture around here was not to exclude them but to accept them. That certainly wasn’t the culture across the country.”

[DR. MICHAEL O'SHAUGHNESSY, B.C.
CENTRE FOR EXCELLENCE IN HIV/AIDS]

LABOUR CRISIS Both the Nurses' Union and the Hospital Employees' Union were back at the negotiating table seeking new contracts in 1992. The moods of union and government representatives were hostile. By April, hospitals were cancelling elective surgery, stockpiling supplies and preparing to implement essential service strategies in the event of a strike. On April 23, B.C. hospitals were hit by province-wide labour disruptions, prompting warnings that the health care system was becoming unsafe. Executive members of the hospital were forced to take over the duties of support staff workers who had walked off their jobs. Members of the administration stepped in to prepare and distribute meals, do laundry chores and try to keep the hospital clean and functioning. As the union stepped up its job action, food services and purchasing departments at 150 hospitals were staffed almost entirely by management. Finally, the parties agreed to work with a special conciliator, and the strikers went back to work. The threat of strikes had ended for a time, but the nursing shortage continued.





Emergency



- **Opposite:** A turret with a view, (back row, l-r) Laddie Kozac, Kathi Smith, Chuck Cameron, Don Ransom, (front row) Sister Mary Celestine, Ella May Sim, Irene Wheatman, a nurse from the ICU, Bev Beaudien, (right balcony) Jeannie Foran, Dr. J. McFarlane, Hazel Macker (ca. 1989).

CARDIOVASCULAR RESEARCH

COMES OF AGE In 1993, St. Paul's expanded into cardiovascular research. It was a move that held great promise for the future. The hospital hired Dr. Bruce McManus, an internationally known cardiac pathologist, who also took on the position of head of the University of British Columbia Department of Pathology and Laboratory Medicine. St. Paul's new research program grew quickly. Being based at a hospital was a tremendous bonus for researchers, giving them ready access to other health care professionals, a diversity of scientists and, most significantly, to patients. By working regularly with clinicians, the research staff could more easily help to translate the knowledge they were generating into changed practice and policy.

Cardiac research continued to grow with the addition of the Atherosclerosis Specialty Laboratory in 1994 and the Vancouver Vascular Biology Research Centre in 1996. With St. Paul's and the University of British Columbia providing funding to help recruit and support young investigators, the cadre of outstanding research personnel continued to grow.

In 1994, St. Paul's launched a new initiative to enhance teamwork and the sharing of information among researchers. The focus of the Health Research Centre was to provide infrastructure and support for clinical and health services research rather than basic biomedical research. Originally led by Dr. Peter Paré, the Centre took on a greater

role when Dr. Martin Schechter, an internationally recognized clinical epidemiologist, became director in 1997. At that time, it was renamed the Centre for Health Evaluation and Outcome Sciences (CHEOS). Other founding directors of this interdisciplinary research collective were Dr. Michael O'Shaughnessy and Dr. Adeera Levin. The first areas of focus for CHEOS were HIV/AIDS, cardiac, renal and emergency medicine.

As it approached the end of its first century, St. Paul's was an increasingly busy place, with burgeoning programs, more provincial referrals to its areas of specialty and a growing focus on research. But despite the growing staff and increasingly sophisticated technology, St. Paul's still managed to retain the warm, accessible atmosphere of the small community hospital that it had once been.

“There’s a tremendous sense of loyalty to St. Paul’s here. I believe people here primarily are really concerned about patients at all costs and they see that around them. Even if they leave for a few years — they go off and have families, they go off and travel or they go work somewhere else — they usually come back. And when they come back, almost without fail they say it’s just better here. The spirit is better. The standard of patient care and the commitment you feel on all levels to patient care. And that’s what all professionals want to feel. People come to work to give good care and they want to feel good about it when they go home at the end of the day.”

[MARTHA MACKAY, RN, HEART CENTRE]

CHAPTER FIVE

The Second Century: 1994-

FACING THE CHALLENGE OF RENEWAL As St. Paul's celebrated its centennial in 1994, people reflected on the advances in medicine and patient care that had occurred over the previous 100 years. Once feared as places in which to die, hospitals had become places for recovery and discovery. St. Paul's had played a role in many medical breakthroughs. Sister Charles Spinola's innovative ether machine, developed in 1918, revolutionized modern anesthesia.



Forty years later, Dr. Harold Rice changed the course of heart surgery when he built B.C.'s first heart-lung machine. Advances in dialysis, treatment of eating disorders, treatment of pain, AIDS care and cardiac care all originated in that labyrinthine red-brick building on Burrard, and St. Paul's contribution to innovations in health care would continue into the future as its commitment to research grew. Research funding was a mere \$85,000 in 1978; nearly 30 years later, it topped \$27 million annually.

As it entered its second century, St. Paul's faced many challenges, some new, some only too familiar. One of the biggest, and most obvious, was the chronic budget deficit, the result of government funding constraints and rising operating costs. The B.C. government stepped in, as it frequently did over the years, providing one-time funding that substantially reduced the overall deficit.

- **Opposite:** Laboratory Services staff have received national accolades for their quality improvement projects. Pictured here (l-r) Steven Wong, Alison Takahashi and Peter McLellan.
- **Below:** Dr. Peter Paré being interviewed by a TV crew at the opening of the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research in 2003.
- **Right:** Heart surgery at St. Paul's, the provincial centre for cardiac services.

"I am always blown away by the people that are my colleagues in this community. They are utterly amazing. If we can harness our courage and our willingness to take bold steps, then within the next decade St. Paul's and Providence can stand out from many other similar organizations across Canada and internationally."

[DR. BRUCE McMANUS, THE JAMES HOGG iCAPTURE CENTRE]



A HEART CENTRE FOR B.C.

In the year that St. Paul's celebrated its 100th birthday, it launched the flagship Heart Centre, supported by \$10 million raised by the St. Paul's Hospital Foundation. The Council of University Teaching Hospitals had earlier decided to consolidate services at teaching hospitals, and St. Paul's was tapped to become the centre for cardiac sciences. Vancouver General Hospital became the trauma and neurosciences centre. Over the next few years, many cardiac programs and services were transferred to St. Paul's. The Healthy Heart Program and Lipid Clinic

moved from Shaughnessy Hospital in 1994. A significant portion of Vancouver General Hospital's open-heart surgery program, about 300 surgeries annually, was transferred the next year, followed by the heart transplant program, the electrophysiology program from the University of British Columbia and the Pacific Adult Congenital Heart Clinic from Shaughnessy. The Heart Centre grew rapidly in the late 1990s, taking over the entire fifth floor of the hospital. A new Heart Function Clinic was opened to help manage the health of patients waiting for transplants.



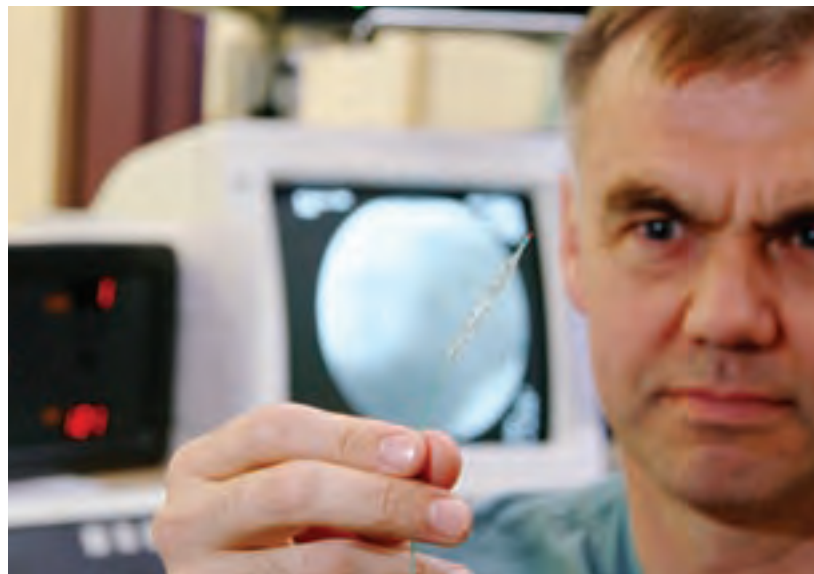
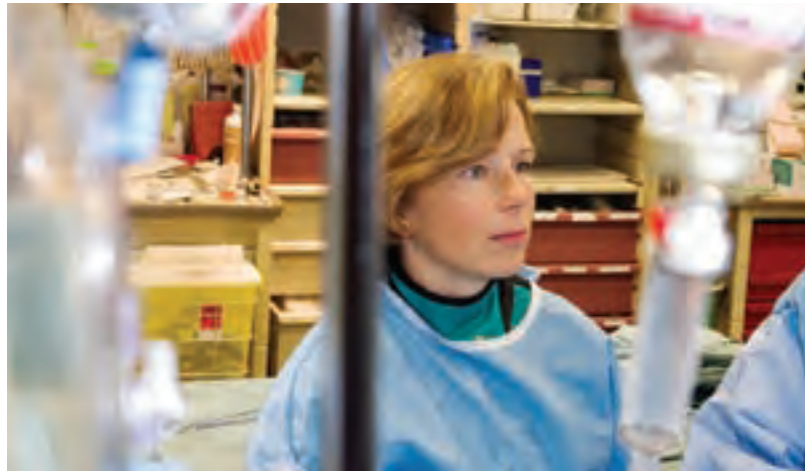
COMPREHENSIVE CARDIAC CARE
A unique resource for British Columbians

The Heart Centre

at St. Paul's Hospital

prevention
rehabilitation
transplant

retreat
diagnosis
treatment
surgery



Opposite (from top): Intra-aortic balloon pump; kidney transplant specialist Dr. William Gourlay follows up with kidney donor Darielle Talarico, one of the first donors to benefit from the minimally invasive laparoscopic surgical technique; in the operating room (l-r) RN Ann Hendrie, ear, nose and throat surgeon Dr. Jeremy Woodham, anesthesiologist Dr. William Phillips.

Clockwise from top left: Interventional cardiologist Dr. Eve Aymong in the Catheterization Lab; St. Paul's Hospital performed the world's first successful apical aortic valve replacement in 2005. The team of cardiac surgeons and cardiologists who achieved this success are seen here in the operating room; Drs. Jiri Frohlich and Andrew Ignaszewski lead St. Paul's Hospital's well-known Healthy Heart Program; interventional cardiologist Dr. John Webb showing one of the stents that may be used after coronary angioplasty procedures to keep the blood vessel open; Sandra Barr, RN, Director of the Heart Centre, Leslie Achtem, RN, Dr. Ron Carere, physician director of the Heart Centre and Jean Carne, RN, cutting the ribbon on a \$5 million expansion to the Heart Centre in 2005. The Heart Centre opened a new Electrophysiology Suite and expanded the Cardiac Short Stay Unit thanks to funding from St. Paul's Hospital Foundation donors and Vancouver Coastal Health.

“We really believe that as a downtown hospital, St. Paul’s needs to pay attention to the particular needs of people in the urban core. Our research isn’t in the ivory tower. That’s why we talk about pursuing real life health solutions.”

[YVONNE LEFEBVRE, PROVIDENCE HEALTH CARE RESEARCH INSTITUTE]

“MODEL” CITY, MULTICULTURALISM AND HOLLYWOOD NORTH – VANCOUVER IN THE 1990s

Vancouver experienced yet another shift in the 1990s as it was catapulted from being a pleasant regional centre to being a player on the global stage. Clinton and Gorbachev decided to summit here in 1993, and Jean Chrétien hosted a meeting of Asia-Pacific leaders in 1997. Demographics were changing sharply, with Asian immigration boosting growth and connecting Vancouver to countries all around the Pacific. Dot-coms sprang up in Yaletown, then crashed. Woodward’s, Vancouver’s iconic department store, disappeared too, closing its doors in 1993.

When the Canucks lost to the New York Rangers in the 1994 Stanley Cup, fans rioted on Robson Street.

This was the decade when movie production companies set up shop and people began talking about “Hollywood North.” By 1990, the city was the third-largest film production centre in North America. It was also the time when Concord Pacific began transforming the old Expo grounds into a model neighbourhood. City planners started flying in to find out how Vancouver kept its downtown vibrant while other North American urban centres languished. In stark contrast, “Downtown Eastside” became part of our lexicon, as the plight of Canada’s poorest postal code ignited public debate about seemingly intractable problems of homelessness, poverty and addiction.



ST. PAUL’S RESPONDS TO A RIOT

As a downtown hospital, St. Paul’s has often had to respond to emergencies. One memorable occasion was on June 14, 1994, when the St. Paul’s Emergency Department was flooded with patients after a riot erupted in response to the Vancouver Canucks’ Game 7 loss in the Stanley Cup finals against the New York Rangers. About 200 people were injured when police fired tear gas and rubber bullets into a huge crowd that was destroying property and smashing windows just a few blocks away on Robson Street. Overwhelmed Emergency staff responded by putting buckets of water outside on Comox Street to allow people to rinse their eyes clear of tear gas, rather than crowding into the Emergency Department.

St. Paul’s staff also treated patients in a new unit that hadn’t yet officially opened. The soon-to-open Comox Unit was designated for patients with psychiatric or drug-related issues in addition to medical problems. But the new space was put to good use as the St. Paul’s team opened the doors to treat patients from the riot, once again finding a way to “make do” in challenging circumstances.



Vancouver Sun, 1994

- **Above:** Canucks fans left Robson Street in
- shambles in the wake of the great hockey
- riot (1994).

TAKING THE PULSE

1990: The Mary Pack Arthritis Society Chair in Rheumatology was established at UBC, named for arthritis campaigner Mary Pack, who devoted her life to arthritis and rheumatism care and research.

Vancouver became the first city in Canada to provide a scheduled bus service to people with disabilities.

Also in 1990: Fibreglass replicas of the three “nursing sister” statues that had graced the corners of the original Georgia Medical-Dental Building were installed on the corners of the new Cathedral Place office tower at the same address.

1991: The British Columbia Nurses’ Union (BCNU) and the Hospital Employees’ Union (HEU) signed a jurisdictional agreement guaranteeing that HEU will not organize registered nurses and BCNU will not organize licensed practical nurses.

1992: “Dr. Peter” (Peter Jepson-Young) died. A medical doctor, he had started a weekly diary of his AIDS illness on the CBC evening news in September 1990. It ran for 111 instalments, which were edited into an Oscar-nominated documentary.

Also in 1992: The Columbia Tower at New Westminster’s Royal Columbian Hospital opened. The new six-storey 210,000-square-foot building had 300 beds as well as facilities for medical imaging, nursing administration, other patient care services and a library.

1993: The 200,000th baby was born at New Grace Hospital (now B.C. Women’s Hospital and Health Centre).

Also in 1993: The Vancouver General Hospital and University Hospital/UBC merger created the Vancouver Hospital and Health Sciences Centre.

1994: Construction of the new VGH tower was completed. However, not enough funds were available to finish the building until 1999, when Jimmy Pattison donated \$20 million. The new facility eventually opened in May 2003.

1995: A memorial to B.C.’s military medical services personnel was unveiled at the front entrance to St. Vincent’s Hospital.

1997: Life expectancy for both sexes in Canada reaches 78.6 years.

THE WORLD TAKES NOTE

The Best Hospitals in America, the 1995 book by John W. Wright and Linda Sunshine, describes St. Paul’s as a leader in many areas, explaining that “St. Paul’s Hospital is probably best known for its compassionate patient care.”



CATHOLIC HOSPITALS EXPLORE AMALGAMATION

In 1995, St. Paul's began to explore the possibility of merging with other Catholic health care facilities in Vancouver. The vision included the creation of a new Catholic Health Care Society to sustain a shared heritage of compassionate Catholic health care and service to the community, while enjoying the advantages of a larger organization. Nowhere else in Canada had such a broad range of service providers volunteered to come together. The amalgamation worked out, but it was neither quick nor simple. Bringing together eight different health care facilities and five orders of Sisters into a single entity was a complex undertaking that took several years. Board Chair Janet Brown later described the process as "a slow voyage of discovering what this would all be about."

Providence Health Care was officially formed in 2000, bringing together the CHARA Health Care Society (Mount Saint Joseph Hospital, St. Vincent's Hospital and the Youville Residence), Holy Family Hospital and St. Paul's Hospital. The Master Agreement between the Province of B.C. and the Denominational Health Facilities Association of British Columbia allowed faith-based organizations to own their facilities and appoint boards and CEOs. The integration of the administrative and medical staffs of the Catholic health care facilities reduced costs and delivered health care more efficiently. It also allowed the hospitals a measure of autonomy by not becoming part of the provincial health authority. Although there were many changes, becoming part of the larger Providence organization did not compromise the special atmosphere and spirit that are unique to St. Paul's.

"I'm proud of bringing the sites together. So many people said: You'll never bring together five orders of nuns and eight diversified sites. But we did and we're still alive — that's not a small thing!"

[JANET BROWN, FORMER BOARD CHAIR]

- **Left:** Janet Brown, the first chair of the newly consolidated Providence Health Care, cuts a celebratory cake.
- **Opposite (clockwise from top left):** Nurse in post-anesthesia recovery room; former president and CEO Ron Mulchey; former president and CEO Phil Hassen.



CHANGE IN LEADERSHIP After almost 10 years in the job, St. Paul's President and CEO Ron Mulchey left in September 1996. On his watch, St. Paul's had developed into one of the premier teaching and research hospitals in B.C. He was one of the primary authors of the Joint Agreement to develop specific areas of emphasis between St. Paul's Hospital and Vancouver Hospital and Health Sciences Centre (formerly Vancouver General Hospital). The two hospitals began working in tandem to provide differentiated teaching and research services. This was believed to be the first time in Canada that two major teaching hospitals proactively rationalized services without amalgamating. The Joint Agreement also created the necessary conditions for starting up the St. Paul's Heart Centre. Ron Mulchey was succeeded by Dr. Tom Ward as interim CEO, and then by Phil Hassen in 1997, Carl Roy in 2001 and Dianne Doyle in 2006.



A QUALITY LEADER

Phil Hassen arrived from the London Health Sciences Centre to lead the consolidation of St. Paul's with two separate corporations, bringing eight sites into a single integrated community that would become Canada's largest faith-based health care provider. Phil was prepared for the job. He brought with him a national reputation for leadership in organizational re-design and applying Total Quality Management in Canadian health care settings. As part of the process of integration, Phil introduced program-based care delivery to Providence Health Care. This concept, which is still in place, resulted in the creation of programs that cut across various sites and departments to create a patient-centred model of care.

Phil Hassen's interest in quality left an enduring impression on the organization. Quality improvement projects have become part of the culture, as evidenced by the organization's success in winning the 3M Health Care Quality Team Award. Teams of caregivers at Providence have won this national award an unprecedented four years in a row.

COMMUNITY OUTREACH In the midst of all the exciting developments, there remained a keen awareness of St. Paul's ongoing role as a community hospital. Dr. Jim Thorsteinson, chairman of the Department of Family and Community Medicine, was a leader in providing primary care through outreach to the downtown core. He became known as the roving physician for the inner city. He would make house calls in the Downtown Eastside, knocking on doors of rooming houses, rundown hotels and subsidized housing to see patients who had little or no contact with medical services. St. Paul's worked with community partners to provide a full range of medical and mental health services through drop-in clinics in downtown Vancouver. These medical clinics were among almost 50 community outreach projects underway at the hospital in 1996. St. Paul's was involved in everything from geriatric psychiatry outreach in the West End to developing eating disorders programs across the province.



We have pioneered this new thinking that says expanding the use of anti-retroviral therapy will render a large proportion of people infected with HIV less infectious. We're finding that anti-retroviral therapy leads to fewer hospitalizations, fewer deaths, more people going back to work, etc. It offers the hope of controlling and perhaps eradicating HIV in B.C. I'm prepared to invest the last decade or two of my career to hopefully accomplish this. If we could do this, I would ride into the sunset very happily.

[DR. JULIO MONTANER, B.C. CENTRE FOR EXCELLENCE IN HIV/AIDS]

A HOME FOR THE DR. PETER CENTRE

As part of St. Paul's commitment to the local community, in 1997 the hospital opened the doors of the old Nurses' Residence to the Dr. Peter Centre. This centre was named after Dr. Peter Jepson-Young, a young Vancouver doctor (and St. Paul's patient) who, over two years, chronicled his journey with AIDS in an acclaimed CBC-TV series. Dr. Peter, as he was known, played an important role as an AIDS educator and activist at a time when there was a desperate need for greater public awareness.

A foundation established before his death in 1992 was looking to open a day program to serve the growing number of people with HIV/AIDS. The residence's second floor was soon home to the new Day Health Program. Shortly after, the hospital also offered the third floor of the building so the Dr. Peter Centre could open a 24-hour care residence. The Dr. Peter Centre stayed in St. Paul's for six years until it opened its own building across Thurlow Street in 2003.

Above: Dr. Julio Montaner.

Opposite: Dr. Peter Jepson-Young, whose "Dr. Peter Diaries" aired on CBC television in the early 1990s. The 111 episodes helped to personalize HIV/AIDS at a time when many people did not know the difference between the myths and realities of the disease. Before his death in 1992, Dr. Jepson-Young established the Dr. Peter AIDS Foundation to provide comfort care for people with HIV/AIDS.



REFLECTIONS ON COMPASSION

"I hold nurses in the highest esteem and have many stories of thoughtful acts of kindness they showed Peter and our family during his frequent hospital stays. I remember one evening staying overnight with Peter. During the wee hours, the nurse on duty encouraged me to have a rest. It was obvious that I was in very bad shape. I was assured that a close vigil would be kept and if there was any change, I would be wakened immediately. I was ushered to a couch and given pillows and a warmed blanket. I was 53 years old and had never experienced a warm blanket! Oh my, what a comfort. Whoever invented the warming oven they use to heat blankets is a saint. In the morning, I went to call a taxi but the nurse wouldn't hear of it and insisted on driving me home all the way to the North Shore." (Shirley Young, mother of "Dr. Peter," in a speech to the Canadian Association of Nurses in AIDS Care, April 1992)



THE RENAL AGENCY OPENS In 1998, with the need for dialysis growing by 15 percent a year, the B.C. government realized there was a need for a single body to coordinate renal care in the province. Since St. Paul's had shown an ability to innovate and expand over the years and was already playing a pivotal role in the field, it was the obvious choice to host a Provincial Renal Agency. Dr. Adeera Levin, a researcher and nephrologist from the Renal Unit, was appointed director of the new agency to coordinate care for people with chronic kidney disease. No other province in Canada has a similar system. Under Dr. Levin's direction, the Provincial Renal Agency launched PROMIS, a web-based system that gives care providers access to data about kidney patients. This database is an important tool for every renal program in the province, ensuring accurate planning and quality care for kidney patients.

In the mid-1990s, St. Paul's Renal Program introduced its Kidney Function Clinic to serve people with risk factors associated with kidney disease. The Clinic monitors patients with kidney disease, and its work can help delay or even prevent kidney failure. When this is not possible, the Clinic has education and counselling resources that encourage patients to lead healthy lifestyles. Building on the success of this model of care, the Provincial Renal Agency has helped establish similar services around the province.



- **Opposite:** The nursing station on 6D — the hemodialysis unit — hums on a typically busy day.
- **Left:** Dr. Adeera Levin, head of the Provincial Renal Agency.

LIGHTS OF HOPE

St. Paul's began reaching out to the community in a highly visible way in 1998. Christmas that year marked the beginning of a new St. Paul's tradition — Lights of Hope. Conceived by then St. Paul's Hospital Foundation Chair Daniel Nocente, Lights of Hope is a stunning light display on the front of St. Paul's Hospital facing Burrard Street. Built and funded completely by volunteers, it is a highly visible display that reminds the community of St. Paul's important role and the ongoing need for funding to support equipment, research and enhanced patient care.

The original Lights of Hope campaign delighted organizers, raising almost \$40,000. Little did they know that within just a few years the annual fundraising total would easily top \$2 million.



• **Above:** Lights of Hope (1998). The Lights of Hope fundraising campaign has grown exponentially since the first light display in 1998. Built by volunteers using donated products, the display has helped St. Paul's Hospital Foundation raise more than \$8 million for equipment, research and patient care during its annual Christmas campaigns.

• **Right:** Lights of Hope (2006).







A NEW MATERNITY CENTRE

Patient care was also at the forefront when St. Paul's opened its new Maternity Centre in April 1997. The big change was its "one-stop" rooms. Labour and delivery now took place in one room and the new mother and baby stayed there after the birth until they were ready to go home. The 16 spacious single rooms included state-of-the-art monitoring systems and private bathrooms equipped with whirlpool tubs. There is even sleeping accommodation for family members to stay overnight. The Special Care Nursery is located just down the hall, and for high-risk-birth mothers the Intensive Care Unit and operating rooms are nearby. This new Maternity Centre was the next step in St. Paul's evolving family-centred approach to birth, which had begun more than 25 years earlier. The philosophy remained unchanged over the years — to provide the best care and the best opportunity for recovery and bonding after birth.

“People always say there’s a different feeling here. St. Paul’s has grown, but there’s still that real feeling of community. A lot of it comes from the mission and values and presence of the Sisters. People feel quite passionately about this place and the work that we do.”

[SANDRA BARR, HEART CENTRE]

Top: RN Diane Caron comforting a young patient in the Maternity Centre. A rocking chair fundraising program was held in 2004.

Opposite: Bringing gifts for mom and baby in the Maternity Centre. Santa (band leader Dal Richards) makes the visit each year on behalf of Variety — The Children’s Charity, a major donor to the Special Care Nursery.





A WORLD-CLASS RESEARCH FACILITY FOR ST. PAUL'S

As new clinical units and wards popped up around the hospital, the Research Program kept pace. In 1999, St. Paul's research groups came together with university and hospital administrators, and funding groups such as the B.C. Lung Association and the Heart and Stroke Foundation of B.C. and Yukon, to apply for major infrastructure support from the Canadian Foundation for Innovation (CFI). The application was successful, with the CFI and its provincial partner, the British Columbia Knowledge Development Fund,

providing more than \$21 million to establish the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research. The Centre was named after Dr. James C. Hogg, a long-time member of St. Paul's medical staff and one of the best-known pulmonary pathologists in the world. Affiliated with the University of British Columbia, the research centre immediately began attracting first-rate researchers from around the globe. A number of these new recruits won Canada Research Chairs, bringing considerable funding and prestige to the iCAPTURE Centre.

• **Above:** Dr. James Hogg. Naming the iCapture Centre in his honour reflects the seminal role he played in the development of research at St. Paul's.

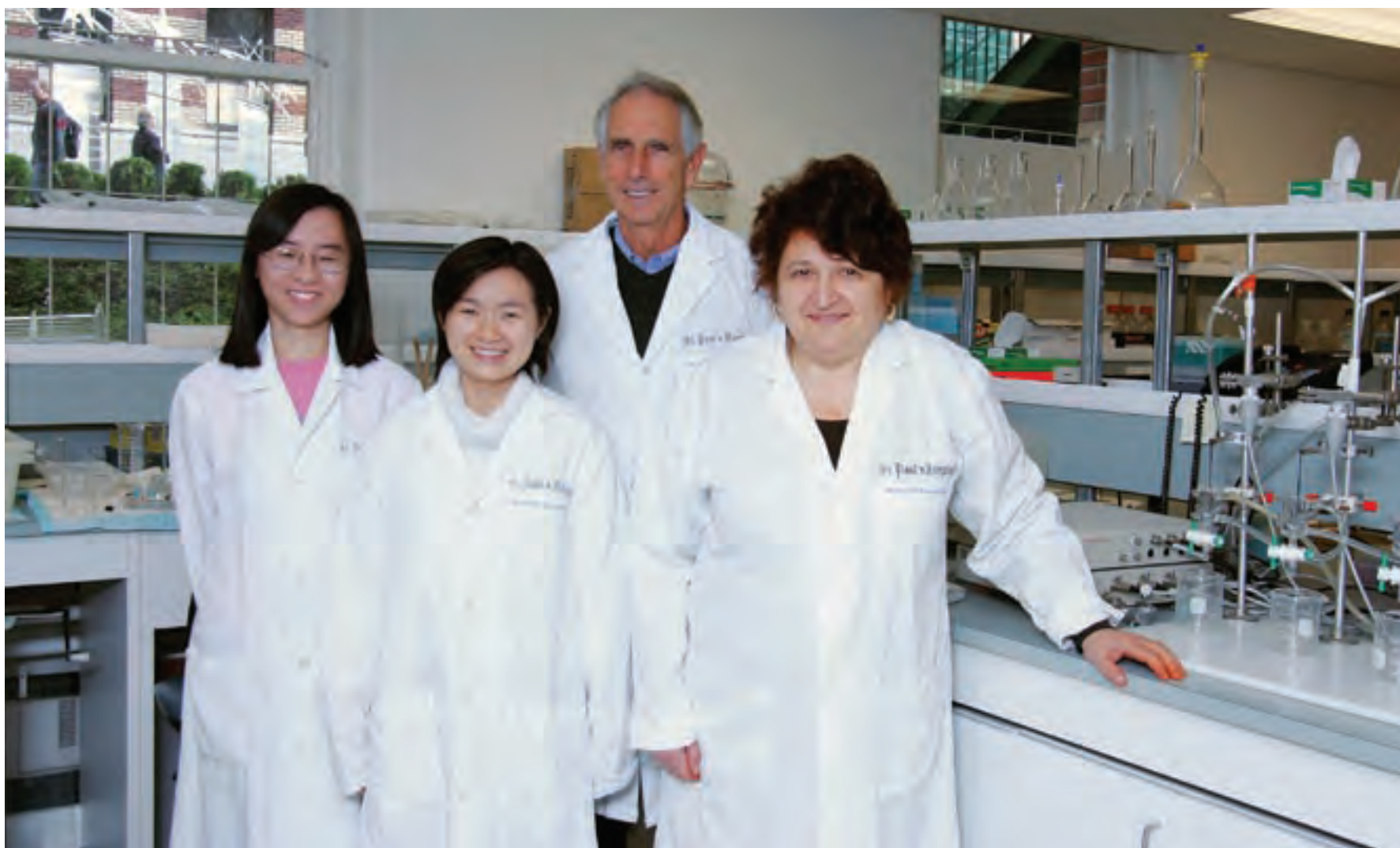
• **Right:** Post-doctoral fellow Sarwat Jamil at work in the lab at the iCapture Centre.

• **Opposite:** The van Breeman lab group in the iCAPTURE Centre studies blood vessel disease (l-r) Jenny Wong, Minnie Dai, Dr. Casey van Breemen, Elena Okon.



“I’m always overwhelmed by the quality and care produced and the quality of the medical profession that chooses to work in an environment of buildings and equipment that have clearly been extended well beyond their norm. These people could go anywhere in the world, yet they choose St. Paul’s.”

[KIP WOODWARD, CHAIR, PROVIDENCE HEALTH CARE]





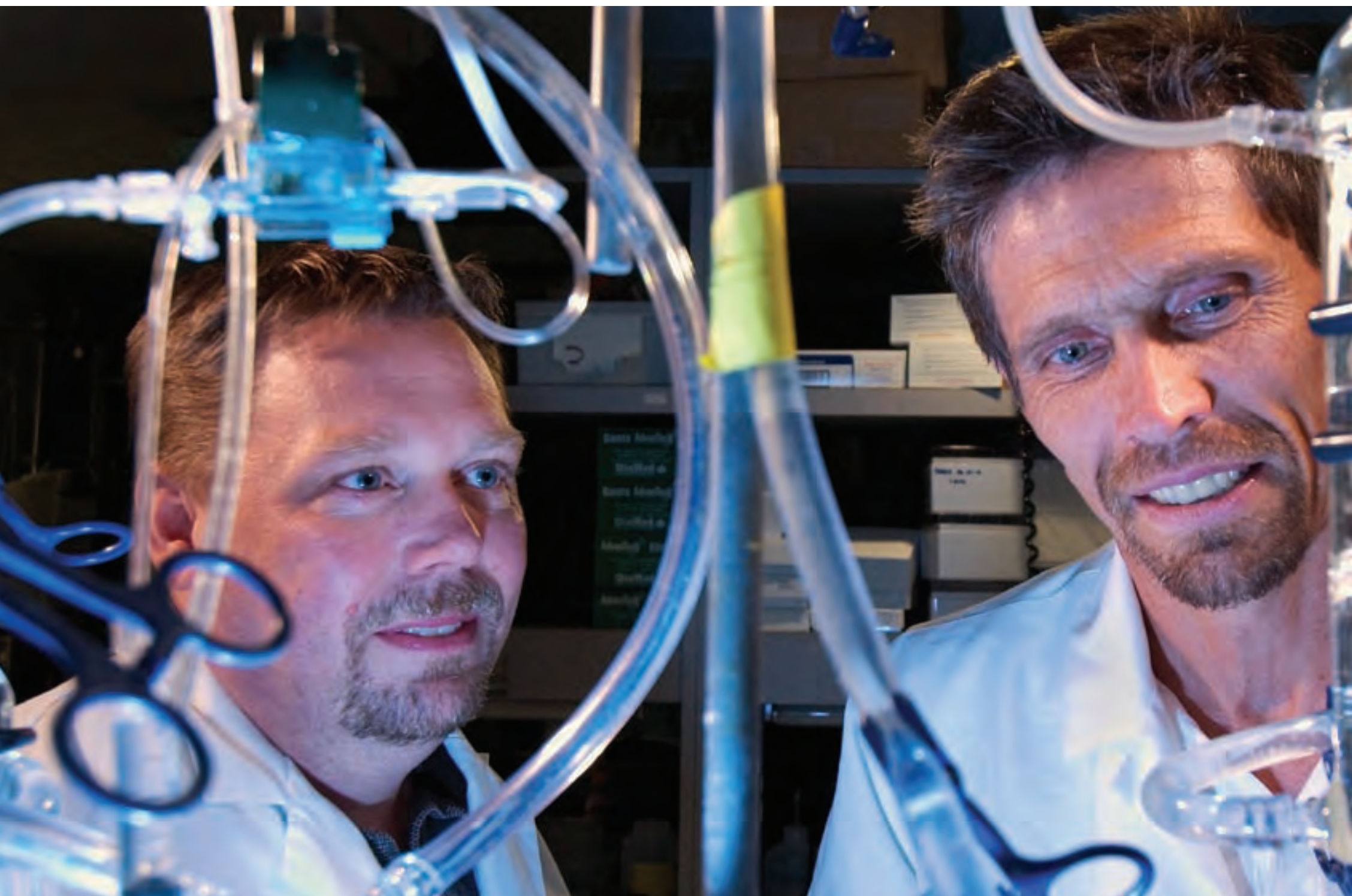
Above: Dr. Bruce McManus (centre with book), one of the original co-directors of the iCAPTURE Centre, discussing research with students (from left) David Chau, Jonathan Choy, Alexandra (Sasha) Kerjner and Jane Yuan.

Right: Dr. Thomas Podor, an iCAPTURE researcher whose laboratory is equipped with state-of-the-art microscope-imaging technology. He studies the damage caused by heart attacks, infections and blood clots.

Opposite: Dr. Michael Allard (right), an expert in cardiovascular pathology, with Rich Wambolt, a technician and laboratory manager.



Today, the iCAPTURE Centre is home to more than 260 heart and lung researchers. The facility is distinguished by an approach that brings together different disciplines focused on heart, lung and blood vessel research. Joining the biological and clinical scientists is a long roster of computational scientists, statisticians, mathematicians and modelling experts, all working together. The comprehensive collaboration of experts at the iCAPTURE Centre is rare in the world and unique in Canada. In addition to pioneering research work, many of the physicians also treat patients. The crossover from laboratory bench to bedside vastly improves both patient care and research at St. Paul's: doctors put their laboratory knowledge to work with seriously ill patients and clinicians help inform the direction of research. Currently led by Dr. Bruce McManus, the iCAPTURE Centre has developed a worldwide reputation for groundbreaking research by bringing new knowledge of human genetics to bear on important questions about heart failure, hardening of the arteries, heart valve ailments, Chronic Obstructive Pulmonary Disease (COPD), asthma and generalized inflammation.





“When you walk through the door, you have a feeling of family. People tell me this all the time: the staff treat them like a person. Every individual at St. Paul’s tries to do an exceptional job. They believe they’re doing the best they can and if there’s a better way of doing it, they want to find out about it. St. Paul’s has always supported excellence. You get the feeling wherever you are that people are excited about the treatment they’re providing.”

[DR. LAIRD BIRMINGHAM, EATING DISORDERS CLINIC]

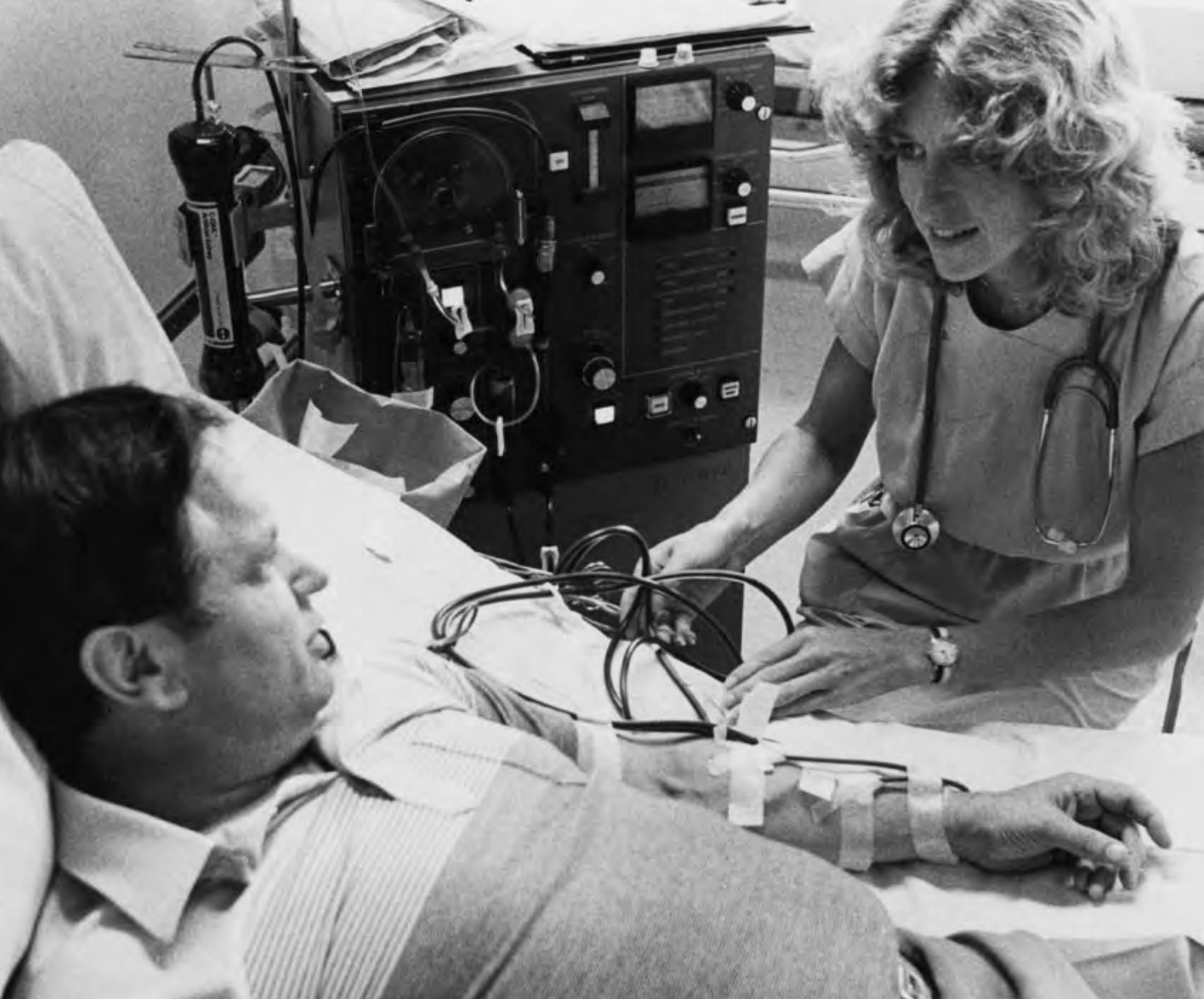
THE RENAL PROGRAM EXPANDS

After a series of renovations in 2000 and 2001, St. Paul’s Renal Program expanded in response to an urgent need for more services, from 29 hemodialysis stations to 43. At the time, kidney failure in the population was increasing by 15 percent each year, largely as a result of the growing incidence of diabetes and high blood pressure. By 2001, St. Paul’s was providing an astonishing 64,000 dialysis treatments per year.

The demand for kidney transplants was also increasing. By 2003, there were 76 kidney transplants performed at St. Paul’s, with a growing

number of the kidneys coming from living donors. When the first transplant took place at St. Paul’s in 1986, the vast majority of patients received a new kidney from a deceased donor. Today, more than 60 percent of kidney transplants performed at St. Paul’s come from living donors who give a kidney to a family member or friend. B.C. has the highest proportion of living kidney donors in Canada. The Renal Inpatient Unit offers a unique set-up: donors and recipients can recover close to one another.

- **Above:** Kidney transplant specialist Dr. David Landsberg.
- **Opposite:** Hemodialysis nurse Carole Dalziel, RN, with a patient.



“Technology now treats things that you used to just pray for. The nurse’s role has evolved from the ‘hand on the brow’ to monitoring vital signs, administering and titrating medication, maintaining function and managing the overall care of patients. It requires exquisite assessing skills. What hasn’t changed is the need to serve.”

[LYNETTE BEST, DEPARTMENT OF NURSING]



EXCELLENCE IN EMERGENCY

EDUCATION As a teaching centre, St. Paul’s often has medical, nursing and health care students from all over B.C. working and studying throughout the hospital. One of the highest profile areas is Emergency Medicine. Family Practice graduates from the UBC School of Medicine complete their year-long residency in Emergency Medicine at St. Paul’s. The variety of patients, the severity of their illnesses and the exceptional expertise of hospital staff provide resident doctors with a wealth of experience.

The pace of Emergency Medicine is hectic. Students never know whether their next patient will have a sore throat or a gunshot wound. Someone on a gurney might be homeless or the owner of one of the most expensive pieces of downtown real estate. Resident doctors also have a chance to learn St. Paul’s carefully nurtured approach to patient care: all patients are treated with compassion and respect, regardless of who or what they are.

• **Left:** St. Paul’s Emergency Medicine program is a vital training ground for health care and medical students (l-r) Catherine Canning, Dr. Bin Lim, Shirley Laliberte and a staff member at the Emergency nursing station.

• **Opposite:** Emergency room nurse Irene Maglio and Dr. Eni Keszthelyi.



THE HOSPITAL OFFICES MOVE OFF-SITE

The opening of the new iCAPTURE Centre and the non-stop expansion of other research facilities and clinical services meant space was again at a premium at St. Paul's by 2000. To ease the space crunch, more than 100 corporate and support staff moved out of the hospital to leased office space two blocks away on Hornby Street. This freed up badly needed space for the 20,000-square-foot iCAPTURE Centre. It also allowed physicians to move their offices closer to patient care areas and opened new patient beds. But the move was a stopgap that only underscored the urgent need for a larger facility.



“The iCAPTURE Centre is unique because we’re bringing different domain knowledge and expertise to bear on tough questions that no individual discipline could answer alone. We’re answering questions that we couldn’t have dreamed of seven or eight years ago. That’s because we have a cooperative spirit and collegiality that far transcends the way things were even just a few years ago.”

[DR. BRUCE McMANUS, THE JAMES HOGG iCAPTURE CENTRE]

- **Above:** iCapture Centre founding co-directors
- Dr. Bruce McManus and Dr. Peter Paré.



NEW LEADERSHIP Carl Roy joined Providence Health Care as president and CEO in May 2001, taking over from Dr. Brian Warriner who had served as acting president and CEO after the departure of Phil Hassen. Carl Roy previously headed the Caritas Health Group, Alberta's largest faith-based provider of health care. When he arrived to assume his new role, he found St. Paul's in the middle of a nurses' job action caused largely by chronic staffing shortages. His most pressing challenge was clear: Human Resources.

“When we were forming Providence Health Care, I was looking at the big picture. I thought a merged organization would give us more strength to attack disease, and to acquire technology and equipment and funding. I felt it was the best thing for the Catholic sites. They could have easily snuffed us out, but we persevered and finally came together.”

[JANET BROWN, FORMER BOARD CHAIR]

• **Above:** Carl Roy, former president and CEO of Providence Health Care.

A LEADER FOR RENEWAL

Carl Roy served as president and CEO at a pivotal time in the history of St. Paul's. The unthinkable had happened. For the first time since 1894, there would be no Sisters at the hospital as one by one they retired to the Provincial House in Edmonton. Carl had come from Alberta's Caritas Health Group and was a strong believer in the mission of Catholic health care. As the Sisters' residence on the sixth floor was closed and converted for other uses, Carl ensured that the organization renewed its commitment to its mission, partly by creating the position of Vice President of Mission, Ethics and Spirituality.

When Carl joined Providence Health Care, there was a massive restructuring of health care delivery happening in B.C. To ensure the long-term sustainability of Catholic health care in the province, Carl felt it was critical that St. Paul's maintain its role as B.C.'s second-largest teaching and research hospital and that it renew its decaying infrastructure. He helped lead the development of the Providence Legacy Project, a bold plan to move the entire hospital to a brand new site. As part of this overarching strategy, St. Vincent's, an aging community hospital, was closed, with acute care services transferred to St. Paul's and Mount Saint Joseph Hospital. This brought the number of beds at St. Paul's to 566, the most by far in more than a decade.



STAFF SHORTAGES St. Paul's was faced with severe staff shortfalls, not only of nurses, but of physicians and other specialists too.

A worldwide nursing shortage compromised St. Paul's ability to provide in-patient care.

The hospital had no option but to close beds and operating rooms when they were unable to provide safe levels of staffing. And the

Emergency Department was often forced to hold patients awaiting admission — a distressing situation for patients, families and St. Paul's staff.

Open-heart surgery was particularly affected, with procedures falling by 13 percent between

2000 and 2001. One response to staff shortages was to expand the search for trained people

overseas. Soon Human Resources staff was making recruiting trips to Australia and New Zealand, hiring more than 40 nurses.

• **Left:** At the Nursing Recruitment Fair in Toronto in 1993, (l-r) Sue Forshaw, Kathi Smith, Nancy Eckstein.

• **Opposite: (from top)** iCAPTURE researchers Dr. Honglin Luo and Dr. David Granville; Sandra Heath, Providence Board Chair from 2002 to 2006.

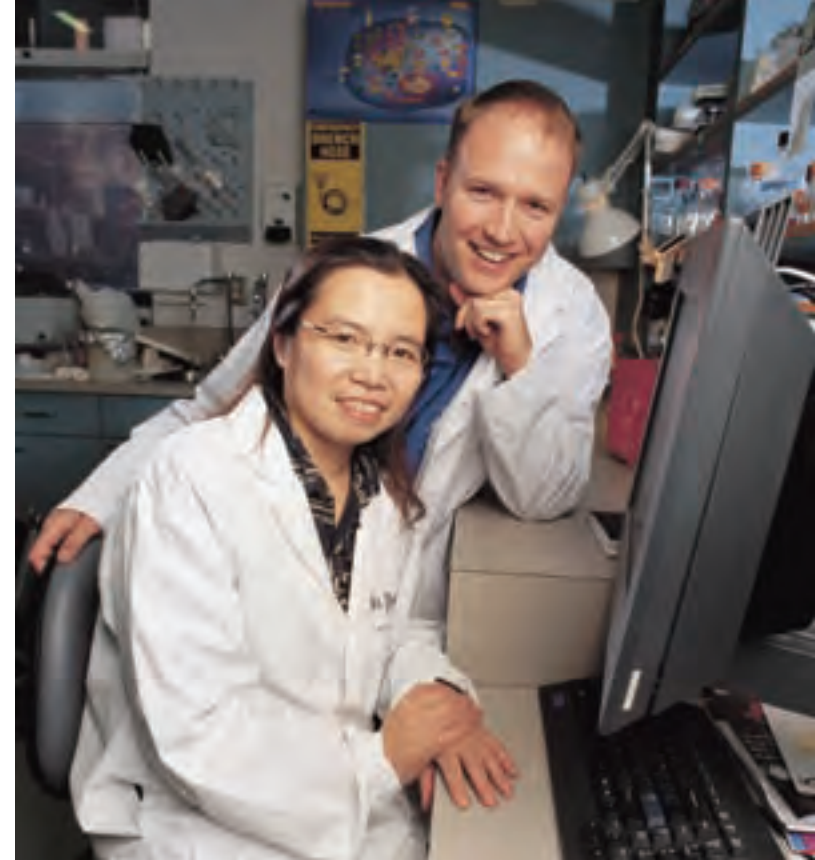
A PLAN FOR RENEWAL In addition to staff shortages, St. Paul's continued to battle space constraints and the limitations of old buildings designed for an era long past. By 2002, in an atmosphere of growing crisis, St. Paul's decided it was time to get serious about renewal. The management team announced an ambitious plan for the future: the Providence Legacy Project. One option in the plan explored building new acute care services and research and academic facilities on vacant land in the False Creek Flats area of Vancouver.

Talk about a new home for St. Paul's wasn't new. Some 30 years earlier, the hospital's leadership looked into three options for expanding the hospital: moving to another site, reducing the hospital's role to become more of an emergency/receiving facility and rebuilding the hospital in its current location. The provincial government chose the third option and approved a three-stage development. Phases I and II are in place, but the all-important Phase III tower has still not been built. The pressure on St. Paul's has increased dramatically in the intervening years.

While the Providence Legacy Project was being developed, St. Paul's was governed by the relatively new Providence Health Care Board of

Directors. Its chair, Janet Brown, had helped to guide the creation of Providence Health Care during her term as chair of the St. Paul's Board. Having successfully led the creation of Providence Health Care, she stepped down in 2002 and was succeeded by Sandra Heath, whose expertise as a senior Human Resources consultant would be particularly valuable. Sandra led the Providence Board until 2006, at which time Kip Woodward, whose family has long supported the hospital, became board chair.

Meanwhile, the structure of B.C.'s health care system was changing radically. In late 2001, the provincial government reduced the number of health authorities from 52 to 6. As part of Providence Health Care, St. Paul's remained separate from the health authorities, thanks to a 1995 agreement with the provincial government that gives denominational health care providers the right to own and operate their own facilities. St. Paul's and Providence now offer care in affiliation with Vancouver Coastal Health and the Provincial Health Services Authority, which coordinates delivery of specialized programs such as organ transplants and heart surgery.





MEDICAL MARVELS In 2002, St. Paul's became the first hospital in Canada to offer a revolutionary new imaging system for diagnosing gastrointestinal problems. The patient would swallow a small capsule which was actually a video camera. The tiny device then recorded its trip through the digestive tract, giving specialists a

clear picture of any internal problems and providing patients with a painless alternative to diagnostic surgery. In the tradition of strong donor support for St. Paul's, the purchase of the Given M2A capsule was funded by a single benefactor. This person asked to remain anonymous, in keeping with another tradition that has arisen at St. Paul's: every individual who has donated \$1 million or more to the Foundation has insisted upon anonymity.

The team at St. Paul's Heart Centre earned significant kudos in 2002 when it successfully installed a mechanical heart pump, or Ventricular Assist Device (VAD), in a patient. It was the first such surgery in western Canada. The patient

had suffered a massive heart attack and was in desperate need of a transplant. The VAD took over the pumping function of the damaged heart until a donor heart could be found, which was nearly a year later.

The hospital's heart transplant program marked two of its own milestones in 2002: the 200th heart transplant performed since the program began in 1988 and the first pediatric transplant. The 11-hour pediatric transplant operation was performed by a surgical team led by Dr. Anson Cheung. At the time, most children in need of transplants were sent to out-of-province transplant centres, but this particular five-year-old girl was



• **Above (l-r):** Gastroenterologist Dr. Robert Enns holding a Given capsule; Wayne Patola in radiology monitoring a patient undergoing an MRI procedure. MRIs create three-dimensional images of the human body.

• **Left:** Dr. Anson Cheung (right) with Jane Adams, Director of St. Paul's Hospital Foundation, displaying a ventricular assist device — more commonly known as a heart pump — at a news conference.



too ill to travel. The team therefore decided to give the young girl her best chance for a healthy life. Working with a group from B.C. Children's Hospital, they successfully completed the transplant and, in doing so, established another first for St. Paul's. The following year, a record 24 people received heart transplants at St. Paul's.

One of the big questions of 2002 was how to provide high levels of care and serve a rising number of patients while negotiating disruptive labour disputes and resolving serious staffing shortages. St. Paul's also continued to meet the daunting challenge of being the primary

hospital for Canada's poorest neighbourhood. Skyrocketing injection drug use and rampant HIV/AIDS infection in the city's Downtown Eastside caused a dramatic jump in visits to the hospital, especially to Emergency. Some of the people arriving were well known to St. Paul's Emergency Room staff. One study found that in single year, 24 individuals accounted for more than 600 emergency room visits. But no matter how frequent the visits, St. Paul's adhered to its mission of serving the disadvantaged. As part of that mission, the Sisters operated a clothing depot on the sixth floor of the Burrard

Building where they sorted, washed and patched donated clothing for needy patients. Nurses had 24-hour access to the depot so that people being discharged could leave with a pair of clean socks or a warm coat.



• **Above (l-r):** St. Paul's Hospital performed the world's first successful atrial aortic valve replacement in 2005, (l-r) Drs. Sam Lichtenstein, Anson Cheung, John Webb; in the Electrophysiology (EP) suite, specialist Dr. John Yeung performing an ablation procedure to correct an abnormal heart rhythm.

• **Right:** Dr. James Russell, a physician in the Intensive Care Unit. During his 10-year term as chair of the Department of Medicine he strengthened the department's capacity for research. His own research focuses on acute respiratory distress syndrome and septic shock.

TELEMEDICINE BROADENS

ST. PAUL'S REACH Since the first use of television technology to broadcast a Continuing Education program in 1981, St. Paul's has vastly expanded its Telemedicine services. Advances in technology made it increasingly simple to transmit sound and images — whether to another part of the hospital or to the other side of the world. A minimally invasive surgical suite was equipped with cameras so that surgery could be broadcast live to other locations. In addition to being a powerful teaching tool, these broadcasts can be transmitted to health professionals in other locations for real-time collaboration.

• **Right:** Brian Savage and Cathy Shum, staff at the
• Canadian HIV Trials Network.

Located in the Department of Media Services, St. Paul's Telemedicine facilities also provide an important link with the University of British Columbia. With the hospital and the university sharing so many departments, it is a significant advantage for colleagues to connect so easily. A private network links medical students at teaching hospitals throughout the province. Live video hook-ups are also used by researchers to update their colleagues and for video conference meetings. This technology is a boon for people in remote locations. A nurse practitioner treating someone



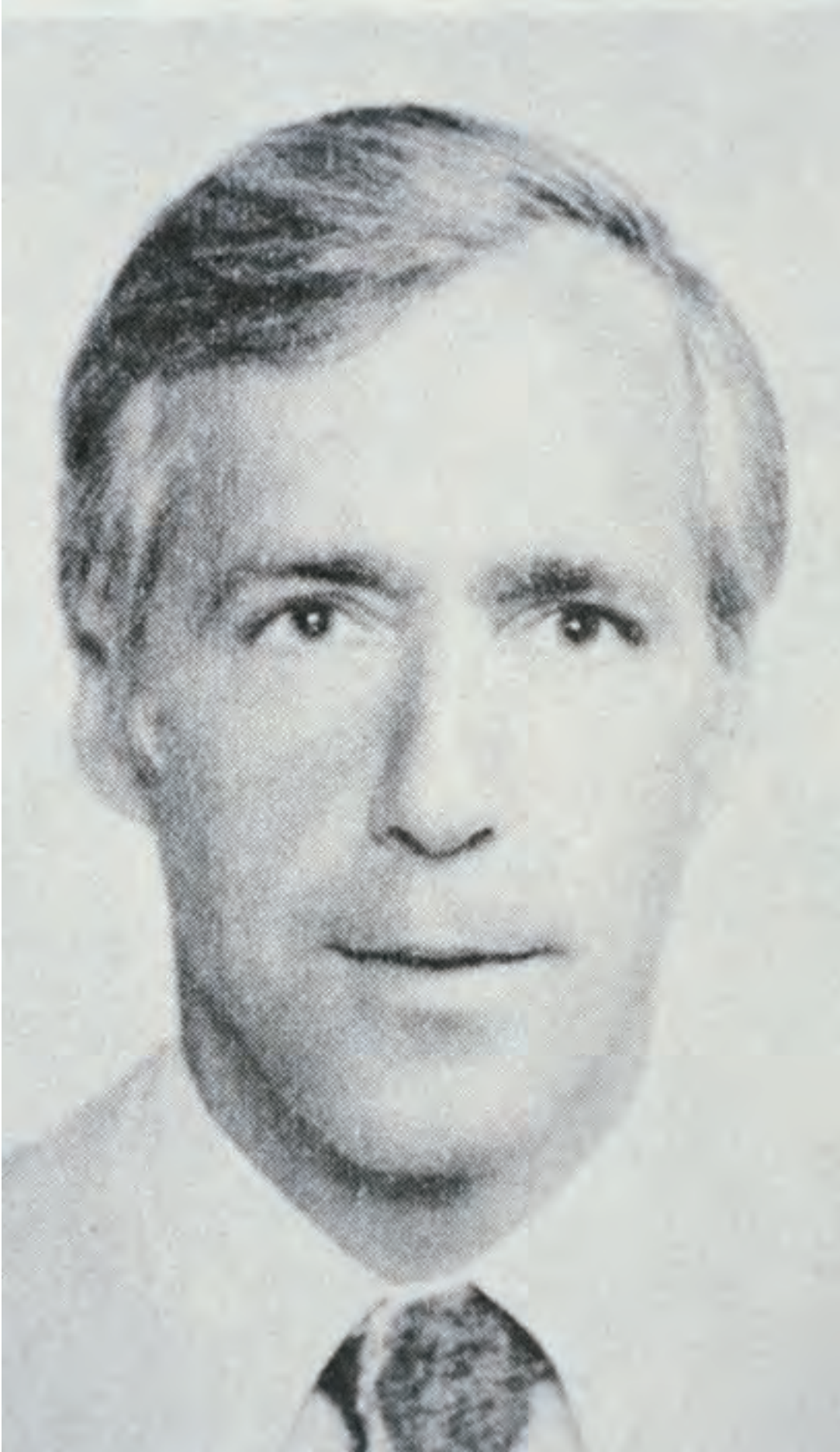
with a throat condition in northern B.C. can use a scope equipped with a camera to transmit images to an ear, nose and throat specialist at St. Paul's, resulting in an immediate diagnosis. The hospital's Foundation also uses live video conferencing to provide updates to financial donors in other provinces.

TECHNOLOGY PROVIDES THE PERSONAL TOUCH

While St. Paul's Telemedicine services are often used to connect health professionals, a live video hook-up can also play an important role in patient care. One example is an elderly First Nations woman who was not recovering well from surgery. Unable to communicate in her language and isolated from her family who were in a remote area of northern B.C., the woman was sinking into a deep depression. The St. Paul's team found a clinic with video-conferencing capabilities close to her family's home and arranged a live video-conference. After speaking with her family members, the woman made a remarkable recovery and was discharged a few days later.

"I've always known what's possible with technology. I plant the seed in people's minds about moving images and sounds. Then they'll go off and think of an application that will help in their work. They ask if it'll work, and usually it does. It's always exciting to see this happen."

[EWAN FORBES, MEDIA SERVICES CENTRE]



SHAKING THE PATTERN OF CARE

"HIV is constantly shaking the pattern of care, at least in this city. We're in another cycle of the epidemic with very sick, very frail people with addiction and mental health problems and HIV. Everybody else in the Western world is closing AIDS facilities but we're not because we have this major population of people who have multiple types of illness and terrible or no housing and no social support." (Irene Goldstone, B.C. Centre for Excellence in HIV/AIDS)

• **Left:** Dr. John Ruedy, after whom
• the Immunodeficiency Clinic (IDC) is
• named.

EXPANDING AIDS CARE Some 20 years after the appearance of AIDS, advances in treatment pioneered at St. Paul's have helped to transform the deadly disease into a treatable one. But there was still an immense need to treat and support the St. Paul's community that was living with HIV. The John Ruedy Immunodeficiency Clinic (IDC) expanded its services for people living with HIV in 2003. Having added family physicians to its staff, the clinic could now offer primary HIV care on site. The advantages were twofold. Patients benefited from a new multidisciplinary approach that provided them with a full range of care and support, while the expanded clinic enabled the B.C. Centre for Excellence and St. Paul's to hone their clinical, teaching and research skills in this important area.

INDEPENDENCE FOR DIALYSIS

PATIENTS St. Paul's was always looking for ways to promote self-management and independence for patients. Providing care closer to home helps reduce pressure on hospital facilities. One option was to provide patients with care at home or in community units. In keeping with this strategy, the Provincial Renal Agency introduced a new provincial independent dialysis program in 2004. Independent dialysis included home-based alternatives to conventional hemodialysis, such as nighttime or brief daily dialysis. This approach was more convenient for patients, and it produced better results as patients with end-stage kidney disease were able to reduce their medication and avoid some of the negative side effects of hemodialysis. Previously, these patients required dialysis three times a week in a dialysis unit. By 2004, St. Paul's was treating one out of every four dialysis patients in B.C. both at the hospital and at several community clinics. The Renal Program has become a leader in home hemodialysis training.

Kidney patients were also benefiting from high-tech advances introduced by the Urology Department. The St. Paul's Hospital Foundation raised almost half a million dollars to equip a new endourology suite that performed radically new surgeries, such as minimally invasive kidney removal through three "keyhole" abdominal incisions. This was a big improvement on past procedures that required a 20–50 centimetre incision and sometimes a rib removal. The minimally invasive technique is now used for most of the Renal Centre's living donor surgeries. The St. Paul's team also made important gains in the treatment of kidney stones with a new laser technique that vaporized stones, reducing them to dust-like particles that were washed out in urine. These innovations and many others resulted from ongoing research at the Renal Program. Members of the renal team are constantly taking part in clinical trials to evaluate new medications and therapies to improve kidney function and patient survival.





The St. Paul's kidney transplant program has evolved over the past 20 years into B.C.'s largest and one of Canada's finest. In addition to performing B.C.'s first minimally invasive laparoscopic surgery to remove a kidney from a living donor, the renal team has many other achievements to its credit, including performing Canada's first living anonymous donor transplant and Canada's first HIV-positive kidney transplant.

St. Paul's was also the site of the first cochlear implant in Canada in 1982. In 2004, the hospital received government funding that enabled it to double the number of its annual cochlear implants. As a result, waiting times dropped from five years to one. St. Paul's remains B.C.'s only program for adult cochlear implant patients.

The closing of St. Vincent's Hospital's Heather site in the same year resulted in the transfer of several acute care services to St. Paul's, including the Foot and Ankle Service, Falls and Fractures Clinic, Geriatric Day Hospital, a 15-bed Rehab Unit for fractures and four more surgery beds.

This was the first time a hospital group in Canada had voluntarily consolidated operations — all a part of Providence Health Care's renewal plan. The plan also looked at upgrading residential care facilities, improving Mount Saint Joseph Hospital and launching a major expansion of St. Paul's. Renewal options had narrowed to just two: the redevelopment of the St. Paul's site on Burrard and the construction of a new facility on the False Creek Flats.



- **Left:** Patient receiving treatment in the Renal Unit.
- **Right:** Aerial view of St. Paul's in 2003.

A CONTINUING COMMITMENT TO PASTORAL CARE

In the midst of all the renewal planning, St. Paul's never lost sight of the founding tradition of the Sisters of Providence: ensuring the spiritual care of its patients. St. Paul's team of pastoral care workers had long since become a non-denominational group, honouring a God of unconditional love that transcends cultural divides — a necessary approach in an urban centre like Vancouver that welcomes so many religions and ethnic groups. Hospital pastoral caregivers are an integral part of the overall health care team. They are integrated into nursing units and respond to both patients and staff with support and prayer, extended grief and loss counselling, or just a sympathetic ear. The pastoral care group can discuss spiritual issues with patients or will refer them to a member of their own faith.

- **Right:** The Sisters in 1994 (l-r) Sister Geraldine Marie, Sister Therese Carignan, Sister Mary Celestine and Sister Jeanne Couturier.
- **Opposite (l-r):** Speech Pathologist Indershini Pillay assesses a patient; Dr. Rodney Andrew, head of the International Medicine Graduates Program, and Dr. Eleazar David, a member of the program.



ST. PAUL'S HEALING MISSION ENDURES

The Sisters of Providence founded St. Paul's to continue the healing mission of Jesus' practical charity and compassion. It was a manifestation of their commitment to the healing of body, mind and soul. Throughout all the changes and advances over the years, this mission continues to be a defining feature of St. Paul's. It can be seen in the hospital's programs and services, the way it deals with staff and the way it operates. A Health Ethics Guide provides direction for hospital management and staff, whether it is organizational ethics, where corporate values guide corporate decisions, or clinical ethics, which focuses on the encounter between patients and health care providers. Providence Health Care is committed to identifying ethical issues and dealing with ethical conflict. It provides an environment where ethical concerns can be raised and considered fairly. Through an emphasis on ethical reflection and a tradition of compassionate care for all that is practised every day in the hospital, St. Paul's continues to answer the calling of the founding Sisters.



WELCOMING INTERNATIONAL MDs

St. Paul's welcomes people from all faiths. It also welcomes doctors from all countries. To help overcome the problems that foreign-trained doctors face in establishing practices in Canada (often due to accreditation obstacles), St. Paul's began B.C.'s only International Medical Graduates Program. The first of its kind in

Canada, the program opens residency postings to internationally trained MDs. Between 1992 and 2006, a total of 52 International Medical Graduates from the St. Paul's program gained their licence to practise in B.C. Beginning in 2006, the program expanded to offer 24 postgraduate positions each year. The payoff is big as it results in increasing the supply of physicians, improving

access to care for patients and reducing wait times at hospitals. Another spinoff is that the program provides a pool of medical practitioners with second-language and cultural skills to the province's multicultural population. Through its Family Practice Residency Program, St. Paul's trains the most family physicians of any hospital in British Columbia.



HELPING PEOPLE BREATHE MORE EASILY

The opening of the Pacific Lung Health Centre at St. Paul's in 2004 continued the pioneering work in pulmonary care, teaching and research established 30 years earlier by Drs. Copeland and Donevan. An academic clinical program located at St. Paul's, the Pacific Lung Health Centre treats patients, teaches students and conducts research in various areas of respiratory disease. All the respirologists working at the Centre, which is headed by Drs. Lindsay Lawson and Robert Levy, are members of the University of British Columbia's Faculty of Medicine.

The Chronic Obstructive Pulmonary Disease (COPD) Clinic treats patients with a condition that has become the fifth leading cause of death in North America. The clinic helps patients manage this chronic disease both when they require hospitalization and when they return home. The focus on research and teaching in addition to patient care makes St. Paul's COPD Clinic unique among similar clinics. The Pacific Lung Health Centre also includes an Asthma Clinic, which provides patient care and evaluation of new therapies. The Centre's involvement in research and teaching ensures that patients benefit from the latest advances in lung health.



ONLY AT ST. PAUL'S

"Every day is an adventure at St. Paul's. One day I noticed a patient in pajamas wandering the halls near my office. He decided he wanted to look for a job at the hospital. In a lot of other places, someone would have called security. We took him up to Human Resources, he looked at jobs, filled out a few applications and went back to his room. And you know what, he was really happy! You wouldn't find that anywhere else."
(Jane Adams, St. Paul's Hospital Foundation)

Opposite: Dr. Stephan van Eeden examining the x-ray of a patient's lungs. An internist and respirologist with the Pacific Lung Health Centre, he focuses his clinical and research work on lung diseases such as chronic bronchitis and emphysema caused by cigarette smoking and air pollution.

Left: As one of the leading causes of death in Canada, Chronic Obstructive Lung Disease (COPD) has become a major area of focus at St. Paul's. A lung capacity test is used to help indicate whether a person could have COPD. Seen here, respiratory therapist Louise Arney assists lung patient Ian Saunders.

“ICU nursing is a very leveling experience. Our patients, regardless of socio-economic background, receive professional, dignified and compassionate care.”

[MARY LEATHLEY, INTENSIVE CARE UNIT]

ADVANCING EMERGENCY CARE

The hospital's Emergency Department is also distinguished by the contributions it has made through research. The “Vancouver Chest Pain Rule” is an advance in emergency care that originated at St. Paul's. The Vancouver Rule helps determine which patients with chest pain can safely be sent home sooner. By discharging patients earlier, the Vancouver Rule helps to relieve Emergency Department overcrowding, while avoiding unnecessary coronary diagnostic testing.



Researchers at St. Paul's also participated in a large international trial that showed defibrillators kept in public facilities make a significant difference in survival rates for cardiac arrest. As a result of the Public Access Defibrillation Trial, there has been a move to train volunteer rescuers and to place automated external defibrillators in community locations. By participating in this study, the Emergency Department is contributing to health care beyond the walls of St. Paul's. Both of these projects were led by Dr. Jim Christenson, former research director of the Department of Emergency Medicine.

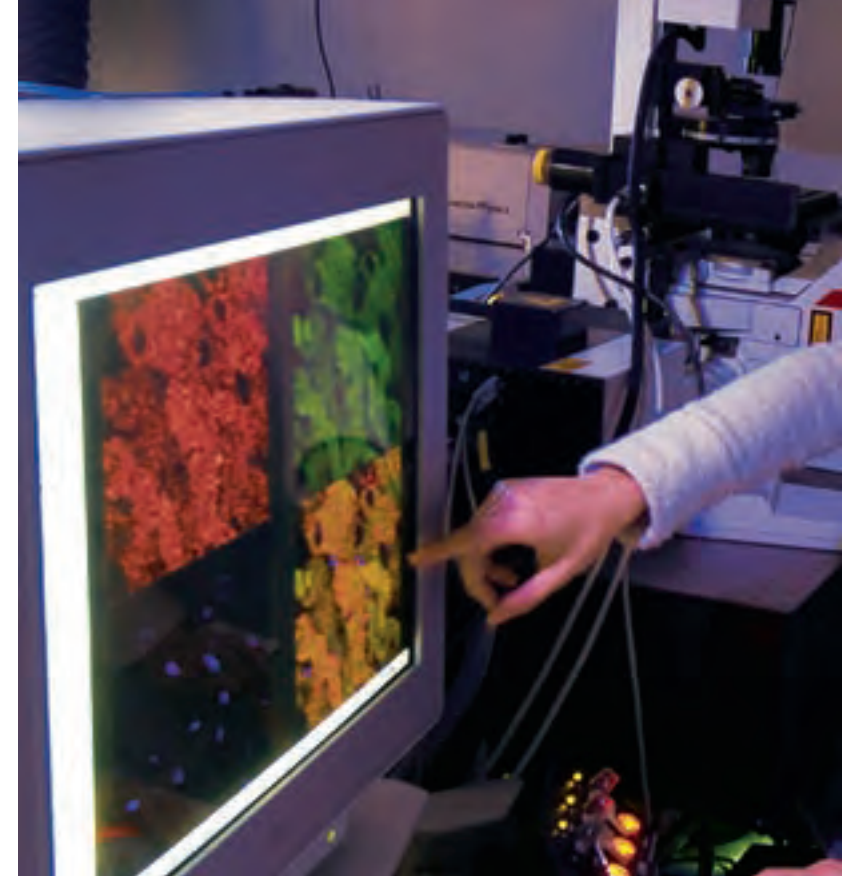
Despite the challenges of caring for a downtown population, the Emergency Department is also consistently recognized for excellence in patient care. In a Ministry of Health patient survey in 2004, Emergency Services at St. Paul's scored above the national, provincial and Vancouver Coastal Health averages for overall quality of care.

- **Left:** Nurses in Emergency.
- **Right:** Ambulance bay at St. Paul's.



Emergency





: **Above (l-r):** St. Paul's Intensive Care Unit has received many accolades, including the 3M Health Care Quality Team Award for a protocol that reduced sepsis deaths by 50 per cent. Sepsis team members (l-r) Dr. Kirk Hollohan, Julie Westman, RN, Program Director Bonita Elliott and Cheryl Kuchna, RN; Dr. Thomas Podor and graduate student Nana Rezaei using a confocal laser microscope; clinical nurse specialist Susanne Burns (left, kneeling) and occupational therapist Cindy Kam (right, kneeling) with the first intake of patients in the Metabolic Syndrome Clinic, part of the Healthy Heart Program.

ONE VOICE FOR HEALTH

RESEARCH To increase efficiency and collaboration, St. Paul's research departments were consolidated into a single entity in 2005. The Providence Health Care Research Institute brings together all groups working in the hospital, including the iCAPTURE Centre, the Centre for Health Evaluation and Outcome Sciences (CHEOS), the B.C. Centre for Excellence in HIV/AIDS, the Centre for Healthy Aging at Providence (CHAP) and the clinical research program. It also encompasses emerging research areas such as eating disorders and addiction research, as well as research at other Providence Health Care centres.

The Institute underlines St. Paul's emphasis on the pivotal role of research in modern health care. The financial needs are huge. Between 2000 and 2006, research at St. Paul's and other Providence Health Care facilities attracted some \$146 million in funding. The Institute also provides services to support researchers and helps to increase communication so that research findings are made known to those who need this information, such as research colleagues, policy-makers and patients.



FOCUS ON HEALTHY HEARTS

An important event in 2006 served as a reminder to the St. Paul's community of its important contribution to heart health: the hospital's Healthy Heart Program celebrated its 25th anniversary. At the time of its founding, the Program was a first for B.C. — integrating hospital-based cardiac rehabilitation with a specially designed prevention program. Knowing that 80 percent of all heart attacks can be prevented by lifestyle changes, the team decided to go beyond simply fixing faulty hearts and then sending patients back home

to their old bad habits. It incorporated into its recovery program a full range of prevention skills designed to help people stay healthy.

The Program began informally, as small groups of recovering cardiac patients in Vancouver's old Shaughnessy Hospital. Today's facilities at St. Paul's include two gyms, eight exam rooms, ultrasound, and extensive clinical and research facilities. The Program receives more than 15,000 patient visits each year. The Healthy Heart Program is also home to Canada's largest lipid clinic, which treats patients for high cholesterol.

St. Paul's Heart Centre is now the largest and most comprehensive cardiac care program in B.C. Providing advanced patient care, the Centre also has teaching and research components. International clinicians and researchers are attracted by the Heart Centre's excellent reputation and the benefits to patient care just keep coming. In recent years, the Heart Centre performed western Canada's first implant of a ventricular assist device (VAD) and Canada's first implant of a wireless cardiac defibrillator, and began the world's first minimally invasive "beating heart" aortic valve replacement surgery.

THE FOUNDATION TOPS \$10 MILLION

The St. Paul's Hospital Foundation reached an important milestone in 2006 when it raised more than \$10 million in one year. Donations from patients, organizations, hospital staff and community members are used to purchase equipment, support research and improve patient care. The Foundation focuses on purchasing equipment that makes it possible for the hospital's team of dedicated staff and physicians to provide innovative, up-to-date care for patients.

In an environment where innovation in medical technology is boundless and government funding limited, the Foundation is an important source of funds for new equipment.

The Foundation also plays a major role in supporting research by providing funding to promising young

researchers in the early stages of their careers. It helps to fund academic chairs such as Canada's first chairs in Addiction Medicine and in Preventive Cardiology. And it supports the recruiting of world-renowned researchers who build programs, contribute hugely to knowledge and attract even more talented researchers.

Lights of Hope, St. Paul's famed Christmas display, continues to be the Foundation's single largest fundraising program, raising more than \$2 million in 2006. More than 100 volunteers assemble and take down the display using donated materials. The stars are made by a group of millwrights in Kitimat, some of whom received treatment at St. Paul's. Every year their company offers its facilities for a weekend so the millwrights can craft the hundreds of stars that light up the display.

The Foundation also receives valuable support from less visible sources. One former patient, who lives on the street and makes a living collecting cans for recycling, chooses one day every year when he donates all his earnings to St. Paul's.

• **Left:** St. Paul's Auxiliary is a tremendous contributor to the hospital. In 2005, it raised \$95,000 for the purchase of three critical care dialysis machines for the Intensive Care Unit. ICU operations leader Bonita Elliott (centre) shows one of the unit's new machines to Auxiliary members (l-r) Isabel Tanaka, Ella May Sim and Angela White.

• **Opposite:** Isabel Tanaka, Angela White, Rose Thoroski, Ella May Sim.





“We’re having a hard time recruiting people right now because we simply don’t have the space. You can always make do, but it would be so wonderful to have purpose-built space.”

[YVONNE LEFEBVRE, PROVIDENCE HEALTH CARE RESEARCH INSTITUTE]



AN ENDURING VOLUNTEER

COMMITMENT St. Paul’s Hospital has always been blessed with many dedicated volunteers. About 500 members of the community are volunteers at any given time: retirees, working people and more recently university students interested in a career in health care. Many of these volunteers, easily identified by their red vests, work directly with patients and their families on the units.

St. Paul’s Hospital Auxiliary runs the successful lobby gift shop, takes books round to patients, delivers flowers and helps in the Outpatient Department. These very visible members of the volunteer team welcome and assist nearly everyone who comes through the front door.

The funds they raise through the gift shop, bake sales and raffles — about \$50,000 a year — are donated to the Foundation for the purchase of medical equipment.

Volunteer time for the hospital in 2006 came to an astounding total of 34,567 hours. Joyce Peele, a School of Nursing graduate, was recently recognized for 47 years of service as an Auxiliary member. When she started volunteering at the hospital, John Diefenbaker was prime minister!

Volunteers also play a key role in the hospital’s Foundation, from contributing time and leadership to acting as Board members and organizing events. The Lights of Hope display — completely assembled and maintained by volunteers — is a highly visible illustration of how members of St. Paul’s community generously give their time to support the hospital.

The Providence Health Care Board of Directors, made up of Sisters and business and community leaders, are also volunteers. They donate time and energy from their busy schedules to provide guidance to the overall direction of the organization and have ultimate responsibility for control of the finances of St. Paul’s and other Providence Health Care sites.

- **Above:** Receiving a donation (l-r) Palliative Care RN Ella Garland with Auxiliary members Angela White and Isabel Tanaka and a new blanket warmer.
- **Opposite:** St. Paul’s Auxiliary preparing for the hospital’s 100th Anniversary celebration in 1994. Some 500 members of the community are volunteers.

“We don’t get volunteers the way we used to, but the ones that we get are very committed. We all put in a lot of time, but the work is very rewarding. And of course it’s not about what we give to the patients; it’s what they give to us.”

[ANGELA WHITE, ST. PAUL’S AUXILIARY]



NEW LEADERS HAVE ST. PAUL'S ROOTS

Two people with St. Paul's pedigrees took over leadership roles in 2006. Kip Woodward was named chair of the Providence Health Care Board of Directors. A descendent of the Woodward family which contributed greatly to St. Paul's over the years, Kip runs a venture capital investment company and serves on the board of many non-profit organizations. Later in the same year, Dianne Doyle was appointed president and CEO of Providence Health Care. A head nurse at St. Paul's earlier in her career, Dianne held a variety of senior executive positions over 25 years at Providence Health Care facilities.



A CHAMPION OF CATHOLIC HEALTH CARE

As Providence Health Care's newest president and CEO, Dianne Doyle brings the leadership skills that will help Providence continue as an essential provincial resource and to pursue its vision for improved and compassionate delivery of health care. Dianne began her career as a staff nurse at Royal Jubilee Hospital in Victoria. Since then she has worked exclusively at Providence Health Care facilities, including 20 years at the senior executive level. She is recognized as a champion of Catholic health care both in B.C. and across Canada. Dianne is also active in her community, supporting many non-profit groups with her time and expertise. In 2005, she climbed Mt. Kilimanjaro in support of the Alzheimer Society of B.C. Dianne is also known for her approachable style, consensus-building abilities and dedication to compassionate patient care, which will help further the hospital's mission and forge stronger ties with stakeholders and communities.

• **Above:** Dianne Doyle, Providence Health Care
• CEO and Kip Woodward, Chair of the Providence
• Board of Directors.



• **Above:** Elizabeth Macdonald, site coordinator for pastoral care at St. Paul's, comforts a patient on a medicine unit.

HEAL THYSELF

Recognizing that caregivers sometimes need care too, St. Paul's opened the Centre for Practitioner Renewal in partnership with the University of British Columbia. Dealing with suffering and death can take a toll, and the Centre helps staff and physicians address issues of emotional well-being and mental health. This unique service continues St. Paul's tradition of fostering a healthy, compassionate and respectful workplace culture.

GROWTH OF THE PAIN CENTRE

By 2007, St. Paul's Pain Centre had grown to include a day program, an outpatient program and four in-patient beds used for the investigation and management of the most difficult chronic pain problems. An interdisciplinary team of 30 professionals including physicians, nurses, physiotherapists, occupational therapists and support staff treat about 1,400 new patients a year. The Pain Centre was also recognized for its pioneering work with neuromodulation, a cutting-edge procedure using spinal cord stimulators and pumps to ease pain.

The nursing staff in the Pain Centre have specialized training in pain treatments that covers the use of high-tech equipment and complex computer programs. The Centre's team coordinator is a nurse. Her job involves tracking each patient's treatment, setting goals when they arrive and overseeing follow-up. The Pain Centre has assumed a central role in the hospital, providing education to departments about treating pain as "the fifth vital sign."

St. Paul's faces a huge challenge today in dealing with an aging infrastructure. The real issue is how to maintain a high level of service in such an old building. We need to continue to serve the community, but we also need to function as a provincial resource in so many areas. Our plan for renewal enables us to do that.

[SANDRA HEATH, CHAIR, PROVIDENCE HEALTH CARE, 2002–06]

RENEWING ST. PAUL'S TRADITION OF COMPASSIONATE CARE

For St. Paul's many rapidly growing services, a new facility would make a huge difference in patient care. Specialty areas such as the Pain Centre could hire more people (they currently can't squeeze in any more clinicians), treat patients more efficiently and reduce its one-year waiting list. "I spend a lot of my time begging for space," says Dr. Roger Shick. "We're bursting at the seams."

The renewal of St. Paul's is about delivering care in a more efficient way. There is no doubt that the current St. Paul's site is old, seismically deficient and not designed to meet the current health care needs of patients, let alone future needs which will undoubtedly be substantial.

Vancouver's population is growing rapidly, and an aging population along with a growing number of improved medical procedures mean that demand for care will expand exponentially. By 2020, the amount of space required by the hospital is expected to increase by at least 30 percent.

The hospital's growing role as a provincial health care resource is also an important consideration. While St. Paul's plays a vital role in serving downtown and West End residents, thirty percent of its patients come from outside Greater Vancouver. St. Paul's is the sole provider of many services in B.C., and this provincial role will continue to grow. How well it continues to meet patient needs will depend in large part on its facilities.

As a teaching hospital, St. Paul's provides one-third of the required practicum days for medical, nursing and allied health students in Vancouver. It also plays a critical role in providing continuing education for physicians, nurses and other health professionals. St. Paul's has been able to overcome space constraints to build a truly world-class research group, but there are limits as to what can be accomplished in a building that was built for the past, not for today — and certainly not for the future.

Opposite: St. Paul's plays a central role in health care education in B.C. Alexandra Finley, clinical education coordinator for Radiology (in white jacket), with the 2002 graduating class of radiology technicians from BCIT, who had just completed a year-long practicum at the hospital, (l-r) Heidi Cavanagh, Naomi Robinson, Robert Trirgoff, Vicky Chiu, Therese Vitug, Theo Sales, Holly Grant.

Our challenge is to maintain vibrant programs that meet the needs of those we're serving in antiquated buildings. The needs of tomorrow won't be met with the design of yesterday. The dissonance between what we have and what we have the potential to have is huge.

[LYNETTE BEST, DEPARTMENT OF NURSING]





What makes St. Paul's different is a set of humanistic values that come out of a strong and rich religious tradition. It's the culture of caring, a deep commitment to patient care and to one another, that has existed for over a century.

[CARL ROY, PRESIDENT AND CEO, PROVIDENCE HEALTH CARE, 2001–06]

Providence Health Care's vision is to recognize St. Paul's important role as a community care facility. One plan would see some of the existing St. Paul's site used for services such as primary care for West End residents, urgent care and specialty services such as the HIV/AIDS Clinic, seniors' services and housing. Fast-forwarding to the future — the possibilities for health care seem boundless. A new facility at the Station Street location in the False Creek Flats area would provide new suites for minimally invasive surgery, facilities for short-stay and outpatient care, and expanded outpatient clinics that can meet projected demand. A new facility would enable the hospital to introduce entirely new systems of care delivery and would provide St. Paul's health care professionals with the resources and facilities to meet new challenges that will inevitably arise.

It is typical of St. Paul's that as it plans for renewal, it is also honouring its past. This year, 2007, marks the centenary of the opening of the School of Nursing. While the school closed its doors many years ago, the hospital has remained committed to its core mandate of compassionate care, teaching and research that has stood the test of time. It was a mandate first established when the Sisters of Providence decided that the only way to improve health care in Vancouver was to provide the professionals who could deliver it. In their supremely pragmatic fashion, they found a way to make it happen. Today this role is constantly being renewed through St. Paul's position as one of Canada's finest teaching hospitals and as a world-renowned research centre.

It is this deeply held sense of practical purpose, coupled with the Sisters' still thriving legacy of compassionate care, that defines St. Paul's. Buildings and programs are essential, but ultimately it is the people who matter most.



Opposite: Artist's rendering of what the front entrance of a renewed St. Paul's Hospital might look like. Providence Health Care is proposing a significant redevelopment that would enable the hospital to continue its provincial mandate of specialized care, research and teaching.

Right: The crest of St. Paul's Hospital with the motto *Charitas Christi Urget Nos* (The Love of Christ Urges Us Forward). The Sisters of Providence take their mission from the Biblical parable of the Good Samaritan. When Jesus told this parable, he said, "Go and do likewise." This has been the inspiration behind St. Paul's Hospital since 1894.

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