

1884-2009

RESPONDING TO UNMET NEEDS:

125 Years of Care in the Community



Care Compassion Commitment

*Dear Mother Monica, could
The mountain be the
The long
Would you
A vista of
Where all
From me*



*ght guard
l-pain,*



ST. JOSEPH'S CARE GROUP

Written by Peter Raffo

RESPONDING TO UNMET NEEDS: *125 Years of Care in the Community*

Written by Peter Raffo



Illustration of St. Joseph's Hospital built in 1884

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*St. Joseph's Care Group dedicates
this book to the memory of*

**Carole Judith Marie Faulkner
(1934-2008)**

Nurse and Teacher. Member of the Board of St. Joseph's Heritage (1990-95);
Member of the Board of St. Joseph's Care Group (1995-2003);
Chair of the Board of St. Joseph's Care Group (1999-2001)

and

**Preston Reid (Jerry) Cook
(1923-2009)**

A driving force in the development of St. Joseph's Heritage.
Member of the Board of St. Joseph's General Hospital (1968-84);
Chair of the Board of St. Joseph's General Hospital (1974-75);
1st Chair of the Board of Management of St. Joseph's Heritage (1976-83);
1st Chair of St. Joseph's Foundation of Thunder Bay (1983-99)



Illustration of St. Joseph's Heritage

Mission

St. Joseph's Care Group is a Catholic organization committed to provide compassionate and holistic care and services to the people of Northwestern Ontario

Vision

St. Joseph's Care Group will identify and respond to the unmet needs of our region as a way of continuing the healing mission of Jesus in the tradition of the Sisters of St. Joseph of Sault Ste. Marie

Core Values

- Commitment
- Compassionate & Holistic Care
- Excellence
- Dignity & Respect
- Faith-based Care
- Inclusiveness
- Truthfulness & Trust

St. Joseph's Care Group Locations



St. Joseph's Hospital
Corporate Office



Balmoral Centre



Behavioural Sciences Centre



Diabetes Health Thunder Bay



Hogarth Riverview Manor



Lakehead Psychiatric Hospital



Sister Margaret Smith Centre



St. Joseph's Health Centre



St. Joseph's Heritage

CONTENTS

contents

Acknowledgements	2
Preface	4
Abbreviations	7
One: The First Hundred Years	8
Two: “Frightening and Exciting Times”	22
Three: “A Place for all Seasons”	36
Four: “With a Stroke of a Pen”	50
Five: St. Joseph’s Care Group, 1997-2009	62
Six: A Glimpse Into the Future	72
Seven: Back to the Sisters	82
Image Credits.	88
Endnotes	90
Bibliographical Notes	95

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The Sisters of St. Joseph of Sault Ste. Marie invited me to their Motherhouse in North Bay and offered me some access to their own records. More particularly, their kindness and hospitality was much appreciated by my wife and myself. We also enjoyed a special visit to the small convent home in Sault Ste. Marie of Sister Leila Greco and her own sister, Sister Immaculata.

Edda Fearon, Executive Assistant at the Hospital, and Marian Begall, Secretary at the Heritage, showed me records, reports, and other documents related to SJCG and providing me with ready answers to questions that came to mind. The staff at the Brodie Street branch of the Thunder Bay Public Library were as cooperative as ever, showing me through the newspaper archive and some other random documentation on the early history of St. Joseph's General Hospital. Tory Tronrud, Director/Curator of the Thunder Bay Historical Museum allowed me access to the vast photographic collection stored there, and was his usual fount of information on the history of this region. Erin Paul, Communications Assistant at SJCG, organized the choice of illustrations for this book. I would also like to thank the anonymous "grammarians" who went through the original text, correcting, to my embarrassment, numerous errors!

My concentration in this book has been on the last twenty-five years of the organization. Consequently, I have had to rely very heavily on the testimony

of witnesses of, and participants in, the events of those years. It is the usual practice to acknowledge such individuals in the bibliographical material at the end of a historical text. My preference is to place them up-front, where they are more likely to be recognized for the important part they have played in the production of this short account of the Hospital and the Heritage. So, in alphabetical order, here they all are: Penny Anguish, Marian Begall, Lil Bergamo, Andre Bourque, Tracy Buckler, Sister Shirley Caicco, Don Caron, Bob Chambers, Paulina Chow, Dr. Jim Colquhoun, Alan Cox, John Cyr, Dr. Geoff Davis, Doug Demeo, Dino DiGiuseppe, Gwen Dubois-Wing, Bert Fenlon, Jim Foulds, Michael Gravelle MPP, Sister Leila Greco, Sister Alice Greer, Chris Hacio, Allison Hill, Laurie Hill, Keith Jobbitt, Sylvia Kayzer, Sister Bonnie MacLellan, Dr. John Malloy, Shirley McKevitt, Edward Mondoux, Carol Morgan, Dr. George Morrison, Guy O'Brien, Dick O'Donnell, Gail O'Quinn, Sharron Owen, Barry Potter, Dr. Chandar Rao, Janet Sillman, Sister Margaret Smith, Jack Tallon, Nadia Thatcher, Hugh Walker, Grant Walsh, Judy Warwick, Carl White, John Whitfield.

In the end, of course, any errors or omissions are my own responsibility.

Finally, a word of thanks to my wife, Donna G, for all her support. Her comments on the text as it developed were always perceptive, her suggestions for change absolutely right.

preface

PREFACE

In 2005, I wrote a short history of Lakehead Psychiatric Hospital for St. Joseph's Care Group (SJCG), which had recently assumed the governance and management of that facility. Entitled *Lakehead Psychiatric Hospital, From Institution to Community*, it marked sixty years in the life of the hospital, from 1934 to 2004. Now I turn my attention to another significant health care institution in our community.

St. Joseph's General Hospital [SJH] opened its doors in 1884, which makes 2009 the one hundred and twenty-fifth year of its life of continued service to the community of Port Arthur, Thunder Bay and the region. When this project was first proposed to me it was assumed that it would mark the last twenty-five of those years, because a centenary booklet, "The Spirit, the Lamp and the Key" written by George Campbell, had been published in 1984. However, the Care Group soon came to the conclusion that a true perspective on the recent past could not be achieved without an opening chapter which, although it told the same story, did so from the perspective of the present day. Nonetheless, the main concentration will be on the years 1984-2009.

In taking on this task I little knew how tumultuous those years had been. Even in 1984, as the first hundred years were being celebrated, no one could have foreseen the extent of change that was about to take place for the leadership and employees of the Hospital, for the community it served and for hospital care in the province itself. For my part, I knew little enough about the history of Catholic health care in this city, and nothing about the history of the Sisters of St. Joseph (which, incidentally, is a story that should be written in full).

This history has come to me, then, as something of a revelation. It has been a great pleasure to write, not least because of the help and encouragement I have received from the people at SJCG. I hope that, in the reading of it, people will come to understand the significance of this part of the story of our city and region.

No sooner had I begun to research the history of "St. Joe's" than it became evident to myself and the Care Group that it was to be a narrative of, not one, but two health care facilities. The year 2009 marks another anniversary. Thirty years ago, in 1979, an integrated complex was born out of SJH that

can lay claim to have become the model for the institutional support, care and treatment of the elderly in Canada and, perhaps North America. St. Joseph's Heritage has an anniversary that needs to be acknowledged alongside that of the Hospital, and so it receives a chapter in this book to itself.

A second realization came to me very early. This was not to be simply the story of the Hospital and the Heritage. It had to be about the transformation of those separate facilities into the continuum of health care that is today's SJCG. If there is a centre to the narrative of the last twenty-five years, it is surely this. It begins with developments in hospital care that would take place in this city and province over the years from the late-1980s until 1997. By that date, not only had the Care Group emerged, but SJH had effected a remarkable change of role, from an acute care to a "complex care and rehabilitation" hospital. The scale and significance of these events for the future of health care in our city can hardly be exaggerated.

The research for this book has been based very largely upon interviews with people directly connected to the Hospital, the Heritage and SJCG. Given the constraints of time and the reality of writing "contemporary" history, it could hardly have been otherwise. What the historian calls "primary sources" were not available to me in significant numbers. Given the issues of privacy that surround research into contemporary government agencies – and especially those involved in the field of health and hospital care – it would not have been worth my while to chase up such sources, "Freedom of Information" legislation notwithstanding. But newspaper accounts have helped, as have some archival and published records of the three institutions themselves. However, it is the story that has come from the interviewees, who have worked at and with the Hospital, the Heritage and the Care Group, that has become the basis of this text, and I am extremely grateful to all of them.

This is not, therefore, an analytical study so much as a celebratory one. I make no bones about that and am happy to acknowledge it. I hope, nonetheless, to have avoided the excesses of hagiography. It is anyway, in my view, a story worth celebrating.

In the writing of the book I have tried to keep the general reader in mind. I hope to have stayed away from excessive detail in my endnotes. Where, for

example, it is quite clear from the text itself from where my source has come, I have not recorded it elsewhere. I have also tried to consolidate my notes as far as possible. Where a notation occurs in the text it comes at the end of a paragraph, and thus the endnotes will often make reference to several (but clearly-identified) sources. To tell the truth, I feel no regrets about doing so. Even in the academic press these days, there have been some cases where all the references have been dispatched to the publisher's web-pages!

One of my interviewees told me that his experiences on the boards of SJH and SJCG had left him "blessed, absolutely blessed." If I, as a totally "lapsed" Catholic, may be allowed the temerity to say so, I feel much the same way about my experience writing this short history.



Peter Raffo, September 2009

ABBREVIATIONS

CEISS	<i>Centre of Excellence for Integrated Seniors' Services</i>
CEO	<i>Chief Executive Officer</i>
CHAO	<i>Catholic Health Association of Ontario</i>
CHCO	<i>Catholic Health Corporation of Ontario</i>
CIBC	<i>Canadian Imperial Bank of Commerce</i>
CMHC	<i>Canada Mortgage and Housing Corporation</i>
DHC	<i>Thunder Bay District Health Council</i>
HRM	<i>Hogarth Riverview Manor</i>
HSRC	<i>Health Services Restructuring Commission</i>
JHPC	<i>Joint Hospitals Planning Council</i>
LPH	<i>Lakehead Psychiatric Hospital</i>
LHIN	<i>Local Health Integration Network</i>
MHRW	<i>Mental Health Rehabilitation Wing</i>
MPP	<i>Member of the Provincial Parliament</i>
ODC	<i>Ontario Development Corporation</i>
OHSC	<i>Ontario Hospital Services Commission</i>
RN	<i>Registered Nurse</i>
SJCG	<i>St. Joseph's Care Group</i>
SJH	<i>St. Joseph's General Hospital</i>
TBRHSC	<i>Thunder Bay Regional Health Sciences Centre</i>

Chapter One

THE FIRST HUNDRED YEARS

The Arrival

The story of St. Joseph's General Hospital always begins with the Sisters. Five Sisters of St. Joseph, whose arrival in what was then known as Prince Arthur's Landing was reported in the weekly newspaper on 2 September 1881. It seems that their actual date of arrival was 26 August, on the steamboat Frances P. Smith, five days out of Collingwood Ontario. They were Mother De Pazzi and Sisters Beatrice, Gertrude, Monica and Vincent. They came not as nurses, but as teachers. Their mission was to take charge of the convent which had recently been built, and which would furnish a much-needed school room for the children of the small resident Catholic community. The combined population of the Landing and its twin and rival at the mouth of the Kaministiquia River, Fort William, was then 1,965.¹

Their mission was to take charge of the convent which had recently been built, and which would furnish a much-needed school room for the children of the small resident Catholic community.

The first Separate school at the Landing had opened in 1880, in the recently-built St. Andrew's Church, which occupied the same site as its successor does today. At that time Bishop Jamot, Vicar-Apostolic of Northern Canada, had been petitioned by several Catholic families to send "a community of Sisters" to take charge of it. It was he who had chosen the five Sisters, whom he accompanied, with Archbishop Lynch of Toronto, on their journey to this distant corner of the province. According to an account, written over eighty years later, "This brave little band opened the school on September 2 with 62 pupils registered."²

Prince Arthur's Landing, re-named Port Arthur when it was formally recognized as a town in 1884, was home to a community of rough-spun pioneers, many of whom had been drawn to the region by the promise of the silver mines and timber camps which dotted the region. Apart from the magnificent setting of Lake Superior, there was little in the way of attractions to be found in the town itself. In one of her first letters home, Sister Monica wrote:

The place is uninviting and its desolate shores have scarcely an oasis to brighten the arid nature of the surrounding cliffs. However, there is something sublime in its vast expanse and our Missionary zeal shows us there is much here to tell of God's hand in the beautiful climate and fertile soil.³

The Sisters of St. Joseph

The congregation of the Sisters of St. Joseph was established in 1650, in France. Never a cloistered community, its mission came to be modeled on the story and inspiration of Martha and Mary, in the New Testament. The Sisters would “unite the duties of Martha and Mary – the exterior works of charity with the interior peace of prayer and contemplation.” The order spread rapidly through France, but its life was brought to a sudden and painful halt by the anti-clerical excesses of the French Revolution, which broke out in 1789 and lasted through the tempestuous days of the Reign of Terror. Some of the Sisters were guillotined and the order was scattered. But it survived and gradually re-committed itself – this time to missionary work overseas, especially in North America. In 1836, six Sisters arrived in St. Louis, Missouri to found a school for the deaf among the Indian population who were recent victims of measles, the “white man’s disease,” as they described it.

In 1851, a community was established in Toronto, from whence came those first five missionaries to the Lakehead, thirty years later. A year after their arrival at the Landing, the Sisters came under the authority of the newly-created diocese of Peterborough which then included Northern Ontario. Eventually, in 1937, all of Northern Ontario became part of the diocese of Sault Ste. Marie, and a community of the Sisters was established there.⁴

The Catholic and missionary origins of SJH, St Joseph’s Heritage and what eventually became SJCG, are an important and powerful part of the story about to be told. Nobody who has worked, or is working, for the organization

in each of its forms is unaware of the story of the five Sisters and their achievement in founding a hospital, the first of its kind between White River and the Manitoba border, in 1884. It is that memory and that spirit which is today embodied in the mission statement of St. Joseph’s Care Group. Together they underpin its determination to continue to serve the “unmet needs” of the Thunder Bay region in what is now an almost entirely secular world of health care in the province.



The five Sisters of St. Joseph’s arrived into Prince Arthur’s Landing on the steamboat *Frances P. Smith* on August 26, 1881

THE FIRST HUNDRED YEARS

The First Hospitals

But how did the Sisters come to establish a hospital, especially when their school was doing so well and must have been taking up a lot of their time? Student numbers had grown to 165 by 1883. One reason for this was the developing construction of the Canadian Pacific Railway. By 1882 the line from the Lakehead to Winnipeg was completed and in 1883 construction had begun on the link east to Red Rock. Partly as a result of this, between 1881 and 1891, the population of the two towns at the head of the lake increased by 150%. Rapidly growing numbers of workers on such a huge project in those days spelled the potential for tragedy, especially as the line progressed through the boreal forest and along the shoreline of Lake Superior in Northwestern Ontario. It meant inevitable accident, injury and even death among the workforce as it undertook one of the greatest engineering and construction projects of its time. This was compounded by that other dread partner of such enterprises, which was disease – most particularly typhoid fever. Before the end of 1882 the need for a hospital was being voiced with some concern, as more and more injured workers, many of them the victims of explosions that had misfired on the railway route, were being brought into town for emergency treatment.⁵



A view from Algoma St. of the hospital (left) built in 1884 and the Convent and Church (right).



Operating Room, St. Joseph's General Hospital, 1906



A Sister demonstrates use of medical equipment to nurses



A photo of the first hospital building in 1884.

According to the story so often told, one day in the spring of 1883 a CPR worker with a mangled leg was brought into town and the only place that could be found to treat him was in an old shed. Hearing of this, the Sisters had the man brought to the convent and nursed him back to health. There was space in the convent, which had recently been re-built after a fire, with extra rooms for the school. Those two rooms were instead then designated for hospital beds by Mother De Pazzi. In February the following year, Sister Monica was placed in charge of what had become, of necessity and to meet the obvious need, Port Arthur's first hospital, pre-dating by nearly twenty years John McKellar Memorial Hospital in Fort William, which was founded

in 1903. By December 1884 the hospital in the convent had recorded nursing 117 patients. For all that, the facilities available to the existing medical staff at the time were pretty primitive. An unidentified hand-written record from the 1960s, found in St. Joseph's archive, states, "In those early days the Lakehead was without electricity or waterworks. Surgeons carried out delicate manipulations by the light of coal-oil lamps held by the Sisters."⁶

On 8 September 1884 the corner-stone for a new hospital, a two-storey "brick veneer building", was laid on one and a half acres of land adjacent to the convent, which had been donated to the Sisters by the Ontario government on the initiative of the local MPP, James Conmee. The town council having pledged continuing financial support, the Sisters were able to open the building in the spring of 1885. As early as December 1884 the Weekly Sentinel was already calling it "St. Joseph's Hospital."⁷

THE FIRST HUNDRED YEARS

Mother Monica



Mother Monica

Financing the needs of the Hospital was a heavy task in the early years, even as the population was growing. The town council had pledged \$50 a month to the Sisters, but many of those who were treated were on low wages or unemployed. No welfare provision was available for health care in those days, either. But the nuns, led by Sister (after 1887 Mother) Monica, were industrious in seeking funds, and innovative in their methods. One account of these years, written in the 1950s, records:

These were the days when Mother Monica personally conducted hazardous trips up and down the line of construction [of the CPR] to collect in the camps money to carry on her work of mercy... and though... little money was in circulation, the Sisters were never refused their dollar. A person could buy a hospital card for \$5 for which in case of accident or sickness the holder would be taken care of during his stay in hospital without additional costs.⁸

An early form of voluntary health insurance, indeed.

Mother Monica headed the Hospital from 1884 until her retirement in 1923. Her influence upon the development of St. Joseph's was, therefore, paramount. She oversaw the expansion of the Hospital and its services during a period of very rapid growth of both Port Arthur and Fort William, which together became cities in 1907. Population expanded rapidly, especially in the first decade of the 20th century. Demand for increased health care services was reflected in the building of two more hospitals. First came John McKellar Memorial in Fort William and then, in 1909, a second hospital in Port Arthur, at the corner of Algoma and Dawson St., opened its doors. The Railway Marine and General Hospital would eventually be rebuilt in 1930 as Port Arthur General Hospital. In the meantime, SJH itself grew, from that two-storey edifice of 1885, through various transformations up to 1928.⁹

A Ladies Aid organization was established in 1895, the forerunner of today's Auxiliary to St. Joseph's Care Group, and from that time forward it was prominent in all fund-raising drives for the Hospital. By 1900, such was the demand for hospital services that the Sisters built an additional three-storey wing to the original structure, which itself received a third floor to match it. In 1904, for the princely sum of \$60,000, a third wing was added, making for an imposing frontage. 1904 also saw signs of the growing influence of the

In addition to her [Mother Monica] sterling leadership, she had set a precedent for future administrations of the Hospital – that it would be headed by a series of powerful women.

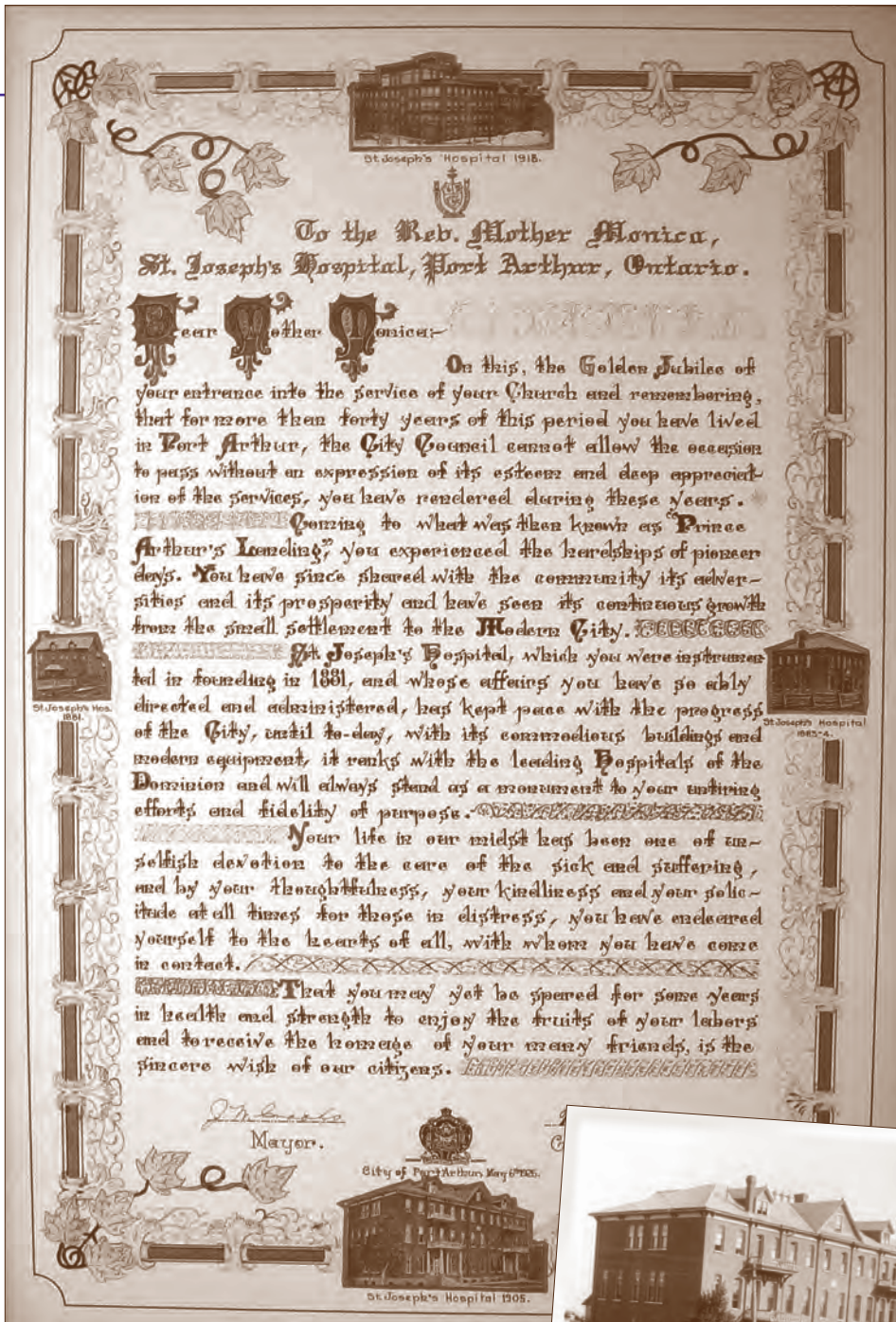
Hospital, when the Thunder Bay Medical Society “with an Executive drawn chiefly from St. Joseph’s Medical Staff” was born (it exists to this day) and a School of Nursing was established.¹⁰

In 1915 construction began on another, five-storey, wing and when it was completed in 1918 (it was delayed by the scarcity of materials due to the war effort), it made the institution “one of the finest for its size in Canada.” The fifth floor housed surgical facilities of the most modern kind. By that time the Hospital could accommodate 150 patients with a staff of fifty. Before the Jubilee of Mother Monica’s “entry into the religious life” could be celebrated in 1925, X-ray, pediatric and physiotherapy departments had been added. In 1922 the Hospital received an A1 grade from the American College of Surgeons. Finally, 1928 saw a further expansion take place, at a cost of \$225,000. This achievement was greeted somewhat inelegantly in the Fort William newspaper with the announcement that “Mother Monica has seen St. Joseph’s grow from a literal zero to its present noble pile of buildings.” In addition, the School of Nursing, having outgrown its original home, was given a new one with the purchase and refurbishment of the Neelin homestead on Court St. Ridge. Eighty secular nurses and nineteen Sisters now served the patients at St. Joseph’s.¹¹



Photo of first graduating class from St. Joseph’s Hospital School of Nursing with Nursing School Director (centre) in 1907.

SJH by this time presented an imposing sight, occupying, along with the convent and St. Andrews Church, the whole of the east side of Algoma Street, from today’s Red River Road to Camelot St. As Mother Monica’s life drew to its close in 1931, she would have every reason to feel proud of her achievement. In addition to her sterling leadership, she had set a precedent for future administrations of the Hospital – that it would be headed by a series of powerful women. One cannot think of another major institution in the region that can make such a claim. As in so many other ways, SJH was ahead of its time.



Letter of Appreciation to Mother Monica on the occasion of her Golden Jubilee received from the City of Port Arthur.



St. Joseph's Hospital after 1st addition.

A Golden Jubilee

1928 marks the conclusion of what can be called the first phase of the development of the Hospital. Further construction now came to a halt for nearly three decades. The years between were to witness the “dirty thirties”, when the kind of generous charitable donations upon which so much earlier development had depended dried up, and the years 1939-45, when almost all available resources of governments and individuals were harnessed to the war effort.

In the meantime, and even in the gloom of the depression years, there was something special for the Sisters and the community to celebrate, when the Golden Jubilee of the Hospital was marked in July 1934.

A jubilee memorial statue of St. Joseph was unveiled on a small piece of land standing between the Hospital and the convent. It was

donated by the Ladies' Aid, and on a bronze tablet was written:

As a testimonial of the fifty years of noble and gracious deeds for stricken humanity completed this year by St. Joseph's General Hospital, Port Arthur. Almost the entire span of fifty years was passed under the energetic leadership of the late Reverend Mother Monica who departed this life January 23rd, 1931.¹²

Seeking “Unmet Needs”

When the Sisters came to Port Arthur, they came as teachers. Within a couple of years they had witnessed the lack of a hospital in the town and so had sought to meet that need, which they had splendidly fulfilled by 1934. They had also, perhaps unsuspectingly, given themselves a special mission in the community. It could be said that, in recognizing that first “unmet need,” they had set upon a path that would lead towards the creation of an institution different from its fellow hospitals at the Lakehead. The process, small at first, began with the establishment of the physiotherapy department in the 1920s. A massage department with a “multiple wave generator”, the gift of the Ladies' Aid, was established in the jubilee year, to be followed, in 1937, by the creation of a full-fledged Physiotherapy Ward. Already the Sisters were pushing the Hospital in the direction of rehabilitation, which would become one of its defining features in the next stage of hospital expansion.¹³



Photo of Statue and Plaque Dedication Ceremony on the event of the hospital's 50th Anniversary.

THE FIRST HUNDRED YEARS

...the first breath of change was felt in 1937, when the provincial government passed legislation to ensure a measure of accountability to the administration of hospital care, which, in the case of St. Joseph's had always been directly under the control of the Sisters, and largely dependent upon charitable donations plus local government support for the day-to-day running of its operation.

That would begin in the 1950s, in the wake of the post-war boom, when the demands on the health care system of the province were increasing exponentially. The sophistication of equipment and resources in the various fields of medicine (plus their related costs) were all putting pressure on governments to intervene more directly in the regulation, and the health care practices in general, of the province's hospitals.

However, the first breath of change had been felt in 1937, when the provincial government passed legislation to ensure a measure of accountability to the administration of hospital care, which, in the case of St. Joseph's, had always been directly under the control of the Sisters, and largely dependent upon charitable donations plus local government support for the day-to-day running of its operation. From January 1938 the heads of the province's hospitals were answerable to advisory boards and records of the proceedings of the boards had to be maintained. This was but a small step, however. According to Sister Patricia Smith (later Sister Margaret) who came to St. Joseph's first as the Director of the School of Nursing in the early 1950s, "advisory boards met three or four times a year and said nice things to us. But the Sisters ran the show, no question about that." On the other hand, that legislation was a portent of things to come.¹⁴

Rebuilding the Hospital

As the war came to an end the Hospital had a capacity of 235 beds, including forty reserved for children. A new period of growth began in the mid-1950s. By then the number of beds had risen to about 500. In 1955 the former Nurses' Residence came down to be replaced on the same site by a five-storey building capable of housing 108 students. It served that purpose until 1970, when the nursing programme of the Sisters was replaced by provincially-governed programmes run from the campus of Lakehead University.

The province's Ministry of Health now began to take a more active role in the organization of hospital care. 1958 saw the establishment of the Ontario Hospital Services Commission (OHSC), which began its work of supervising budgets (for the first time) and delivery



Paediatrics playroom, 1928 wing, 5th floor;
student nurses, circa 1955

St. Joseph's Hospital, Algoma Street, 1967



Demolition of the original hospital structure from 1905.



Bishop E.Q. Jennings places the 1959 corner stone on the wing completed in 1960 at St. Joseph's Hospital

programmes, the following year. If some people in the medical professions felt any resentment at what they saw as an encroachment on their traditional independence, nobody could deny that this brought with it a potential abundance of funding for redevelopment and for new programmes. St. Joseph's was in the forefront of those hospitals that recognized the opportunities for growth which now presented themselves.¹⁵

An explosion of new building had begun. In 1958 the original wings of the Hospital, built between 1885 and 1905 were torn down, to be replaced by a new wing on the south end of the facility. It opened in 1960 and included an Emergency Ward, administration offices and a cafeteria in addition to the replacement of some (176), but not all, of the original beds. In addition to this, and already opened in 1959, came a Rehabilitation Centre which housed hydrotherapy, occupational therapy and physiotherapy units. When the Queen and Prince Phillip came for an official visit in May 1959 – the institution's 75th anniversary - it was already ahead of the field in this department. Indeed, from this point onwards rehabilitation of patients, in addition to the more traditional areas of acute care on the surgical wards, started to define the mission of SJH, and to differentiate it from the other two general hospitals in the twin cities.¹⁶

The building boom continued with the decision to replace the remaining older buildings – the 1918 and 1928 wings – and to complete the total renovation of the Hospital by 1967. It became the Sisters' Centennial project, completed on time and representing, along with the earlier renovations of 1958-60, a cost outlay of over \$7 million.¹⁷

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THE FIRST HUNDRED YEARS

Sister Patricia (Margaret)



Sister Patricia (Margaret Smith)

Under the direction of the OHSC, when Sister Patricia was appointed to head the Hospital in 1959, her title became that of Administrator. She arrived at the right moment, just as the revitalization of the institution had begun. Never was someone more suited to the hour, for she brought with her a veritable dynamism, coupled with an innovative mind and a healthy disrespect for out-dated thinking. She would come to represent a new force in the community. Between 1959 and 1968 she would oversee what George Campbell, the author of the booklet which celebrated the Hospital's centenary year, rightly called "the most thrilling chapter in the history of the hospital" up to that time.

It was not to be solely about bricks and mortar, for any hospital in the region could have re-built in similar fashion, and all of them were improving their facilities, introducing medical innovations, adding departments and raising the expertise of their staff. What was happening on Algoma St. was more substantial than that. The mission to seek and to serve the unmet needs of the community was in the forefront again, and at its head was Sister Patricia (now Margaret) Smith.

In the course of the preparation for this book, a wide range of interviews took place with Hospital administrators, staff, physicians and members of the public. Without exception, those who worked with Sister Margaret and those who knew of her, spoke in admiration. She was described as a visionary – and her influence on this institution and on hospital care in Canada itself – was vigorously asserted. Today she is a Companion of the Order of Canada, and that honour is probably in large part due to her work in Thunder Bay. Dr. Jim

Colquhoun who, at the beginning of his career in the 1950s, became a member of the Hospital medical staff and later Chief of Staff, recalls Sister Margaret as "a superb administrator", who helped to create "the best rehab centre between Toronto and Manitoba." Judy Warwick began a lifelong career at the Hospital as a nurse and then became Director of Nursing. She recalls Margaret as "a very nurturing woman – her life was the Hospital."¹⁸

The new administrator was to prove herself to be an innovator as well. Her legacy to St. Joseph's would be the institution that eventually came to bear her name.



Her Majesty Queen Elizabeth visits in July 1959.
Dias is located at Algoma and Cameron Street

Sister Margaret believed it [alcoholism] was a disease like any other – capable of treatment – as was drug abuse in general.

The Special Medical Unit

The Sister Margaret Smith Centre is today seen as one of the Hospital's proudest achievements. Its origins, however, were controversial, for Sister Margaret proposed to create no less than the first alcohol and drug treatment centre to be located in a general hospital in Canada. At that time there was a powerful stigma attached to anyone who was recognized as an alcoholic. It was deemed to be a sign of weak character, a failure of self-control. Sister Margaret believed it was a disease like any other – capable of treatment – as was drug abuse in general. There were no programmes available in Canadian hospitals to treat such patients, and few enough even in the USA. She was determined to create one and the opportunity came with the rebuilding of the Hospital which had begun in 1959. As a consequence, it had become necessary to close the Obstetrics Department, at first temporarily. However, in March 1967, Hugh Craig, President of the Board of the Hospital, gave the first public hint of what was now being contemplated. "The board is taking into serious consideration the possibility of expanding the care of emotionally disturbed patients and problem drinkers," he stated. In the event, and under the leadership of Sister Margaret, the Hospital replaced obstetrics with an alcohol and drug abuse clinic. The "baby boom" was coming to an end by this time, of course, and Sister Margaret remembers, "There were too many [obstetrics] units anyway, so we had to do it."¹⁹

It was not a popular decision. Only the Sisters in the Motherhouse in North Bay approved the idea. But they had the power to do so. Sister Margaret recalls "the medical staff were against it – the very idea of taking what was a brand-new obstetrics unit and turning it into an alcoholic treatment centre, it was beyond [their] comprehension." The government was uncooperative at first, for if such a centre was to be opened it would require provincial funding – and there was no formula that would cover such an enterprise. Legend has it that the redoubtable Sister Margaret spoke "nose to nose" with the premier of the day, Leslie Frost, and informed him that her programme had to be funded by the province. Her own account is a little less dramatic, but nonetheless impressive for that. She says it was the Deputy Minister of Health with whom she talked, a personal friend of hers. She told him that there was a need in the community, that it was part of the mission of the Sisters to meet such a need, and that if there was no programme for financing the treatment

THE FIRST HUNDRED YEARS



Official opening ceremony June 21, 1967 at entrance to Rehabilitation Centre. From Left: (at microphone) Mr. Hugh Craig, Mayor Laskin, Sister Joan (Rochon) and Sister Florence (Tremblay)

of alcohol abuse in a hospital setting, “we’ll call it a special medical unit” to get around the problem. In the first year of its operation, the unit ran without Ministry of Health funding, but by 1968 the Special Medical Unit, operating on the fourth floor of the renovated Hospital, received its government support. In 1972, it became known as the Smith Alcohol and Drug Abuse Clinic. As Dr. Jim Colquhoun recalls, “She single-handedly got [it] up and running.”

This would not be the last time that the provincial government gave special consideration to the peculiarly persuasive intercessions of the Sisters of St. Joseph. The Special Medical Unit opened its doors in June 1967, the first of its kind in Canada, and one of the most successful programmes developed by St. Joseph’s General Hospital over the years. Since 1997 it has been called the Sister Margaret Smith Centre.²⁰

The Special Medical Unit opened its doors in June 1967, the first of its kind in Canada, and one of the most successful programmes developed by St. Joseph’s General Hospital over the years.

New Programmes, New Administrators

Sister Margaret left the Hospital in 1968, to be succeeded by the almost equally-impressive Sister St. Julia (now Leila) Greco. She, too, has left an extraordinary legacy to the institution, in the shape of St. Joseph’s Heritage, which was her vision and her almost herculean achievement. But that story – which is a special one – deserves, and will receive, separate attention in a chapter of its own.

Under Sister Leila, who served from 1968 to 1978, a wide variety of new programmes were introduced into the shining new edifice on Algoma St. Day Surgery came in 1971 and the Special Medical Unit was re-housed in the old Nurses’ Residence, in 1972. Ambulatory Care was established in that same year. Another special unit was established in 1974 for the emergency treatment of patients with very severe drug abuse problems. Housed separately on Camelot St., it was named the Lewkin Detoxification Centre, after its first Director, Dr. Dij Lewkin. An Audiology Department was added in 1976, and Palliative Care was introduced during the brief administration of Sister Winnifred McLoughlin, in 1982.²¹

At the same time as these and other programmes were being introduced, the number of active treatment beds in the hospital was in decline. By 1984 the figure was 170, and even more significantly, the Pediatrics Department was working only to a 50% capacity – the consequence not only of the decline in the birth rate, but also of the loss of obstetrics in 1967.²²

When Sister Marie McGirr became the Executive Director of the Hospital in 1983, just prior to the celebration of its centenary, further change was in the

air. In the conclusion to his brief history of the first one hundred years, George Campbell stated “It is impossible to predict what St. Joseph’s Hospital will face in this, its second century...”²³

Had he but known what was in fact to come, he along with many others in the administration, the staff and the community at large, would have been truly astonished.

St. Joseph’s Hospital School of Nursing 1904-1970

St. Joseph’s School of Nursing (originally known as St. Joseph’s Training School) was first established in 1904 with Miss Elizabeth Regan serving as its first Director. The students lived in a portion of St. Joseph’s Hospital and the first class of six students graduated in 1907. In 1928, the Neelin home was purchased and converted into the first Nurses’ Residence. As St. Joseph’s Hospital expanded, so did the nursing school enrollment and the need for a larger residence was established. In 1954, the cornerstone of a new Nurses’ Residence was laid on the site of the Neelin home and was officially opened in 1955. The new building could accommodate 108 students and provided a home-like space for living and classrooms for learning. The new residence was fondly regarded as “the halls of learning”.

In 1968, through the efforts of a joint Planning Committee, comprised of representatives from St. Joseph’s General Hospital, Port Arthur General Hospital, McKellar General Hospital and Lakehead University, the Lakehead Regional School of Nursing was opened, resulting in the phasing out of the individual hospital-based nursing schools. The last class from St. Joseph’s Hospital School of Nursing graduated in 1970. Over the nursing school’s 66 years, 845 students graduated.

After the school’s closure, the building functioned as an ancillary building that housed clinics and other associated services. In 1972, the Smith Alcohol and Drug Abuse Clinic (later renamed the Sister Margaret Smith Centre) relocated from the hospital to the former Nurses’ Residence. The Sister Margaret Smith Centre will relocate once more in the fall of 2009 to a modern, state-of-the-art facility and the land of the old Neelin home will give rise to yet another health care building. In 2010, construction will begin on a new Mental Health Rehabilitation Program which will be a new wing added to St. Joseph’s Hospital.



Quod Minimus Mihi Fecisti
Matthew 25:40 "Whatever you do to the least, my brethren, you do unto Me."



*St. Joseph's School of Nursing
 1904-1970*

St. Joseph's Hospital School of Nursing art card

Chapter Two

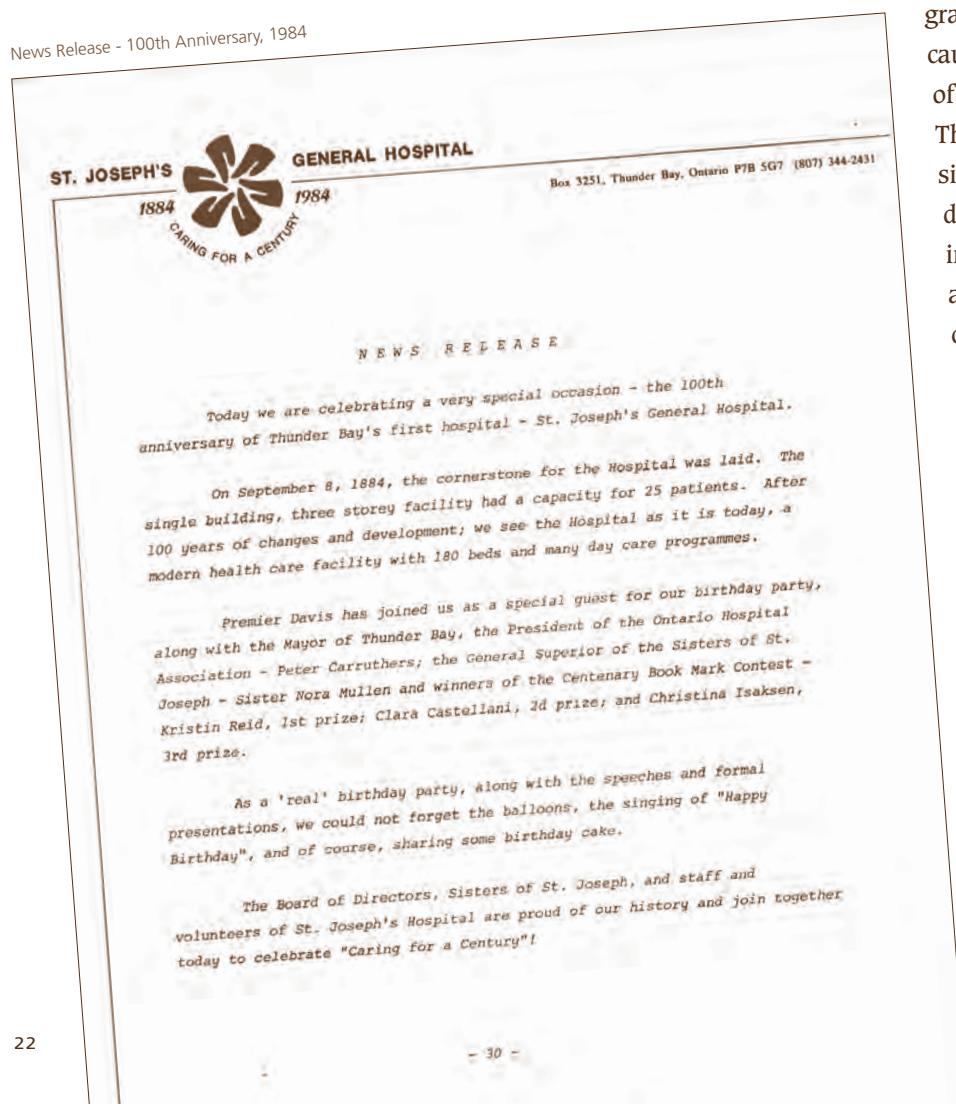
FRIGHTENING & EXCITING TIMES

A Birthday Party

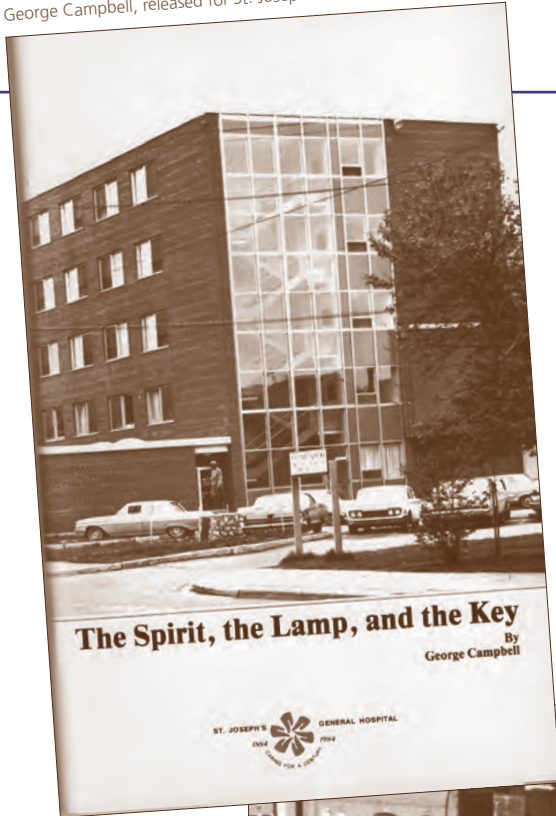
1984 was the Hospital's centennial year and that historic event was duly celebrated. Laurie Hill, who split her duties as librarian with that of media relations, calls it "a crazy year!" Events to mark the anniversary took place almost every month up to September. "Oh we did all kinds of things", she recalls. On 11 September, The Chronicle-Journal included an eight-page supplement with photographs of the Hospital in three of its stages of development – 1905, 1946 and the contemporary facility. On its inside pages it told the history of the institution, and outlined in much detail the various medical units and programs that the Sisters had helped to create. On that day an open-air birthday party was held on the Hospital parking lot with a raised dais for the many dignitaries in attendance from church and provincial governments. Premier William ("Bill") Davis himself

graced the occasion, which caused Laurie Hill all kinds of protocol challenges. The dais was limited in size, so only a strictly-defined number of important people could be accommodated – and it did not include the MPP for Fort William, Mickey Hennessy. She recalls that the redoubtable member, denied a central role in the proceedings, "picked a chair up, hauled it onto the stage and sat down." It didn't matter – the event was a great success.¹

News Release - 100th Anniversary, 1984



Book cover of "The Spirit, the lamp, and the Key" written by George Campbell, released for St. Joseph's Hospital 100th Anniversary.



Chronicle Journal Article, 1984



Team of Sisters participates in the 1st Annual Bed Race

FRIGHTENING & EXCITING TIMES

“A Balkan War”

In the words of Jim Foulds, who was the MPP for Port Arthur from 1971 to 1987, the rivalry between the hospital administrations “was almost like a Balkan War.”

Nevertheless by the middle of the 1980s trouble was brewing for all the hospitals in Thunder Bay, not least at St. Joseph's. Over the years, three acute care hospitals had emerged. Two of them, Port Arthur General and St. Joseph's, stood not much more than a kilometre apart on the north end of the city. A third, McKellar General, had been built to serve the old city of Fort William. Also in Fort William stood Hogarth/Westmount Hospital which was a chronic care and rehabilitation facility. There was also the provincially-operated Lakehead Psychiatric Hospital (LPH). All five of them now served a population in the new city of approximately 100,000. In the middle of the pack stood SJH, a Catholic institution with a strong sense of its separate identity and its “mission”, living in what was by this time a largely secular world of hospital care, funded by the provincial government, through the Ministry of Health. The amalgamation of the original cities had by no means softened the natural rivalry between the hospitals (which had always existed) and there was little doubt that the duplication of services that had resulted added significantly to the cost of delivery to the people of the city and region. To a government that was becoming increasingly aware of escalating budgets in the health sector (and perhaps also to the public at large), some kind of rationalization of hospital services seemed inevitable. This was not only a local, but a province-wide problem. In the city of Thunder Bay, however, it was always more than a simple issue of hospital rationalization. The memory of two separate cities with separate hospitals was added to the mix. In the words of Jim Foulds, who was the MPP for Port Arthur from 1971 to 1987, the rivalry between the hospital administrations “was almost like a Balkan War.”²

This is not to deny that the hospitals were working diligently to find some way out of their difficulties. Indeed, Dr. Geoff Davis, presently the long-serving Chief of Staff at St. Joseph's, asserts “There was never a lot of rivalry between the physician groups” at the hospitals. But it would be the devil of a difficult job to find a solution to the problem of rationalization, and it would take more than a decade to achieve.³

The Joint Hospitals Planning Council



Keith Jobbitt

The first serious attempt to resolve these issues came in 1984. It was a local initiative, with apparently no overt political pressure behind it. The three acute care hospitals, along with Hogarth/Westmount and LPH, each appointed three senior representatives to a Joint Hospitals Planning Council (JHPC). Its role was to address the “thorny problems” involved and establish “trust, understanding and effective communications” between the participants. According to Keith Jobbitt, who sat on the board of SJH in those days, it was readily recognized that “it wasn’t reasonable to have three acute care hospitals functioning with the high levels of costs” that this involved. It was therefore relatively easy to come to the conclusion that what was needed in Thunder Bay was “a one hospital concept.” SJH and Port Arthur General agreed to a “dialogue” to “explore the rationalization of services in the North ward,” as part of the process leading to that end. This, according to Guy O’Brien, then the Chair of the Board of SJH, signaled “a new direction in the traditionally independent and parochial development of hospital programmes in this city.”⁴

...“it wasn’t reasonable to have three acute care hospitals functioning with the high levels of costs” that this involved. It was therefore relatively easy to come to the conclusion that what was needed in Thunder Bay was “a one hospital concept.”

Keith Jobbitt

By all accounts, rationalization of services between Port Arthur General and SJH was undertaken with some good will on both sides. After all, it had already begun with the abandonment of the Obstetrics Unit by St. Joseph’s in 1967. In retrospect, Don Caron, who served on the board of the Hospital from the mid-80s and was Chair from 1990-93, thinks “that was the beginning of the transition” of St. Joseph’s into its present identity. Eventually, pediatrics would follow, albeit much less willingly, especially for the nursing staff, who loved the presence of the children. Nevertheless, these concessions came very slowly. What were described as “frank” discussions took place in the JHPC, but a report to the board of St. Joseph’s in 1985 gave a taste of their true nature when it stated “Some of these meetings went on for virtually indecent lengths of time.”⁵

The meetings with the other hospitals brought into the open an issue that had always lurked beneath the surface of the willingness of SJH to take part in the exercise. It was a Catholic institution and still very much under the influence of the Sisters who, until 1990, always provided the Executive Director of the Hospital and on the board of directors of which there was consistent and strong representation. In 1985 the board heard from its Planning Committee

FRIGHTENING & EXCITING TIMES

of “the need to consider the organizational structures that will be necessary to the maintenance of the confessional nature of St. Joseph’s Hospital.” Delicately-phrased, it nonetheless spelled out the dilemma. Could the Catholic mission of SJH survive if it was to become part of a “one hospital concept?”⁶

In 1985 a first step towards that goal was recommended by the JHPC: “one board to manage the three acute care hospitals,” plus Hogarth/Westmount. Guy O’Brien now put it bluntly to his board: “...in the long term, the consideration of any one board concept will present... perhaps the most critical decision to affect our hospital in its one hundred-year history.” The issue, of course, but still unmentioned in the minutes of the board of directors, was abortion. If there was to be a single board governing all hospitals at the Lakehead (and at the time this seems to have been what was meant by the “one hospital concept”), would the medical staff at one branch of the new institution be able to opt out of offering that particular service to its clients? And if it could not, without abandoning its principles, what future was there for SJH?⁷

Chronicle Journal Article, January 7, 1984

Hospital marking centenary

The centenary year of St. Joseph's General Hospital has its official beginning on Sunday, Jan. 8. An Eucharistic celebration will be held at 7 p.m.

The Chronicle-Journal Modern Living

Saturday, January 7, 1984 17



HERE'S THE ORIGINAL ST. JOSEPH'S HOSPITAL ...1884 to 1984 — Caring for a Century

The administrator at its inception. The enterostomal therapy service began in June 1972. The service was a new specialty pertaining to the care and management of abdominal stomas for both out and in patients. Four months later, the rheumatic diseases unit opened for the education and treatment of rheumatic diseases. The Lowkin Centre established in February 1974 in a residence on Camelot Street to assist the inebriates to recover from the effects of alcohol. In February 1975, the audiology unit opened to assess hearing loss. The hospital's most recent service was established in 1982. The palliative care service offers specialized care for persons experiencing a life threatening illness to alleviate the pain and symptoms associated with chronic illness that cannot be cured.



St. Joseph's Hospital Board of Directors, 1989-90

of Canada, placed Joseph's General Hospital in the list of A-1 hard hospitals. In another addition added at a cost of \$77.72 which contained the public and private wards and a spacious roof garden. The addition connected at all floors with the other parts of the building. A diet kitchen was opened under the direction of a qualified dietitian. A central power house and steam laundry facilities were also constructed. The growing capacity of the hospital made necessary a corresponding increase in the number of nurses-in-training. As a result, the Neelin dormitory was purchased and converted into an ideal nurses' residence.

Classes were temporarily housed at the centre until the regional school of nursing opened its doors at the Lakehead University campus in 1971. Today, the diploma nursing program continues to be given in the original building. However, the nursing program has been under the auspices of Confederation College since 1973. St. Joseph's School of Nursing graduated its first class in 1970. In its 66 years of service, the school graduated 245 nurses and was long recognized for its impeccable standards. In 1969, the hospital's speech therapy service began as part of the rehabilitation department. In May 1971, the ambulatory care unit opened. In November 1972, the ambulatory care unit established including surgical, diabetic, psychiatric and medical day care. That year, the dedication of the

changes over the years. On Dec. 26, 1984, records revealed that patients gave donations to the hospital in the form of a quarter of beef, soured chickens, six cans of oysters, a chest of tea, a barrel of sugar and a barrel of apples. That year, 187 patients were treated. In 1989, the number of patients treated escalated to 1,030 and to 2,696 in 1993. In 1972, admissions numbered 8,870 and emergencies, 2,107. Operating costs were \$91,879.32 in 1933 compared to \$5,458,017.00 in 1972. Currently, the hospital's 1983-84 budget is \$17,800,000. In its 106 years of

Catholic Health Care



Sister Miriam Downey

In 1985 the mission statement of the Hospital read, in part, that its services were “permeated by the Judeo-Christian tradition.” It offered “health care based on a respect for life and a belief in the value and dignity of each person.” This philosophy, in the words of Guy O’Brien, “necessitates particular ethical considerations in the treatment of patients.” Concerns were being expressed, according to a morals and ethics committee report to the board, “regarding Catholic hospitals having to provide abortions in geographical areas where there were no other hospitals.” It was clear that members of the board, many of them (interestingly enough) non-Catholics, were foreseeing trouble ahead in the move towards a single hospital. They had entered the negotiations in the JHPC with some “reluctance” in the first place. When that body formally recommended the merger of the boards of the acute care hospitals and Hogarth/Westmount, St. Joseph’s opted out. The Executive Director at the time, Sister Miriam Downey, stated that it had become clear that “if St. Joseph’s General Hospital is to fulfill its mission as a Catholic Hospital, we could not join the merged Board.” On 14 January 1987 the board made the decision official in a resolution which firmly stated that SJH must “continue to exist as an acute care hospital corporately separate from any amalgamated board governing other hospitals in Thunder Bay.”⁸

In the immediate future, however, nothing came out of the recommendations of the JHPC, so the problem was deferred. But when the next round of discussions over the future of hospital care in Thunder Bay came along, this time under pressure from Queen’s Park, the experience of that planning council would surely be borne in mind. If St. Joseph’s was to remain an acute care hospital independent of the General and McKellar, it would have a problem in any local re-organization of hospital services. Yet, as Shirley McKeivitt, who was Chair of the Board in 1993-4, recalls,

“We all wanted our hospital to be the survivor.”⁹

FRIGHTENING & EXCITING TIMES

The Pressures Mount

"The dream of universal, affordable health care which motivated the planners of our present system in the 1940s is fading The open-ended 'more is better' concept cannot continue because costs are rising faster than our ability to pay."

Sister Miriam

Towards the end of the 1980s, other issues were driving the agenda towards some form of rationalization. Not the least of them was financial. Hospitals across the province were finding it increasingly difficult to maintain services within their existing budgets. The Minister of Health, Elinor Caplan, noted in June 1988 that 96 of 190 hospitals in the province were forecasting deficits for the coming year. Sister Miriam announced two weeks later a projected deficit for 1988-89, albeit of just \$120,000 (which eventually turned into a surplus of \$714,000 as a result of cuts in all departments), but the message that accompanied that figure told of the new reality. "The increased activity, the pressure of unmet needs, and our commitment to a high quality of care, have stretched our resources to the point where we must retrench, reassess what we are doing, prioritize, and reduce service of low priority."¹⁰

Department heads had been asked to reduce their budgets by 5% and some temporary bed closures were to take place during the summer months. In her report to the board earlier in the year, Sister Miriam had been more explicit, and probably reflected the thinking of most hospital directors at this time: "The dream of universal, affordable health care which motivated the planners of our present system in the 1940s is fading... The open-ended 'more is better' concept cannot continue because costs are rising faster than our ability to pay."¹¹

In October, the health minister stated that funding for hospitals was in for a "major review," and that work on a long-term plan to that effect would begin in 1989. In that year all hospitals were told by the ministry that no projected deficit budgets would be approved for 1990 and that "tough decisions" would be taken if the directive was not followed. It could not have been clearer that financial pressures were driving the system towards a major province-wide rationalization. Sister Miriam would announce, in a news release of June 1989, that such additional recently-legislated costs as pay equity and workplace health regulations were partly responsible for this. What is particularly interesting about this release is what then followed, as she drew attention to the new world of health care - an aging population with high expectations of "free and universal service" on the one hand, and "a society where stress, poverty, apathy, mental and emotional illness are increasing." Sister Miriam concluded by declaring that these developments would have

deep implications for the very future of St. Joseph's General Hospital. "Today's major health problems are chronic rather than acute", she wrote. Although she was no advocate of a change of role for the Hospital, she had, perhaps unknowingly, suggested a possible future, outside the field of acute care.¹²

New Initiatives in Tough Times

Despite the questions that were being raised about the future, and despite the hospital funding crisis that seemed to be looming, the Hospital remained in pursuit of its mission, to seek and to respond to "unmet needs." Even as Sister Miriam had announced the necessity of retrenchment she noted that a new department had been established in October 1987. The Behavioural Sciences Centre was designed to provide non-medical services to outside agencies who solicited them. This would include "assessment and consultation services," such as an employee assistance programme which was designed for, amongst others, the City of Thunder Bay staff. SJH would eventually become the largest provider of this service in the region.¹³

On 13 October 1989 the Balmoral Centre was opened by the Minister of Health herself, signaling its importance for Northwestern Ontario. It replaced the Lewkin Detoxification Centre, formerly housed near the Hospital. Now it was given a brand new facility close to Confederation College. The 22-bed building was to offer non-medical care for men and women in an acute stage of withdrawal from alcohol and drugs. Caplan stated that the centre "marks a milestone in the history of the treatment of alcoholism by St. Joseph's General Hospital." This had begun, of course, with the creation of the Special Medical Unit.¹⁴

*This [Reactivation Unit]
would provide services
to older adults "who
have experienced a
recent decline... due to
progressive debilitation
and/or physical de-
conditioning."*

A Reactivation Unit was also being proposed by this time and would eventually be opened in October 1991, on the fourth floor of the Hospital. This would provide services to older adults "who have experienced a recent decline... due to progressive debilitation and/or physical de-conditioning." Each of these developments and programmes illustrated how far from conventional acute care hospital services SJH was prepared to extend its reach, even in tough times. The emphasis in all of them was rehabilitation, a branch of medical care that was under-represented in most acute care hospitals in the province.¹⁵

FRIGHTENING & EXCITING TIMES

Carl White



Carl White

Until 1990, the Hospital had been led by a series of outstanding women, all of them members of an order of Sisters which, in a reflection of the temper of the times, was now rapidly diminishing in numbers. As Sister Miriam's term was coming to an end, it was evident that there was no longer a Sister available to take on the mantle of Executive Director. It was time to turn to the laity for the leadership of the future, and a future which was clouded with uncertainty. The man chosen was Carl White, who had been at the Hospital since 1982 and was already the Assistant Director. He remembers an interview for the post which lasted almost a full day. After about four hours Guy O'Brien asked him what would be the vision for the future that he would recommend to the board? "I took a sip of water. A trap door could be opening up in front of me. My predecessor had believed that we should always be in acute care. I outlined what we are today." What St. Joseph's is today is a "complex care and rehabilitation" hospital. This is a far cry from acute care but, as White says, "I knew in my heart it was the right answer." The implications of that answer were to reverberate through the institution for the following nine years, effecting a complete transformation of services and a change to the very nature of St. Joseph's General Hospital.¹⁶

On 15 August 1990 White took up his duties as the first lay person appointed as Executive Director of the Hospital, accepting "this mandate as a sacred privilege." Even as he took office the Hospital was predicting a deficit of \$350,000 for his first year in office, and the "one hospital concept" was back on the agenda. Perhaps he should have been daunted by the prospect before him. The suspicion is that he relished it. For Carl White would prove himself to be not only an unconventional leader, but also an inspiring one with a gift for delegation which was allied with a strategic sense second to none. As he took over the helm, the Chair of the Board forecast that "the challenges facing us are both frightening and exciting times in health care in this city."¹⁷

From Acute to Complex and Rehabilitation Care

The direction that White had proposed for the Hospital, which would take it out of the acute care field altogether, was not his inspiration alone. As has already been suggested, that path had been laid over many years of development. By 1990, it did not require the strategic sense of a Carl White to inform the Sisters of St. Joseph what the lay of the land was. The move towards a single general hospital in the city, however it might be organized, would always threaten the “odd man out” in the triad of acute care facilities, and as a Catholic institution living almost next door to an existing general hospital, SJH had every reason to feel vulnerable. The abortion issue already loomed large in the concerns of the Hospital leadership, and it might well have been seen by the other institutions as reason enough for the exclusion of a faith-based institution from any proposed solution to the general dilemma of an over-abundance of acute care in the city.

But these were essentially negative reasons for concern. There were some strong positive reasons for a change of direction as well. Not the least of these was the mission and history of the Sisters themselves. From the outset, they had responded to unmet needs in the community. The very founding of the Hospital had come from such a need – to nurse back to health those railway workers on the CPR line over a hundred years before. Since then, SJH had been adding new departments to its services that, albeit they may have been found in other acute care hospitals, had not been developed so extensively, nor with such growing expertise. The growth of rehabilitation services from the 1920s onward, was a case in point. The example laid by Sister Margaret Smith in successfully challenging the Ministry of Health to fund the Special Medical Unit was proof, if any was needed, of the willingness of the Sisters to look outside the traditional fields of hospital care – and to make them their own.

Carl White was not suggesting something that the Sisters and the board had not already begun to envisage. Some members of White’s selection committee suspected that their choice of Executive Director was one already approved by the Sisters for that very reason. As one board member has stated, “the Sisters do not impose their will. They leave the board independent... But they always know what they want.” Another member of the committee states “I knew that this fellow was somebody whose ‘cut of his jib’ they liked.”¹⁸

The very founding of the Hospital had come from such a need – to nurse back to health those railway workers on the CPR line over a hundred years before. Since then, SJH had been adding new departments to its services that, albeit they may have been found in other acute care hospitals, had not been developed so extensively, nor with such growing expertise.

FRIGHTENING & EXCITING TIMES

A Formidable Team



Sister Bonnie MacLellan

Foremost among the remaining Sisters active at the Hospital, and one who had been on that selection committee, was the Director of Nursing, Sister Bonnie MacLellan. As was the case with Sister Margaret Smith in the sixties, her influence on the development of St. Joseph's in recent years has been palpable. Dr. Chandar Rao, who was Chief of Staff at the Hospital from 1987-91, calls Sister Bonnie "a supreme head nurse... a real go-getter." Tracy Buckler, the current President and Chief Executive Officer, claims her as a "mentor" and "absolutely a presence." Carol Morgan served as Executive Secretary at the Hospital for twenty years, and says "she just has a passion; it's amazing to listen to her." A former Chief of Staff, Dr. John Malloy, describes Sister Bonnie as "the power behind the throne." Together with Carl White, they made quite a formidable team.¹⁹

Carl White himself was a "presence" of a different sort. Rough-cut, loquacious, often aggressive, always open. "Carl never had any hidden agendas," says Carol Morgan, "he truly, truly has a feeling for people who are under-privileged." Tracy Buckler remembers "an absolute leader and lots of fun! He had delegation down pat." Dr. George Morrison, who also served a term as Chief of Staff says he was "always impressed by [Carl's] clean desk. He delegated... but he always seemed to know what was going on."²⁰

Navigating Troubled Waters

The task before the new leadership of the Hospital was the difficult one of achieving their newly-defined role for SJH out of the complex politics of hospital re-organization in Thunder Bay. Four facilities (five if the LPH is included) were struggling to find common ground and now the provincial government was threatening to do the job for them. It would take talents of a special kind for White and MacLellan to manoeuvre St. Joseph's through these troubled waters into the safe harbour of complex care and rehabilitation.

In 1991, in his first report to the board, White wrote that he had participated in discussions with the other hospitals on rationalization of services under a new single acute care hospital. He stated that SJH had supported the concept "knowing that [it] will change our focus of health care delivery." But,

seizing on the example of the Sisters themselves, he asserted that this was an opportunity “to move on to fill the gaps left by the development of a new hospital.”²¹

The Hospital Services Review

The process of merging the hospitals in Thunder Bay began in earnest with the establishment, under the direction of the Thunder Bay District Health Council (DHC), of a 22-member task force, in June 1993. The membership was drawn from local and regional communities and the five hospitals in the city. SJH was represented by Carl White, Sister Bonnie MacLellan and the Chief of Staff, Dr. George Morrison. As the Chair of the board reported, “We have now entered the Health Services Review process with the understanding that the Catholic philosophy is an issue that cannot be changed.” White remembers the meetings with mixed feelings. At times, he says, “it was just awful... There were those who said simply there’s no place for St. Joe’s... People were spitting mad at each other.” On the other hand, he admits that the work of the Review was extraordinarily successful. When the report of the task force went to the DHC in June 1994 it recommended a “two hospital corporation” model for Thunder Bay. One would administer acute care, in the first place between the Port Arthur General and McKellar (and later perhaps at a single site). The second would oversee rehabilitation and chronic care services at SJH, and it was recommended that every attempt be made to “accommodate the operational philosophy of St. Joseph’s General Hospital.”²²

The board of St. Joseph’s accepted the recommendations of the Review immediately and stated it would now “move into the rehabilitation/chronic care stream of business.” The two remaining acute care facilities formally merged their operations as Thunder Bay Regional Hospital on 1 April 1995. These decisions were made with good will between the three hospitals, but alas with the significant lack of support of Hogarth/Westmount. This was not altogether surprising under the circumstances, as that hospital was the existing provider of chronic care in the city. Despite this, the President of what had become the Joint Medical Staff of Port Arthur General and SJH reported somewhat optimistically, “everything has come to a peaceful resolution.”²³

FRIGHTENING & EXCITING TIMES

The two remaining acute care facilities formally merged their operations as Thunder Bay Regional Hospital on 1 April 1995

Well, not quite. Neither Westmount nor the LPH were willing to enter into an “implementation agreement” to put the recommendations of the Hospital Services Review into effect, and that left many questions about the future of hospital care in the region unanswered. Final decisions on the whole tricky issue would have to await the decisions of a more formidable body, which the province was in the process of setting up, “to establish an integrated, coordinated, and sensibly organized system of health and health care services” across the province.



Hospital Restructuring Begins

The Health Services Restructuring Commission (HSRC) was established on 1 April 1996. To this body eventually would go the report of the Thunder Bay DHC, which included the recommendations of the Hospital Services Review. The terms of reference of the HSRC would include the power to:

Make decisions on restructuring of hospitals, including the provincially operated psychiatric hospitals, by directing hospital closures, amalgamations, program transfers and any other actions considered necessary to implement hospital restructuring.²⁴

In retrospect, Carl White looks on the work of the DHC review as a significant milestone on the path to a new SJH: “We really made it easy for the Commission.” Most of the recommendations included in the local review would find their way into the report of the HSRC. At the time, however, there was no guarantee as to what the final decisions would be – especially for the future of SJH. But one stroke of good fortune came early on in the process. The northwest region of the province was designated to be the first to come under the scrutiny of the Commission. Confident to the end, but perhaps with an element of bluff behind him, White said to those who worried for the future of St. Joseph’s, “If you were a betting man, would you bet they’d close the first Catholic hospital they ran into?”

The Chronicle-Journal **City and Area**
Thursday, June 15, 1989 17



MARGARET DYCK GEOFF DAVIS

Health care in North

Problems and solutions and inaction the same

By DAN BAUGHMAN
Chronicle-Journal Staff

As one woman in the audience noted Wednesday night, Thunder Bay is no stranger to political forums on health care. Ten years ago then Health Minister Larry Grossman and the Ontario Conservatives were asking what needed to be done to improve health care, she observed. Thursday, it was Elinor Caplan and the ruling Ontario Liberals.

The problems are largely the same; the proposed solutions are largely the same and from the pessimism expressed by professionals and consumers at the forum, government inaction is also expected to be the same.

"It's so frustrating," said the woman.

About 100 people packed the Thunder Bay Multicultural Association headquarters to hear nine local health care professionals and leaders tell MLA Taras Kozyra (L — Port Arthur) and Health Minister parliamentary assistant Ken Keyes what they thought about the government's health care proposals for the province.

Kozyra noted that health care spending has become Ontario's biggest expense. One in three tax dollars is spent on health care and the proportion is rising rapidly.

Ten years ago Ontario spent \$4 billion on health care. This year it will spend \$13 billion. Canada spends more per capita on health care than any other country. It spends twice as much as Great Britain, he observed.

Despite increased spending in the last decade, said Keyes, inequities in health care exist across the province and the government's paper hopes to find solutions to that distribution problem. A shortage of doctors in the North is one of those inequities.

A nurse from the Lakehead Psychiatric Hospital said that after this summer, there will be one psychiatrist to service all of Northwestern Ontario.

Dr. Jeff Davis, president of the Thunder Bay Medical Association, said he understood there would be two psychiatrists, down from an existing seven. By comparison, the provincial average for a population the size of Northwestern Ontario is 28, he noted.

"Dollars aren't the answer," he maintained. Some of the psychiatrists who are leaving the city must do so in order to receive training required by the Ontario College of Physician and Surgeons which licenses them.

He said that system of training needs to be changed.

A doctor who served her residency in the North blamed the government for cutting back on the number of residents. Keyes denied the charge.

A woman from Marathon said she disputed the government's claim that there are plenty of doctors in Ontario. By July 1, she said, there likely won't be a single permanent doctor located between Sault Ste.

As these events were taking place, and surely as a means of strengthening both Catholic health care in the city and the move of SJH into a new field of endeavour, another merger was taking place. St. Joseph's Heritage, Sister Leila Greco's almost single-handed creation, and a long-term care facility that had been hailed from its inception in 1979 as a model for the care and future living of the elderly, had existed as an institution corporately separate from the Hospital from its earliest days. Now it had been decided to bring it back under the umbrella, not of the Hospital, but of a new corporation that would be called St. Joseph's Care Group.

It is time to turn our attention to this unique institution, which celebrates in 2009, its own anniversary of thirty years of service to the elderly in the community of Thunder Bay.

**It is an extraordinary and
inspiring story.**

Chapter Three

A PLACE FOR ALL SEASONS

St. Joseph's Manor Project

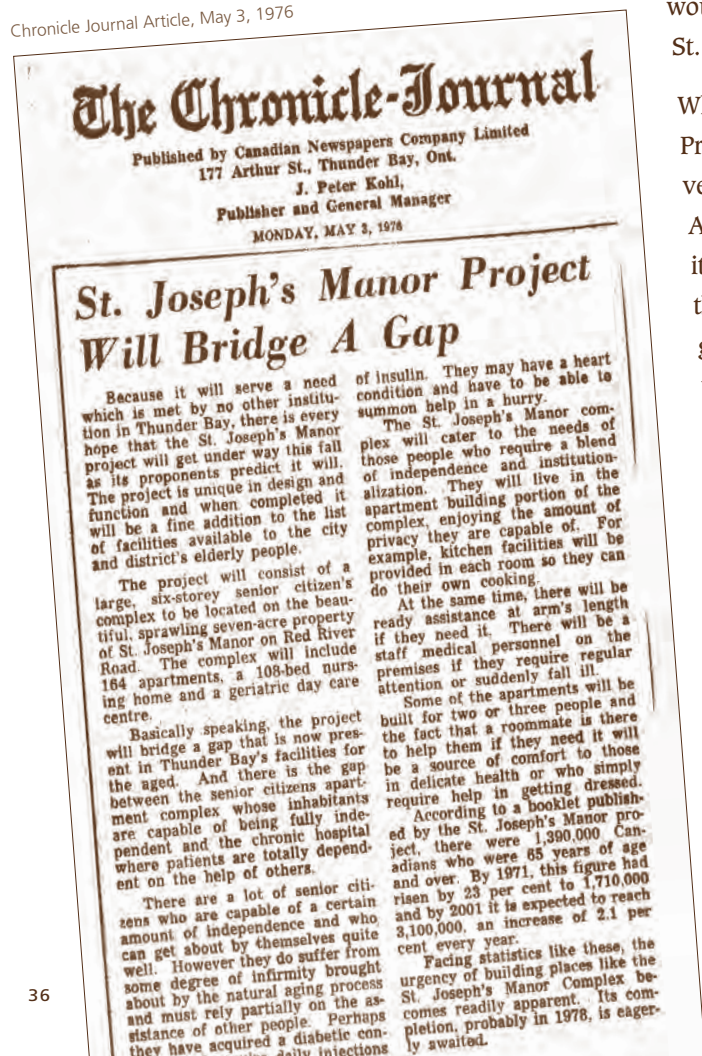
In 1967, Sister St. Julia (Leila Greco) came to SJH to work with Sister Margaret Smith. The following year she succeeded her as Administrator of the Hospital. According to Sister Leila, in the early 1970s the provincial government, seeking to finance more nursing home beds in the city, approached the Hospital to persuade it to move into that field. On presenting the proposal to her board, she recalls that it responded positively, and the Sisters also agreed to go ahead with the idea. Sister Leila today suggests that she herself was rather diffident about the idea, because "I had enough on my plate, so I did not present it favourably to the board." Given the history of the project and the influence she was to have on its development, this seems an unduly modest statement. But what Sister Leila came to envision was not a traditional nursing home for the elderly, the kind that in her opinion "warehoused" the old and the sick, but "a complex [operation] so [they]

wouldn't be isolated." She would oversee the birth of St. Joseph's Heritage.¹

What came to be called the St. Joseph's Manor Project turned that initial proposal into something very much larger, and altogether unique in North America. The Hospital board decided to expand its normal role "to include services beyond those ordinarily provided in an active care general hospital." It made this decision from the realization that "factors such as housing, recreation facilities, education and employment opportunities directly influence the individual's well-being and, therefore, his health in the broadest sense of the word." What the board and Sister Leila proposed was to offer "alternatives to long-term institutionalization."²

By the time the Manor Project had been fully completed it would consist of the 108-bed Bethammi Nursing Home, the P.R. Cook apartment building with 181 units, designed for assisted living for the elderly and

Chronicle Journal Article, May 3, 1976



The Times News Article on
The Wiley Family Mansion
April 3, 1978



disabled, and the (eventually to be named) Frank Murphy Community Centre, which housed a wide range of activities for both the resident communities and the broader general public. A “home-like environment” would be provided “where independence is encouraged, and self-worth and self-respect retained.” The complex as a whole would include a wide array of facilities, including a swimming pool, a fine dining restaurant, a coffee shop, day care centre, library, chapel, corner store, squash court, gym, bowling alley and other recreational facilities, plus medical and dental offices. Instead of isolating the elderly, it would be designed to bring the community as a whole together with the residents. Built on the extensive grounds of St. Joseph’s Manor House, formerly the impressive home of the Wiley family of Port Arthur, but by then in the possession of the Sisters of St. Joseph, it was truly an extraordinary vision – and way ahead of its time. And “vision” is the right word to use, for, as Sister Leila herself says, “The Holy Spirit just enlightened me what should be there.” She wanted to build “just a little city, you know.”³

...as Sister Leila herself says. “The Holy Spirit just enlightened me what should be there.” She wanted to build “just a little city, you know.”

Financing the Dream

Such a complex of facilities required equally complex funding arrangements. The land and the Manor itself were donated by the Sisters. A significant proportion of the building costs for the apartments and the community centre (but not the nursing home component) came from the federal coffers through the Central Mortgage and Housing Corporation (CMHC). Other mortgage arrangements were handled through the Canadian Imperial Bank of Commerce (CIBC) at preferred interest rates. The Ontario Development Corporation (ODC) “piggy-backed a rent-supplement component” onto the project, enabling nearly 50% of the housing units to be let at “rent-g geared-to-income” rates, for those who could not afford the market price. The Sisters themselves made a significant donation to the project, as well as under-writing it with loans. A fund-raising campaign brought in \$2.5 million from the community. Finally, in June 1977, the Ontario Ministry of Culture and Recreation announced a Wintario grant for the project of \$1,589, 220. By the time that was announced, construction had already been under way for six months.⁴

A PLACE FOR ALL SEASONS

The driving force behind the dream was clearly Sister Leila, but equally strong and by her side was P.R. (Jerry) Cook, who had been on the board of the Hospital before coming onto the St. Joseph's Heritage Board of Management in 1976. It was felt at the time that the latter should be created separately from St. Joseph's Hospital itself. Greco and Cook, in the opinion of Alan Cox, who was Regional Manager of Ontario Housing in Northwestern Ontario, "were basically unstoppable." Cox had close dealings with the operation throughout the building years and he was struck by how much influence the Sisters had with the provincial government itself:

Sister Leila didn't mess around. She went directly to the premier of the day... My marching orders [were] to do everything in my power – beyond my power – to make this project work. This was probably the most politically-influenced project I worked on in thirty years of development of social housing.

Jim Foulds also remembers the Sisters as people who were "worldly wise and knew their way around politics... One of the things the Sisters of St. Joseph were really good at was lobbying."

In order to justify the size and cost of the project, particularly the apartment complex, Cox, who was pretty new to city and region, was required by Toronto to survey the need for assisted housing of the 60 to 65 year-old resident cohort in the city. He sent out 13,300 questionnaires, and, when the response was analyzed by a private company, it came up with a figure that was about half the number of units that were being projected by the Heritage leadership. Cox recalls:

That didn't meet with a lot of smiling faces [from] Sister Leila and Jerry Cook... but the building got built and the rent-geared-to-income is still functioning and right now there's a waiting list, and they have no problem filling it... Sister Leila had a vision to serve her congregation... and you knew it was going to happen.

News ad in "Opportunities '80",
March 12, 1980.

St. Joseph's Heritage

Serving a Real Community Need . . .

St. Joseph's Heritage is a unique facility in North America. It brings its traditional care a "human face" to meet the real human needs of elderly citizens, whether they live in the modern apartment building or are under care in the beautiful Nursing Home. So, what's the difference about the Heritage? Well, we have brought the community into the "Institution." Since the elderly are part of the community, we believe the community, through friends, associates and relatives must have freedom of access to those who have retired. That is why we built the community centre, that is why we built the gymnasium, the swimming pool, restaurant, and that is why we have the in-home care, doctor, dentist and all the other fine services. But, doing it our way is costly and we do need your help. In fact, we need \$1 million to help meet these needs. Won't you help keep a face thing going?

SEND YOUR DONATIONS TO ST. JOSEPH'S HERITAGE, 63 CARRIE STREET, THUNDER BAY

The Premier
of Ontario

Parliament Buildings
Queen's Park
Toronto, Ontario
M7A 1A1

November 10, 1979

It is with the greatest of pleasure that I extend through my good friend and colleague, the Honourable Alan Pope, my warmest greetings and congratulations to the Sisters of St. Joseph, the Board of Directors of St. Joseph's General Hospital, and all those in attendance as, today, you mark the Official Opening of St. Joseph's Heritage.

The senior citizens of Ontario are among those who have given deeply of their hands and hearts, spirit and thought, to the building of a proud and prosperous Canada; and we, the succeeding generations, owe them a lasting debt of gratitude and respect.

Throughout the years to come St. Joseph's Heritage will provide for many of our elderly, our disabled, and our handicapped, a warm and secure environment in which they will receive the skilled, compassionate and understanding care they so richly deserve, and the opportunity to participate in the social and recreational activities that will contribute to the enrichment of their lives.

The Government of Ontario is pleased to have been of assistance in the realization of this very important and worthwhile project; and this is a most opportune time for me to express my heartfelt thanks to the dedicated Sisters of St. Joseph for their devotion to the care of our elderly, and to all whose concerned and tireless efforts have helped to make possible St. Joseph's Heritage in Thunder Bay.

I share your pride in your accomplishment, and extend to all of you my very best wishes, and those of the people and the Government of Ontario, for the unqualified success of St. Joseph's Heritage as it strives to improve the quality of life for many of our very special citizens.


William G. Davis

Eventually named St. Joseph's Heritage, the project was realized in almost every respect exactly as Leila Greco had envisioned it. She claims that, when it was opened on 10 November 1979, it was hailed by a Toronto newspaper as "the eighth wonder of the world."

A PLACE FOR ALL SEASONS

Sister Leila



Sister Leila Greco

Leila Greco has been described as “a force, a mighty force.” It was that force which built the Heritage. Inevitably, she left some who came into contact with her gasping for breath. “They saw my wrath, you know. But they knew I loved them.” She would probably admit herself to have been a micro-manager, both in the building of the Heritage and in its first years of operation. There was scarcely any detail that did not come under her scrutiny. She was everywhere, day and night, supervising (some would say interfering), always concerned and committed to her “child.”⁵

Jack Tallon came to the Admitting Department of the Hospital in 1970 and spent thirty-five years with the organization, rising to become Manager of Purchasing. He remembers “an unbelievable heart of gold, but she was a taskmaster bar none.” It was not a wise man who challenged her. On one occasion, when he was so intrepid as to question something she was saying in a staff meeting, she turned on him with “Jack – you open your mouth again I’m going to pick you up and throw you right through that door... and she could have!”, he recalls today. Marian Begall, who has worked at the Heritage for thirty years, recalls “She was so tough, but she could be so loving and kind.” She remembers going on a tour of the old Manor House and being shown the private rooms where the Sisters lived. Coming into Sister Leila’s room, “She had a bed and a dresser and nothing else, because I’m sure she didn’t spend any time there.” Nadia Thatcher, beginning as a nurse with the opening of Bethammi, says that Sister Leila was always visible, whatever the time of day, “Her habit waving in the breeze before she reached the corner.” Sister Leila Greco today is remembered with a lot of love and admiration – and a little bit of fear. But, whatever one thought about her, none could deny that it was her “force” that made the Heritage what it is.⁶

In a letter to an advertising executive of CKPR Radio in Thunder Bay, during the campaign to finance the Manor Project, Sister Leila offered a fair self-judgement of her influence on this project when she wrote, in reference to some earlier dealings, “I must apologize for being so determined, but if I were not a determined person, the project would not have reached the stage that it is at now.” Nor, in all probability, would it have been completed at all.⁷

Early Problems

The building of the Heritage began without the financing being fully in place. In fact, Sister Leila had opted for a “project management system” which, while it enabled the construction to proceed at a rapid pace with options for last minute changes at each stage of development, it also made the rise in operational costs more likely with each adjustment. “A huge number of architectural changes took place during construction,” according to one doctor who was witness to these events. Consequently, and probably as a result of Sister Leila’s own tendency to micro-manage the endeavour, there were frequent small, but in terms of cost over-runs, deadly, extra expenditures. As if this was not enough, construction began just about the same time as interest rates on the debt began to rise. By the early 1980s, rates were hitting close to 24%. Further bad luck intervened when contractors’ employees went on strike on more than one occasion during the build.⁸

Lack of experience mingling with over-ambitious expectations were to add to this potent mix. Who among the Sisters and the staff of an elders’ complex had the professional knowledge to manage a “fine dining” restaurant in the Georgian Room, with its triple-plated silver service, its Royal Doulton china and its Queen Anne furniture? How well would a bowling alley fit into the recreational facilities when it was positioned under the first floor of the nursing home? How many in the population at large would be regular clients of the community centre facilities? What chance would the small swimming pool have as an attraction when, soon after it opened, the Canada Games Complex Olympic-standard pool was built in the city? Finally, with the expectations of quality care to be provided to its clients by relatively high-paid registered nurses competing with the reality of the low-scale funding formula for nursing homes, what hope could there be for Bethammi to break even? It all added up, in Sister Bonnie MacLellan’s subsequent judgement, to “a perfect storm.” As Sister Leila herself describes the dilemmas facing the Heritage in those first years, “There’s a sadness to it and a happiness... It was a financial disaster.”

As Sister Leila herself describes the dilemmas facing the Heritage in those first years, “There’s a sadness to it and a happiness... It was a financial disaster.”

A PLACE FOR ALL SEASONS

The Crisis Years

By 1981 the grim reality was that, as reported by the finance committee to the board, "We are not making ends meet." The organization could only hope for some relief from either the bank or the governments at both levels.

The debt load and operational deficits dogged the Heritage from its opening days. Even financial aid from the Sisters did little more than plug some of the holes in the operation that were appearing. By 1980, the extent of that support from the Motherhouse in North Bay had reached \$1.2 million in grants and loans, not to mention the gift of land, which was valued at \$880,000. By 1981 the grim reality was that, as reported by the finance committee to the board, "We are not making ends meet." The organization could only hope for some relief from either the bank or the governments at both levels. In April 1982, Sister Leila left Thunder Bay to be replaced for the following two years by Sister Monica Kulas, who struggled mightily to repair what by that time appeared to be a sinking ship. And, indeed, this seemed to bring a brief interlude of hope. The finance committee reported to the board, "a new era for St. Joseph's Heritage" had begun. A refinancing of part of the debt and some assistance from the City of Thunder Bay stabilized things, but only for the short term as it turned out.⁹

In order to re-organize the finances of the operation, to seek donations from the public, and to protect the interests of SJH itself, which did not want to be dragged into the maelstrom of debt, a separate St. Joseph's Foundation of Thunder Bay was created in June 1983, with the goal of retiring the short-term debt. It raised \$305,000 in short order. The Sisters loaned an additional \$40,000. But by that time the monthly payment on the Bethammi mortgage was \$35,000. The long-term debt of the Heritage was \$13,171,000. When Sister Leila had found herself in the middle of this crisis, she had gone to an old mentor, Sister Anne, who was currently living in Avila Centre, a residence of the Sisters, and asked her advice. "I said I don't know what I'm going to do - she said 'close your eyes, the Lord will take care of it'." In the summer of 1984, when Sister Shirley Caicco succeeded Monica Kulas, it looked as if it would take more than Divine Intervention to save the Heritage from going under.¹⁰

Chronicle Journal News Ad
January 12, 1983

St. Joseph's given loan

BRYAN AT COUNCIL TUESDAY
member of Heritage board

SISTER GAIL McDonald, director of fund raising for St. Joseph's Heritage accepts a cheque for \$2,000 from Mitch Remben, president, Royal Canadian Legion, Fourth Branch 149. The money, raised through the branch's fund-raising projects, will be used to offset operating costs for the Heritage.

MARCH 12

Sister Shirley



Sister Shirley Caicco

In fact, when Sister Shirley was appointed, she was told by the General Superior of the order, “I think we have to close St. Joseph’s Heritage, we can’t afford it anymore.” The Chair of the Board would recall, in his annual report for that year “We were all aware... that we could not continue to carry the tremendous debt load... and remain solvent.” A private company had even been contacted to look over the facility with a view to purchasing it. “This place was on the selling block,” recalls today’s Manager of Communications, Sharron Owen. But when the prospective buyer arrived, says Sister Shirley, “the first thing he was saying was ‘cut this cut that’... everybody was devastated. At that point the board said ‘Hey, let’s hold off here’.” In September, a meeting of the board decided to discontinue payments on the debt held by the CIBC’s mortgage corporation on Bethammi. The bank’s reply was at first to threaten to sell the nursing home and the community centre, if the mortgage was not paid up by the end of March, 1985.¹¹

The Heritage Board of Management had the bit between its teeth by this time. Fired by a fierce sense of loyalty to a complex that was, even at this early date, attracting admiring visitors from around the world, it resolved to carry on by announcing a fund-raising campaign under the direction of St. Joseph’s Foundation, to pay off the mortgage on Bethammi, and to turn to its creditors to re-negotiate the financial arrangements that sustained the operation as a whole.

Sister Shirley Caicco remembers the extraordinary response which the campaign to “Save Our Shrine” (S.O.S.) evinced from the community of Thunder Bay, from the creditors, and from the staff of the Heritage itself. “A housekeeper gave more than anyone [on the staff]. She wasn’t wealthy, but she gave a day’s wages a week.” Within four months the campaign had raised \$3.9 million through pledges by individuals and groups, companies and churches of all stripes. In the final analysis, 99% of the money pledged in the campaign was received on schedule. In addition, the Sisters of St. Joseph, the CIBC, the ODC and CMHC all forgave or renegotiated huge amounts of debt.

Heritage limps along

By GORD McLAUGHLIN
Chronicle-Journal Staff

Officials of the St. Joseph’s Heritage said today they made it to the end of December with all bills paid, but they’re still seeking a grant or loan from the city to balance

petal bank of Commerce, the Ontario Development Corporation and the Canadian Mortgage and Housing Corporation (CMHC)—refinanced the loan, allowing the Heritage a 10-year, payment-free period to get its affairs in order.

Officials prepared a financial review to follow, projecting revenues and expenses. Heritage officials claim that since the plan was put into place in March, all goals so far have either been met or exceeded.

DUMB MOVE:

However, in what Sister Gail admits was a “dumb move”, the consulting, accounting and legal fees were included in the financial plan. The Heritage was faced with a service bill and interest costs totalling \$276,138. She said that if it had been found the Heritage was not a potentially self-supporting centre, the province would have picked up the refinancing cost.

To pay the bill, money was taken from the account empty, there was no money to pay bills, she said.

Now, said Sister Gail, any money raised through fund-raising goes directly toward paying costs.

“It’s a shocking experience,” she said, explaining that the Heritage is living month-to-month now. The Heritage wants the \$750,000 loan or grant from the city to replace the money used to pay the consultant’s fees.

constitute almost one mill if added to the budget. If the \$750,000 loan was included in this year’s financial assistance budget of about \$100,000, other regular recipients of city money would face cuts or a total withdrawal of support.

Some aldermen have complained that taxpayers’ money shouldn’t be used to support a sensory nursing home with a “Catholic” level of service, higher than that offered at the city’s own homes for the aged. The Heritage has a 100 registered nurses on staff, so that one is always on duty.

In city-run homes, there is a lower nurse-to-patient ratio.

Sister Gail said that as their part of the refinancing, the Sisters of St. Joseph have committed themselves to raising \$250,000 as an annual contribution for 10 years. If this amount can’t be raised through fund-raising activities, the balance will be taken from the order’s service budget. This is in addition to “the already substantial contribution of \$2,870,000 by the Sisters,” the release says.

“In order to keep up quality of care, we’ll subsidize,” said Sister Gail, “but we’ll insist on the kind of care we feel is necessary.” Some have suggested cutting back on nurses to cut costs, but they won’t have it.

Aldermen also objected to funding a complex which contains revenue-bearing commercial centres, like a community centre and a dining room.

Sister Gail said the request for a loan is not an attempt to dodge funding obligations. If the loan is accepted the Sisters will still have to raise the money to pay the interest.

Chronicle Journal Articles
April & May, 1983

Heritage closure possible

By GORD McLAUGHLIN
Chronicle-Journal Staff

St. Joseph’s Heritage will run out of money at the end of December and could face closure, said city council Monday, retained to council last to a quick bailout of the financially troubled complex.

A Heritage official appeared before city council to plead for a \$500,000 loan or grant but the new city council deferred action on the request until at least February.

Heritage board of management chairman Joseph McCormack told council: “At the end of December, we will be out of money.” “I’m not going to predict when it would close,” McCormack replied, “but we have no bank credit.” McCormack replied, “We can’t keep it open. When you can’t pay bills, what do you do?”

“Does that mean it would close Dec. 31?” asked a council member. McCormack replied, “I’m not going to predict when it would close.” McCormack said the money is needed to pay for a one-time cost—a massive financial plan for a one-time cost—earlier this year.

He warned that if the Heritage was forced to shut down, 141 residents of senior apartments would move and 141 residents of seniors apartments would be up to the city’s

A PLACE FOR ALL SEASONS



Chronicle Journal News Ads

It amounted to an extraordinary public vote of confidence in Sister Leila's legacy. At the end of the endeavour, Chair of the Board Wally Bryan was able to exclaim "What a difference a year makes!"

As a result the only outstanding liability of the Heritage after the remaining campaign pledges have been paid to CIBC Mortgage Corporation will be the mortgage of approximately \$5m payable to CMHC... to be paid over forty-three years out of the rentals from the P.R. Cook Apartments.

Those apartments, the number of which Alan Cox had balked at, had by this time a waiting list of 750.¹²

"Enough Money for a Chev"

The Heritage had been saved. But the financial crises of the early years had brought Sister Leila's vision into the world of hard reality. If all three components of the Heritage complex remained, each now had to learn to live rather less extravagantly than had been originally planned. Even before the end of Sister Shirley's tenure the bowling alley had been sold. It had been little used, and the rumbling of the balls down the alleys had upset the residents of Bethammi. The Georgian Room was never able to fulfill its promise of fine dining because it just didn't catch on. Patrons approaching it through the main entrance and lounge area of the Heritage "didn't want to be reminded of what the future would be for them," says Sister Shirley. "It was killing us." Although it is still in use as a special events room, it did not survive as a restaurant. The community centre survived well enough, with many members of the general public using its facilities, but the dream that this would bring together people of all ages and occupations never quite caught on, and it always has experienced great difficulty paying its way.¹³

Sister Margaret Smith, who returned to Thunder Bay to succeed Sister Shirley in 1988, found that cutbacks in the operation continued to be necessary. But the sense of mission that had inspired the building of the Heritage was never lost. When Sister Bonnie MacLellan succeeded Sister Margaret in 1992, she remembers saying to the staff: "What we have is a Cadillac budget and what we have in the bank is enough money for a Chev. But we will still have a car at the end of the day, and our commitment is going to be the same."



The Heritage had been built primarily for its residents, the elderly people who lived permanently in Bethammi or for varying lengths of time in the apartments. It was they for whom all the additional facilities had been created in order to make "A Place for all Seasons" of life and to give them a richness of care far ahead of that which so many of their contemporaries would be experiencing. Even though the cutbacks were to affect them too, the commitment to that original

ideal has not been lost. As Beverley Wilson, Director of Resident Care, would write, even at the height of the crisis years, "Annual reports are important, but what really matters is to affirm the qualities for which residents and families look to Bethammi – faith, hope, love – joyful qualities that are hard to describe."¹⁴

"It Wasn't all Doom and Gloom"

It would be wrong indeed to see this portrait of the growing pains of the Heritage in an all-pervasive negative light. Its survival is itself a testament to its enduring values which, though compromised to some degree, are as strong as ever. The "primary nursing" model for the residents of Bethammi, which was the system of care when Nadia Thatcher came to work there even as it opened, is no longer in place. In those days one Registered Nurse (RN) would be responsible for only twenty-seven residents – a very expensive model of care, which did not reflect the reality that was to come. On her first shift Thatcher thought she was going to be bored working there because there was little enough to do with residents who were "high functioning and mobile." Cost-cutting dictated change, of course, and nursing staff were, over the years, reduced in numbers, rank and skills. Many RNs were replaced by Registered Practical Nurses and personal support staff, in a more appropriate balance for a different level of care. When Bethammi opened, the average age of its residents was just over 70; today it is closer to 90. Its population is getting older and frailer and, as Sister Margaret says, "What they need is more physical assistance than an RN is trained for." Living longer lives causes its own problems, of course, such as backlogs in the system at the Heritage, with residents in the apartments waiting longer for admission to nursing homes.¹⁵

It would be wrong indeed to see this portrait of the growing pains of the Heritage in an all-pervasive negative light. Its survival is itself a testament to its enduring values which, though compromised to some degree, are as strong as ever.

A PLACE FOR ALL SEASONS

But even in Sister Shirley's time, and as the Heritage struggled out of debt, positive achievements could be counted. As she says, "It wasn't all doom and gloom." For example, ever looking for those "unmet needs", the board moved to develop treatment for those who were being identified with Alzheimer's Disease, many of them in the Heritage itself, but also in the community at large. Calling together a wide range of groups who worked with Alzheimer patients, Sister Shirley recalls, "We designed a programme for [a] Day Centre, and got funded." It opened on 23 November 1987, and has since moved into a permanent setting in the old Manor House.¹⁶

"Care, Compassion and Concern"

By 1989, Sister Margaret was able to report to the board that the mortgage on both Bethammi and the Community Centre would be paid off by December 1990. There were 110 residents in Bethammi and 203 tenants in the Cook apartments. Over 700 people had participated in programmes run from the community centre during the year under review. The Alzheimer's Day Care programme had offered 854 "days of care", and there had been 475 home visits associated with it. The Heritage operated with 71 full-time and

130 part-time staff and was assisted by 600 part-time volunteers. In the following year, the Bethammi Advisory Committee announced that it had implemented a change to the basic structure of nursing care from a "medical approach to the psycho-social model."

This reflected contemporary thinking about the appropriate psychiatric treatment of the elderly. At the same time it was noted by the committee that, unless there was a change to the "funding formula" of all nursing homes, "Bethammi... will not be able to absorb deficits in excess of \$100,000 annually."¹⁷

Chronicle Journal Article - July 16, 1987

Alzheimer day centre opening

The Alzheimer Day Centre, located at St. Joseph's Heritage, opens July 28. This new service will provide individualized programming for residents of Thunder Bay diagnosed with Alzheimer's disease and living in private homes in the community.

The service will provide much-needed respite for the caregivers, says a release from the centre.

Referrals from clients will be accepted from anyone in the community by contacting the centre at 767-1671 or 776-1672. Darlene Dundas is program director.

A multi-disciplinary staff including a registered nurse, psychotherapist, social worker and clerical worker are employed at the centre. A formal training program will be provided at the centre for volunteers, considered essential to the success of the program.

Pre-admission assessments will be done in the home to determine the level of dementia of the client and the stress in the caregiver.

"Recognizing that we cannot recover what is already lost, we can teach families how to modify and cope with disturbing behaviors, through structured daily activities including exercise classes, cooking, outings, socialization periods and sessions to reinforce basic living skills (grooming and hygiene)," continues the release.

A pre-established per diem fee will be charged to each client to cover the provision of a hot lunch, snacks, craft supplies and transportation.

The provincial Ministry of Community and Social Services provided funding for the program to St. Joseph's Heritage and the local Alzheimer Society, which serves in an advisory capacity to the Heritage's board of management.



Alzheimer's centre established

By JO-ANN MIHALICH
Chronicle-Journal Staff

A centre designed to provide tailored programming for private home residents with Alzheimer's Disease has established at St. Joseph's Heritage.

Although its official opening is not scheduled until mid-October, the Alzheimer Day Centre is presently taking referrals and clients are attending the program, says the centre's program director Darlene Dundas.

In 1986, the Ottawa-based Alzheimer Society realized a need for special programs for people with Alzheimer's disease in their area. Dundas said two pilot

projects — a day and home assistance program — were launched and in 1987, COMSOC prepared a final report of the evaluation. Subsequently, programs were set up in other cities across Ontario.

The Thunder Bay Alzheimer Society, who serve in an advisory capacity to the Heritage board of management, initially proposed the idea for a local centre to COMSOC, who provided the funding for the day away program.

The service is aimed at providing individualized programming for Thunder Bay residents living in their own homes who have been diagnosed with Alzheimer's

Disease. The program, says Dundas, benefits families by allowing their loved ones to be kept at home for a longer period of time, either by delaying or preventing institutionalization.

"By providing the day program, the caregiver is provided with respite care," she said.

The Alzheimer Day Centre has a multi-disciplinary staff including a registered nurse, psychotherapist, social worker and clerical worker who are employed on a full and part-time basis. Trained volunteers are also essential to the success of the program and formal training will be provided at the centre.

Medical referrals are not mandatory. Dundas said referrals of clients will be accepted from anyone in the commu-

"I would never say the vision of the Heritage was wrong. It was always right. And we found a way to do it with existing resources."

Sister Bonnie MacLellan

The Heritage was not out of the woods, but it was now a permanent feature in the health care community, an institution which well reflected Sister Leila's dream and the mission that the Sisters of St. Joseph had always sought, which was not only to seek unmet needs, but to meet them with "care, compassion and concern." To quote Sister Bonnie MacLellan, "I would never say the vision of the Heritage was wrong. It was always right. And we found a way to do it with existing resources."

The Merger

Now, in the early '90s, would come a new development, and one that was to dovetail almost exactly with the story of St. Joseph's Hospital itself. In 1992 Sister Margaret Smith moved back to North Bay and Sister Bonnie, who was already Assistant Executive Director of the Hospital, took over her mantle at the Heritage. Where once it had been deemed expedient to separate Heritage from Hospital, it was now becoming increasingly important to put them back together again. It was, as Carl White admits, a tactical move. It came about, in essence, as a result of the Hospital's involvement in the health services review process. By this time the Hospital board was fully committed to turning St. Joseph's General Hospital into a complex care and rehabilitation facility.

With the Sisters already involved in long-term care and supportive housing, together with a growing Alzheimer's programme, the connections between the existing role of the one organization and the projected role of the other had become ever more clear. As far as the Hospital was concerned, by adopting back into the fold the Heritage, a stronger corporation would be created, with inter-locking missions. As for the Heritage, the alliance with the Hospital could bring an end to those deficit problems. Finally, as the board of the Heritage recognized in 1993, cooperation with the Hospital - "our sister down the hill" - would help to "rationalize services." Sister Bonnie MacLellan, therefore, came to the Heritage with an agenda. It was her expectation that the Heritage complex was going to be absorbed into the Hospital organization. However, that's not exactly what happened.¹⁸

“The Little Nursing Home That Could”

There was another reason behind the proposal to merge the two organizations into what would be called St. Joseph’s Care Group. It was, according to the committee established to effect the merger, “to discuss our vision of a closer working relationship between these two institutions in order to form a stronger basis for the continued delivery of Catholic health care services in Thunder Bay.” This committee, made up of representatives from both institutions and from the Motherhouse, met from October 1993 to January 1994. It turned out to be quite an emotional affair. The separation of the institutions had, over time, created two fiercely independent entities with deep loyalties to their own history and “culture.” The Hospital had its own traditions, of course, but there were probably just as many deeply-ingrained feelings of loyalty in the Heritage representatives, given the struggles through which they had laboured and which they had so recently overcome.¹⁹

The Hospital had its own traditions, of course, but there were probably just as many deeply-ingrained feelings of loyalty in the Heritage representatives, given the struggles through which they had laboured and which they had so recently overcome.

There were fears on both sides, as Sister Bonnie remembers it: “That the Hospital would be financially drained by the Heritage’s accumulated deficits” and “that the elitist nature of the Hospital would suck the spirit out of the Heritage.” Grant Walsh, who had served on the board of the Heritage for nine years, and was currently its Chair, recalls “interesting and emotional times.” Chris Hacio, new to the Hospital board at that time remembers, when the two sides met to discuss the issues involved in a merger, “all hell broke loose.” According to Carl White, “We started having these talks and both boards didn’t like that and the first meeting we had, it was awful – the Hospital guys on one side of the table, the Heritage on the other and oh, it was ugly.”

In the end it was found necessary to call in a facilitator, Brother Tom Maddox. Described by Carl White as “the right guy at the right time,” he succeeded in moving both sides into serious negotiations. The result was a detailed plan for merging the two institutions under one enlarged board of directors.²⁰

So emotional had been the potential break with the past for the Heritage that Walsh found himself adopting an aboriginal symbol when his board met to make the final decision on that merger. He passed a feather around the assembled group asking each member to hold it while speaking to the motion. He recalls saying, “Everyone is expected to speak. You give your opinion then you move on,” passing the feather from one to the other:



St. Joseph's Heritage 1979



Aerial Photo of the St. Joseph's Heritage

So around the table as the symbolic feather went, people expressed how much meaning it had, and there were tears and... a lot of people were very choked at the prospect of disappearing, because you have the Heritage on one side and [a] Hospital on the other; it's not hard to see which is the dominant institution... It was very emotional and people realized they were sealing the fate of the Heritage, in both directions. Closing off the past and opening new opportunities.

In the end all voted in favour and the deed was done. From 1995 the Hospital and the Heritage boards met as one in joint sessions until, after some delays caused by the provincial government's unwillingness to interfere with the process of restructuring the health system of Ontario which it had by that time set in motion, the necessary legislation formally to enact the merger was passed.²¹

But the Heritage was never merged "into" the parent body of the Hospital, to enable the creation of St. Joseph's Care Group. To the amusement of many, it was found to be legally impossible to do that. There was no provision in the Public Hospitals Act that allowed a hospital such as St. Joseph's to be responsible for such entities as the Cook apartments and a nursing home like Bethammi. Thus in the end, Sister Bonnie says, "In order for a merger to occur it was really the by-laws of the Heritage that had to take over the Hospital." As Grant Walsh is only too happy to remind everybody, that makes Sister Leila's legacy, "The Little Nursing Home That Could."

Chapter Four

WITH A STROKE OF A PEN

The Health Services Restructuring Commission

On 4 October, 1996 the HSRC, established in April by the Ontario government, issued its directions for restructuring Thunder Bay's hospitals. An earlier report, published on 27 June had already set out the main guidelines for the future. This second document gave in more detail the final recommendations of the Commission. All acute care services in the region would be provided by Thunder Bay Regional Hospital at its Port Arthur site. All non-acute care services, including rehabilitation, chronic care, palliative care and substance abuse treatment would be located at St. Joseph's General Hospital. It further directed that Hogarth/Westmount would eventually cease to operate and its governance and programmes would be transferred to SJCG, as would the governance and management of LPH. As the Chair of the newly-created SJCG board would report the following year, "With a stroke of a pen the role of St. Joseph's General Hospital changed."¹

As the Commission itself recognized, its directives were based very closely on the preparatory work already done at the local level.

It is important to acknowledge the significant progress that has been made toward the development of a restructured health system in Thunder Bay. This progress is largely attributable to the excellent planning process led by the Thunder Bay District Health Council and the subsequent implementation of key directions identified in the DHC's Hospital Services Review report.²

For the most part, therefore, the directives of the HSRC came as no surprise. But the management and staff of Hogarth/Westmount were greatly upset by the decision to close their facility, even though it had been clearly forecast in the Commission's earlier report. Doug Heath, its Chief Operations Officer, was reported in the *Globe and Mail* as labeling the decision "insane." "People are beyond disbelief; they are very, very angry." Such strong feelings, understandable as they were, would make the transfer of the Hogarth/Westmount programmes to SJCG a delicate and sometimes tense operation.³

On the other hand the board and management of SJCG had much to be relieved and pleased about. What was now to be its mandate was what it had been working towards since the early 1990s. Carl White says today, "What we became was what we really thought we should be." The decision to divest the

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governance of the psychiatric hospital to the Care Group was another matter entirely (and will be discussed later in this chapter.)

The speed at which the Commission expected this transformation of hospital services to take place was truly astonishing, and would prove to be impractical. Both the McKellar site of the Regional and the LPH were projected to close their doors by the end of March, 1999. Hogarth/Westmount would cease to operate as a hospital on 31 March 1997, the HSRC dictated. SJCG was anticipated to consolidate all its new services “under one governance and management” by the same date. It was further announced that SJH would be allocated funds to accommodate the programmes it would now be undertaking, in addition to a considerable construction budget to effect the necessary renovations to the Hospital itself. Within a couple of months most of those deadlines had been extended, or tacitly abandoned. But hospital restructuring in Thunder Bay had begun. As Tracy Buckler puts it, “By March [1997] we were on our way.”⁴

Chronicle Journal Article, March 27, 1997



Hogarth patients prepare for move

Ceremony of remembrance for hospital slated for tonight

BY JIM KELLY
THE CHRONICLE JOURNAL

The Hogarth section of Hogarth-Westmount Hospital closed its doors Monday, but its 46 chronic-care patients can enjoy the country-like atmosphere for one more year before they are moved to St. Joseph's General Hospital or long-term care.

The 46 are moving to the Westmount unit, which, according to volunteer/recreation co-ordinator Charmaine Cades, will give them 12 months to prepare emotionally for a traumatic change in their lives.

"If they went to St. Joe's while construction was going on, it would have been even more traumatic, especially with a jackhammer over your head," Cades said in an interview Wednesday.

The temporary move is "the better of two options," she said.

Cades said residents at Westmount, prior to being transferred, will attend social gatherings over the next year at St. Joe's and long-term care facilities to lessen the trauma of moving.

To commemorate Hogarth's 62 years of health care, the hospital, in its swan song, will hold a remembrance ceremony tonight for staff, patients, volunteers, relatives of patients and friends.

Hogarth opened on April 28, 1835 and was formerly known as the Fort William Sanatorium.

It was originally built for the care and treatment of tuberculosis patients.

The hospital later served developmentally challenged persons and, in recent years, chronic-care patients.

Cades said there are 179 volunteers at Hogarth-Westmount, and most would like to continue working with the residents after they are transferred to St. Joe's.

However, for various reasons, many will not be able to. Some have firm



BRENT LINTON/THE CHRONICLE JOURNAL

Student volunteer Katie Steele, 32-year volunteer Madge Gillespie and patient Mary Kuch prepare seedlings for tonight's ceremony

Madge Gillespie has been a volunteer at Westmount for 32 years, but she will not be going to St. Joe's.

She cited a lack of parking and her age. "I'm not getting any younger!"

Patients on the move

Restructuring at local hospitals takes shape

BY JIM KELLY
THE CHRONICLE JOURNAL

This week marks the end of an era at Thunder Bay Regional and St. Joseph's General hospitals.

After 103 years in acute care, St. Joe's has been designated the complex chronic care and rehabilitation facility for the region.

Thunder Bay Regional-McKellar, an acute-care hospital since the early 1900s, is transferring its chronic-care and transitional patients to St. Joe's.

patients from St. Joe's were also victims of change as they were transferred to Thunder Bay Regional-Fort Arthur and McKellar.

This week, 22 patients from McKellar were transferred to the 2 South ward at St. Joe's.

The patients no longer require acute-care support and are awaiting transfer to another setting, such as a long-term care facility.

On Wednesday, 12 chronic-care patients from McKellar's 4 West wing were

and the 4 West chronic-care ward there will be officially closed at 4 p.m. today.

Susan Filatze, director of medical services, said there are no immediate plans for the ward, which will remain empty.

Chronicle Journal Article, April 6, 1997

WITH A STROKE OF A PEN

“It Wasn’t Easy at All”

From at least 1992 - some would say earlier - the path from acute care to what is now described as complex care and rehabilitation had been well-charted by the Sisters and the board of the Hospital. Because of this it is perhaps too readily assumed that it was both an easy and inevitable journey. But it was never easy, and some people at the time would argue that it was even the wrong path to have taken. Acute care is on the cutting edge of all services rendered in a hospital. It has an “elite status,” as Sister Bonnie MacLellan says. Surgeons, doctors, nurses on the surgical wards, in particular, know that they are there to save lives, sometimes in circumstances of high drama, working at intense levels of concentration. To face the prospect of giving that up, even when working in a hospital where it had been talked about for some time, was going to be painful for many of them and even those on the board of directors. The leadership of the Hospital had made no secret of its preferred role in the new health services regime in Thunder Bay, but the reality of it would come as a shock to many of the staff working on the units. “It wasn’t easy, it wasn’t easy at all,” recalls Carol Morgan. As Executive Assistant to Carl White, she even remembers board members being in tears when the decision was finally taken.

“St Joe’s had the ability to fight to retain their status as an acute care facility, and I think if that would have happened, that would have been the end of St. Joe’s.

*Doug Demeo,
Vice-President,
Human Resources*

The surgical staff at the Hospital were greatly disappointed by the turn of events. The urologist, Dr. Chandar Rao, still expresses disappointment at what happened. He had seen the surgical facilities at the Hospital improving over the years to the point where they surpassed those at the other hospitals, “and then suddenly, there was a total retreat.” While not denying the wisdom of the decision, he remains saddened by it.

Inevitably, those most directly involved on the surgical floors would face the prospect of change with concern, for it would certainly affect their own jobs. They would have the option of moving to one of the sites of the Regional, but it was not simply a question of changing the location of one’s job, it involved for many a real pride in the institution of the Hospital itself. Michael Gravelle, MPP for Thunder Bay-Nipigon, says that SJH “could have taken a different approach” and sought to remain in acute care, and that, had it done so, it would “probably have got a lot of public support.” But more realistically, Doug Demeo, currently Vice-President, Human Resources at SJCG and a member of the Leadership Team at SJCG, says, “St Joe’s had the ability to fight to retain their status as an acute care facility, and I think if that would have happened, that would have been the end of St. Joe’s.”⁵



Artist's conception of what a renovated and expanded acute-care hospital could look like

Hospital plan final!

Get ready for new style system

Focus shifts from institutions to more community care

BY PHIL ANDREWS
THE CHRONICLE JOURNAL

Aside from dealing with their share of how at the upcoming closure of some beloved city hospital buildings, Thunder Bay residents are soon to have to get used to new styles of health care in the area that will remain, says Col White, Thunder Bay's president of St. Joseph's General Hospital, said local people's notions of what hospitals will change when the area's hospital restructuring process is over.

White said his hospital, picked by the province as the site to become Thunder Bay's sole chronic and rehabilitation health care facility and Thunder Bay's general hospital's future collection of in-patient acute care operations won't be traditional general hospital.

"Things are going to be very special," said White, whose career in hospital administration spans more than 20 years at five to two communities and three facilities.

White said, will be the hospital's chronic care services in a new area, where every day or every week is spent in a new area. "It is a new area, where every day or every week is spent in a new area."

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Two hospitals will remain

BY PHIL ANDREWS
THE CHRONICLE JOURNAL

The province won't back the development of a new acute care hospital in Thunder Bay. Mark Macdonald, head of the Health Services Restructuring Commission, said that possibility in Thunder Bay Friday, while announcing a package of local health care changes reform, which included new multi-million dollar provincial funds to help attract more doctors to the region and run a Magnetix Rehabilitation (MAG) unit here.

One direction is to redevelop the Port Arthur hospital site, said Macdonald. "The Arthur site that will be made available to a new hospital would be just too expensive and would do nothing to improve the quality of health care in Thunder Bay."

Macdonald said the province will fund half of a \$74.5 million redevelopment of the Thunder Bay Regional Hospital Port Arthur site that will be made available to a new hospital would be just too expensive and would do nothing to improve the quality of health care in Thunder Bay.

The other half of that redevelopment capital will have to be raised locally as well as 60 per cent of \$1.58 million for the development of St. Joseph's General Hospital, which will handle all chronic and rehabilitation health care services in Thunder Bay.

Macdonald said the restructuring package will recommend that the Ministry of Health also provide an additional \$4 million to \$10 million in annual health care funding to the area.

The money will go to health care services, including local administrative health care, paying for about 7000 more home care visits per year by local health care professionals, including in-patient rehabilitation health care units.

INSIDE STORIES

Healthcare: We'll continue/A4
Quality of care/A5
Psychiatric hospital/A4
Health jobs lost/A4

Analysis/A5
Region questions cost/A5
Lease's reaction/A5
No new life for buildings/A5
Our opinion/A5

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Chronicle Journal Article, 1997

Thunder Bay to lose 3 of its 5 hospitals

Closings are the first under a province-wide restructuring

By KELLY TOSHILL
QUEEN'S PARK BUREAU

Thunder Bay will lose three of its five hospitals, half its regular hospital beds and a third of its funding in a massive downsizing ordered by Ontario's new health-care commission.

The Health Services Restructuring Commission yesterday ordered a psychiatric hospital, a chronic care hospital and a general hospital in Thunder Bay to shut their doors.

The order is the first issued by the commission set up by Health Minister Jim Wilson. The commission must restructure hospital services around the province to cut a total of \$1.3 billion from the budget within two years.

It launched its work in Thunder Bay because there were already local studies and recommendations on what to do.

2 Metro hospitals to merge, A24

The commission is expected to decide the fate of Metro hospitals by the end of the year.

A livid Liberal Leader Lyn McLeod yesterday called the hospital cuts to her hometown — with a population of 113,500 — "the beginning of war on the issue of health care with every community in this province," but one Thunder Bay health-care official endorsed them.

"This will be seen as a cost-cutting agenda that has gone absolutely wild," McLeod told the Legislature. "It is cost-cutting at the expense of health care."

The chief operating officer of one hospital scheduled for closing called the order "insane."

"People are beyond disbelief; they are very, very angry," said Doug Heath, head of Hogarth Westmount Hospital, a chronic-care hospital ordered to close by the end of March next year.

Queen's Park Bureau, 1996

"If We Have to Get Out of Acute Care... We Will"

Doug Demeo must surely be correct in that assessment. For, even though the transition to complex care was going to be a challenge for everybody involved, the alternative would have been worse. Judy Warwick, a lifetime nurse at SJH who became Director of Nursing before she retired, says, "We thought surgical was our focus but we realized, you know, we were getting further and further away from it." She believes it had been a necessary move to make. Tracy Buckler sees the process as one that arose out of the Sisters' own philosophy, which was shared by the hospital's leadership: a realistic view of the world around them that said "if we have to get out of acute care for survival, we will."⁶

SJH controlled its own destiny. The likelihood that, however first-rate its facilities were, it would have emerged from the three-hospital dilemma in Thunder Bay as part of a new Regional Hospital, was uncertain to say the

WITH A STROKE OF A PEN

least. If it had survived in such a setting it would surely have placed its Catholic identity at risk, and nobody was prepared to do that. It could also be argued that by opting early for a change of role, the Hospital probably helped the process of restructuring hospital services to move forward as effectively as, eventually, it did.

Despite all the hurdles facing them, some of them arising out of inter-hospital (and a continuing “twin city”) rivalry, when it really mattered the hospitals at the Lakehead came together. It is important to recognize this. Keith Jobbitt believes that the achievement of Port Arthur General and McKellar in first merging into the Thunder Bay Regional Hospital “was humungous,” and he also says that, when SJH opted out of the competition, “that was a major step.”

The Transformation Begins

In a letter sent to the HSRC on 7 January 1997, the board of SJCG requested an extension of up to one year to complete the renovations to the Hospital that would accompany its change of role. In the event, the official re-opening of the new SJH did not take place until 1999, but it continued to function as a hospital throughout this time. In April 1997 the Emergency Department closed. For months thereafter, emergency cases that turned up at the doors of the Hospital had to be redirected to the Port Arthur General site – sometimes,

in acute cases, sent there by pre-paid taxi.⁷

Change did not come easily for anybody. Allison Hill remembers Carl White standing before the staff and telling them “This is going to be tough to go through, but it’s not only that we have to do it. It’s the right thing to do.” During the course of the changeover, the Hospital lost eighteen managers, and over one hundred of its staff left or moved to positions at one or other of the two sites of the Regional. Later of course, the HSRC would accept the powerful arguments of Keith Jobbitt and his group of advocates in favour of a single new hospital

Chronicle Journal Article

Kevin Favel and Rick Dykes of Favel Contracting work on installing partitions on the fifth floor transition 54 bed unit at St. Joseph's General Hospital

St. Joe's moves into new role
Hospital becomes chronic care and rehabilitation facility for city, region

NorthWest SUNDAY

Doctors used to deliver babies here and treated the seriously ill patients of the former city of Port Arthur. It was St. Joseph's General Hospital. It has been a fixture on the north shore since 1885 when it was established by the Sisters of St. Joseph. Many probably thought that St. Joe's would be an acute care hospital forever. Certainly it had rehabilitation (from 1962) and ambulatory care (since 1970) services, but its primary role was serving the people as an acute care institution.

But the harsh economic realities of the 1980s have dictated otherwise. The province decided Thunder Bay should have one acute care hospital on the Thunder Bay Regional Hospital site and St. Joe's would be the chronic care and rehabilitation facility for the city and region.

The administration and board of St. Joseph's Care Group, which includes the city, have a long history of... (text continues)

...subacute clients no longer require acute care but are still not well enough to go home. They can remain in the hospital... (text continues)

...Each of the floors also has a multi-purpose dining room. "We're trying to make it like multifunctional," said Dickler. The third floor has 20 beds for specialty rehabilitation services, and until last year, five for acquired brain injury patients as a result of accidents and falls. The other two floors are for patients who have received artificial hips and knees. The second floor has 40 convalescent beds. The latter refers to patients who have not quite gotten their rehabilitation from three to six months.

Administration offices are also on this floor. The main floor became ambulatory care and outpatient services. Ambulatory care includes chiropody (foot problems), diagnostic tests for arthroscopic operations and treatment for allergy patients.

...According to Tracy Innes, program manager for complex chronic care, transitional clients are those waiting for admission to a long-term care facility while...

...The hospital's new role is to provide a continuum of care for chronic and rehabilitation patients. Some of these clients are presently at the Westmount end of the former Westmount Hospital. The Westmount unit closed last March 31. Dickler said if on next March the hospital realizes there are more complex chronic care clients than it can handle, it would request the Ministry of Health to postpone closing Westmount.

...those who were applying from Hogarth/Westmount to St. Joseph's were "fearful, untrusting", according to Allison Hill, for they assumed that they would not be assessed fairly against the existing on-site rehabilitation staff

which became Thunder Bay Regional Health Sciences Centre (TBRHSC), on Lakehead University land on Oliver Road.⁸

Because SJH would be absorbing the chronic care services that already existed at Hogarth/Westmount (and some rehabilitation departments as well), hard choices had to be made about staffing. All existing staff at SJH had to re-apply for their jobs. Those who had worked in the Emergency Department or on the acute care floors, and who wished to remain at the Hospital, would have to learn new skills if they were to be re-hired. This was not a pleasant experience for anybody. Jack Tallon, who was a personal friend of Carl White, remembers the embarrassment of having to avoid running into his President in the corridors of the Hospital throughout this difficult period of adjustment. Janet Sillman recalls how "people believed that they were doing great jobs," but nevertheless found themselves either transferring to another workplace or learning new skills which they had never anticipated. On the other hand, those who were applying from Hogarth/Westmount to the new Hospital were "fearful, untrusting," according to Allison Hill, for they assumed that they would not be assessed fairly against the existing on-site rehabilitation staff.

During the time of transition, Tracy Buckler was a manager in acute care at the Hospital. She found herself faced with the prospect of applying for a programme management position in complex care and rehabilitation:

I remember talking to Sister Bonnie about this and saying I don't know if this is for me because I'm a surgical nurse, an ICU nurse. I like acute care, I like the buzz of excitement. But I'd moved into management at the time and Bonnie said you have to decide, but management skills are absolutely transferable.

So Buckler stayed on, eventually to become the successor to Carl White as President and Chief Executive Officer of SJCG. But she says it was Sister Bonnie who "held everything together" at that difficult time.

As the changes in personnel gathered pace over the two years of the transformation, so the "goodbye parties" multiplied, and, to be frank, so did the tears flow. Interestingly, for a nurse like Gail O'Quinn, who was persuaded to move to the Regional, the break with SJH was too much. After three years,

WITH A STROKE OF A PEN

she returned, and says “it was just like coming home... I didn’t regret, you know, losing... seniority, I just wanted to be back at St. Joe’s.” In retrospect, she feels she could have been a “little wiser” about her original decision. “We went with what the union directed, and in my mind, within months of going, there were many nurses who were regretful that they left.”⁹

Renovating the Hospital

Changing roles did not affect hospital staff alone. The HSRC had authorized, and promised to pay a substantial proportion of, the costs of a major retrofit and renovation to the Hospital itself. This would take up the best part of the next two years. The whole of the fifth floor of SJH was transformed from

Chronicle Journal Article

St. Joe's Hospital set for change

Construction may start this month

BY JIM KELLY
THE CHRONICLE JOURNAL

Renovations at Thunder Bay's St. Joseph's General Hospital to convert it from an acute-care hospital to a rehabilitation and complex chronic-care facility are to start at the end of the month.

Sharon Owen, director of communications and fundraising for the St. Joseph's Care Group, said tenders for a design consultant for the project close Jan. 10. The consultant will be in charge of all renovations.

The St. Joseph's care group encompasses St. Joseph's Hospital and St. Joseph's Heritage.

The Ministry of Health allocated 70 per cent of \$22 million to redevelop Thunder Bay Regional Hospital/Port Arthur site, build a forensic psychiatric unit, three and add new space to St. Joseph's Hospital.

Owen said the hospital's \$7.5-million share of the money will be used to convert five operating rooms and an intensive-care unit for new roles.

Some existing office space will become client rooms.

The facility will also purchase some new equipment and furnishings.

The hospital will pay for the renovations and then bill the province for \$7.5 million. The ministry estimated the renovations would cost \$11.4 million.

While St. Joe's is proceeding with its work, the Thunder Bay Regional Hospital board has the

Owen, director of communications and fundraising, said about \$100,000 has been raised for the project, estimated to cost \$300,000.

All the money will come from fundraising, said Owen.

The gardens are comprised of three green spaces outside and inside the hospital where chronic-care patients can grow plants and flowers.

Possible locations are at the front of the hospital near the intersection of Algoma and Canimet streets, and at the rear of the facility near the emergency department. A third possible site is on the second floor over the business office.

Chronic-care patients, said Owen, are hospitalized for lengthy periods and the gardening for them is therapeutic.

"They're living here so we want to give our clients a comfortable environment," said Owen.

She said one of the gardens could be a solarium so patients can work in a heated enclosure on a year-round basis.

Owen said the project is in the very early planning stages and contractors have not even started bidding on the work.

Construction is expected to start this spring.

Owen said the gardens will be completed in stages, depending on available funding.

It could take as much as three years before the project is finished, she said.

surgical into transitional beds. Clients' lounges and activity areas were added, and placed on the east side of the building on that fifth floor, facing Lake Superior so that they could enjoy the full benefits of both the view and the sunlight. The fourth floor was re-designed to have fifty beds "for complex continuing care" plus a ten-bed hospice for the terminally ill. The third floor would include fifty beds for rehabilitation and stroke recovery clients, and the second floor beds would be reserved for reactivation clients and geriatric rehabilitation. The ground floor became an enhanced rehabilitation area. A balcony would be placed on the second floor, looking over Algoma St., and a further "healing gardens" area was to be located outside the Hospital, adjacent to the street. "The idea," Carl White would later say, "is to get people out of their beds." By the time the renovations had been completed, St. Joseph's had improved its bed count from 173 to 224.¹⁰

Even though the bulk of the renovations took place on the fifth floor, this was a massive undertaking. During the course of it, the budget, originally set by the HSRC at \$7.9 million had risen to \$20.7 million. The "new" St. Joseph's Hospital officially opened its doors (which in fact had never been closed) on 22 June 1999.¹¹

In the course of the enterprise, Guy O'Brien had headed a small group of volunteers in a fund-raising campaign overseen by



St. Joseph's Foundation of Thunder Bay. The goal was to raise enough for the furnishings and some equipment for the new hospital, because the ministry had promised no funding for such necessities. He recalls an "overwhelming response" from the community. In something less than a year they realized \$3.6 million, much of it coming from large donations from both private and public sectors of the city. "We'd approach the banks for \$25,000 - \$50,000 for the larger organizations." The Sisters of St. Joseph of Sault Ste. Marie donated \$1 million. The Armand Bombardier Foundation gave \$100,000, as did the City of Thunder Bay and the Diocese of Thunder Bay.¹²

"They Were Ridiculous!"

The transformation from acute into complex care over a period of hardly two years was an extraordinary achievement. It could not have been realized without the foresight of the whole organization in seeing what lay ahead in the field of hospital services for the city and region. By more or less simultaneously merging the Hospital with the Heritage, the new SJCG added strength in depth as well as allowing for significant savings in overheads. That merger had been effected, to all intents and purposes by 1995. It was finally confirmed by the provincial government in 1997.¹³

Financial issues rising out of these developments, however, were to dog the organization for a number of years, and try the patience of the board and Carl White to the limit. The big question by 1998 was how to control a growing deficit in the operating budget of the new hospital, brought on by a failure to negotiate a funding formula with the ministry. In 1998 the board of SJCG projected a shortfall of \$7.8 million for St. Joseph's. That was met by a one-time payment from the ministry, but a second successive deficit was forecast for the year 1999-2000.

By more or less simultaneously merging the Hospital with the Heritage, the new SJCG added strength in depth as well as allowing for significant savings in overheads.

WITH A STROKE OF A PEN

“One thing that really bothered me about the process,” recalls White, “was that when the Commission first worked out our budget figures, they were ridiculous... the Commission did a really horrible job on those kind of numbers.” He says that the first budgets set for the Hospital were based solely on the number of clients in the beds, but did not take into account the cost of out-patient services, which were such an integral part of the rehabilitation services offered by the institution. The consequence was that “we were going to have to lay off people, and I wasn’t going to do that. I would have left if I’d had to.”¹⁴

Chronicle Journal Article

Hospitals can't find room to squeeze

Administrators say edict to kill deficits is unrealistic

BY ANDREW EHRKAMP
THE CHRONICLE-JOURNAL

Cash-strapped hospitals in Thunder Bay and across Ontario will soon meet with the Ministry of Health to discuss ways to eliminate their deficits, but local hospital officials say there's no more room to cut.

Thunder Bay Regional Hospital and St. Joseph's Care Group will meet with the provincial government to discuss their respective deficits along with more than 90 other hospitals in the province.

But local hospital administrators say services are already stretched to the limit, and that's the point they'll make with government officials.

"We're not operating in an excessive manner anywhere here," said Tracy Buckler, a vice-president of St. Joseph's Care Group.

St. Joseph's deficit is expected to top \$6 million for 1999-2000 and Thunder Bay Regional Hospital's

president of Thunder Bay regional. "Our issues haven't changed."

Last year, the hospital received one-time funding to give it a balanced budget. This year, Saddington said, Thunder Bay Regional is still the only hospital in Ontario to which the province's new funding formula hasn't been applied. The formula would help its deficit.

"Treat us the same way under the more sophisticated and revised provincial funding formula," Saddington said in an interview Friday.

He added services at the hospital are already stretched to the limit.

"We'll make the same points (at the upcoming meeting with ministry of health officials) what services should be changed or stopped?"

Buckler also notes that the services provided by St. Joseph's Care Group are needed in Thunder Bay. She expects hospitals in the province will be required to

HEALTH	
St. Joseph's Care Group	facing \$6 million deficit, TBRH
	facing \$4 million deficit

Only in August 2000, three years after the funding issue was raised, was it satisfactorily resolved, with a \$7.4 million payout from the ministry “to help balance the books.” Perhaps the officials in Toronto had simply been worn down by White and his associates. Grant Walsh, who was Chair of the Board of SJCG during part of these negotiations, chuckles when he remembers that the people down south “didn’t like dealing with [Carl].” White could certainly be tenacious, but has few regrets about the way he worked with the ministry:

“At that time the hospital didn’t need a CEO who was wonderful, personable, and could talk about the values and all that stuff. They needed [someone] to be a dirty rotten street fighter who could just get a hold of that vision and fight. And that’s what I was.”

As he puts it, “After a few years of good scrapping we got it all sorted out and got the money.”¹⁵



Lakehead Psychiatric Hospital

“We Thought There Was a Mistake”

When the leadership of SJCG gathered to hear the details of the HSRC’s first report, they were fairly confident of what its recommendations would be. After all, the Hospital Services Review for the DHC had laid the groundwork for the Commission’s work. SJCG anticipated, in other words, that it would be assigned the complex care portfolio, whilst the Regional would take on acute care services. Carl White was pretty sure that the Group’s role as a Catholic health provider would remain intact, especially as they were aware that the Sisters had been using what influence on the government that they possessed, through a newly-created Catholic Health Corporation of Ontario (CHCO). What might be happening to the other health care agencies in the region seemed to be of less importance to SJCG. So, when the HSRC recommended that “all chronic mental health will be located at the chronic/rehabilitation site” they were stunned. The recommendation of June was translated into a directive in the final report, which stated that “The Ministry of Health has been directed to transfer governance and management of mental health services... to St. Joseph’s General Hospital.” “Divestment” of the institution from the Ministry of Health to SJCG, and the closure of all the buildings, was scheduled for 31 March 1997.¹⁶

Grant Walsh remembers being with Carl at that meeting and saying “did I hear that right?” Janet Sillman, who would later be assigned to manage the LPH during a difficult transition period (which is still not complete), says “We were shocked. We thought there was a mistake.” St. Joseph’s had little experience in mental health, and, she says, the LPH community “was totally against it.” Dr. George Morrison remembers that the psychiatrists did not

WITH A STROKE OF A PEN

As the official history of the LPH makes clear, it would prove to be a 'rocky road' to divestment of the psychiatric hospital to SJCG.

'jump for joy' at the prospect. Nonetheless, there could be no argument with the directive and so SJCG moved into the field of mental health care. As the official history of the LPH makes clear, it would prove to be a 'rocky road' to divestment of the psychiatric hospital to SJCG. The buildings of a massive institution, built in the 1950s, were in poor repair. A substantial proportion of the mental health clients had, by this time, been moved on to various forms of community care. Staff at LPH was resentful and fearful of the future. Strikes in 1996 and 2002 only exacerbated the problems, and divestment did not come until 2003. White put the delays in implementing the process down to government bureaucracy, whilst asserting his frustration at how long it took: "There's no way you should negotiate from 1997 to 2003."¹⁷

The eventual date for final closure of the old LPH has been pushed back to 2012, when it is anticipated that a new 38-bed Mental Health Rehabilitation Wing will be added to St. Joseph's Hospital. Janet Sillman anticipates "Integration [of mental health services with SJCG] will move better when we are on that site. When we're all together everyone will realize that we are each other's colleagues, and not separate and distinct."

Chronicle Journal Article, June 25, 1998

St. Joseph's changes under control

THE CHRONICLE-JOURNAL

St. Joseph's Care Group's board of directors confirmed its officers for a second one-year term at its annual general meeting Wednesday.

Grant Walsh will remain as chairman, Carole Faulkner as first vice-chairwoman, Christopher Hacio as second vice-chairman and Carl White as president.

The board also announced the retirement of two long-standing board members — Ron Marostica and Guy O'Brien.

Their posts will be advertised publicly, said Walsh.

After 18 years on the board, O'Brien said it was satisfying to have had a hand in shaping St. Joe's from an acute care facility to a rehabilitation hospital.

Construction at the hospital is on track and should be complete in November, said Walsh. The fifth floor is finished, and the first and second floors are now being renovated.

For a second consecutive year, the fiscal advisory committee submitted an operating plan with a shortfall of \$7.8 mil-

lion for the hospital division, and a balanced budget for all other services and programs.

The shortfall is a result of not being able to negotiate a final budget with the Ministry of Health.

"The financial situation is under control," said Walsh. "These (budget items) are under continued review and negotiation."

The hospital auxiliary committed to raising \$200,000 over the next five years for St. Joseph's Care Group — the hospital and St. Joseph's Heritage.



"It Just Starts to Get Bigger"

Janet Sillman's words point to the new reality of SJCG. This is no longer quite the institution that the Sisters of St. Joseph created over the first one hundred years and more. As Carl White has noted: "Once you get in the business of complex care, rehab, addictions, mental health, long-term care and housing, it just starts to get bigger."

What was once a Hospital and a Heritage has, since the creation of SJCG, simply grown and grown.

After 1997, integrating an increasing number of separate agencies into the Care Group whilst maintaining the "mission," and perhaps even the memory of the Sisters of St. Joseph in a secular world of health care providers, would become the next great challenge.

Chapter Five

ST. JOSEPH'S CARE GROUP

A New Mission

From 1994-97 the two boards of Hospital and Heritage met as one. A merger was effectively achieved in 1995, and this allowed for some significant economies of scale. The successor corporation, SJCG, did not become a legal entity until the provincial government passed the necessary legislation in 1997. As the Care Group was launched, it adopted a new mission statement:

St. Joseph's Care Group... provides an integrated system of compassionate and holistic care and services with an ongoing commitment to respond to the unmet needs of our region as a means of continuing the healing mission of Jesus in the tradition of the Sisters of St. Joseph.¹

The Sisters, those who remained in Thunder Bay (a diminishing number), were now pursuing their mission in a very different world from that which had prevailed even thirty years before. The health care system of the province had been transformed, the costs associated with running a hospital had risen

dramatically and, consequently, government financial support had also multiplied. The restructuring exercise had shown only too clearly the concern of government (and taxpayer) that costs in the health system should be better controlled and "accountability" made paramount. Secular authority had, in the process of re-organization, threatened the Catholic mission of SJH. It was in part to protect that mission that SJCG had been created. In 1997-98 the Care Group consisted of five agencies operating on four sites: St. Joseph's Hospital and the Sister Margaret Smith Centre on Algoma St., St. Joseph's Heritage on the hill, the Balmoral Centre by Confederation College, and the Behavioural Sciences Centre situated at that time in the Whalen Building in the North Ward. The annual budget of the organization was \$33 million and the staff in its employ numbered about twelve hundred.²

Chronicle Journal Article

Recounting history of caring
St. Joseph's continues to offer services
 SUBMITTED BY ST. JOSEPH'S CARE GROUP

HEALTH

FOR almost 125 years, the healing tradition of the Sisters of St. Joseph continues through the provision of programs and services of the St. Joseph's Care Group for the people of Northwestern Ontario.

St. Joseph's Care Group operates 568 beds that provide rehabilitation, complex care, long term care, mental health and addiction services and 181 seniors' apartment units. SJCG has approximately 1,700 employees, 400 volunteers, an annual operating budget of \$115 million and is a significant economic driver for Thunder Bay and region.

Programs and services are provided at 9 sites including: Balmoral Centre, Behavioural Sciences Centre, Diabetes Health Thunder Bay, Lakehead Psychiatric Hospital, Sister Margaret Smith Centre, St. Joseph's Health Centre, St. Joseph's Heritage and St. Joseph's Hospital.

These facilities are operated by the Sisters of St. Joseph of Saint Ste. Marie, sponsored by the Catholic Health Corporation of Ontario and managed by a volunteer board of directors.

Capital Redevelopment

St. Joseph's Health Centre, at 710 Victoria Ave E, in Victoriaville Centre, opened in November 2007.

In keeping with best practices in mental health and SJCG's recovery-oriented approach to meeting the needs of its clients, this centralized location, with its many business services in and around the area, is ideal. Public transportation is easily accessible and there is ample parking available.

The opening of St. Joseph's Health Centre is another step on the road to closure of Lakehead Psychiatric Hospital. One hundred staff work at this new location and more than 850 outpatient clients receive services.

Tracy Buckler, president and CEO of the care group is delighted by the reaction of the downtown merchants to this move. "The merchants are very positive about bringing other sectors into the area... it's a good for the economy and more im-

The new centre is a state-of-the-art design, influenced by current and anticipated future needs.

For the past 40 years, SMSC has been located at St. Joseph's Hospital, providing addiction and mental health services to the community, North West Region and the province of Ontario.

The centre's clinical services and educational programs are accessible to individuals and family members of all ages.

In response to the closure of 300 long-term care beds by the City of Thunder Bay, the Ministry of Health and Long-Term Care (MOHLTC) announced in August 31, 2007, the establishment of a Centre of Excellence for Integrated Seniors' Services (CEISS) which will include the following:

- 336 long-term care beds to be operated by St. Joseph's Care Group (SJCG) including 64 specialized behavioural beds;
- 132 new supportive housing units to be co-located at the new Centre of Excellence with SJCG;
- Enhanced community support services for 120 new clients;
- Increased Community Care Access Centre (CCAC) services for 30 additional clients; and,
- Enhanced supportive housing units.

The concept of a centre of excellence will promote coordination of care while enhancing linkages between sectors such as community support services, supportive housing, CCAC services and long-term care services.

The goal is to assist the client to maintain independence where possible by "Aging at Home" with services in place. These services will help keep the individual at home and will facilitate transitions between care environments.

Planning for this continuum of care is an essential component of the ramp up of investments to community services that will begin under the CEISS as of April 1, 2008.

St. Joseph's Care Group is the lead for the CEISS which is to open by 2011. Facility design and planning is already underway. Active engagement of system partners for this initiative include: Ministry of Health and Long-Term Care, District of Thunder Bay.



Employees sponsored by St. Joseph's Care Group who graduated from the Leadership Thunder Bay program



St. Joseph's Care Group building exterior

SJCG now provides services in complex/continuing care, rehabilitation, addictions, long-term care, supportive housing, mental health and a wide variety of community health programs.

Today, in addition to those already mentioned, SJCG has grown to include LPH, Hogarth Riverview Manor (HRM) on Lillie St., St. Joseph's Health Centre on Victoria Ave., and Diabetes Health Thunder Bay, on Memorial Ave. The Behavioural Sciences Centre has moved to Lillie St. SJCG has also, in this 125th anniversary year of the Hospital, opened a new Sister Margaret Smith Centre on Lillie St. Furthermore, SJCG anticipates building in the near future a Centre of Excellence for Integrated Seniors' Services (CEISS). This will be a complex of long term care beds and supportive housing units, designed in part to replace two aging nursing homes in the city. On the site of the former Sister Margaret Smith Centre, the 38-bed Mental Health Rehabilitation Wing will be built by 2012. SJCG now provides services in complex/continuing care, rehabilitation, addictions, long-term care, supportive housing, mental health and a wide variety of community health programs. Its annual budget is over \$125 million and it employs approximately 1,700 staff, a number that will increase significantly when the CEISS project is completed. Four hundred volunteers work with SJCG. Currently, the Care Group is the fifth largest employer in the region.⁵

Obviously, the Sisters could never have imagined such growth when they founded the original St. Joseph's Hospital in 1884.

But could anyone, even as late as 1997, have conceived of such a transformation in just over twelve short years?

How did this come about?

The answer to that question lies, at least in part, in the continuing determination of SJCG, to seek "unmet needs" in the community.

Hogarth/Westmount

"I don't think you can over-emphasize the importance of culture in an organization," says Bob Chambers, Past Chair of the Board of SJCG, referring to the difficulties involved in the transition.

In the course of the long debate over the future of hospital care in Thunder Bay, as the acute care institutions came to acknowledge the inevitability of the "one hospital concept," the decision of SJH to opt into complex care set it on a collision course with the existing chronic care facility, Hogarth/Westmount Hospital, situated on the south side of the city. When both the DHC's Hospital Services Review and later the HSRC itself, came down in favour of SJH, there were bound to be hard feelings on the part of the losing candidate.

The Commission directed at first that the south side facility close its doors by 31 March 1997. But that made little sense because, in the first place, St. Joseph's was in no shape to take on an additional 135 clients from Westmount (which housed the chronic care clients) whilst it was in the process of a \$20 million renovation. Another factor was the failure of the ministry to come up with a budget formula that would adequately compensate for the additional beds that would be required. A more emotionally-charged reason for delay was the lingering resentment with which the board of Westmount entered negotiations to pass on the "governance and management" of their hospital.

This was hardly surprising under the circumstances. Carl White says that "when we took on [Westmount] we had to take on people who... didn't like us." The staff at Westmount must have resented the fact that an acute care hospital was now taking on the role that they had played for so long, for they felt that they had the expertise in the field. For their part, SJH staff felt uneasy in the competition for jobs that would ensue. It was not going to be pleasant. Jack Tallon always had his ear to the ground about such matters, and recalls, "There was turmoil – the staff were fit to be tied."

Even after the staff positions had been decided, merging the two groups of employees and the institutions themselves was difficult. "I don't think you can over-emphasize the importance of culture in an organization," says Bob Chambers, Past Chair of the Board of SJCG, referring to the difficulties involved in the transition. Carl White remembers, "You'd go to the lunch bar and there'd be second floor Hogarth guys and second floor St. Joe's guys, sitting at separate tables." He figures it took about a year to turn that round. When Westmount finally closed its doors in 2004, sixty-six of the staff joined St. Joseph's Hospital, there were twenty-six early retirements and thirteen voluntary resignations.⁴

At the board level there were also problems, largely concerning negotiations over the disposition of the Hogarth/Westmount Foundation money. Chris Hacio remembers this as “probably the most difficult thing that I went through during my time on the board – certainly the most frustrating.” But he acknowledges that the people at Westmount “felt like jilted lovers.” The merger was finally completed in 1999, but the Westmount building was to remain in operation whilst negotiations with the provincial government moved at glacial speed towards developing plans for its replacement.⁵

Hogarth Riverview Manor

Even as St. Joseph’s Hospital was opening its doors in its new role, the board was receiving the go-ahead to construct a long-term care facility on Lillie St. It would be “up and running within two years” announced the Chair of the Care Group board in 1999. However, it took a further two years before final approval was given by the ministry for a 96-bed home, to be named Hogarth Riverview Manor (HRM). At a cost of \$14.4 million the new long-term care home came in on budget and on time, and some of the residents of Westmount could finally take

possession of a modern, custom-designed facility. Sitting on a large open green space opposite the Chapples Park in Fort William, it is a home that takes from St. Joseph’s Heritage all of the best practices of care established by Bethammi and translates them into a modern setting with state-of-the-art features and design. In its own way, it is a tribute to the vision of Sister Leila Greco.⁶

The design of HRM allows for separate dining areas for residents of each of four “resident home areas,” which spread out from a central lobby. There are no long corridors, as there are in more traditional homes (even in Bethammi). Attached to the facility are various programmes of care for the elderly such as the provision for residents with Alzheimer’s, or various forms of dementia. All private rooms at HRM have a garden view and all are on the ground floor. As reported in the Chronicle-Journal, one of the new residents stated, “I can’t describe it; it’s so beautiful... I like everything... I never expected it to be so nice.”⁷

News Article, September 2004

Hogarth Riverview Manor Officially Opened & Blessed



Resident Murray Hamilton (left) and Allan Coffey hold ribbon while Carl White and Sr. Bonnie MacLellan, C.S.J. cut.

by NWOC staff

Bishop F. Colli blessed the new Hogarth Riverview Manor at its official opening in Thunder Bay on June 22.

The long term care facility offers a wide range of programs and services for elderly and physically disabled adults. The facility, which has 96 beds, was open to the public for tours during its grand opening.

Approximately 300 people attended the event.

The one-storey building is designed to take advantage of the view outdoors. Each resident home area has its own living

room, dining room, kitchen, bathing area and recreation room. Timber Hall at the main entrance features access to a chapel, hair salon and gift shop. Outdoors there are three courtyards and two terraces.

“This building is friendly and respectful to our clients and their families. The one floor design allows everyone a good view of the courtyards and gardens,” says Carl White, President, St. Joseph’s Care Group. Hogarth Riverview Manor cost \$14.4 million to build and is operated by St. Joseph’s Care Group.

ST. JOSEPH'S CARE GROUP

Another Fund Raising Campaign

The \$14.4 million tab for HRM was supported by another highly-successful fund-raising campaign by St. Joseph's Foundation of Thunder Bay. It was chaired by Don Caron, a man who had previously sat as Chair of the Board of SJH, from 1990-93. At first, he recalls, he was asked to head a campaign to raise a mere \$250,000. "I said, that's just fund-raising." He wanted a full-fledged campaign, and the goal was eventually set at \$2.5 million, which he raised with his volunteer committee, in six months. Pre-planning everything before they began the campaign, they set their caps at the big companies in the city and "a huge number of individuals." Caron worked with about a dozen volunteers, who he describes as "phenomenal people" to meet the target. The Auxiliary pledged a further \$200,000 over the next five years. The money raised in the campaign went to supply furnishings and basic equipment for the new facility. Referring to the success of the campaign in the community, Carl White acknowledges that "we enjoy a level of support that is just wonderful."⁸

Carl White acknowledges that "we enjoy a level of support that is just wonderful."

End of an Era

The beginning of December 2005 marked what the board called "a significant milestone." Carl White retired from a post he had held for sixteen years. He had been in charge of a complete transformation of the organization. Working with an extraordinarily loyal staff, the minefields of restructuring had been successfully traversed and he had achieved that with his own brand of determination and bravura, keeping the spirits up of those whom he led, even as sometimes the obstacles that bureaucracy put up seemed to be insurmountable: "Did they say NO?", he'd ask his colleagues as they trickled out of yet another disappointing interview with the ministry. That would often be enough, he recalls, to raise heads back up and set them all on the march again. Today he is "something of a legend" around the corridors of SJCG's various locations.⁹

In a final interview with the media he stated that "restructuring was one of the most progressive things to happen" on his watch. And, as if to forecast the next area of significant growth for SJCG, when asked to identify the most pressing problems in contemporary health care, he pointed to "the need for more supportive housing and long-term care beds... I don't see this situation changing because the demand will continue with an aging population."¹⁰



Tracy Buckler has been named president and CEO of St. Joseph's Care Group, where she has 20 years experience in a variety of disciplines.

New boss at St. Joe's

BY SARAH ELIZABETH BROWN
THE CHRONICLE JOURNAL

A nationwide search to find a new president and chief executive officer for St. Joseph's Care Group ended at home.

The group's board of directors announced Monday that Tracy Buckler has been selected to fill the top post, replacing Carl White as of Dec. 1.

Buckler, a 39-year veteran of St. Joseph's, has served in a variety of clinical, managerial and administrative jobs. For eight months this year she was acting president while White took a leave of absence.

HEALTH

Tracy Buckler knows her way around St. Joseph's

Abbey's day program. Two capital projects are on Buckler's horizon.

St. Joseph's will build 38 new long-term mental health beds, which will allow the expansion to close Lakehead Psychiatric Hospital, which has 76 beds operating now.

Also on the capital project list is a new addictions treatment centre to replace Sister Margaret Smith Centre.

"For me, first and foremost, no matter what changes we go through, we need to continue to provide excellent care to the clients that we serve," said Buckler. "That's what we do, and we do it well. We need to keep focusing on that."

Not long from earning her nursing diploma from South College in Saint Joe, Marie in 1985, Buckler was hired as a registered nurse at St. Joseph's.

"I know every aspect of the business that we're in," she said. "I've had a huge variety of experiences within this organization."

She since obtained a bachelor's degree in nursing degree from Lakehead University in 1989, and a master of health studies — leadership from Athabasca University two years ago.

She's currently working on a certificate in Catholic leadership

from St. Michael's College at the University of Toronto. Buckler is a certified health executive and a surveyor with the Canadian Council on Health Services Accreditation.

"It's interesting to reflect back. I came in as a relatively new grad and happy to be working as a registered nurse," said Buckler.

She didn't plan to end up in the CEO's job, but opportunities came up along the way that led her there.

"I've had great mentors in this organization, and they've seen something in me along the way and they've encouraged me and supported me to do different things."

"Not really a plan, but a nice evolution."

Among Buckler's mentors at St. Joseph's, a list she said is too long to rattle off, are White and Sister Rosemary MacLellan, currently the general superior of the Sisters of St. Joseph.

MacLellan hired Buckler for her first job. Buckler said her husband, a city firefighter in Orillia, and Monday afternoon she was looking forward to going home and telling her 13-year-old son about her new job.

St. Joseph's Care Group, one of the largest integrated health care systems in Ontario, has eight sites across Thunder Bay.

Mental Health Issues

As he retired, Carl White left two unfinished projects to his successor, Tracy Buckler. They were already promised by the ministry, but as yet unfunded. In October, 2005 the Minister of Health and Long-Term Care had announced that approval had been given for the construction of the Mental Health Rehabilitation Wing at SJH. This was to be built on the site of the existing Sister Margaret Smith Centre. Plans were already in progress to replace that building with a

brand new facility on a site next door to HRM on Lillie St.

The Mental Health Rehabilitation Programme would accommodate 38 clients, some of whom were presently part of the last group remaining at LPH. By this time, only about 80 of them remained in an institution originally built in five wings for over 900 residents, in the 1950s. Since the divestment of LPH to SJCG, the Mental Health and Addictions section of the organization has been working to place these clients in supportive housing across the city with 24-hour care.¹¹

In addition to supportive housing, a new community-based setting for outpatient services needed to be found for more than one thousand outpatient clients.

This need was planned to be met by St. Joseph's Health Centre on Victoria Avenue. There, a variety of outpatient services are now housed, which include employment options, mental health assessment and intervention, a methadone clinic, a concurrent disorders programme, and other services provided by mental health professionals. The Centre was opened in October 2007, with a hundred full- and part-time staff, addressing the needs of their clients. The move to a public space on Victoria Avenue, in the view of Dick O'Donnell, a past Chair of the Board of SJCG, was a wise one. It not only brought people with mental health issues out of anonymity, it showed, as O'Donnell explains it, that such clients "are like you and me."¹²

ST. JOSEPH'S CARE GROUP

Tracy Buckler



Tracy Buckler

The new President and Chief Executive Officer of SJCG had come through the ranks of St. Joseph's Hospital, with over twenty years of service. Beginning her career as an acute care nurse, Tracy Buckler had graduated under Sister Bonnie MacLellan's guidance into management, eventually becoming Vice-President within the organization. For a period of eight months in 2004, she had stood in for Carl White when he had taken a leave of absence, so she came to the post with a wealth of experience. In an interview with the local newspaper, Ms. Buckler said: "For me, first and foremost, no matter what changes we go through, we need to continue to provide excellent care to the clients that we serve. That's what we do, and we do it well. We need to keep focusing on that."¹⁵

Fully aware of what she calls the "sense of mission" inherited from the Sisters, Tracy Buckler has always made a point of personally informing new staff of that particular legacy: "We don't forget the history. We are here to fill gaps in service. We care for the most vulnerable in society – and we meet unmet needs."

The New Sister Margaret Smith Centre

As Tracy Buckler took up her new challenge in December 2005, SJCG was still awaiting capital funding approval for the re-building of the Sister Margaret Smith Centre at its proposed new location. That came in the following year, allowing for the project to begin in 2008, with a completion date set for the summer of 2009. According to the organization, it is designed to meet today's "green" expectations. It is constructed to "Leadership in Energy and Environmental Design" standards, "using water, energy, and material resources appropriately and efficiently." Providing the same up-to-date programming as its predecessor, it will not only offer addiction and mental health services to the community and the region, but also clinical and educational programmes to individuals of all ages. It will have forty beds for residential treatment of both adults and youth, as well as a host of outpatient services.¹⁴

The Centre of Excellence for Integrated Seniors' Services

In April, 2004 Thunder Bay's city council made the decision to cancel an earlier commitment to build two long-term care homes as replacements for Grandview Lodge and Dawson Court, as both facilities were failing to meet provincial standards. In effect, the council passed the decisions about the building of new nursing homes back to the province and the Ministry of Health and Long-Term Care. At the time, the MPP for Thunder Bay-Atikokan, Bill Mauro, said that Minister George Smitherman would "see what options, if any, are on the table." It took nearly three and a half years for a final decision to be made on the future of long-term care in the city, but when it came, on 31 August 2007, it was SJCG that was designated to build, not simply a replacement facility, but the previously-mentioned CEISS.¹⁵

Whitfield says that George Smitherman "was very much against privatization" as the replacement strategy for the old homes. In retrospect, he feels that "St. Joe's were really the only option for us."

It could be said that this was a natural development, given that the Care Group was now solidly in the long-term care business – beginning with St. Joseph's Heritage and continuing with the construction and management of HRM. Unless the ministry was seeking a private developer, there was no other obvious local organization capable of taking on such a task. John Whitfield had served on the DHC before it was replaced by a new body overseeing health care in the region, called the Northwest Local Health Integration Network (LHIN). He became Chair of the LHIN and was directly involved in negotiations with the ministry over the plans for long term care after the city had made its decision to opt out. Whitfield says that George Smitherman "was very much against privatization" as the replacement strategy for the old homes. In retrospect, he feels that "St. Joe's were really the only option for us."¹⁶

"This is Massive"

SJCG was careful to stay clear of the decision-making process, waiting for the provincial government to make the first move. This is confirmed both by John Whitfield and by Michael Gravelle. "They didn't seek it out from us... we went to them," Gravelle states. Both MPPs in the city worked closely to "move things along," as he puts it, because "this is massive."

ST. JOSEPH'S CARE GROUP

She believes that, if the CEISS develops in the way that is planned for Thunder Bay, "we could really build a model for the province and beyond."

Massive is probably not an exaggerated term to use, under the circumstances. Gwen Dubois - Wing who was the Executive Director of the DHC and now heads the LHIN, talks of an "integrated model" for the project which arose out of discussions at several levels in the region, including the Centre for Northern Health Research at Lakehead University. She believes that, if the CEISS develops in the way that is planned for Thunder Bay, "we could really build a model for the province and beyond." John Whitfield recalls that what emerged from all the discussions was the discovery that there was not only a need for replacing the long-term care beds, but also for assisted living in supportive housing as an integral part of the project. This "discovery," of course, had been made nearly thirty years before. As Dick O'Donnell states, "It goes back to Sister Leila." All are agreed, says Whitfield, that the development of the CEISS as housing units alongside a long-term care facility would, amongst other things, "free up beds in the hospitals which are being held up because there are not enough long term care beds" in the community.¹⁷

"The Next Generation of Care"

What finally emerged from these discussions was "quite a large package," according to John Whitfield. The projected development includes 336 long-term beds, 132 supportive housing units, enhanced community services for an additional 120 clients, an enlarged Community Care Access Centre with services for a further thirty clients. When presenting the plan to the public on 31 August 2007, Minister Smitherman declared the plan to be a "dramatic modernization" of caring for seniors. "I do believe," he stated, "that today, here in Thunder Bay, we mark historic new ground that will provide for an integrated system of care." The project, when it was first announced, was estimated at \$56.6 million. Closing the two existing homes and replacing them with the CEISS was expected, at that time, to be completed by 2010. That was almost certainly an optimistic forecast.¹⁸

Bob Chambers, Chair of the Board of SJCG from 2007-9, calls it "the next generation of care." Lil Bergamo, his predecessor, says that the provision of a variety of services came about in part because SJCG was in a strong bargaining position when the ministry came to them.

If we were going to be asked to assume that responsibility, then we had the leverage because the government needed us – we had the leverage to make sure that we were creating something that could work, and that would really put into place the kinds of resources that we need for the future, not just for now. That's why the whole development has the features that we said we needed to have... We wanted to have that seamless integration of resources available... We were aggressive in terms of saying 'these are non-negotiable'¹⁹.

At the time of writing, all required funding for the project has not quite been finalized, and the costs continue to rise. No wonder the board of SJCG finds the coming years “challenging.” There is no doubt that the CEISS project will be built, but perhaps not exactly to the original optimistic time schedule or design. However, SJCG and the other organizations that collaborated in the development of the concept, remain hopeful that it will eventually be realized as close as possible to what was first conceived.

Whatever finally emerges from this grand project, it will be located as part of Hogarth Riverview Manor, on Lillie St.

Chapter Six

A GLIMPSE INTO THE FUTURE

St. Joseph's Care Group Today

Serving about 2% of the population of the province, it is probably, according to Lil Bergamo, one of the largest health care organizations in the province. And it will grow larger in the immediate future.

This year marks the one hundred and twenty-fifth anniversary of the founding of St. Joseph's Hospital and the thirtieth anniversary of St. Joseph's Heritage. Although the Sisters have seen enormous changes over the years, not only to the Hospital itself, but also to society and to their own role in both, it is simply true to say that no period since its beginnings has witnessed such change as has the last quarter of a century. SJCG now stands securely as the primary provider in the fields of complex continuing and rehabilitation care in Northwestern Ontario. Serving about 2% of the population of the province, it is probably, according to Lil Bergamo, one of the largest health care organizations in the province. And it will grow larger in the immediate future.

Although the development programmes for financing the CEISS and the Mental Health Rehabilitation Wing have not been secured at the time of writing, the government is committed to funding 100% of the costs of both these ventures. That will happen sometime within the next five years, almost certainly. The LPH buildings will revert to the Ontario Realty Corporation in 2012. Now that the Sister Margaret Smith Centre is open, the way is clear for the old building on the Hospital site to be torn down and the mental health wing built. SJCG is committed to ensuring that, when this new facility is ready for occupation by the remaining seriously mentally ill clients, all the remaining residents of LPH will have been successfully placed in the community under 24-hour care. Today only seventy-one such clients remain at LPH. All forensic clients previously treated there were transferred to a special unit at TBRHSC in 2005, as directed by the HSRC nine years before. In the world of mental health, change – progress – is slow, as it should be. Society's concerns need to be addressed as well as client care. But the road travelled since the opening of that institutional facility, which looked more like a prison than a hospital, has been a remarkable one indeed. The ultimate goal, now surely on the horizon, is the ready acceptance of people with mental challenges and illnesses as part of the community.¹

When the CEISS is up and running, with its complex mix of long-term and supportive care clients fully in occupation and its many programmes operating onsite, it will surely be recognized as yet another innovative achievement of SJCG. It will amply fulfill, in a new and modern environment, the mission of

the Sisters to respond to the unmet needs of this community and, incidentally, to Sister Leila Greco's original vision. New challenges will undoubtedly present themselves in the next decade (although one might be tempted to say that none could match what has already been met in the last one). What might such challenges be?

First Nations and Aboriginal Health Care



Aboriginal Smudging Ceremony

No one on the Leadership Team of SJCG has any doubt that one of the most urgent of the “unmet needs” of the region of Northwestern Ontario is in the provision of its many services to the various aboriginal communities, First Nations, Metis and urban indigenous populations. This is not simply a consequence of their specific health concerns, such as early-onset diabetes. Nor is it only because of the special needs of communities far to the north, isolated and often lacking the most basic health care or mental health support services. It is, in addition, the result of a growing proportion of First Nations and other aboriginal people living in the city. In the last census Thunder Bay was shown to be the city in Ontario with the largest percentage of aboriginal residents. The proportion is likely to grow over the next decade

towards the 20% mark, and this will bring with it issues relating to cultural and attitudinal differences in the community. It will be felt particularly in a health care system that is culturally-based upon a “Euro-Canadian” model which must nevertheless meet the needs of a clientele with marked native traditions and sensibilities stemming from both a long history of separate development, and the new social reality of recent immigration to Thunder Bay from distant reserves. Hugh Walker, Spiritual Care Manager at SJCG, says that it is imperative that “we position ourselves with indigenous people. It is a priority in our strategic initiatives. We must be hospitable in ways they have never experienced before.” Tracy Buckler calls it “absolutely the growth area” in her category of “unmet needs.”²



Medicine Wheel

Part of the Care Group's response to this need will undoubtedly be the use of modern technology to bridge the distances involved in reaching out to the

A GLIMPSE INTO THE FUTURE

distant communities. “Outreach” in Northwestern Ontario almost invariably means online communication by “webinars,” videoconferencing, tele-consultations and even “tele-psychiatry.” New technologies such as these will be used to respond to the needs of many small communities in Northwestern Ontario.³

Long-Term and Chronic Disease Management

The demand for beds continues to grow even as government funding tends to drag its feet a long way behind.

Most of the populations of Canada are aging (the indigenous groups are the only ones where the average age is relatively low). The implications for any organization in the world of health care in general, complex and long term care in particular, are clear. In Thunder Bay it was becoming obvious very soon after the opening of Bethammi. The candidates for long term care are coming later into the nursing homes and living longer. Because of this they are now developing chronic conditions that do not debilitate them seriously as early as they once did. This results, sooner or later, in “gridlock” in the system, with clients in complex care beds remaining there whilst waiting for spaces in long-term care to appear. In the meantime the acute care hospitals have beds taken up with people who need to be moving through the system to such places as St. Joseph’s Hospital or Bethammi and HRM. According to Bob Chambers, “If it continues without some short-term help they’ll be flying clients to Manitoba.” The demand for beds continues to grow even as government funding tends to drag its feet a long way behind.

In the meantime, long-term care homes built in an earlier time, are falling behind trying to meet increasing standards of care and accommodation laid down from above. That is why, when Dawson Court and Grandview Lodge came up for replacement, such a premium was placed on cost and finding an appropriate care-giving agency. This is in addition to the number of beds required to replace the homes themselves. At SJCG, there is the reality that Bethammi, now thirty years old, is seen to be in need of a retrofit or even a rebuild. Perhaps this will mean the addition of a third floor, or a move into a new space. The provincial government has promised \$100 million for retrofitting and re-building nursing homes that fall into a prescribed category that makes them eligible for such improvements (they are designated “B” or “C”



St. Joseph's Heritage



St. Joseph's Hospital

Whichever way one turns in the complex continuing and long term care fields, the problems of meeting needs with appropriate care and funding is going to continue, and probably become more challenging.

standard homes). In 1996, the most recent provincial inspection found that Bethammi did not at that time fall into a rank that required renovation. Today it has been assessed at the “B” level and qualifies for such funding.⁴

Bethammi is, according to Tracy Buckler, “an ongoing concern.” The funding for all long-term care homes is generally believed to be inadequate; indeed this has always been the claim of the caregivers across the province. This is, for SJCG, one of the negative factors of the move into long-term care. The funding formula allows for only \$6.25 per day per client in such places. As Sharron Owen says, “that’s less than for prisoners.” It becomes, says Buckler, “a constant struggle.” Paulina Chow, Vice-President, Long-Term Care and Services, sees some solutions in the provision of new kinds of care for the elderly, even those with the early signs of dementia. The “Abbeyfield House” concept that she describes places people with early dementia, who are nevertheless able to live independently, in small support homes with up to twelve fellow-residents. Such clients might otherwise have taken up beds in long-term care. A “Kinloch Manor” model for residential hospice care might also take pressure off beds in the hospitals. These would be free-standing, 10-bed residences, more hospitably provided for than the current practice of placing hospice clients in special wards in the hospitals. But it would certainly be more expensive.⁵

Whichever way one turns in the complex and long-term care fields, the problems of meeting needs with appropriate care and funding is going to continue, and probably become more challenging.

A GLIMPSE INTO THE FUTURE

Paying the Bills

Except in the immediate aftermath of restructuring, SJH and SJCG almost always avoided deficit financing. Since around 2004, it has been able to operate with a surplus each year. But this is in part because the funding from the province for the maintenance of LPH has helped to finance holes in the budgets of Bethammi and HRM, in particular. With the final handover of the psychiatric hospital, much of that cushion may be removed. The Sisters, it is always claimed, never allowed financial considerations to interfere with meeting perceived need. On many occasions in the past, they did as Sister Leila did. In other words they met the need and prayed for the money to appear. They would say their prayers were almost always answered. Those were less complicated days.

In other words they met the need and prayed for the money to appear. They would say their prayers were almost always answered. Those were less complicated days.

In the modern era (although the Sisters would probably disagree with this), prayers are not enough. Financing an organization like SJCG, the annual budget of which today exceeds \$125 million, is a huge responsibility. Governments are prepared to go only so far to meet its expressed needs. SJCG has to provide, to some extent, for itself. That is why the Care Group was created in the first place – economies of scale were a very real factor in the merger of the Hospital and the Heritage. Re-organizing SJCG administratively has also allowed for further economies. Dick O'Donnell is not wrong when he says the organization has a “very, very tight senior administrative group” at the top. Barry Potter, Vice President, Finance and Corporate Services, says that the more SJCG grows, the more important becomes centralization of resources, such as food and environmental services.⁶

The “Ladies Auxiliary” of the first hospital has become today the Auxiliary to St. Joseph’s Care Group, but the change of name has not diminished its importance. The Auxiliary pledged \$200,000 to the Capital Campaign for SJH in 1997 and \$200,000 to HRM in 2003. Each pledge was paid over five years. The Thunder Bay community itself has offered never-failing financial support over the years, as illustrated by the campaigns of 1985, 1996-7 and 2004.⁷

SJCG competes for funding with all the other health providers in the region, of course. To a large extent such monies come from funding formulae worked out in negotiation with the provincial government. There is not much discretionary funding around. But there is hope that the LHIN will lead

towards more forms of “collaborative agreement” between agencies in the city and the region. Exchanges of personnel, for example, if deals can be struck with the unions involved. In this way innovative partnerships can be created. Such developments might well be the result of initiatives taken through the LHIN that are now being encouraged. Guaranteed funding of hospital services until 2010 has been one such benefit already achieved through the Northwest LHIN. It allows for confident forward planning. It has certainly led to partnerships between the two main health providers in the region: “We have a better relationship with the Thunder Bay Regional Health Sciences Centre than we ever have in our history”, says Tracy Buckler, “We’ve come a long way.”⁸

All such developments help to control costs as well as improve regional health care. But always, especially in an organization with a history of innovation, “convincing our funders to go along with projects which do not fit the existing models” is the challenge, explains Buckler. But “they’re getting there... they’re nibbling the edges of supportive housing and community outreach... and I’m encouraged by some processes – and we’re helping them to catch up.”

Recruitment and Retention

When he was interviewed for the history of LPH in 2004, Carl White raised the issue of recruitment of professional staff in the health sector: “Most people worry about the doctor shortage,” he said, “but wait till the nursing shortage hits us full board.” Five years later the problem of “recruitment and retention” (SJCG has a service so-named) is now being met, in all its complexity. Doug Demeo expressed the dilemma succinctly: “Less people to work and more people to care for.” Such is the situation for an aging population in a health sector which has always been viewed as the poor relation of acute care hospitals.⁹

Linked to that reality is the question of retaining staff and moving them through the ranks. The new reality in the recruitment of nursing staff is that SJCG can no longer expect such trained personnel automatically to spend the rest of their working careers in the profession, let alone to stay in Thunder Bay. The “baby boom” population is moving into retirement and

A GLIMPSE INTO THE FUTURE

being replaced by a new type of employee. That person is not necessarily wedded to an institution over the long haul of a career. Most are part of dual income families, so that the retention of one half of the married unit cannot be guaranteed if the other half wishes to further a career elsewhere. The changing nature of the local economy suggests that out-migration of professionals may soon be overtaking immigration into Thunder Bay's workforce.¹⁰

Retention of staff is key to the maintenance of loyalty to an institution, as well as to improvements in professional expertise and standards of performance. The record of the past suggests that this has always been a factor in the success and the growth of the Care Group. Today, the number of grievances from union staff that go to arbitration, according to the Leadership Team, is relatively low. Whether that will remain the case as the numbers in the organization increase is unpredictable.

"Nobody Thinks of This as a Large Institution"

Here, indeed, is one of the curious facts about SJCG - that despite its rapid growth into new fields of endeavour, to the extent that it is one of the largest employers in the region, few outsiders are aware of its importance to the

health care system, the population and the economy of Northwestern Ontario. The words quoted in the heading above are Dick O'Donnell's. John Cyr says that this fact is "not known, not bragged about and not intended to be bragged about." This is not a strategy for concealment of a growing empire, however. Rather, it is one important way of maintaining a sense of identity and a sense of commitment to the ideals of the larger organization, through its individual parts. When new staff are hired, says Tracy Buckler, she does not talk about SJCG as a corporate entity as much as she

emphasizes the traditions of the Sisters. So far, staff and clients seem to relate to the division of the Care Group in which they work or are treated - be it the Hospital, the Heritage, the Balmoral Centre or any of the nine sites under its



St. Joseph's Care Group's Leadership Team

umbrella. The general public seems to follow suit, and that is a good thing. Great size can sometimes negatively influence public perceptions.

Nonetheless, there is a problem associated with rapid growth, and Allison Hill expresses it as follows:

“It is such a complex organization now, so sometimes I think it is harder to keep that feeling of, you know, one identity.”

Lil Bergamo became Chair of SJCG just as the possibility of taking over the long-term care homes from the city was on the horizon. By this time the new Sister Margaret Smith Centre was coming on line and prospects for the Mental Health Rehabilitation Wing at Algoma St. looked promising. “That’s when it began to percolate in my mind that the whole question of expansion and managing expansion would become critical.”

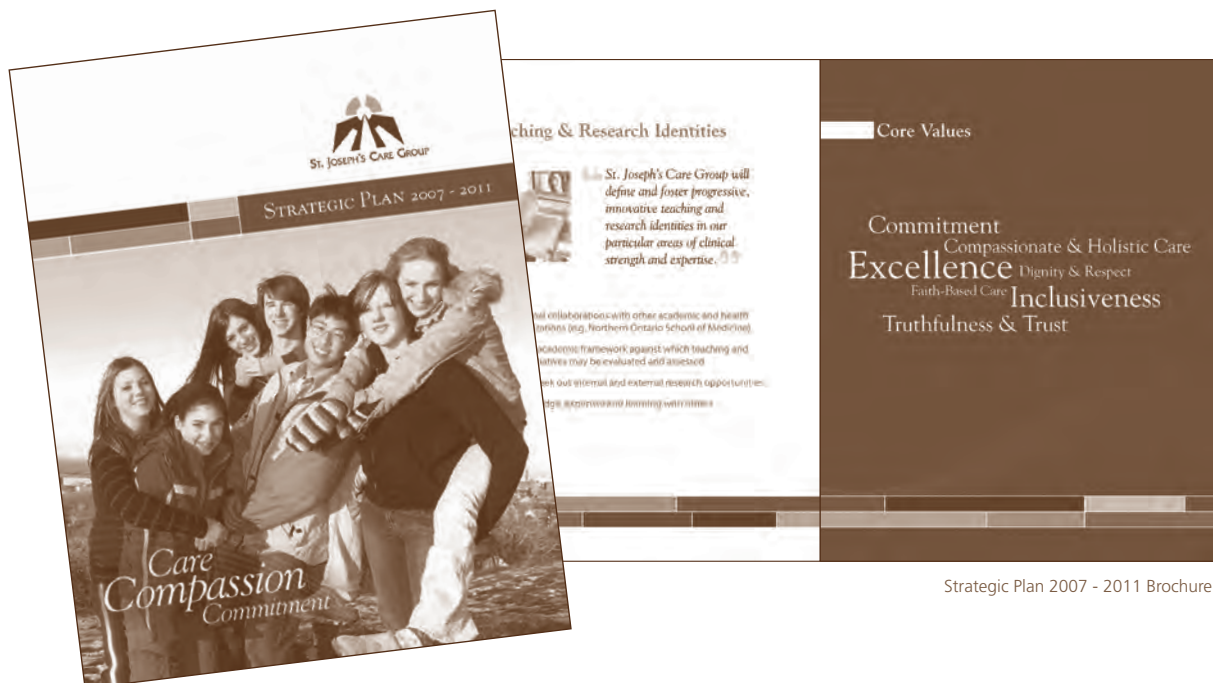
There had been “growing pains,” she admits, especially over merging the boards of SJCG and Westmount.

Bergamo feels that, by the time she became Chair, the Board of SJCG had already begun to grapple with this issue. There had been “growing pains,” she admits, especially over merging the boards of SJCG and Westmount. It was not simply a question of numbers but, as so often is the case in such circumstances, how to merge the cultures of different institutions. Bergamo felt that the time had come for a re-statement of the core values of the organization, which came to be articulated in a Strategic Plan for the years 2007-11.

A GLIMPSE INTO THE FUTURE

The Strategic Plan

That plan emphasizes the principles upon which SJCG would, over the next five years of significant growth and challenge, base its strategies in the fields of health care, cooperation with other agencies, and its relationship with the different populations under its umbrella of care. The plan calls for “Collaboration” with such organizations as the Northwest LHIN and other providers. It wishes to show to “Our People” that it will be recognized as an “employer of choice.” It promises a continuation of “Client-Centred Care” that has always been part of the Catholic mission of the Sisters, and it promises “Communication and Advocacy” with and for the people of the region. Finally, it binds SJCG to foster both “Teaching and Research” in the region.¹⁰



Strategic Plan 2007 - 2011 Brochure

The Spirit of the Sisters

The large question that remains, however, is how far such ideals continue to reflect the mission of the Sisters of St. Joseph themselves. How much of the principles of Catholic health care can be retained in such a large organization and within a secular health care system? To put it bluntly, can the “Spirit of the Sisters” survive in the modern world? Those at the head of the organization are confident that it can. As Dick O’Donnell puts it, “We have something fairly unique here.” Tracy Buckler says that the “sense of mission” of the Care Group continues to be “clearly Catholic,” but admits that “in a more and more secular world, people can be uncomfortable with that.” Nevertheless, she insists that “there’s a sense of values and pride and caring” that continues to underpin the work of SJCG. “We have a mission that is deep-rooted, honest and true.”

Lil Bergamo echoes those words:

It's the unmet needs... it's really nice being part of a culture where we are constantly challenged to set aside our own sense of self, for a greater good. It's that ministry, that mission, and I think people get it, they really get it. We don't sound like Sisters [any more], we don't have to sound like Sisters. They have given us certain words that have become the core of our behaviour.

Such words as can be found in the Core Values of SJCG:
“Commitment. Compassionate and Holistic Care.”

Chapter Seven

BACK TO THE SISTERS

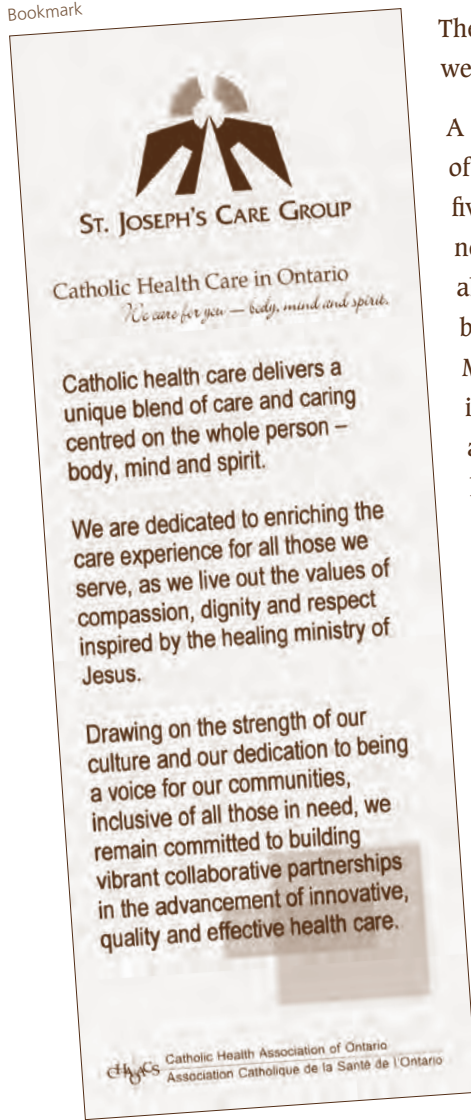
“Quite a Risk-taking Organization”

“They’re [the Sisters] fighters. There was no way mere money was going to stop them. If it was just about money, we wouldn’t have done half of the things we’ve done.”

The story began with the Sisters, and so it should conclude with them. At one time there were over one hundred Sisters of St. Joseph living in the twin cities. Today there are no more than eight. But the “Spirit of the Sisters” continues to percolate through the many organs of SJCG. Sister Bonnie MacLellan, now General Superior of the Sisters of St. Joseph, feels sure of this, despite the growing size of SJCG.

When we move into a larger model, then we have to set in place an infrastructure that will continue to ignite that [original] mission, that story, that historical link that connects Mother Monica’s desire to serve to our own continued desire to be there for the community of Thunder Bay.

Bookmark



The sense of mission survives, asserts Dr. Geoff Davis, “because we don’t forget the history.”

A readiness to “fill the gaps in service” characterizes the history of the Sisters in this region, from almost the moment those first five intrepid nuns arrived in 1881. Faced with the community’s need for hospital care, Mother De Pazzi and Sister Monica set about building that first hospital in Port Arthur and, when she became the leader of the small community of nuns, Mother Monica inspired the development of the project into the impressive structure that stood on Algoma St. by 1928. It was a great achievement, in a time when government funding was less generous than today. But, as Grant Walsh says of the Sisters he worked alongside for eighteen years on the boards of the Heritage and SJCG: “They’re fighters. There was no way mere money was going to stop them. If it was just about money, we wouldn’t have done half of the things we’ve done.”

Such a description applies equally to those first pioneers in health care. As Dino DiGiuseppe, a past Chair of the Board of SJCG, says, “The Sisters always delivered.” Indeed they have. Looking back over one hundred and twenty-five years the record of achievement is continuous and important. The founding of St. Joseph’s Hospital itself; the Sister Margaret

Smith Centre; St. Joseph's Heritage; the Balmoral Centre; the creation of SJCG and the transformation of St. Joseph's Hospital from acute care into a complex care and rehabilitation hospital; the move into the field of mental health rehabilitation; HRM and the development of the CEISS. These are landmarks in the health care history of Northwestern Ontario. As Grant Walsh puts it, "The Sisters of St. Joseph are quite a risk-taking organization."¹

The Leadership of Women

From the pioneers, Mother De Pazzi and Mother Monica, to the modern-day leadership of Sister Margaret, Sister Leila, Sister Miriam, Sister Shirley, Sister Bonnie, and Tracy Buckler, their continuing presence has been palpable and exemplary.

Apart from the sense of mission that inspires a faith-based organization, and which continues to influence the secular leadership of today, the special influence of powerful women on this organization is worthy of particular comment. From the pioneers, Mother De Pazzi and Mother Monica, to the modern-day leadership of Sister Margaret, Sister Leila, Sister Miriam, Sister Shirley, Sister Bonnie, and Tracy Buckler, their continuing presence has been palpable and exemplary. MPP Jim Foulds commented upon this when interviewed: "It was remarkable that, in the 1960s, the Executive Director of a major hospital would be a woman. You have these... nuns in very powerful roles, bossing men around, including doctors." Dr. Geoff Davis remembers a confrontation with Sister Leila Greco, early in his career at SJH: "I [had] berated a nurse for the level of care she was giving. Sister Leila phoned me up the next day – went up one side of me and down the other. I hung up the phone and said to myself, 'I like [working with] this organization!'"

The story of Sister Margaret's "confrontation with Premier Frost" is part of the legend of SJH. The story may have been embellished, but by creating that first Special Medical Unit, she revolutionized the medical and public attitudes to alcoholism and drug dependency. She transformed the picture, as she herself recalls it, of "alcoholics queuing up in the Emergency Ward" and being offered "no treatment, no concern." In turning SJH further towards the rehabilitation of its clients in this way, she would prove to be a major influence on the new direction that the Hospital took in the 1990s.

Sister Leila's contribution to that legend has been equally profound. Probably only a woman of her character and determination could have conceived and delivered, against so many odds, the Heritage complex. Hers may well have

BACK TO THE SISTERS

There can be no doubt that Sister Bonnie (together with Carl White) was the guiding light who led SJH into the fields of nursing care that now identify it.

been a formidable personality, but that was what was needed to get her personal vision off the ground. In the early years of the campaign to fund the project, she remembers appearing before the city council. Some councilors were objecting to her determination to subsidize only half of the supportive housing units, leaving the remainder for those who could afford to pay the full rate.

I said no, the rich need care too. Some were opposed to that. So I stomped out of the meeting. I said look – how many years have the Sisters served here? Have we ever come to you for finances? I said if you can't trust us now, forget it and I stomped out. So they passed my request.

Some have criticized her for that kind of brinkmanship (and the township of Port Arthur had financially supported the Hospital in its first years!), but her passion had its effect, helping to bring into being a more inclusive way to treat the elderly at the end of their lives. “It said to everyone”, recalls Sister Shirley Caicco, “that seniors were not to be put on the back burner.”

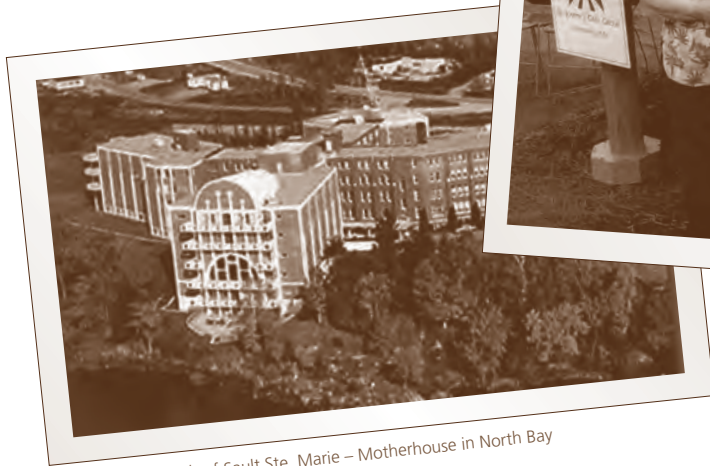
Sister Shirley and, particularly Sister Bonnie MacLellan, add to this roster of influential women. There can be no doubt that Sister Bonnie (together with

Carl White) was the guiding light who led SJH into the fields of nursing care that now identify it. Looking at the work done at SJCG today, she observes “Rather than touching computers, I’m touching people. In long term care our commitment is to be with you for your life’s journey.”

Tracy Buckler, the leader at SJCG can look with confidence to the example of such women as she faces the challenges of the future.



Her Excellency the Right Honourable Michaëlle Jean, Governor General of Canada, invested Sister Margaret Smith, C.M., as a member of the Order of Canada during the 102nd investiture ceremony at Rideau Hall, on Friday, April 11, 2008



Sisters of St. Joseph of Sault Ste. Marie – Motherhouse in North Bay



Sisters of St. Joseph of Sault Ste. Marie from Thunder Bay and North Bay gathered at the monument dedicated to Mother Monica, Foundress of St. Joseph's Hospital.

The Sisters of St. Joseph of Sault Ste. Marie



Crest of the Sisters of St. Joseph of Sault Ste Marie and logo for St. Joseph's Foundation of Thunder Bay

Support for all of these remarkable achievements (and sometimes the inspiration of them in the first place) has always come from the Motherhouse. The Sisters have found ways over the years to influence provincial governments to support their various projects – most particularly the development of St. Joseph's Heritage. They know their way through the corridors of power. Part of their vision, says Tracy Buckler, is to ensure the future of Catholic health care in the province, despite the secularization of the system and the loss of numbers in their community. The shrewdness of the choices that have been made, both at the local level and provincially, attests to their worldly wisdom. "We run on the coat-tails of the Sisters," observes Sharron Owen. "The Sisters' presence is always there," says Carol Morgan.

Only one hundred and twenty-eight Sisters of St. Joseph remain in the Diocese of Sault Ste. Marie. The connection to Thunder Bay remains, however, because of the history and through a continuing presence on the board of SJCG. The architectural imprint of the Sisters on this city is unmistakable, from the Hospital to the Heritage, to the growing "village" on Lillie St. As Sister Alice Greer, now Chaplain at Lakehead University, says: "It's kind of nice to stand anywhere in Thunder Bay and see the influence of St. Joseph's."²

The spiritual influence is less palpable today, but it remains significant

BACK TO THE SISTERS

The presence of the Sisters can never be as evident as it was in the first three-quarters of the last century. In those days they played a variety of roles in the community.

A Catholic Institution in a Secular World

The fact remains that, although SJCG describes itself as a “Catholic organization,” it is no longer “faith-based” in the sense that its predecessors were. The Sisters have retreated into the background. Sister Margaret Smith was able to say of St. Joseph’s Hospital in the 1950s that “the Sisters ran the show.” Indeed they did, and one only has to read the record of its history to see how all-embracing was that sense of Catholic mission that pervaded everywhere the Sisters trod.

This is so evident in the booklet that was published by St. Joseph’s Hospital in 1925, to honour Mother Monica’s Golden Jubilee, which speaks of her service to her creed as much as to her patients, and ends in this way: “May [this tribute] ascend to Heaven as a prayer that each succeeding year may bring her the reward which she so well deserves for a life spent for the good of humanity and the glory of God.” And on the fiftieth anniversary of the Hospital itself the publication that celebrated that event included the words:

Who live for God never die. Who die for God ever live. Erected for the honour and glory of God, St. Joseph’s General Hospital, fully equipped and modern in every respect, is given to the public. It is our ardent wish that it continue to be a home to all who seek health beneath its roof, regardless of race, creed or financial means. May our dear Patron ever protect St. Joseph’s General Hospital!³

The presence of the Sisters can never be as evident as it was in the first three-quarters of the last century. In those days they played a variety of roles in the community. They worked at the Indian Mission on the Kaministiquia River until it was moved to make way for the building of the Grand Trunk Railway, in the early years of the century. They taught in the Separate School systems of both Port Arthur and Fort William, and ran their own St. Joseph Boarding School until 1970. From 1939 until 1965 they were in charge of a small nursing home at St. Joseph’s Manor. They worked with prisoners at the Port Arthur Jail, and later with the Kairos Community Resource Centre. They resided in convents in Westfort, on Miles St. and at Avila Centre. They were a visible part of the community, in their black habits and starched white wimples.⁴

Just as their physical presence has faded from the community, so has their direct influence over the organization that they founded and controlled for

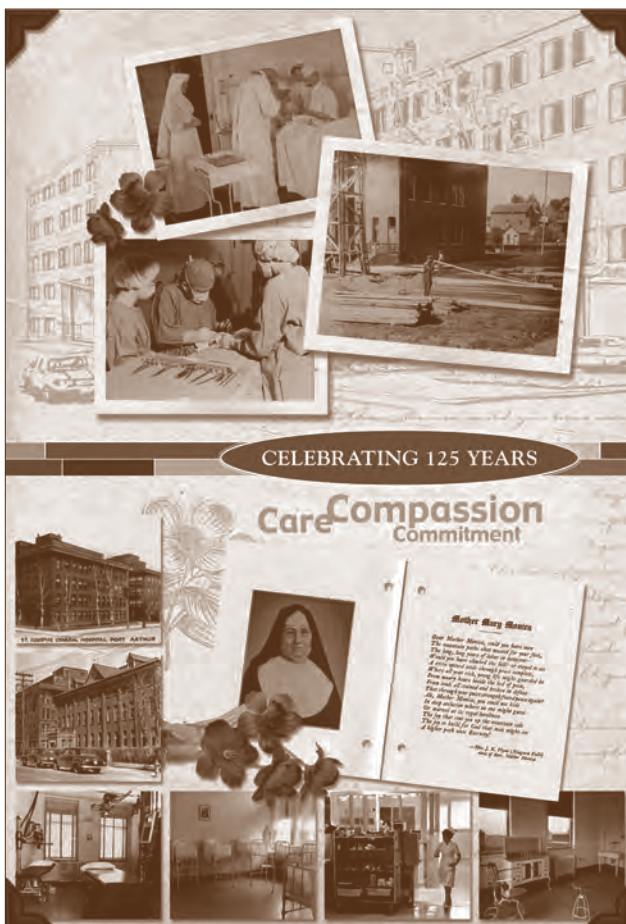
so many years. SJCG is best described, today, as a Catholic institution in a secular world. From North Bay, the Motherhouse of the Sisters of St. Joseph appoints representatives to the board of the Care Group. But there, too, the days when that institution's financial clout could be decisive, as it was in the building and rescue of St. Joseph's Heritage, are probably gone as well, even as it continues to be a significant resource.

The Sisters of St. Joseph of Sault Ste. Marie now work in partnership with their fellow congregations in Toronto, and with the Grey Sisters in Pembroke, the Sisters of Charity of Ottawa, and the Sisters of Providence in Kingston. Together with the Catholic Health Association of Ontario (CHAO), they have formed the CHCO. Established in 1998, it is described as “a corporation...

to transfer sponsorship of health care institutions in Ontario when congregations are ready to move on to other missions.”⁵

SJCG is a member of both the CHCO and CHAO. The CHAO is a provincial association of the Catholic hospitals, nursing homes, homes for the aged and community nursing services. It represents 29 organizations on 35 sites. Through such agencies, Catholic health care remains a solid presence in Ontario, but the role and mission of the Sisters of St. Joseph of Sault Ste. Marie are changing, just as society itself has changed so dramatically in the years since 1881.

But what a legacy the Sisters have left to the community of Thunder Bay and the region of Northwestern Ontario!



Community Report 2008/2009
Celebrating 125 Years

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Preface

Page 6: Photo of Peter Raffo, Writer. 2002. Used with his permission

Chapter One: The First Hundred Years

Page 9: Photo of Frances Smith Steamboat. SJCG Historical Archives.
Page 10: Photo of hospital and convent view from Algoma St., 1890. SJCG Historical Archives.
Page 11: Photo of Operating Room, 1906. SJCG Historical Archives.
Page 11: Photo of a Sister demonstrating equipment to Nursing staff. SJCG Historical Archives.
Page 11: Photo of the first hospital built in 1884. SJCG Historical Archives.
Page 12: Photo of Mother Monica. SJCG Historical Archives.
Page 13: Photo of first graduating class from St. Joseph's Hospital School of Nursing with School Director, Miss Elizabeth Regan - centre, 1907. SJCG Historical Archives.
Page 14: Letter of Appreciation to Mother Monica on the occasion of her Golden Jubilee received from the City of Port Arthur. SJCG Historical Archives.
Page 14: Photo of St. Joseph's Hospital after 1st Renovation, 1905. SJCG Historical Archives.
Page 15: Photo of Statue and Plaque Dedication Ceremony on the event of the hospital's 50th Anniversary. SJCG Historical Archives.
Page 16: Photo of Paediatrics playroom, 1955. SJCG Historical Archives.
Page 17: Photo of the demolition of (1884, 1900 and 1905) wings, 1958. SJCG Historical Archives.
Page 17: Photo of St. Joseph's Hospital, 1967. SJCG Historical Archives.
Page 17: Photo of Bishop E.Q. Jennings, 1960. SJCG Historical Archives.
Page 18: Photo of Sister Patricia (Margaret Smith), SJCG Historical Archives.
Page 18: Photo of Queen Elizabeth's visit, 1959. SJCG Historical Archives.
Page 20: Photo of Official Opening Ceremony of 1967 addition, 1967. SJCG Historical Archives.
Page 21: Art Card of St. Joseph's Hospital School of Nursing, 2009. Written and Design by Erin Paul, photo of building by Duncan Koza, photo of crest by Alan Dickson.

Chapter Two: "Frightening and Exciting Times"

Page 22: News Release distributed by St. Joseph's General Hospital on the occasion of the 100th Anniversary, 1984. SJCG Historical Archives
Page 23: Book cover of "The Spirit, the Lamp, and the Key" written by George Campbell, released for St. Joseph's Hospital 100th Anniversary.
Page 23: Chronicle Journal Advertisement of "First Annual Bed Race", 1984
Page 23: Photo of Sisters participating in First Annual Bed Race, 1984. SJCG Historical Archives.
Page 25: Photo of Keith Jobbitt, SJCG Historical Archives.
Page 26: Photo of St. Joseph's Hospital Board of Directors, 1988-90. SJCG Historical Archives.
Page 26: Chronicle Journal Article, January 7, 1984.
Page 27: Photo of Sister Miriam Downey. SJCG Historical Archives.
Page 30: Photo of Carl White, 1990. SJCG Historical Archives. Photo by Alan Dickson.
Page 32: Photo of Sister Bonnie MacLellan. SJCG Historical Archives.
Page 35: Chronicle Journal Article, June 15, 1989.

Chapter Three: "A Place for all Seasons"

Page 36: Chronicle Journal Article, May 3, 1976.
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 Page 49: Photo of St. Joseph’s Heritage, 1979. SJCG Historical Archives.
 Page 49: Photo of Aerial view of St. Joseph’s Heritage. SJCG Historical Archives.

Chapter Four: “With a Stroke of a Pen”

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Chapter Five: St. Joseph’s Care Group, 1997-2009

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 Page 63 Photo of Employees sponsored by SJCG who graduated from the Leadership Thunder Bay program, March 26, 2009. SJCG Photo Archives. Photo by Erin Paul.
 Page 63 Photo of entrance to St. Joseph’s Hospital parking lot, July 4, 2005. Photo by Duncan Koza. SJCG Photo Archives.
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 Page 68 Photo of Tracy Buckler, September 2006. Photo by Peter Puna, Lakehead University Photography Department.

Chapter Six: A Glimpse Into the Future

- Page 73 Photo of Smudging Ceremony, February 2009. By Alan Dickson, SJCG Photo Archives.
 Page 73 Image of Medicine Wheel. Korkola Design.
 Page 75 Photo of St. Joseph’s Heritage, July 2003. By Marian Begall, SJCG Photo Archives.
 Page 75 Photo of St. Joseph’s Hospital, July 2009. By Erin Paul, SJCG Photo Archives.
 Page 78 Photo of SJCG’s Leadership Team, June 23, 2009. SJCG Photo Archives. Photo by Duncan Koza.
 Page 80 SJCG Strategic Plan brochure, 2007. Korkola Design.

Chapter Seven: Back to the Sisters

- Page 82 Bookmark from launch of Catholic Health Association of Ontario brand articulation project January 2009. SJCG art files.
 Page 84 Her Excellency the Right Honourable Michaëlle Jean, Governor General of Canada, invested Sister Margaret Smith, C.M., as a member of the Order of Canada during the 102nd investiture ceremony at Rideau Hall, on Friday, April 11, 2008. Photo by Sgt. Serge Gouin, Rideau Hall.
 Page 85 Aerial photo of the Motherhouse in North Bay. Reproduced with permission from the Sisters of St. Joseph of Sault Ste Marie.
 Page 85 Photo of local and regional Sisters at the Monument Dedication for Mother Monica, St. Andrew’s Catholic Cemetery, June 27, 2007. By Duncan Koza. SJCG Photo Archives.
 Page 85 Crest image of the Sisters of St. Joseph of Sault Ste Marie and logo for St. Joseph’s Foundation of Thunder Bay.
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St. Joseph's General Hospital maintained an archive of a sort from its early years to the late 1980s. For many years there was an official archivist with the Hospital, but this role seems to have melded into that of a public relations person by the 1970s. Frankly, the original documentation that exists is pretty sketchy and has not been professionally organized or indexed. There is quite a lot of material on the early years, much of it anecdotal. It seems that, whenever an anniversary came along, someone set to work to gather enough of a record on which to base an account in a short pamphlet or booklet. Because the material has not been properly organized, it is difficult to give easily-identified references. For the purposes of this book, I was given access to five large, but unorganized, boxes of material from the first one hundred years of the Hospital, a file on the early history of the Heritage, and complete access to the various annual reports of Hospital, Heritage and Care Group. The Sisters of St. Joseph of Sault Ste-Marie allowed me very limited access to their own archive in North Bay, which amounted to a series of newspaper clippings. The Thunder Bay Public Library's newspaper index and collection of local newspapers on microfilm was its usual excellent source for factual material and historical context. Finally, the photograph collection at the Thunder Bay Museum was mined, briefly, but much of what it is concentrated on the early years and is duplicated in the Hospital archive. The recent history of the Hospital, Heritage and Care Group is not all that well-represented there.

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a) Archives

St. Joseph's General Hospital. I was able to work through five boxes of material, which covered the period from 1881 to 1991. If this material was arranged into a proper archive, the contents of these boxes would certainly be completely re-arranged. I have therefore decided to identify the files and other contents in some detail below.

Box 1: a) Scrapbooks of news clippings concerning the opening of the new Hospital wing in June 1967, and of news clippings, 1982-84: b) A box of photographic negatives and a variety of photographs from the early days between 1881 and 1984: c) A 75th anniversary scrapbook.

Box 2: a) File - 'Pictures of Hospital circa 1890-1958': b) File - 'Graduation Class Photos. Duplicates': c) Some early photographs: d) File - 'News Releases. 1990.' e) File - 'Opening: Balmoral Centre. 1989.': f) File - 'Birthday Party. 1984.': g) File - 'Centenary Birthday Party.' h) File - 'Clippings. 1987-91.'

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St. Joseph's Heritage

St. Joseph's Heritage Box: File - 'History'.

Sisters of St. Joseph of Sault Ste-Marie

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St. Joseph's Care Group, Community Reports.

Two important health care milestones for Thunder Bay occurred in 2009 – the 125th anniversary of St. Joseph's General Hospital and the 30th anniversary of St. Joseph's Heritage.

Both institutions owe their origins and strengths to their founders, the Sisters of St. Joseph of Sault Ste. Marie. The Sisters are a Catholic order dedicated to service in the community in the fields of health care, education and social work in general.

St. Joseph's General Hospital, founded in 1884, was the first of its kind in Northwestern Ontario and has undergone many transformations throughout its long history. St. Joseph's Heritage opened in 1979, and is an integrated care system that includes a long-term care home, an adult day program, supportive housing units and a community centre.

St. Joseph's Care Group was created in 1997 when these two institutions merged to become one. The history of St. Joseph's Care Group and most notably, the role transformation of St. Joseph's General Hospital, is told here by Peter Raffo. This story develops in the context of the significant changes that were taking place in the provision of health care in the province of Ontario.

Peter Raffo received his Ph. D in History from Liverpool University, England, and currently teaches at Lakehead University in Thunder Bay, Ontario. His publications include *Lakehead Psychiatric Hospital; From Institution to Community* (2005). He has written articles on local history, and for international journals. He has also written for radio, theatre and film.



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