

# FRIENDLY SOCIETIES IN NANAIMO:

## *The British Tradition of Self-Help in a Canadian Coal-Mining Community*

LYNNE BOWEN

In 1895, at the annual Ancient Order of Foresters district “re-union” in Nanaimo, Mr. Samuel See, clad in a lincoln green coat, buckskin “nether garments,” white-topped boots, and a broad hat with a feather drooping from its brim, led the parade to the picnic grounds astride a white charger. Ladies of the Companions of the Forest, dressed in black and white with beribboned green hats, followed directly behind, and in their wake came fanciful floats and troops of marching Juvenile Foresters. Baseball games, races and track events, waltzing and baby contests – the entertainments at the picnic grounds that day were myriad and gave evidence of the robust nature of the friendly society movement in this coal-mining community of 20,000.<sup>1</sup>

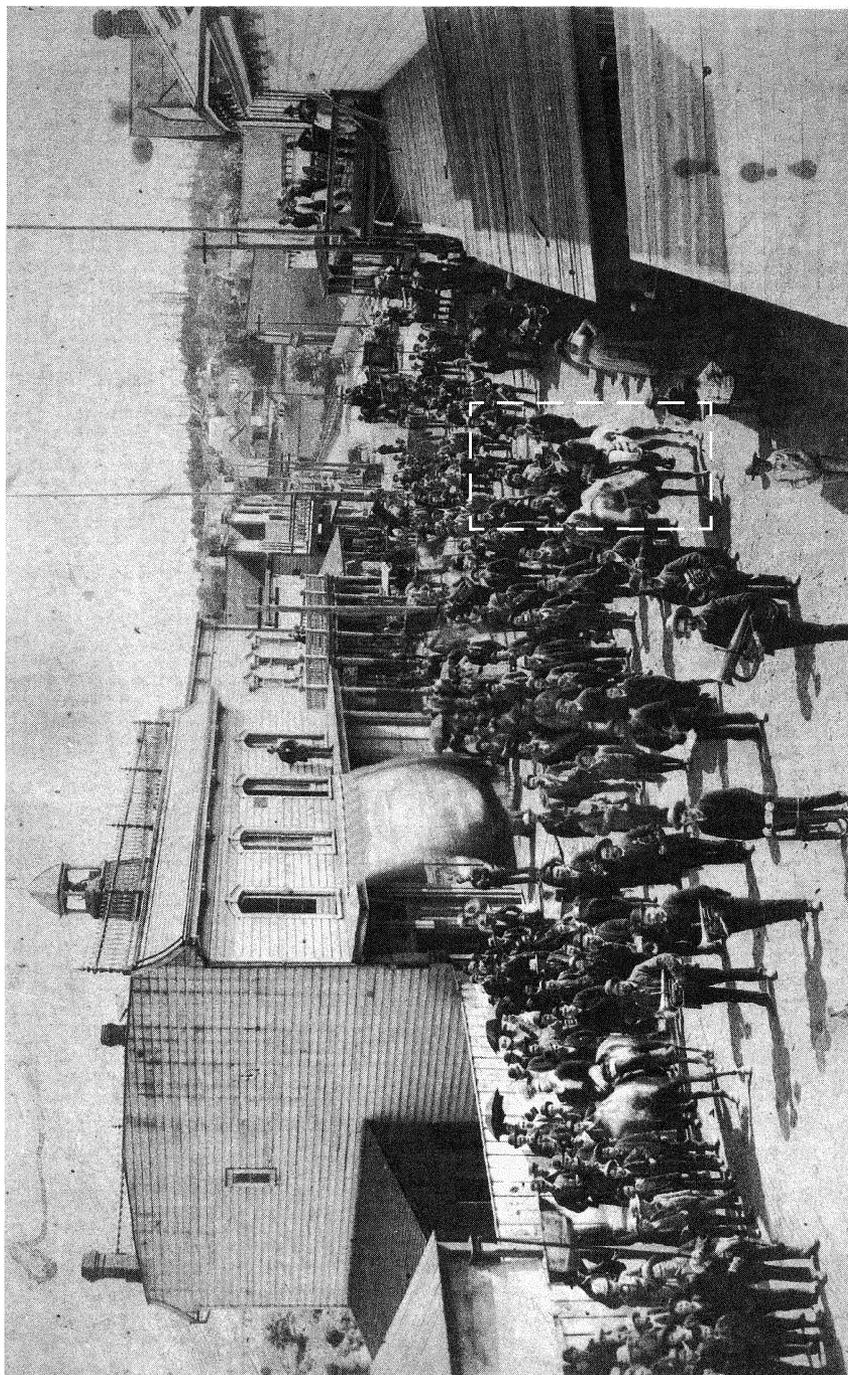


Detail, annual parade of the Ancient Order of Foresters, c 1890. *BC Archives*, B-02511. See following page.

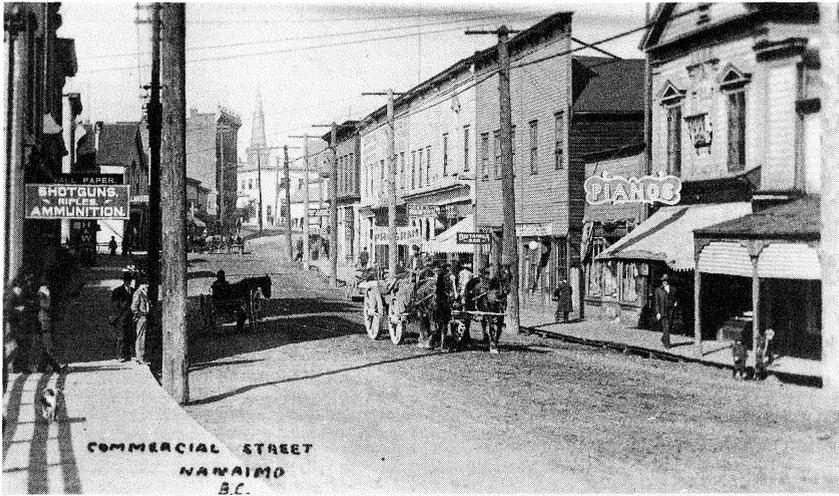
Friendly societies, one of several manifestations of the self-help movement, originated in Great Britain and landed in Nanaimo, British Columbia, on fertile ground.<sup>2</sup> For a time in the late nineteenth

<sup>1</sup> The number is approximate. According to census figures quoted in John Douglas Belshaw, “Cradle to Grave: An Examination of Demographic Behavior on Two British Columbia Frontiers,” *Journal of the Canadian Historical Association* 5 (1994): 44, the population for “Nanaimo and environs” was 10,000 in 1881, 18,229 in 1891, and 27,198 in 1901. The 1881 Census of Canada, however, gives the population of “Nanaimo and Noonas Bay” as 2,695.

<sup>2</sup> For the purposes of this study “Nanaimo” includes all the coal-mining communities of central Vancouver Island, most of which are now part of the Regional District of Nanaimo. The first mines were in Nanaimo proper and then, gradually, they opened in Wellington,



The annual parade of the Ancient Order of Foresters, c 1890. *BC Archives*, B-02511.



By the early 1900s, many lodges had paraded down Commercial Street to the waterfront picnic ground beyond the church steeple. Nanaimo District Museum, B-10.

and early twentieth centuries, reflecting similar activity all over North America, the societies, primarily in the form of fraternal lodges, flourished. But by the 1920s, a number of factors had lessened the effectiveness of the self-help movement in Nanaimo.

The first factor was the drift towards multiple memberships. As the twentieth century brought increased labour strife and unemployment, the fear of being under-insured led individuals to join more than one society. At the same time, Nanaimo's lodges began to ignore the actuarial principles that had guaranteed the health of their benefit funds. Multiple membership diluted the loyalty of members to individual lodges, with the result that membership decreased and funds declined.

The second factor that lessened the effectiveness of the self-help movement in Nanaimo came in the guise of employment-based funds, those off-shoots of the movement that had been developing in range and complexity in the Nanaimo area since at least the 1870s. These workplace-related funds existed solely to provide medical and funeral benefits and had no ritual or social components, the two elements that had been so important in maintaining a high level of membership in nineteenth-century fraternal organizations.

---

East Wellington, Southfield, Extension, South Wellington, Lantzville, Granby, and Morden. Although several coal companies (including Robert Dunsmuir and Sons) were represented, by 1927 Canadian Collieries (Dunsmuir) Limited, which purchased the Dunsmuir holdings in 1911 but was not connected with that family, owned all the mines on central Vancouver Island. Before the Dunsmuir mines at Wellington closed in 1900, there were three fraternal lodges in that town. The Dunsmuir mines at Cumberland are not included in this study.



Coal miners brought the British tradition of friendly societies to Nanaimo where the majority of wage earners worked in coal mines until well into the twentieth century. Ray Knight Collection, BCARS-4245.

The third factor in the decline of Nanaimo's self-help movement occurred gradually over the first half of the twentieth century as friendly society members, doctors, and the province's politicians began to focus on the need for some kind of government-sponsored health care. Government action came first in the passage of the Workmen's Compensation Act and, later, in a series of investigative commissions and an abortive Depression-era attempt at health care legislation. When medicare legislation was finally passed nationally in 1966, and when British Columbia endorsed it in 1971 friendly societies, already weakened by the above factors, were unable to participate in the implementation of the new legislation as their counterparts in Great Britain had done in 1912.

In recent years, the self-help movement (in its broadest definition) has been the subject of a scholarly article, a thesis, and three books, each of which places emphasis on a different aspect of the movement. In *Freemasonry and American Culture*, Lynn Dumenil examines the significance of Freemasonry in American society between 1880 and 1930. In *Secret Ritual and Manhood in Victorian America*, Mark C. Carnes studies the importance of ritual in American lodges. Mary Ann Clawson examines the significance of American Masonic and quasi-Masonic organizations in *Constructing Brotherhood*, and David Sutherland studies the importance of membership in voluntary

societies to an upwardly mobile community in “Voluntary Societies and the Process of Middle-Class Formation in Early-Victorian Halifax, Nova Scotia.”<sup>3</sup>

More relevant to British Columbia is John Emery’s “The Rise and Fall of Fraternal Methods of Social Insurance,” which, from an economist’s perspective, explores the reasons for the decline of fraternal society-based social insurance, using the Independent Order of Oddfellows of British Columbia to illustrate its conclusions.<sup>4</sup> Like Emery’s thesis, the study of the coal-mining communities of central Vancouver Island that follows focuses on the social insurance aspect of the friendly society movement. But whereas Emery concludes that the severe economic conditions of the Depression were the cause of the decline of social insurance arrangements of fraternal organizations in British Columbia, this study concludes that the decline of the movement in Nanaimo (in particular) was the result of several factors and had begun at least thirty years before.

But despite this decline, Nanaimo’s experience was relevant in the search for better ways to provide social insurance in British Columbia and the rest of Canada. Nanaimo, along with other mining and lumbering communities on Vancouver Island, had been a notable example of the nineteenth-century success of friendly societies.<sup>5</sup> In addition, the experience of Nanaimo’s doctors – who participated in the self-help movement with varying degrees of enthusiasm – is significant when examining the decline of the self-help movement and the development of health care insurance. That British Columbia, despite efforts to the contrary, did not provide health care insurance until 1971, when it finally joined the rest of the country in the national scheme, is due in part to the failure of all parties involved to learn from the lessons of the self-help movement.

\* \* \*

<sup>3</sup> See Lynn Dumenil, *Freemasonry and American Culture* (Princeton: Princeton University Press, 1984); Mark C. Carnes, *Secret Ritual and Manhood in Victorian America* (New Haven: Yale University Press, 1989); Mary Ann Clawson, *Constructing Brotherhood, Class, Gender, and Fraternalism* (Princeton: Princeton University Press, 1989); David A. Sutherland, “Voluntary Societies and the Process of Middle-Class Formation in Early-Victorian Halifax, Nova Scotia,” *Journal of the Canadian Historical Association* 5 (1994): 237–63.

<sup>4</sup> John Charles Herbert Emery, “The Rise and Fall of Fraternal Methods of Social Insurance: A Case Study of the Independent Order of Oddfellows of British Columbia Sickness Insurance, 1874-1951” (PhD diss., University of British Columbia, 1993).

<sup>5</sup> Canada, *Report of the Royal Commission on Health Services, 1964*, vol. 1 (Ottawa: Queen’s Printer, 1964), 382, 393.

The roots of the self-help movement in North America are in eighteenth-century Great Britain. Working-class people, in search of a way to avoid a pauper's grave and to provide for themselves in times of sickness, formed voluntary groups and contributed regular dues to funds that provided them with sick pay and burial benefits. Meeting in village inns, these so-called "friendly societies" gained rapidly in popularity, with their combination of conviviality and self-help. Though the British government first sought to repress them, it later passed legislation to regulate their funds, making it compulsory for societies to collect health statistics. From these statistics the science of the actuary emerged, making it possible for modern insurance, pensions, and benefit and medical funds to develop according to sound actuarial principles. By 1911, the self-help movement was so successful in Great Britain that the government used the movement's experience and its network of societies to provide the basis for the National Health Scheme.<sup>6</sup>

The mature self-help movement, having organized itself into large groups or affiliated societies such as the Independent Order of Odd-fellows (IOOF), Manchester Unity, or the Ancient Order of Foresters (AOF), had long since spread to Europe and to North America. It had appeared in Nanaimo in 1863, just eleven years after European settlement began following a report by local Natives of the presence of coal in the area. The Hudson's Bay Company, owner of the early mines, had, by importing Scottish, Welsh, and English miners, determined that Nanaimo would be a predominantly British community.<sup>7</sup> These miners, aware of the self-help tradition so well established in their homeland, and especially in the British coal industry,<sup>8</sup> were ready

<sup>6</sup> For further reading on the development of British-friendly societies and of actuarial science see Lord Beveridge, *Voluntary Action: A Report on Methods of Social Advance* (London: Allen and Unwin, 1948); P.H.J.H. Gosden, *The Friendly Societies in England, 1815-1875* (New York: Kelley, 1967); P.H.J.H. Gosden, *Self-Help Voluntary Associations in the Nineteenth Century* (London: Batsford, 1973); M. Fothergill Robinson, *The Spirit of Association* (London: Murray, 1913).

<sup>7</sup> According to the 1881 Census of Canada, of the 2,695 people resident in Nanaimo and Noonas Bay, 1,926 (71 per cent) were of British origin. The predominance of British customs and institutions in Nanaimo is discussed in Lynne Bowen, *Three-Dollar Dreams* (Lantzville: Oolichan, 1987); in P.M. Johnson, *Nanaimo: A Short History* (North Vancouver: Trendex, 1974); in Brian Ray Smith, "Some Aspects of the Social Development of Early Nanaimo" (BA Essay, University of British Columbia, 1956); and in Seiriol Williams, "Public Health Survey of Nanaimo, 1931" (Student Survey, Harvard Medical School, 1931). John Douglas Belshaw, in "The British Collier in British Columbia: Another Archetype Reconsidered," *Labour/Le Travail* 34 (1994): 11-22, and in "The Standard of Living of British Miners on Vancouver Island, 1848-1900," *BC Studies* 84 (1989-90): 37-64, while differing with me on some aspects of the social and labour scene, reinforces this contention.

<sup>8</sup> Evidence of the popularity of friendly societies in the British coal industry can be seen in the vocational benefit societies for the coal-heavers working on the River Thames and the River Ware, which are discussed in the *Report of the Advisory Committee on Health Insurance*



Members of the Grand Lodge Independent Order of Oddfellows of British Columbia pose in front of the offices of a Nanaimo newspaper in 1898. Nanaimo District Museum, 14-20.



Healthy and prosperous in appearance, members of the Ancient Order of Foresters sit for a portrait c. 1890. The woman presumably represents the women's branch. Nanaimo District Museum, 14-23.

recruits when American branches of friendly societies began to organize lodges in their fledgling town.<sup>9</sup>

Just eight years after the arrival of the first lodge, and just months before the province joined Confederation, the colonial government of British Columbia passed the Act to Incorporate Charitable, Philanthropic and Provident Associations on 28 March 1871. This act enabled friendly societies to establish branches, sue or be sued, elect officers, make by-laws, acquire real property, and invest money.

In the years that followed, membership in Nanaimo's friendly societies included both community leaders and ordinary workingmen.<sup>10</sup>

---

(Ottawa: King's Printer, 1942), 56. Miners' Permanent Relief Societies are discussed in Robinson, *Spirit of Association*, 166.

The primary employers in the Nanaimo area continued to be coal-mining companies, even as the ethnic make-up of the area became more diverse, with the addition of Italians, Chinese, Finns, and Croatians. By 1901, according to census figures, residents of non-British ethnic origin accounted for 34 per cent of Nanaimo's population. But as late as 1923, over 90 per cent of the mid-Vancouver Island population was still employed directly or indirectly by coal. See Alan John Wargo, "The Great Coal Strike: The Vancouver Island Coal Miners' Strike, 1912-1914" (BA Essay, University of British Columbia, 1962), 11.

<sup>9</sup> That a British institution should reach Nanaimo via the United States is not surprising. Prior to the completion of the Canadian Pacific Railway in 1885, virtually all of Vancouver Island's communications with the outside world were via the United States (particularly San Francisco). As well, individuals moved easily back and forth across the border. The 100F from the Grand Encampment of California instituted the first Nanaimo lodge. Similarly, members of the AOF from nearby Washington Territory established the so-called "parent of all other Fraternal Societies" in Nanaimo in July 1875. Because of the wealth of information available, this study will use the AOF to provide most of its examples.

Despite the fact that Nanaimo's first lodges came via the United States, the British connections remained strong, at least in the AOF. Nanaimo AOF lodges answered to a supreme governing body in Great Britain throughout their history (see Emery, "Fraternal Methods," 28). Readers of Clawson, Carnes, and Dumenil, however, might wonder why these authors fail to recognize that the self-help movement originated in Great Britain.

A list of other lodges with branches in Nanaimo between 1863 and 1975, assembled from BC Directories (*Williams's Illustrated Official BC Directory*. Victoria: R.T. Williams, 1892 and Wolz, Wm., compiler. *The BC Directory for 1884-85*. Victoria: R.T. Williams, 1885), Royal Commission testimony, and reports and local newspapers is as follows: Amalgamated Society of Enginemen, Ancient Order of United Workmen, Brotherhood of Owls, Daughters of Rebecca, Fraternal Order of Eagles, Good Templars, Knights of Pythias, Lily Orange Order, Moose Lodge, Pythian Sisters, and Sons of St. George. Of these, the Knights of Pythias and the Ancient Order of United Workmen were unique to North America (See Emery, "Fraternal Methods," 37).

<sup>10</sup> Founding officers of Court Nanaimo Foresters' Home Number 5886, AOF, for example, included several prominent men such as J.P. Planta, a school teacher, and George Norris, a newspaper publisher. Mark Bate, the first mayor and, at that time, manager of the Vancouver Coal Mining and Land Company (Nanaimo's principal employer), and John Hilbert, a furniture builder, undertaker, and (later) mayor, served as AOF officers. Nevertheless, the AOF executive also included ordinary coal miners. Elijah Ganner, senior beadle in the first AOF court, for example, was a miner (although he possessed a certain cachet for having immigrated on the *Princess Royal*, Nanaimo's equivalent of the *Mayflower*). Over the next quarter century, approximately half the lodge officers were workingmen; the other half were businessmen and professionals.

According to Robert A.J. McDonald in *Making Vancouver: Class, Status, and Social Boundaries, 1863-1913* (Vancouver: UBC Press, 1996), 194, the class make-up of Vancouver's friendly societies, while difficult to determine due to a lack of comprehensive figures, seemed

The attraction for the middle class in those early years, when Nanaimo was isolated and under-developed, was probably the active and varied social calendar offered by the lodges. Following a proven formula for ensuring large membership lists, banquets followed the regular meetings, and balls, picnics, and parades marked the usual twenty-fourth of May, July first, Christmas, and New Year holidays. The picnic was the most popular form of summer entertainment in Nanaimo, especially when lodges from Victoria, New Westminster, and (later) Vancouver visited.<sup>11</sup>

The 1890s saw the affiliated lodges reach their peak of popularity. Funds contained a comfortable cushion between dues collected and sick benefits paid out, banquets reached new heights of sumptuousness, new branches attracted new members, and women and juveniles formed their own branches.<sup>12</sup>

But in 1897, although district membership increased by another 250, there was a perceptible change in the make-up and fortunes of the AOF in Nanaimo. In that year, *new* membership came almost exclusively from the working class.<sup>13</sup> The reasons for this change are

---

to be divided almost equally between white- and blue-collar workers. McDonald's blue-collar workers, however, are described as "respectable workmen such as plumbers and carpenters," leaving one to wonder if Nanaimo's coal miners would have qualified.

<sup>11</sup> The elaborate nature of lodge social calendars is at odds with the situation described in Carnes's *Secret Ritual*, which holds that ritual was so important in Victorian America that it supplanted almost all other activities.

According to Dr. Lorenzo (Larry) Giovando in an undated interview with the author circa 1979, social activities were also predominant in some of the lodges patterned on the British model that were founded by various non-British groups. The Felice Cavalotti Lodge, named for an Italian working-class hero, provided an active social program – comprised of picnics, card tournaments, dances, and *botte* – that also served to raise money for a benefit fund. Fifty Croatian miners who settled in Ladysmith in 1904 formed a fraternal union affiliated with similar groups all over North America. Other ethnic groups, such as the Finns, while active socially, did not form benefit funds. Nor did the Chinese who, in keeping with their tradition, depended on wealthier members of the Chinese community to pay their medical bills.

<sup>12</sup> In 1887, the AOF fund was in such good condition that the officers increased endowment fund benefits from \$1,000 to \$2,000 and assured members there would be no extra assessments. And, lest such affluence prove a temptation, the lodge retained the British practice of installing a new slate of officers every six months to discourage dishonest dealings with the fund.

In 1890 the AOF district of which Nanaimo was a part boasted 500 members, of whom 50 were new recruits. The fund contained \$20,000, \$2,600 having been paid out to the sick in the previous year. In 1894, the district contained eight courts, with two female and three juvenile branches. All this positive news combined with a dropping sickness rate (the percentage of members applying for sick benefits in a given year) to indicate that the AOF was in a very healthy state, both literally and figuratively.

<sup>13</sup> A survey of BC Directories for the years 1877-78, 1884-85, and 1905 determined the occupations. The entries for 1899 in the Candidate's Proposition Book for Court Nanaimo Foresters' Home Number 3886 (Nanaimo Community Archives) shows that 32 of the 35 new members were miners, mine labourers, bricklayers, painters, and mule drivers. The other three were a police officer, a dry goods clerk, and a post office clerk. The term "mine labourer" indicates a skilled position one rung down the ladder from "miner."

obscure. It may be that by the late 1890s the middle class found sufficient social activities outside the self-help movement to make lodge membership less attractive. It is tempting to attribute the change to an increased ability by the working class to pay dues, but the mining industry had been plagued throughout the 1890s by a series of economic recessions that had resulted in lay-offs at all Nanaimo-area mines.

Recognizing that membership had to be made more attractive, several lodges temporarily reduced their initiation fees in 1899. Even so, branches, some of which had been open only a few years, started to close, and those remaining had to agree to cover the members of the defunct lodges.<sup>14</sup> As the new century began, cracks were beginning to appear in the prosperous structure of Nanaimo's friendly societies.

\* \* \*

At the beginning of the twentieth century labour unrest, always a factor in Nanaimo life, became a predominant concern as unions slowly gained a measure of power. Over the next two decades, as coal production increased and employers became more repressive, as large numbers of men continued to die in the heavily faulted and methane-filled mines, and as determined employers defeated a two-year-long strike for union recognition, the self-help movement struggled to keep pace with changing social conditions.<sup>15</sup> Social functions had become secondary as the proportion of middle-class to working-class members grew smaller. The balance of membership was shifting towards the working class. And several tragedies focused the members' attention on the importance of the benefit fund and the need for more comprehensive medical coverage.

Severe influenza epidemics in 1919 and 1920 followed the population shifts and hardship created by the First World War. At the same time, the large coal companies were laying off men as more efficient mechanical methods replaced manpower.<sup>16</sup> For those still involved in mining, falling coal and rock, along with flooding (which occurred

<sup>14</sup> Details of membership come from several reports in the *Daily Colonist*, 1890-99, and from the Candidate's Proposition Book (Nanaimo Community Archives).

<sup>15</sup> Trade unions and co-operatives were also expressions of the self-help impulse (see Gosden, *Self-Help*, 10). Trade unions have received generous coverage in many articles and books on the Vancouver Island labour scene, including Lynne Bowen, *Boss Whistle: The Coal Miners of Vancouver Island Remember* (Lantzville: Oolichan, 1982), and Bowen, *Three-Dollar Dreams*. The role of co-operatives on Vancouver Island is discussed briefly by Ian McPherson in *Each For All: A History of the Co-operative Movement in English Canada* (Toronto: Macmillan, 1979).

<sup>16</sup> Smith, "Social Development," app. v-4. Paradoxically, despite the declining number of jobs available, coal production did not reach its peak on the Island until the end of the 1920s.

when old water-filled workings were accidentally penetrated), took their toll in death and disability. On the positive side, the introduction of electric mine lamps and the increased involvement of government in mine safety dramatically reduced the number of lives lost in explosions.

Testimony at the Commission on Maternity Benefits of 1919-21, set up to investigate public demands for government aid to mothers and children, revealed that representatives from lodges, miners' committees, unions, employers' funds, and women's groups were much interested in the British National Health Act, 1912. This major legislative milestone provided for the administration of a pre-paid health plan through 23,500 independent "approved societies," such as friendly societies, trade unions, and employers' funds. By this act, the British government had recognized both a pressing social need and the efficacy of the self-help movement.<sup>17</sup> Witnesses at the commission hearings hoped that friendly societies could be put to similar use in Canada.<sup>18</sup>

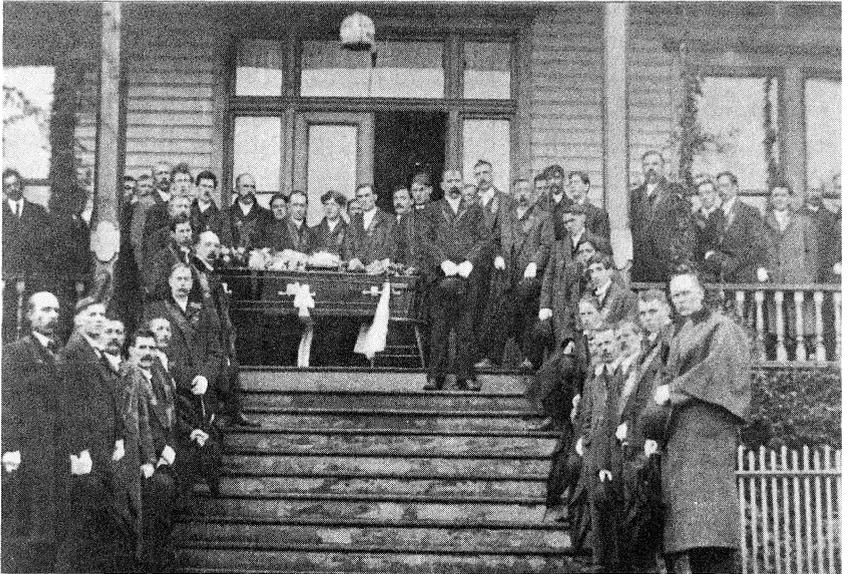
They were also interested in British Columbia's new Workmen's Compensation Act, 1917. The new act seemed more important for what it failed to do than for what it did. Although it required that a worker be compensated for work-related injury or illness, injury or illness that was not work-related was not eligible for compensation. And the definition of "work-related" was difficult to pin down. In the face of such uncertainty, workers still had to provide for their own medical coverage as well as for that of their wives and families.

Lodge medical plans and benefits were obviously still very necessary, although Dr. George A.B. Hall of Nanaimo, reporting to a second Royal Commission in 1929, worried that not enough people had coverage:

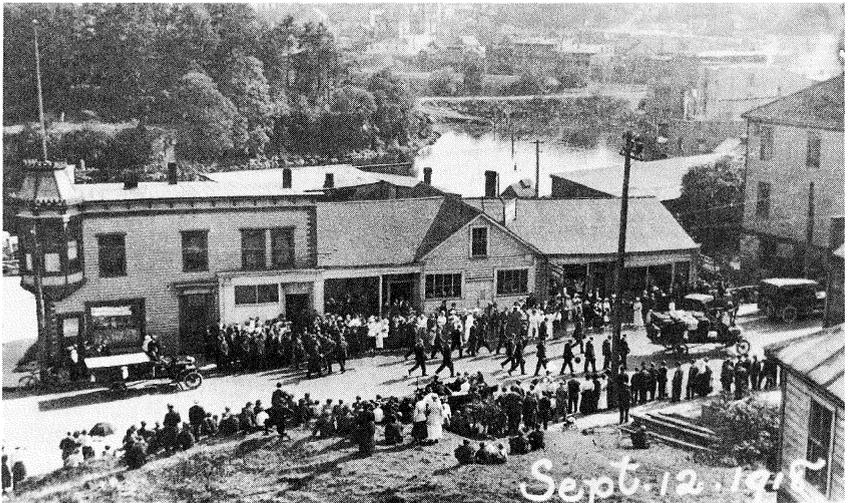
Lots of people will not call in a doctor because knowing [sic] they can not pay him, and they do not like to call him, on charity. There are many cases I know of where a person has been sick five or six days or a week, and had reached the stage where it was impossible to do without a doctor, whereas if the doctor had been called in sooner,

<sup>17</sup> By the 1930s, according to Allan Irving in "The Doctors versus the Expert: Harry Morris Cassidy and the British Columbia Health Insurance Dispute of the 1930s," *BC Studies* 78 (1988): 58, British officials were regretting this decision. Cassidy quoted them as saying "that if they were starting their system afresh they would not turn over the administration to Approved Societies."

<sup>18</sup> British Columbia, Legislative Assembly, *Commission on Health Insurance and Maternity Benefits, 1919-1921*, app. A, testimony by Mr. J. Sutton of AOF. In British Columbia Legislative Assembly, *Royal Commission on State Health Insurance and Maternity Benefits, 1929-1932*, app. H, vol. 1., Mr. Jones of the Knights of Pythias, Mr. W. Carmichael of the IOOF, Mr. A. Honeyman of the Fraternal Order of Eagles, Mr. J.R. Crellin of the AOF, Mr. W.E. Rumming of the Sons of St. George, and Mr. Nichol of the Amalgamated Society of Enginemen gave similar testimony.



Lodge members gather on the steps of the Abbotsford Hotel, Ladysmith, with the coffin of one of the thirty-two victims of the 1909 Extension mine explosion. Ray Knight Collection.



Mourners line Bastion Street for the funeral procession of the victims of a 1918 mine disaster. In 1976 the CCF Hall occupied the top floor of the turreted building. Ray Knight Collection.

the case would have been much easier handled, and in some cases the life of the patient saved.<sup>19</sup>

Most evidence, however, indicates that uninsured people were in the minority. Mr. Carmichael of the Oddfellows told the same commission that benevolent societies represented a big proportion of society. Mr. Seiriol Williams, Harvard Medical School student and soon-to-be practising physician, noted in 1931 that the city was a good supporter of lodges.<sup>20</sup> In a 1979 interview, Dr. Alan Hall, son of Dr. George Hall, recalled that benefit plans constituted 85 per cent of his practice.<sup>21</sup>

Yet testimony in 1929 questioned whether individual lodge benefit plans were still able to provide members with sufficient coverage. In direct violation of actuarial laws, so labouriously developed in Great Britain, most lodge dues had never increased from the level of approximately one dollar per man per month, which they had reached late in the nineteenth century.<sup>22</sup> The discrepancy between the size of the fund and the size of the need led members to take out multiple lodge memberships, the first factor in lessening the effectiveness of Nanaimo's self-help movement.

Testifying before the 1929 Royal Commission, William Sutton illustrated the "tremendous overlapping" of membership by listing his and his wife's contributions for their own health and welfare:

Mr. Sutton:

- \$0.01 per working day to the Workmen's Compensation
- \$1.00 per month to Western Fuel Corporation Employee Sick and Accident Fund
- \$0.50 per month to the Nanaimo Hospital Treatment Fund
- \$4.00 per year levy to the Knights of Pythias
- \$3.25 per quarter to the AOF

Mrs. Sutton:

- \$0.25 per month to Pythian Sisters
- \$0.25 per month to the Lily Orange Order Funeral Fund
- \$0.75 per month to the AOF<sup>23</sup>

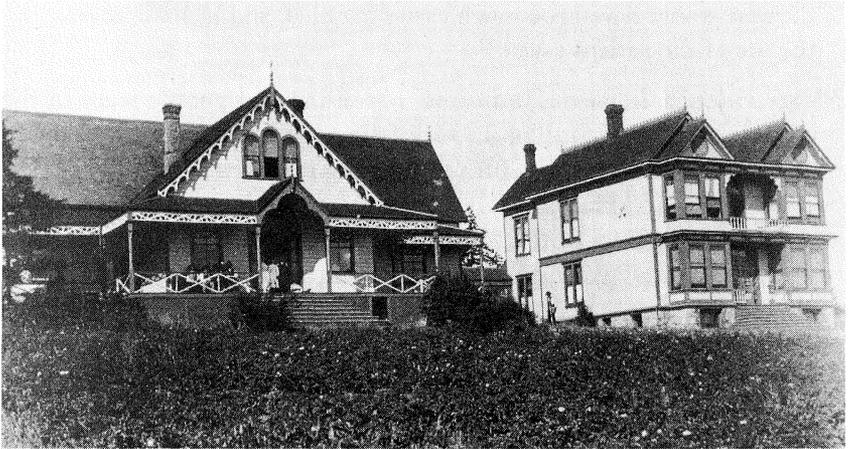
<sup>19</sup> *Ibid.*, Dr. Hall was also the private physician to the notorious Brother Twelve.

<sup>20</sup> Williams, "Public Health," 107.

<sup>21</sup> Dr. Alan Hall, interviewed by the author, Nanaimo, British Columbia, circa 1979. The author apologizes for her failure to note the exact dates on which the 1979 interviews took place.

<sup>22</sup> Emery notes this phenomenon too. 100F dues and benefits stayed the same from 1875 until 1950, when the 100F ceased to provide a medical benefit (see Emery, "Fraternal Methods," 91).

<sup>23</sup> Testimony by Mr. William Sutton before the Royal Commission, app. H., vol. 1, 130. Mr. Albert Steele, in a 1979 interview with the author, stated that, in accordance with the usual practice, he belonged to several lodges.



Nanaimo's second hospital served the community from 1881 to 1927. The Nanaimo Hospital Treatment Fund was organized to fund the building and operation of its successor. Nanaimo District Museum, c2-II.

The Employee Sick and Accident Fund and the Nanaimo Hospital Treatment Fund, along with death benefit funds, are examples of employment-based funds, the existence of which also weakened the self-help movement in Nanaimo.

At the beginning of coal mining in Nanaimo in 1852, the coal company had employed a doctor to look after the miners. Sometime between 1852 and 1877, doctors began to be employed by sickness and accident funds rather than by the coal company. The first fund was an organization of miners employed by the Vancouver Coal Mining and Land Company (vcML). In return for approximately one dollar per month per man, a doctor, elected by the employees, provided all the health care the miners needed for themselves and their families. The fund relied on the coal company to make the deductions directly from the miners' pay.<sup>24</sup>

<sup>24</sup> Canada, *Report of the Royal Commission on Industrial Disputes in the Province of British Columbia* (Ottawa: King's Printer, 1904) incorrectly gives the Miners and Mine Labourers Protective Association (MMLPA) credit for the vcML medical plan. The MMLPA began to represent the employees of the vcML, by then called the New Vancouver Coal Mining and Land Company, only in the 1890s.

The 1964 Royal Commission credits the Nova Scotia Provincial Workers' Association in the Glace Bay Colliery district with the first Canadian employee deduction plan for medical care. The date given is 1883, whereas Nanaimo's first plan began at least as early as 1877, when Dr. Loftus R. McInnes first contracted to look after the men of the vcML.

Emery, "Fraternal Methods," 6, groups employment-based funds with commercial insurance coverage, but I disagree with that classification. Employment-based funds grew directly out of the self-help impulse; they were not run for profit; and employers, though they often tried to interfere, had no official connection with the funds other than to deduct dues from the employees' pay cheques.

The arrangement continued through each change of company ownership until 1927, when Canadian Collieries (Dunsmuir) Limited became the sole owner of all the major coal-mining companies on Vancouver Island, including the Western Fuel Corporation (wfc), which had purchased the successor to the vcml, the New Vancouver Coal Mining and Land Company. But the new owner refused to collect the money or “take a check-off” from the payroll for the Sick and Accident Fund.<sup>25</sup> Under the Master and Servants Act, the company was required to deduct for the doctor but not for the Sick and Accident Fund. Consequently, the men at each Canadian Collieries mine formed their own committee to administer their fund.

Just as they had for decades, members of employee medical plans elected a doctor to care for their medical needs. The chosen doctor was given a list of the men and their dependents. In return for providing them with medical care for everything except maternity, he was paid a fixed amount: approximately \$1.00 to \$1.75 per family per month. For this sum the doctor provided unlimited office, house, and hospital visits; dressings; minor surgery; and common medicines such as cough syrup. Private patients paid about four times as much as did plan members.<sup>26</sup>

In 1929, Dr. H. Maxwell, the miners’ doctor at the Extension colliery, estimated that it cost him \$100 per month to provide medications and \$20 per month to provide dressings. He also hired two assistants for \$250 per month each. Dr. Maxwell’s gross income from the mine, with a full workforce, was \$1,225 per month. After expenses he was left with a monthly income of about \$600 plus income from private patients. By comparison, the average miner made about \$130 per month.<sup>27</sup>

Although employment-related medical schemes provided doctors with a comfortable income and patients with reliable care, the system was hard to control. In the beginning, each scheme hired one doctor who was elected by a majority vote of the members. In 1923, for example, the members of wfc Employees’ Sick and Accident Fund

<sup>25</sup> The earliest “check-off system” in Canada, according to the 1964 Royal Commission, was in Nova Scotia where, in 1903, the legislature sanctioned a practice already in use in the collieries there. The check-off was later adopted in mining and lumbering centres across the country, most notably, according to the commission report, in Timmins, Trail, Nanaimo, Chemainus, and Port Alberni.

<sup>26</sup> Dr. Alan Hall provided me with the rate for private patients. He had 1,400 miners on his list. Some abused the unlimited service but others rarely called the doctor. See Appendix III for the articles of agreement between the employees of wfc and Dr. Hall.

<sup>27</sup> Taken from testimony to the 1929 Royal Commission. Doctors could also work for more than one fund.

hired Dr. George Hall to be the sole doctor for the fund. Some years later, the mine manager threatened to take the contract away from him,<sup>28</sup> although it was not in his power to do so. The miners put the matter to a vote, and most stayed with Hall. A few, however, began to go to Drs. Ingham and Lane, two practitioners who had also offered their services.<sup>29</sup>

Dr. Hall took the matter to court. The judge interpreted the Master and Servants Act to say that as long as the men received medical services, they could go to any doctor they desired. A committee member, unaware of the effect such fragmentation would have on the viability of the benefit fund, testified to the Royal Commission that competition among doctors was “a good thing” if left to the men to handle. The men did not necessarily handle it well. Some who chose Dr. Hall refused to speak to those who went to Drs. Ingham and Lane.

More important, the rivalry manifested itself within the medical profession. Doctors began to provide extra services to curry patients’ favour and to keep patients in hospital longer than necessary to tie up hospital beds in order to prevent a rival doctor from using them.<sup>30</sup> The controversy often spilled over into hospital board meetings, where rival factions faced each other over the board-room table. To this day, some animosity persists between the two clinics, which have grown from the factions of the 1920s.<sup>31</sup>

<sup>28</sup> The manager had asked Dr. Hall to commit an “unethical act,” which he refused to do. In an interview, Dr. Hall’s son, Alan, related to me the nature of the act, but he asked that it not be made public.

<sup>29</sup> Hall interview.

<sup>30</sup> Interview with Mrs. Ann Quayle, retired public health nurse, and with Dr. L. Giovando circa 1979.

<sup>31</sup> The Hall Clinic included Dr. George Hall, his two sons Drs. Alan and Earl Hall, and Dr. A.B. Manson. The name of the clinic was changed to the Hall-Giovando Clinic after Dr. Lorenzo Giovando joined the practice. It is now called the Caledonia Clinic. Dr. Ingham was later joined by Dr. Carmen Browne to form what came to be called the Medical Arts Clinic.

Doctor-related controversies were nothing new to Nanaimo medical plans. In June 1879 Dr. Loftus R. McInnes, a former Toronto surgeon, found himself, for the second time in two years, in trouble with the miners he served. On this occasion he was accused of being unable to cope with his work load due to his being “not young” and “of somewhat a corpulent nature and slightly short of wind” (*Nanaimo Free Press*, 18 June 1879).

In February 1884, the inquiry into the death of Joseph Guthro heard about the undignified bickering between three physicians, Drs. William McNaughton, Daniel Cluness, and William Walkem, who quarreled over who had the right and who had the responsibility to treat Guthro as he died slowly over a period of weeks from the effects of burns suffered in a mine explosion (British Columbia Archives and Records Service, Inquisitions, April 1879 to July 1891).

Before coming to Nanaimo, Dr. William Walkem had been the doctor for the employees of Hastings Mill and Moody’s Mill in 1877 (see British Columbia, *The Report of the British Columbia Royal Commission on Health Care and Costs*, vol. 2 [Victoria: 1991]).

Perhaps as a result of this unseemly rivalry, the community view of the doctors' role in sickness and accident funds was hard-headed. The view was widely held that private patients received better care than did "list" patients. Some felt that the doctor should not be paid for everyone on his list but only for those he actually treated. As one witness to the Royal Commission put it, "Doctors are like the majority of us, they are after the dollar and they rush through."<sup>32</sup>

In addition to medical care, the sickness and accident funds provided disability benefits to their members. For an additional one dollar per man per month, a disabled or sick employee received the following benefits:

- First seven days – nil
- Next three months – \$1.00 per day
- Following three months – \$0.50 per day

The benefits were modest compared to the average weekly salary of \$32.83 in the British Columbia coal mines in 1921. Details varied with each fund.<sup>33</sup>

A particularly generous company-administered plan was offered by the Granby Consolidated Mining, Smelting and Power Company Limited, whose mine at Cassidy supplied coal to its copper smelter at Anyox. The plan was a blend of two schemes tried in Great Britain in the nineteenth century: the local medical aid association, which hired a full-time doctor who was provided with a house and a dispensary, and the Miners' Permanent Relief Societies, which were set up by coal companies to provide disability and burial benefits.

The Granby Medical Association provided its 240 employees and their dependents with the full-time services of a doctor and a first-aid attendant. The company supplied a large house for the doctor and a small hospital on company premises. For three dollars per month, an employee received medical and hospital services, sickness and accident benefits, and maternity coverage for his wife. In keeping with well-established practices in the coal-mining community, death benefits were financed by a levy of two dollars per man.<sup>34</sup> But despite the employer's apparent benevolence in providing this scheme – the most comprehensive of any in the Nanaimo area – employees complained to the Royal Commission that it was too expensive.

<sup>32</sup> 1919 *Commission on Health Insurance and Maternity Benefits*, 4, 155.

<sup>33</sup> *Ibid.*, app. I. All information regarding employment-related plans comes from the 1929-32 *Royal Commission*, app. H., vol. I. The average salary is from the 1923 *Department of Labour Report*, Government of Canada.

<sup>34</sup> Granby's levy was collected at the worksite. Variations on the procedure are discussed later in the text.

The employees of the coal mines created other employment-related associations. Each one had a dues structure similar to those of the lodges; some provided medical, accident, and burial benefits; one purchased and maintained an X-Ray unit in the hospital; and one was strictly a hospitalization plan.

Employees of the WFC mines had started the Nanaimo Hospital Treatment Fund in an effort to help the Nanaimo General Hospital. Any member of the community could join for fifty cents per month. The treatment fund provided the largest single source of revenue for the hospital and loaned its accumulated surplus to the hospital interest-free.<sup>35</sup> By 1942, Nanaimo was one of ten centres in British Columbia to have some form of group hospitalization. Its rates were the lowest of the ten, but its services were less extensive and, unlike the others, excluded maternity.<sup>36</sup>

An excerpt from the *Nanaimo Hospital Treatment Fund, Rules and Regulations* lists the exceptions, common to all Nanaimo plans other than Granby's: "Services do not include Workmen's Compensation Board, mental cases, maternity, infectious diseases, venereal disease, abortion, delirium tremens and diseases or injuries arising out of or resulting from the use of intoxicants or drugs or resulting from immoral practice."<sup>37</sup> Such exceptions made more actuarial than social sense. Despite the refusal to pay the medical expenses of people with syphilis or gonorrhoea, since the 1890s the citizens of Nanaimo had tolerated, through by-laws passed by their elected town council, the existence of a legal red-light district. The Fraser Street district consisted of nine houses averaging three "inmates" each. Incoming prostitutes reported their names and houses to the police and visited the doctor once a week for a check-up. The public, on the other hand, both customers and non-customers, tried to pretend that Fraser Street did not exist.<sup>38</sup>

The decision to exclude patients with alcohol-related conditions was ironic, given that the self-help movement grew out of convivial gatherings in local pubs, and it was doubly ironic in Nanaimo, which, in the 1920s, was known for the ready availability of alcohol.<sup>39</sup> In

<sup>35</sup> Nanaimo Hospital Audits, 1927-37. St. Joseph's Hospital in Victoria is credited by the 1964 Royal Commission with being one of the first hospitals in Canada to inaugurate, in 1878, a hospital plan.

<sup>36</sup> *Advisory Committee*.

<sup>37</sup> *Nanaimo Hospital Treatment Fund, Rules and Regulations*, 1933.

<sup>38</sup> See Williams, "Public Health," 45. By 1931, hospitals receiving provincial grants were required to provide for venereal disease patients. Legal prostitution continued in Nanaimo until the Second World War, when the presence of hundreds of soldiers made it impossible to police. See Bowen, *Boss Whistle*, 218-19 for further details.

<sup>39</sup> There was a bar for every eighty men. See Bowen, *Boss Whistle*, 218.

keeping with the accessibility of alcohol was the tolerance of mine bosses towards drunken miners; although the danger of drinking in the mines was recognized and guarded against – the fire boss checking the men on their way into the pit – a drunken miner was merely sent home until he was sober. Informants differ as to whether lodges provided alcohol on a casual basis, but certainly alcohol was served on all special occasions. The benefit funds' censure of alcohol was more actuarial than moral.

Their non-coverage of maternity is less easy to explain. Although maternity patients presumably had nine months to save money for their care, large families were common and maternity expenses must have been a great hardship for many families.<sup>40</sup> The other nine BC community hospital plans included maternity, but Nanaimo's did not. Before a new hospital opened in 1929, almost all women had their babies at home or in one of three private nursing homes (with the help of a neighbour or a female relative). Paradoxically, although Canada had unusually high maternal and infant mortality rates in the years 1926-42, Nanaimo's rate was considerably lower than the Canadian average. This seems to bear out an old medical maxim: "Less obstetrics and more childbirth."<sup>41</sup> Unintentionally, Nanaimo may have been doing what was best for the survival of its mothers and babies.

Nanaimo's working people employed a variety of informal methods to encourage a large donation to bereaved families. A collection committee might stand outside the bank where the men cashed their pay cheques every Saturday.<sup>42</sup> Or it might ensure that the pledge sheet circulated at the worksite to elicit donations to a dead miner's family was given first to the boss. His pledge to the widow would set the standard that everyone else would try to match. The amounts were docked from the payroll and given to the widow. Every man who worked instead of attending the funeral was docked an additional one dollar, a sum matched by the company.<sup>43</sup>

<sup>40</sup> This is according to anecdotal evidence provided by Dr. L. Giovando, Dr. A. Hall, and Dr. S. Williams, circa 1979.

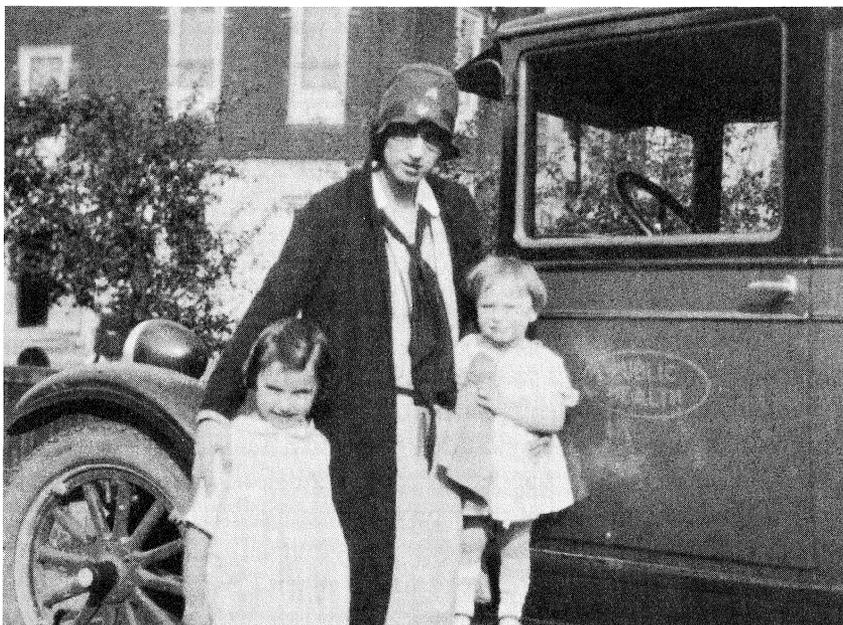
<sup>41</sup> Williams, "Public Health," 30. Maternal mortality statistics are found in *Advisory Committee*, xv.

<sup>42</sup> This account was contained in an interview with Dusty Greenwell in the Coal Tyee Society Oral History collection, Malaspina University College Library.

<sup>43</sup> Testimony to *Committee on State Health Insurance and Maternity Benefits, 1919-21*, app. A. In contrast to the workplace-related method, the administration of lodge death benefits was sophisticated. For example, according to *By-laws and Rules of the Order of the Oddfellows Funeral Aid Association of BC* (Sweeney-McConnell, 1910), the Oddfellows set admission fees on a graduated scale.

21 to 30 years of age – \$1.50

31 to 40 years of age – \$1.75



An increase in the number of public health nurses like Mureil Upshall curbed the incidence of communicable diseases in Nanaimo by 1930. E. Dorothy Priestly Collection by permission of Mike Priestly.

Preventative medicine was a relatively new concept in the 1920s, and it was one not particularly encouraged by Nanaimo's lodges and employment-related funds.<sup>44</sup> Government-sponsored preventative medicine was in its infancy. Since 1910 the government had required an annual physical examination of all school children by school health inspectors,<sup>45</sup> but there were no public health nurses to conduct a follow-up in the homes. Such a follow-up was particularly necessary for children whose families spoke little English.<sup>46</sup> In this relative vacuum, an unidentified volunteer group of Nanaimo women took up the fight for better public health facilities and for more public

---

41 to 50 years of age - \$2.00  
51 to 60 years of age - \$3.00

All members over forty-five needed a medical certificate. A later amendment cut the joining age off at fifty-five. If, on the death of a member, the provincial fund contained less than \$1,000, then all members were levied one dollar. In addition, there was an annual "expense call" of twenty-five cents.

<sup>44</sup> From a questionnaire I gave to the members of the Nanaimo Historical Society in 1979.

<sup>45</sup> 1991 Royal Commission.

<sup>46</sup> According to the 1921 census, the foreign-born component of Nanaimo's population had dropped to 11.8 per cent. This included 5 per cent Oriental, 3 per cent Italian, and 3.8 per cent other non-British.

education with regard to disease prevention.<sup>47</sup> The appointment of a school nurse in 1923, just two years after the University of British Columbia graduated its first class of public health nurses, and the founding of a well-baby clinic in 1927 were the results of the women's efforts. An increase in public health nursing staff curbed the incidence of communicable diseases by 1930.<sup>48</sup> Had lodges and employment-related funds participated in mine-safety programs, they would have lessened the demands on their benefit funds. Instead, the miners themselves requested mine-rescue competitions and first-aid courses, two activities that became very popular during this period<sup>49</sup> – other examples of people helping themselves.

Increasingly, the public in general and the self-help movement in particular joined the BC government and the medical profession in a search to find a way to provide state-sponsored health care. Ironically, by its very involvement in this search, the self-help movement, already weakened by multiple membership and employment-related funds, was further threatened. This is well illustrated by the course taken by the province's doctors.

Nanaimo's doctors, like their counterparts in Great Britain and in the rest of the province, had always been ambivalent about friendly societies.<sup>50</sup> But the submission of the British Columbia Medical Association to the 1929 Royal Commission supported the concept of a government health care scheme, which by then was being actively considered in the province, so long as it advanced "doctor's financial interests and [did] not erode their established privileges."<sup>51</sup> But despite their support for the concept of government health care, BC doctors were instrumental in defeating the health insurance bill proposed in 1936 because it failed to deal with their concerns about who

<sup>47</sup> Dorothy Priestly, "Public Health Nursing in Nanaimo" (MS submitted to the Nanaimo Historical Society, 1978), 2. The volunteer group is not identified. Examination of the Women's Institute records does not give any indication that they were involved. Any one of several women's groups that testified before the 1919 commission could have been the concerned group, as they all had an obvious interest in the welfare of women and children. These organizations were: the Women's Christian Temperance Union, the Next-of-Kin of Great War Veterans, and the Local Council of Women.

<sup>48</sup> Williams, "Public Health," 43. Despite these advances, milk was not pasteurized and water was not chlorinated until the middle of the Second World War.

<sup>49</sup> *Ibid.*, 93.

<sup>50</sup> David C. Naylor in *Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance, 1911-1966* (Montreal/Kingston: McGill-Queen's University Press, 1986), 27-30, discusses the unhappiness of British doctors with friendly societies and describes the National Health Insurance Act, 1912, as releasing them "from the thralldom of friendly societies."

<sup>51</sup> Margaret W. Andrews, "The Course of Medical Opinion on State Health Insurance in British Columbia, 1919-1939." This quote is from page 12 of the unpublished version of Andrews's paper, which is held in Special Collections at the University of British Columbia.

would pay for the medical care of indigents.<sup>52</sup> In 1940, the medical profession of British Columbia took the provision of medicare into its own hands by beginning the Medical Services Association, a system of group prepayment with contributions collected by employers.<sup>53</sup>

In the years following the Second World War, with the medical profession providing a health care plan, with the government intent on providing a plan of its own, and with workplace-related funds threatened by the closure of an increasing number of mines, the once vibrant self-help movement of the nineteenth century had ceased to function as a serious provider of benefits. Lodges had become mere purveyors of inadequate benefit plans, even though new members had continued to join throughout the 1920s and beyond into the 1960s.<sup>54</sup> Lodges had lost sight of the actuarial importance of maintaining lodge loyalty and membership through the use of regalia, ceremony, and entertainments.<sup>55</sup> With little inducement to attend meetings, attendance was down to between 10 per cent and 20 per cent of the membership.

Other institutions also supplanted lodge functions. The spokesman for all the lodges at the hearings of the 1929 Royal Commission had expressed a common belief that the Workmen's Compensation Board had had a lot to do with the inability of the lodges to pay benefits and that the decline in lodge funds had begun in 1917, when the Workmen's Compensation Act was updated. The act had made lodge membership less necessary in many people's eyes, and lower membership had led to diminished funds. Wide unemployment, a result of the Depression and of the decline in coal mining as fuel oils became more important, meant that many members were unable to pay monthly lodge dues.

In the latter part of the Depression, after decades of overt and clandestine activity, miners were finally unionized when Canadian

<sup>52</sup> Margaret W. Andrews, "The Course of Medical Opinion on State Health Insurance in British Columbia, 1919-1939," *Histoire Sociale/Social History* 16, 31 (1983): 141. In addition, the financial burden was deemed to be too heavy for the province alone (see *Advisory Committee*, 62). When health insurance legislation was finally implemented in 1971, the federal and provincial governments agreed to share the cost. Irving, "Doctors versus the Expert," describes the dispute from the bureaucratic side.

<sup>53</sup> *Ibid.*, 142.

<sup>54</sup> In 1928, sixteen new members joined the Court Nanaimo Forester's Home Number 5886. All were members of the working class, except for two clerks and one engineer. Eleven were employed in the mines (see Candidate's Proposition Book). According to an interview circa 1979, Peter and Maureen McIntyre, a high school principal and his optical technician wife, joined the AOF in the 1960s purely for the benefit fund.

<sup>55</sup> In the 1930s the special fund that the AOF had set aside for social occasions was virtually untouched.

Collieries signed an agreement with the United Mine Workers of America in 1937. In unionized mines, safety committees ensured a better working environment and miners were entitled to two weeks paid holiday and a pension upon retirement.<sup>56</sup> Coming at a time when lodges had virtually ceased to function as social centres, unions may well have become a more attractive outlet for self-help. It is likely that the unions were perceived as being more able than self-help societies to remedy unemployment – at that time a primary concern.

By 1953, with the closing of the last mine, all of Nanaimo's employment-related sickness and accident funds had disappeared. Nanaimo's lodges straggled on until medicare was introduced in 1971. Far from being the purveyors of the new system of medicare, as friendly societies in Great Britain had been, British Columbia's lodges did not testify to the 1964 Royal Commission on Health Services, which preceded the institution of medicare in Canada.<sup>57</sup>

\* \* \*

The 25 April 1975 quarterly meeting of Court Nanaimo Forester's Home Number 5886 AOF was held at the old Co-operative Commonwealth Federation Hall in Nanaimo. Access to the hall was by a wooden stairway that led from the alley behind Bastion Street to the second story of the old frame building. When the eleven members had gathered, treasurer Brother David Stupich moved that "we discontinue collecting dues from our members." The motion carried.<sup>58</sup>

At a subsequent meeting on 6 February 1976, Brother Howard Ormond dealt with the disposition of the remaining fund by moving that "we pay each active member a benevolent grant of \$150." Then, in an ironic act for an organization that had failed to maintain a lively social calendar, the assembled group agreed that the final meeting of the 100-year-old court would be in the form of a Christmas party in December 1976.

<sup>56</sup> See Bowen, *Boss Whistle*, 257-58. Keeping the monthly pension payments up became difficult for many because most of the mines were closed or would close by the end of the Second World War.

<sup>57</sup> According to J.E.F. Hastings and W. Mosley in *Organized Community Health Services* (a study prepared for the Royal Commission on Health Services) (Ottawa: Queen's Printer, 1964). Some lodges still exist as philanthropic organizations, and the occasional one (e.g., 100F) still pays a benefit.

<sup>58</sup> From the Minute Book of AOF, 1964-76. At the end of the previous year, the court's fund contained \$5232.80, but total revenue for 1974 was \$418.83 and total expenditure, including \$130 in benevolent grants, was \$757.54. With more going out than coming in, the life of the fund was clearly in jeopardy (see Annual Report to the Registrar of Companies, Court Nanaimo Forester's Home Number 5886, Nanaimo Community Archives).

## APPENDIX I

## EMPLOYEE PLAN

NAME	DUES	COVERAGE	BENEFITS	EXCEPTIONS	SUCCESS	DOCTOR
Wellington Extension Medical, Accident, and Burial Fund. (Canadian Collieries, Ladysmith, Wellington.) Incorp. 1905.	\$3.25 per month. Chinese pay half.	Employees, dependents. 700 when mines working.	Free medical treatment, medications, dressings. Accident benefits: \$1.00/day for 6 months; \$0.50/day for 6 months. Death - \$300 if due to job. Disability - \$500. Free hospitalization.	Maternity (Doctors charges \$10.00); V.D. Alcohol related.	"Better to be injured than sick."	Elected by members. Paid \$1.75/man/month.
Pacific Coast Coal Mines	\$0.25/month. Emergency levy - 2.5¢ on \$1.00.	150 employees	Accidents only: \$1.00/day. Death - \$400. Disability - \$200.		Able to cover even when major loss of life occurred.	
Granby Medical Association, 1918-32	\$3.00/month; \$2.00 levy if someone dies.	240 employees. Dependents.	Medical care. Hospital. Sickness and accident benefit.	X-ray, appliances, purgatives. Injuries from fighting, alcohol, immorality.	Expensive but comprehensive.	Resident. Paid \$2.00/man/month.
Western Fuel Corporation Employees Sick and Accident Fund. (Canadian Collieries, Nanaimo).	\$2.00/month	300-1,200 employees. Dependents.	Medical care. Surgical treatment. Sick and Accident benefits: nil for 1 week; \$1.00/day for 3 months; \$0.50/day for 3 months.	Maternity. Specialist care. Alcohol related.		First with one elected doctor. Later with 3 doctors - members choose.

APPENDIX II

HOSPITALIZATION PLAN

NAME	DUES	COVERAGE	BENEFITS	EXCEPTIONS	TIME LIMIT	DOCTOR
Nanaimo Hospital	Private patients 10.00/week; Public free					Salaried medical officer
Nanaimo Hospital Treatment Fund, 1926	\$0.50/month	Employees of Canadian Collieries and Western Fuel Corporation; 250-300 members. Dependents, interested members of community.	Public ward accom- modation; Non-avail- able specialist treat- ment paid for at \$1.80 per day. Medications, dressings, O.R.	Maternity; W.C.B., mental cases, infectious diseases, V.D., abortion, alcohol related diseases and injury.	6 months in any 12	Doctor's care extra
Canadian Pacific Employee's Med- ical Association, 1914-1950	Single - \$3.00; Family - \$5.00; Retired or widowed - \$2.00	Employees, dependents, retired employees, widows.	Public ward accom- modation Anaesthesia. O.R., X-Ray, lab. Ambu- lance. 50% of drug costs.	Maternity (costs \$25).	As long as necessary for acute illness	Full-time medical officer
Laydsmith Med- ical Association, 1926-42	1926 - \$1/month; 1942: Single - \$2/month; Family - \$4/month	Members and dependents' widows.	Hospital treatment in any recognized hospital. O.R., X-Ray, lab, dressings. Drugs.	Employment related illness Doctor's bills. V.D., Drug addition. Alcohol related.	6 months	Contract. Hires assis- tant
X-Ray Contri- butions Fund, 1926	\$1.00 initial contribution	Employees of Western Fuel.	Free use of X-Ray.			

APPENDIX III

Article of Agreement Between Employees of Western Fuel Corporation of Canada Limited, Nanaimo, British Columbia, and Dr. George A.B. Hall, 12 November 1921.

- <sup>1</sup> Doctor shall at all times whenever requested attend the officers and employees and immediate families residing in Nanaimo city and vicinity.
- <sup>2</sup> Doctor must leave replacement if absent and not be absent longer than seven days without the consent of the committee.
- <sup>3</sup> Doctor not obliged to make housecalls except for accidents, sudden illness or emergency to patients who are well able to attend surgery (must be centrally located and on a ground floor or such premises as approved by the committee), during appointed hours agreed between the Doctor and the committee. Patients wishing housecalls must notify the Doctor before 1:00 p.m. except in emergencies.
- <sup>4</sup> Doctor must provide committee if requested with a report on persons suffering from casualties.
- <sup>5</sup> Doctor may decline to treat fighters, drunks, rioters or immoral people or charge them for service.
- <sup>6</sup> Doctor may hire assistants but they must provide the committee with qualifications and certificates of character.<sup>59</sup>

<sup>59</sup> 1929 Royal Commission, app. H. vol. 1, exhibit 48.