The *Great* Canadian
Catholic Hospital History Project

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

Projet de la *Grande* Histoire
des hôpitaux catholiques au Canada

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

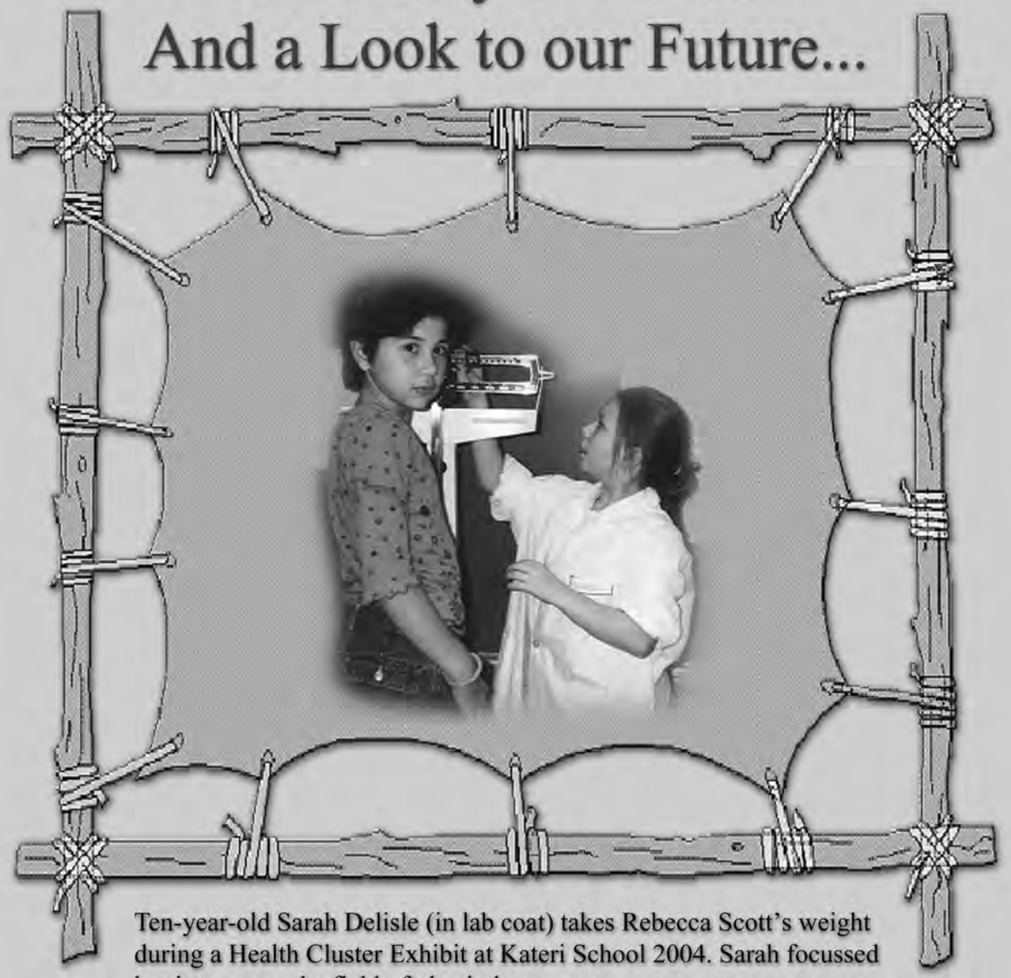
Hopital de Sacre Coeur de Caughnawaga (Kateri Memorial Hospital Centre)

Our History Through the Eyes of Kahnawa'keró:non

by Lori Niioieren Jacobs

Source: Kateri Memorial Hospital Centre website

A Century of Caring
A Century of Pride...
And a Look to our Future...



Ten-year-old Sarah Delisle (in lab coat) takes Rebecca Scott's weight during a Health Cluster Exhibit at Kateri School 2004. Sarah focussed her interest on the field of physiotherapy.

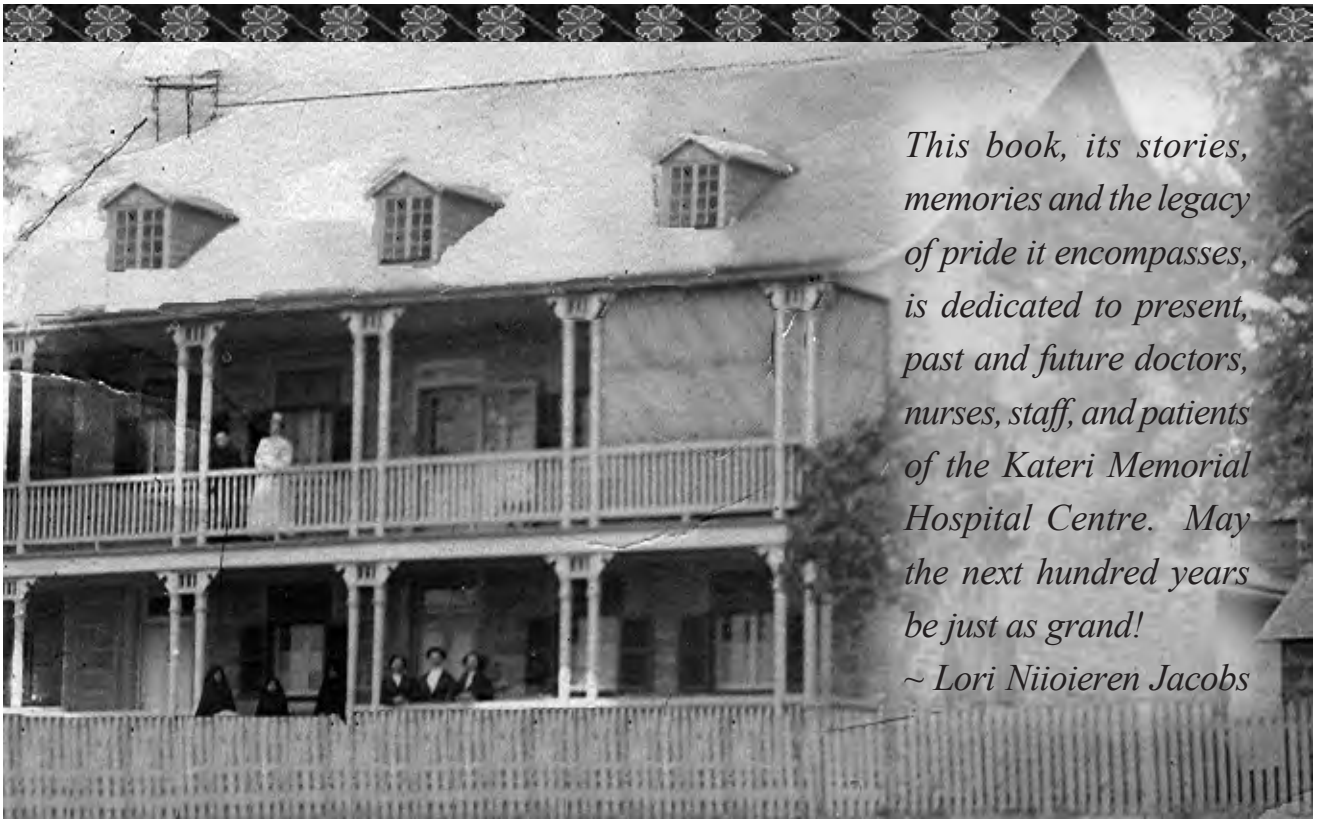
KATERI MEMORIAL HOSPITAL CENTRE TEHSAKOTITSÉN:THA

OUR HISTORY THROUGH THE EYES OF KAHNAWA'KEHRÓ:NON

Kateri Memorial Hospital Centre
Tehsakotitsén:tha
1905 - 2005

Our History Through the Eyes of Kahnawa'kehró:non

By Lori Niioieren Jacobs



This book, its stories, memories and the legacy of pride it encompasses, is dedicated to present, past and future doctors, nurses, staff, and patients of the Kateri Memorial Hospital Centre. May the next hundred years be just as grand!
~ Lori Niioieren Jacobs

Wendy Skye-Delaronde

Candida Rice-Jacobs

Caireen Cross

Dr. Williams

Dr. Montour

Valerie Diabo

Cecelia Curotte

Heather Jacobs-Whyte

Charlotte Dolly Diabo Barnes

Some of our own nurses and doctors

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Greetings From the Executive Director

It is with great pleasure that we present this compilation of stories, anecdotes, historical data, photographs, etc. in commemoration of the 100th anniversary of the Kateri Memorial Hospital Centre. One hundred years of service to the community is truly a monumental occasion that must be celebrated to the fullest extent. This commemorative book is an integral part of that celebration. It is intended to honor those who came before us and worked so hard to maintain health care services in this community when times were tough and financial resources were scarce or even non-existent. It is also intended to validate the efforts and commitment of the many people that continue the work today. We also hope that our messages will be inspirational to those who will continue on into the future.

Susan Horne

This book would not have been possible without the participation of many. We would like to extend a sincere expression of thanks to the community members who took the time to share their stories, and to the past and present employees who were so enthusiastic to research the past and write so eloquently. We would especially like to thank a very special individual, Lori Jacobs (of the KMHC Board of Directors), who came forward voluntarily to pull this whole initiative together.

We hope you enjoy!

Susan Horne
Executive Director
Kateri Memorial Hospital Centre

Time

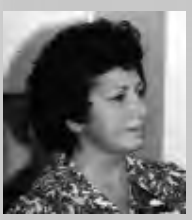
By June Delisle

Time (ah time) my favourite subject.
If one is dedicated to a cause he or she sincerely believes in, one has time.

Time is not only running back and forth on two logs; time is not watching the clock.

Time to me is taking time to think things out to arrive at the best solution.

Time is even working through lunch breaks when necessary;
Time is to play,
Time is to pray,
Time is to laugh,
Time is to give,
Time is to listen,
Time is to love and be loved,
Time is a precious gift.
And above all, time is our friend – it is mine.
You and I together have time!



June Delisle

Source: An excerpt from June Delisle's open letter to Kahnawake in summer 1976 titled: *TO THE PEOPLE OF CAUGHNAWAGA, MY BROTHERS AND SISTERS.*

Preface - The Glue That Binds The Fabric of Our Lives

Kahnawake has always had a proud past, a history of power, resilience and determination. In times of strife or turmoil, the people banned together to ensure that the spirit of the collective and the best interests of the people were at the forefront of decision-making. Our ancestors demonstrated these noble qualities throughout history, especially in the last century.

I'm proud and honored to have had the opportunity to work on this compilation of Kateri's beginnings and evolution. The history of how the hospital came to be, the struggles of its administrators and workers, and the sometimes strained relationships with the governments make for an interesting read. However, the real stories lie beneath the surface, from the mouths and hearts of the people who lived that history, through their own eyes. I was awed and humbled by the succinct recollections of our interviewees and different writing styles of our many contributors.

I can't take all the credit for the research. In December 1981, an informational booklet on the history of the hospital and the need for a new hospital was developed and distributed to Kahnawa'kehró:non. That history was written by Myrtle Bush, who laid the foundation of historical facts upon which this book was based. Nia:wen kowa to Myrtle for her research prowess and for making my job that much easier.

Lori Niioieren Jacobs

My work began by researching back to January 1982, leading up to the destruction of the old hospital, the construction of the new, and culminating with present day 2005.

This book, its stories, memories and the legacy of pride it encompasses, is dedicated to present, past and future doctors, nurses, staff, and patients of the Kateri Memorial Hospital Centre. May the next hundred years be just as grand!

In closing, I'd especially like to acknowledge the memory of my father, Ernie Karonhiarakwen "Aieh" Jacobs, who spent his last days at Kateri and passed into the spirit world on August 31st, 1996 from complications of diabetes. My admiration for his untiring drive, spunk and tenacious spirit in life became the inspiration for this book.

I hope the next few pages will stir up as many pleasurable hospital memories for you as it did for me as I put it together. These stories are the glue that binds the fabric of our lives together as proud Kanien'kehaka people.

Respectfully submitted,

Lori Niioieren Jacobs

The Kateri hospital, taken from the Wharf in the first half of the 20th century. (Photo credit Ruby Beauvais)

When We Talked to the Devil and Achieved Mutual Respect and a New Hospital

By Myrtle Bush

Everyone wanted a new hospital but no one wanted it from Quebec. The KMHC administration and Board had been requesting federal funding since 1970. The preliminary work was ready. Architectural plans had been drafted, Council had authorization from Indian Affairs to use Band funds for a $100,000 contribution (this was when Indian Affairs still exerted a lot of control) and Health and Welfare would contribute $320,000. But a new hospital would cost at least $4 million. And the federal government would not, could not, pay for it.

Around 1978-79, I became a KMHC board member and joined the fray, so I speak from first hand experience about some of the interesting political and social elements of change within Kahnawake and with the province that are not apparent in the historic chronology.

THE PROBLEM

The federal government, around 1969, had turned over jurisdiction for health and hospitals to the provinces but our people did not want to hear that, although Quebec Medicare had, since that time, been providing for most health services. The previous provincial Liberal government and the Parti Quebecois (PQ) government claimed to be open to discussing a new hospital but they had conditions.

A major problem for both federal and provincial governments was that within their laws, Kahnawake and KMHC were not recognized as legal entities and therefore we would have to incorporate. In fact, they found it amazing that we had operated an independent hospital at all. Other alternatives suggested were that we become part of a CLSC or simply allow Kateri to become a provincial hospital. Plus the provincial government found they had no legal power to fund a hospital on an Indian reserve.

Neither the Board nor the Mohawk Council of Kahnawake (MCK) would ever agree to those conditions but the uproar from community members that we would even consider dealing with the province was staggering. There was a lot of pressure on Grand Chief Andrew Delisle, from dissidents to change - some Longhouse members, some of the hospital staff and even some MCK members. It was now more than 10 years that discussions for a new hospital had started and we were still nowhere. The building was deteriorating and the political pressure and anxiety in the community was increasing. We were at a standstill.

L-R: Myrtle Bush, Franklin Williams, Billy Two-Rivers, Joseph Tokwiro Norton and government officials at the opening ceremonies of the new KMHC, Sept. 21st, 1986.

Several of the Kateri Board members thought we needed more political pressure and decided to run for MCK. Franklin Williams, Donald Horne and Myrtle Bush ran and were elected. Our primary objective was to spearhead the negotiations and communication with the dreaded Quebec government, since they were the only source for a hospital and to do it without sacrificing community control or surrendering the land.

The most difficult task was to convince our own people that we could do this. We held countless heated public meetings inviting federal officials including the Assistant Deputy Minister (A.D.M.) of Health and Welfare (Health Canada) who explained that "the feds were no longer in the hospital business" and that it was a provincial jurisdiction. Up until this time, Kahnawake had very minimal dealings with Quebec. We were, and still are, constantly reminded that we are a federal matter.

At every stage of discussion, we promised to come back to the community before we took the next step so they could be assured we were not "selling out." And that was just the ordinary folk .The diehard dissenters took a pound of flesh whenever they could. Along the way, our Grand Chief Andrew Delisle was blamed for everything since Columbus landed.

There is a moral to this story though. The enemy is not always who you think it is.

THE OUTCOME

René Lévesque, you will remember, was hated not just by us but by the Anglos as well because of the language laws and the potential Project Archipelago in our waters. We were told we would be dealing with the devil to talk to Quebec, and I remember many times saying, "We will talk to the devil if it means we get a hospital on our terms." And we did.

We were not surprised to learn we had a lot in common with the devil. The PQ wanted (and still want) to be recognized as a sovereign state and independent of consent from the federal government, so they understood our arguments when the matter of surrendering hospital land to another government was brought up. (Of course we will always disagree with them over the question of "whose land is it anyway?")

We came to understand each other and there was clearly a mutual respect that developed.

They were impressed by the care, competence and passion of the Mohawk people they met at the hospital and at the MCK. We found that the people we worked with were very willing to find solutions and to forget the politics in favor of the human elements.

The PQ conceded the items that were important to us. We are the only publicly-funded hospital in

David J. Nicholson, Assistant Deputy Minister of Health and Welfare Canada (far right) addresses the crowd, as Traditional and Catholic Church representatives listen attentively. (Sept. 21st, 1986)

Canada that is not on surrendered land. We are the only hospital in Quebec that by legal agreement can discuss the financial and health needs directly with the Minister of Health and Social Services on an annual basis. We are not required to fly the Quebec flag as was feared by some.

To enable Quebec to fund a reserve hospital, it was necessary for them to introduce legislation accepting the terms of agreement between Kahnawake and Quebec. This agreement, simple as it was, turned out to be a precedent in native/provincial politics. It was agreed by both sides that the committee would draft it to keep it simple and to leave the lawyers out of it; otherwise we would still be writing. It is a government-to-government agreement which recognizes our right to develop and control our own institutions of culture, education, language, health, social services and economic development and that public funding would be made available. René Lévesque was so pleased with it that he stood up at a constitutional conference with the agreement in hand to proclaim the new relationship with the formidable Mohawks of Kahnawake.

The Hospital Agreement served as a precedent when the infamous Ten (10) Agreements were drafted at the MCK a few years back. Unfortunately, we didn't work hard enough to get them all implemented and probably never will, as native issues have always been low on the Liberal list of priorities. Three of those agreements were implemented. We did get a safer, larger highway with an annual annuity, the new Step-by-Step building with additional operating dollars, and also considerable Economic Development dollars to say nothing of the increase in employment. I believe those agreements, even if not perfected to everyone's liking, have considerably improved the quality of life in Kahnawake.

Lastly, I have to say this about those devils: Eric Gourdeau was Quebec's intermediary (director of the equivalent to Indian Affairs) and very close to René Lévesque. He coordinated meetings with all relevant Ministries and worked hard on our behalf. It didn't hurt that the PQ wanted a good relationship with the Mohawks but Gourdeau's efforts and sincerity were genuine.

Denis Lazure was Minister of Health and Social Services and himself an M.D. Some Ministers will rarely meet with any but the highest-level official. They delegate their staff. Denis Lazure was not only available to us but also interested in the success of the project and in Kahnawake. After the hospital was built and operational, some wonderful women who were helping care for each others impaired children asked me if there was some way to get funding to rent space for their children's day care. There were no such programs available

Grand Chief Joseph Tokwiro Norton and Quebec Premier René Lévesque getting ready to sign the historic hosptial agreement.

for handicapped children. Denis Lazure, when invited to meet with them, did so and was both moved and impressed by their efforts. There were no provincial or federal dollars allocated for this but he found a way to release funding and helped them to get established. I don't know where he is now, but I hope he has seen the new Step by Step building.

As for the major devil René Lévesque, I can only say he was probably the sweetest, gentlest most interesting politician I've ever met. He was well-briefed on all the issues related to the hospital and we worked out the bumps with his relative departments' staff. He was a history buff and professed admiration for the Iroquois Confederacy. We definitely did not agree with his government policies on other areas but he was adamant with his Ministers that the hospital project be successful. As an example, the previous Minister of Health, Pierre Marc Johnson, had told us "no hospital´ because Chateauguay was getting one and we should go there. Pierre Marc Johnson eventually succeeded Lévesque as Premier of Quebec, but we had the hospital by then.
So maybe the moral is, an enemy is not always an enemy and we do need to respect each other.
One final thought. The Kateri Memorial Hospital Centre is not a stand-alone institution.

She is in the heart of this territory; we've cared for, supported and protected her for 100 years and kept sole control for the last 50. That ability to keep the hospital operating and constantly striving to excel despite initial lack of resources has set the goal for the development of other institutions and enterprises, such as the Peacekeepers, Caisse Populaire Kahnawake, Kahnawake Shakotii'takehnhas Community Services, Services Complex 1, and Business Complex 2. It also contributed to the respect for the ability of Kahnawa'kehró:non by outside governments and First Nations.

Louise McComber

To Louise McComber, June Delisle, Andrew Delisle Sr., all past and present volunteers and staff, community members, board members, council members and especially the negotiating committee:

KAHNAWAKE, YOU SHOULD BE PROUD

NIA:WEN KOWA

Historical Background of the Kateri Memorial Hospital Centre 1905 – 2005

By Lori Niioieren Jacobs (with early history by Myrtle Bush)

In the early part of the 20th century, health care for Kahnawake and for all First Nations was neglected by the federal government. Western tribes / nations, who in their treaties had a "medicine chest" clause, received only that, a medicine chest of antiseptics, bandages and castor oil. Few people in those days, particularly First Nations, ever saw a doctor in their lifetime and were rarely accepted in hospitals, not because they didn't get sick, but because they could not afford a doctor.

In Kahnawake, during extreme emergencies or epidemics, a boat would be sent to bring a doctor in from Lachine or Montreal. Patients were treated at home without professional nursing care and difficult childbirths took many mothers and infants. When our own Dr. Patton opened a private practice, he was not subsidized by the government and his patients had to pay whatever they could afford.

The federal government limited itself to providing minimal health care to indigent (poor) persons in the field of public health. All reserves in Canada are entitled to a public health nurse or doctor where it is felt that no medical care is easily accessible or where the province does not provide care. Kahnawake is one of the few reserves that had ever had a hospital.

The Kateri Hospital known as L'Hopital du Sacre Coeur - Circa 1905 (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

1905:

- The Jesuits, concerned with the amount of sickness, the lack of medical facilities, nursing care for the sick and the high mortality (death) rate, asked Madame Adele Perronno to establish a charitable hospital in Kahnawake. The Jesuits would provide the money to purchase the building and provide for the upkeep. They would leave the administration to Perronno and remain in the background.

- Mme. Perronno, who had devoted her life to Indian charity, agreed. There was a strong opposition from the community at first because she was a non-Native. The Mohawk Council of Kahnawake and the people

finally agreed on the following conditions:

- That the land revert to the Band if the nurses leave;
- That the Band not be responsible for the maintenance of the building;
- And that no nuns would be brought here *(this last condition was not in writing)*.

- The federal government (Department of Indian Affairs) was aware of and involved in the events and approved but made it clear they would have no financial responsibility for the operation and maintenance of the building.

- Mme. Perronno purchased the building in August 1905 from Albert / Joseph Delormier with $3,000 from the church and an additional $2,000 donated by a friend was used to equip the building. No land surrender or transfer of title was made in Ottawa of this transaction; it was done through a Montreal notary.

Opening of the Hopital de Sacre Coeur de Caughnawaga

- The hospital opened in September of 1905. Mme. Perronno was assisted by three lay (religious but not ordained) nurses including the Cardinal's two nieces. They worked for no salary, but as an act of love and charity, and lived at the hospital.

- The federal government, through Indian Health Services (part of National Health and Welfare) agreed to pay $1 per day per patient, up to $200 a year. They later paid a public health doctor for clinic out-patients.

- There was no resident doctor. Dr. Patton, Kahnawake's first Native doctor, was killed by a train about the time the hospital opened. Arrangements were made to have two doctors (Fortier and Lebel) from Montreal take turns once a week to tend to hospital patients and hold clinics for out-patients. The doctors had over 1,000 patient consultations within the first year of the hospital's opening.

- The nurses had a difficult time and were responsible for all treatments and deliveries. Inuit and other First Nations were also sent to Kahnawake for treatment by the federal government since it was the only hospital that was specifically for First Nations peoples, although not a federal hospital.

1914:

- There was a strain on the finances and the age of the building began to show. A letter from the government agreed to raise the contribution from $200 to $1,000 maximum per year for in-hospital care.

Hospital Beds (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

1916:

- Nurses requested a grant from the federal government to help pay for repairs to the building. The Department agreed to a $750 grant.

1919:

- Mme. Perronno retired and transferred the Hopital du Sacre Coeur de Caughnawaga (Hospital of Sacred Heart of Caughnawaga) to a religious order of nursing nuns (Daughters of Mary – L'Oeuvre de Protections des Jeunes Filles). They continued the operation of the hospital until 1955 in Kahnawake, and when they left, they took all their records with them.

1931:

- There was no resident doctor on call until 1931, when Dr. Jacobs established his practice. An arrangement was made with the hospital or government whereby Dr. Jacobs was reimbursed by National Health and Welfare for patients treated in the clinic or hospital. Private patients seen at home or his office had to pay their own bills.

- Dr. Hamel was one of the Public Health Doctors during this period. There are indications that the nuns and people in the community had many complaints against him, but the Health Services refused to replace him.

1932:

- There were 24,962 hospital and clinic consultations recorded between 1905 – 1932.

1955:

- In March, the nursing sisters informed the Indian Agent that they were closing the hospital. Financial difficulties and the buildings' continued need of repairs were blamed.

- The nursing sisters sued the government for $35,000 for improvements made to the building and property over the years. The government gave $10,000 in an out-of-court settlement. The nursing sisters left, and took everything with the exception of six (6) beds because they were still occupied by patients.

- A telegram was sent to Dr. Williams by National Health and Welfare (Indian Health Services) asking him to temporarily take over the care of the remaining hospital patients.

- The Band Council was forced to use its own funds. A Band Council Resolution (BCR) requesting $10,000 from band funds to be used for the hospital's yearly budget was approved by the Minister of Indian Affairs. National Health and Welfare agreed to continue to pay salaries, maintenance, equipment and supplies.

- Volunteers took over the hospital duties, including volunteer nurses. Some salaries and maintenance were paid for through bingos and donations. The entire community pitched in to help.

- National Health and Welfare suggested that an operating plan and committee be set up to outline management and hospital board responsibility, financial management, accountability, etc. The Indian Agent and supervising nurse were required to sit on the management committee; all decisions regarding administration were made by the Superintendent Nurse.

Dr. Ignatius K. Williams working in his Chateauguay office

1956:

- Dr. Williams was appointed chairman of the committee, but all decisions regarding patient admissions that were chargeable to Indian Health Services were to be the responsibility of the Indian Health Services Medical Officer, Dr. Hamel, who had been reinstated.

- Indian Health Services temporarily paid for drugs and medicines charged to them with requisitions and vouchers from Dr. Hamel.

- When all this was agreed to, the $10,000 from band funds was placed in an Indian Affairs Trust Account to be drawn on for all hospital expenses.

- Dr. Williams had the difficult task of purchasing supplies, equipment, paying the bills, salaries, making extensive repairs and building an addition for the babies and the Inuit. The hospital attempted to accomplish with $10,000 that would have cost $5,000 just 50 years earlier.

- Notes from Dr. Williams revealed an animosity between him and Dr. Hamel that spread to others. After building an extension, hospital admissions dropped to as few as five (5) patients, decreasing the revenue from the government, but with no decrease in maintenance costs.

- The hospital had a deficit (loss) after the first year, which should have been expected under the circumstances, but people were fed rumors about mismanagement and fraud and Dr. Williams was forced out. Some nurses left with him in protest. The hospital was again in danger of closing through lack of money to operate. An audit was requested.

The Waiting Room (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

July 1957:

- The Department of Indian Affairs (D.I.A.) refused to let the Band Council use the $10,000 band funds set aside in the trust account. A letter to the Indian Agent, Francois Brisebois, from the D.I.A. explained the reasons:

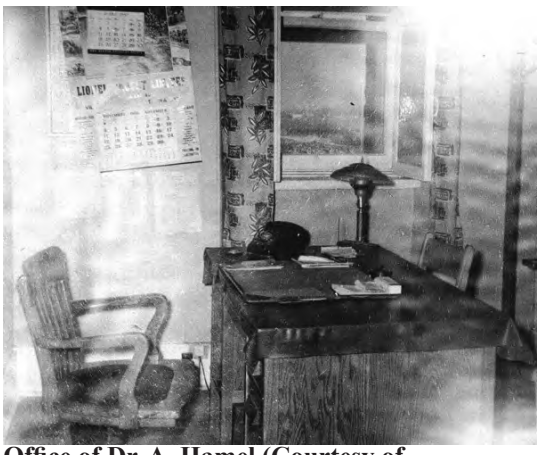
  - The hospital would have to operate on revenue received from the patients' per diem only, as band funds would not stand the strain of an annual budget;

    - Neither the D.I.A. nor National Health and Welfare would provide any other financial assistance.

  - An audit revealed no misappropriation of funds, but recommended better accounting or bookkeeping procedures and a hospital superintendent; although admitted that there was no salary for these positions.

- If after filling the volunteer positions of bookkeeper and a hospital superintendent, and if the hospital could operate only on patient revenue received from National Health and Welfare (none from the Department of Indian Affairs) without using band funds, then the department would approve the use of enough band funds to pay off the old debts.

- The Kahnawake Band agreed to all conditions to keep the hospital operating. It was around this time that the hospital board took control of all aspects of administration and maintenance with the exception of the medical area which is left to Dr. Hamel by federal authorization.



Office of Dr. A. Hamel (Courtesy of Kanien'kehaka Onkwawénna Raotitiohkwa)

- National Health and Welfare agreed to continue operating the clinic and would pay rent for using space in the hospital. The clinic doctor was supposed to accept only poor patients (First Nation and non-First Nation). Records of each patient visit were kept so that the doctor could be reimbursed.

East side view of old Kateri Hospital (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

1958-1960:

- Despite the recommendation that more efficient record keeping be done, there aren't many records available for this period. The hospital volunteers continued to work very hard during this time to keep the hospital going. Donations of time and money were absolutely necessary to keep the hospital open.

- Dr. Hamel and Dr. Vuckovic, who also had the same arrangement with the federal government, were the clinic doctors. People in Kahnawake who didn't want to use the clinic went to Dr. Lapierre, a private physician and his partner, Dr. Plouffe, who started sending many of their private maternity patients to the Lasalle Hospital where they were affiliated. The reasoning was that there were more facilities available.

The Nurses Residence (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

- When Dr. Hamel prepared to retire, Dr. Lapierre and Dr. Plouffe made payment arrangements with National Health and Welfare – Indian Health Services. The Quebec Hospital Insurance came into effect causing erratic payments and confusion.

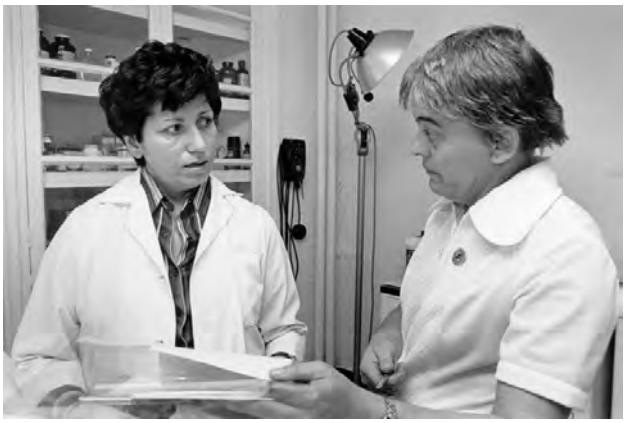
1961:

- Notes from a band meeting disclosed that the federal government was no longer paying the doctors. The doctors (Lapierre and Plouffe) were leaving after January 8th and that the hospital would have to close. Complaint was also made that a nurse had started a rumor that the people would have to pay their own hospital and medical bills, causing a lot of turmoil within the community. The people demanded that Indian Affairs pay the doctors. *(No one seemed to realize that*

Indian Affairs had never paid for health – it was National Health and Welfare).

- The community of Kahnawake apparently was not informed as to how the new Quebec Hospital Insurance Plan would affect them. In any case, National Health and Welfare ceased to pay a per diem for hospital patients, creating another crisis and increased the need for more donations and volunteers. Bingos, which had been used to raise money for the hospital, were declared illegal in 1961 by the provincial government and several raids attempted to shut them down.

- The federal government, under pressure during this time, agreed to continue to pay rent for the clinic. The Quebec government called for a special order-in-council to recognize the "special status" of the Kahnawake hospital because of the unique situation of a First Nation hospital and the determination of the people. Quebec agreed to pay $8.00 per day per patient, but like the federal government, made no provisions for an operating budget for staff, maintenance, supplies, etc.



A young June Delisle (Executive Director) speaks with Therese Rice (Head Nurse) (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

1963:

- There were several letters of disagreement between the hospital board and Medical Services (National Health and Welfare) over the rent for clinic service. The Hospital claimed $100 per month, Medical Services forced them to accept $35 per month under the threat of termination of services. Six months later, Medical Services refused to pay the $35 saying the lease was terminated.

1964:

- Mrs. Louise McComber sent a bill to National Health and Welfare for rental of clinic space.

- In November, June Delisle was made Secretary-Treasurer on a part time basis (nights and weekends) with a mandate to set up procedures for an accounting system with better control of finances received and owed, monthly financial statements, improve banking procedures and recording all transactions.

- Procedures were also initiated to raise standards of professionalism and working conditions among staff regarding salaries, schedules and duties.

1965:

- Minutes record that $30,000 was transferred to an interest bearing account for hospital improvement.

- Hospital did not receive any per diem for long-term or active patients. Inquiries were made

America Robert, Hospital Custodian

to Quebec regarding this problem. It was necessary for the hospital to send all admission/discharge forms to the Quebec Hospital Insurance Service from 1959-1965 in order to receive patient fees.

- Up to that time, the hospital had been providing in-patient medical care, out-patient clinics, pediatrics, geriatrics, emergency care and minor surgery. Other services were offered in agreement with other hospitals (such as Montreal General and Montreal Childrens). Forms were used at these hospitals which verified you as a medically indigent First Nations person in order for these hospitals to be reimbursed by the government.

- The clinic doctors sent more and more patients to other hospitals because Kateri was unable to get money for more modern equipment, better facilities or specialists. The people too were becoming more aware of their right to the best possible care available. The hospital continued to raise its standards as much as possible by raising funds.

The Nursery (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

1966:

- Band Council Resolution (BCR) appointed June Delisle as Treasurer/Director. She made inquiries as to why National Health and Welfare had not given any assistance to the hospital. The reply was that assistance was given only to the most disadvantaged First Nations and Quebec had a hospital insurance plan to cover our needs.

- The Canada Assistance Plan stated that First Nations were part of the general population and were therefore covered by Provincial Health Insurance. Registered nurses received no salary grants from the Quebec Hospital Insurance and wouldn't work for less than scale. Negotiations began with Quebec to cover nurses and staff salaries. Non-professional staff worked for 50 and 75 cents an hour.

The Delivery Room (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

1967-1968:

- Maternity and pediatrics sections of the hospital closed because we could not afford an anaesthesiologist or blood bank and the doctors and patients preferred the security of a more complete hospital.

1969:

- The hospital still hadn't received federal assistance, and the Quebec Hospital Insurance didn't send all of the revenues that the hospital was entitled to. A per diem of $8 to $14 was not enough to cover patient care, all salaries and maintenance. The hospital was in a very precarious financial position.

- The clinic was forced to charge out-patients in order to cover Dr. Modarai's and Dr. Williams' fees. The Band's legal advisor, Mr. O'Reilly recommended that the hospital incorporate in order to qualify for charitable organization funding, **which was totally rejected by the Mohawk Council of Kahnawake and the Kateri Hospital Board.**

- Letter was sent to the Mohawk Council of Kahnawake by June Delisle requesting the following:
  - A review of board and hospital practices
  - A permanent staff doctor
  - A new building

- Negotiations began with McGill Medical Consultants to develop a proposal for a community health centre. A federal grant was eventually negotiated allowing for an out-patient clinic at the former convent (near Kateri School) based on population and needs of Kahnawake. Up to then, Dr. Lapierre saw out-patients in the hospital clinic three (3) days a week and was paid by National Health and Welfare. When Dr. Lapierre was not there, the hospital doctor saw emergency cases but was not reimbursed by National Health and Welfare. The Public Health Nurse was responsible for schools and baby care.

- The Band Council's nine-member Health Action Committee began to meet to assess the health needs of the community. Some of the members included June Delisle, Billy Stacey, Dr. Ann Macaulay, and Howard Deer. They proposed the concept of a community health centre / outpatient clinic in Kahnawake.

1970:

- National Health and Welfare terminated its contract for medical services with Dr. Lapierre.

- The Health Action Committee helped to set up Canada's only community-run health centre on an Indian reserve - an outpatient clinic called the **Kateri Health Centre**.

- The **Kateri Health Centre** opened for five (5) days a week, with Dr. Macaulay and Dr. McDougall at the former convent. Public Health Nurses and social services operated from the same building. The Kateri Health Centre was made possible through a seven (7) month federal grant of $44,000, which was given with the understanding that the project would become self-supporting. The federal grant was extended to 1973 and was to provide a pediatric clinic.

- Quebec Medicare came into effect.

- The **Kateri Health Centre** expanded to provide primary health care for all ages. Several years later, this became a trend for health centres in other communities. Referrals were made to outside specialists. One third of all health centre patients were under the age of 15 years.

- Services within this clinic were covered by Medicare with National Health and Welfare paying for services not covered by Medicare. Salaries of clinic doctors were/ are paid through Medicare. Public Health Nurses were still paid by National Health and Welfare.

The Third Floor Chapel (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

KATERI MEMORIAL HOSPITAL
KAHNAWAKE - CAUGHNAWAGA, P.Q.

July 25, 1972

Dear Mrs. Canadien,

Here is copy of the photograph which we promised to you. As you recall, this was taken when we were presented with a wheelchair by the Telephone Pioneers. I must say you modeled quite well!

Yours in friendship,
June Delisle

Community member Theresa McComber shared this picture and a handwritten note by June Delisle with us. "My mother Marie Canadian was asked by June Delisle to sit in a wheelchair which was presented by the 'Telephone Pioneers' in 1972. June commented on how well my mother modeled." ~Theresa McComber.

1971:

- Dr. Williams (who had been asked to return in 1969) advised the Quebec Minister of Social Affairs that the Kateri Hospital could not provide obstetrics and pediatrics care because of lack of personnel and equipment. The hospital board continued its policy of administration and selection of doctors and nurses, support staff and developing better health care facilities.

- The Hospital Building Committee was formed. A series of letters were sent to federal departments of Health and Welfare – Department of Indian Affairs, to get money for construction of a new hospital.

- A federal grant was given for a feasibility study. Negotiations for acquiring adjacent properties to the hospital began. All agencies, including D.I.A. – Health and Welfare, medical, legal personnel and the Band Council agreed that the building was a hazard and needed to be replaced.

1972:

- Letter from Dr. Webb, Deputy Minister of Health and Welfare stated that Health and Welfare provided only for Indian Health Programs (public health clinic and public health nurses) but all hospitals were under provincial control with cost-sharing by the federal government.

- Letter from the Department of Indian Affairs (D.I.A.) stated that the department, while interested in the care of First Nations health, had no provision for medical services, a responsibility of National Health and Welfare.

1973:

- Reference was made in D.I.A. letter from Mr. Boulanger of Technical Services of a Band Council Resolution (BCR) that the band was willing to contribute $100,000 to a new building. Boulanger said, if necessary, more money could come from band funds.

- Boulanger further stated that if the band wished to make the hospital a priority, then as far as the D.I.A. was concerned, Kahnawake's total capital budget could be used, but that all other projects and programs would have to be postponed. D.I.A., National Health and Welfare and Regional Economic Development could contribute some grant money toward plan development and specifications in order to ensure that Quebec would license and permit the final costs. *(This meant that even if the band spent all its own money for a hospital building, it would still need to get its maintenance and operating funds from Quebec.)*

This was exactly the situation in the past. The old building was bought and paid for but keeping it in continued operation was the problem, first for the nursing sisters and then for the band.

James Meurl Cross, Certified Nursing Assistant

- Dr. Webb (Health and Welfare) later advised the band that a subsidy for the hospital should be sought from the provincial end. The request for a new building was made to Quebec Minister of Social Affairs. The number one recommendation was the construction of a new building.

- There was a delay of funds to the hospital during this period. The hospital continued to operate on leftover grant money and Medicare revenues. A benevolent woman from Lachine donated $1,000 towards salaries.

1974:

- Band Council Resolution (BCR) allowed for band funds to purchase the properties adjoining hospital.

- June Delisle arranged a meeting with Social Affairs Minister of Health concerning the proposed hospital building and financial participation, and requested that two band councillors attend the meeting.

- Meeting with Jacques Bedard et al, Quebec Social Affairs Representatives, Band Council and Hospital Committee representatives, Mr. O'Reilly (legal attorney for the Band), Claude Bost (D.I.A. Community Affairs), and Dr. Monty (Assistant Regional Director of Health and Welfare). The need for a new hospital was discussed, citing approximate costs and financial responsibilities.

Jimmy McComber, Orderly

- There was an exchange of letters with O'Reilly that discussed which level of government would be responsible to build the hospital. Both levels agreed with the concept but didn't commit to any financial responsibility for the building.

A Nurse's Bedroom (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

- There was a meeting with Mohawk Council of Kahnawake, Kateri Hospital Committee, and Indians of Quebec Association (I.Q.A) President to seek funding sources for the hospital building and to develop a strategy to convince government to finance it.

- The need for an immediate sprinkler system for the old hospital was noted.

- The Mohawk Council met with the Hospital Committee, the D.I.A. Minister and others.

- Minister of Indian Affairs, J. Buchanan sent a memo to Ronald Kirby, stating he had passed along the hospital proposal to Marc Lalonde, Minister of Health and Welfare.

- June Delisle sent an impassioned letter to the Kateri Hospital Board and Mohawk Council of Kahnawake, stating her heartfelt feelings about the hospital's dire situation.

- Band Council Resolution (BCR) gave the mandate to the Hospital Board to negotiate with both the Federal and Provincial governments for a new hospital. The BCR was signed by Grand Chief Ronald Kirby, and Council Chiefs Annie White, John K. Diabo, Mitchell Thomas, Richard White, Frank Melvin Jacobs and Stuart Phillips.

- Assistant Deputy Minister of Indian Affairs again stated that the responsibility for health did not belong to D.I.A., and recommended for the band to try National Health and Welfare.

1975:

- There was a series of letters and acknowledgement letters between various federal government departments and June Delisle, Hospital Director, concerning a new hospital building.

- There was a meeting with Medical Services (National Health and Welfare) where there was an agreement that the hospital replacement was necessary.

- Medical Services met with D.I.A. to discuss the "broad aspects" of building hospitals.

- Medical Services proposed to strike up a working group including Kahnawake representatives and the Quebec Department of Social Affairs to proceed with the planning. Annie White and June Delisle were selected. Norm Hefler represented Indian Affairs, and Dr. Brett and Mrs. Stickel from Health Services made up the working group.

- Letter from O'Reilly stated that he had been informed that a hospital had been foreseen by the Quebec government in a five-year plan and that the federal government was willing to contribute to the building, and that an order-in-council was necessary to start. Further, it was necessary to:

  1) Form a non-profit corporation to administer the hospital,

Madeleine Benedict, Nurse's Aide

Christine Thompson, Director of Nursing

2) Pass a resolution from the non-profit organization, authorizing the operation,

3) To prepare an "advance project." ***This is rejected by the Hospital Board and the Mohawk Council of Kahnawake.***

- The working group started meeting and prepared the necessary data for the hospital architectural and maintenance plans.

1976:

- Letters to Health and Welfare asked if there were any further developments, as the building was in need of $12,000 for extensive and immediate repair to floors and ceiling. Included was a copy of repair estimates. Health and Welfare sent another group to examine the hospital building and facilities.

- Dr. Dahman of Quebec Social Affairs stated to June Delisle that First Nations in Quebec should utilize services provided by the province. He suggested that Kahnawake should become part of the C.L.S.C. The five-year plan was short of funds so the plan had been changed; the proposal submitted in 1974 by Social Affairs was not followed through. Because of this shortage of funds, they could commit themselves only to continued maintenance of old hospital, and a new building should come from the federal government. **Ronald Kirby re-affirms June Delisle's position that under no circumstances would Kahnawake become a sector of C.L.S.C.**

- Memo from Dr. Brett, Medical Services (National Health and Welfare) stated that the planning process was delayed. It was promised that a review would take place in May 1976.

- D.I.A. confirmed land transfer for the hospital was approved.

1977:

- There was another tour of the building by a Federal Treasury Board officer.

- Band Council Resolution (BCR) requested an update of action taken by D.I.A. and National Health and Welfare on the financial responsibility for the hospital and the consultations that had been made with Social Affairs.

1978:

- Copies of the Kateri Hospital report were sent to various government officials.

- Information and negotiation meeting was held with the Hospital Board, C.E.S.O (Canadian Executives Service Overseas) and Ministry of Social Affairs on the hospital.

- Quebec proposed incorporation by either the Kateri Hospital Board or the Mohawk Council of Kahnawake for legal administrative purposes. The alternative was that the hospital would be purchased

Carlene Sky, Nurse's Aide

and administered by the provincial government. **Both of these proposals were rejected.** The Kateri Hospital operates under Ch. 48 of Law 65 (an Act respecting health and social services) – not objected to because the hospital maintains all health care standards.

- Social Affairs made legal inquiries into present and future legal status of hospital and if province had jurisdiction to build on Indian Land. If negotiations with the federal government were necessary *(their concern, not ours),* Band Council was insistent on autonomy to manage all services if this hospital was given special status.

- Meeting with Mohawk Council of Kahnawake and new Kateri Hospital Board members to discuss the proposal and its implications with Ministry of Social Affairs. The proposal on incorporation or province buying property was again rejected. Grand Chief Andrew Delisle stated that incorporation was not necessary.

Florence Ouimet, Nurse's Aide

- Excerpt from a memo from Assistant Director General of Federal Medical Services to Dr. Black, A.D.M., with updates from the last federal meeting with June Delisle stated that:

  - Health and Welfare would recommend the Treasury Board contribute $320,000 for the out-patient facilities;

  - D.I.A. and Band contribute $10,000 each for consultants to prepare the proposal to the province;

  - Economic Development be tapped into for grants.

- It was suggested that Kahnawake handle the provincial negotiations so that negotiations not be aborted by seeming federal intrusion on provincial services.

- An article appeared in ***Montreal Matin,*** saying that Quebec announced $98 million had been set aside for new hospital construction in Quebec, which would include a hospital for Caughnawaga (five-year plan). A letter from Denis Lazure (Minister of Social Affairs) was received, approving the hospital but no confirmation by Treasury Board.

Evelyn "Ebby" Jacobs Lafleur, Purchasing Agent

1979:

- A letter from Dr. Brett to the new Regional Director, Mr. Connelly, updated the situation as follows:

  - The recommendation to Treasury Board (federal) would still be made re: $320,000 but doubtful it would be forthcoming before 1981-1982.

  - The previous Quebec Liberal Government was prepared to contribute $7.1 million for the building, but the new

Parti Quebecois preferred the band secure its own capital.

- A memo from Ronald Kirby re: meeting with Quebec Premier René Lévesque in Montreal suggests the Kateri Hospital would be discussed as well as other issues.

- June Delisle sent letters to Minister of Social Affairs, Denis Lazure, to revive the hospital discussions.

- Letter also sent to Eric Gourdeau, (SAGMAI – the **S**ecrétariat des **a**ctivitiés **g**ouvernementales en **mi**lieu **a**mérindien et **i**nuit), requesting in writing the statement he made at a meeting that Quebec would be willing to fund the hospital for $4 million and suggested to forget the federal government.

- Gourdeau qualifies his statement, saying the Kahnawake Band expects the federal and provincial government to each pay half the costs of building and that since 1969 have gotten nowhere. There was no B.C.R. that had ever come officially directed to Quebec to negotiate alone without federal aid on this issue and that if the band would do so, it would be possible that the Minister of Social Affairs would approve the $4 million needed for the new hospital construction.

L-R: Denis Lazure, Eric Gourdeau and René Lévesque
Rencontre Vol. 5, No. 3

- The letter was put on the agenda of a Mohawk Council of Kahnawake meeting.

- B.C.R. was sent to Social Affairs Ministry to determine their position on the new hospital for Kahnawake.

1980:

- Correspondence between Dr. Sampson, Dr. Lowry and C.E.S.O. (Canadian Executives Service Overseas) with an offer to intercede on behalf of the Mohawk Council of Kahnawake if needed.

- National Health and Welfare stated that $320,000 would be set aside for the construction of a new hospital building, and requested a B.C.R. and other information on the project.

- Dr. Black (Health and Welfare) responded to June Delisle that National Health and Welfare was doing all they could to support Kahnawake in securing a new building and that Indian Affairs would be glad to assist in negotiating with the province.

- A new B.C.R. requested that a $320,000 contribution from the Treasury Board be set aside for the new hospital.

- The Kateri Memorial Foundation was officially established.

- Health and Welfare requested more details on the construction of the building for submission to Federal Treasury Board.

- Eric Gourdeau (SAGMAI) advised Kahnawake that he would meet with Quebec Premier René Lévesque and Denis Lazure (Minister of Social Affairs) on projects for Provincial Treasury Board review, and would bring up the hospital proposal.

- Reflected in minutes of a meeting between Andrew T. Delisle, the Kateri Hospital Board and Eric Gourdeau, (SAGMAI – the **S**ecrétariat des **a**ctivitiés **g**ouvernementales en **mi**lieu **a**mérindien et **i**nuit), it was stressed to Gourdeau that health care had been given to the province without First Nations consent and this was a reality that Kahnawake had to deal with. It stated that a new building was an absolute necessity and that no strings would be attached. There could be no discussion of Project Archipelago or any other political issues in the negotiations.

- After touring the building, Mr. Gourdeau, a former engineer, stated that no government official would tolerate such a dangerous building in their own community. He said that five years earlier, neither the federal nor provincial governments thought it was a good idea to have a hospital in Kahnawake, but that the quality of care, service and financial manageability they have witnessed had changed their minds. He agreed that Kahnawake should be as fully autonomous as possible.

Dr. Aurel Bruemmer

L-R: Doctors Wojcik, Jones and Montour

- Chief Delisle sent a letter of invitation to the Minister of Social Affairs to witness the condition of the hospital for himself.

- Mr. Gourdeau advised Kahnawake that he had made René Lévesque and Denis Lazure aware of the hospital conditions.

1981:

- Call to Mr. Gourdeau for an update.

- Eric Gourdeau stated that Denis Lazure (Ministry of Social Affairs) had agreed and would visit the hospital.

- A delegation of government officials visited the hospital.

- A summary report of hospital conditions was sent to the new Minister, Pierre Marc Johnson.

- The existing balconies of the In-patient building needed repair.

- The Board directed June Delisle to write a letter to Social Affairs requesting their decision on their intentions for building a new hospital building in Kahnawake.

- June Delisle had a telephone conversation with Mr. Roger Richard of Social Affairs and was expecting a letter of confirmation. Mr. Richard informed Miss Delisle that the visiting team's report would be forwarded to Premier René Lévesque's office along with a letter from Minister Pierre Marc Johnson. There was a possibility of a new building to be started in the spring of 1982.

- June Delisle called Social Affairs for an update on the hospital proposal.

- A telephone call from Social Affairs confirmed that the Treasury Board had approved funds for the hospital, and would be further confirmed in writing.

- Designated non-smoking and smoking areas in the hospital were discussed. The Head Nurse was mandated to survey staff on the issue. One coffee room at the outpatient building was designated for non-smokers. Inpatient building smoking areas were being further looked into.

- Some board members noted that among the younger people in Kahnawake, there was a concern that we would be giving up something in return for the new hospital. Myrtle Bush was designated to do research on the history of the hospital, the need for a new building and the negotiation process. An information pamphlet would then be compiled to be distributed to all Kahnawake residents.

- The Negotiating Committee included June Delisle, Franklin Williams, Annie White, Keith Leclaire, Myrtle Bush and Donald Horne.

Kateri Memorial Hospital, early 1980s

- June Delisle had reported to the Board that she had been officially informed of the Government of Quebec's intention of building a new hospital in Kahnawake. The building will have forty-three (43) beds, with twenty-two (22) of them designated for chronic patients and twenty-one (21) for short term patients.

- The history of KMHC (until 1981), as compiled by Myrtle Bush, was accepted by the Board. Five-hundred (500) copies were printed and distributed through the mail to all families in Kahnawake in early December 1981.

- June Delisle requested a Band Council Resolution (BCR) to set aside lots 76, 77, 78, 79, 80A & 808 to accommodate the hospital expansion.

1982:

- No reply from the Mohawk Council of Kahnawake as of yet. Meetings were planned with Social Affairs principal negotiator Roger Richard.

- The status and activities of the Kateri Memorial Foundation were put on hold, pending the developments of the proposed new building. It was agreed to re-file to keep the existing "Incorporation" status ongoing re: Canadian Corporations Act requirements. The Foundation is not directly affiliated to KMHC.

- It was pointed out at Board level that the Mohawk Council of Kahnawake should inform the Quebec Government that the future hospital would not be used as a leverage on any negotiations about the reserve.

The hospital was decorated with streamers and banners to welcome home Olympic Gold Medal winner Alwyn Morris. (Photo credit: Pearl Jacobs)

1984:

- The Board of Directors approved the final draft of the *"Agreement concerning the building and operating of a hospital centre in the Kahnawake territory."* The motion was proposed by June C. Delisle and seconded by Joan E. Montour, with all in favour. Everyone also agreed to have the document in three languages; Mohawk, English and French.

- The tentative date for the official signing of the Agreement was scheduled for Tuesday, April 24th, 1984. Plans for the official signing were made including place, gift presentation, invitations, dinner, media coverage and security.

- A Building Committee was established to oversee all hospital building operations and reported directly to the Board, who would in turn, reported to the people of Kahnawake. The Building Committee consisted of Michael (Mike) Diabo, Donald Horne, Myrtle Bush, June C. Delisle and Franklin Williams.

- Signing of the historical Nation-to-Nation hospital agreement between the Quebec government and the Mohawks of Kahnawake. Signatories for Quebec were René Lévesque (Quebec Premier) and Camille Laurin (Minister of Social Affairs). Representing the Mohawk Council of Kahnawake were Joseph Norton, Franklin Williams, Donald Horne, Myrtle Bush, Kaientaronken (Billy) Two-Rivers, Eugene Montour, Ida Goodleaf, Richard White and Kenneth Kane.

Grand Chief Joseph Tokwiro Norton signs historical hospital Nation-to-Nation hospital agreement with Quebec.

- Dr. Louis T. Montour replaced Dr. William D. Parsons as the Medical Director of KMHC, effective October 1st, 1984. Board confirmed and approved this appointment.

- Temporary hospital set up in trailers on the east side of the hospital.

- Patients were relocated to the temporary trailers in the fall. Demolition and excavation of the old hospital began.

- Construction began with concrete footings, walls, and column support for structural steel. The work continued throughout the winter.

The Construction Crew

1985:

- An amount of $420,000 (National Health and Welfare contribution) was placed in corporate investment funds. The interest earned (at 9 ¼ per cent) was slated to be used for the Building Fund and Hospital Operations.

- Doctors Fedun and Coakley left KMHC at the end of June. Dr. Gordon Rubin, a graduate of McGill University, was hired on a part time basis, with an evaluation within four months.

Stone, rubble and a burning cross was all that was left as the demolition phase of the old hospital was nearing completion.

- Installation of underground water, drain systems, gravel base and compaction for concrete ground floor, followed by the structural steel, exterior walls, brick work, interior walls, electrical and mechanical systems and finishing / detail work.

1986:

- The first week of June was targeted as a moving date, including the outpatient department. The opening ceremonies were scheduled for June 20th, 1986. A committee was formed to plan the ceremonies, including Franklin Williams, June Delisle, Carole Walker, Joan E. Montour, Keith Leclaire and Grand Chief Joseph

Madame Therese Lavoie-Roux (Quebec Health Minister) and Dr. Louis T. Montour at Opening Ceremonies of the new KMHC.

Norton. Invited guests were to include past Board members and others who were actively involved in the organization of the hospital.

- The opening ceremonies were changed to Sunday, May 29th, 1986, to accommodate the Minister of Social Affairs' schedule. The opening ceremonies were changed yet again to mid-September 1986, because there was a delay in moving due to an electrical problem.

- The community was invited to the official opening for the new Kateri Memorial Hospital Centre on September 21st, 1986. Ceremony began at 12 noon, followed by a buffet and open house at 1 pm. Making presentations on behalf of the government were Madame Therese Lavoie Roux (Quebec Health Minister), and David J. Nicholson (Assistant Deputy Minister, Health and Welfare Canada). On hand were the KMHC Board of Directors, Joseph Norton (on behalf of the Mohawk Council of Kahnawake), representatives from the Catholic Church and Longhouses and many Kahnawa'kehró:non.

Grand Chief Joseph Tokwiro Norton gives June Delisle a congratulatory kiss.

- Temporary hospital was dismantled and shipped out.

- The KMHC Adult Day Center was formed.

Fall 1986 – Summer 1988:

- June Delisle met with many First Nations representatives who expressed interest in the "transfer" or "take-over" of health services in Kahnawake. They include the River Desert Band, Akwesasne, Council of Yukon Indians, Berenes River, Manitoba, Fort Capelle, Saskatchewan, and the Mushklgowuk Council from James Bay.

1987:

- The Board changed their composition from 15 members to 9 according to the following: Kahnawake Social Services (1), Mohawk Council of Kahnawake (1), Non-clinical Staff (1), Clinical Staff (1), Council of Physicians (1), and four from the community. All positions were filled by May 30th, 1987.

- The Council of Physicians expressed concern over the number of "no-shows" (people who make appointments then

June Lazare, Reception

don't show up). The Board decided to launch a community campaign to explain that a no show prevents someone else from having an appointment, and that the physicians may send out a letter explaining the problem to their patients.

- Vera Cruz Consultants (California) was contracted to deliver a training program for Board Members.

1988:

- KMHC became a smoke-free facility.
- Dr. Ann Macaulay worked on an AIDS Policy for KMHC. The Council of Physicians agreed that KMHC would admit HIV positive and AIDS patients.
- The Board of Directors agreed to and signed a resolution to continue administering funding on behalf of the Step-by-Step Early Learning Center Program.
- Representatives from the World Health Organization (WHO), Geneva, Switzerland and Health and Welfare Canada visited KMHC.
- Rewriting and acceptance of the KMHC Personnel Policies, Practices and Procedures.
- Nancy Hanusaik, Dietitian, left KMHC. Two positions were posted. Chantal Haddad, PDt joined us in September 1988, and the second position was filled by Susan Munday, PDt in January 1989.)
- Rewriting of the Emergency Evacuation Procedure was completed.
- Dr. Ann C. Macaulay left KMHC in September after 17 ½ years, but continued to be part of the Diabetes Research Committee.
- Constitution was adopted by the Board of Directors in November.

1989:

- Constitution was approved by the Mohawk Council of Kahnawake. Implementation of the Constitution began in June 1989.

July – September 1990:

- A dispute over a golf course expansion in the sister Mohawk territory of Kanehsatake (Oka) and an early morning shooting of a Quebec Provincial Police officer, prompted the closure of the Mercier Bridge by some Mohawks in support of what was happening in Kanehsatake. All access points to both Kahnawake and Kanehsatake were shut down by the Quebec Provincial Police, the RCMP (Royal Canadian Mounted Police), with check points set up by Mohawk Warriors. It was known as the 1990 Oka Crisis, which lasted for 78 days. Throughout this ordeal, the physicians and staff of KMHC continued to provide medical services to the people of Kahnawake, despite many obstacles.

Telephone Operators Linda Norton and Justin Rice

Audrey Montour, Manager of Medical Records

1991:

- June Delisle retired as Executive Director and went on permanent disability.
- Irene Tschernomor was appointed Interim Executive Director. Keith Leclaire became the Director of Auxiliary Services.
- The community celebrated the retirement of June Delisle after 25 years of service to Kahnawake.

Janis Saylor, R.N.

1992:

- Director of Professional Services position was established.
- Kateri Memorial Foundation received a tax number, which allowed the issuance of tax receipts for charitable donations.
- A new hospital van was purchased.

1992-1993:

- A Social Worker position was established at KMHC, through a cooperative effort with Kahnawake Shakotiia'takehnhas Community Services (KSCS).
- Janet Stacey retired after 34 years of service.
- Carole Walker accepted the volunteer role of official Ombudsman of KMHC.

1993-1994:

- Resignation of Dr. Louis T. Montour as Director of Professional Services.
- Diabetes Education Team Heather Jacobs-Whyte and Susan Munday completed the teaching tool called the *First Nations Community Diabetes Educators Curriculum for First Nations Diabetes Educators.*
- KMHC entered into a partnership with the Kahnawake Education Center, McGill University and the University of Montreal to create the Kahnawake Schools Diabetes Prevention Project (KSDPP). Its goal was to promote healthy lifestyles and help prevent Type 2 Diabetes in Kahnawake.

1995:

- Evelyn Jacobs Lafleur officially retired after 24 years of service.

1995-1996:

- Medical Records department implemented a computerized admission/discharge program called Med-Echo.

Clinton Phillips (standing) and Ronnie Jacobs, orderlies

Candida Rice Jacobs, Inpatient Department Nurse Manager

1996:

- Keith Leclaire was granted a one-year leave of absence from his duties as Director of Auxiliary Services to Kahnawake Shakotiia'takehnhas Community Services (KSCS) as a Senior Policy Analyst. He was replaced by Susan Horne.

- The Executive Director and the Board of Directors of KMHC were suspended on September 4th indefinitely by the Mohawk Council of Kahnawake. Susan Horne was appointed as Interim Executive Director.

- Mohawk Council of Kahnawake appointed a KMHC Advisory Committee, consisting of Donald Horne, Lori Jacobs, Lloyd Phillips and Franklin Williams. Their eight-week mandate was to identify conflict areas within the KMHC operations, to implement the Ad Hoc Committee Recommendations of February 1995, to review the mandates of the KMHC Board of Directors, Executive Director, Constitution and By-laws and make recommendations to the Mohawk Council of Kahnawake. The KMHC Restructuring Process began.

- The KMHC Advisory Committee held three public consultations on the KMHC operations. Sessions were between 15 – 45 minutes in duration. All proceedings were recorded. The Committee listened to the concerns of 48 people, consisting of present and past staff, both professional and non-professional.

- The KMHC Advisory Committee presented a 25-page final report called the *KMHC Advisory Committee Report and Recommendations* to the Mohawk Council of Kahnawake.

1998 – 1999:

- 71 staff members were certified and/or recertified in Cardiopulmonary Resuscitation (CPR).

- Decision was taken to move lab services to Anna Laberge Hospital.

Father and Daughter Team - Richard and Caireen Cross

- There was an Operational Review of the In-patient department.

- The Restructuring Process resulted in a new five-year strategic direction for KMHC, with a new vision, mission , goals and a set of strategic objectives.

- Also restructured was the Board of Directors, its Constitution and By-laws, a

Debra Leborgne and Diane Tarbell, Nurse's Aides

Caireen Cross, R.N.

new Personnel Policy Manual, revised job descriptions, a new performance evaluation tool, adjustments to management structure and a set of administrative policies.

- Susan Horne was appointed as permanent Executive Director; Lynda Delisle as Director of Operations and Suzanne Jones, M.D. as Director of Professional Services.

- Ice Storm of '98 caused the suspension of regular dentist appointments however, the physicians continued to accept walk-ins and emergencies. Clinic hours were extended to evenings, with one clinic on a Sunday to meet the needs of the community.

- The Ice Storm resulted in a community-wide power failure for more than two weeks. Kahnawake Shakotiia'takehnhas Community Services (KSCS) was in charge of shelter, food and clothing in emergency situations and set up a temporary community shelter at the Knights of Columbus Hall. KMHC worked with volunteers from KSCS during that time to help relocate some Kahnawa'kehró:non who were having difficulty in social situations by providing extra cots at the KMHC.

- Flu outbreak caused the closure of the Inpatient department to visitors for one week.

- A high school-based wellness clinic was established at the Kahnawake Survival School.

- A Memorandum of Understanding (MOU) for the Kahnawake Independent Living Services was signed between KMHC and KSCS (Kahnawake Shakotiia'takehnhas Community Services). The MOU between the two organizations stated that they agreed to provide individualized services for disabled individuals and their families.

- Users Committee published and distributed a brochure that outlined their roles and responsibilities.

1999:

- The integration of the KMHC Home Healthcare Team and the Kahnawake Shakotiia'takehnhas Community Services (KSCS) Adult Care Services was completed. The KMHC Home Healthcare Team relocated to the Turtle Bay Elders' Lodge and was renamed the Kahnawake Homecare Team.

- Council of Nurses held its inaugural general assembly.

- The Kahnawake Homecare Team experienced the arrival of the first resident at the Turtle Bay Elders Lodge. The facility rooms fill up soon afterwards.

- Infection Prevention and Control Committee began its mandate.

- Internal / external telephone messaging system installed.

Valerie Diabo, R.N.

1999-2000:

- Preparations for the Year 2000 or Y2K: An adaptation plan was put in place for high priority, non-conformed equipment that was deemed necessary for service delivery.
- Additional funding from the provincial and federal governments allowed for an increased staffing in some areas.
- Salary enhancements brought all employees' salaries up to par with MSSS (Ministere de la Santé et de Services Sociaux) rates.
- Infection Prevention and Control/Quality Improvement Nurse Consultant was hired on a short-term contract. KMHC Infection Prevention and Control Manual and a client satisfaction questionnaire were developed.
- A hospital-wide computer system and a new nurse call system were installed.

2000:

- Council of Nurses' new Constitution and By-laws were accepted by the Board of Directors.
- The Evening Clinic became a permanent KMHC service.

Heart Health Day - October 2000 - Staff on a bicycle for 50

- Pharmacology Committee held its first meeting.
- Heart Health Day (October) was a successful hospital-wide activity.

2000–2001:

- The first steps towards a major KMHC expansion and renovation project (Functional and Technical Program) proposal was developed and submitted to regional health authorities in June 2001.
- In collaboration with Onkwa'takaritahtshera, (Kahnawake's Global Health Body), KMHC recruited a data entry clerk to input data and began preliminary research into the First Nations Health Information System.
- Marian Morkill became a certified lactation consultant (IBCLC), one of only 30 in Quebec, and began working closely with the breastfeeding support worker and group.
- Diabetes Prevention and Promotion worker joined the KMHC staff for three days a week in collaboration with the Kahnawake Schools Diabetes Prevention Project (KSDPP) and the KMHC Adult Prevention Program.
- Occupational Health Nursing Program began.
- KMHC Adult Day Centre Program extended its service from four to five days a week.

Selma Phillips (Laundry Services)

L-R: Tessie Stalk and Evelyn Gilbert, Kitchen Aides

- Council of Nurses and Quality Improvement Coordinator finalized an improved policy and procedure for incident/ accident reporting.

- A new adapted transport van, a Futura Econoline 12-passenger, 3 wheelchair vehicle was purchased.

- Council of Physicians, Dentists and Pharmacists (CPDP) By-laws were accepted with minor changes by the Board of Directors. CPDP accepted the By-laws in January 2001.

- Kent Saylor, Pediatric Consultant was granted status and began to work at KMHC for 2 ½ days per month.

- The Board of Directors met with MSSS (Ministere de la Santé et de Services Sociaux), Régie Régionale de la Santé et de Services Sociaux de la Montérégie (RRSSM) and Intergovernmental Affairs officials to discuss the hospital expansion / renovation project, finances, unmet needs, and psychiatric services.

- Evan Adams, 3rd Year Medical Student, applied for and was granted a summer elective at KMHC. Although KMHC is not a teaching hospital, exceptions are made if the person is a First Nation medical student, or doing an Aboriginal Health Program. Adams, a Native Role Model and actor, spent the summer at KMHC.

- Kahnawake Teen Clinic was established one evening per week through the collaboration and networking with other organizations that work with youth.

- Executive Director took a 10-month educational leave of absence to attend an intensive French course at McGill University.

- Acute shortage of nurses resulted in the screening of new hospital admissions and closure of two short term beds until the end of December.

2001-2002:

- Old manual hospital beds were replaced with top quality electric beds and mattresses.

- Pharmacy services were closed on Tuesday and Thursday evenings because of an acute shortage of personnel.

- The creation of a new entity under KMHC called Tsinitsi Aièsatakariteke (Mohawk Council of Kahnawake Resolution 20/2000-2001).

- The Director of Nursing announced her retirement in January 2002 and officially retired in April 2002. Position was filled by Lidia DeSimone in November 2002.

- KMHC began to address the chronic nursing shortage with planning for the longer term. The **N.U.R.S.E.S Project** became a reality through a collaborative effort with Tewatohni'saktha, the Kahnawake Education Center and John Abbott College. The goal was to have 20 students graduate over the coming four years from the John Abbott College nursing program. Fifteen students passed all required science courses that were offered through a preparatory year held in the community and were registered in the fall in John Abbott's Nursing Program.

Lynda Delisle (Director of Operations) with granddaughter

- The Board of Directors supported the proposal to make Laboratory Clerical Support a permanent position.

2002-2003:

- Nine students completed their clinical placement from the Health Care Aide Program, and one second year nursing student worked through the FNHIB Health Careers Program.

- Two active hospital beds were closed until August 30th, 2002 due to nursing staff shortages. This situation decreased to one bed until October 30th, when two beds were again closed due to renovation. Beds were reopened in January 2003.

- Physician recruitment and retention continued to be an on-going challenge. Doctors Orly Hermon and Gisela Schlosser resigned. Two doctors were on leave of absence – Dr. Nghiem Nguyen and Dr. Judith Gortler (maternity). New recruits included Dr. Tan Le and Dr. Sylvia Yankova.

- Long-standing service contract for rehabilitation services was terminated with Constance Lethbridge Rehabilitation Center. Negotiations began to make two contract employees permanent.

- Presentation to the Board of Directors re: *Communication Strategy and Summary of Policy and Guidelines regarding the DRAFT Alcohol and Other Drug Use In the Workplace Policy.*

- Users Committee Awareness Campaign was held.

- The need for increased personnel in the Social Services department prompted the Social Services Worker Pilot Project position. The position was a part time, three-day per week contract. The other two days of the week were dedicated to the responsibilities of being the Volunteer Coordinator.

Juanita Delisle, Telephone Operator

- Kahnawake Independent Living Services became part of Tsinitsi Aièsatakariteke, under the auspices of KMHC with respect to finances, program staff and operational expenses.

- Board met with representatives of MSSS (Ministere de la Santé et de Services sociaux), Régie Régionale de la santé et de services sociaux de la Montérégie (RRSSSM). Items discussed were the reaffirmation of the relationship with RRSSSM, KMHC New Developments, and the Expansion/Renovation Project.

- On-site pharmacy changed ownership through a new lease agreement. The new owners/pharmacists were Fadi Chamoun and Spiros Marinis.

- The Board approved the new one-year pilot project position of a Speech Therapist (one day a week) mainly to work with

inpatient clients with speech and swallowing difficulties.

- The two-year Dental Health Pilot Project began.
- KMHC was designated as a Medicare Certification Center.
- Social Service Worker position became a five (5) day per week position.
- An enhanced KMHC pension plan was proposed to the staff and was well received. Funding to support the plan is still outstanding.
- KMHC purchased the land on the west corner of the present KMHC property.
- The Teen Clinic closed its doors in December due to lack of clients. Statistics: 26 visits in 2002, 27 visits in 2003.

2003-2004:

- The N.U.R.S.E.S. Project – 14 Kahnawake students attended their first year of nursing at John Abbott College. Two students enrolled in the accelerated two-year Nursing Program.
- The Unidose System for distributing in-patient medication was contracted from Anna Laberge Hospital.
- CPR (Cardio Pulmonary Resuscitation) training became mandatory training for all staff.
- Speech and Language Pathologist permanently joined the staff one day a week.
- The Anticoagulation Clinic completed its first year.
- Four (4) staff members completed their Bachelor of Science in Nursing.
- SARS (Severe Acute Respiratory Syndrome) guidelines were centrally placed at KMHC and key staff instructed on treatment should a client present signs of SARS.
- MRSA (Methicillin Resistant Staphylococcus Aureus) or hospital antibiotic resistant Super Bug continued to be a health concern.
- KMHC signed a land use agreement with the Mohawk Council of Kahnawake to expand the hospital parking lot, located behind the MCK Lands and Estates Office. Construction began in August 2004, resulting in 91 new parking spots.
- Ministry of Health and Social Services continued to verify that the construction, annual operation and major equipment costs of the proposed renovation and expansion project were valid. The projected construction cost for the expansion / renovation project is $12.9M. KMHC will contribute $1.5M to this project.
- The five-year KMHC strategic plan came to an end as of March 31st, 2004. KMHC took the time to acknowledge and celebrate successes and worked on a new four-year plan with key stakeholders.
- Board met with representatives of MSSS (Ministere de la Santé et de Services sociaux), Régie Régionale de la santé et de services sociaux de la Montérégie (RRSSSM) to further discuss outstanding issues of KMHC, such as the Expansion/Renovation Project.
- In light of KMHC's 100th anniversary, the Centennial Celebrations Committee was established in the spring of 2004 and began to plan the KMHC Centennial Celebration year for 2005.
- About 50 people attended a one-day KMHC Strategic Planning Session in April. Attendees included three community members, three board members and two people from the Users Committee.

- Daniel Johnson toured the KMHC in May during a visit to Kahnawake for a meeting with the Mohawk Council of Kahnawake concerning the Quebec / Kahnawake Relations.

- Board met with representatives of MSSS (Ministere de la Santé et de Services sociaux) in June to further discuss the Expansion/Renovation Project.

- The Child Injury Prevention Project began to operate from the KMHC in October, under the Community Health Unit on a one-year contract.

The Centennial Celebrations Committee:L-R: Lori Jacobs, Martin Loft, Carolyn Deer, Audrey Montour, Rhonda Kirby, Janet Stacey, Clinton Phillips (behind Janet), Susan Horne and Wendy Skye-Delaronde. Missing: Vanessa Horn, Jamie Dickson, Lynda Delisle and Lori Beauchamp. (January 29th, 2005)

- A serious physician shortage prompted KMHC to limit evening and afternoon clinics in December. Seven (7) doctors were either on leave or had left KMHC. Temporary measures included not accepting new clients; redirecting clients without doctors to other healthcare facilities; and screening prescription renewal requests. The nursing staff began screening physician telephone calls and assessing daytime clinic walk-ins for treatment here or elsewhere.

2005:

- KMHC held a three-day Accreditation Training session with Board, community members and staff. The purpose was to implement a process with which to measure KMHC's quality of service and operations, and to ensure ongoing quality improvement. The process of the Canadian Council on Health Services Accreditation is a detailed comparison of an organization's services and methods of operation against a set of national standards. Application for KMHC to become accredited was accepted by the CCHSA (Canadian Council on Health Services Accreditation).

- The KMHC Centennial Celebrations Committee held their first event for 2005. The evening began with an opening prayer by Elder Joe McGregor, followed by a performance by the Sweetgrass Singers, a welcoming address from the Executive Director, Susan Horne, and a Board Member guest speaker, Mr. Terry Diabo. KMHC Commemorative Calendars were presented by the Kanien'kehaka Onkwawén:na Raotitiohkwa (KOR) Cultural Center. Refreshments were provided by Buffet David, with entertainment by The Wind Strings, a Sheldon Kagan Production. The Centennial Celebrations Committee's picture above was taken that night.

Who Was Madame Adele Perronno?

Mme. Adele Perronno was born in France, at La Pommeraye (Anjou), on October 23rd,1839. In 1867, she married a Monsieur Perronno, a notary of Vannes (Morhiban); she became a widow in 1872. Being childless, she returned to her family.

Eight years later, with her father, she boarded a ship for America, and settled down in Buffalo, N.Y. where she taught music and French for a few years.

Craving to devote herself to others, she joined a society of women (Daughters of the Sacred Heart of Mary) devoted to the different good works of teaching, charity missions. Everywhere she went, she displayed a keen and penetrating mind, an intellect lifted up towards God as towards the rays of a lighthouse on a reef, and a tenaciousness which never gave up, once it had recognized the will of God.

In Ontario, she was noted for promoting small and humble establishments among isolated Indians, to which two or three of those admirable teachers from Wikwemikong, were assigned. Only once a month were they visited by the missionaries, and were consequently without the divine presence of the Savior. Soon however, they were superbly cheered up by a rescript from Rome, allowing them, even under the above conditions, to keep in their homes the adorable Host of the Tabernacle.

The St. Francis Xavier Mission, 1945

In 1905, she was to be seen conducting with as much prudence as perseverance the bringing in of her companions to the Caughnawaga Reserve, taking under her care one of the schools and founding the hospital in which hygiene of the soul was on an equal footing with that of the body.

There it was that Madame Perronno passed the last years of her long existence of eighty-nine years. It was the same life of zeal, of smiling charity and of intelligent superiorship. When her advanced age did not allow her to remain at the direction of the establishment, she found refuge in a life of silence, of prayer, and even then of continual work. The past moments of this beautiful soul were that of a vigil lamp, which for lack of oil, peacefully dies out, by throwing on the tabernacle the last rays of its mystic flame.

On December 18th, 1928, Mme. Adele Perronno was laid to rest under the St. Francis Xavier Mission. She was a woman of a superior intelligence, of a great heart, and of an activity that death alone was able to stop.

[On January 18th, 1965, work began on the restoration of the Mission Church of St. Francis Xavier. The next day, on ripping up the floor, the workers were startled to discover more than a hundred wooden crosses. The site of the present church was a veritable cemetery. Most people, acquainted with Caughnawaga, knew that Father Joseph Marcoux, the builder of the present church, was buried there with his parents, one or two Indians, and Mrs. Adele Perronno, who established the Daughters of the Sacred Heart of Mary in Canada, and founded at Caughnawaga the Sacre-Coeur Hospital, now known as the Kateri Memorial Hospital Centre.]

Source*: Kateri*, Number 68, Spring 1966

The Wharf and the Old Grand Trunk Hotel

The present site of the Kateri Memorial Hospital Centre was originally the Grand Trunk Railway Hotel. It was an impressive, three-storey stone house and was the largest building in the village.

Before the Victoria and Canadian Pacific Railway Bridges were in existence over the St. Lawrence River, the inhabitants of Caughnawaga used canoes or dugout boats to wend their way to work or shopping trips to Lachine or Montreal. In 1823 the first steam railway called the Grand Trunk Railway ran on the west end of the town. It connected Canada with the United States from the wharf to Mooer's Junction, New York.

Ruby Beauvais poses on the wharf near her father's restaurant.

The wharf facing what is now the Kateri Memorial Hospital Centre afforded a great source of pleasure to the local inhabitants. It was truly a "little Coney Island." There were numerous refreshment stores, handicraft stands, native dances and entertainment. The 20-car ferries, the **St. Henry, Jacques Cartier** and **Lafayette**, transported their cargo and passengers every half-hour, from the wharf to Lachine. On weekends when traffic was heavier with sightseers, these ferries engaged jazz bands to serenade the passengers.

When the steam engine that operated through Caughnawaga ceased, the hotel was sold to Madame Adele Perronno. She obtained this building as a hospital in June 1905 on the condition that it was to be used for those in need of medical help. In the event of her death, the property and building was to revert to the band.

Wanda Big Canoe being pulled in an old-fashioned sleigh by her dog Skippy in the off-season at the restaurant on the wharf, owned by Eddie Beauvais and family.

When Madame Perronno could no longer carry on her duties, a religious order of nurses continued. However, these nurses found expenses could not be met and in 1955, they left.

Source: *Caughnawaga Yesterday and Today,* Michelle Brisebois-Ward and Dorris K. Montour, 1971

[A big thanks to Ruby Beauvais for sharing her pictures.]

Another view of the restuarant

Blessed Kateri Tekakwitha

Blessed Kateri Tekakwitha was born of a Christian Algonquin mother and a Mohawk father in 1656 at Auriesville, N.Y., known at that time as Ossernenon. Her importance is significant as she, a Native woman, was baptised a Christian and devoted her life to the faith.

In 1660, an epidemic of smallpox took the lives of Tekakwitha's parents, and although she had been stricken, her life was spared. Even after her recovery, the usual disfigurement and weakening of the eyes remained.

Together with the other survivors, she moved to a new settlement west of Auriesville and eventually to another village just west of present day Fonda, N.Y. At that time, Fonda was known as "Caughnawaga." When she reached the age when young Native women begin to think about marriage, Tekakwitha's uncles and aunts began to search for a Native man for her.

To their dismay, Tekakwitha announced that she had no intentions of becoming the wife of any man. That decision brought the wrath of the family upon her, but their attempts to deceive and force her into the state for which she had no desire were futile. She was only interested in a Christian baptism.

Tekakwitha's Baptism

In 1675, Father James de Lamberville, S.J. took charge of St. Peter's Mission at Caughnawaga (Fonda). It was to him that Tekakwitha opened her heart and expressed the ardent desire for baptism. However, while Father de Lamberville admired her simplicity and faith, he made her follow the rigid rule established for catechumens.

Six months later, on Easter Sunday 1676, Tekakwitha was baptised at the age of 20. The whole village crowded in and around the church for the event, for they all loved her, as she was so quiet, gentle and kind.

The oldest known painting of Kateri by Fr. Claude Chauchetiere, S.J. 1680 *(Kateri* Magazine # 185)

Her New Name

When she entered the chapel, she was simply Tekakwitha, but when the solemn ceremony had been completed, she became known as Kateri or Catherine Tekakwitha. Born a non-Christian at Ossernenon (Auriesville), Tekakwitha was destined to be reborn in Christ at Caughnawaga (Fonda).

Kateri's Flight to Canada

It was during the autumn of 1677 that she fled the Mohawk countryside and headed north to the Mission of St. Francis Xavier on the St. Lawrence River. A few months after her arrival, on Christmas Day 1677, Father James Frémin gave Kateri Tekakwitha her first communion. On March 25, 1679, Father Frémin allowed Kateri to pronounce a private vow of virginity.

Kateri's Holy Death

At the beginning of 1680, Kateri's health took a bad turn after she accompanied a friend to Laprairie, several miles downstream from the Mission

on a bitter cold winter day. On Tuesday of Holy Week, she received Holy Viaticum, dressed in borrowed attire, having none which she thought appropriate to receive her Beloved with. On the following day, she told her friends they could gather firewood, for she would not die until they returned. And so it was. Shortly after 3:00 pm, Kateri passed into the spirit world; she was not quite 24 years old.

Favors and miracles obtained through her intercession began almost immediately. It is no wonder then that biographies of Kateri Tekakwitha have appeared in 14 languages and is known around the world. On January 3, 1943, Pope Pius XII solemnly approved the decree, declaring her "Venerable," thus proclaiming that she had practised all Christian virtues to a heroic degree. Interest in the young maiden continued to spread in the intervening decades until 1980, the tercentenary of her death, when Pope John Paul II decided the time had come to advance her to the ranks of the "Blessed."

Source: *Blessed Kateri Tekakwitha – Who Was She? What Did She Do?* (pamphlet) by the St. Francis Xavier Mission / Kateri Tekakwitha Shrine. Undated.

The Indian Agent's Report - 1905

October 1st, 1905.

Frank Pedley, Esq.
Deputy Superintendent General of Indian Affairs
Ottawa

Sir,

I have the honour to submit my annual report in regard to the Caughnawaga agency for the year ended June 20th, 1905.

***Health** – The health of the Indians has been fairly good; there has been no epidemic during the year. The most serious illness is consumption.*

***Occupations** – These consist of farming by a few, making lacrosse sticks and the driving of logs on the Ottawa River. Others work for the Dominion Bridge Company, the Wire Works and the Cooper Machine Works at Lachine and Montreal, while others are engaged in building bridges in different parts of Canada. Several work in the stone quarries.*

***Character of the Season** – The season was favourable for the sowing, growth and maturing of the harvest; the harvest was also abundant and saved in good order.*

***Fishing** – The fishing was fairly good, but this industry does not produce a large revenue; there are few following it. It is the same with hunting.*

***Education** – There are two Roman Catholic schools, one for the boys and one for the girls, with two male and two female teachers. There is, also, a Methodist school for boys and girls.*

***Characteristics and Progress** – The Indians are fairly industrious and are progressing in their work and education.*

***Temperance** – There is little improvement with reference to temperance however, disgraceful scenes are gradually disappearing.*

I have, & c.,
J. BLAIN
Indian Agent

Source: www.collectionscanada.ca/indianaffairs

Bingo Makes a Hospital Live

By Therese Vaillancourt (*Photo-Journal* - July 1964)
Translated by Andrea Brisebois and Natalie Cote, Edited by Lori Jacobs

[Editor's Note: The following is an excerpt of a french-language newspaper clipping, an interview with Mrs. Louise McComber on the old hospital operations in 1964. It gives the reader a glimpse into what was going on at the hospital in the mid-sixties. It has been translated and edited.]

Everyone knows Mrs. Poking Fire, wife of the honorary chief of Caughnawaga. It is she who, with her husband, organizes the spectacular shows (performances) for tourists - especially the American tourists. But, who knows Mrs. Louise McComber, Director of the Kateri hospital in Caughnawaga? A few people. But they are the same person!

Since the federal government has ceased to subsidize the Caughnawaga hospital, the fate of the patients depends mainly on the bingos organized by Mrs. Poking Fire. It was in 1955 that Mrs. Poking Fire, otherwise known as Mrs. Louise McComber, took the hospital in hand. She inherited $16,000 in debts when the religious order of nuns - the Daughters of the Sacred Heart of Mary – L'Oeuvre de Protections des Jeunes Filles left.

At last, a resident doctor!

Then, Louise McComber decided to organize bingos. The Indians do not want to pay one cent for remedies or their treatments, but they like bingo. They adore bingo! Result: with the funds that were raised, she refunded the $16,000 of debts as fast as possible; then she bought new surgical instruments. She even had the luxury to throw away all that was rusted, blunted or badly rotten into the garbage can.

Mr. and Mrs. Poking Fire (1950s)

Mrs. Poking Fire did better still: after years of research, she succeeded, thanks to the American Medical Association, to find a qualified doctor who agreed to become a resident doctor for the patients at Kateri hospital. Thus we met Doctor Javanmardi, Iranian of origin and a specialist in Gynecology.

"Being foreign," specifies Doctor Javanmardi, "I must wait five years before having the right to practice medicine in Canada. I enjoy a special status here. I am available 24 hours a day to the residents of Caughnawaga, but I remain under the jurisdiction of Dr. J.L. Lapierre and Dr. Maurice Plouffe."

With the money from the bingos, Mrs. McComber pays for all the drugs prescribed to the Indians and the non-Natives who frequent the private clinic: it also pays for the heating, the laundry, the maintenance of the hospital, the wages of its

twenty employees (cook, assistant-cooks, assistant-nurses, etc). She even pays for the ambulance for patients who must be transported to large hospitals in Montreal. For herself, Louise McComber does not keep anything. Without pretentiousness, she says: "My work is volunteer."

"All the hospitals speak only about their deficits - not mine! I have even succeeded in putting $32,000 in the bank for the future needs of the hospital!" continued Mrs. McComber.

"In Ottawa, a government employee gave me a true challenge. 'Your claims / expectations you Indians have, resemble balloons. You blow, you blow and then it all bursts,' he said to me! Isn't that polite? And nice? This statement provoked me. It is perhaps because of these few words that the hospital is still standing. The private clinic functions at full capacity and nobody dies of hunger here."

When Mrs. Poking Fire goes to the market!

In fact, nobody dies of hunger! On the menu last Monday: soup (home-made and it smelled good!), sausages, potatoes in puree, cooked vegetables, a small green salad, peach preserves made last autumn by Mrs. Poking Fire and her daughter-in-law, coffee, tea and milk. And since "the youngest person" hospitalized is at least 80 years old, that seems more than sufficient!

Every morning, around 5 a.m., Mrs. Poking Fire goes to the market. She knows all the suppliers in the area. "The apples, in Saint-Isidore, are the nicest and least expensive than elsewhere. In Sainte-Philomene, a farmer makes me a special price for the poultry. For the meat, I go to Verdun. I save $1 here, $2 there. That is how I was able to do it financially!"

The four beds in the nursery are empty. But in the next room, we saw a 92 year-old Native woman, so small and so shriveled up that she sleeps in a child's bed. She is a blind, deaf and mute woman. She is carried like a small girl.

Louise McComber (1940s)

Curiously, the patients never play bingo. They prefer to watch television or to get fresh air on the veranda.

Despite a restricted budget (and it won't always be that way), Mrs. Louise McComber is satisfied for the moment with the sound operation of her hospital. For the moment only. What will happen when the excellent Doctor Javanmardi ceases being the resident doctor? He is, up to now, the only doctor who has agreed to work permanently at the Kateri Hospital!

Source: *Photo-Journal*, Week of July 1st to 8th, 1964

(Nia:wen kowa to Margie McComber and the McComber family for the use of these photos)

Reflections of the Big House

By Lori Jacobs

As a small child, Suzanne Watshenni:saks (looking for names) Bush Delisle loved to listen to her grandparents as they conversed in Kanien'keha with their neighbors. These recollections bring back pleasant thoughts, and Suzanne smiles to herself as she looks back with longing and admiration. She remembers hearing her grandparents and other elders talk about the mysterious French woman who purchased the hospital for the people of Kahnawake (known as Caughnawaga). The woman's name was Adele Perronno. She says the elders referred to the hospital building as "Kononsowanen" – the big house.

In the early 1900's, Mme. Perronno often went out to the farm area (route 207) to familiarize herself with the people. The elders knew who she was and what she was there to do, although her health care concept was not popular at the time. The idea of going to "The Big House" for medical treatment was a little far-fetched, seeing that most Kahnawa'kehró:non practiced their own traditional medicine. They were farmers who used roots and herbs, flowers and even skunk oil to assist their families through injuries and sickness.

L-R: Otiohkwanoron Montour, Suzanne (baby) and her grandfather Mitchell Bush - Aug. 1935

In the winter of 1943, as a small child, Suzanne remembers her grandfather taking a woman to the hospital by horse and sleigh. She says there was a knock on the door in the middle of the night. It was a cry for help from a trembling teenager who asked her grandfather to bring his mother to the hospital because he was sure that she would die. The boy's mother was in labor. "I was only eight. I was really scared and didn't understand what was happening," says Suzanne. "But maybe my older sister knew it was a natural thing." Suzanne remembers the ritual, like it was yesterday.

Charlotte Square Bush & Mitchell Bush (May 1942)

"My grandfather put on his long sheep-lined coat and went outside into the winter wind storm. I watched as he harnessed the horse and filled the wagon with hay and blankets. He lit the lantern, climbed on board and went to the woman's house." It was one of the worst winters on record. The roads were blocked with snowdrifts, so Suzanne's grandfather had to navigate his way from the road (route 207) to the farmer's fields along the roadside. The weather was so bad that the horse's belly dragged in the snow. Nonetheless, he got the woman to the hospital. Though the baby was nearly born in the wagon, Suzanne laughs when she recalls that when her grandfather got back home, there were icicles hanging off of his moustache.

Suzanne's grandparents were born in the late 1800's; Mitchell Bush in 1869, and Charlotte Square (Akwesasne) in 1875. In 1891, she says her grandparents settled in Kahnawake and relayed stories of how Dr. Patton travelled by horse and buggy, tending to patients stricken with the flu. She remembers her grandparents talking about how the flu travelled here from across the ocean.

The Hospital Key

By Lori Jacobs

Not many Kahnawa'kehró:non have had the chance to work with the Daughters of the Sacred Heart of Mary – L'oeuvre de Protections des Jeunes Filles, the religious order of nuns who ran the hospital from 1919 – 1955. But one Kahnawake woman began her training in the nursing field with the nuns in 1954. Charlotte Dolly Tiohserathe (Bright Winter) Barnes Diabo and her husband John fell on hard times when John got sick and needed to be off work for a year. The couple had a young son Kenneth, nearly a year old, and the Christmas holidays were just around the corner. "When John got sick, I had no way of earning money," says Dolly, so she went over to the hospital to look for a job.

Charlotte Dolly Diabo Barnes

"I met with Miss Gleason (nun) and I told her I could do odd jobs like washing dishes or cooking. She hired me on the spot and I started the next day bathing, feeding and taking care of the patients," remembers Dolly. "I enjoyed it. That's where I got it into my head to become a nurse." Dolly was sent to the Lachine General and the Montreal General Hospitals for on-the-job-training to learn about and study nursing.

"That next summer, they (the nuns) left," recalls Dolly. "They put all their stuff in the back seat of a car. Before she got into the car, Miss Gleason turned and handed me the key to the hospital, got in and drove away in the pouring rain." Dolly says she passed the key on to Louise McComber, who in turn, gave it to Tahawitha Montour, the Mayor of Caughnawaga. Dolly says she stayed on at the hospital and continued to assist the patients in any way she could after Louise McComber took over. She continued her studies and eventually earned her certificate as a Trained Nursing Attendant.

She left the hospital and moved to Syracuse in the early 60s to be with her husband and young family. She returned in 1968, and resumed her duties at the hospital. She has many good memories of the old hospital and the staff; she even helped to deliver many babies. Her career came to an abrupt halt in 1970 when she hurt her back while she and an orderly were carrying a patient. She returned to work briefly in 1972, but her back problems persisted and she retired. Dolly's husband John passed away in 1994.

"You get to like working with the people. It makes you wish they weren't that sick. It got to me. I got to really care about them," says Dolly. She wishes that more Kahnawa'kehró:non would go into the field of nursing. "If you're in school, keep nursing in mind. Study hard. Start in a hospital; you can learn a lot," advises Dolly. "It'll come in handy in the long run. You'll always have a job in nursing or in the medical field." Dolly says she's proud that her granddaughter, Valerie Diabo, became a nurse. "I remember when Valerie was about four years old, and she said me to 'Tota I'm gonna be just like you.' And now she's a registered nurse. Now, Valerie's daughter, who's about eight, is thinking of doing the same."

Today, Dolly is 82 years old, and enjoys being a resident at the Turtle Bay Elders' Lodge. She has two grown children, Kenneth and Billy, six grandchildren and 13 great-grandchildren.

Working at Kateri in the Early Days

By Sandra Paul McComber

My mother, Christina Paul, worked as a Nurses' Aide during the time of the nuns' regime and the takeover by Louise McComber, Chief Poking Fire's wife. She worked at Kateri for a period of 23 years. In fact, three generations of my family worked there; my mother (1950's to around 1979), myself (off and on from 1953 to 1957) and my daughter Stephanie Paul (1969 – 1983). My mother worked with many doctors, including her cousin Dr. I.K. Williams, Dr. Lapierre, Dr. Plouffe, Dr. Macaulay and others.

The Fall and Rise of a Hospital

When the religious order of nuns left in 1955, they took everything, even the beds, linens, bed tables and all their kitchen cooking utensils. Louise and my mother sent us throughout the neighbourhood from home to home to collect beds, linens and cooking utensils. I recall my mother telling us to come in and help. We would prepare the individual food trays, deliver them bedside, helped to feed the sick people, collected the trays and washed the dishes. I remember doing laundry and using a mangle to iron the sheets and blankets. Eventually, we did get hired.

Christina Paul and daughter Sandra

Several Tombolas were held on the hospital grounds as fundraisers. Those were the times when we kept a lot of Inuit people. Louise would let us take them to Lachine to buy themselves clothes. We made good friends with one who spoke English. She would always be at our house. She was pregnant and we made her a shower. We joked with her, saying we'd call her baby "Eskimo Pie."

The three-storey hospital had an old-fashioned elevator. I recall how dangerous that elevator was; in fooling around I almost got my head caught in it.

Christina Paul

And whenever there was a mattress outside on the second or third floor balcony, everyone passing in cars or on the Monette bus knew that someone had passed away.

When Dr. Plouffe made this rounds, he would catch us fooling around but never said much to us. But everyone was on the look out for Louise McComber. When we saw that station wagon pull in, we knew we'd better get busy.

My mother was on the Board of Directors for the proposal of a new hospital, and attended a meeting for the final proposal to the Minister for a new hospital.

Kahnawake's First Registered Nurse

By Lori Jacobs

Kahnawake's first registered nurse graduated in the summer of 1961 from St. Mary's Hospital, a teaching hospital as part of McGill University in Montreal. Cecelia Curotte began attending St. Mary's in 1958. She says it wasn't a conventional school system– she lived there, worked in the mornings in the hospital and attended the classroom in the afternoons. Part of the curriculum allowed for the students to be placed for three-month intervals at other health care facilities in and around Montreal. During that time, some memorable places she worked at were the Royal Edward Chest Hospital (in public health), The Montreal Children's Hospital (in pediatrics), The Douglas Hospital in Verdun (in psychiatry) and St. Mary's (obstetrics). During her summers off, she would volunteer her time at the Kateri Memorial Hospital or at the clinic, doing triage work like taking weight, blood pressure, and asking patients about their problems before they saw the doctor.

Cecilia Curotte, June 1961

Growing up, Cecelia lived with her mother in a small house with no electricity or plumbing. Her home was located right behind the old Grand Trunk Railway Hotel that was converted into the old hospital and would eventually become the Kateri Memorial Hospital Centre. From family stories, Cecelia says her great grandmother on her mother's side was one of the very first patients at Kateri, a place she says the old people called "where the bodies are put."

Cecelia says she became a nurse because she enjoys helping people. "But it's more than just wanting to help people. It's nice to be able to speak to the patients in their language and comfort them. It is a rewarding thing when you see the patients get better and go home, but frustrating when there is little to no cooperation from the patients' families. But you do the best you can."

Cecelia was a practicing nurse for over 40 years. Before she came to Kateri, she worked in Los Angeles and Montreal for short periods. She began working at KMHC shortly after graduation, on the graveyard shift (11 pm – 7 am). She was usually kept busy during her shift, tending to the patients' needs. "I'd check the patients hourly, take their blood pressure, temperature, whatever the doctor ordered." One thing she regrets is not keeping up her education to upgrade her skills.

In the early days, she says the hospital had to do without a lot of things, like bandages, IV bottles and having to use older equipment. But she has some fond memories of those times in the old hospital, particularly stories revolving around the old elevator. "When the electricity was off, we had to bring the food trays to the patients from the kitchen up the stairwells. Everybody pitched in and lined up as we handed the trays up, hand by hand, person to person up to the third floor, then the second floor, etc. We got a lot of exercise in those days," she laughs.

In 1987, Cecelia switched to working the dayshift. She went on disability in 1999, and officially retired in 2003.

(Nia:wen kowa to Elizabeth Curotte-Ryder for use of this picture)

June KAHERINE Delisle
and Health issues in Kahnawake

By Andrew T. Delisle Sr.

June was concerned about the health of the people of Kahnawake at the time when the issue was the availability of services in Kahnawake. The thrust of the movement to take over and implement health services was headed by my aunt, Louise Mc Comber, or Mrs. Poking Fire as some people called her.

June was schooled in Caughnawaga (Kahnawake) to the 9th grade. Between the summer of 1944 - 1945, she fought Indian Affairs through the local Indian Agency to continue her education. She didn't sit back and wait for their decision – she worked picking berries on farms surrounding Caughnawaga (many of you remember 2 cents a box). Then she worked at the Jolly Green Giant factory in Ste. Martine, and finally, at Consumers Glass in Ville St. Pierre. She didn't work in offices – she husked corn, walked in slop, packed hot glassware and carried heavy crates.

She won her battle with Indian Affairs and attended business college in Montreal from September 1946 – April 1947. She started working in Montreal two days after graduation.

June Kaherine Delisle

In 1955, June did some volunteer work at our hospital on weekends and evenings (with many other women) washing walls and floors and tending to patients.

June became the assistant by way of being the bookkeeper for the committee that was raising funds for the maintenance of permanent health services as well as for the maintenance of the hospital. She became a full time employee of KMHC on January 1st, 1966.

June participated in the negotiations with governments where laws and regulations were bent to meet our needs. She participated in the recruitment of medical and other staff who were hesitant in treading on new ground as well as new ideas based on a new cultural experience.

June eventually became the prime mover of the efforts and worked in collaboration with many people of our community. She became totally involved in every aspect of the movement and I dare say "devoted" her life to the cause. It is my belief that she spent every moment of her life establishing a Kanienkehaka controlled health system as well as a hospital building.

June especially wanted the hospital and the services that it provided to project the culture of our people. Her deep desire was to have all the staff, whether they be medical or otherwise, take a course in the culture our people.

June did not let her lack of mobility stop her from doing anything that had to be done to achieve the required objectives. June always believed that it was a team of dedicated people that finally got what we all wanted.

The result? A new and Kanien'kehaka owned and operated health center – The KATERI MEMORIAL HOSPITAL CENTRE.

Additional information taken from June Delisle's open letter to Kahnawake in the summer of 1976 entitled: *To the People of Caughnawaga, My Brothers and Sisters.*

The Hospital in the 1950s and 1960s and Tombolas

By Howard Deer

After religious order of nuns - the Daughters of the Sacred Heart of Mary – L'Oeuvre de Protections des Jeunes Filles left Kahnawake (Caughnawaga), we (the band councillors) took over. We had a committee working together and had carpenters repairing the walls and floors. Some of the men who worked at Dominion Bridge in Lachine were able to procure a boiler furnace to heat the hospital. Then we had a bit of excitement. We had a chimney fire but we were able to put it out. I was very nervous.

I was a volunteer director of the hospital for 13 years, working with Louise McComber and June Delisle. We were able to get an x-ray machine through Dr. Williams from the Lions Club, where I was a member at the time. I often accompanied June Delisle to her lectures outside of the reserve.

The Tombola - Like a Country Fair

A Tombola is made up of raffles, gambling, games of chance – all money-raising activities. There were many Tombolas to raise money for the hospital. I think it's a French word. (Some people believe that it is an Italian word for 'bingo.') Most of the Tombolas were held at the old Kateri Hall. There were stalls and individual tables set up for people to sell their wares. There were Roulette Wheels, Penny Fairs, and bake sales with homemade pies and cakes. The women had their quilted blankets for sale. There was also a big bowl of dried beans on display. People would buy tokens and guess how many beans were in the bowl. The person who guessed the closest won. It was like a country fair or carnival. In some French villages, they still have Tombolas.

Howard Deer after a performance for the patients at KMHC March 2005
Photo credit: Mariette Cappuccilli

Special Places in My Heart

By Janice Beauvais

Kateri Memorial Hospital holds a special place in my heart. All three buildings, the original building, the temporary building and the new building bring back fond memories for me.

My grandmother worked at the old hospital when I was a little girl. She worked the night shift cleaning and doing many other jobs. Every Sunday morning we would pick her up and take her home where there would be a traditional Sunday breakfast of cornbread, steak and sausages prepared by my mother. My family would all sit down and have breakfast together every Sunday.

My grandfather, Lazare Diabo, otherwise known by his Mohawk name Karihison, was a patient at the hospital for several years after suffering complications from diabetes. My grandmother visited my grandfather every evening during supper. She did this without fail for many, many years. My mother would take my brother, sisters and I to visit my grandfather on special occasions such as birthdays and holidays. I would stand in front of the hospital and look up before entering. My grandfather occupied the far right window on the third floor of the old building. The third floor was the floor occupied by men. I enjoyed going up to the third floor in the old rickety elevator. On the other hand, my mother would always take the stairs. Usually on that visit we stopped by to see my great grandmother, Charlotte Delormier on the second floor, the women's floor.

L-R: Christina Paul, Janet Stacey and Carol Beauvais

Besides visiting relatives, there were many other times we would go to the hospital. My sister and I had our ears pierced at the old hospital by one of the doctors. He used a needle and catgut to pierce our ears. Other visits were because of emergency illnesses such as a high fever. There was even a time on Christmas Day when I was taken to the hospital because of a very high fever. There was a doctor on call that day. I'm not sure if other families visited the hospital in the manner we did, or did we have special privileges because my mother and grandmother both worked there.

Every summer the old hospital would host a "Tombola". A Tombola was an outdoor type of carnival used as a fundraiser. It included many types of games, pony rides and lots of food. My siblings and I looked forward to this event. I was extremely excited when my mother informed me that I would be helping out at one of the game booths. Working at the Tombola gave me access to the hospital by the back door. I felt privileged when I was able to use this entrance and even sit in the kitchen. I felt special and important.

My fondest memories came when I worked as a summer student at the temporary hospital building. It was here that I was a witness to my mother's dedication and talent as a nurse. I remember my first day working at the hospital as a geriatrics coordinator. I recall seeing lots of old people in pajamas. I remember feeling overwhelmed and thinking of a way to quit this job. There was no way that I could work in this environment for several weeks. I was too afraid to tell anyone how I felt. I decided to try another day and then another. Pretty soon I was feeling more comfortable and loved the idea of working beside my mother. I witnessed her interacting with the patients. She had a somewhat rough exterior but a heart of gold. You could see the love she had for all the patients. I too developed this same love and fondness with many of the

patients. However, I failed to realize that there would be many days when I would come to work and some of my new friends would no longer be there. Death came more often than I had anticipated. It was then that I realized just how special my mom and the other hospital staff members were. They had to endure deaths on a regular basis. Yet they managed to get up every day and go to work and care for all these people.

The new building also brings back fond memories for me. I always enjoyed visiting my mother in her office. Her desk was immaculate and everything was extremely organized. She could also take blood without causing any pain. As Heather Jacobs-Whyte stated at my mother's eulogy, "Carol could get blood from a stone."The hospital staff held a celebration in my mother's honor as we proceeded to her final resting place. The procession of cars stopped by the hospital as the staff paid special tribute to her. We realized then just how many lives she had touched all through the years she worked at the three hospital buildings. She is greatly missed by all who knew her, especially her patients.

I dedicate these stories in memory of the two most important women in my life, my late mother Carol Ann Diabo Beauvais and my late grandmother Mary Delormier Diabo. They have taught me to work hard and achieve my goals. I miss them very much.

Carol (Diabo) Beauvais 1938-1999

By Arlene Beauvais

Carol (Diabo) Beauvais loved what she did and enjoyed doing it until she was no longer able to. Her enjoyment was helping people and fighting for what she believed in. Through her eyes, our people came first.

Carol Diabo Beauvais

She was involved with the Kateri Memorial Hospital Centre from 1956 to 1998, taking off from 1961 for the birth of her first child to 1970 as her fourth and last child started school.

In her early years at the hospital from June of 1957 to September 1958, Carol assisted in delivering 65 babies and delivered 5 babies without a doctor present. That is quite a few for a twenty-year-old.

Her willingness to help people did not only occur during work hours. People would call her at home for advice or ask her if she could go over to a person's home when a child was sick. She was always willing to help anyone.

When necessity called, she was transferred from the Inpatient Department to work in the clinic. Her main duty there was administering blood tests, a skill that she mastered. Many people have remarked to me at how good she was at taking blood. She would get it the first shot and it wouldn't even hurt! She just had a knack for it. Some people even commented that she probably could have drawn blood from a stone.

When it came to work, she could not stay away too long. Her earned weeks of vacation were seldom taken a week at a time; she'd take long weekends instead. I don't know if it was because she was bored staying at home or because she missed being at work.

In 1997, when she was diagnosed with lung cancer, her days of working were cut down due to treatment. Once she started feeling better, she went back to work temporarily. She worked until she was no longer able to. One thing I will never forget is when she became really sick, she received a call from a former patient and was asked if she could do his blood test. He did not trust anybody else. The next morning, she put on her uniform and went to work to do that one last blood test.

I know that if my mother was alive today, she would still be working. Retiring at 65 was just not in her.

The Kitchen Crew in the Early Days

by Lori Jacobs

For 28 years Helen Stacey worked in the hospital kitchen. Everyone knows her as Tootsie. She started as a dishwasher in 1972, and worked her way up to purchasing food and keeping the stockroom filled, and finally became in charge of the kitchen.

When she first began, Tootsie says there were no special diets or dietitians. *"When I first started to work in the kitchen, there were no menus. What the cook wanted to cook, she did. We just asked the patients what they liked to eat."* She says they served foods like ham, chicken and hamburger, and cereal and eggs for breakfast. And the food was free for staff too.

Each patient had their own set of salt and pepper shakers and a sugar container. Once a week, the containers were emptied and disinfected in the dishwasher, refilled, and put back on the patient's cart. There were no sugar substitutes in those days, and diabetes as a health problem hadn't surfaced yet, recalls Tootsie, *"and it seems our patients lived a long time."*

Although the kitchen crew was casual and friendly, they were also very professional when it came to apparel. *"The kitchen staff always wore uniforms – white shoes, dresses and nylons."*

Tootsie remembers the camaraderie of the kitchen staff. *"We had a lot of fun. We were like family, always kidding around,"* she says. "*We'd go upstairs and talk to the patients. It was a real homey place."* But the building was beginning to show its age. She remembers hearing stories from the people who delivered food trays to the patients, especially on the third floor in the winter. Tootsie says they would comment on how the patients and their beds would be moved to the middle of the floor because the snow was making its way inside through the cracks around the windows.

Helen Tootsie Stacey, Food Supervisor

Tootsie commented on how June Delisle ran a tight ship. One of the unwritten rules at the old hospital was that nobody was supposed to be in the kitchen other than the kitchen staff. Tootsie recalls a time when one of the male office workers snuck into the kitchen and asked for a quick cup of coffee. She laughs as she recalls the sight of this man crouching down to hide. *"We could hear June Delisle coming around the corner in her wheelchair. The office worker tried to hide so he would not be reprimanded, but June caught him anyways,"* laughs Tootsie. *"He was real embarrassed."* Another time, Tootsie recalls how the hospital custodian, America Robert, would come up from the basement and throw things at the girls in the kitchen. *"He would throw things at us like dead birds and mice, just to make us scream so June would hear us and yell at us,"* she remembers with a grin on her face.

In the fall of 1984, while the old hospital was being demolished, staff and patients were moved into the "Trailers," a series of three independent trailers that were connected to serve as a makeshift hospital. Two of the trailers were reserved for patients, while the other trailer housed the office staff. They soon got used to working in such close quarters, although conditions weren't always the greatest. *"It was very*

hard working in the trailers. Sometimes there was snow in the kitchen area and we had to work with our coats on," says Tootsie. While in the trailers, the hospital began to charge the staff for their meals. Some staff complained because they were required to pay $1 per meal ticket.

Although she says it seemed like they worked in the trailers forever, the final move to the new building was an experience. *"When we moved into the new hospital, we used to roam the hallways and get lost because it was so big,"* remembers Tootsie. *"Nonetheless, I really liked working there."* Helen Tootsie Stacey retired in 2000 at 65 years of age.

Kitchen Memories

By Susan Munday PDt

Back in the old days, the cooks decided what to serve and the meals were free for staff. There were no menus or recipes, or dietitians but the kitchen always served good homemade meals.

Staff remembered the old kitchen as small and very hot until Dr. Williams finally bought a fan for the staff. The equipment was old and there weren't many pots and pans. There was a dark, dingy basement where supplies were stored.

Kitchen staff worked well together and had lots of fun. In fact, the whole hospital staff was like a family and loved to 'goof off'. June Delisle was often heard to remark, "The goings on with my staff!"

Tootsie Stacey recalled using liquid detergent in the dishwasher once, causing suds to overflow all over the place; they tried to clean up as fast as they could.

Norma Canoe remembered cooking whitefish brought to the hospital by some Inuit patients. She found it friendly in the trailers when patients ate their meals next to the kitchen.

Pat Delaronde recalled that the first few dietitians didn't stay very long. Now there are three people with degrees working in dietary services, and the kitchen has much better equipment.

In more recent times, the community has demonstrated a growing interest in nutrition, and KMHC has responded with a great increase in nutrition programs, ranging from classroom education for children of all ages, to adult workshops and cooking classes.

Over the years, some things haven't changed, like our home cooked meals and favourite foods made from scratch, the old fashioned way. This is done with a real sense of caring and consideration, first and foremost in our hearts and minds, for the people we are here to serve - our patients.

Kitchen staff in the early days of Kateri - workers unknown (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

History of the Rehabilitation Services in Kahnawake

By Marla Rapoport, Physiotherapist

In 1978, Dr. Macaulay was instrumental in getting a physiotherapist and occupational therapist from Constance Lethbridge Rehabilitation Centre (CLRC) in NDG, to provide consultation services to home and hospital patients, through a community outreach program at KMHC. In 1979, Sharol Caswell, a physiotherapist from CLRC, came to Kahnawake once or twice a month. She made recommendations to family and staff regarding clients at home and in the hospital, who refused to go to a convalescent hospital but needed acute rehabilitation. Sharol was surprised to find that many of the clients were bedridden unnecessarily.

Clients were not encouraged or given the opportunity to participate in any formal activities. The concept of rehabilitation was foreign although self motivated clients were given assistance. Staff was reluctant to work with clients in an acute phase. The general attitude was "Leave the patients in peace." The staff did not stop Sharol from working with the clients but she did not get staff assistance if they didn't agree with her.

The turning point occurred when staff saw the amazing results a post- stroke client gained through rehabilitation.. The staff began to understand the importance and benefits of rehabilitation, regardless of the client's level of motivation or cooperation. She was impressed with the networks and support of the families and appreciated the input provided by family and staff.

By 1980:

The frequency of physiotherapy consultation services provided through CLRC to hospital and home patients increased from one to two full mornings per week.

An Occupational Therapist was hired to treat patients 2 to 4 times per month (1 morning every 1 to 2 weeks). A speech therapist was also available for consultation.

1983:

Up until 1983, any client mobile enough but still requiring additional rehabilitation services, were referred to Constance Lethbridge Rehabilitation Centre or Lachine General Hospital, with transportation provided by KMHC, because support staff was not fully trained in the rehabilitation concept of promoting maximum functional independence.

L-R: Calvin Jacobs and Marla Rapoport

Long Term Care clients were not functioning at their maximum capacity. They had become institutionalized by not having to help with their own self care, activity of daily living (ADL), dressing and did not go out. Most clients with acute strokes, post-op amputations, RA and hip fractures preferred to receive their acute rehabilitation at KMHC instead of going to a convalescent hospital outside of Kahnawake. In 1983, Kateri signed a service contract with CLRC to provide physiotherapy services 3 days/week; occupational therapy and speech therapy services, each one (1) day/week (at the same time the Handicapped Support Group/Self program was created).

As part of his physiotherapy routine, Eugene Diabo Sr. stretches his leg muscles.

1984:

Monthly multi-disciplinary rehabilitation rounds began (OT., PT, Director of Nursing, Home care nurse, doctor). The PT and OT were given a room of their own to work from (it was a converted laundry room beyond the kitchen and behind the boiler room with no phone).

In the fall, KMHC moved into the temporary trailers as the new hospital was being built. The Rehabilitation staff was provided a room with a telephone and simple equipment such as a raised mat. Speech therapy services were cut back to consultation only, as needed

1985:

* Out-patient services began in Physiotherapy and Occupational therapy.
* A Rehabilitation Assistant, Calvin Jacobs, a former orderly was trained to assist the PT (Physiotherapy) and OT (Occupational Therapy).
* Arrangements were made with CLRC for use of their therapeutic pool (one hour/wk).
* The Occupational Therapy position increased to two days/week.

In 1985, there was a request submitted to the government as part of the hospital's expansion plan with a vision for the future, including:

1. The development of adult rehabilitation outpatient services
2. The development of geriatric services
3. Integration of special needs children into regular schools

Rehabilitation was seen as a process within everyone's grasp. Although the era of true integration was not yet at hand, it was felt that no situation was too humble or bleak as a starting point. There was no stopping the efforts of the community to eliminate all barriers (including architectural and societal), for Kahnawa'kehró:non with disabilities.

1986:

The new hospital opened with "well-equipped" Physiotherapy and Occupational therapy rooms. The Physiotherapy position (Marla Rapoport) became full time in October. In August, the Occupational therapy position increased to 3 days/week. (Prior to 1986: mainly inpatient, part-time Physiotherapy was offered. Out patients were being treated at CLRC.)

Sharol saw that the need for rehabilitation was great due to the high incidence of obesity, hypertension, diabetes and vascular conditions in the community and the corresponding increased incidence of amputations, strokes and other musculo-skeletal and neurological problems.

- She was seeing a significant number of severe occupational accidents, related to ironwork.
- It was also noted that the incidence of arthritis was quite prevalent in Kahnawake.
- There was also a significant number of children with birth related disabilities.
- With increased understanding of the role of rehabilitation, the demand and interest increased, leading to the rapid evolution and funding for these services.
- The Rehabilitation Department depended on the home care nurse to help identify clients needing OT and PT intervention at home or as an out patient.
- The Rehabilitation staff began to provide follow-up care when clients were discharged from the hospital and required assessments, home evaluations and home programs.

Occupational Therapy at KMHC began in the mid-eighties. We hired a speech therapist one day a week in the summer of 2003 to help coordinate a Dysphagia program. This pilot project was granted permanent funding in August 2004.

Janet Pronovost and Marla

History of the Kateri Activity Department

By Mariette Cappuccilli

Mariette Cappuccilli

The Kateri Activity Department is comprised of two sections under the direction of Mariette Cappuccilli, Kateri Activity Department Manager.

* ***Inpatient Activity Program***
* ***Kateri Adult Day Centre Program***

The quality of life of the patients was very important to June Delisle. Besides receiving good medical attention and daily physical care, June felt that there was more to life than just sitting or lying in bed. She wanted their leisure time to be worthwhile.

This view was shared by Sharol Caswell (physiotherapist), who felt that the patients needed stimulation. In 1982, she started a weekly exercise and activation class at the hospital. Due to time constraints, the nursing staff took the main responsibility for the class. In a report dated 1984, Sharol wrote that exercise class was offered Mondays, bingo was played every Tuesday afternoon, movies, croquinole, cards and darts were offered on Wednesday and Friday. Some of the patients attended the Self Help Group on Thursdays at the Knights of Columbus Hall, and once a month, they would enjoy a pub night.

June Delisle took advantage of the summer student program offered by Canada Manpower. Summer students were hired to implement the program "Life is Being Alive" for the summer months. The patients were able to enjoy different types of activities. June also hired Florence Ouimet two days a week to do activities with the patients so that they would have something to do year round.

L-R: Sharon Deer, Gertie Canadian, Florence Alfred, Alice Cross-Diabo and Florence Cross in the Activity Room.

The first meeting for the Day Hospital, now known as the Kateri Adult Day Centre was held in November 1985. The following is a brief description of how the Kateri Activity Department developed.

1986

January: Mariette Cappuccilli was hired full-time as the Inpatient Activities Coordinator. Within the first days, she was asked to attend a meeting of the Day Hospital. The Day Hospital eventually became known as the Kateri Adult Day Centre Program.

1988

April: After two years keeping diligent statistics, the government recognized the Inpatient Activities Coordinator's position and funding was accessed.

Kahnawake Social Services provided two part-time homemakers to assist the

Coordinator while money was being sought to hire staff for the Kateri Adult Day Centre.

1989

September: A formal proposal for an Adult Day Centre was submitted to the government for funding. The government recognized the Kateri Adult Day Centre Program and funding was accessed.

1990

October: The Kateri Adult Day Centre Program had grown so much that the budget was increased by the government to hire more staff. With the increased funding, a part-time nurse and another activity worker was hired.

1999

Additional funding was obtained for the Kateri Adult Day Centre. The nurse's position became full-time, an additional Activity Worker and a part-time Secretary was hired.

2002

One position of Activity Worker was changed to that of Recreational Therapist to better service the department.

It is important to mention that the Kateri Activity Department has been fortunate to enjoy having students every summer. The students have the opportunity to experience working in a hospital setting and the patients benefit from their presence.

In conclusion:

The Kateri Activity Department recognizes that leisure, recreation and play are integral components of the quality of life. The staffs' first priority is to deliver programs to clients that focus on physical, cognitive, social, spiritual and recreational activities. Services and approaches are adapted to meet the needs of the clients.

The Kateri Adult Day Centre is a program that combines activities, health care and social support - all aimed at maintaining and improving home living. **This program helps by:**

* **Providing activities** to help stay physically active;
* **Improving quality** of life;
* **Increasing** happiness;
* **Reducing depression**;
* **Relieving loneliness** and boredom;
* **Helping monitor** health problems;
* **Prolonging the ability** to live at home;
* **Providing opportunities** to meet or reacquaint with friends;
* **Being supportive to** caregivers and being in an atmosphere that is caring and loving;
* **Attending conventions**, conferences, and workshops on activities, recreation, leisure and nursing help in the ongoing education and training of staff to better serve the clients.

L-R: Milton Deer, Mary Ann Kawennokwas Hemlock and Annie Kanonsha:wi Diabo doing their exercises in the temporary Trailers.

Fire Safety At The Old KMHC

By Lori Jacobs

At a glance, the old stone, three-storey building looked strong and secure; parts of the interior, though, told a different story. Before it became a hospital in 1905, it served as a hotel and terminus for the Caughnawaga and Plattsburgh Branch of the Grand Trunk Railroad. From 1905 when it became the hospital to the mid-80s, the building sustained many renovations. Patchwork, walls built within other walls and the use of inferior or flammable materials rendered the building a fire hazard.

The wooden floors and stairwells creaked. The old elevator was operated manually, and had two doors; a sliding brass gate and another door. As a rider, you had to be pretty crafty to get the elevator to stop precisely at the right spot so the elevator floor was even with the building floor. If the elevator got stuck and stopped between floors, you'd have to call for help, or climb out on your own. Looking back at the condition of that building, Kahnawa'kehró:non were lucky that there was never a large scale fire emergency at KMHC.

No one is more thankful, though, than Terry Diabo of the Kahnawake Fire Brigade and Ambulance Services. Terry witnessed firsthand, the condition of the building and knew of the possibilities for disaster. Although the Fire Brigade was called to the hospital on a few occasions, none were very serious. *"We were prepared for the worst case scenario because of the condition of the building. We just did the utmost immediately and hoped it was not the worst case scenario,"* recalls Terry. *"That was the urgency of the time, that when the alarm went off, seconds were real important."*

Kahnawake Fire Truck (1970)

A view from the west side of the Old Kateri Memorial Hospital with access to a fire hydrant.

In the late 70s, Terry and other members of the Fire Brigade began fire drills with the employees and patients of KMHC. Terry began by teaching safe patient handling, proper use of fire extinguishers, and how to safely evacuate the building. Terry says he knows there was a sprinkler system but he never saw it activated.

"We taught the staff how to safely roll the patients up in a blanket, take them out of bed, put them on the floor and drag them to safety. The more challenging patients were the ones who weren't able to walk or had dementia. In the old building, the safest area was on the porches," says Terry.

Fire Safety At The Old KMHC (continued)

"Then once we were comfortable that the staff knew the techniques, we had a full scale exercise."

For one of the very first fire drills, staff members were asked to use their colleagues to act as the patients. Although the training was serious in nature, some staff members recall the humor of the situation at the time. Some still chuckle when they talk about how comical it was to maneuver other staff members strapped onto a stretcher down the fire escape. They nearly lost a colleague or two, but the laughter kept them going. They knew it was only a drill.

For the next fire drill, Terry had a novel idea. *"I tried to be creative. I recruited volunteers from the community to act as the patients. The volunteers were placed by the actual patient's bedside; their task was to take on the persona of that patient. If that patient was a stroke victim, the volunteer was to portray a stroke victim. If that patient couldn't communicate, the volunteer was not allowed to talk or gesture in any way to communicate."*

Once that fire bell sounded, the person in charge of security was instructed to assess the situation. Then the internal fan out system was activated, and the evacuation of the patients to the outside began to take place. *"We tested their ability to function, along with the complication and time required for the fire department to respond. We used ladders to gain access to the porches, and kept the fire escapes open. Once a person brought someone down, there was no way to get back up."* All in all, the fire drills went pretty well, and in the 80s, Terry and other members of the Fire Brigade began to train staff in Cardio Pulmonary Resuscitation (CPR).

Terry Diabo (1985)

Terry's recollections of the old hospital and what could have been still haunt him. *"What made it challenging was that we knew that if a fire ever started, it would be a bad one,"* says Terry. *"I lost many a night's sleep thinking about that place. I feel blessed to have had the opportunity to be a small part of a great community drive."*

Terry Diabo poses with Iohahiio Delisle, who is checking out the drivers seat of the fire truck. (1985)

The Last Baby Born at Kateri

By Janet Wilson Stacey

Stormy Goodleaf was born on March 5th, 1971, during one of the worst snowstorms in 100 years! Stormy's mother, Marina Standup Goodleaf, says that the original plan was to have the baby at the Lasalle General Hospital, delivered by Dr. Plouffe. However, the weather was so bad that she and her family decided it was better and safer to stay in Kahnawake, or Caughnawaga as it was known back then. When it was time to go to the hospital, Marina recalls that Buddy Goodleaf used his payloader to clear part of the road so they could drive to Kateri.

Stormy Goodleaf at 12 months

Marina says she was staying with her parents Alice and Joe Standup. She remembers them all piling into Joe's truck and followed the payloader, closely, all the way to the hospital through the blinding snow squalls. What was usually a five-minute ride took 50 minutes! When Marina finally got to Kateri, she says she was met by Mrs. Justin and her daughter Edna Paul. These two women, both registered nurses, had to stay overnight at the hospital because of the storm. Little did they know at the time, but they were to help Marina in the delivery. The delivery went smoothly.

The baby boy was born at 12:10 am, weighing in at 7 pounds and 5 ounces, and 19 inches long. The next day, upon hearing news of the new baby, some of the hospital staff went to the nursery to take a peek. Marina remembers that two workers, Florence Quimet and Juliette Homer named the baby "Stormy." Marina says even some of the older patients agreed that this was a name that suited him just fine.

The following day, Dr. Plouffe made it through the aftermath of the snowstorm and arrived at Kateri. The roads were partially clear, so he had to park near the present-day Moose Club and walk the rest of the way to the hospital to see his patient. The next day, as Marina went to check on Stormy, she remembers how touched she felt at what she saw. Sitting in the nursery was one of the staff, cradling and rocking Stormy in her arms, and singing Kanien'keha songs to him.

Janet Wilson Stacey

Marina says Stormy has known about this story from the time he was little. Now he's all grown up and married with children of his own. But he'll always hold the title of being the last baby born at Kateri Memorial Hospital Centre.

The Hospital Agreement

Agreement concerning the building and operating of a hospital centre in the Kahnawake Territory.

BETWEEN

THE KAHNAWAKE MOHAWKS represented by their elected Council,
(hereinafter called 'THE KAHNAWAKE MOHAWKS")

AND

LE GOUVERNEMENT DU QUÉBEC represented by
Mr. René Lévesque, Prime Minister, and Mr. Camille Laurin, m.d., Minister of Social Affairs,
(hereinafter called "LE GOUVERNEMENT").

CONSIDERING THAT LE GOUVERNEMENT has recognized:

a) THAT the Aboriginal Peoples of Québec constitute distinct nations, entitled to their own culture, language, traditional customs as well as having the right to determine, by themselves, the development of their own identity;

b) THAT the Aboriginal Nations have the right to have and control such institutions as may correspond to their needs in matters of culture, education, language, health and social services as well as economic development;

c) THAT the Aboriginal Nations are entitled, within the framework of agreements between them and LE GOUVERNEMENT, to benefit from public funds to encourage the pursuit of objectives they esteem to be fundamental.

CONSIDERING THAT THE KAHNAWAKE MOHAWKS have operated and continue to operate a hospital centre known as KATERI MEMORIAL HOSPITAL CENTRE in a building that is now beyond repair and that it is urgent to replace it by a modern building that is functional and provides security;

CONSIDERING THAT THE KAHNAWAKE MOHAWKS have shown their ability to maintain and operate a hospital centre and to offer quality health services, both short term and extended care, despite the inadequacies of the premises;

The Hospital Agreement

THE KAHNAWAKE MOHAWKS and LE GOUVERNEMENT hereby agree as follows:

1) THE KAHNAWAKE MOHAWKS agree:

   a) To build on their Territory a hospital centre comprising of 43 beds for long term care and nursing care including beds for multiple use or observation, in accordance with plans and specifications approved by both parties;

   b) To entrust the operating of this hospital centre to the KATERI MEMORIAL HOSPITAL CENTRE, a non-profit organization registered with Québec Superior Court in 1955 and mandated for this purpose by the Council, and to take all the necessary steps to have this body abide by the ethics pertaining to health care and hospital services;

   c) To allow the said organization to discuss, in its name, with the Minister of Social Affairs or his representatives, questions pertaining to annual budgets required to ensure the operating of the centre.

2) LE GOUVERNEMENT agrees:

   a) To provide THE KAHNAWAKE MOHAWKS with the funds required for building the above-mentioned hospital centre;

   b) To provide the annual budget required for operating the hospital centre, in accordance with the criteria and schedules agreed upon each year by the parties;

   c) To provide the technical assistance and administrative support required by THE KAHNAWAKE MOHAWKS for operating the hospital centre.

3) The hospital centre will offer such health services as:

   a) Out-patient and minor emergency care

   b) Long term care

   c) Nursing care

   d) Community health services

4) THE KAHNAWAKE MOHAWKS will supply the Minister of Social Affairs, at the end of the fiscal year, with the annual financial reports of the hospital centre, prepared by auditors as well as the usual periodical reports and will enable him or his representatives to carry out any verification required.

The Hospital Agreement

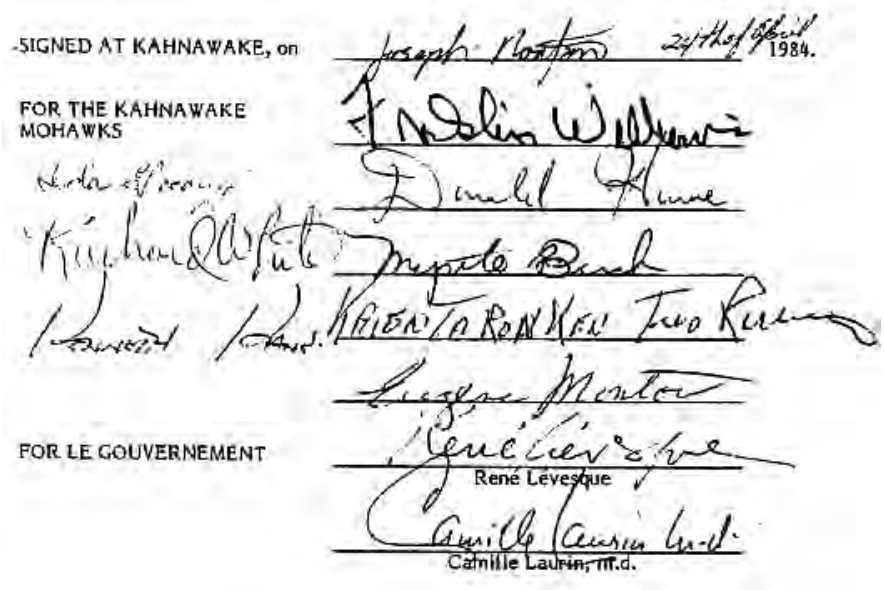
5) THE KAHNAWAKE MOHAWKS agree to receive in their hospital centre, inasmuch as beds are available, patients from outside the Territory.

6) LE GOUVERNEMENT could terminate annual funding for operating the hospital centre if the said centre were no longer used for the purposes described in paragraph 3 above or if the services it offers were no longer adequate.

7) THE KAHNAWAKE MOHAWKS agree to call for public tenders for the building of the hospital centre as soon as possible after the effective date of this agreement, to award the contract to the lowest tendered and to see to it that construction operations are in progress as quickly as possible in such a way as to be terminated, at the most, two years from the effective date of this agreement. Kahnawake Mohawks Tender Policy will apply. Constructors must have their principal place of business in Québec.

8) To give effect to this agreement THE KAHNAWAKE MOHAWKS agree to have a resolution adopted by their Council and LE GOUVERNEMENT to introduce legislation in the Assemblée nationale as soon as possible. The Act will also provide that the Act Respecting Health Services and Social Services (Q.R.S. 1977, c. S-5) will apply to this new establishment, to the extent that it is not incompatible with the provisions of this agreement.

9) This agreement will come into effect as soon as the resolution and the Act mentioned in the preceding article will come into effect in conformity with the usual procedures.



Community Health Unit Baby Clinic

By Sheila Arnold

My early memories of the Community Health Unit / Baby clinic occurred long before I started to work at Kateri in 1980. As a student working in the Outpatient Department of the Montreal Children's Hospital, I was recruited by Dr. Colin Forbes to come and help at the Thursday evening pediatric clinic in Kahnawake.

I fondly remember June Delisle setting up these immunization clinics and serving us hot dog suppers. Being niave, I remembered marvelling at how difficult it was because everyone had similar last names!

The Community Health Unit (CHU) Baby Clinic and the Outpatient Department (OPD) were located in the old nun's convent adjacent to Kateri School. The CHU / Baby Clinic were contained in one room – the Baby Clinic was separated from the nursing area by baffles. In the picture, Muriel White Rice poses with her infant son, Satehoronies, along with Dr. Macaulay and Sheila Arnold. Of note is our examining table, which was actually a kitchen table, painted yellow and topped by a foam pad. This relic actually moved into the new hospital with us.

Two Inuit youngsters at the old Kateri Hospital nursery

L-R: Muriel White Rice and Satehoronies, Dr. Macaulay and Sheila Arnold.

The Band Council's Health Action Committee was instrumental in helping to set up the pediatric clinic. Dr. Colin Forbes was the director of the outpatient services of the Montreal Children's Hospital. He suggested to the Health Action Committee that a pediatric clinic should be set up to demonstrate the concept of community-based health care. Both the pediatric clinic and pre-natal services began in Kahnawake in September 1970. Two pediatric specialists, doctors Rose Ellen Morrell and Robert Hutcheon worked on alternating Thursdays.

The Montreal Children's and the Montreal General Hospitals supported the clinic with certain laboratory services, X-rays facilities and referrals to other hospital clinics. The Royal Victoria Hospital's Ophthalmology Services supplied a doctor as well as equipment.

Source: Additional reporting from "Indian clinic ... it's their own show", *The Montreal Star*, May 8th, 1971.

Reflections Of My Time at the KMHC

By Joe Delaronde

Several short years ago, while I was in my twenties, I worked as an orderly at the Kateri Hospital. The job certainly presented special challenges, especially to a headstrong and impatient type – of which I think I was a classic example. It certainly wasn't my 'dream job' and I wasn't looking at this being my career. Still, I look back at that time as one of the most influential and fun times of my life.

I was fortunate to work in the old Kateri Hospital. The building itself was full of charm though, in reality, it was uncomfortable much of the time: too hot in the summer, too cold in the winter, too leaky when it rained, etc. That being said, when the old Kateri was closed, many of the staff held a 'wake' inside the building to say goodbye. It was truly sad to see her go.

There was something about the old building that bound us together, both staff and patients alike. I still look back fondly on the relationships that developed during those times. I became friends with, not only staff, but patients as well. I met my wife there. Many co-workers came to my wedding – as did the late Joe Ross, a patient I had befriended (for the record: he had a wonderful time and was one of the last to leave!).

Joe Ross, along with many other patients I met during my time there, taught me so much. While Joe was pretty mobile, others weren't so lucky: then, as today, many were victims of long-term illnesses, strokes and worse. They taught me to appreciate my good fortune and health. They taught me to make every day count. They taught me to slow down and be more patient. They were only too happy to share their unique life experiences; fortunately, I took the time to listen.

L-R: Ernie Montour, Joe Delaronde, Meurl Cross, Ronnie Jacobs and Clifford Daillebоust

I was blessed to have worked with some of the most professional people I have had the pleasure of knowing who taught me that, no matter if patients were very sick or in the most challenging circumstances, each and every one deserved their dignity and to be made as comfortable as possible. That was the prime directive of the staff then, as I'm sure it is today. I'd like to acknowledge people such as Janet Stacey, Janis Saylor, Heather Jacobs-Whyte, Candida Rice and (of course!) Wendy Skye, along with the late Meurl "Jimmy" Cross, Clifford D'Aillebоust, Louis T. Montour, Betty McComber, Therese Rice and June Delisle. They immediately come to mind as people who either helped me to perform my job better or, more important, helped me to become a better person by insisting on only the highest quality of care for the people who needed it.

I am very proud to have been associated with the Kateri Memorial Hospital Centre.

The KMHC Construction Project 1984-1986

By Franklin Williams, C.I.M., P. Mgr.

The project to replace the old Kateri with a new building began with the architectural/ engineering plans, which were completed after we signed the agreement with Premier of Quebec Rene Levesque in April 1984.

The Old Kateri Memorial Hospital (Circa 1980)

KMHC staff the day before the demolition began

A mere shell of the old Kateri Hospital

The goal was to construct a new facility. The tasks required were to set up a temporary hospital, demolish the old hospital building, construct a new hospital, based on the approved building plans which were developed by Chris D. Kaltsas, Architecte, using the National Building Code and Quebec's specific hospital codes, then take down the temporary hospital. The schedule to do this required all tasks be completed before the end of 1986.

The Board of Directors decided to do it ourselves by taking an Owner Builder/Project Management approach, as this process allowed us direct control over hiring our community members and selecting subcontractors. A project team structure was set up composed of a building committee made up of the Executive Director, June Delisle and four Board members, Donald Horne, Myrtle Bush, Mike Diabo, and Franklin Williams, whose role was to oversee the project and make the appropriate decisions to realize the new hospital on time and budget.

The project, during the course of construction, directly employed 80 Kahnawa'kehró:non. Preference was given to Kahnawake subcontractors; all subcontracts selected were required to hire and train Kahnawa'kehró:non as part of their work teams.

The Project Construction Team was formed composed of Project Manager/Board Member-Franklin Williams, Project Superintendent, Conrad Montour, Foremen, Gene Lahache, Ralph Alfred, John Alfred, Alan Goodleaf and Executive Administrator Juanita Delisle. The construction team's role was to construct the new

The KMHC Construction Project (continued)


The temporary trailers


Finishing the exterior of the new KMHC.

facility within the budget and schedule. The actual replacement of the old Kateri building began with the set up of a temporary hospital during August-September 1984. The temporary hospital was set up on the east side, and contained inpatient beds, all the auxiliary services, administrative offices and some outpatient service areas, however on a much smaller scale. The patients were relocated during the month of October 1984.

The completion of the structural steel

The demolition began during October1984 on the old Kateri building; initially we had hoped to save some of the exterior stone to use as a façade. However it proved not usable due to building code. The construction began in early November1984 with work on the excavation and placing of concrete footings, walls, column supports for structural steel and progressed during the winter of 1984-1985. This winter was the coldest in quite some time, but the work was completed in spring of 1985.

Next came the installation of underground water, drain systems, gravel base and compaction for concrete ground floor, which was followed by the erection of the structural steel , installation of exterior walls, brick work, interior walls, electrical and mechanical systems and was followed by finishing work; painting, floor, wall and ceiling finishes were completed by the summer of 1986. The patients and services were relocated into the new building in June. The temporary hospital was dismantled and shipped out. The project was successfully realized, on time and on budget.


The new Kateri Memorial Hospital Centre

A Feather In His Cap

By Angus L. Montour

As a youngster, Dr. Montour's persona had already exhibited clues he was destined to become a healer. In fact, it was as if he already was qualified to perform rudimentary surgery. At a great uncle's farm on Mohawk Trail during a Sunday visit, I had the misfortune of stepping on a rusty nail. I was lucky that the nail was bent in a peculiar angle, for it pierced the skin between two toes and ended up plunged clear through the top of my sneaker. Quick to act, Louis instructed me to remove my shoe and sock, raise my foot on a stump and ordered my friend Gary to keep his eye on me while he went for his supplies. Returning with a container of water, a bar of soap and a dry-but-hardly-sterile dishcloth, he cleansed and rinsed the superficial wound and poured the remaining water over my sock. Although I endured a stinging sensation like you've never felt and was forced to continue the day's activities with one wet foot - as Louis liked to remind me when necessary - I was saved from possible gangrene and horrors, potential amputation.

Louis T. in 1962

If he wasn't practicing medicine on any given day, he was preparing, analyzing, or organizing something. No minute was wasted. Like a distinguished chess-master, no matter the activity, his every move was conducted with calculated discipline. If his not-too-interested-in-detail-one-year-older brother would attempt to include him in a high risk act of mischief, he'd already have had it figured out and be quick to point out it was not a very good idea. Countless times he saved himself and thank you very much, his reckless abandoned brother from unnecessary interrogation – or worse – ma's notorious leather persuader.

If something needed to be done, there was always a reason why. The success in the search for crayfish for our fishing adventure was accomplished not by the amount we counted, it was how we captured them. His logic dictated a designated plan rather than a haphazard pursuit. He deduced that if we strode in the crew-sock-length water together with a distance no more than a yard between us and one of us slightly ahead of the other, without dragging our feet and kicking up clouds of dirt, we would be able to snag most of the bait fleeing in any direction. Did we always bag the choicest bait morsels because the pickings were plentiful? Or was it because he had the perfect plan?

When we learned that we reached the appropriate caddy age (I was 10 and he was 9), our late-spring trek to the golf club for the first time, was an event for him and a disaster for his brother. Despite a year's deficiency in age, and though a-year-taller in stature than his 'older' brother - as indicative as it was then and still is today, he was perceived as the elder sibling. Consequently, he received his caddy number while his brother received a bunch of tears. Compassion at such an early age, as prevalent as was this trait unlearned, Louis immediately informed Frank the caddie-master that indeed, his brother and not he should receive the number because his brother was older. Reward as reward should be warranted, what resulted was he bypassed a full year and was named a caddy at an age quite uncommon – nine years old!

His prowess in the field of sports was limited to participation for its athletic benefits rather than for personal triumph. While he cherished matching his

A Feather In His Cap (continued)


Louis T. in 1966

brother hole for hole in golf, when competition meant a choice between two brothers, he'd be quick to remark, "you go do it – I'll caddy for you!" One particular time, he bought his brother a squash racquet as a Christmas present and casually reiterated, "sqaush is another game you'll love – but this time, I'll give you lessons!" Adept if not flashy as a skater/hockey player, Louis developed into a very proficient skier – but where he found the time to be able to ski was another story, for he always seemed to be studying first, playing later.

If the pre-adolescent and adolescent years served as the stepping-stone to his apprenticeship as a scholar, his high school years were most formidable. Already very disciplined in his study habits, he rarely let a chance to excel go by the wayside. Presented with the choice between party and paper, usually the latter emerged victorious. He always had the knack to determine the importance of preparation and the essence of confidence. In grade nine or ten, as he always recounted, once he got a taste of the subject *biology*, that was it: he was hooked. His path was now indicated.

If time raced by and our celebrated student ingested every bite of intellectual sustenance, he also developed a keen sense of prose - prim and proper. Articulate in speech, Louis was quite proud of his own handwriting; a series of ebb-flowing circle-like letter formations, each succinct in script. 'Ensuring that everyone would understand his prescriptions' became his testament.

One particular time, Louis proudly showed me an essay for which he obtained an A+ grade and was chosen as one of the submissions to be published in his graduating final yearbook. He dutifully related the story of a young man, who in his quest to become a well rounded gentleman, had to deal with all the fits and fancies of a demanding and expectant society. The more one wished for, the more one wanted. It was all a matter of perspective, he explained, that all is there for the choosing, all for one to grasp. The moral was that should one choose not to - so be it. If, however, one chooses the positive, only great things will deservedly await you. Combined with time well earned, one will attain all one wants.

In retrospect, particularly as one analyzes his accomplishments in systematic chronology, there is an uncanny resemblance to the eventual well-rounded gentleman character in his story and to Louis himself. The title he chose for his award-winning story? *A feather in his cap.*


Dr. Louis T. Montour speaks on diabetes with Ernie Aieh Jacobs in 1989

Remembering the Summer of 1990

By Gordon Rubin, M.D.

Gordon Rubin, M.D.

I remember the summer of 1990 as the most challenging and rewarding of my medical career. Although it was a very trying and frightening time for all, what I remember proudly is how the team of physicians came together in support of the community and each other. We were determined to deliver medical care despite the obstacles and dangers that we faced to get into the community. We came by car, by ambulance, by boat and by helicopter and yet I do not remember a single day when there was no medical coverage for KMHC. Physicians experienced intimidation and threats of violence but we were obsessed with keeping things as normal as possible at KMHC and so we continued to come to work. The scariest time for me was when the Council of Physicians met together to prepare for the possibility of receiving serious casualties and how we would manage these patients.

The other vivid memory I have is of the day when the tear gas was released and the sudden rush of panicked people through the front doors of the hospital. Fortunately, Doctors Louis T. Montour, Sue Tatemichi, and I were present and we managed, with the help of the nurses, to quickly triage and provide care for everyone. It felt like more than 100 patients at once. I remember all the mats on the floor in the reception area for the minor injuries and the treatment room in the back ready for any more serious casualties. Fortunately, there were very few. And I still remember the stinging feeling in my eyes from the tear gas even though I was indoors at the time. What an emotional day that was!

I am very proud to have worked through the summer of 1990 with my colleagues and friends, Doctors Joe Wojcik, Gisela Schlosser, Suzanne Jones, Ann Macaulay, Sue Tatemichi and the late Louis T. Montour. I should also mention our brave summer locum, Dr. Laura Zacharin, who I'm sure got a more unique medical experience than she was expecting!

Memories of The Summer of 1990

By Susan Munday, PDt

I remember the eeriness of crossing the Mercier Bridge to and from work, with not another car in sight.

I remember the challenges of arranging food deliveries from the city, while our local suppliers ensured the hospital was at the top of their list.

I remember the menu being tossed out the window, and Kitchen staff improvising with the food we had on hand. Patients never missed a good hot meal.

I remember traveling to work by boat.

I remember carpooling with Sheila Arnold, by the Champlain Bridge, so that we could stop and pick up the payroll, place it in the back seat and toss a Gazette on top of it, in preparation for the police check.

I remember shopping in the city for special dog food for a community member's Seeing Eye dog.

I remember staff coming in to work from the city, regardless of the situation, submitting to police checks, then later car checks by the Army.

[Susan Munday PDt is the Director of Dietetics at KMHC since 1989]

In '97, MCK Suspended the KMHC Board of Directors and Executive Director

By Lori Jacobs

Following the opening of the new hospital in the mid-eighties, and as global visions of future health care issues were established, growing pains and the resistance to change surfaced amongst management and staff.

In **1994**, and again in **1995**, independent committees were commissioned by the Kateri Memorial Hospital Centre (KMHC) to investigate on-going problems within the organization, and to provide recommendations in report form.

The result was two comprehensive packages of nine recommendations that reflected basic Mohawk values, one of which was respect. Neither the KMHC Board of Directors nor the Executive Director carried out these recommendations to their fullest extent.

This inaction caused concern for the **Mohawk Council of Kahnawake**, who entrusted the operation of the KMHC to the Board of Directors.

Through much deliberation, the **Mohawk Council of Kahnawake** (MCK) finally took matters into their own hands and suspended the KMHC Board of Directors and the Executive Director indefinitely on **September 4, 1997.**

MCK then appointed an interim KMHC Advisory Committee**,** with a mandate to identify conflict within the KMHC operation, to implement Ad Hoc Committee recommen-dations of Feb. 1995, to review the mandates of the KMHC Board of Directors, Executive Director, Constitution and By-laws and make recommendations to MCK. The Advisory Committee members included Donald Horne, Franklin Williams, Lori Jacobs and Lloyd Phillips.

The KMHC Advisory Committee held three (3) public consultations, and heard 48 people, present and past staff, professional and non-professional. Consultations lasted between 15 and 45 minutes each.

A 25-page document called the *KMHC Advisory Report and Recommendations* was submitted to the Mohawk Council of Kahnawake in **November 1997.**

The Board of Directors in April 2005

L-R: Keith Myiow, Franklin Williams, Myrtle Bush, Jack Leclaire, Lori Jacobs, Terry Diabo and Joseph Styres.

Responsibility and the Mohawk Experience

By Keith Leclaire (1993)

Taking responsibility is a major prerequisite for local control. At the Kateri Memorial Hospital Centre, a community-controlled institution serving the Mohawk community of Kahnawake, responsibility has always been, and will always be, in the hands of the people.

In our Mohawk tradition, four major themes are central to the Great Law of Peace, which provide guiding principles for our interactions. These four themes are:

- **Peace** – you must be at peace with yourself and your surroundings.
- **Respect** – you must respect yourself and others (who you are, how you act and what you do).
- **Being of Good Mind** – you must be positive and creative in your thoughts and actions.
- **Responsibility** – you must act in a responsible manner and be accountable for your actions.

In 1955, the organization administering Kateri went bankrupt. Closing down seemed inevitable, but the Kahnawake community refused to accept that. In the 1980s, we needed a new building. When the Board informed the community of this need, the immediate response from the community was "Who's going to fund this project?" The community wanted no involvement with the province. By that time, Quebec had introduced restrictive language legislation for non-francophones and imposed eligibility requirements for schools. A provincial police officer had shot and killed a Kahnawake resident right in his front yard.

Kahnawake ended up with a Nation-to-Nation agreement respecting all political positions. Kateri is not a corporation; it is an unincorporated First Nations institution. Our hospital reports to the Mohawk Council of Kahnawake via our Board of Directors. Our First Nations institution did not surrender the land on which the hospital stood (which is still a provincial requirement). Our First Nations institution does not fly the provincial flag and is not integrated into the provincial health system of Regional Councils (C.R.S.S.S.). It maintains a direct tie to the Office of the Provincial Minister of Health. Our rationale for not integrating with the provincial health system is simple. We argued that our responsibility, hence our accountability, is more to the Mohawk community than to the needs of a regional structure. We argued that local community control would be more useful than the regional structure. The Parti Québécois cabinet agreed.

Keith Leclaire (late 1980s)

Holistic health and Indian health are our responsibility. We appreciate that it is a long, slow process requiring all of us to work in a spirit of peace and respect, while being of good mind and assuming our responsibility. This is a part of Kateri, and it is a part of our Mohawk traditions.

Source: Excerpt from *Perception, Canada's Social Development Magazine*, Vol. 17, No. 2 (1993). Article called *"Kateri Memorial Hospital Centre – Responsibility and the Mohawk Experience"* by Keith Leclaire, who was Director of Auxiliary Services at KMHC – pages 24, 25 & 34.

Social Services at KMHC

By Dr. Suzanne Jones

Dr. Suzanne Jones

The first social worker at KMHC was Judy Bell, in 1993. At the time, she was hired by Kahnawake Shakotiia'takehnhas Community Services (KSCS) to work at KMHC, in the capacity as a part time "KMHC Liaison Social Worker." Her principle activities included working with the inpatient clients as a patient/ family advocate, to do admission and psychosocial assessments, organize family conferences, and to counsel clients and families in adjusting to the social and emotional consequences of illness. She also carried out assessment and discharge planning, participated in MDA "Multidiciplinary Assessment" rounds, attended Day Center meetings, and also sat on the Admission Committee. The KMHC Liaison Social Worker was responsible to the Director of Professional Services (Dr. Louis T. Montour) and the KSCS Program Manager (Vickie Coury).

The position became full-time and was filled by Marie Laberge in February 1994. However, the position was terminated in June 1995. Between 1995 - 1998, we worked with social services workers through KSCS.

In 1998, we negotiated a new understanding with KSCS to have a Social Services Worker provide services to KMHC. A job description was developed. The first person to fulfill this role was Alice Phillips, followed by Carol Delaronde.

By the year 2000, KMHC saw the need to hire our own Social Worker. A KMHC pilot project was put in place with the recruitment of a full-time social worker. Peter K. Taylor was hired and is still with us. In March of 2002, a pilot project for a social services worker in combination with a volunteer coordinator position was put in place and was filled by Cyndy Boyer. Cyndy left the position in August to return to university. We then hired Dale Beauchamp who continued in this joint capacity. In May 2003, the position was expanded into a full-time pilot project which then became a permanent full-time Social Service worker position in the summer of 2004.

Kateri's Own Social Worker

I arrived at Kateri Memorial in November of 1999. After the shortest orientation I have ever had, I went straight to work. It would be sink or swim but I felt up to the challenge. I was not completely sure of my specific tasks but I had a general idea of what was needed. As far as I was concerned, service to people was my job description. I knew I could take it from there. As I began to perform some of the more obvious tasks, I took my cues from the nurses in the Inpatient department. I feel I should comment on two very pertinent facts:

1. I was made to feel very welcome and appreciated from the moment I arrived.
2. In all of my professional experience, I have never been made to feel part of a more truly team-oriented group. Many groups claim to be part of a TEAM, but few, if any, really live up to the title.

It did not take very long for me to grow into the position. As the rest of the hospital team began to know me and see my skills, my job description began to grow. Since those early days we now have a fully functioning social service team with Dale Beauchamp, a social service worker, as my assistant and we have plans to grow and expand with Kateri into the next century. The challenges keep coming.

Respectfully submitted,
Pete Katsitsanoron Taylor BSW MSW SW MFT

The Evolution of the Diabetes Education Program

By Heather Jacobs-Whyte, RN, BScN

Heather Jacobs-Whyte 1980

Prior to 1983, the status of persons with diabetes was generally undocumented. I became a registered nurse in 1980, and moved from inpatient nursing at KMHC to community health in elementary school and baby clinic, and then to homecare nursing as the visiting nurse. I quickly learned that a majority of my clients had diabetes and were experiencing circulation complications. Many had had strokes, amputations, heart disease, high blood pressure and required wound care.

In 1983, the Diabetes Education Committee (DEC) was formed to improve and develop standards of diabetes care. The DEC consisted of the physician, the clinic nurse, a prevention nurse, the nutritionist, an inpatient nurse and myself, as the homecare nurse. We modified existing manuals and tools, and developed a tracking tool for medical care received by clients living with diabetes. This was the beginning of the diabetes education program.

By 1984, there were 112 people living with diabetes using the clinic services. Responsibility for the education program was split between three nurses; the prevention nurse for younger folk, the clinic nurse for middle-aged folk and myself as the homecare nurse for the older folk. We all had the same outcome in mind - to help the client with diabetes learn to manage the care necessary to live a quality life.

I**n 1985**, the Diabetes Education Committee was reduced to three - a physician, the nutritionist and myself as the homecare nurse. A recurring challenge in my career was my teaching approach. I used the age-old tradition of storytelling. It was different, took much longer, but the clients seemed to enjoy it. We'd exchange stories, talk about the family and the goings-on in the community, and I became good at incorporating diabetes self-care into all the stories. My father was a great storyteller – so I learned from the best!

A small group of people living with diabetes agreed to participate in an intensive education program, using a blood glucose meter to test their own blood and make decisions about their own care. I began to attend and present at many national and international conferences on diabetes and networked with many health professionals and pharmaceutical companies. Cultural components were incorporated into educational sessions and tools developed.

Everything in the diabetes world was changing really fast. At that time, the "old way" for testing blood sugar was using tablets and urine drops or using color strips. The blood glucose meter developed over time. Today, most meters fit the palm of your hand and use sensors through the skin or have strips so sensitive that blood drops can be taken from just about anywhere on your body!

Heather takes blood from Mary Two-Axe Early

I had experienced the success of Kahnawa'kehró:non changing their lifestyles to keep diabetes in its place. Their success became my success. Their energy became my energy. I started the blood glucose monitoring group with the intention of creating a knowledgeable peer education approach and support effort.

Some Significant Developments 1986 - 2005:

- DEC (Diabetes Education Committee) joined the Canadian Diabetes Association. The DEC organized the first "community diabetes awareness" day in Kahnawake at the Legion Hall, and continued to publish articles in journals and network with other health professionals about diabetes in Kahnawake.

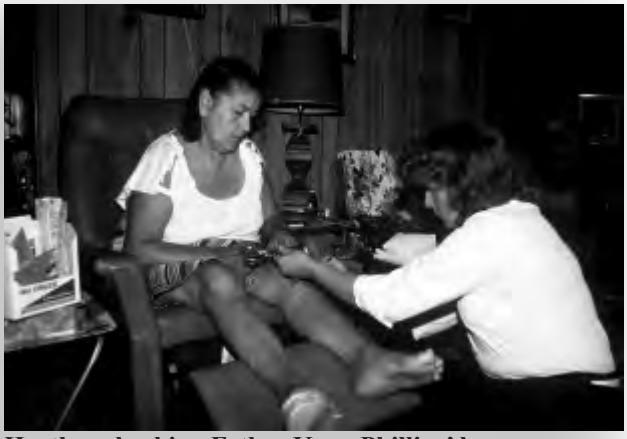
- A new nutritionist was hired and a new DEC was formed, with Dr. Louis T. Montour on board. The program was standardized with an education process design, documentation methods, protocol and guidelines. The Diabetes Support Group, led by Sylvia Mayo, started in early summer, 1989.

- A diabetes education video "*Native Diabetes: Mohawk Elders Speak"* received a grant and began production in the fall of 1989. The main "actors" were Ernie "Aieh" Jacobs and Jack Diabo.

- A new self-management device was introduced the insulin pen. The OKA Crisis happened, which shifted my focus on general health care at the KMHC.

- Diabetes education expanded to involve Gestational Diabetes (women who develop diabetes during pregnancy) and blood glucose testing. Established was a foot care clinic, development of an infection control protocol, a sharps disposal system for the hospital, and the maintenance of a diabetes client list.

- McGill University students performed a statistical analysis on the KMHC Diabetes Education Program.



Heather checking Esther Kane Phillips' knee

- Nutritionist, Susan Munday and I took on a project to design and write the *First Nations Community Diabetes Educators' Curriculum for First Nations Diabetes Educators.*

- Our name was changed to the Diabetes Education Team, consisting of the nutritionist and myself as the diabetes nurse-educator. Along with other community initiatives, a relationship began to blossom with KSDPP (Kahnawake Schools Diabetes Prevention Project). KSDPP began to use the KMHC diabetes education statistics in their presentations.

- Wrote Aboriginal Diabetes component for, "Practical Diabetes Management: Canadian Diabetes Association Guideline for Family Physicians." The Clinical Guidelines in Canada were implemented at KMHC.

- The CDW – Community Diabetes Worker position was created and filled by Alex Sonny Diabo. A presentation on diabetes education was made at the first ever Canadian Diabetes Association Aboriginal Symposium Conference.

These years saw more growth in clinical care of people living with diabetes. The diabetes education program will continue to develop and evolve as time goes on.

Growing Up Together: A Nurse's Recollections

By Wendy Skye-Delaronde

Wendy Skye-Delaronde

As I look back at my career at KMHC, I feel that I have progressed and evolved along side the hospital center. Throughout my nursing career, I've witnessed a lot of positive changes and have had the good fortune to be part of many of these.

I began working at the Kateri Memorial Hospital in July 1970 at the age of 16. I worked for two summers as a nurse's aide. I recall being in awe of the registered nurses and the work they were able to do though, oddly, that was not what inspired me to go into nursing. That is a story for another time. Suffice to say, it was probably my destiny to be a nurse.

Early in my career as a registered nurse at the KMHC, we didn't have as nearly as many resources (financial, human and material) as we do today. The following brief recollections I have are a reflection of those times.

In those early days we had few policies and procedures on the wards/floors to assist us in giving patient care. For example, one evening I came on shift to learn that I had a patient who required a change of a blood transfusion. I never had any previous experience with this procedure. Unfortunately, I was unable to reach the Head Nurse for directions. I thought to myself, "What am I going to do? The patient needs the blood and I have to do this safely."

I ended up calling Lachine General Hospital and asked to speak to one of the RN's who had a great deal of experience doing this. I told her that I knew what to do up to this point. She said that was okay and gave me further instructions as I went along – with a happy and successful result. Today, KMHC nursing departments follow the most modern standards, policies and step-by-step procedures for the care they need to give to patients.

I also recall another story when I was working at the clinic near Kateri School. One of our male patients required blood work, as he had a number of symptoms for Diabetes. He was unable to go for the blood test, as he could not afford to miss work. As a solution, I offered to take his blood at my parents' home and bring the samples with me later when I went in to work. He refused at first; he did not want to trouble my parents or me, as he would have had to come there at 5am. I told him that would be no problem.

The next day he arrived promptly at 5am, at which point I washed my hands, took his blood and put it in my parents' fridge. He then left for work and I went back to sleep. For the only time in my long career, my nursing uniform consisted of pajamas!

Of course, today's lab nurse begins work very early at the hospital to accommodate working clients. We also have more knowledge today about infections passed by a person's blood. Home blood tests are

Growing Up Together: A Nurse's Recollections (continued)

still done today, using the standard operating procedure - not by a young nurse in pajamas!

A final story revolves around the fact that, during my early career, KMHC had few Native nurses and no home care nursing department. When I worked in the "old" clinic, the doctors would often ask me, as a favor, to visit their patients at home to perform such tasks as dressing changes, injections, blood tests, etc. I never said no. I must point out, I had all of the credentials: 1) I was a registered nurse, 2) I was Kahnawa'kehró:non and knew much of the language. Most of the patients knew me, I knew where they all lived and, most important, 3) **I had a bike!** Of course, today's KMHC employs many native nurses and includes a Home Care nursing department.

The east side view of the old hospital, angle shot from in front of the nurses' residence.

Most of the nursing care I gave in those early days was in the form of treatment, which was pretty much what everyone else did. Today, I do a lot of work in the area of health promotion and the prevention of diseases and injuries, as do many of my colleagues in the Community Health Unit and the outpatient department. This is due to increased knowledge and training, plus higher educational levels.

Tom Two Rivers (left) and Mike Diabo in the men's ward, 3rd floor of the old hospital

In earlier times, we often needed to borrow resources from other hospitals and other organizations. Today, we are in a position to share resources and knowledge with organizations both inside and outside of our community. We've worked on such diverse subjects as school policies and a health curriculum for the prevention and treatment of Diabetes. KMHC staff members are sometimes asked to make presentations to different organizations both in Canada and the United States. One moment of which I am particularly proud is when I was asked to present at the Canadian Pediatric Conference on the topic of setting up child injury prevention projects in Aboriginal communities.

KMHC has come a long way in its progress and development and continues to do so. I'm very happy to have been and continue to be a part of it all. After all, we've both kind of grown up together!

HOPITAL DU SACRE-COEUR DE CAUGHNAWAGA DOCTORS 1905 – 1924

By: Lisa Skye-Phillips

The following is a list of doctors who came to work at **Hopital du Sacre-Coeur de Caughnawaga** during the period of 1905 to 1924 with Dr. Fortier and Dr. Label.

1905 Dr. L. E. Fortier
Dr. Label
1906 Dr. Beauregard
Dr.Fabous
Dr. Chausse
1907 *No new doctor*
1908 Dr. Gagne
1909 *No new doctor*
1910 Dr. Brossard
Dr. Prince
Dr. Miller
1911 *No new doctor*
1912 *No new doctor*
1913 Dr. Decary
(May 3 -
Dec. 27,1913)
Dr. E.T. Lorrain
(Dec. 27/13 -
May 9, 1914)
1914 Dr. Miller
(May 10 -
December 12, 1914)

(From the period of May 1913 to December 12, 1914 there is no mention of Dr. Label or Dr. Fortier. On December 12, 1914 Dr. Label returns to work.)

1914 *No new doctor*
1915 *No new doctor*
1916 *No new doctor*
1917 *No new doctor*
1918 Dr. Lemire
1919 *No new doctor*
1920 Dr. Archambault
1921 *No new doctor*
1922 *No new doctor*
1923 *No new doctor*
1924 *No new doctor*
From the period of
February 27, 1924
to March 26, 1932
– Only Dr. Label

The Stock Room (Courtesy of Kanien'kehaka Onkwawén:na Raotitiohkwa)

Special note: The hospital was in quarantine for 17 days, from November 14th to December 1st, 1928, due to an outbreak of Varicella (Chickenpox). A Kahnawake family with three children ages 2,4, & 9 and another child (age 3) unrelated to the family was also infected. No new admissions during this time.

KATERI HOSPITAL DOCTORS 1930 - 2004

By: Lisa Skye-Phillips

Thee following list of Doctors was taken from the Admission books from 1930 to 2004.

Note: The years listed may not reflect the year which the doctors started working, but is a reflection of which year the doctors name first appeared in the Admissions book.

Total Admissions	
1905 to 1924	9806
1924 to 1932	15156
Grand Total:	**24962**

1930 Dr. Jacobs

1937 Dr. Ignatius K. Williams

1938 Dr. Robertson

1944 Dr. A. Hamel

1950 Dr. Monty

1952 Dr. Vuckovic
Dr. Schmidt

1965 - 1967 Dr. Roy Iroj Modorai
Dr. S. Javanmardi

1958 - 1960 Dr. Lapierre
Dr. Plouffe

1970 Dr. Ann Macaulay
Dr. R. McDougall

1974 Dr. A.W. Pratt

1975 Dr. Arthur Coakley

1976 Dr. Edward M. Fedun
Dr. Richard F. Poole

1977 Dr. Samuel Schorr

1978 Dr. William Parsons
Dr. D. Leduc

1979 Dr. R.H. Scott

1980 Dr. A.L. Fein
Dr. M.C. MacAskill

1981 Dr. Louis T. Montour

1982 *No new doctor*

1983 Dr. Nghiem Nguyen
Dr. Gordon Rubin

1984 Dr. Joseph Wojcik

1985 *No new doctor*

1986 *No new doctor*

1987 Dr. Gisela Schlosser
Dr. Suzanne Jones
Dr. Richard Scott

1988 Dr. Sue Tatemichi
Dr. Jacques Blanchett

1989 Dr. Mark Essak

1990 Dr. Laura Zacharin

1991 Dr. S. Hodgins
Dr. Janis Goldfarb

1992 Dr. Barbara Hayton
Dr. Dominique Lussier

1993 Dr. D. Ferrarotto

1994 Dr. Roman Audrusiak

1995 *No new doctor*

1996 Dr. Holly Carsley
Dr. Liora Steele
Dr. Kent Saylor
Dr. Sylvie Jones

1997 Dr. Orly Hermon
Dr. Cong-Nghien Nguyen
Dr. Michael Bouhadana

1998 Dr. Aurel Bruemmer

1999 Dr. Thomas Mele
Dr. Mark Robin

2000 Dr. Lisbet Jansen
Dr. Sonia Simion
Dr. Miles Schuman

2001 Dr. Maryse Archambeault

2002 Dr. Ann Hirtle
Dr. Judith Gortler
Dr. Deborah Golberg
Dr. Pham-Ping Tan Le
Dr. Al Steverman

2003 Dr. Andrea Ross
Dr. Jerrod Hendry
Dr. Zachary Levine
Dr. Sylvia Yankova

2004 Dr. Sukhbinder Dhiman

Specialty Doctors, Common Illness/ Diagnosis and First Recorded Illnesses

Specialty Doctors

W.E.S. (Ted) Connolly	Ophthalmology
Debra Black	Neurology
Donald Groenewege	Psychiatry
Michael Renard	Orthodontics
Roger Veilleux	Optometry
Joseph Szwimmer	Dentistry
Ronald Borshan	Dentistry
Dr. Mark Gans	Ophthalmology
Dr. Robert Koenekoop	Ophthalmology

Common Illness / Diagnosis

1905 to 1929

Include: T.B, Rheumatism, Abcess, Gastritis, Pneumonia, Diarrhea, Anemia, Menopause, Grip, Eczema, Impetigo, Influenza, Typhoid, Scarlet Fever, Syphilis, Constipation & Fractures.

First Recorded in Kahnawake:

1908 First recorded Cancer - Deceased August 10, 1908.

1908 Out break of Scarlet Fever - August 6, 1908 to September 12, 1908 - ten children between the ages 6 to 9 years old – all recovered well.

1917 First recorded birth August 7, 1917.

1926 First recorded diabetic April 13, 1926.

1940 First recorded Lupus – Female 28 yrs.

1951 October 17, 1951 First Admisson of Indians from North and Inuit / Eskimos.

July 17th, 1962 was the last Inuit / Eskimo admission recorded (mother and newborn were discharged on July 31, 1962) **.**

Special Note: Admissions for 1961 **Total: 270** for one year **.**

Nurses and Inuit babies and children (n.d.)

In Memory.. By Richard Cross

In memory of the employees who devoted their precious time and energy over the years to make the Kateri Memorial Hospital Centre the fine institution it has become. We have made every effort to remember everyone. However, if we have forgotten someone, please
rest assured that it was not intentional. They are in our hearts and minds.

NAME:	TITLE:	DEPARTMENT:
Mildred Alfred	Nurse's Aide	Inpatient
Kathleen Armstrong	Clerk Typist	Administration
Mary Armstrong	Nurse's Aide	Inpatient
Carol Beauvais	Nursing Assistant	OPD – Clinic
Jean Beauvais	Laundry Aide	Laundry
Roy Beauvais	Housekeeper	Housekeeping
Madeleine Benedict	Nurse's Aide	Inpatient
Celine Blanchet	Registered Nurse	Inpatient
James Meurl Cross	Nursing Assistant	OPD – Clinic
John Cross	Orderly	Inpatient
Margaret Cross	Laundress	Laundry
Clifford Daillebоust	Orderly	Inpatient
Gary Delaronde	Security Guard	Security
June C. Delisle	Executive Director	General Administration
Kathleen Delisle	Secretary	Administration
Ida Diabo	Laundress	Laundry
William Diabo	Watchman	Security
Jean Eagle	Nurse's Aide	Inpatient
Margaret French	Nurse's Aide	Inpatient
Alfreda Hagannar	Registered Nurse	Inpatient
Elizabeth Harding	Nursing Assistant	Inpatient
Elizabeth Hemlock	Cook	Dietary
Patricia Hogan	Registered Nurse	Inpatient
Juliette Homer	Housekeeper	Housekeeping
Barbara Kirby	Receptionist	Receptionist
Mary Scott Jacobs	Messenger Driver	Transportation
Evelyn Kirby	Nurse's Aide	Inpatient
Eleanor Koreny	Nurse's Aide	Inpatient

continued on next page...

In Memory... (continued)

NAME:	TITLE:	DEPARTMENT:
Irene Leborgne	Nurse's Aide	Inpatient
Jane Leclaire	Cook	Dietary
Paul Lewis	Pharmacist	Pharmacy
Delores McComber	Kitchen Aide	Dietary
Julie McComber	Cook	Dietary
James McComber	Orderly	Inpatient
Margaret McComber	Kitchen Aide	Dietary
Mary "Betty" McComber	Nurse's Aide	Inpatient
Winnifred Taylor McComber	Nurse's Aide	Inpatient
Hattie Martin	Laundress	Laundry
Glen Mayo	Watchman	Security
Louie Mayo	Watchman	Security
Paul Mayo	Orderly	Inpatient
Vincent Mayo	Orderly	Inpatient
Dr. Louis T. Montour	Physician	Medical Director
Margaret Montour	Nurse's Aide	Inpatient
Richard Montour	Watchman	Security
Helen Neron	Registered Nurse	Inpatient
Josie Nolan	Secretary	Administration
Mary Norton	Nurse's Aide	Inpatient
Florence Ouimet	Nurse's Aide	Inpatient
Christina Paul	Nurse's Aide	Inpatient
Beverly Phillips	Kitchen Aide	Dietary
Cecilia Phillips	Cook	Dietary
Larry Phillips	Orderly	Inpatient
Elizabeth Ranson	Nurse's Aide	Inpatient
Therese Rice	Registered Nurse	Inpatient
America Robert	Janitor	Maintenance
Robert Scott	Orderly	Inpatient
Eleanor Styres	Housekeeper	Housekeeping
William Svelha	Orderly	Inpatient
Suzanne Whyte	Nurse's Aide	Inpatient
Hilda Wilkinson	Registered Nurse	Inpatient
Dr. Ignatius K. Williams	Physician	Inpatient / OPD

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Kateri Memorial Hospital Centre photo albums

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Elizabeth Curotte-Ryder

Michael Delisle

Kim Delormier

Kenneth Diabo

Chantal Haddad

Heather Jacobs-Whyte

Lori Niioieren Jacobs

Pearl Jacobs

Albert Lazare (Kateri Magazine)

Margie McComber

Theresa McComber

Stephanie Paul

Marla Rapoport

Wendy Skye-Delaronde

Wendy Walker-Phillips

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