Care Regardless of The Ability to Pay:
A Reconnaissance of Saskatchewan's
State Hospital and Medical League

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ABSTRACT

The State Hospital and Medical League was a broadly based organization founded in 1936 and dedicated to achieving State Medicine, a fully funded holistic preventative and curative system, for Saskatchewan. Its study allows us to fill in gaps in what has been a primarily policy level historiography of Canadian medicare. Using Ian McKay's reconnaissance model, we also look at it as a locus for challenges to the entrenched, liberal and individualistic political social and professional hegemony.

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Canada's system of state-funded medical care is so accepted as a significant feature of our national self-image that it is easy to forget that its creation was the result of a struggle. While Tommy Douglas and the social democratic Co-Operative Commonwealth Federation (CCF) government of Saskatchewan he headed are today enmeshed within a national mythology, which lauds the 'father of Medicare', in its early days, the struggle to democratize access to health care was deeply contested territory. This raised fundamental questions about the role of the state in society, the battle between individualism and collectivism and the ability to struggle against entrenched political, social and cultural orders. And the players were not just the elected politicians of Saskatchewan; a fight of this scale, with stakes so high for so many, necessarily drew the interest and efforts of a broad swath of those interested in challenging the way things were, in addressing what they saw as the inequities and injustices inherent in a system in which health care was seen as a privilege rather than a right.

The State Hospital and Medical League (SHML) was a broadly based, non-partisan lobbying group dedicated to the introduction of socialized medical care in Saskatchewan as part of a more broadly conceived world view, one which challenged the entrenched social and political order. It was founded in 1936, eight years prior to the election of the Douglas government that introduced the series of reforms that form the basis of Canada's current, single-payer, government-funded healthcare system. Though active for only a short time, the SHML was a powerful voice in shaping the unfolding debate on the constitution of Saskatchewan's health care provision, the inadequacies and inequities of which had been made increasingly obvious by the hardships of the Great Depression. The SHML stood as a vigorous advocate for a holistic system of fully

government-funded preventative, diagnostic, and curative care, with a strong emphasis on public health campaigns. It rejected as partial or inadequate more limited, publicly funded insurance schemes, including those championed by the medical profession. Instead the SHML advocated for government and civilian board authority over the medical system and its funding bodies, which entailed not only lay and governmental oversight but also the necessary switch to a salaried medical system rather than the existing fee-for-service model that was strongly favoured by the medical profession, and which eventually prevailed. While the totality of their ambitious plans was never fully realized, the SHML nevertheless was an important voice in the articulation of a vision that challenged the existing order in fundamental ways, ways that extended beyond the confines of health care. Advocacy with and for the SHML allowed individuals to rally around not only a critique of the shortcomings of the existing system, but also around a clearly articulated, rigorously planned and vigorously promoted vision in which health care reform could help to usher in a more egalitarian, rational and just society.

This study will utilize analytical tools developed by Ian McKay, who poses the history of Canadian leftism as a series of challenges to Canada's dominant, normative liberal order. Key to understanding this model is McKay's definition of Canada as an essentially liberal project; based on Enlightenment tenets of man's rights and "a belief in the epistemological and ontological primacy of the category 'individual'," that term denoting not an individual being but rather, "an abstract principle of the entity each one of them might… aspire to become." [1] Thus a liberal order could exclude, historically, women or non-property holders from "individualhood", and serve instead to buttress and

[1] Ian McKay, "The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History," *Canadian Historical Review* 81:4 (2000), 623-24.

normalize the political primacy of capitalism and its ruling classes. In function, the liberal order is the hegemonic representation of the dominant political and cultural norms, both an extension of and foundation for the extant ruling order. This definition is somewhat controversial, as some see it is reductive or dismissive of more communitarian strains of liberalism[2], or claim that it ignores competing political and social strains in Canadian history[3], but for our context, the most important element of this discussion is the unquestioned acceptance of individualism and property rights in the formal Canadian state and the political, cultural and social institutions this acceptance promulgated. In the context of the SHML's struggle, the liberal order represented the opposition of both the medical establishment itself and the larger-scope social, cultural and political resistance to the socialization of what had been primarily a concern of private individual interests and responsibilities, based in the market. In their promotion of State Medicine the SHML, and the activists who comprised it, challenged contemporary notions of the role of the state in the lives of its citizens and the nature of true democracy and equality in the framework of the Canadian state.

McKay has developed a framework for analyzing resistance to the liberal order, which he has dubbed reconnaissance,[4] an analysis which at its core seeks to create a

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[2] See, for example, Jeffrey L. McNairn, "Intellectual History, Liberalism and the Liberal Order Framework," in *Liberalism and Hegemony: Debating the Canadian Liberal Revolution,* ed. Jean-Francois Constant and Michael Ducharme, (Toronto: University of Toronto Press, 2009), 64-97.

[3] Bruce Curtis, "After 'Canada': Liberalisms, Social Theory, and Historical Analysis," in *Liberalism and Hegemony: Debating the Canadian Liberal Revolution,* ed. Jean-Francois Constant and Michael Ducharme, (Toronto: University of Toronto Press, 2009), 176-200.

[4] This framework is most explicitly articulated in McKay's historiographical, *Rebels, Reds, Radicals: Rethinking Canada's Left History* (Toronto: Between the Lines, 2005), which itself draws on two earlier articles, "the Liberal Order Framework: A Prospectus for a Recconnaisance of Canadian History," which looks at the definition of Canada as a

history of Canadian politics, particularly of the self-identified left, which eschews both sectarianism and historicism. This approach unifies Canadian leftisms in their resistance to elements of a hegemonic, liberal order. In this analysis, while resistance was articulated in a language and mode of action specific to their own milieu and orientation, leftisms nonetheless embodied commonalities of struggle that overwhelmingly marked their adherents as participants in a struggle to "live otherwise," to conceive of a different society that saw the limits to democracy and freedom built into the institutions and culture of the Canadian state not as endemic and essential, but rather as focal points for challenge and change.

While McKay's underplaying of differences among leftists could be seen as glossing over often substantive differences of both opinion and method, in a study of a broadly composed, single-issue organization like the SHML, such an approach is useful in that we can see a number of people from different backgrounds and political cultures joining in a common struggle rather than allowing a broader perspective than a focus on sectarian struggles and the placement of individuals and groups within them. McKay himself offers a deeply catholic definition of leftism; as he puts it, "the left" has always been a relational and contextual term for those pushing for radical democracy,"[5] including environment, the world peace, and "social justice" movements. Rather than trying to determine who was or was not a leftist or socialist, essentializing these terms, McKay opts for what he calls a horizontal approach, seeing each formation as adopting a language and conceptual system reflective of their time and orientation while trying to

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mutable but essentially Liberal project, and "For A New Kind of History: A Recconnaissance of 100 Years of Canadian Socialism," *Labour / Le Travail* 46e (2000) 69-125.

[5] McKay, *Rebels, Reds, Radicals*, 25.

define a way of "living otherwise". While this approach may minimize fundamental differences of approach and ideology for contemporary rivals, it allows for a more nuanced look at non-overtly partisan formations like the SHML, which in essence built a "big tent" of resistance around a single, galvanizing issue. Rather than looking at it in relation to other parties and organizations, and rather than trying to define it politically within a discrete category, we should look at the SHML as an actor of its own that emerged and challenged entrenched interests fundamentally tied to a certain view of Canadian democracy, by presenting an alternative vision of health and health care provision.

This study will utilize a variety of sources. In addition to the body of study on the emergence of Canada's taxpayer-funded health care system which will be outlined in the section of historiography, secondary sources will help to illuminate discussion of background, both in Saskatchewan society and nationally, as well as framing the important questions of gender and agency. A number of primary sources underpin the analysis within this study. A collection, available to through the Saskatchewan Archives Board, includes a selection of publications produced by the SHML, publicity materials, convention minutes, internal documents and a number of copies of the *Health Services Review*, the SHML's periodical.[6] These are analyzed to help understand and interpret the league's activities. A series of letters held in the University of Saskatchewan Archives' Sophia Dixon collection[7] shed light particularly on the role of gender in SHML activism, as well as the league's relationship with its constituents within the province's

[6] State Hospital and Medical League Fonds, Saskatchewan Archives Board, Regina.
[7] "State Hospital And Medical League," Sophie Dixon Fonds, University of Saskatchewan Archives, Saskatoon, Sk.

Homemakers' Clubs, also the subject of material available in the Dixon collection.[8] Contemporary journal and newspaper articles, while not heavily relied on, fill in additional information. Finally, a series of taped interviews provides an oral history component. Listed as *Pioneers of the State Hospital and Medical League*[9] and recorded by Gloria Shade in 1979, these tapes record reminiscences from surviving activists about the SHML and their work with and for it.

This study will approach this reconnaissance in a series of chapters. The first provides an overview of the state of scholarship on the emergence of Canada's health care system, a narrative of which the SHML is one, underexplored, part. From there we will engage more fully in McKay's reconnaissance methodology and expand on the themes of liberal order and resistance. This chapter will then move to an examination of the SHML's primary activities and publications, emphasizing both their objectives and how they were articulated and promoted. A chapter will deal with the role of gender in the SHML, with health care representing a 'women's issue' in a political world that was, even on the left, dominated by men. A final chapter will look at a number of the individuals drawn to activism by and for the SHML. It will examine how this activism fit within their personal political outlooks and how these were shaped by their life experiences. Finally, an examination of the SHML's legacy will explore the impact these activists had and how they fit within the historic project of resistance to the hegemonic order of Canadian politics and society.

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[8] "Homemakers," Sophie Dixon Fonds, University of Saskatchewan Archives, Saskatoon, Sk.

[9] State Hospital and Medical League Fonds, Saskatchewan Archives Board, Regina Sk.

Chapter One – Scholarly Approaches to the Development of Canadian Medicare

A history of the State Hospital and Medical League (SHML), while a narrative of its own, must be placed within the existing literature on the birth of Canada's national health care system. Historians and policy analysts have attempted over the years to address both why and how this system developed, and why it took the form that it did. Developments in Saskatchewan, themselves often influenced by the SHML, form a significant and yet largely underexplored part of Canada's political and social history. We must establish a context, and examine how scholars have interpreted the creation of what today is often portrayed as one of Canada's crowning national achievements and indeed an essential part of our national self-identity; our single payer, universal health care system.

This chapter will concentrate on the scholarly approaches taken to how policy changes in Canadian history have affected the development of Canada's "medicare" system. What is omitted from existing scholarship is often as telling as what is included, and a critical eye will be cast towards how omissions and gaps in our understanding have shaped contemporary explanations of the way that these policies developed. In turn, attention must be given to how these scholars have seen health care reforms as reflective of the society and institutions that created them.

This study will also assess how political and social forces, internal and external, ongoing and time-specific, have shaped Saskatchewan's role in the development of Canadian health policy. A lingering question in the study of Canadian health care policy has been why Saskatchewan, despite its rural/agrarian basis, post-depression poverty,

lack of infrastructure and, by the 1940s, stagnant population growth, was the proving ground for Canada's most radical moves towards a state-funded medical system.

The articles and monographs that dominate the literature have concentrated on the primary political operators involved. Scholars have looked at relations between federal and provincial governments and medical bodies like the voluntary national and provincial medical associations and the regulatory Canadian and provincial Colleges of Physicians and Surgeons, as well as developments, discussions, or disagreements within and among these bodies and governments themselves. While this is useful in determining issues such as medical fare schedules, methods of administration and the debate over various forms of private, public or hybrid schemes of delivering medical care to those who could not afford it, by their nature they lack a focus on the broader social forces with which there is no question they were in constant dialogue.

In addition, as Gregory Marchildon has pointed out, "the history of a public policy, even one as important as Medicare, has rarely, if ever been the main focus of the history of medicine in Canada"[10] despite a significant modernization of medical historiography from the era of "great man" studies highlighting pioneering doctors and innovations, to today's more nuanced histories that incorporate social history and a more sophisticated understanding of the relationship between medicine and society. Marchildon sees this scholarly gap as being a result of the overlap of health policy history into the realms of political and policy study, which indeed is evident in many of the major works on the subject. Therefore, he argues, many social historians and historians

[10] Gregory P. Marchildon, "The Policy History of Canadian Medicare," *Canadian Bulletin of Medical History* 26:2 (2009), 248.

of medicine have abandoned health policy history to the purview of the political and social scientist.

And, as we shall see, many of the authors of these studies had been themselves involved, in various capacities, in the making of policy decisions, something that can add specific insight but can also detract from giving a broader sense of reasoned perspective. Given that scholars have represented various factions in what was a contested and politically charged atmosphere, the roles they played in the history of Medicare's development no doubt influenced their interpretations of these events.[11]

More detailed work has been done by more qualified historians, over the last few years, as reflected in a number of recent journal articles. Particularly, a 2009 issue of the *Canadian Bulletin of Medical History*, with an introduction written by Marchildon, both acknowledges these historiographical gaps and represents an attempt to address them. Even in this case, there is still the issue of distance between scholar and subject; while Marchildon does have a PhD in economic history, he also served as deputy minister to Saskatchewan NDP Premier Roy Romanow in the 1990s and was later the executive director of the Royal Commission on the Future of Health Care in Canada, commonly known as 2002's Romanow Commission.[12] Beyond this, the articles included in the journal issue, by their nature, are only able to address small parts of the picture and, as we

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[11] Taylor enjoyed a long career as a public health care administrator and consultant before writing *Health Insurance and Canadian Public Policy* (see Marchildon, "The Policy History of Canadian Medicare," 248, Naylor was a surgeon and epidemiologist, and faculty member at the University of Toronto Medical School before writing *Private Practice, Public Payment,* http://en.wikipedia.org/wiki/David_Naylor, while Stuart Houston's father was a physician who was directly involved in the medical profession's negotiations with Douglas.

[12] "Biography: Gregory Marchildon," http://www.schoolofpublicpolicy.sk.ca/About_Us/Faculty_Directory_data/Greg_Marchildon.php

shall see, still do not address some of the gaping holes in the scholarship of the story of Medicare's birth.

The following historiographical sketch will attempt to assess this literature, with particular emphasis on how the authors approach the years leading up to Saskatchewan's early health care reforms under the 1944-47 CCF government. It was this administration that carried out many of the earliest and most important concrete steps towards our current system of medicare, in particular the 1944 creation of the Health Services Commission, an advisory body which sought to plan a realization of the CCF's health policy objectives, and the 1947 *Saskatchewan Hospitalization Act*, as well as a number of other initiatives aimed at increasing access to health care. A critical examination will also assess the attention these books and articles either accord or neglect to accord to the SHML and other social and political forces active at that time. Starting with the overarching, grand narrative studies of the birth of our national health care services, this chapter will then move on to a number of studies, sometimes conflicting, to examine various approaches to the contemporary provincial and national debates over the future of health care and the policies and legacies borne of them.

The first of the two major, overarching monographs on the history of Canadian health policy is Malcolm G. Taylor's 1977 study, *Health Care and Canadian Public Policy*. In comparison to the other major monograph, David Naylor's *Private Practice, Public Payment*(1986), Taylor pays much more attention to the social effects on the political debate over the reform of Canada's health care system. Although he engages primarily with the period after 1948, Taylor's approach nevertheless incorporates in its analysis the social and political pressures that influenced Canadian health care policy, at

both provincial and national levels, to a much greater degree than all but a few of the most recent scholars.

Methodologically, Taylor uses the political science framework of systems analysis, a methodological model that comes across as both rigid and dated. In this analysis, there were a series of seven key decisions that led to the adoption of medicare, each of which is explored based on five elements. The first of these, "boundaries," refer to the "structure," with the implied and inherent limitations, of the decision-making bodies themselves. "Inputs" are characterized by the demands received from outside this structure, and it is under this section that Taylor includes his discussion of the SHML. The "conversion process" subjects these inputs to the structure of the decision making body, while "outputs" are the policy decisions made as a result of this process. The analysis, while rigid, makes for a more dynamic understanding of social pressures external to the government and medical profession than some other major studies, notably those of David Naylor. Still, it is limited structurally, and offers little room for the interpretation of subtleties like social trends. Instead, groups, organizations, and social pressures that treated as minor elements in a larger equation.

In his discussion of the most issue important to this study, The Saskatchewan Health Services Plan (on which he wrote his PhD dissertation), Taylor augments his framework with an historical overview of Saskatchewan's numerous health provision innovations. Like others, he identifies the influence of poverty, lack of doctors and facilities, and sparse population distribution in the development of such schemes as the municipal doctor system and municipal hospital plans, which in early years had provided varying degrees of funding for medical services. Taylor notes the

voluntary/governmental co-operative structures of the province's Anti-Tuberculosis League and anti-cancer initiatives, claiming that they, "bore witness to acceptance of the concept of organized governmental action to solve medical economic problems."[13]

Taylor includes a section, under the category of "external contributions and influences (inputs)," on the SHML. He describes its unique combination of voluntary and governmental elements, as well as including some information on the leaders, noting for example, that "founder E.R. Powell had studied health service organization in the USSR,"[14] and lists many of its constituent organizations. Taylor, however does not address the social elements of the league, its internal debates, organizational structure, nor the role of gender or class. Rather, the SHML is straightforwardly presented as the product of "an especially creative period in Saskatchewan history,"[15] as well as an enthusiastic advocate of a salaried medical service, rather than the fee-for-service model advocated by much of the medical profession and eventually adopted by Douglas. Ultimately, despite his inclusion of social factors, this is primarily a study of the political and administrative elements of decision-making. These elements are the meat of the study--social factors are simply presented as influences, background for Taylor's central focus, policy process.

The other "classic" monograph on the development of Canada's medicare system is David Naylor's *Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance*. Naylor's study tracks developments over a much longer period of

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[13] Malcolm G. Taylor, *Health Insurance and Canadian Public Policy: The Seven Decisions that Created the Health Insurance System and Their Outcomes* (Montreal: McGill-Queen's University Press, 1978), 73.
[14] *Ibid.,* 85.
[15] *Ibid*., 86.

time than Taylor, starting from pre-First War health insurance schemes, and covers the historical debate over health care reform in a more organic fashion than Taylor's choice of seven discrete flashpoints,[16] posing instead temporal spans (e.g. "War Years: Pressure Group Politics in Ottawa"). This presents the system's growth as forming a continuum, both temporally and nationally, as opposed to Taylor's implication of punctuated equilibrium. However, this is far from the most striking difference between the two works.

That Naylor's introductory chapter is a "theoretical and historical background" of the Canadian medical profession is telling. He establishes from this juncture the focus of his narrative, the autonomy of Canadian medicine in its struggle to establish and to maintain professional status and power. Organizations like the Canadian Medical Association and the College of Physicians and Surgeons, as well as their respective provincial affiliates are the primary focus; the story being their efforts to resist outside control, whether from government, private insurance companies, mutual insurance plans outside of their professional control, or other lay bodies. The medical profession's self-identification as a sovereign working entity, with a somewhat gentlemanly pedigree and a notion of professional pride is strongly articulated. Nevertheless, Naylor's work is scholarly and rigorous, though it largely avoids addressing the anti-democratic elements and elitism historically affecting entrance into both medical schools (and by extension the profession) and the professional bodies themselves.

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[16] Taylor chooses as the 'seven decisions' the federal government's 1945 Health Insurance Proposals, The Saskatchewan Health Services Plan, Ontario Hospital Insurance, The National Health Insurance Program, The Saskatchewan Medical Care Insurance Plan, Quebec medicare and the National Medicare Program

Naylor concentrates on what the profession perceived as the intertwined issues of professional sovereignty and government funding. The medical associations and many among their membership, for instance, saw the notion of salaried medical service as a means of reducing of their status to that of civil servant. Of course, these issues are deeply important in the history of health care provision reform in Saskatchewan, particularly during the 1962 doctors strike, and were also intertwined with the SHML's struggle and the CCF's introduction of a provincial hospitalization plan. Naylor portrays the medical profession as largely supportive of ways to expand access to medical care to the poor, but on their own terms, and to help preserve their own livelihoods. For instance, in Depression-era Saskatchewan where rural doctors struggled alongside the rest of the populace, "their endorsement of state medicine was strategic on two counts: first to alleviate the profession's financial plight; and second to entrench existing practice patterns instead of 'state medicine'."[17] a code word for the salaried practice that would expand and encode the existing scheme that entailed part of the practice of the province's existing municipal doctors, in which a combination of salaried and fee-for-service remuneration prevailed.

Naylor addresses the SHML, briefly, as an adversary of Saskatchewan's College of Physicians and Surgeons. He points out the public relations battle waged between the two sides, placing it in the context of both the 1944 provincial election, which would see the election of the first Douglas CCF government and the concurrent national and pan-provincial drive towards a state-funded medical system. Naylor states that all of these

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[17] C. David Naylor, *Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance, 1911 - 1966* (Montreal: McGill-Queen's University Press, 1986), 66.

developments led the profession to fear a pending "bureaucratic" takeover of what had been a self-governing profession.[18]

In sum, Naylor tends to take the side of the medical profession, giving priority to what he feels is an underrepresented side of the story of Medicare's development. In doing so he also sidesteps the social dynamic underlying the political battles that shaped the direction of health care provision, presenting only the highest levels of decision-making from the perspective of a highly motivated and professionally interested, but ultimately partisan, group. Also, in concentrating on the leadership of the medical profession rather than the rank and file, he ignores the portions of the Saskatchewan medical profession that supported a salaried system like the one endorsed by the SHML (whose president for most of it's existence was himself a practising M.D.) and under which many rural physicians who had satisfactorily been working, often for decades, under the municipal doctor system.

The bold early health care initiatives of the CCF government did not occur in a vacuum. In "Into Thin Air: Making National Health Policy, 1939-45", Heather MacDougall examines the legal maneuverings at the federal level. She explores the career and legacy of John J. Heagerty, the federal director of Public Health Services and creator of the Heagerty Commission and its subsequent report, an ultimately neglected set of policy proposals to reform the national health care provision system in the wake of the Second World War. Many allege[19] that the widespread expectation of these proposals' imminent passage would lead to federal funding of provincial initiatives emboldened Douglas to push ahead on health care reform. Conversely, MacDougall argues, Haegerty

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[18] Naylor, *Private Practice, Public Payment*, 129.
[19] Taylor, *Health Insurance and Canadian Public Policy*, 78.

needed Saskatchewan to move ahead, as a proving ground to show that health care reform could be achieved.[20]

MacDougall shows Heagerty's early interest in health care reform in the context of a larger-scale move towards state provision of health care within Canadian society. Thus, while Heagerty was becoming convinced of the need both to co-ordinate preventative and curative medicine and the to democratize access to care, so too was the national mood shifting as organized pressure groups and individuals across the country began advocating change. MacDougall, in demonstrating this, even cites a 1934 issue of the popular *Saturday Night* magazine that featured an article on "The Growing Faith in State Medicine".[21]

The rest of the article details Heagerty's efforts to reach a consensus over the form the new legislation should take and the ensuing struggle that led to its eventual failure. Heagerty's proposals were moderate, favouring a state insurance system that would largely keep the medical system intact while providing funding for those below a to-be-determined income level and emphasizing the importance of public health in managing medical care. In these plans, though, he faced resistance from those on the left who supported a full system of "state medicine" with universal coverage and possibly political or civil influence in the medical administration, which was supported by the CCF, labour, agricultural organizations and others. Ironically, to many on the right and within organized medicine, "state medicine" was exactly where Haegerty's moderate proposals would eventually lead Canada.

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[20] Heather MacDougall, "Into Thin Air: Making National Health Policy, 1939 - 45," *Canadian Bulletin of Medical History* 26 (2): 307.
[21] MacDougall, "Into Thin Air," 288

Ultimately, MacDougall asserts, these conflicts were only part of the reason for the plan's failure. Cast in the post-war world, as the Canadian state sought to re-identify itself, other conflicts were emerging over the future of a country trying to determine how it would define itself as a state. Caught between the competing visions of different generations of bureaucrats and a shift in Prime Minister Mackenzie King's priorities towards social security and pension programs, the Heagerty proposals, in MacDougall's final words, "vanished into thin air".

Moving in subject matter from failure to success in moving toward a government-funded health care system, Aleck Ostry's "The Foundations of National Public Hospital Insurance" combines three main components to analyze the birth, in 1957, of Canada's National Hospitalization Plan and why it took the form that it did. Describing it as "one of the major critical junctures in the history of post-World War II health policies"[22] he traces its origins to three major factors: the history of hospitalization in Canada through the late nineteenth and early twentieth centuries; the pioneering efforts in Saskatchewan, which were codified in 1947's Hospitalization Act, but which had roots in earlier schemes within the province; and finally in the structural crisis which continued in other provinces in the decade subsequent to that bill's passage, in contrast to the relatively successful implementation in Saskatchewan.

Ostry first surveys the history of the hospital in Canada, from its origin as charity institute for the indigent ill to a two-tiered structure with many advantages but also structurally bound to inherent and ultimately untenable flaws. Though he relies heavily on David and Rosemary Gagan's *For Patients of Moderate Means* rather than original

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[22] Aleck Ostry, "The Foundations of National Public Hospital Insurance," *Canadian Bulletin of Medical History* 26:2 (2009) 262.

research, Ostry nevertheless engages with social history on a level rarely seen in the study of Canadian medical policy, assessing issues occurring outside of the hospital walls, such as the growth of the urban working class and the tenuous position of the emerging middle class, and their effects on the evolution of Canada's hospital system. He follows the hospital from its roots as essentially a charity, a hospice for the indigent ill to, with the modernization of medicine, the understanding of sepsis and the professionalization of nursing, an essentially two-tiered institution, in which luxurious wards were added to the charity hospitals to serve the better-off, who were able to pay for their visits and fund, along with the traditional philanthropic contributions, the hospitals' charity work. Stuck in the middle were the middle and working classes who, in good times, could pay for private accommodations. In bad times, often due to the impact of previous hospital bills, many were forced into poverty and the charity wards. As Ostry points out, this situation worsened throughout the 1920s, and reached crisis level in the Great Depression, as hospitals essentially added to the pool of those requiring subsidy by reducing the number of those capable of supporting them.

Ostry traces, as a parallel development, the growth of Saskatchewan's Union Hospital District system, which, like that province's municipal doctor program, was the result of local initiative to respond to pressing local needs. With rural areas desperately underserved by hospitals, a 1916 Saskatchewan law allowed empowered municipalities to levy taxes to pay for hospitals, usually shared amongst a group of neighbouring municipalities. In this way, rural areas could coordinate diagnostic and surgical technology, and facilitate access to specialists and modern accommodations, in what Ostry refers to as, in keeping with Saskatchewan tradition, essentially a form of hospital

co-operative, a new model of hospital that bore little structural relation to its Victorian-era rooted counterpart. In Ostry's view, the Union Hospital was the precursor, the model for the CCFs universal hospital insurance and its rapid expansion of hospital infrastructure in the 1940s and 1950s, both of which dramatically improved Saskatchewan's hospital system and allowed it to attract new physicians to the province—a notable development in light of organized medicine's frequent claims that a CCF government would instead drive them away.

Subsequently, Ostry looks at the situation in the rest of Canada, where, despite an increase in federal funding that encouraged growth of hospital infrastructure, the system was still bound to its roots as a charitable institution. Thus while hospitals improved, through expansion and addition of new facilities, they remained dependent on private funds; while private insurance plans grew in prominence, hospitals still relied on them and private funds to subsidize charity ward patients. Without coordination, some services were duplicated among competing institutions while others were neglected. Along with the success of the Saskatchewan experiment, Ostry sees the political pressure that these problems created as directly leading to the adoption of the federal hospital insurance program, one ultimately based on Saskatchewan's model.

These studies have all approached Saskatchewan's reforms in the national context, but there are others that cast a close eye on Saskatchewan specifically. These cover a range of concerns: the nature of Saskatchewan society; the history of the CCF and its struggle for reform, among which health care was always near the forefront; and more particular aspects of the provinces health care system, both the pressures which drove change and the specific changes themselves.

In addressing the question of why Saskatchewan, overwhelmingly rural, depression-ravaged, deeply indebted, with stagnant population growth and underdeveloped in infrastructure, would be the province to produce such radical and costly innovation in the provision of medical care, there has been a tendency among many to emphasize a Saskatchewan particularism, a pioneer spirit imbued also with a idealized "co-operative spirit." Perhaps foremost among these is C. Stewart Houston, author of *Steps on the Road to Medicare: Why Saskatchewan Led the Way*.

Houston, a physician whose physician father had represented the profession in negotiations with the CCF government, sees the adoption of the earlier CCF plans as simply part of a continuum, unique to his province. From the *ad hoc,* local government-funded municipal doctors, through a history of voluntary organizations, Saskatchewan certainly has often represented the vanguard of innovation in health care provision. Still, as Houston recounts this history, it is as though developments in other provinces, for instance a precursor to Saskatchewan's Swift Current Health District (which he sees as one of the advances) in Ontario, municipal doctors in Manitoba or early relief schemes in British Colombia are simply irrelevant to the story. He emphasizes Saskatchewan's great medical men, administrators, and reformers, but surely there were others advancing similar causes elsewhere in Canada. Yet, while Stewart, in his introduction, acknowledges that he was "open to charges of hero-worshipping, jingoism and bragging," he also asks "why was Saskatchewan so consistently the leader."[23] Houston succumbs to the hoary "great man" trope, with towering figures like hospitalization pioneer Maurice Seymour or anti-tuberculosis crusader Dr. R.G. Ferguson, described

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[23] C. Stuart Houston, *Steps on the Road to Medicare: Why Saskatchewan Led the Way* (Montreal: McGill-Queens University Press, 2002), 5 - 6.

here as "a rare person, superb in every aspect of his work,"[24] leading and inspiring a people with a great support of common endeavours. As such, he does not view the steps taken by the CCF's early health care legislation as radical. Rather their political natures, as well as the implications of the CCF victory are glossed over in the health care context. In Houston's version, Douglas was simply a reasonable, thoughtful man continuing Saskatchewan's well-established traditions of co-operation and amiability to improve medical care.

Despite its methodological shortcomings, *Steps on the Road to Medicare* does use a wealth of primary sources, including many interviews and personal reminiscences, and secondary research. It is unfortunate that Houston's lack of historiological rigour combines with his obvious enthusiasm for his subject matter, preventing him from delving into the social and political conditions driving the move towards the hospitalization plan. There is no interpretive framework, either; rather a series of instances in which Saskatchewan "led the way." And in no way does Houston integrate these developments into a broader national or international context.

In contrast to Houston's work, which places the CCF's reforms within a fairly linear and consistent provincial tradition, A.W. Johnson's *Dream No Little Dreams, A Political Biography of the Douglas Government of Saskatchewan, 1944-1961*, shows how the provincial CCF radically recast the governing machinery to achieve an aggressively reformist first mandate.

A senior civil servant during the first Douglas administration, Johnson examines how an avowedly socialist party of government outsiders worked to reshape

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[24] Houston, *Eight Steps on the Road to Medicare*, 48.

Saskatchewan's governmental and bureaucratic machinery to make what he describes as "sweeping changes in policy during their first eighteen months in government."[25] To demonstrate, Johnson first gives a detailed history of the provincial party, its internal debates, its ideological predecessors — especially its roots the province's co-operative and progressive farmers' movements -- and vision of becoming a new kind of government for Saskatchewan. Reshaping health care was at the forefront of these policies. As Johnson notes, to achieve this the party had to recast a civil service whose *modus operandi* had been based on an ideology of limited government, embodying classical, as opposed to welfare, liberalism. Johnson's book is rich with details of internal struggles with how to both democratize and modernize this machinery.

Though his focus is not on the CCF's health policies *per se* as a primary concern of the first administration, he does give them a great deal of attention. Of particular interest is the attention given to Douglas' willingness, even enthusiasm, for bringing in outside experts to help him to transform Saskatchewan's often dilapidated health care infrastructure and outdated administration. Well-known health policy adviser Henry Sigerist, of course, receives mention, but so too do the names of lesser-known but like-minded imports. These include English socialist George Cadbury, engaged as a senior economic policy adviser, as well as health experts who were brought in to work with the Health Services Planning Commission and who included Manitoba physicians and socialists Drs. Mindel and Cecil Sheps, and American imports Fred Mott, the former Chief Medical Officer of Roosevelt's New Deal-era Farm Security Administration (which had attempted to reform rural American health care provision in the 1940s), and

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[25] A.W. Johnson, *Dream No Little Dreams: A Biography of the Douglas Government of Saskatchewan, 1944 - 1961* (Toronto: University of Toronto Press, 2004), 94.

his deputy, Len Rosenfeld, architect of the Saskatchewan Hospital Services Plan. As Johnson, himself an Ontarian who came to work for the CCF government to help establish alternative adult education programs, demonstrates, the CCF was not afraid to look beyond Saskatchewan's borders, not just for ideas but also for people able to help it implement its ambitious agenda—a fact which challenges the thesis of Saskatchewan exceptionalism posited in works like Houston's.

In "From Concept to Reality: Formation of the Swift Current Health Region," Joan Feather looks at a specific and ambitious health care initiative from the early days of the CCF administration. The Swift Current Health District in many ways reflected one of the key components of the SHML's blueprint for Saskatchewan's system of "State Medicine": the need for a comprehensively organized, regionally-based holistic, organized health district structure with a hierarchy of services, hospitals and specialists, and with resources allocated according to a central plan with an eye to providing the best medical care. In fact, Feather notes, the Swift Current Health District became the first place on the continent to offer its entire population complete curative and preventative services. In this, its planners acted aggressively, jumping ahead of the Health Services Planning Commission, to ensure the demonstration district was placed there, rather than elsewhere in the province, in effect placing the HSPC "in a reactive position… run(ning) hard to keep up with the aspirations of ordinary people grasping at the opportunity to realize a dream."[26]

As Feather points out, the factors most often pointed out as signifying the unlikelihood of Saskatchewan as a proving ground for health policy innovation – sparse

[26] Joan Feather, "From Concept to Reality: Formation of the Swift Current Health Region," *Prairie Forum* 16 (1991): 76.

population, poverty, the desolation of the depression years – were as prevalent in this corner of Saskatchewan as anywhere else in the province, if not more so. Still, a handful of activists pushed ahead with the plan, despite the province's preference of a more developed region, such as Moose Jaw, for its test case. As Feather portrays it, much as political will and grassroots activism propelled Saskatchewan to act on health care reform in advance of a federal commitment to assistance, so too did Swift Current push ahead of its own accord.

Feather recounts the struggle of those trying to promote the concept of public health as preventative medicine, which was also fundamental to the vision of health embraced by the SHML. In her historical framing of the precursor to the Swift Current Health Region, the aborted Gravelbourg Health District(1929-31), she points to public distrust of preventative or public health measures as the key to its eventual failure. As a pioneer in the hiring of professional, full-time public health officers, the Gravelbourg district offered a wide array of public health initiatives; Feather points out that many district residents distrusted either their motives (especially in the case of quarantining families with no overt disease symptoms) or their usefulness, despite progress in combatting disease and improving sanitation in the district.

The continued impact of the depression on Saskatchewan's health care served to deepen distrust of the Liberal government's will to improve health care, and to therefore galvanize individuals and groups to action. Feather first discusses earlier constituent groups like the United Farmers of Canada and the Association of Rural Municipalities, and later the organization they were to become a component of the SHML. "Although vague about finances and organizational details, proponents of the plan were clear about

one goal… the province should be divided into sixteen districts, these in turn divided into local units, the main advantage of which would be the potential to develop a tiered system of specialized services, built from the base of preventive and treatment services."[27] Yet only in Swift Current was this ever implemented.

In contrast to the "Made in Saskatchewan" approach best exemplified by Houston, Feather highlights the use of outside experts in organizing both the Gravelbourg and Swift Current plans. The draft proposal for the Swift Current legislation was drawn up with the assistance of a Professor Paul Dodd, of California, and Gravelbourg received from former Health Minister Maurice Seymour, who, after having left the province in the 1920s had toured rural health units in the United States and had worked on behalf of the League of Nations[28] as well as highlighting the participation of Johns Hopkins University's Henry Sigerist in drawing the organizational blueprint for Saskatchewan's proposed system of health districts, which emphasized preventative medicine and for which Swift Current acted as the test case.

Houston, too, returned to the subject of the Swift Current Health District, and the article's limited scope and the addition of a co-author give it much more theoretical focus than his earlier work. Though titled "Four Precursors of Medicare in Saskatchewan," the article, written with Merle Massie, is really the story of the development of municipal schemes in the southwest of the province and how they evolved into the Swift Current Health District.

The authors examine the early municipal doctor schemes as they developed in four neighbouring municipalities within what would later become the Swift Current

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[27] Feather, "From Concept to Reality," 65.
[28] Feather, "From Concept to Reality," 60.

District. Such a tight focus helps frame the developments in a region that as Feather previously noted, had seen the worst of the depression. Methodologically tighter than *Steps on the Road to Medicare*, "Four Precursors" nevertheless falls into a similar trap of identifying these plans with distinct individuals — and for each of the municipalities surveyed, one individual is introduced, via a brief biography. From there, the distinct features of each scheme, though these were indeed a patchwork of different *ad hoc* solutions across the province, was identified as its' "creator's" plan.

Houston and Massie note that the plans from this region tended to operate on a less regulated basis than those in other parts of the province. Thus, they relied less on a salary model, and, the authors allege, offered greater choice of physicians and specialists for the individual, featuring what is described as only "mild overtones of 'socialized medicine.'"[29] Like Houston's earlier work, the political and particularly CCF-centric issues of health care reform history are downplayed in favour of foregrounding the perceived nature of Saskatchewan society — a cooperative society populated with great men of vision, where doctors, administrators, and politicians worked together to solve local problems on a local basis. This approach which ignores any hint of conflict either between or within these factions, and looks instead at the success of the health district, positing it as the model for the later implementation of medicare as opposed to the hospitalization program that operated in parallel with which the Swift Current plan.

The role of Henry Sigerist, who was brought to Saskatchewan in the earliest days of the Douglas administration to assess the state of Saskatchewan's health care system and help draft a plan on how to proceed, is addressed in a pair of articles by Jacalyn

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[29] C.S. Houston and M. Massie, "Four Precursors of Medicare in Saskatchewan," *Canadian Bulletin of Medical History* 26:2 (2009): 383.

Duffin. Sigerist, a Swiss-born physician and medical historian, was internationally recognized as an expert on Soviet medicine, which in those days was the subject of much attention. While Duffin's articles both portray Sigerist as a figurehead, a noted outside expert brought in to lend credibility to the administration's policies, they vary in their approach.

The first to be published, "The Guru and the Godfather: Henry Sigerist, Hugh MacLean and the Politics of Health Care Reform in 1940s Canada" (1992), most fully depicts Sigerist as a mere figurehead. In it, Duffin devotes more attention to CCF advisor Dr. Hugh MacLean than it does to Sigerist himself. Indeed, its central thesis is that much of the work credited to Sigerist and the exploratory commission that he chaired can be more accurately attributed to ideas that had previously been articulated by MacLean.

A lengthy biography of MacLean, himself a physician, traces his evolution from a reform-minded Liberal to a staunch CCFer committed to reshaping the province's medical system. A glimpse at his earlier years reveals his growing disillusionment with the Liberal party, which he increasingly saw as unwilling to follow through on promises of reform, as well as "his understanding of the relationship between poverty and the neglected health of the population."[30] From there the article traces first his involvement with the Progressive movement of the 1920s and later, his increasing support for and involvement with the CCF. He eventually become a candidate for federal office, with

[30] Jacalyn Duffin, "The Guru and the Godfather: Henry E. Sigerist, Hugh MacLean and the Politics of Health Care Reform in 1940s Canada," *Canadian Bulletin of Medical History* 9:2 (1992): 197.

state medicine (which MacLean strongly favoured over a health insurance system) a key component of his platform.[31]

Though health concerns forced an early retirement to California, MacLean continued to correspond with Premier Tommy Douglas and often returned to Saskatchewan; a speech he gave on one return visit is viewed by Duffin as having provided the template for the Sigerist Commission's final report. The July 13, 1944 MacLean speech "anticipated most of the survey's recommendations," including government control, district health centres, and a new medical school. Saying that Sigerist adapted this blueprint from MacLean's speech may be a little generous on Duffin's part, however; not only were these not exactly new ideas, they were also planks in the SHML's influential *Eight Point Plan*, so it is just as possible to say that Sigerist adopted SHML rhetoric. Also, as Duffin notes, MacLean was flexible on the issue of salaried versus fee-for-service remuneration, while both the Sigerist report and SHML plans were strongly committed to a salaried system.

Duffin is one of the few scholars to suggest a gender dimension to health care politics, albeit passingly. She notes that MacLean had counselled that it would be wise to appoint female representatives to the Health Planning Commission, unaware that Mindel Sheps and Ann Heffell had already been recruited to assist Sigerist.[32] As such, she suggests that the role of gender in health politics is something that was contemporarily recognized, yet this is and aspect which to date Canadian health policy historians have not explored. Also, it is not clear whether the political priority was for women's voices to be represented, or to be perceived as being represented.

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[31] *ibid.,* 199.
[32] *ibid.,* 204.

Duffin recalls the correspondence with and influence on Douglas that MacLean enjoyed despite his absence from Saskatchewan. Emphasizing the international nature of the debate over the future of health care, Duffin shows how MacLean was involved with the study of New Zealand's pioneering state medical system, as well as his role in recommending to Douglas that his American colleague Fred Mott be brought in to head Saskatchewan's Health Services Planning Commission.

Duffin's follow-up article, "Sigerist in Saskatchewan: the Quest for Balance in Social and Technical Medicine," is written in conjunction with Sigerist scholar Leslie A. Falk, and so is more an examination of Sigerist's world view and public persona, and how they related to his activities in Saskatchewan. While these are examined to some degree in Duffin's previous article, its focus lies elsewhere. Thus, "Sigerist in Saskatchewan" offers a much more thorough articulation of the man and how he ended up chairing the commission that would design the blueprint for the CCF's health program.

As the article's subtitle implies, much of it article is dedicated to explaining Sigerist's philosophy of social medicine. Sigerist was of the mind that while contemporary medicine was progressing technologically at an astonishing rate, both in diagnosis and in treatment, it was falling behind socially. By the social aspect of medicine, Sigerist meant its service to society as a whole, and the accessibility of modern medicine, and the technological advances it entailed, to all, not just to those who could afford it. As an historian of medicine, Sigerist sought to move beyond the traditional "great doctors and advances" approach into an understanding of the greater social function of medicine. With this philosophy and his knowledge of international medical

systems, notably the Soviet model, the authors note, Sigerist became a well-known activist who found great renown as a speaker among those in circles which likewise favoured a democratization of access to health care.

It is in such a capacity that he came to be frequently invited to speak in Canada, a total of four times between 1941 and his appointment in Saskatchewan in 1944. A public intellectual, he is portrayed as having his suspiciously leftist tendencies somewhat ameliorated by the prestige affixed to his academic status as a "Hopkins Man," the darling of many progressives, and at least tolerable in the eyes of the academic establishment.[33] During his visits, he addressed academic groups, parliamentarians, public health advocates, and even the general public through a series of radio addresses. Thus, the authors argue, his reputation alone would instantly add credibility to the CCF's ambitious reform plans.

With the CCF elected by a landslide in 1944 and Sigerist already set to return to Canada, Douglas invited him to chair a planning commission, an invitation extended the day after his historic election. In comparison to Duffin's previous article, here we get a look at the commission's activities during the month Sigerist, Sheps and Heffell spent in Saskatchewan researching and compiling their report. Though Duffin's assertation in both articles is that Sigerist was mainly a figurehead and the report a rehashing of previous work, largely MacLean's, this article demonstrates that they spent a month criss-crossing the province to compile a project whose importance, Sigerist felt, was

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[33] Jacalyn Duffin and Leslie Falk, "Sigerist in Saskatchewan: The Quest for Balance in Social and Technical Medicine," *Bulletin of the History of Medicine* 70 (1996): 665.

"urgent."[34] Meetings were held with various advocacy groups and individuals, first in Regina, then on a road trip around the province, visiting facilities and hearing submissions. This, combined with remarks from Sigerist's diary regarding his responsibility for the report, suggest that the Sigerist commission was at least something more than a rubber-stamp for pre-existing plans. And though not all of the report's recommendations were implemented, particularly the province's decision to adopt fee-for-service remuneration, the authors show Sigerist's continued interest in and correspondence with Saskatchewan, including his relationships with Douglas and, especially, Mindel Sheps, whom Sigerist described as "remarkably capable," "a pioneer," and "the real brain."[35]

Gordon S. Lawson's thesis, "The Road Not Taken: The 1945 Health Services Planning Commission Proposals and Physician Remuneration in Saskatchewan," challenges conventional historiography regarding the acceptance of fee-for-service versus salaried remuneration for physicians under the Saskatchewan Hospital Services Plan. Lawson argues that although Douglas' acceptance of a fee-for-service scheme has often been viewed as a capitulation to the medical profession, Douglas and the CCF, unlike the Health Services Planning Commission or the SHML, were never fully committed to the salaried system, which its exponents viewed as necessary to encourage preventative medicine as opposed to fee-for-service, which they saw as encouraging repeat medical visits, band-aid solutions, bloated costs, and a generally poorer state of health.

Lawson contrasts what he sees as the essences of three historiographical interpretations of this decision, all of which presume that Douglas and the CCF were

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[34] Duffin and Falk, "Sigerist in Saskatchewan," 670.
[35] quoted in *ibid*., 672.

fully committed to a salaried "state medicine" system (in contrast to the fee-for-service, government-funded single-payer "health insurance" model which was eventually adopted). Malcolm Taylor, Lawson states, emphasizes the threat from the organized medical profession that doctors would either leave or be more difficult to recruit under a salaried scheme, despite the fact that many municipal doctors were not against a salaried service. David Naylor, not surprisingly given his favourable view of the organized medical profession during these negotiations, largely rejects this, seeing Douglas' decision as motivated by expediency, a reflection of his will to move ahead as quickly as possible with government-funded medical care, though Naylor does acknowledge that this expediency was in the face of a hostile Saskatchewan College of Physicians and Surgeons(SCPS). The third interpretation Lawson presents is that of Seymour Martin Lipset, author of the landmark, if somewhat antiquated, *Agrarian Socialism*, a highly influential history of the Saskatchewan CCF. According to Lawson, Lipset suggests that the general public neither particularly understood nor cared about distinctions between "state medicine" and "health insurance", and that there was a lack of organized pressure groups. As Lawson points out, this clearly ignores the work, even the existence, of the large, broad-based SHML and its many allies in the province.

In what is a largely historiographical article, Lawson tests each of these hypotheses against the historical evidence he has gathered, and determines that all of them make one fundamental error in assessing the CCF position — that Douglas and the CCF really were committed to the salaried system. In constructing his argument, Lawson generally finds his evidence in the lack thereof. That is to say, unlike much of their support base, neither Douglas nor the CCF ever publicly expressed commitment to a

salaried regime. Things also get muddied in Lawson's examination of the opinions of the municipal physicians themselves, who, he stresses, mainly relied on and favoured a combination of municipal salary and private fee-for-service work. He points out that a large majority of the province's municipal physicians operated with mixed revenue streams. Urban doctors, he asserts, were however steadfastly opposed to any salaried system, preferring the physician-sponsored and controlled pre-payment insurance schemes that had sprung up in larger centres.

Compared with other books and articles on Saskatchewan health politics of the era, Lawson pays a great deal of attention to the SHML, whose *Eight Point Plan*, he notes, strongly resembled the later report of the Health Services Planning Commission.[36] Lawson relies heavily on their archival collection for his recounting of the propaganda battles waged between the SHML, with its large membership and widespread support, and SCPS over the issue of "state medicine", with the former citing the success of existing salaried plans, the latter warning of "the dangers of state medicine." Lawson demonstrates, however, that despite long supporting a "socialization" of medicine, the CCF had never officially taken a position on remuneration, though many have inferred a pro-salary slant to their rhetoric. While party members, advisors like Sigerist, Cecil and Mindel Sheps, along with the Health Services Planning Commission they headed, and even the Saskatoon branch of the CCF staunchly supported "state medicine," Douglas and the party as a whole, Lawson claims, were always more pragmatic and flexible. Thus, while they ultimately may have preferred a salaried system, were not

[36] Lawson, "The Road Not Taken," 412.

philosophically or ideologically as attached to it as many of the party's members and supporters, not to mention the SHML.

Through the course of the historiographical study entailed in this chapter, some underexplored but intriguing threads have emerged. On one hand, there is the repeated notion of Saskatchewan's exceptionalism, on the other there are also tantalizing hints of a broader dialogue, suggesting not just an exchange of ideas, but also of the influx into Saskatchewan of outside advisers, people from other parts of Canada, the United States, and the United Kingdom who supported the CCF's efforts and worked to help them become reality.

A frequently repeated but little explored notion is the theme of Saskatchewan's co-operative spirit. Certainly that province has a strong history of co-operation in the form of municipal medical plans and union hospitals, not to mention groups like the Anti-Tuberculosis League and also in its co-operative and agricultural movements. But, for the most part, historians have treated these elements of Saskatchewan society as an historic fact, a unique part of the social makeup of the province without any real detailed analysis of their origin, function, or meaning within Saskatchewan society. And, in conjunction with the notion of an international dialogue over the future of health care in the mid twentieth-century, the question arises as to how much of Saskatchewan's innovation was the result of its own character, and how much it was connected with a broader trans- and international dialog. While intriguing, however, these factors merely hint at what is the largest deficiency of the body of work studied here.

One feature that stands out in the body of scholarship on the development of both Saskatchewan's and Canada's health care systems is how deeply rooted it is in the field

of policy history. Naylor, most characteristically, voiced the concerns of the medical profession, and his focus still bears a legacy in the decades of scholarship that followed. Likewise, Taylor's emphasis on the upper levels of the decision-making process looms large in subsequent works. Understandably, getting beyond this is a challenge; the study of a public policy issue so entrenched in both our society and in a minefield of politically motivated and often competing interests, not to mention the legal and bureaucratic complexities, is a difficult task at best.

Still, it is still striking how little the study of health care reform, even in recent works, reflects the modern emphases on a history rooted in social and political forces and grassroots activism rather than in political and professional leaders. Indeed, even Henry Sigerist, whose work as a historian of medicine took place in the first half of the twentieth century, encouraged a social understanding of health care as a fundamental part of a society's health. Yet none of these articles or books do much more than reference, for instance, the effects of the Great Depression on public perception of the health care system. None deal with social forces in more than a passing manner, while, as Heather MacDougall notes in her own summary of the state of Medicare historiography, many other fields of Canadian medical history have long been studied using the tools of the social historian, with their focus on "class, race, cultural identity and personal and collective memory… lead(ing) to new and enriched history of the factors leading to public demands for and the politicians gradual acceptance of the need for federally funded and provincially administered curative services."[37]

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[37] MacDougall, "Shifting Focus: Medicare, Canadian Historians, and New Research Directions," *Canadian Bulletin of Medical History* 26:2 (2009): 550.

Gender, in particular, is glaringly absent from health policy scholarship. While there is, as previously noted, an allusion to the importance of the health care issue to women in Duffin's "The Guru and the Godfather," there is no analysis provided. This is still more attention than other contributors provide. This is a gaping hole in the historiography, despite being a seemingly obvious way to apply social history analysis to the study of Canadian health policy. It is also a question of agency, inexorably entwined with the ability, or lack thereof, of women to affect change on a policy level. On a scholarly level, a gendered analysis can illuminate important aspects of health care development that a policy-focused approach could not.

Though not ignored to the extent of gender analysis, the viewpoints of advocacy groups outside of government and medicine have also been largely marginalized. This applies to not only the SHML but also scores of others, including agricultural groups, public health advocacy groups, and other activist organizations. What study they have received has measured their affect on policy, rather than the nature of the organizations themselves.

What is needed is a broadening of the parameters of Canadian health care policy scholarship. Social and political history must be incorporated to close the current historiological gap between policy and the society that helped shape it and which it was designed to serve. A reconnaissance of the SHML, with its large female constituency, broad activist base, opposition to private, market-based medicine, and widespread contemporary impact is one place to start towards building this new understanding.

Chapter 2 – An Overview of the State Hospital and Medical League

The State Hospital and Medical League was an activist organization deeply dedicated to the establishment of comprehensive universal medical and hospital services for the province of Saskatchewan. Founded in Prince Albert, Saskatchewan, in 1936, for the next twenty years it served as the most vocal officially non-partisan voice for those advocating changes in the way medical services were delivered in that province. The League performed a number of roles, developing policy proposals and lobbying for their realization through grass-roots activism and organization. Specifically, its platform was State Medicine, which in the League's view represented a completely state funded, universal health care program focusing on both preventative and curative care, and including dental, pharmaceutical and optical coverage, administered by boards and delivered by salaried staff, including doctors. More simply stated, by SHML founder C.L. Dent, "State Medicine is a system of health services which provide all medical services for all people at the expense of the state."[38]

The SHML was comprised of a wide variety of organizations and individuals. In 1944, for instance, its membership included the governments of six cities, fifty-six villages, one hundred and forty-six municipalities, and one hundred other organizations, including the Saskatchewan Teachers' Federation, the United Farmers of Saskatchewan, the Saskatchewan Co-Operative Wheat Producers, Homemakers' Clubs and both the

[38] E.R. Powell, "A Petition of Rights and a Bill of Health," Prince Albert, State Hospital and Medical League fonds, box 2, Saskatchewan Archives Board, Regina, 10.

Rural and Urban Municipality Associations.[39] Individual membership has been estimated at around five thousand out of a province wide population of just fewer than 900,000.[40] According to their publication *State Medicine for Saskatchewan*, the league's mandate was "to gather, tabulate, compile and distribute information from world-wide sources, and to assist the governing bodies in any way possible, for the obtainment of the objective of state medicine."[41] As such, its activities can be broadly characterized as both educational and activist. In addition to these activities, the league worked towards formulating a detailed and specific blueprint for a future Saskatchewan system of state medicine, incorporating a holistic vision of organization and administration.

The SHML's conception of state medicine strongly rejected any scheme that allowed fee-for-service as opposed to salaried payment for physicians. In their view, fee-for-service ran counter to their emphasis on preventative medicine as the building block of a healthcare strategy. They argued that doctors working on a fee-for-service basis had little incentive to practice prevention; they were only paid when their services were required to deal with an acute problem. This underscored one of the main components of the financial part of their scheme: the SHML believed that, despite the fact their plan involved significantly more advanced medical facilities than what currently existed, the overall costs of health care would go down as the general health of the population improved.[42] As an early SHML slogan stated, "prevention is better than a cure."[43]

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[39] E.R. Powell, *The Medical Quest*, "State Hospital and Medical League", SHML fonds, Box 2, Saskatchewan Archives Board, Regina Sk., 6.
[40] Gagan, Gagan, *For Patients of Moderate Means,* 95.
[41] *State Medicine for Saskatchewan*, SHML fonds 1940, box 2, SAB p 12.
[42] Brief Submitted to the Committee of the Legislature, March 15, 1943, State Hospital and Medical League, Saskatchewan Archives Board, *The Medical Quest,* 11.

Perhaps not coincidentally, this was also a major part of the health care platform proposed by the CCF prior to their historic 1944 election win and the subsequent introduction of sweeping changes to the delivery of medical services.[44]

This chapter will look at the fundamentals of the SHML, analyzing its publications and promotional material as a way of demonstrating their views and how they were promulgated. This analysis of will also give some insight into the way the league operated, as it developed and advanced its agenda, the expression of a diverse membership united in the goal of a future where the medical crises and financial hardships of the depression years and prior could be eliminated in favour of a more egalitarian system in which health care would be a fundamental human right.

A reconnaissance of the sort Ian McKay has proposed allows us to examine the SHML as a manifestation of people's desire for societal change without attempting what McKay describes as "scorecard history" or narrowly defining their place within the spectrum of left resistance. Rather, it allows us to look at how a collective of individuals was able to shape debate on a fundamentally important political issue that deeply affected both their own lives and those of the people around them. Questions consequently arise, not just of agency, but also of how these people came to identify with and join in the SHML's struggle, as well as how the stakes, both individually and societally, were perceived. In an era when all major Canadian political parties, even the Conservatives[45],

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[43] Gloria Shade, taped interview with Caroline Sarjeant, *Pioneers of the State Hospital and Medical League,* tape #2, State Hospital and Medical League fonds, Saskatchewan Archives Board, Regina, Sk.
[44] A.W. Johnson, *Dream No Little Dreams: A Biography of the Douglas Government of Saskatchewan,* (Toronto: University of Toronto Press, 2004), 50-55.
[45] Gidluck, *Visionaries, Crusaders, and Firebrands*, 136-37, Duffin and Falk, "Sigerist in Saskatchewan," 668.

were publicly committed to some notion of public health insurance, the question needs to be asked whether we can even identify the non-partisan SHML as particularly of the "left," though the specifics of its plan clearly point in that direction.

What led the SHML's membership to "reason otherwise," to advocate for a system that challenged the conventional notions on how medical care was provided? While staying generally within McKay's reconnaissance framework, this chapter will also focus on questions particular to Saskatchewan's political realities in the mid-twentieth century. It will speak to the ever-present questions of why a poor and relatively underdeveloped province became the first jurisdiction in North America to create a system of state-funded medical care. By extension, we can address how Saskatchewan came to elect North America's first avowedly socialist government, the Douglas CCF government, which enacted these and other changes in the face of a largely hostile liberal political order. I will examine Saskatchewan particularism,[46] that is the notion that by virtue of its cooperative character manifested through its strong history of cooperative action and collective solutions to practical issues made its people more open to solutions like those proposed by the SHML and CCF. I will also examine to what degree this openness reflected Saskatchewan's interaction with a national and international dialogue over the changing role of the state.

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[46] See, especially, the various writings of Stuart Houston; also, Dale Eisler, *False Expectations: Politics and the Pursuit of the Saskatchewan Myth* (Regina: Canadian Plains Research Centre, 2006), which describes, "a powerful and unifying belief that Saskatchewan has unique qualities that are rooted in its history, its experience, and reflected in its people… a place with a distinct political culture strongly grounded in individual initiative, a belief in the importance of private property, and an instinct for social democracy," 68.

In McKay's analysis, there have been, throughout Canadian history, a number of influencing factors driving people to challenge those dominant social, economic and political systems that constitute the entrenched but evolving order that is the Canadian liberal project. Paths to resistance are not just class-based, though experience of class inequality is a major factor for many. McKay adds six other "paths" through which Canadians have become drawn to leftist action. Some of these, like the national question, (i.e. the idea of the formulation of a Canadian national identity) have little relevance to the study of the SHML, while others reflect forces that clearly were important factors for many of its activists. One of these is the suggestion of diaspora leftisms — the predominance of leftist ideas among some immigrant communities, a notion which also raises questions about the transnational spread of ideology, and their influence on the ideological makeup of organizations like the SHML. McKay also sees emerging socialist-feminist movements as raising questions which could challenge the liberal orthodoxy — an orthodoxy which itself found advocates among other women like Homemakers Club's head Bertha Oxner. McKay also sees "a parallel route to leftism"[47] in religion, in particular in the "social gospel" movement, which attacked the excesses of the liberal/capitalist order on spiritual grounds — though we would be unwise to ignore the activism of the spiritual background of Peter Makaroff, the SHML board member and Russian Doukhobor who found in his political activism a way of expressing his faith – a brand of Christianity removed from the Protestant background of the social gospel – its own critique of mid-century Canadian capitalist society. McKay also sees a path in intellectual inquiry, the rational and ingrained human desire to question and to study, a

[47] McKay, *Reds, Rebels, Radicals,* 42.

path which only became more predominant with increasing literacy and education, particularly among non-elites. Finally, McKay identifies "global awareness," which relates closely to the path of inquiry, but not just speaks to internationalism, but also to transnationalism, of a dialogue that reflects both the diasporic experience and the interplay of ideas on an international scale.

Another germane and deeply relevant element of McKay's analytical framework is the notion of matrix events — large scale events or crises that demonstrate the shortcomings of an existing social and political order and by so doing pushed a significant cohort to challenge these shortcomings and advocate for change. In the context of Saskatchewan's health care and the genesis of the SHML, there are two critical conflagrations that rendered major structural shortcomings obvious, and suggested paths to overcome them. The first of these was the devastation of the 1930s dust bowl and ensuing great depression, the "crisis of capitalism," which hit the arid and overwhelmingly agrarian Saskatchewan particularly brutally,[48] and, as has been frequently noted, put great strain on both the medical system and those reliant on it.[49] These years also, Bill Waiser has noted, challenged the previously widely held view in the province of relief programs as the last resort of the weak, or lazy, and as a source of shame for those reliant on them.[50] And, immediately in the depression's wake came the Second World War. Though farmers' exemption from the draft meant that

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[48] Between 1929 and 1932 Saskatchewan's *per capita* income fell by 72%, compared to 61% in Alberta, 49% in Manitoba, and 44% in Ontario and Quebec, Gregory Marchildon "The Great Divide," in *The Heavy Hand of History: Interpreting Saskatchewan's Past,* ed. Gregory Marchildon (Regina: Great Plains Research Centre, 2005)" 57

[49] see Gregory Marchildon, "The Great Divide," 51-66, for a study on the effect of the dust bowl on Saskatchewan politics.

[50] Bill Waiser, *Saskatchewan: A New History* (Calgary: Fifth House, 2005) 283.

Saskatchewan's society was less affected than were more industrialized parts of the country, federal planning during these years served to help agricultural efficiency and move the province away from the virtual monoculture which had previously shown its vulnerabilities.[51] The war, like the preceding depression, highlighted the advantages of a planned economy and the greater role for the state such a system necessarily entails.[52]

McKay describes the Canadian left of the post-depression era as subscribing to a philosophy of "national state management,"[53] one in which the politics of the SHML comfortably fit. A scientific re-examination of the state was not just possible, but necessary, as the excesses of capitalism had been made patently obvious by the collapse of the financial sector and the widespread hardship that resulted. McKay characterizes leftist thought during this era in a way that resonates with the SHML's platform and methods; the notion of a radical state intervention to address the increasingly obvious shortcomings of the existing political social and economic order, the dissemination of key texts (to wit, SHML publications *The Medical Quest* and *State Medicine for Saskatchewan: An Eight-Point Plan*), and the uncritical use of the Soviet Union as an example of the benefits of a planned economy[54] were all characteristics shared by the SHML. In this "formation" (the term used by McKay for each epoch of Canadian left-wing thought), McKay notes that compared to the preceding, "world revolution" oriented

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[51] Waiser, *Saskatchewan: A New* History, 338-9.
[52] McKay, *Rebels Reds, Radicals,* 102-3.
[53] While Saskatchewan itself is not a nation, the sense in which McKay uses this term suggests planning done through government, the state, which does not necessarily have to come at the national level.
[54] McKay in particular points to the CCF's "Make this Your Canada," which despite the CCF's attempts to distance itself from its Communist rivals, shows deep roots in a contemporary interpretation of Marxist thought and, like *The Medical Quest* (SHML), poses a fairly uncritical look at the Soviet Union as an example of the advantages of state planning.

formation, class struggle receded in rhetoric[55] while "it was easy to get the impression that a weakened and discredited liberal order was being encircled by a world-changing matrix of socialist ideas and initiatives."[56] The SHML's non-partisan constitution does not mean it was not political. Rather, this stance may be ascribed to the idea that a more overtly electoral bias might have scared many away, especially individuals like civil servants who would be unable to affiliate lest they appear politically compromised. A similar situation within the League for Social Reconstruction (LSR) had led to it avoiding direct affiliation with the nascent CCF while maintaining close advisory ties.[57] Whereas the LSR was comprised strictly of individuals, the appearance of non-partisan impartiality would likely have been even more crucial to the many municipalities and other groups affiliated with the SHML, as they would have had to deal with federal and provincial governments of different political stripes and not necessarily sympathetic to perceived socialism.

The doctors, self-regulating, professionalized and in this era nearly homogenously male, upper-middle class, and Anglo-Saxon, can be understood as part of the liberal Canadian order McKay describes, and medicine in capitalist society as itself an inherently liberal institution. Self-governing and, as noted, elite (in this era, *de facto* barriers, both economic and through admission policies, generally excluded women, the poor, and immigrant communities from entry to medical school), the profession was committed to "medical liberalism." Gregory Marchildon, looking at the 1962

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[55] McKay, "For a New Kind of History," 22, 64.
[56] *Ibid*., 23.
[57] Lynn Gidluck, *Visionaries, Crusaders, and Firebrands: The Idealistic Canadians who Built the NDP* (Toronto: James Lorimer & Company, 2012), 61; McKay, *Rebels Reds, Radicals*, 171.

Saskatchewan doctor's strike, which marked the high point of the battle between universal healthcare proponents and the Saskatchewan medical profession earlier waged by the SHML, described this as "an individualistic philosophy that was opposed to at least some of the more collectivist assumptions underpinning the expanding of the welfare state."[58] The philosophy of medical liberalism was buttressed by a strong belief in organized medicine's need for unchallenged sovereignty, self-discipline, the sanctity of the doctor-patient relationship, and the ability to control one's own business, including the determination of fees. The model of state medicine proposed by the SHML, particularly its insistence upon salaried doctors rather than fee for service (with fees determined by the doctors themselves), represented to the liberal order embodied in organizations like the Canadian Medical Association and the College of Physicians and Surgeons[59] a threat to their professional autonomy and, by extension, to their very conception of their professional identity. By replacing their self-regulation and their sovereignty with state apparatus, their self-identity, and the nature of their relationship with their patients would be fundamentally shifted, something which seems to have been recognized both by organized medicine and by activists like the SHML.

Scholars studying Saskatchewan's role as the vanguard of Canadian health care provision policy have stressed what can be called Saskatchewan's 'collectivist tradition'. In addition to the municipal hospital and doctor schemes previously mentioned, this

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[58] Gregory Marchildon and Klaartje Schrivjers, "Physician Resistance and the Forging of Public Healthcare: A Comparative Analysis of the Doctors' Strikes in Canada and Saskatchewan in the 1960s," *Medical History* 55 (2011), 204.

[59] As Marchildon notes, the relationship in Saskatchewan of these two organizations was tighter than in other provinces, and as a result the ostensibly strictly regulatorially-oriented College of Physicians and Surgeons also, by closer cooperation with the Saskatchewan Medical Association, assumed an overtly political role.

included home-grown institutions, like the cooperative wheat farming and marketing organizations, which emerged from the same social and political currents that gave birth to the CCF.[60]

One could add an eighth locus of radicalization to those identified by McKay -- that of a regional political culture as evidenced in this case by Saskatchewan's historical embrace of the co-operative movement and its history of challenges to the traditional model of medical service delivery. In Saskatchewan this had previously been manifested in the advent of municipal doctors (some of whom operated on a salaried basis), hospital districts and co-operative action against tuberculosis. At the same time, we can look at the push and pull, the cross-pollination between transnational spread of ideas and the seemingly fertile ground of post-depression Saskatchewan. The thesis of transnationalism expresses not only the exchange of ideas between migrants and their countries of origin and those to which they had migrated. It also expresses a process of conscious or unconscious negotiation between the two, resulting in a world view and its manifestations, including the political, shaped by both cultures, each with its own hegemonic structures and means of accommodation with them.[61]

Studying the SHML, with its large, voluntary membership, including individual activists, clubs, organizations, and local governments, provides an excellent opportunity to examine the ways in which grass-roots, collective advocacy and resistance worked. A reconnaissance of the kind that McKay proposes allows us to perceive the actors in health

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[60] Aleck Ostry, "The Roots of North America's First Comprehensive Health Care System," *Hygea Internationalis* 2-1 (2001), 25, 29.
[61] Christiane Harzig and Dirk Hoerder, "Transnationalism and the Age of Mass Migration, 1880s to 1920s," in *Transnational Identities and Practices in Canada*, ed. Vic Satzewich and Lloyd Wong (Vancouver: University of British Colombia Press, 2006), 36 - 9.

care struggles as characterizing attempts to live and reason otherwise. A first step in this reconnaissance will be an examination of the public activities and publications put forth by the group.

The SHML's first action as a coordinated body was the 1936 undertaking of a survey on the health of Saskatchewan's rural populace in preparation for creating a plan of action. Following McKay's characterization of the SHML's generational cohort, this "formation" was dedicated to careful study and planning as a way to transform society. With the assistance of the Grain Pool, the SHML's survey was sent to every rural resident of Saskatchewan.[62] The survey asked respondents to disclose their illnesses over the last five years, their durations, the various costs paid to doctors, nurses and hospitals, the number of medical visits and hospital stays, as well as the costs of these services and the amount of outstanding debt accrued. An afterward to the survey urged cooperation, stating that "the league has in mind the socialization of medicine and hospitals in the province, and their success largely depends on your co-operation."[63] In the following years, the results of this survey as well as further research would form the "hard data" that the SHML used in a series of publications and broadcasts.

The most significant of the SHML's publications was its *State Medicine for Saskatchewan: An Eight-Point Plan*, a succinct yet comprehensive statement that essentially constituted the group's manifesto. Prepared in 1939, approved by the SHML's 1940 convention, and released in 1941, the "Eight Point Plan" was widely distributed and vigorously promoted by the league, despite -- or arguably in reaction to --

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[62] "League Takes Step Toward Medical Plan," *Regina Leader Post*, 17 December, 1936, p 3.
[63] Questionnaire, "the State Hospital and Medical League", SHML fonds, Saskatchewan Archives Board.

the fact that its insistence on salaried doctors infuriated much of the medical profession.[64] This document was so central to the league's message and objectives that familiarity with its recommendations became *de rigeur* for SHML activists, and delegates to the SHML convention were expected to be well familiar with it.[65]

Of the titular eight points, the first, "Organization in General" was the largest single section of the document, and it was essentially the blueprint for the rest of the League's proposals. While the remaining seven points[66] elaborated on specific aspects of the scheme, this first section outlined the basic objectives of the SHML and the ways it foresaw their implementation. It called for the establishment of sixteen health districts, each with a central "district" hospital[67] in addition to local hospitals, forming district-based, centrally planned medical system to replace the piecemeal and often inadequate or duplicated nature of contemporary organization. The proposed districts covered only the south and central parts of the province. The farthest north was based in Meadow Lake;

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[64] Naylor, *Private Practice, Public Payment*, 136. See also "Medical Economics: The State Hospital and Medical League," *Canadian Medical Association Journal* 51 (1944), 268-71, for a look into the medical profession's resistance to SHML plans.

[65] State Hospital and Medical League, "State Hospital and Medical League: Official Call to Convention, 1942," Sophia Dixon Fonds, State Hospital and Medical League, folder 2, University of Saskatchewan Archives, Regina.

[66] Sections include, 1. Organization in General, 2. The People and Their Relationship to the Scheme, 3. Doctors, Nurses, Staff and Dentists, 4. Preventative Medicine, 5. Medicine and Distribution thereof, 6. Hospitals and Clinics, 7. Taxation and the Collection Thereof, 8. Finance in General.

[67] Proposed health districts were to be based in Weyburn, Assiniboia, Shaunavon, Broadview, Regina, Moose Jaw, Swift Current, Yorkton, Rosetown, Wadena, Saskatoon, Unity, Tisdale, Prince Albert. North Battleford and Meadow Lake, State Hospital and Medical League fonds *State Medicine for Saskatchewan: An Eight Point Plan* (1941), State Hospital and Medical League, Box 2, Saskatchewan Archives Board, Regina Sk., 3.

the proposal suggested extending the scheme further north "when it shall have become sufficiently populated to warrant this".[68]

The plan called for an expansion in the number of doctors in the province from 525 to 627, based on the ratio of one doctor per 1500 people, with similar increases in the number of nurses and dentists. The medical system was to be under the control of a provincial board consisting of two representatives each from the Rural and Urban Municipality Associations, two representatives of the medical profession, one each for the nursing and dental professions, and two representatives from the provincial government. Similarly, boards composed of both lay people and medical professionals were to operate at the district level. The provincial government, who thus would wield ultimate control, could dissolve both district and provincial boards.[69]

Further points within the document both reiterate and expand on the introductory point. "The People and their Relationship to the Scheme," for instance, set in human terms the need for a state medical scheme. It also highlighted data gleaned from available statistics on the state of healthcare in Saskatchewan, and from the results of the 1936 exploratory survey the league had conducted. Particular attention was given to the need for scholarships to shore up the number of health care professionals, and the establishment of a medical college was considered requisite. Pharmacies would be brought "partially under the state medical scheme"[70] in order to help increase organization of supplies, standardize services, and administer pharmacare benefits. Doctors were to be more widely dispersed through the province, according to population

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[68] SHML, *State Medicine: An Eigh- Point Plan*, 4.
[69] SHML, *State Medicine: An Eight-Point Plan*, 7.
[70] SHML, *State Medicine: An Eight-Point Plan*, 9.

distribution, whereas previously they had been concentrated in the cities. Specialists were to be retained by the district hospitals, though specialist services were to be concentrated at central hospitals in Regina, Saskatoon, and Prince Albert. Salaries of doctors, dentists, and nurses would be capped.[71] Showing the outward-looking nature of the league's perspective, the organizational proposals went beyond concrete discussion of administration and organization of service provision. For state medicine to reach its potential, the *Eight-Point Plan* argued for constant upgrades to the education of the province's medical staff, both practitioner and administrator to, "keep in touch with research work all over the world."[72]

As previously noted, there was an emphasis on preventative medicine, seen as the measuring stick for the "ultimate success of state medicine." This went beyond the strictly medical field -- the platform noted that, "the health of a community is inevitably associated with housing conditions." The SHML also advocated "control of the hazards to health in industry through better working conditions,"[73] for instance, and housing conditions were further associated with a number of health problems including "a general deterioration in the health of the people."[74] Attention was given, too, to more basic public health concerns such as rigid public health regulation, an increased emphasis on nutrition, particularly for children, and increased concern for workplace health and safety."[75] Prescription drug supply would be centrally coordinated, though the document

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[71] Salaries of doctors were not to exceed $4000 (specialists $6000), dentists $4000, nurses $2000 SHML, *State Medicine: An Eight-Point Plan*, 5.
[72] SHML, *State Medicine: An Eight Point Plan*, 6.
[73] SHML, *State Medicine: An Eight Point Plan*, 8-9.
[74] SHML, *State Medicine: An Eight Point Plan,* 9.
[75] SHML, *State Medicine: An Eight Point Plan*, 8-9.

notes that, "on no account should political and other considerations be allowed to interfere with this branch of state medicine."[76]

The section on revenue and taxation included the caveat that, despite the fact that its projections were based on "the fee for services as we have them today, it is safe to assume that State medicine would cost less, owing to the fact that preventative medicine would be in general use and overlapping of services would cease."[77] State Medicine was to be funded via a 2 *per cent* sales tax plus a contribution from general government revenue. This avoided use of a general land tax, which was the funding mechanism for some of the existing municipal schemes. While the province would own all hospitals under the SHML's plan, control of them would rest in the hands of a proposed Provincial Board of Control for State Medicine. This point reflected, according to later reminiscences from Welsh-born SHML board member Joseph Thain, himself drawn to the league partially through activism in the labour movement, the league's view that lay control of medical administration, as opposed to that of the vested interests of the profit-driven medical establishment, was absolutely crucial to its plan's success.[78]

The *Eight-Point Plan* was but one of a series of materials produced by the league to promote and publicize the creation of a state medicine scheme as well to counter the negative "education campaign" against the SHML being waged by the medical profession, which included a significant propaganda element of its own.[79]

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[76] SHML, *State Medicine: An Eight Point Plan,* 9-10
[77] SHML, *State Medicine: An Eight Point Plan*, 11.
[78] Joseph A. Thain, "My Memories of the 'State Hospital and Medical League," State Hospital and Medical League Fonds, Box 8, Saskatchewan Archives Board, Regina, 3.
[79] Gordon Stewart Lawson, "The Co-operative Commonwealth Federation, Health Care Reform and Physician Remuneration in the Province of Saskatchewan, 1915-1949," (M.A. Thesis, University of Saskatchewan, 1998) 46-7. Lawson also notes that the

A small pamphlet, "State Medicine for Saskatchewan: A Call to Action," served as a sort of rallying cry, a concise but incisive plea to potential grassroots organizers. Its header urges the recipient to "read it carefully and pass it along." While it contains points reiterating the need to reform Saskatchewan's medical system as well as the social and economic costs of poor health, the focus is clearly on organizing for political action, noting, "Legislative enactments always lag behind public opinion. The league provides the facilities and the outlet for giving expression to your desires."[80] Readers are asked to form local branches of the league, to elect boards, to recruit organizations to join the league as well as to donate money in aid of an upcoming, province-wide radio campaign.[81] Fundraising ideas, such as organizing box socials, are suggested to SHML activists.[82] Most notable is its admonition for readers to "discuss the subject with your neighbours. Hold debates, enlist the support of the local minister, the school teachers and leaders of the cooperative movement" and, in bold text, to "write letters to the press."[83] At its core the message here is that the SHML seeks to present itself as a grassroots

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Saskatchewan Medical Association and the Saskatchewan College of Physicians and Surgeons had, uniquely in Canada, merged in 1936, largely to counter the increasing drive toward state medicine. See also [80]State Hospital and Medical League, *State Medicine for Saskatchewan: A Call to Action*, SHML fonds, box 18, Saskatchewan Archives Board, Regina Sk., 3.

[80]State Hospital and Medical League, *State Medicine for Saskatchewan: A Call to Action*, SHML fonds, box 18, Saskatchewan Archives Board, Regina Sk., 3.

[81] Broadcasters listed in 1943 include commercial broadcasters CJRM Moose Jaw/Regina, CKBI (Prince Albert) and CFQC Saskatoon "1943 Series of Topics for SHML Broadcasts," State Hospital and Medical League, Box 2, Folder 1, Saskatchewan Archives Board, Regina Sk., while in 1945 they were CKCK Regina (the Provinces first private broadcaster, it was a high-powered private AM station whose range covered much of the province, Bill Waiser, *Saskatchewan: A New History*, 224.) and, again, CKBI, *Health Services Review* 1-1 (May 1945), Sophia Dixon Fonds, Box 34, University of Saskatchewan Archives, Saskatoon, 15.

[82] *State Medicine: A Call to Action*, 2.

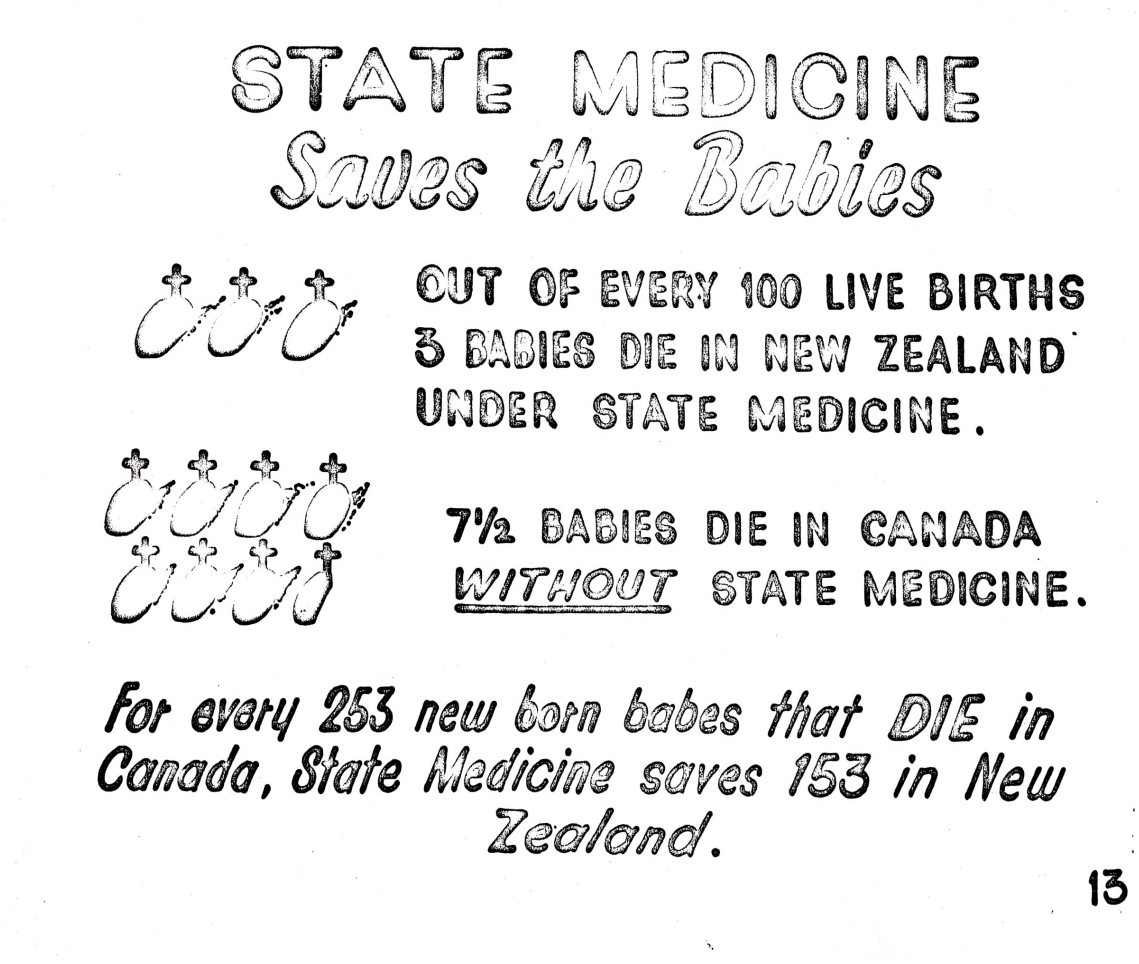
, for the SHML's response to physician's publicity drive.

organization. Further, action through SHML channels was the best way that interested individuals could further the fight for a state medicine system.

A single-page pamphlet produced in 1942 and simply titled "Did You Know?" compiled statistics on disease and child mortality and emphasized their costs, both social and economic. The struggle to democratize access to medical care was also framed in historical terms, comparing it to the struggle a few decades earlier for universal access to education and emphasizing the obvious gains society had made as a result of that successful struggle. This document's focus on the tragic costs borne by those unable to pay their medical expenses and the implications of this for society, clearly situates universal medical coverage on the continuum of advancements that must inevitably be made for the betterment of human society as a whole.

A filmstrip was produced in 1939 for showing at fairs and other public gatherings. As the frame below shows, the filmstrip played up maternal concerns, pushing the none-too-subtle message that "State Medicine Saves the Babies" (see Figure 1). This captures the general light, though didactic tone of the film strip, which also visually and metaphorically contrasted the somber menace of poor health with the idealized sunshine of state medicine. Such directness and simplicity is not surprising given its intended audience — reaching out beyond the politically interested to the general public, and the need to catch the attention of attendees likely more focused on entertainment and diversion than on more serious concerns.

Figure 1: Frame of a Promotional Filmstrip Produced by the SHML
1939, Saskatchewan Archives Board



Starting in May, 1943, the SHML began publishing *The Health Services Review*, a quarterly newsletter that, its cover proclaimed, was "published in the interests of

adequate medical and hospital care regardless of the ability to pay." Regular features included "Personalities in the March of Progress," which profiled a variety of key figures in the SHML, like long-time president Dr. W.H. Setka in the first issue, or board member Mabel Bradley in the third. Setka's profile notes his history as a long-time Saskatchewan physician, of American parentage, who had served both rural and urban practices, was, "vitally interested in progressive movements," and who hoped to, "write a book on what he thinks would be the ideal in socialized medicine," though the profile states that he had turned down "numerous" requests to enter electoral politics due to work pressures.[84] The latter is noted to have been involved in a number of other causes, such as the Women's Christian Temperance Union, the United Farmers of Canada (serving as the national president of their women's section), the co-operative movement and "other progressive bodies".[85] Articles covered contemporary health issues as well as the activities of the SHML in promoting their cause at both provincial and local levels. Practical health concerns beyond the political sphere were addressed. A 1945 article, for example, offers a treatise on restaurant sanitation, as well as a series of related tips provided by "one of the railway unions in Regina."[86] There were even small humour pieces and odd tidbits from the news, no doubt to try to broaden the mass appeal of the *Review* as well as fill space for page layouts. At least in the earliest days of the publication it was primarily distributed free of charge, with revenues coming from a small handful of paid

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[84] E.R. Powell, "Personalities in the March of Progress" *Health Services Review* 1-1 (May 1945), Sophia Dixon Fonds, Box 34, University of Saskatchewan Archives, Saskatoon, 2, 20.
[85] SHML, *State Medicine: A Call to Action,* 3.
[86] Nina Geraw, "Health Shall be First: Restaurant Sanitation" *Health Services Review* 1-1 (May 1945), Sophia Dixon Fonds, Box 34, University of Saskatchewan Archives, Saskatoon, 18 - 19.

subscriptions and advertising income. Though seven thousand copies of the first issue were sent out, only slightly more than one hundred of these were to paid subscribers (at one dollar per year) and advertising income totaled $105. For the second issue, seven thousand were mailed and three thousand were given away at the Regina Exhibition.[87]

By 1942, the League's mailing list exceeded five thousand people, and mailings were prepared by the volunteer contingent at the Prince Albert headquarters.[88] This continued despite a chronic shortage of cash in the league's coffers which often resulted in founder and league secretary C.L. Dent—also notable for his role in helping Sophia Dixon recruit the province's Homemakers' Clubs to the SHML--contributing to the postage fund out of his own pocket, along with volunteers who often matched his contribution. In fact, the operations at the head office were so threadbare that a typewriter that could not print a lower-case "e" was used, with the letter "o" typed and later modified to "e" with ink. This typewriter was not replaced until a mischievous volunteer wrote a letter to Dent threatening to "go on striko(sic)."[89] Although they had a broad coalition of individual and organizational sponsors, it is likely that much of the cash available to the SHML went directly into its publishing, mailing, and radio campaigns rather than being spent on administration. Unfortunately, this is hard to determine from available sources.

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[87] "Warm Debate Sees Saskatchewan Health Services' Association's End," *Health Services Review* 1-3 (May 1945) Sophia Dixon Fonds, Box 34, University of Saskatchewan Archives, Saskatoon, SK, 13.
[88] E. R. Powell, *A Petition of Rights and a Bill of Health*, (Prince Albert, Sk: State Hospital and Medical League, 1943) SHML fonds, Box 9, Saskatchewan Archives Board, Regina 3.
[89] Gloria Shade, Interview with Caroline Sarjeant, *Pioneers of the State Hospital and Medical League*. Tape Recording. State Hospital and Medical League Fonds, Saskatchewan Archives Board, Regina.

In the mid 1940s, the SHML sponsored a series of weekly,15-minute radio broadcasts, heard on different stations throughout the province. These featured a different speaker and message each week, representing a broad array of the league's membership, and articulated many of its concerns. SHML president and co-founder, Dr. Setka, spoke on the subject of "Competitive Medicine and its Results." Mabel Bradley, president of the influential United Farm Workers Women's Section, discussed "State Medicine and its Possibilities", while James Cumming of the Saskatchewan Teachers Federation spoke on "Unwarranted Expense and the Tragic Toll of Unrecognized Medical Care," reflecting the SHML's strong advocacy of preventative medicine. Many of these talks were either reprinted in the *Health Services Review* or in pamphlet form.[90]

The most exhaustive of the publications created by the SHML was the ninety-eight page book, *The Medical Quest*. It was written by E.R. Powell, who was also the SHML district director for Regina and a frequent contributor to *the Health Services Review*, and was published in May, 1944. While most of the league's other publications were concrete proposals for Saskatchewan, the scope of *The Medical Quest* was much broader. Using an international perspective on health care reform, it examined the various schemes for socialized medicine that had evolved in different parts of the world. Pioneering movements in the United Kingdom and northern Europe were studied, but the bulk of the book focused its attention on more ambitious schemes. New Zealand's state health plan, introduced by its socialist government in the 1930s, is portrayed very positively. Even more attention, as well as praise, is reserved for the Soviet medical

[90] "1943 Series of Topics for SHML Broadcasts", State Hospital and Medical League Fonds, Box 2, Saskatchewan Archives Board, Regina.

system. Interest in, as well as admiration of Soviet medicine was widespread among progressives worldwide. Indeed, Henry Sigerist, the distinguished American medical historian brought to Saskatchewan in the fall of 1944 by the Douglas administration to help realize its health care policy proposals, was a great admirer of the Soviet medical system. In Sigerist we can also get another glimpse at the trans-national level of the debate on socialized medicine, as Sigerist was Swiss-born, American-employed, well-travelled, and a keen student of world affairs.[91]

Interestingly, Powell does not discuss just the strictly institutional side of Soviet medicine, but also looks at a broader conception of health, and how the Soviet regime had improved it. He discusses housing, sanitation, agricultural, educational, and financial reforms as indicators of the USSR's commitment to the health of its citizens. The Soviets' strong support for medical training is praised and compared to the current situation in Canada, where, in Powell's view, "it is a glaring travesty of democracy and equality that only those students financially able to meet the cost of medical training should have the opportunity to become doctors."[92] The latter theme is reflected in the SHML's advocacy not only for the creation of a medical school for Saskatchewan, but also a democratization of access to it through extended scholarships — and a move away from the old class-based restrictions to joining the liberal medical profession.

The Medical Quest also pays a great deal of attention to the Kaiser hospitals, which were built in the forties for workers in the Kaiser shipyards, in the United States' Pacific northwest. The Kaiser hospitals cared for workers at the Kaiser shipworks and

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[91] see Jacalyn Duffin, "Sigerist in Saskatchewan."
[92] E.R. Powell, *The Medical Quest* (Prince Albert, SK.: State Hospital and Medical League, 1944), "State Hospital and Medical League," SHML fonds, folder 1, SAB, 93.

their families, and placed a strong emphasis on preventative medicine, something that was ignored in conventional contributory health insurance plans but was central to the SHML's vision. Doctors were paid on a salary rather than fee-for-service basis, which was strongly opposed by much of the medical profession and necessitated Kaiser's building of their own hospitals — most hospitals refused to allow doctors who had agreed to salary remuneration into their institutions[93] -- while organized medicine attacked the system as a form of socialized medicine.[94] Although later fissures would develop, in its early days the Kaiser medical plan marked a rare example of co-operation between organized labour and industry, and was created with significant help from the left flanks of the labour movement.[95]

Powell took a very positive view of the Kaiser system (in the introduction he noted that he had visited them immediately prior to writing *The Medical Quest*) and entitled his write-up on them "the Shining Example". Powell praised the Kaiser facilities for the complete spectrum of care they offered, for their effective administration, and for ignoring class considerations in the quality of the care they offered.[96] This section also quotes Dr. Carl A. Johnson of Oklahoma, who had visited a Kaiser institution with an initially skeptical attitude. Powell states that Johnson was "astounded at the limitless care given for such low cost", and that, "instead of being contrary to ethics, he saw the old oath of Hippocrates exemplified."[97]

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[93] Michael Dixon and Donald Light, "Education and Debate: Making the NHS more like Kaiser Permenante," *British Medical Journal* 328 (2004), 764.
[94] David Rosner, "Review: Rickey Hendricks, A Model for National Health Care: The History of Kaiser Permanente," *American Historical Review* 99 (1994), 999.
[95] *Ibid.,* 999.
[96] Powell, *The Medical Quest,* 75.
[97] *Ibid.,* 75

If the *Eight-Point Plan* was the SHML's manifesto, *The Medical Quest* could be seen as their preeminent piece of propaganda, not just for Saskatchewan, but for the greater, worldwide crusade for health-care reform. By 1945, it was available in over 150 libraries across Canada and the United States, and a few copies could be found in British libraries.[98] It was approved as curriculum by the Alberta Department of Education, though ironically, despite the league's pressure, Saskatchewan failed to follow suit.[99] The SHML promoted this work to the extent that from the date of its publication, a recurring advertisement, promoting discounts for bulk purchases and consignment sales to "clubs and canvassers," graced the back page of each issue of *The Health Services Review*. In a letter printed in that publication, Peter Charko, vowed to "do (his) very best to order one for every family I contact."[100]

The SHML held an open convention annually. A pamphlet distributed in advance of the 1942 convention provides evidence of the event's format and content. While members, both organizational and individual, were urged to attend, there was a twenty-five cent registration fee to "eliminate curiousity seekers,"[101] according to the pamphlet. Helping to cover convention costs for the perpetually cash-strapped organization was no doubt also a factor. The convention's main objective, according to the pamphlet, was to discuss the *Eight-Point Plan* and attendees were urged be as familiar with its proposals as possible, to enable discussion of not just their content but also "ways to bring State

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[98] State Hospital and Medical League, "1945 Report of the SHML Executive," SAB
[99] "editorial" *Health Services Review* (1947), Sophia Dixon Fonds – State Hospital and Medical League, Box 34, University of Saskatchewan Archives, Regina, 3 - 4.
[100] *Ibid*. 21.
[101] State Hospital and Medical League, "Call to Convention, 1942", SHML fonds, box 1 SAB, 1

Medicine to Saskatchewan immediately."[102] The program promised "many outstanding speakers," discussion of both the eight-point plan and the criticisms levelled at it, and consideration of the "financial and medical structure" of Saskatchewan.[103] The address to the 1947 convention, delivered by Premier Tommy Douglas, by then in the midst of implementing health care reforms under the CCF government's first mandate, praised the SHML for the educational work they had done and continued to do in the service of raising public interest in and support for a state-sponsored medical scheme.[104]

Apparently, these conventions could occasion lively debate over the League's platforms. A 1945 radio address, republished in *The Health Services Review*, notes that the previous year's convention had entered into a spirited discussion of whether centralization of services might be preferable to the *Eight-Point Plan's* articulated model of delegated, autonomous health districts, though it does seem that league orthodoxy won the day.[105] But, the same address notes that democracy had always been a key component of the SHML, which fashioned itself as simply the outlet for the multitude of voices in favour of reforming Saskatchewan residents' access to health care — and an outgrowth of Saskatchewan's tradition of collectivism operating on a local level.[106] One of the

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[102] "Call to Convention," SHML, 1942, SAB, 1.
[103] *Ibid*., 1.
[104] "Editorial: the Eleventh Annual Convention," *Health Services Review* 3-6 (1947), Sophia Dixon Fonds – State Hospital and Medical League, Box 34, University of Saskatchewan Archives, 3.
[105] Joshua N. Haldeman "Radio Address", printed in *the Health Services Review*, 1-1 (1945), Sophia Dixon Fonds – the State Hospital and Medical League, Box 34, University of Saskatchewan Archives, 15-16.
[106] *Ibid*. 16-17.

league's radio addresses also speaks to this, claiming that, "it is controlled by its membership… each member has the right to bring any matter before the League."[107]

The SHML, then, was a heterogeneous group with a single goal. While there may have been internal differences, this is not uncharacteristic of such broadly based organizations, especially ones whose core structures favour individual initiative and decentralization of control. Instead, it can be seen as a group empowering individual activists and offering a unified voice in publicizing and lobbying for health policy reform. While its publications provided a degree of unity, they also served as resources, allowing individuals and groups to agitate and promulgate at the local level.

[107] *Ibid*. Saskatoon, 16.

Chapter 3 – Gender and the SHML

Health care reform has often been posited as primarily a "women's issue."[108] In the mid-twentieth century, women were expected to mind the home and family. Health care, along with education, food security, and other parts of "home life," occupied this domestic realm. Women, as both child-bearers and primary caregivers, undoubtedly had a vested interest in assuring access to adequate and available health care, but to ghettoize health care reform as a women's issue minimizes the importance of health care reform itself and the efforts of those of both sexes who advocated for it.

A look at gender in relation to the activist politics of the State Hospital and Medical League allows us to fill in some gaps in McKay's typology of left formations. In *Rebels, Reds, Radicals*, gender analysis is mostly reserved for a later formation, starting in the mid 1960s, which McKay dubs "social feminism," and which, in his analysis, created a new leftism that superseded a previously existing left, including the "state planners" whose era includes the activists of the SHML.

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[108] This is a reflection of the interpretation of the first wave of Canadian feminists in the era of the suffrage movement as primarily motivated by "maternal" concerns including health and education. See, for example, Veronica Strong-Boag, "Ever a Crusader: Nellie McClung," in *Rethinking Canada: The Promise of Women's History"* 2nd ed., Veronica Strong-Boag and Anita Clair Fellman (Mississauga: Copp Clark Pittman, 1991), 313. Sheila McManus, "Gender(ed) Tensions in the Work and Politics of Alberta Farm Women, 1905-29" in *Telling Tales: Essays in Western Women's History*, ed., Catherine Cavanaugh and R. R. Warne (Vancouver: University of British Columbia Press, 2000), 136.

While McKay does not deny the influence of gender issues in earlier generations, he claims that they treated gender as a "peripheral concern"[109] and further that custody of "the gender question" itself was the domain of men.[110] McKay describes "the old liberal formula of a division between 'the political' and 'the personal',"[111] as having previously obscured the reality of women's unequal status and as serving an analogous purpose within the counter-hegemonic left itself. As part of the "state planning" left in which gender was a major issue, a study the SMHL allows an opportunity to not only challenge these assertions, but also to extend the reconnaissance. We can examine the overlapping and continuous intellectual trends that percolated below the surface well in advance of the emergence of socialist feminism in the 1960s and 1970s, applying to them the same contextualized and relativistic reconnaissance model central to McKay's analytical framework, augmented by secondary work from other scholars, including Joan Sangster, Heather McIvor, Veronica Strong-Boag, Jill McCalla Vickers, and Georgina Taylor, who have all made contributions to the study of women in the Canadian left during this era.

By studying the SHML we can challenge the extent to which health was politically a "women's issue" and examine the nature of women's involvement in the movement for health care reform. Especially in its constituent organizations like the Homemakers' Clubs, we have an example of women at the grassroots level organizing for the purposes of changing the health care system. But here we can also examine the nature of the relationship between the SHML's constituents and its largely male

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[109] McKay, *Rebels, Reds Radicals*, 99.
[110] McKay, *Rebels Reds Radicals*, 99, see also Jill McCalla Vickers, "Feminist Approaches to Women in Politics," in *Beyond the Vote: Canadian Women in Politics,* ed. Linda Kealey and Joan Sangster, (Toronto: University of Toronto Press, 1989), 20-23.
[111] McKay, *Rebels, Reds, and Radicals*, 194

leadership. While leadership actively sought the participation and representation of women, few rose to leadership positions, and it is questionable how much they were able to influence the direction of SHML activities.

Scholars have argued that women historically tended to feel more at home in non-partisan political activities. Heather MacIvor, for one, has suggested that this may be a consequence of the hierarchical structure of formal parties which concentrated power in executive and leadership positions while more informal organizations like the SHML allowed for more individual, less constrained activism. She describes this as "unconventional politics."[112] In MacIvor's view, despite the narrow definitions supplied by conventional political science, women have always been political actors through such *ad hoc* means.[113] As Veronica Strong-Boag, Joan Sangster, Linda Kealey and others have demonstrated, in traditional 'old-line' parties – the Liberals and Conservatives — women's auxiliaries were formed which acted as essentially support organizations for the male dominated parties to which they were attached. At the same time, emerging political parties, groups like the United Farmers and later the CCF and NDP, despite their less formal structures and ostensibly more egalitarian basis, shared some of the bias of the old parties. While in theory more open to women's advancement and without "unnecessary" women's auxiliaries[114], these groups nevertheless continued to have

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[112] Heather MacIvor, *Women and Politics in Canada* (Toronto: University of Toronto Press, 1996), 228-31, 253.
[113] MacIvor, *Women and Politics in Canada*, 229.
[114] Georgina Taylor, "Should I Drown Myself Now or Later: The Isolation of Rural Women in Saskatchewan and their Participation in the Homemakers' Clubs, The Farm Movement and the Co-Operative Commonwealth Federation", in ed. Kathleen Storrie, *Women: Isolation and Bonding, the Ecology of Gender* (Toronto: Methunen, 1987); Sylvia B. Bashevkin, *Toeing the Line: Women and Party Politics in English Canada*, (Toronto: University of Toronto Press, 1985), 18, 121-22.

overwhelmingly male leadership. Although they actively courted women and nominated more female electoral candidates than their more established competitors, these candidates tended to be run in "unwinnable" constituencies and were often given little campaign support.[115] Women were largely excluded from decision-making in social democratic parties, except in relation to "women's family raising concerns"[116]

Patricia Roome, looking at the experience of women involved in the 1920s Dominion Labour Party in Calgary (along with the United Farmers, a precursor to the CCF), noted that its women were able to successfully push for the inclusion of "a socialist and feminist agenda," which included a platform of international disarmament, democratization of education, unemployment insurance, a fair minimum wage, mothers allowances, pensions for women and, most importantly for our purposes here, availability of free medical and dental service, all of which Roome describes as the "'mothering issues' (which) formed the nucleus of the Canadian Labour party's program."[117] The United Farm Women of Saskatchewan, themselves a constituent of the United Farmers, also advocated organization for public health initiatives, as well as improved property rights for married women, while still working from within the maternal construct concept of the "position of mother and homemaker as the greatest in the world."[118]

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[115] Joan Sangster, "The Role of Women in the Early CCF, 1933 - 1940," in *Beyond the Vote: Canadian Women and Politics*, ed. Linda Kealey and Joan Sangster (Toronto: University of Toronto Press, 1989), 127.
[116] Sangster, "The Role of Women in the Early CCF," 135.
[117] Patricia Roome, "Amelia Turner and Calgary Labour Women," in *Beyond the Vote: Canadian Women and Politics*, ed. Linda Kealey and Joan Sangster (Toronto: University of Toronto Press, 1989) 108-9.
[118] David McGrane, "A Mixed Record: Gender and Saskatchewan Social Democracy from 1900 to 2000," *Journal of Canadian Studies* 42-1 (Winter 2008), 183.

Veronica Strong-Boag has posited an interpretation of early feminism specific to prairie women. In her view, while these women were excluded from decision-making power in formal "political" bodies, they achieved success in reaching practical goals by working in more *ad hoc*, small, and issue-focused groups outside of the formal, male-dominated world of partisan politics. And, as Joan Sangster has noted, while women's voices were underrepresented in decision making, even within the CCF, they "comprised an indispensible army of local educators, organizes and electioneers… (which) contradicted the more pessimistic charges that women had simply retreated home after winning the vote."[119]

While it has often been said that Canadian women became increasingly politicized as a result of their participation in the wartime economy and subsequent dismissal from the same industries,[120] the experience of Saskatchewan's women was different. While many eastern Canadian women entered the industrial workforce in place of soldiers serving overseas, Saskatchewan lacked this heavy industry. Male workers in the province's primary economic activity — agriculture -- were largely exempt from military service. The trade-off for this was the fact that, by the work's very nature, women had long been integrated into the agricultural base and indeed had a long history of activism within the province's agricultural organizations, like the United Farmers and Grain Growers' associations. As Georgina Taylor noted in her article, "Shall I drown Myself Now or Later," the activism of Saskatchewan farm women was of a decidedly practical nature.

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[119] Sangster, "The Role of Women in the Early CCF", 135.
[120] MacIvor, *Women and Politics in Saskatchewan*, 103-105.

As with many other organizations, including those tied to the farm movement and partisan politics, the SHML drew its constituency from both men and women, though men dominated leadership positions. Still, its cause attracted a number of politically active Saskatchewan women, particularly those of a progressive inclination. For example, Sophia Dixon, later a SHML board member, was well-known in Saskatchewan politics as a tireless advocate for both left-wing and feminist causes. She addressed the 1941 SHML convention,[121] lobbied on its behalf with the federal government's "Heagerty Commission" on post-war reconstruction[122], and, as we shall see, played an important role in bringing women's groups to the SHML's cause. Interviewed in 1934 as part of a series on prominent early CCF women, she noted her view that "it is specifically women's work, this task of socializing medicine".[123] Her correspondence and papers are available at the University of Saskatchewan Archives. Through them, one can find clues to relationships between various elements of the SHML as well its relationships with other organizations Dixon belonged to, particularly Saskatchewan's Homemakers' Clubs.

The Homemakers' Clubs were originally founded on an *ad hoc*, localized basis with the dual objectives of "community betterment and bringing the ladies together for social and mental stimulation".[124] In 1911, they were formally organized on a provincial basis under the auspices of the University of Saskatchewan's "Department of Women's

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[121] Sophia Dixon to C.L. Dent, 4 October, 1941, Sophia Dixon Fonds – Correspondence, State Medicine, Folder 1-21, University of Saskatchewan Archives, Saskatoon.
[122] J.J. Haegerty to Sophia Dixon, 13 March, 1944, Sophia Dixon Fonds – Correspondence, State Medicine, Folder 1-31, University of Saskatchewan Archives, Saskatoon.
[123] Taylor, Georgina, "Sophia Dixon—Progressive Always, Indifferent Never," *Saskatoon History* 1 (1980), 26.
[124] Homemakers' Clubs of Saskatchewan, *Handbook—Homemakers' Clubs*, Sophia Dixon fonds -- homemakers, University of Saskatchewan Archives, 2.

Work"—an outreach program of the university's College of Agriculture."[125] Their mandate was to "promote the interests of home and community," and their affiliations included both the Women's Institute of Canada and the Associated Country Women of the World.[126] The latter affiliation, and those with the League of Nations Society and The Canadian Welfare Council (their other affiliation as of 1944 was with the Canadian Association for Adult Education) reflect the democratically organized provincial association's "widening club interests," particularly in light of "the present World War."[127] Other goals presented in the Homemakers' Clubs 1944 Handbook include "promoting better understanding to the racial groups living in Canada" and "knowledge of laws designed to protect unfortunate children and families, of laws relating to women's property rights, of laws for safeguarding health and for promoting education."[128] From their earliest years, public health was viewed as a "central concern."[129] In practical terms, the Homemakers' Clubs reflected, initially, and to a large degree, the desire of Saskatchewan women not only to lighten their physical toil through sharing of ideas and new technologies related to the life of the farm woman, but also to help break up the isolation of their rural lives. As transportation infrastructure improved and more farmers moved into rural towns, these needs decreased, and the goals of the clubs began to

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[125] *Handbook--Homemakers' Clubs*, 2.
[126] *Ibid*., where it is noted that the affiliation with organizations like the Associated Countrywomen of the World reflected a "widening of club interests" towards pursuing a greater understanding of international affairs, 8. See also, Taylor, "Should I Drown Myself Now or Later," 81.
[127] *Handbook--Homemakers Clubs,* 16.
[128] *Handbook--Homemakers Clubs*, 22.
[129] Scott McLean and Heather Rollwagen, "Progress, Public Health, and Power," *Canadian Sociology Review/Revue canadienne de sociologie* 45-3 (2008), 229.

converge more with those of the organized farm movement.[130] And while their clinging to the title of "Homemakers' Clubs" into the early 1970s reflected a specific view of the role of women,[131] at the local level they often acted in a fashion far more radical than might be expected. Prominent activists within the Homemakers' Clubs included early CCF activists, notably Dixon and Gladys Strum, Canada' only female Member of Parliament from 1945 to 1949 and previously the president of the provincial CCF, the first woman in the country to hold such a post. Strum's CCF mentor, Louise Lucas, had in fact been introduced to her through their mutual work in the Homemakers' Clubs.[132]

Though the Homemakers' Clubs are frequently mentioned as an important component of the SHML, the two groups had a more complicated relationship that is worth exploring further. Perhaps most notable was the struggle within the Homemakers' Clubs between supporters and opponents of the SHML. At the provincial level the Homemakers only held membership in the SHML for one year, 1940.[133] Though many local clubs within the federated provincial group joined the SHML, the provincial organization itself remained on the outside.

The reason for this split can be found in the nature of the Homemakers' Clubs' organization, in particular in the disconnect between the university-based leadership and the strong grassroots local organizations. In her article, "Should I Drown Myself Now or Later," Georgina Taylor studies the relationships between farm women, left-wing politics, Homemakers' Clubs, the United Farmers of Canada, Saskatchewan Section (in

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[130] Taylor, "Should I Drown Myself Now or Later," 83.
[131] Taylor, "Should I Drown Myself Now or Later," 82-3.
[132] Georgina Taylor, "Gladys Strum: Farm Woman, Teacher and Politician," *Canadian Woman Studies* 7-4(1986), 89.
[133] C. L. Dent to Sophia Dixon, 9 May, 1941. Sophia Dixon Fonds – Correspondence, State Medicine, Folder 1-3, University of Saskatchewan Archives, Saskatoon.

which women had long played a major role), and the emerging CCF. Taylor shows that there was frequent overlap in the objectives, activities, and memberships of these three organizations, though this primarily existed at the local club level, which operated with a degree of autonomy. Perhaps not surprisingly, the more established Women's Institutes of eastern Canada, with whom Saskatchewan's Homemakers were affiliated, tended to view their western kin as "raving radicals"[134]

The president of Saskatchewan's Homemakers' Club through this era was Bertha Oxner, who by no means could be characterized as a "raving radical" of any kind. Conservative in outlook, she owed her position in the Homemakers to her position as head of the Department of Women's Work in the Outreach Division of the University of Saskatchewan, which had founded (under the auspices of male administrators) and continued to head the federated Homemakers' Clubs of Saskatchewan. Oxner and Dixon had clashed previously, when Dixon and her allies in the organization won a battle to have the Homemakers debate the then highly-controversial subject of birth control,[135] though it is unclear whether the results of this debate differed from those within the United Farmers of Saskatchewan, whose (primarily male) convention blocked its women's group's resolution to provide contraceptive instruction to women who requested it.[136]

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[134] Taylor, "Should I Drown Myself Now or Later," 91.
[135] Taylor, "Should I Drown Myself Now or Later," 91. For more on this, see Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1997* (Oxford: Oxford University Press, 1997), which presents a socialist-feminist formation dating from the 1920s, as having pushed for access to birth control and birth control education in parallel to, as well as in reaction to others pushing for it from a neo-Malthusian or eugenic approach which sought to limit the fertility of the working class.
[136] McGrane, "A Mixed Record," 3.

Correspondence between Oxner, Dixon (acting as a local Homemakers president), and SHML secretary C.L. Dent spanning the summer and fall of 1941 illustrates the dynamics inside the Homemakers' Club regarding the SHML as well the league's approach to the Homemakers. One of the earliest of these letters, sent from Dixon to Dent in July 1941, reveals Dixon's initial response to Oxner's having blocked the provincial Homemakers from continuing their SHML membership. Dixon, who had sponsored the motion at the provincial Homemakers convention to continue with the SHML affiliation, found herself in conflict with Oxner who, Dixon felt, had used unparliamentary tactics to change the resolution to one that recommended studying the SHML's *Eight-Point Plan* before affiliating. Although Dixon felt that the original motion, to affiliate as a provincial organization, would have passed, she let this maneuver go because she felt that "not only would I have become unpopular but the idea I was supporting would have lost in popularity as well."[137] In fact, Dixon's own district did not affiliate at the time, which she blamed on the influence of a certain Mrs. Lewin, who had close ties to Oxner and served on the Homemakers' Clubs' provincial board. The district's decision was made despite the fact many of the Homemakers in Dixon's district supported the SHML and, province-wide, many Homemakers' Clubs were affiliated to the it. Dixon also suspected that Oxner was pressuring other prominent Homemakers to sever ties with the SHML, citing the case of Mrs. Near who had been elected to the

[137] "Struggle for Social Medicine – State Medical and Hospital League," Sophia Dixon to C.L. Dent, 15 July, 1941, Sophia Dixon Fonds – Correspondence, State Medicine, Folder 1-9, University of Saskatchewan Archives, Saskatoon.

SHML's board of directors before requesting, without explanation, that her name be withdrawn.[138]

In response, Dent and Dixon worked together on a strategy to win over the Homemakers. Dent promised that as soon as he could compile a complete list of Homemakers' Clubs in the province, the SHML would send out "a steady stream of literature (which would) flow outward from the league to the homemakers. It will be like an avalanche that will swamp the higher thinkers in the University."[139] A similar chord is struck in a letter written to the SHML on behalf of the affiliated Provincial Women's Co-operative guild, which points out the desire of that organization's board members to obtain publicity material so that they may, "spread the gospel of the State Hospital and Medical League."[140]

For her part, Oxner continued to stymie the league's efforts to reach out to the Homemakers, often ignoring letters and not responding to their requests for membership lists. According to Oxner, the reasons for her resistance to the SHML were threefold — she felt that the SHML only sought out the affiliation of Homemakers' Clubs as a source of cash rather than actively valuing their input, questioned the sources of their ideas, and supported the more *status quo* co-operative insurance schemes which, in her view, encouraged "an individual responsibility which is often very conveniently discarded

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[138] C.L. Dent to Sophia Dixon, 9 May, 1941, Sophia Dixon Fonds – Correspondence, State Medicine, Folder 1-3, University of Saskatchewan Archives, Saskatoon.
[139] C.L. Dent to Sophia Dixon, 31 January, 1942 Sophia Dixon Fonds – Correspondence, State Medicine, Folder 1-23, University of Saskatchewan Archives, Saskatoon.
[140] *Health Services Review* 1-1 (May 1945), Sophia Dixon Fonds, Box 34, University of Saskatchewan Archives, Saskatoon. 4.

when a scheme is classified as a Government undertaking."[141] Still, in a handwritten addendum to the letter that articulated these positions, Oxner adds that the provincial advisory council had decided it would be wisest to allow local groups to make their own decisions on the question of SHML affiliation.

To counter the influence of Oxner and the other more conservative factions within the Homemakers, SHML secretary Dent sought out Dixon's help. In 1941 Dent approached Dixon to see if she would be able to obtain a full mailing list of Homemakers' Clubs; if she could do this, Dent promised to prepare material especially for distribution to the clubs.[142] Later, he requested advice on how to appeal to the Homemakers and asked Dixon if she could contribute any writing for their campaign to win over more Homemakers' Clubs.[143] Dixon had herself earlier stated she felt that "to prepare special literature for the Homemakers' Clubs is a good idea, provided it is not overdone,"[144] while Dent encouraged Dixon to seek out, compile and rewrite literature on state medicine, "suitable for ladies clubs."[145] Further, Dixon believed that the easiest way to get the circular out to the local organizations would be to get the provincial organization's secretary, Mrs. Tait, to send a number of copies to each district to forward

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[141] Bertha Oxner to Sophia Dixon, 23 July, 1941, Sophia Dixon Fonds – Correspondence, State Medicine, Folder 1-16, University of Saskatchewan Archives, Saskatoon; see also Dent to Dixon, 15 July, 1941, folder 1-25 regarding Dent's inability to gain access to the Homemakers' Clubs' membership lists.
[142] Dent to Dixon, 15 July, 1941.
[143] Dent to Dixon, 31 January, 1942.
[144] Dixon to Dent, 22 July, 1941.
[145] Dent to Dixon, 29 July, 1941, Dent notes that he had included copies of "State Medicine for Canada," and a 'short article' written by SHML executive and prominent Saskatchewan activist Peter Makaroff, and encourages her to consult Arthur Newsome's look at the Soviet Medicine system "Red Medicine", as well as reaching out to the United Farmers and the Health League of Canada. Dee also, Dent to "Secretary, Homemakers Club", undated, box 1-25.

to the individual clubs. Dixon thought that this approach would avoid criticism as the provincial Homemakers had resolved to at least study the SHML plan, and she speculated that the SHML's pushing for the Homemakers' membership lists was "one of the points of 'hard feeling.'"[146]

Dixon recognized the role of economic status in the ability to effect change in the provincial Homemakers' organization, noting that she could not afford to attend its provincial conference as a delegate if she had to pay her own expenses. She observed, "with others in the same boat, that the convention will not have the opportunity or the persistence to pick up state medicine inasmuch as those in opposition are usually in a better financial position to attend."[147] Although this recognizes a class bias regarding the Homemakers' views on state medicine, a rural-urban division may also be in play here, especially because, as Joan Sangster and others have noted, the dust bowl farm experience had the net effect of pushing many farm women towards the left.[148] But finances were not just an advantage for many of the SHML's opponents within the Homemakers' Clubs, they were also a potential weapon in internal debates over SHML affiliation. Dixon reported that SHML opponent Lewin had "stated emphatically that… we would have obligations to pay travelling expenses for any speaker (the SHML) might decide to send… without our being consulted," which, Dixon asserted, had scared

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[146] Dent to Dixon, 29 July, 1941.
[147] Dixon to Dent, 10 July, 1941.
[148] Joan Sangster, *Dreams of Equality: Women on the Canadian Left, 1920-1950* (Toronto: McClelland and Stewart, 1989), 95-7. See also Taylor, "Should I Drown Myself Now or Later," on the regional and temporal differences within and between women's groups during this era.

individuals on her local board, "most of whom cannot afford it."[149] This was likely fear-mongering on Lewin's part, as Dent later emphatically stated in response that such expenses had never been passed on to local organizations of any kind.[150] Further, Oxner, in a letter questioning the sources of the SHML's plans while expressing sympathy with the broader issue of health care reform, argued against local groups affiliating, stating that the five-dollar annual affiliation fee was "much more than a very large percentage of clubs pay for the upkeep of their own organizations."[151] Thus Oxner used financial issues as ostensibly the prime deterrent to affiliation while casting doubt on both the integrity and practicality of the organization and its objectives. Oxner expressed support for expanding the voluntary, doctor-run co-operative insurance programs that already existed in the province, rather than the SHMLs more radical, government-funded and comprehensive proposals.

Both financial burdens and domestic responsibilities were clearly constraining factors in women's activism in this milieu. Women were, with few exceptions, expected to take care of domestic concerns first, outside considerations second. Dixon herself notes that she would soon be less able to influence the Homemakers in her home district as she had to spend the majority of her time in Saskatoon, running a boarding house for university students.[152]

While the leadership of the SHML was predominantly male, (including prominent fixtures like long-time president Dr. Setka, league founder C.L. Dent and E.B. Powell,

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[149] Dixon to Dent, 10 July 1941, folder 1-6, University of Saskatchewan Archives, Saskatoon.
[150] Dent to Dixon, 15 July 1941, folder 1-9, University of Saskatchewan Archives, Saskatoon.
[151] Oxner to Dixon, 22 July, 1941, folder 1-13
[152] Dixon to Dent, 10 July, 1941, folder 1-6

(ong time board member and author much of the material distributed by the league), there was consistently at least some female representation on the board of directors — Sophia Dixon, Gloria Near and Mabel Bradley for example, were all long-time board members. Men, however, always held the top executive positions. It seems that women were often used as local organizers and public speakers in lieu of men when suitable males were otherwise unavailable. A 1941 letter from Dent to Dixon suggests that she serve these roles in her district "in the meantime," since "Sparky" Brathen, whom the league wanted to work with there, was currently unavailable due to work commitments.[153]

At a more grassroots level, however, women undoubtedly played a major role. For instance, an undated roster of volunteers from the SHML's central office in Prince Albert lists just seven men, compared with nineteen women. Their work was divided between research, office, art, secretarial, filing, and mailing duties, and it was split up fairly evenly with no apparent division based on gender lines,[154] in contrast to the characterization of these activities within traditional partisan politics as "women's work." Still, women often gravitated towards grassroots publicity work; in a 1975 interview Mrs. E. Snyder, who had once served as a local-level officer, recalled herself and another woman enthusiastically working the midway of the local fair, selling memberships for the then new organization.[155]

As noted in the earlier discussion about the relationship between the Homemakers' Clubs and the SHML, the SHML executive was keenly aware of the need

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[153] Dent to Dixon, 15 July, 1941, folder 1-9.
[154] "Volunteer List," State Hospital and Medical League fonds, Box 2-7, Saskatchewan Archives Board, Regina.
[155] Mrs. E. Snider, interview with Caroline Sarjeant, *Pioneers of the State Hospital and Medical League,* State Hospital and Medical League fonds, Saskatchewan Archives Board, Regina.

to reach out to women's groups. Questions remain regarding the ability of the SHML's women to influence league policy, and the way women reacted to specific components of its proposals. Policy statements regarding birth control, for instance, are conspicuously absent from the SHML's publications. It is difficult to determine what internal dialogue existed on this issue despite its great importance to many politically active women of the era, including Sophia Dixon, who long advocated for reproductive rights. Perhaps the issue was marginalized, as it was in the farm movement, where, Joan Sangster noted, "the frequency with which Dixon and others advocated for birth control indicates strong grassroots sympathy for legalization, yet the issue remained marginal and secondary within the larger farm movement."[156] Despite their many progressive currents, the reality was "that these political institutions remained male-dominated and indicated the presence of a strong social conservative tendency within the political culture of the province."[157] Strong-Boag adds that the depression, a major impetus in the drive for socialized medicine, itself drove home for many women the importance of birth control; the lack of birth control itself exacerbated many of the home factors that could so often limit involvement, and thus contributed to women's lack of political influence.[158]

Within the SHML itself, both women and women's groups were always important constituencies. Although they were involved in activities like mailing bees, the women of the SHML were also active in researching and helping to prepare the material sent out and they consistently held positions on the League's board. Within the SHML, however,

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[156] Sangster, *Dreams of Equality*, 87.
[157] McGrane, "Gender and Saskatchewan Social Democracy," 4.
[158] Veronica Strong-Boag, "Pulling in Double Harness or Hauling a Double Load: Women, Work and Feminism on the Canadian Prairie," *Journal of Canadian Studies* 21-3 (1986), 46.

it seems the women occupied a similar role to that which they had in the farm movement and CCF. As Georgina Taylor notes,

> Many women… played a traditional woman's role as the auxiliary workers but a sizeable minority of women expanded on this role. They attempted to create a role for women as equal partners with the men in their movement, but because of the sexist mindset of many, but not all of the people in the province and within the movement, they were able to achieve only the state of junior partner.[159]

Similar trends can be found in another of the SHML's most important constituent organizations — the Saskatchewan Teacher's Federation. Though it represented a profession with significant female membership, and, like health care, carried with it airs of the child-rearing role associated with women's spheres, the federation's provincial council included only four women amongst its forty-eight members in 1936.[160] And although women had greater roles than they did in either the Liberal or Conservative parties, the CCF in this era tended also to subscribe to traditional gender roles and paid little attention to gender issues, despite the work of a handful of activists within the party,[161] something which Sangster has attributed to "women's economic dependence and double burden of work, as well as prevailing sexist ideas about gender roles."[162]

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[159] Georgina Taylor, "Shall I Drown Myself Now or Later," 90. For more on the relationship between women and the Farmers, cooperative and CCF movements, see McGrane, "Gender and Saskatchewan Social Democracy," and Sangster, *Dreams of Equality*.

[160] Grace McNee, "To the Women Teachers," *Saskatchewan Teacher's Federation Newsletter*, 10-6, April 1937. p 44.

[161] McGrane, "Gender and Saskatchewan Social Democracy," 6. See also, Georgina M. Taylor, "Gladys Strum: Farm Woman, Teacher and Politician," 89-92. Sangster, *Dreams*

Sangster describes women as having "gravitated to the 'female' areas of political work… 'make the coffee and lick the envelopes', support work was essential to the life of the (CCF) party."[163] While this was less true of the SHML, such expectations were still a part of Saskatchewan's political culture. Others, including Taylor and especially, Strong-Boag, look at a broader definition of political activity that includes the domestic sphere. Looking at the SHML helps to us to appreciate the blurring between the private and public, and demonstrates that political activity can exist in a realm beyond the formal, while still being constrained by its boundaries. Women were able to influence the local voices of the SHML, itself as much an army of voices as a unitary body, but it is also clear that male leadership of the league was unquestioned. Much as within the farm movement, which afforded women a great deal of power within their own organizations, women's concerns nevertheless were subsumed to the will of the larger, male-dominated organizations. Within the exclusively female Homemakers' Clubs, class power was still wielded in an attempt to lessen the authority of their more radical constituents, who were nevertheless able to influence debate. Even within these exclusively female groups, the constraints imposed by home life as well as financial pressures could affect an individual's ability to influence the group's political direction.

Still, women within the SHML were not only able to express their desire for reforming access to health care, but to put in force practical measures towards its eventual achievement. They were not just an important constituency; they were an important voice. Often passionate, the activities of women in the SHML defy the notion

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of Equality, 99, notes that though women were much more active in the CCF than in the Liberal or Conservative parties, their roles remained, with a few exceptions, auxiliary.
[162] Sangster, *Dreams of Equality,* 103.
[163] Sangster, *Dreams of Equality*, 123-24.

that, in a province dominated politically by men, women were rendered politically expressionless, or that they were disinterested or uninformed. We can examine what the spheres of the political are and how they occur beyond the formal, "political" channels, but the work of women in the SHML demonstrates that these exist not as discrete spheres, but rather as intertwined currents, expressed often subtly but with perseverance. Certainly the more open nature of the SHML allowed women more influence than within electoral politics, but many of the limitations, both inherent in both the realities of their daily lives and the ingrained political culture prevented them from dominating the discourse even of what was fundamentally, a nurturing, "maternal" issue like health care.

Chapter 4 – The SHML, the Personal, and the Political

Gender is only one among a myriad of factors that played into individuals' activism within the SHML. This chapter will look at a number of SHML activists, their personal backgrounds, their other political involvements, and, where possible, their own conception of their work and its motivations. These will be examined within the broader context of Saskatchewan society and the global debate over the role of the state and its ability to affect change in people's access to medical care. As McKay has proposed, this look will factor in the context of time and place, looking at how they expressed alternatives to the existing order, whether specific to health care or to a broader politics, as the local, regional, national or international level.

Determining the political nature of the SHML necessitates asking whether its constituents were or considered themselves to be part of a political world view that extended beyond the confines of health care reform. When asked in a 1975 interview whether she thought that the movement advocating state medicine was an offshoot of a broader social or political view, early SHML activist Mrs. P. Buchanan responded immediately, in a strongly declarative tone, "Yes, I think it was."[164] This does not seem to be an isolated view. Henry Jacobs, the league's first secretary, considered himself politically and socially aware by the time he was sixteen. He traced this, and in particular his being drawn to health care reform, to the fact that in his rural Saskatchewan youth he

[164] Mrs. P. Buchanan, taped interview with Caroline Sarjeant, *Pioneers of the State Hospital and Medical League,* tape #2, State Hospital and Medical League fonds, Saskatchewan Archives Board, Regina.

"saw people dying, not getting medicine."[165] As well, SHML branches often passed resolutions not strictly related to health care, such as a 1938 motion, passed by the Regina local, to lobby for the inclusion of a full-time Department of Peace in the League of Nations.[166]

The peculiarities of Saskatchewan society also complicate any notion of an urban working class as the driving force for social and political change in this era. "Fewer than 5 per cent of the Saskatchewan population during this period were industrial workers, whereas 58 per cent were engaged in agriculture, the change of fortunes of the wheat economy affected almost everyone in the province," as Lynn Gidluck has pointed out. She also noted that the province was, "settled in large part by working class immigrants during a period of rising trade unionism, a growing world socialist movement."[167] Close to 40 per cent of Saskatchewan farmers had been labourers before they moved to Canada,[168] so a negotiation in identity occurs not only with a re-location and adjustment to a new national order, but also with the move from industry to agriculture. This implies a reshaping rather than a wholesale re-adoption of class identity.

Like Jacobs, many early SHML activists had their ideas about health care forged by depression-era experiences. Gloria Shade, the daughter of SHML founder C.L. Dent, recalled the sudden death of a childhood friend, due to her family's inability to pay for medical care, and said that it was events like this that fuelled her father's passion for state

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[165] Henry Jacobs, taped interview with Caroline Sarjeant, *Pioneers of the State Hospital and Medical League,* tape #4, State Hospital and Medical League fonds, Saskatchewan Archives Board, Regina.
[166] "Regina-Moose Jaw District History – State Hospital and Medical League." Box 3, State Hospital and Medical League, Saskatchewan Archives Board, Regina.
[167] Gidluck, *Visionaries, Crusaders, and Firebrands*, 46
[168] Gidluck, *Visionaries, Crusaders, and Firebrands*, 47

medicine.[169] Mrs. E. Snyder, a local SHML president, recalled spending two months hospitalized with typhoid, only to fall ill again two years later, while still struggling to pay the bills for her first hospital visit.[170] Mrs. P. Buchanan said she became interested in socialized medicine because "hard times" prevented her from being able to afford medical care, remarking that at that time practically "everyone in her district was in favour of it."[171] In *The Medical Quest,* E.R. Powell emphasized that,

> During the depression period, people on relief were for the first time in Canada given medical care regardless of the ability to pay. The results were that many avoided employment, especially in cases where low wages could not provide a decent standard of living coupled with medical care.[172]

According to Shade, SHML founder C.L. Dent was an admirer of the European and British systems of socialized medicine, but felt that these systems did not go far enough. Like many in the SHML, he was a strong admirer of Soviet medicine. In a 1941 letter to Sophia Dixon, Dent strongly recommended that Dixon read the book *Red Medicine*, which, according to Dent, reflected mostly the work of a League of Nations Committee studying state medicine. The committee's chair was an Englishman, Sir Arthur Newsholme,[173] who, Dent felt, "was able to see more good in Russia than the Jews

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[169] Gloria Shade, taped interview with Caroline Sarjeant, *Pioneers of the State Hospital and Medical League,* tape #3, State Hospital and Medical League fonds, Saskatchewan Archives Board, Regina.
[170] Snyder, interview with Caroline Sarjeant.
[171] Buchanan, interview with Caroline Sarjeant.
[172] Powell, *The Medical Quest*, SAB, 47.
[173] from 1908-1919 Newsholme had served as the UK's Chief Medical Officer.

were able to find in Galilee."[174] And, in Shade's estimation, Dent had cared little for self-gain and was much more interested in the well-being of others. He was actively politically, having served many years as an alderman in Prince Albert's civic government along with his central role in the SHML. Shade said that, in her view, Dent had definitely considered his activities towards health care reform an "offshoot of a broader social view of progressive ideologies."[175] Although their father-daughter relationship tends to render her objectivity suspect, it also reflects her view of how her father saw himself and his work.

Sophia Dixon, whose relationship to both the Homemakers' Clubs and the SHML has been discussed in chapter 3 of this thesis, was for most of her life involved in a wide variety of what would be considered left-wing or progressive political causes. Like many others involved in these struggles, the roots of her activism can be traced back to a hardscrabble youth both in her native Denmark and, after the age of eleven, as a penniless immigrant to Canada, forced to work long days in the homes of the few moneyed families in the area.[176] At nineteen, she became involved in the Grain Growers Association, and over the years, she became involved in myriad other causes. She was a leader in the United Farmers of Canada (Saskatchewan Section), and eventually became president of its powerful women's section. She was a delegate to the founding convention of the CCF, which she described as being, during the 1930s, virtually a religion.[177] Reflecting the internationalist views characteristic of much of the left, and also of the SHML's

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[174] Dent to Dixon, July 29, 1941.
[175] Shade, interview with Caroline Sarjeant
[176] Verne Clemence, *Saskatchewan's Own: People Who Made a Difference* (Calgary: Fifth House Limited, 2004), 73.
[177] Georgina Taylor, "Sophia Dixon," 27.

continued interest in international developments, Dixon was involved with the Women's International League for Peace and was instrumental in rallying her own Homemakers' Club to this cause.[178] She was active in the SHML for many years and was an early advocate for contraception and birth control education. She ran two losing campaigns for city council in Saskatoon, but continued to work tirelessly for a number of causes, though in later years she devoted less time to politics as she cared for her ailing husband. In 1979, Sophia Dixon was presented a Governor General's Award "in recognition of for outstanding work in the cooperative movement and of rural women's organizations."[179]

Despite her achievements, Dixon's activism was grounded in the gendered reality that she was cast in the role of wife and mother. In one letter to C.L. Dent, Dixon laments, "I have had so many irons in the fire the last month, that I must catch up on a lot of housework or I shall severely be disapproved of by my family."[180] She saw women as having a special role in transforming society, opining in a 1932 article in the *Western Producer,* "could anything be more natural and reasonable than that women, whose special business has always been to minister to humanity as mothers, nurses or teachers, should share the work of reconstructing society on a safer and sober basis."[181]

As the case of board member Joseph A. Thain indicates, international influence on the SHML was embedded in the experiences of many of its members. A Welsh national, Thain emigrated to Canada as an adult. He noted that where he came from,

> the miners had already revolted and set up their own in the early twenties what was known as the first Tredegar Workmen's Medical Aid Society, (I still have

[178] Taylor, "Sophia Dixon," 29, see also Sangster, *Dreams of Equality* 85, 96.
[179] Taylor, "Sophia Dixon," 25.
[180] Dixon to Dent, 10 July, 1941.
[181] Clemence, *Saskatchewan's Own*, 77.

> my card) paid for through contributions of their own and later by the coal company, that soon owned its own hospitals and paid its own doctors on a salary basis as they were. Some of the best doctors in Britain were on the staff and the governing board were all miners and their wives.[182]

The connection between SHML activists and the international debate over the future of health care can be illustrated by Thain's continued relationship with Anuerin "Nye" Bevan, a former colleague in Wales and generally regarded as the father of the United Kingdom's National Health Service. Like Thain, Bevan had his political worldview forged in the miners' union. He had been deeply involved in the operation of the Tredegar Medical Aid Society, and he later claimed to have modelled the National Health Service after it, once stating his plan was to "Tredegar-ise" health care delivery in the UK.[183] Significantly, Bevan was one of the many former colleagues in Wales with whom Thain maintained correspondence and had a personal relationship with. In a written memoir, Thain described Bevan as having been his "main source of information" on health care reform.[184]

Thain's involvement in the SHML began when he was working as an auxiliary staff member in a Saskatoon hospital, whose doctors and administrators he described as among the "most anti-union, selfish and anti-health plan group of doctors to be found anywhere."[185] Drawing on his experiences with organized labour in Wales, Thain

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[182] Joseph A. Thain, taped interview with Caroline Sarjeant, *Pioneers of the State Hospital and Medical League,* tape #5, State Hospital and Medical League fonds, Saskatchewan Archives Board, Regina, Sk.
[183] "We are Going to "Tredegar-ise' you, Bevan Told the Rest of UK", *Western Mail* (Cardiff, Wales), March 5, 2008.
[184] Joseph A. Thain, "My Memories of the State Hospital and Medical League", 2.
[185] *Ibid.,* 1.

organized a union of hospital workers despite significant resistance from the administration.[186]

It was through his union activities that Thain heard about the formation of the SHML. Recognizing that it "was advocating what we considered the only way to ease some of our problems," the union quickly affiliated and Thain became its representative to the SHML.[187] From there on, he became a passionate fighter for the league, and spent many years serving on its board of directors. He recalls continuing his outspoken defense of the league despite the harassment he and many others in the SHML received: they were labeled revolutionaries, and even investigated by undercover police.[188]

Like Thain, Arthur Thomas Stone came from a working-class background in the United Kingdom. Stone, who spent time as president of the SHML, was also for twenty years a CCF MLA and long-time Minister of Welfare, and, following his exit from electoral politics in 1964, maintained close ties with the provincial NDP.[189] Also like Thain, Stone was active in the labour movement — both men served on the board of the trades and labour council-- and, like Thain, he maintained ties with his home country, returning three times after his retirement.[190]

The example of long-time SHML board member Peter G. Makaroff Q.C. reveals a different kind of immigrant radicalism. A Russian Doukhobor, Makaroff immigrated to Canada at the age of four as part of a mass migration of his Russian pacifist sect to northern Saskatchewan. Like the Mennonites before them, the Doukhobors fled

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[186] *Ibid*., 2.
[187] *Ibid*., 2.
[188] *Ibid*., 4.
[189] "Arthur Stone: Saskatoon News-Makers of the '50s", *Saskatoon Star-Phoenix*, December 30, 1978, 3.
[190] *Ibid*.

persecution under tsarist authorities, opting to settle on the Canadian prairies under a special arrangement, the so-called Hamlet Clause, that allowed them to settle communally rather than as individual homesteaders. With only one sending and one receiving country for the migrants, the Doukhobors do not fall within the definition of a diaspora, and, as a mass migration, more Doukhobors were in Canada than in their homeland so McKay's terminology of diasporic leftism is inaccurate as a descriptor, though they do fit its description as an ethnic migrant group with strong associations with the political left.

Like many in the SHML, Makaroff was involved in a myriad of "progressive" causes. He was first associated with the radical wing of the Progressive party, and later the Farmer-Labour party. He attended the founding convention of the CCF and twice stood as a candidate, and served one term on Saskatoon city council, where he fought for the rights of the less fortunate and for his ward's large central and eastern European immigrant communities.[191] Makaroff was also involved in a number of other causes, including advocating for access to birth control, a topic broached by few men on the left; he served on the Labour Relations Board and was active in the movements for internationalism and world peace. In the latter pursuit, and in accordance with the pacifist tenets of Doukhoborism, Makaroff sided with J.S. Woodsworth, who himself acted on pacifist religious principles in opposing Canadian involvement in the Second World War, a position not shared by the majority of the CCF.[192] Within the SHML,

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[191] William H. McConnell, "Peter G. Makaroff Q.C., Canada's First Doukhobor Lawyer," *Saskatchewan History* 19-3 (1992).

[192] resistance to the war was common among Saskatchewan Doukhobors, and John Popoff, also a founding CCF member, said that Woodsworth's pacifism was a strong

Makaroff not only served on the board, but also, as a well-known public figure, lawyer, and orator, contributed to the SHMLs campaign of radio broadcasts, speaking to the public on their behalf.

The *de facto* leader of those Doukhobors who had broken away from the mainstream of their religion but continued to adhere to core principles of pacifism and living for the common good, Makaroff was the public face of a part of Saskatchewan society dedicated to "living otherwise." Though the Independent Doukhobors of Saskatchewan broke away from communal living, they continued to hold a core of beliefs that rejected materialism and authoritarianism, and proved a reliable constituency for the early CCF.[193] Makaroff too, was deeply invested in the struggle against many of the unspoken barriers inherent in existing social and institutional structures, himself having become the first non-Anglo-Saxon to graduate the University of Saskatchewan, in 1918.[194] Later, as a lawyer, he struggled against the Saskatchewan Bar Association, which, like the medical profession's self-regulating and fundamentally liberal governing bodies, represented much of the essence of McKay's definition of liberalism, and which, "was often intolerant of immigrants of Central and Eastern European extraction." As late as 1930, the Saskatchewan Bar Association sought to limit entry to the profession to those of "British extraction."[195]

As a cause, state medicine united a large swath of the province; carrying this message forward was a crusade for many of its activists. Most of those we have looked

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draw for many Doukhobors who saw their own Christian principles reflected. John Popoff Fonds, A562, letter, Popoff to D.H. Bocking, Saskatchewan Archives, Regina.
[193] [193] Koozma Tarasoff, "Douhobors", *The Encyclopedia of Canada's Peoples* ed., Paul Robert Magocsi (Toronto University of Toronto Press, 1999), 432.
[194] Tarasoff, "Doukhobors," 433.
[195] McConnell, "Peter G. Makaroff", 102.

at this chapter were involved in leadership capacities, but there was unquestionably an emphasis on bringing the message of state medicine to the people of Saskatchewan, a desire to form a strong and activist bloc. There was a commitment to getting people involved at the local level in a pragmatic and inclusive manner. In a letter from Dixon to league president C.L. Dent, discussing how to improve local organization in her own district, she suggests that "I would certainly advise you ask Mr. Brathen about (whether to hold Sunday Meetings) -- he visits every house in town reading power meters and his wife, whom he made secretary of his state medicine committee 'goes about a lot'."[196] To the SHMLs activists, their message was paramount, and to achieve state medicine required not just commitment but also the ability to spread the message. In their challenge to the liberal order, universally accessible medical care, was a unifying issue, a focal point for resistance to an inequitable order whose import could be grasped by all.

[196] Dixon to Dent, July 22 1941.

Chapter 5 -- Conclusion

Ian McKay has written that "every major leftism in Canadian history has ultimately been digested by the liberal order…Each "utopian projection has transformed the world — never nearly as much as its militants had hoped, but often far more than the liberal order had been initially prepared to concede."[197] In the case of the State Hospital and Medical League, this was undoubtedly true. The SHML's proposal of a system of health regions was recommended by the Hospital Services Planning Commission, but an integrated district with a tiered system of specialized services was only immediately implemented in the Swift Current Health Region.[198] Also in line with the SHML's platform, the Swift Current Health Region was primarily focused on preventative medicine.[199] Physicians were, however, paid on a fee-for-service basis, a compromise on Douglas' part to the medical profession.[200] Other health regions were organized throughout the province and they reflected both the SHML and CCF's emphasis on preventative medicine[201], but unlike the Swift Current Health Region, none became comprehensive health plans. This was largely due to lobbying from the medical profession, scared by the fees negotiated in the Swift Current Health Region — which

[197] McKay, *Rebels, Reds, Radicals*, 76.
[198] Joan Feather, "From Concept to Reality," 65.
[199] Feather, "From Concept to Reality," 68, 74. Johnson, *Dream No Little Dreams,* 146.
[200] Jacalyn Duffin and Leslie A. Falk, "Sigerist in Saskatchewan," 575. It is notable that physicians frustrated with the negotiating process had approached Douglas personally to get this concession, bypassing the HSPC who they felt was intransigent.
[201] Johnson, *Dream No Little Dreams*, 146.

were just 75 *per cent* of the Saskatchewan College of Physicians and Surgeons' usual rate schedule.[202]

Clearly, those who were attracted to the State Hospital and Medical League came into its fold for their own reasons, but they tended to share many common characteristics. They were activists of various stripes, but their desire for medical reform originated largely from what they themselves had seen and experienced; many had their views shaped by gender and class. They engaged with the public to advance a system of medical care that they viewed as a basic necessity. And they continued to fight after the election of Canada's first CCF government, and the incremental introduction of a health insurance system which responded to many of the underlying concerns of the SHML while ignoring elements which they had considered key, like a salaried system, lay control and an emphasis on public health and preventative medicine. Many, like Thain, opposed what they saw as the CCF's selling out of their vision. It is important to remember, though, that as a non-governmental organization, the SHML never had the pressures to maintain balance between competing factions and political pressure that the CCF faced, so they were free to serve as a voice of criticism.

Upon their election in 1944, Tommy Douglas and the CCF immediately and vigorously worked towards the socialization of medicine. One of the first acts of the newly elected government was the formation of a commission to plan a health care strategy, headed by distinguished US-based medical historian Henry Sigerist. The HSPC was then created to implement the Sigerist Commission's recommendations. In 1945,

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[202] Ian McLeod and Thomas McLeod, *Tommy Douglas: The Road to Jerusalem* (Calgary: Fifth House Books, 2004), 150. Ostry, "The Roots of North America's First Comprehensive Health Care System," 36.

complete health benefits for pensioners, the blind, and mothers on social assistance were introduced, and in 1947 Saskatchewan introduced North America's first universal hospital insurance program. Hospitals were constructed throughout the province, and their use increased dramatically.[203] In 1952, the University of Saskatchewan opened its new medical college and in 1955 the University Hospital opened. Still, it was not until 1962 that the CCF was able to offer its residents universal medical coverage, and this only after a bitter and protracted battle with the medical profession that culminated in that years' doctors' strike and the profession's eventual acceptance of Medicare.

Undoubtedly, the SHMLs advocacy helped in the election of the CCF, whose leader the venerated Tommy Douglas himself saw the health portfolio as a central concern. The SHML's inclusion on the Hospital Services Planning Commission reflects both the incoming government's recognition of the publicity and political capital the SHML had gained for socialized medicine and of their continued advocacy and expertise. The progress achieved by the CCF, though, did not necessarily conform to the SHML's vision of state medicine. The most obvious point of diversion was on the issue of salaried remuneration for physicians, which the SHML strongly endorsed, but which was ultimately rejected in favour of the fee-for-service model preferred by the medical profession and adopted by the Saskatchewan government in 1944.[204] This happened despite the fact that both the Sigerist Commission and the HSPChad recommended a

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[203] Malcolm Taylor, *Health Insurance and Canadian Public Policy*, 103-4. McLeod and McLeod, *Road to Jerusalem,* 149.

[204] In Lawson, "The CCF, Health Care Reform and Physician Remuneration," the author argues that the CCF's position on this was never consistent or fully articulated, but that there was a general understanding that state medicine, as opposed to its counterpart, the contributory health insurance model, was generally seen to imply the use of salaried doctors.

salaried system; Douglas likely granted this concession out of expediency, as he wanted to implement health reform quickly and avoid a protracted battle with organized medicine.[205] This move, however, alienated many SHML members. Joseph Thain resigned his position on the HSPC over the government's adoption of what he referred to as "a piece meal plan for political expediency."[206] As well, although Saskatchewan was able to attract large number of doctors, they remained concentrated in the cities,[207] contrary to the SHML's vision of a more equitable distribution.

Despite these issues, Saskatchewan did move ahead, and led the way in changing the delivery of medical care in Canada, under the auspices of a government committed to the same kind of state planning ideology which shaped the SHMLs proposals. While a salaried model was ultimately not applied, other hallmarks of the state planning approach informed Saskatchewan's evolving health funding policy, for instance in the province's insistence of lay control of hospital insurance, in the hands of a board with SHML participation and "most important(ly) to be administered by an agency of experts."[208] Although the SHML seems to have faded into obscurity by the mid nineteen fifties, in the early years of CCF rule they were still able to challenge the CCF, free from the confining realities, limitations and compromises that occurred as the CCF changed from a socialist protest movement to a government charged with balancing competing interests.[209] In the

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[205] McLeod and McLeod, *The Road to Jerusalem* 149. Lawson, "The CCF, Health Care Reform and Physician Remuneration," 86.
[206] Thain, "My Memories of the State Hospital and Medical League," SAB, 6.
[207] Ostry, "The Foundations of National Public Hospital Insurance," 41.
[208] David E. Smith, "Path Dependency and Saskatchewan Politics," in *The Heavy Hand of History: Interpreting Saskatchewan's Past,* ed. Gregory Marchildon (Regina: Great Plains Research Centre, 2005), 41.
[209] the archival trail dries up, rather than abruptly stopping. The *Health Services Review* continued to publish until at least 1953.

reconnaissance framework used here, these compromises can be seen as the liberal order digesting and embracing elements of the challenge posed by the SHML without fundamentally changing the medical and legislative cultures' liberal underpinnings.

In response to approaches which view "revolution betrayed," which seek to assess political movements based on their lasting impact and fidelity to their original vision, McKay's methodology seeks to "reconstruct a variety of Canadian socialisms – i.e., politico-discursive formations specifying distinctive problem-sets and solutions as plausible (or at least explainable) responses to the specific challenges posed by the liberal order."[210]

How, then, can we assess the State Hospital and Medical League? Following McKay's model, we can look it by answering a series of questions that elucidate its objectives and composition within its own context.

What was the purpose of left wing activity? The SHML sought to institute state medicine -- a comprehensive, fully covered, preventative, diagnostic, and curative system in which a centrally organized and salaried medical system ensured the health of society as a whole as well as that of the individuals within it.

What then is socialism? Though the SHML shied away from pronouncements on issues beyond the broadly conceived sphere of health issues, there are strong indications of support for a rationalized planning-based state that seeks to overcome the shortcomings of the existing order through study and the implementation of mechanisms for a more rational and equitable society. Social and individual health were portrayed as indivisible parts of a larger world view, in which health and prosperity could be achieved

[210] McKay "For a New Kind of History," 75.

only by addressing both roots and symptoms systematically, rationally, and with a basis in sound planning. Expansion of the health care system could also address the economic, gender and racial inequality, which the current liberal order both reflected and helped maintain.

Who are the most important agents in this struggle? They were citizens of Saskatchewan who had seen first-hand the hardships caused by the inadequacies in the contemporary mode of healthcare delivery. Farm activists, unionists, women's groups, and municipal governments were all involved. Social gospel supporters and Doukhobors came from different branches of Christian doctrine, but converged in their desire for social justice.

What were the political structures? The SHML was a decentralized, loose confederation that nevertheless had a canon of texts, as well as a series of publications and other statements. In form, it resembled the plethora of preceding organizations in Saskatchewan that had formed the basis of its co-operative and agricultural movements, but in action and world-view, the league was also deeply concerned with and reflective of developments beyond Saskatchewan's borders. While the SHML was not formally connected with the CCF, a large proportion of its leadership and, presumably its rank and file, were involved with that party. It was formally connected with the organized farm movement, itself a significant force in Saskatchewan politics. In its active courting of women's groups, including but not limited to the Homemakers' Clubs, and in the active participation of female activists, the SHML challenges McKay's dismissive portrayal of the role of gender in the 1930s and 1940s left. While women were never the main public voice of the league, they were without a doubt an importance constituency, and the

League's non-partisan, decentralized and informal structure as much as it's maternal concerns helped some women become important voices in their advocacy.

What were the major characteristics that distinguish this formation? The SHML was part of a broad movement that sought to use state planning to create a better, more equitable society. In the crises of healthcare and of the costs of poor medical care across the province and country, its activists argued for a different way of doing things. Their activism challenged not only the way medical care was administered, but also the philosophical underpinnings of it. By challenging the medical professions' ruling order, they challenged its liberal world-view, and their far-reaching conception of health care and society served as a critique of the individualism manifest in Canadian society as a whole. By opening up their intellectual inquiry to the international ferment of ideas, they joined a struggle that had parallels and contemporaries in other nations that were also modernizing and trying to move beyond histories of inequality and the impact of global economic depression and war.

Transnationalism was an important factor, and this concept, rather than competing with the notion of Saskatchewan's uniqueness, underpins it. Migrants helped build the province's co-operative movement, others migrated into it, bringing their own experiences and maintaining a dialogue that negotiated place with both the individual migrant and the home and receiving countries. Transnationalism did not compete with Saskatchewan's identity, it informed and, to a large degree, created it, a liberal order imposed on what had been seen by its creators as a blank slate but created out of a multitude of people whose place in the order, and their relationship to it, was still being negotiated and to a large extent challenged. Into this ferment, ideas flowed, generations

of thought, specifically shaped by a world economy and society looking to recover from, and most importantly learn lessons from, the problems that the depression and war had made more obvious and pressing.

While Saskatchewan was probably less affected by the war than other parts of Canada, the Great Depression, seen internationally as a crisis point that led many to question the underlying structures of society, hit harder and underscored existing deficiencies. In Saskatchewan it exacerbated traits that had long been part of its social, economic, and political culture and which had contributed to its distinct institutions and collective tradition. It is likely that this combination made its people more receptive to the messages expressed by both the non-partisan SHML and the democratic socialist CCF government that was elected in 1944. That the institutional bases that allowed for their most widespread articulation were, if not unique to Saskatchewan, at least more entrenched in its society, seems likely, but to look at them in isolation renders them devoid of context. The SHML is probably best viewed as a local manifestation of a worldwide ferment, shaped by local peculiarities but also part of a debate taking place elsewhere and contributing to a dialogue on national and international levels. In their advocacy, the SHML influenced public discourse on the future of health care, and that the incoming CCF made at least the least of their demands a major priority speaks not only the League's importance but also to the two groups' interdependence. The SHML was able to steer opposition to a liberal order, manifested not just in a professional system that imposed a male, white, upper-middle-class vision of the institution of medicine, but also in the cultural, social and political underpinnings of Canadian society as a whole.

In their resistance and their willingness to envision alternatives, these activists helped to create a new Canada. While they were not able to replace the liberal order, the activists of the SHML did their part in challenging it to reshape itself, to absorb new ideas, and in so doing transformed the Canadian state into one that embraced elements of their vision in the acceptance, even celebration, of a single payer, government funded health care system. The SHML, today little known, was in its time a major factor in achieving significant gains in health care provision, while being an unflinching advocate for pushing beyond them. Many of its activists continued to challenge the entrenched order through further work, both in electoral and participatory politics, direct action and activism. That the liberal order itself changed to reflect their challenges while maintaining its basis in individual property rights over the rights of the collective, and professional self-determination over professional social responsibility, speaks not to the weakness of the SHMLs challenge but rather to the liberal order's inherent flexibility and perseverance. While it is both ahistorical and reductionist to attribute a single, homogenous worldview to the league, it is clear that both their objectives and methods point to both an overwhelming, and partially successful, challenge to the *status quo*. Though they were unique to Saskatchewan, and in some ways reflected social and political trends unique to that province, the SHML and its activists joined others across Canada and the industrialized Western world who saw challenges and pursued solutions which were simultaneously radical and realistic.

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