

# From Self-segregation to Integration: The Vicissitudes of Victoria's Chinese Hospital

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The Chinese Consolidated Benevolent Association (CCBA) was responsible for the establishment and administration of the Chinese Imperial School (now the Chinese Public School), the Chinese Cemetery and the Chinese Hospital in the city of Victoria. The creation of the school and the cemetery was due to racial segregation, but this was not the case in the establishment of the hospital. On the contrary, the Chinese Hospital was a product of self-segregation. In the old days, the Chinese people preferred using Chinese herbs to taking Western medicine and consulting Chinese herbalists to seeing Western doctors. In a Western hospital, Chinese patients might be prohibited from taking any Oriental medicine other than that prescribed by a qualified doctor. In China, it was and still is customary to bring one's own food to a hospital because certain foods are believed to help a patient recover more quickly. For example, Shengyu broth is commonly fed to a patient after an operation because Shengyu, a species of fresh-water fish, is believed to hasten muscle growth; duck stew with Chinese cordyceps (a herb) strengthens weak kidneys and generally helps restore health; pig's heart stew with black beans and lingusticum (a herb) alleviates heart palpitation; and cow's tendon stew with pepper root mitigates rheumatic pains and aching of limbs. This type of food, prepared at home, might not be allowed by a Western doctor. Furthermore, in the old days, many Chinese people feared entering a Western hospital, partly because they could not communicate with the doctors and nurses in English and partly because they did not like seeing nurses dressed in white uniforms; to them, white and blue were symbols of death. Such features as these led the CCBA to build its own hospital.

A search of the CCBA archives has shed new light on the history of the Chinese Hospital in Victoria and on the relationship between the white and Chinese communities. After the CCBA was formed in 1884, one of its first tasks was to provide accommodation for the very sick and poor

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Chinese people who had no relatives or close friends in Canada. A small wooden hut was rented and used as a "hospital" or *Taipingfang* (Peaceful Room). The CCBA had no intention of operating it as a proper hospital; the association merely provided the very ill, homeless, and uncared-for with a shelter where they could recover from sickness or die in peace. Regulations stipulated that patients should provide their own food and medicine.<sup>1</sup> If, however, a patient did not have relatives or friends to supply provisions, and if two guarantors confirmed that he was genuinely poor, the CCBA would pay his medical expenses and provide him with two meals at twenty cents per day. In 1884, out of 1,767 Chinese residents in Victoria, only 106 were females (41 married women, 31 single and 34 prostitutes); most were single males.<sup>2</sup> Sick married women and children would be looked after at home, and prostitutes in the houses where they were employed. The *Taipingfang* thus served the poor, single male.

The *Taipingfang* was looked after by a caretaker on duty day and night. He had to carry out all chores such as cleaning and tidying the so-called "hospital," preparing meals and herb medicine for the patients, feeding them in bed if necessary, and removing bodies to the mortuary. As one caretaker could not manage to do so many things, the *Taipingfang* was poorly maintained. A reporter visiting it in February 1893 described the horrifying scene he witnessed:

Lying on the floor of the filthy apartment was the body of the unknown Celestial, with mouth wide open, tongue protruding, and eyes aglare. In the corner of the room lay another dead body, covered up with a lot of repulsive looking rags. This was a man who had been removed to the hospital the previous day. . . . Two other dead bodies lay on benches similarly covered while the poor paralytic [patient] crouched upon a piece of matting, groaned in his torment of mind and body, and shivered for the want of sufficient bed clothing. The room was miserably cold, and no doubt the knowledge of being in a dead house added to the miseries of the already miserable man.<sup>3</sup>

The reporter portrayed the *Taipingfang* as a house of horrors, but to the impoverished Chinese patients it was still a "hospital," whose caretaker would prepare daily meals and herb medicine and bury them after they died. In its absence, the homeless and poverty-stricken might have died of hunger on the street.

<sup>1</sup> CCBA Archives, University of Victoria Library. "The Proposal for the Establishment of *Taipingfang*, 1884" (in Chinese text).

<sup>2</sup> The Royal Commission on Chinese Immigration: Report and Evidence (Ottawa: Printed by the Order of the Commission, 1885), 363.

<sup>3</sup> *The Daily Colonist*, Victoria, 19 February 1893.

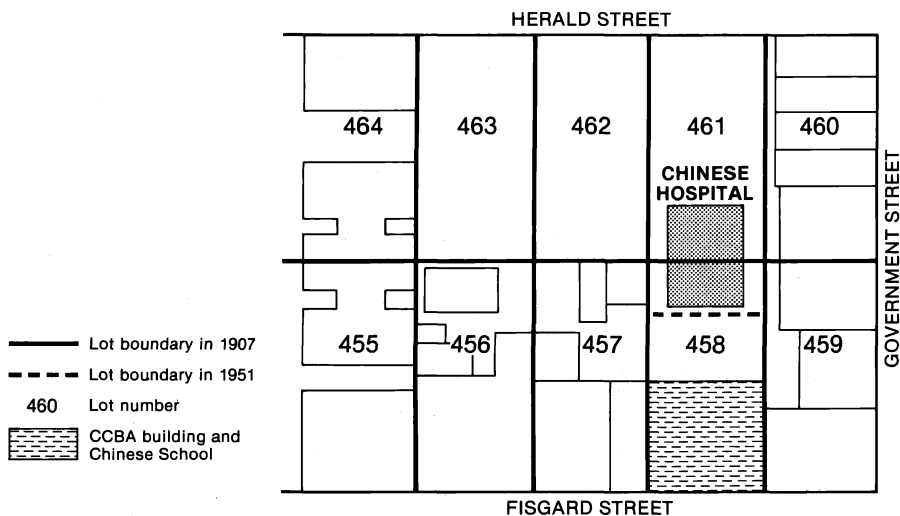


Fig. 1: Location of the Chinese Hospital, 1907.

The disclosure of the dreadful condition of the *Tai pingfang* prompted the CCBA to start fund-raising for the construction of a hospital. By June 1899, the association had raised enough money to purchase a lot for \$2,500.<sup>4</sup> This property, located at 555 Herald Street, adjoined the CCBA building on Fisgard Street (figure 1). A two-storey brick building was immediately built and completed in the winter of 1899; it was called *Zhonghua Yiyuan* (Chinese Hospital) (figure 2).

The CCBA did not have a regular income to maintain the *Tai pingfang* and its successor, the Chinese Hospital. The association had to rely on voluntary donations and compulsory contributions. The CCBA directors assumed that if a Chinese could save enough money to make a trip to China, he could afford two dollars for his poor and sick fellow-countrymen in Victoria. Those about to leave for the homeland were, therefore, required to contribute that sum to the hospital fund (figure 3). Since a total of 35,882 Chinese left for China,<sup>5</sup> between 1891 and 1910, this arrangement would have yielded an average annual income of about \$3,600 during that period — a major source of revenue for the hospital. An important document reveals how the compulsory contribution was enforced (figure 4). The CCBA made an arrangement with the Chinese shipping agents

<sup>4</sup> British Columbia, Land Registry Office. Conveyance from W. H. Liver to Wong Soon Lim and Lee Mong Kow, 27 June 1899.

<sup>5</sup> Compiled from Annual Reports of Superintendent of Immigration, Department of the Interior, 1891-1910.



Fig. 2: A front view of the Chinese Hospital, 1978.

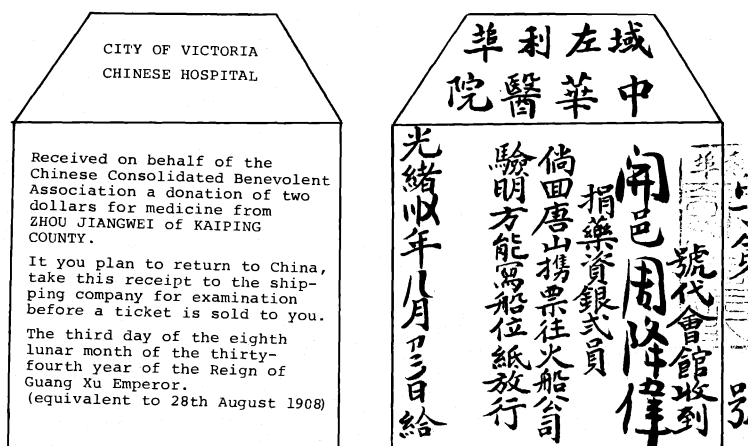


Fig. 3: A donation receipt issued by the CCBA.

whereby they would not sell a ticket to any Chinese who did not have a hospital donation receipt. Several large stores in Victoria, Vancouver, and Nanaimo were commissioned by the CCBA to collect the hospital donation and issue receipts; each store would receive a commission of five dollars for every hundred dollars collected. On the day a boat left for China, the hospital caretaker would go to the pier to collect the donation receipts.<sup>6</sup> This scheme, it should be noted, affected only those of working age who appeared likely to return to Canada: the poor and elderly, going to China to retire, did not have to pay the compulsory donation; they would ask a reputable firm to write a letter requesting an exemption, and then use the letter as a substitute for a donation receipt to purchase the boat ticket (figure 5).

As important as it was, this system did not solve all the Chinese Hospital's financial difficulties. Some Chinese communities began to build their own hospitals and refused to hand over the donation to the CCBA. In 1904, for example, the Chinese Benevolent Association (CBA) in Vancouver wrote a letter to the CCBA in Victoria, stating that the donation collected in Vancouver was needed for the purchase of a hospital property in that city's Chinatown, and if the CCBA insisted on its claim to the donation, then the money should be considered a loan to the CBA of Vancouver (figure 6). After the Chinese Hospital in Vancouver was built, the CBA issued its own donation receipts. Chinese Benevolent Associations in other cities also began to use moneys collected to support their own

<sup>6</sup> In the early days, most of the ships bound for China left from Victoria.

醫院  
多寡列

醫院出先界自己十	月起。統歸董事處修矣。
其年老失病捐養小脚	唐乃制在免內然必看
其將相却三春者凡一舖	凡凡話為奈春春登
明名其甚老字蓋圖	章存稿乃給此是為他
待至刑微信舖將來先	李色徐老及見話字
呈附于英信。示李偏私	滋冒。
所收出口票。每伍元	每張就李慶元黃華。
馬旭。鄭投。三位代	托。成勿取託。請聖教
葉恩。二位代。仍收單	託。隆記代。凡者不代
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元。奏于查屋巨五元。	
在代理收。之。自己	十月起。已雷。尹明。
在事。身。每。期。六。船	放行。逐次清。在。單
多。每月清。必。成。收。多	多。別。奉。十元。以。乃
付。出。當。任。查。有。情。理	
廣。有。醫。院。三。天。每。逢	六。船。行。行。須。親。往。馬
船。出。口。票。至。五。元。可	司。可。別。看。厚。多。宜。乃。抄
學。一。年。後。查。存。于。有。醫	院。工。人。運。至。代。理。此
身。定。蓋。醫。院。圖。章。并	單。以。批。明。必。有。銘。備
訂。存。招。示。	
以。醫。院。地。坊。其。天。堂。委	打。掃。潔。淨。不。服。侍。病
不。得。向。病。者。取。銀。物	以。有。違。例。任。由。查。事
在。集。眾。隨。時。革。換。兩。重	有。司。不。願。烟。癮。難
隨。時。察。看。為。幸。其。鐘	表。聲。程。載。在。例。却。亦
不。噴。叙。現。將。醫。院。之。地	步。弄。免。除。倘。有。開。隔
合。式。磚。樓。租。賃。另。行。議	從。為。妥。善。世。來。銀。兩
積。長。多。時。宜。另。購。地。段	建。造。磚。樓。安。插。病。者。以。善
水。久。則。賴。乎。後。起	董事。與。善。諸。公。也。

東 順

Fig. 4: A description of the method of the collection of the compulsory donation, 1895.

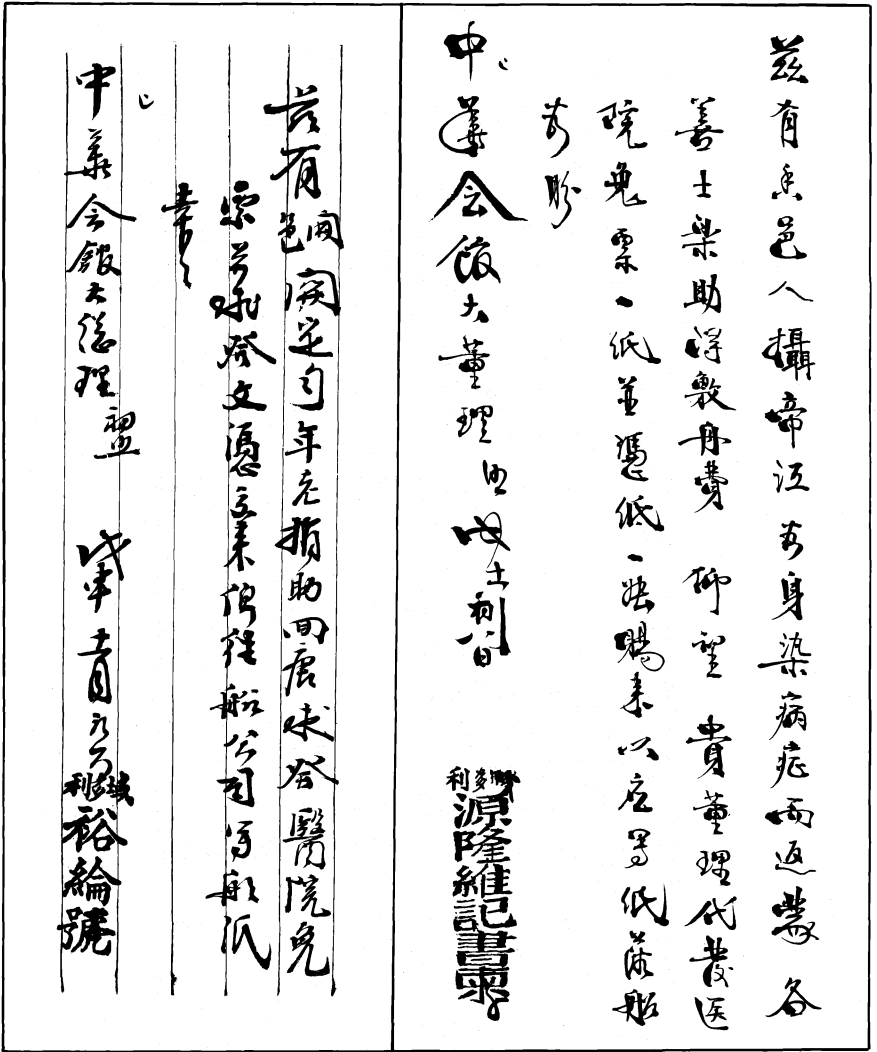


Fig. 5: Two letters, one by Yu Lien Company, and another by Yuen Lung Wai Kee, could be used as a substitute for a hospital donation receipt.

敬啟者 鑒此會館董事 諸公昨 初百封書于業  
 惠伯約取在年化收醫院票銀一萬 此已歸公  
 日行此項係存漸併購地創醫院去消亦屬明而  
 且公可以為實事進完矣此果 鑒此會館董事  
 不必往業惠伯拖欠諸公此項特列漸併會館存  
 借待他日漸併會館還諸公款積有贏餘特此  
 公備越息 諸公曲情原諒是荷

中華會館  
 均電  
 甲辰子月  
 巴督中華會館啟

Fig. 6: A letter from the CBA in Vancouver, informing the CCBA of its intention to keep the donation money obtained from the Chinese in Vancouver.

social and benevolent activities instead of sending them to Victoria. The amounts available there for hospital purposes were further depleted when some of the funds raised were allocated for other purposes. For example, hospital funds were used to enable poor elderly patients to return to China in order to relieve overcrowding in the hospital. And after the Chinese Cemetery was sold at a Tax Sale, the CCBA, already in debt, had to draw on hospital funds in order to redeem it in December 1920.<sup>7</sup>

In January 1922, the CCBA established the first Hospital Committee to administer the hospital and co-ordinate fund-raising. The committee consisted of six representatives from six associations: *Kwong Fook Tong*, *Tung Fook Tong*, *Hook Sin Tong*, *Yan On Tong*, the United Chinese Christian Society, and the Nationalist League. These had many members

<sup>7</sup> CCBA Annual Report, 1920. Minutes of meeting on 10 December 1920.



and were among the most influential organizations in the Chinese community.<sup>8</sup> In April, the CCBA organized the first large-scale fund-raising campaign for the renovation of the Chinese Hospital, then over twenty years old and badly in need of repair. Four teams of volunteers were responsible for collecting donations from all the Chinese shops in Chinatown.<sup>9</sup> The fifth went to seek donations from the Chinese laundries and grocery stores outside Chinatown, and the sixth, composed of women, approached Chinese housewives for their contributions. Within eight days, the six teams raised over \$5,000.<sup>10</sup> The CCBA immediately set up another team of thirteen members to travel up Vancouver Island to solicit donations from the Chinese communities in Cumberland, Nanaimo, and other towns. Within about a week, the team raised over \$2,500.<sup>11</sup> The renovation of the hospital building began in August and was completed two months later. A big celebration was held on 11 November 1922 to commemorate the renovation of the Chinese Hospital.<sup>12</sup>

This success could not, however, obscure the fact that there were continuing, and quite basic, problems with income. Most of those returning to China were by the 1920s leaving from Vancouver instead of Victoria. Since in these circumstances the CCBA could not enforce the compulsory contribution, it began to place advertisements in local Chinese newspapers, appealing to the Chinese leaver to make the two-dollar donation voluntarily. Matters became more serious, and operating costs continued to increase; the hospital eventually overspent its revenue by \$900 in 1926.<sup>13</sup> In desperate need of money, the CCBA had to appeal to the Chinese gambling-den owners for donations, although it had always tried to dissociate itself from them.<sup>14</sup> Then, too, the CCBA's tax position changed. Before the mid-1920s, the city did not tax its hospital property,<sup>15</sup> but, for reasons still unknown, that policy changed in the mid-1920s, an action which aggravated further the hospital's financial difficulties. The CCBA asked the city several times to exempt the hospital from taxation, but its requests were repeatedly rejected.<sup>16</sup> Eventually the hospital property was

<sup>8</sup> *Ibid.*, 1922. Minutes of meeting on 13 January 1922.

<sup>9</sup> *Ibid.* Minutes of meeting on 9 April 1922.

<sup>10</sup> *Ibid.* Minutes of meeting on 17 April 1922.

<sup>11</sup> *Ibid.* Minutes of meeting on 25 April 1922.

<sup>12</sup> *Ibid.* Minutes of meetings on 5 and 11 April 1922.

<sup>13</sup> CCBA Annual Report, 1926. Minutes of meeting on 24 October 1926.

<sup>14</sup> *Ibid.*, 1927. Minutes of meeting on 13 November 1927.

<sup>15</sup> A letter from City Treasurer to T. M. Miller, a lawyer for the CCBA, dated 15 December 1921.

<sup>16</sup> CCBA Annual Report, 1930. Minutes of meeting on 26 June 1930.

sold at a Tax Sale in 1929 for \$700 in tax arrears. When the CCBA failed to redeem it, it went to auction on 8 October 1930.<sup>17</sup> No one bid, however, so the city took possession of the property. The CCBA had decided not to redeem the Chinese Hospital for two main reasons. First, the directors began to accept the fact that the association could no longer support a free hospital. Second, it was less clear that there was a need for it. Many Chinese were now more willing to accept Western medical treatment when sick; if they had difficulties these were likely to be caused more by language than a distrust of Western medicine.

Ironically, it was now the Victoria City Council which became most interested in seeing the CCBA maintain the hospital, for it would be less expensive, from its point of view, to keep an already existing facility in operation to serve the needs of its clientele. The Council therefore agreed to let the CCBA continue to operate the hospital, charging it a modest rent of only thirty dollars per month. The effects of this were, however, in some measure offset by changes in the character of the Chinese population. During the economic depression of the 1930s, many single Chinese men returned to China because of old age or financial difficulties; the Chinese population in Victoria dropped from 3,702 in 1931 to 3,037 in 1941, a decrease of nearly 18 percent.<sup>18</sup> Thus, the demand for the services of the hospital was much reduced.

Its continuing financial difficulties at last led the CCBA to hold a public meeting on 13 March 1938 at which it was decided to close the hospital at the end of the month in order to save the association from bankruptcy.<sup>19</sup>

The decision to close the hospital took the City Council by surprise. In order to induce the CCBA to continue to operate it, the Council informed the association on 11 April 1938 that the city would subsidize the hospital with a grant of fifty dollars per month for the first four patients and ten dollars per month for each additional patient.<sup>20</sup> In addition, its rent would be reduced to twenty-five dollars per month.<sup>21</sup> This marked the beginning of the city's financial support of the Chinese Hospital. It was registered as a convalescent home and placed under the jurisdiction of the City Medical Health Officer.

After the outbreak of the Second World War, China was the ally of

<sup>17</sup> Land Registry Office, Victoria. A letter from Edwin Charles Smith, tax collector of the City of Victoria to the Registrar of Title, 22 October 1930.

<sup>18</sup> Census of Canada, 1931 and 1941.

<sup>19</sup> CCBA Annual Report, 1937-38. Minutes of meeting on 13 March 1938.

<sup>20</sup> Minutes of the Municipal Council of Victoria, 4 and 11 April 1938; and *Letter Book of the City of Victoria*, 4 January-30 December 1938, 4032.

<sup>21</sup> Minutes of the Municipal Council of Victoria, 21 February and 14 March 1938.

Canada, and many Canadian-born Chinese youths volunteered their service in Canada's fighting forces. Throughout the war years, the city became more committed to help administer the Chinese Hospital; the hospital was licensed in November 1941 as a private hospital instead of a convalescent home and Dr. Richard Felton, the City Medical Officer, became its first superintendent.<sup>22</sup> The Council increased its monthly subsidy to seventy-five dollars for the first four patients and fifty dollars for each additional patient. In 1943, the Chinese Hospital was converted into the seventh first-aid post which would serve as an auxiliary hospital for Chinese casualties during an emergency.<sup>23</sup> After the war was over, the hospital was licensed as a nursing home.

In January 1945, the CCBA Hospital Committee implemented a new admission policy. Only the Chinese residents of Victoria would be accepted, for while they had continued to pay the old donation before going to China, members of other communities had long since given this up. In view of the hospital's now overcrowded state, this seemed the only fair approach to take, though because of it, persons — a Chinese patient from the Vernon Jubilee Hospital was one example — were turned away.<sup>24</sup> Dr. Felton informed the city's Health Committee that, since the Chinese Hospital was so overcrowded, it would need another sixteen to twenty beds, the addition of a basement, and improved kitchen facilities.<sup>25</sup> Although the City Council was prepared to share expenses, the CCBA did not have funds for the expansion of the hospital, and so the expansion plan was shelved. However, the consideration of the plan led to the discovery that the hospital building had been built onto the property of the CCBA (see figure 1). Accordingly, on 29 August 1951, the city appropriated twenty-five feet of land from the CCBA's property by paying a nominal price of one dollar.<sup>26</sup>

Throughout the late 1940s and early 1950s neither the CCBA nor the city was sure which should be responsible for the administration of the Chinese Hospital. Nominally a "hospital," licensed as a nursing home, it was operated like a boarding house, admitting the elderly Chinese who

<sup>22</sup> Ibid., 3 November 1941, and *Letter Book of the City of Victoria*, 15 December 1941, 3127.

<sup>23</sup> *Victoria Times*, 10 June 1943.

<sup>24</sup> Ibid., 27 September 1945.

<sup>25</sup> Ibid., 26 January 1945.

<sup>26</sup> Land Registry Office, Victoria. A By-law authorizing the Corporation of the City of Victoria to acquire from the CCBA certain lands for general purposes of the Corporation, No. 3686; and Indenture between the CCBA and the Corporation of the City of Victoria, 29 August 1951, Ref. No. 221252.

were convalescing after discharge from the Royal Jubilee Hospital. On 15 June 1953, the city moved to resolve matters by requiring the CCBA to take over the administration of the hospital and pay a monthly rent of sixty dollars.

The Chinese Hospital now had twenty-two beds which were constantly occupied, so that the demand for care could not always be met. What this might mean was made clear to the public by the tragic death of Lum Doy (alias Lum Tak Kui) in September 1958. He was picked up by the police a few yards from the Chinese Hospital and died a few hours later.<sup>27</sup> He weighed less than sixty pounds and had suffered from malnutrition and hunger. An investigation into his death revealed that he had refused to enter a Western hospital but that the Chinese Hospital had no bed for him; his death seemed, therefore, something that could have been avoided had the Chinese Hospital had more resources available. The death of Lum Doy aroused public concern and prompted the CCBA to consider adding a new one-storey wing to the Chinese Hospital.<sup>28</sup>

Initially, both the provincial and city governments were enthusiastic in their support of the expansion project of the Chinese Hospital. In September 1958 Eric Martin, Minister of Health Services and Hospital Insurance, announced that the door was "wide open" for an application for provincial government aid.<sup>29</sup> On 9 October the City Council unanimously agreed "to do everything within its power to encourage and promote an addition to the Chinese Hospital."<sup>30</sup> The Royal Jubilee Hospital promised to donate eighteen beds, and Victoria's Chinatown Lions Club soon raised \$4,000 for the plan.<sup>31</sup> Later in the year, however, the CCBA was informed that it was not eligible for a provincial hospital grant because it did not own the hospital property. Victoria City Manager C. C. Wyatt proposed a way around this difficulty by suggesting transfer of the hospital property to the CCBA on condition that the building revert to the city if it ceased to be used as a hospital or if the CCBA failed to obtain the government grants.<sup>32</sup> This led to the licensing of the Chinese Hospital as a hospital and the incorporating of the Chinese Community Hospital Society of Victoria in 1961, with its objective the establishment and maintenance of

<sup>27</sup> *The Daily Colonist*, 13 September 1958.

<sup>28</sup> CCBA Annual Report, 1958. Minutes of meeting on 27 October 1958.

<sup>29</sup> *The Daily Colonist*, 14 September 1958.

<sup>30</sup> Minutes of the Municipal Council of Victoria, 9 October 1958.

<sup>31</sup> *The Daily Colonist*, 23 October 1958.

<sup>32</sup> *Victoria Times*, 16 January 1959.



Fig. 7: The Victoria Chinatown Care Centre, 1982.

a community hospital.<sup>33</sup> The society immediately approached the provincial government for a grant to build a new wing which would cost about \$55,000. On 11 February 1963, the provincial government approved a subsidy of \$18,333, on condition that the society receive title to the hospital property, and it supplied enough funds to pay for the balance of the cost.<sup>34</sup> On 21 February, the Victoria Council's Group "A" Committee recommended to the Council that the Chinese Hospital property "be conveyed to the CCBA for the sum of one dollar; that the conveyance includes provision for the property to be returned to the city at any time it ceases to operate as a Chinese Hospital."<sup>35</sup> However, the Council rejected this recommendation; instead it decided to sell the property to the CCBA for \$12,000.<sup>36</sup>

The CCBA debated the purchase of the hospital property extensively. Some directors were doubtful that there were many old Chinese people

<sup>33</sup> Personal communication with Dr. Andrew Rose, Inspector of Hospitals, 24 November 1976.

<sup>34</sup> News Release from the Department of Health Services and Hospital Insurance, Parliament Buildings, 11 February 1963.

<sup>35</sup> Minutes of the Municipal Council of Victoria, 21 February 1963.

<sup>36</sup> *Ibid.*, 25 April 1963.

who would like to go to the Chinese Hospital when they were ill. Unlike the situation before the Second World War, the Chinese community was no longer a "bachelor" society. The ratio of males per females had dropped sharply from 5.2 in 1941 to 1.8 in 1961, mainly because Chinese women with their children could come to Canada to join their husbands under the family re-unification immigration policy.<sup>37</sup> Many elderly people now had a family in Canada and no longer relied on the services of the Chinese Hospital when sick. Furthermore, some Chinese patients were locally born and much adapted to the Western customs; they preferred going to a Western hospital and being treated by a Western doctor. Thus, a few CCBA directors felt that the clamour for the addition of a new wing to the Chinese Hospital might be an emotional reaction to the death of Lum Doy rather than a rational decision based on the actual demand. While the CCBA was still debating the expansion project, it was informed by a lawyer that Dong Gong (alias Dang Kang Shun), a former labourer, who had passed away in the Chinese Hospital, had bequeathed all his life savings to the Chinese Hospital.<sup>38</sup> This unexpected good fortune put an end to discussion, though it was decided to renovate the hospital instead of adding a new wing.<sup>39</sup> The total cost of renovation amounted to \$30,000, of which 80 percent came from Dong Gong's bequest.

The term Chinese "Hospital" has always been a misnomer because the institution has never been adequately equipped for hospital use and never been run as a hospital. It was licensed first as a private hospital, then a convalescent home, then a private hospital again, later a nursing home, and finally a hospital again. It did not conform to the Standards for Licensed Private Hospitals under the Hospital Act; for example, it did not have a resident superintendent as the legislation required.<sup>40</sup> Nominally, the city's Medical Health Officer was the hospital's superintendent, but the actual administration was carried out by an administrator and a treasurer, both of whom were appointed by the CCBA. In November 1976, the Chinese Hospital had nineteen patients, whose age ranged from seventy to ninety-six.<sup>41</sup> Sixteen of them were on welfare, and their monthly payments of \$580 were subsidized by the Department of Human Resources.

<sup>37</sup> Census of Canada, 1941 and 1951.

<sup>38</sup> Court Registry, Law Courts, Victoria. *Dong Gong's Will*. The gross value of the Estate of Dong Gong amounted to \$26,190.43, of which he bequeathed \$1,000 to Carl Peter Lambert, the Executor of his will, and the residue to the Chinese Hospital.

<sup>39</sup> *The Daily Colonist*, 11 June 1964.

<sup>40</sup> Government of British Columbia. *Hospital Act, Chap. 178 1 August 1975, Part II Private Hospitals*, 1806.

<sup>41</sup> A survey conducted by the author in November 1976.

The staff members included only one registered nurse, who worked from 7 A.M. to 3 P.M., one graduate nurse, who worked from 3 P.M. to 11 P.M., six orderlies, of whom one was assigned for night duty, two cooks, and one part-time janitor.

In December 1976, the Department of Health informed the administrator that if the Chinese Hospital did not have a resident superintendent, it should at least have graduate nurses on duty twenty-four hours a day seven days a week.<sup>42</sup> In other words, three more graduate nurses should be employed, the orderlies should be on both day and evening shifts, and additional staff should be available to do the housekeeping and laundry. Unable to meet these requirements for a hospital licence, the administrator applied for a community care facility licence on 31 May 1977, ending the institution's operation as a hospital as of 30 June.<sup>43</sup> However, the new regulations governing Community Care Facilities were equally demanding and strict.<sup>44</sup> For example, each resident in a care home had to be provided with a single room, an en-suite toilet and hand-basin.<sup>45</sup> In order to meet these requirements, the now eighty-year-old Chinese Hospital would need many additional improvements costing thousands of dollars.<sup>46</sup> The city, still owner of the property, was not willing to spend so much money on the old building, nor had the CCBA enough funds for the complete conversion of the hospital. It was, in consequence, not qualified to be licensed either as a hospital or as a community care facility. Accordingly, the administrator decided in December 1977 to register the Chinese Hospital as a private boarding home for elderly people and end its connection with the Long Term Care Program.<sup>47</sup> Without a government subsidy, the administrator reduced the staff to only one graduate nurse, four orderlies, and a cook, and reduced the boarding home's capacity from twenty-two beds to twelve beds. By February 1979, all twelve residents were male and over eighty years of age. As the operation of the home was

<sup>42</sup> Letter from Dr. Andrew Rose, Inspector of Hospital, to Peter Wong, Administrator of the Chinese Hospital, 2 December 1976.

<sup>43</sup> An Application Form to Community Health Service, Capital Regional District, 31 May 1977.

<sup>44</sup> Letter from Dr. Andrew Rose, Inspector of Hospitals, to Peter Wong, Administrator of the Chinese Hospital, 10 January 1977.

<sup>45</sup> Government of British Columbia, *Community Care Facilities Licensing Act, Chap. 4*, 1969, 6.

<sup>46</sup> Letter from Dr. A. B. Allen, Deputy Regional Health Officer, to Peter Wong, Administrator of the Chinese Hospital, 7 January 1977.

<sup>47</sup> Letter from Peter Wong, Administrator of the Chinese Hospital to Mr. K. Wilkens, Land Commissioner, City of Victoria, 5 December 1977.

still running a deficit, the CCBA decided on 3 June 1979 to close the home; all the Chinese patients were later transferred to James Bay Lodge.<sup>48</sup>

In the summer of 1979, I conducted a survey of the need of the Chinese elderly people for a long-term care facility in Chinatown. A total of 277 persons (114 males and 163 females), 90 percent of them aged 65 or over, responded to the questionnaire.<sup>49</sup> About half of the respondents stated that they would like to move into a Chinatown care home if such a facility were available. Nearly all the respondents wanted a care home inside or close to Chinatown for two reasons. First of all, the care home residents would still keep in touch with the Chinese community because they could easily walk to the nearby Chinese associations, cafés, or restaurants to meet and chat with their friends. Secondly, they would have more visits from their children, relatives, or friends, who might drop in to pay them a visit after shopping or dining in Chinatown. The proposed care facility would have Chinese-speaking staff and serve Chinese meals. Unlike the previous Chinese Hospital, the facility would admit both male and female patients, and both Chinese and non-Chinese patients. During the survey, I asked a few Chinese patients whether they would feel comfortable sharing a care facility with non-Chinese patients. All of them indicated that they did not mind at all; in fact three patients said that they had Caucasian daughters-in-law and/or sons-in-law. I also interviewed a few Caucasian patients; some said that they would consider moving to a Chinese care facility because they liked eating Chinese food!

The idea of a Chinatown care facility project received much support from the city, provincial, and federal governments. Accordingly the Victoria Chinatown Care Society was formed to carry out the project. The city leased the former hospital site to the society for ninety-nine years at one dollar per year; the Canada Mortgage and Housing Corporation provided the construction cost of about \$1.5 million; and the Ministry of Health subsidized the operating expenses. Known as the Victoria Chinatown Care Centre, the facility was completed and officially opened on 25 February 1982 (figure 7). Unlike the previous Chinese Hospital, the centre admitted females as well as non-Chinese patients; in the first few months following the opening, two-thirds of the centre's thirty residents were Caucasians.<sup>50</sup>

<sup>48</sup> CCBA Annual Report, 1973-84. Minutes of meeting on 3 June 1979.

<sup>49</sup> Lai, Chuen-yan David, *A Care Home in Victoria's Chinatown: A Survey of the Need* (Victoria, Capital Regional Hospital and Health Planning Commission, 1979), 1.

<sup>50</sup> Mrs. Laura Meyer, Administrator, Victoria Chinatown Care Centre, private interview held in June 1988.



The vicissitudes of the Chinese Hospital reveal the dimensions of the CCBA's struggle to support a charitable institution which requires a regular income to maintain. They also reflect the changing attitude of the City Council to the Chinese community. After the 1920s the city refused to exempt the Chinese Hospital from taxation and obtained the property at a tax sale. When the CCBA had an opportunity to acquire a provincial grant to expand the hospital, the Council refused to convey the property to the CCBA at a nominal price. Today, the Chinese community is largely integrated into the host society, and obtains help from the City Council with no more difficulty than any other group. Had the Council refused to give the ninety-nine-year lease at one dollar per year, the Victoria Chinatown Care Society would have been disqualified for a government grant to build the facility, as the Chinese Community Hospital Society had been in 1963.

Unlike the previous Chinese Hospital, the Victoria Chinatown Care Centre provides nursing care supervision on a continuing basis for thirty elderly residents from all ethnic groups of the community; in June 1988 the Centre had one native Indian, six Caucasians, and twenty-three Chinese permanent residents. There is one bed for a temporary resident; in the past an Italian, a Hungarian, and some residents of other ethnic origins were admitted on a short-term basis. All the patients in the Centre, including the Chinese, are treated by Western doctors and served both Chinese and Western food. Unlike the previous Chinese Hospital, the Centre is administered by a hospital board of eleven members (three Caucasians and eight Chinese) and has a staff of seventeen members of different ethnic origins: one Jamaican, four Caucasians, and twelve Chinese. At one time, there was a Vietnamese helper in the Centre. Thus, the 104-year history of the Chinese Hospital, from the *Taipingfang* to the Victoria Chinatown Care Centre, exemplifies the gradual process of Chinese integration into the multi-ethnic society of Canada.