

## **Crossroads for a British Columbia Mission: Esperanza Hospital and Ministry Centre**

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A significant proportion of the hospitals in remote parts of British Columbia were run by Christian churches and organizations. Twenty-six such hospitals in the 1930s were identified in this study; just over were half Catholic and the remainder Protestant. Apart from some largely celebratory work written from within denominational perspectives, little historical work has been done on these hospitals.<sup>1</sup>

Esperanza, originally founded as a mission hospital, is a ministry centre with a seventy-five year history in one of the more isolated areas of BC. This examination of its history highlights several issues that will be explored in this study. First, there were differences between mission hospitals. Esperanza, operated by an evangelical mission, differed significantly from some other Protestant hospitals. A second topic concerns the conflicting priorities in religiously-run hospitals after the provincial government began paying operating expenses in 1949. These were highlighted in the process leading to the closure of the hospital by the province in 1973. Finally, the study of Esperanza hospital has much to reveal about the nature of First Nations – Christian relations. Most denominational missions and churches had become largely inactive among the Nu-chah-nulth on the west coast of Vancouver Island by 2000. The reason was often lack of interest on the part of the people but during that same period the ministry of Esperanza was in increasingly high demand and its staff was often not able to keep up with requests for its services. Indeed, in 2006-7, an outcry on the part of many Nu-chah-nulth against an

apparent centralizing of the mission's decision-making in Toronto was a major factor in significant organizational changes resulting in the continuation of the ministry which they had come to appreciate.<sup>2</sup> Consideration will be given to the question of why so many Nu-chah-nulth strongly desired to keep Esperanza in a period when the Roman Catholic and United Church missions in the region had virtually ceased functioning among them.

This essay begins with a brief narrative overview of the seventy-five year history of Esperanza, which is most easily divided into two basic eras: the thirty-six year hospital era from 1937 to its closure in 1973, and the era of post-hospital ministries and services since 1973. The two men most responsible for establishing the Esperanza hospital were Percy Wills, a marine-based missionary with the Shantymen's Christian Association, and Dr. Herman McLean, founding doctor and superintendent of Esperanza for thirty-five years until 1972.

In 1930 Percy Wills began work as the missionary for the west coast of Vancouver Island for the Shantymen, a Toronto-based evangelical mission focusing on the more remote parts of Canada.<sup>3</sup> While travelling the coast, Wills soon became convinced of the need for a medical mission as no hospital or regular doctor was available for the thousands of people living over a stretch of 300 kilometers from Port Alberni to the northern tip of the island.

In spring 1937 Wills contacted Dr. Herman McLean and invited him on a tour of the west coast with a view to determining if he felt led to begin a medical work there. When McLean committed to the area, Wills assisted him in building the hospital over the next months. The Shantymen would not take responsibility for the hospital due to its commitment to itinerant ministry and its constitutional prohibition against the ownership of property. Thus a new organization, the Nootka Mission, was formed but Wills remained a key and influential supporter throughout the history of the hospital.

Dr. Herman McLean graduated from the University of Manitoba in 1928 and within the year became the medical superintendent of the United Church's hospital in Bella Coola, BC. In 1936 he left Bella Coola for Prairie Bible Institute for a year's Bible training in preparation for medical missionary service to Africa. However, he and his wife were bitterly disappointed when all the mission boards to which he applied turned him down for service in Africa. The reasons for the refusals included the size of his family – they were expecting their fifth child – and Mrs. McLean's

health, which was not considered robust enough for Africa.<sup>4</sup>

Soon after receiving these refusals, Dr. McLean, then forty years old and still highly committed to missionary work, received the invitation from Wills to consider the remotest part of the west coast of Vancouver Island as his sphere of service. A tour of the region convinced him of the very significant medical and spiritual need in the area. He later reported: "I saw such sickness and no kind of help, physical or spiritual,"<sup>5</sup> and committed himself to establishing a hospital.

The site selected, although remote and connected to Victoria only by steamer once every ten days, was centrally located for several thousand people living along 120 kilometres of coastline. It was well positioned for the home villages of the six northern nations of the Nuu-Chah-Nuulth people. Much of the shipping used the sheltered waters of Hecate Channel, on which it was located, and in the immediate vicinity a lumber mill and two canneries employed over 600 people at peak season. Most significant of these was the cannery and reduction plant at Ceepeecee, two kilometers away, and the largest centre of population in the region at the time.<sup>6</sup> The operations there employed up to three hundred First Nations people, mostly Nu-Chah-Nuulth, including many from Ahousaht, a large Protestant village 120 kilometres to the south.

In November 1937, McLean opened a primitive two-bed hospital that he enlarged to eight beds the following year. Two years later, a new sixteen-bed hospital was built and the original building converted to nurses' quarters. Additions in the next several years increased the capacity to twenty-one beds.<sup>7</sup> According to provincial statistics, the Esperanza hospital was never particularly large in terms of patient load, but it was larger than a number of mission and community-run hospitals in isolated regions of the province. The annual number of patients peaked in the mid-1950s at over six hundred with 4,300 patient days recorded.<sup>8</sup> McLean treated even larger numbers of out-patients in his regular clinics in Tahsis and Zeballos and monthly visits to five native villages and to various logging camps. In 1944 he reported 1,200 outpatients.<sup>9</sup>

In the first years, white male workers comprised the majority of patients but the number of First Nations patients increased rapidly until the proportion of patients was approximately equal between the races. However, First Nations patients came to comprise a slight majority of patient days recorded and First Nations women and children comprised a significant majority of the pediatric and maternity patients.<sup>10</sup>

In its first twelve years the hospital derived its income from a variety

of sources including fees for hospital service paid by employers, various government agencies and patients themselves (usually about 40 per cent of income), donations (20-30 per cent of income), out-patient fees paid to McLean by mines, mills and patients which he contributed to the general budget (usually approximately 25 per cent of income) and a per capita grant from the BC government (usually 10 per cent of income). After 1949 the British Columbian government assumed the operating budget under the provisions of the BC Hospital Insurance program.<sup>11</sup>

The hospital was threatened with closure several times. Late in 1938, within a year of it being established, gold mines began operating less than twenty kilometers away near Zeballos. That small centre grew quickly, with an estimated seven hundred workers in the mines, and a hospital was constructed at Zeballos in 1939 precisely when Esperanza was constructing its enlarged hospital.<sup>12</sup> The area did not need two hospitals and it was feared that Esperanza would need to close. However, World War II caused the gold mines to curtail activity and the Zeballos hospital did not become fully operational and McLean was asked to provide medical care for the remaining workers, resulting in some timely income for the Esperanza budget.<sup>13</sup>

A potentially even more serious threat came in 1949. Gold mining near Zeballos experienced a short post-war revival and a new physician arrived in 1947 and opened the community's hospital. In March, 1949, the Indian Department's Regional Superintendent of Indian Health threatened closure of Esperanza by proposing to remove all of the First Nations patients from Mclean's care. It stated that, "in the interests of efficiency, it is considered that responsibility for medical care of Indians in any one area should be placed with one Medical Officer, consequently it is proposed to only recognize accounts for service submitted by Dr. Ulrich (of Zeballos) from May 1<sup>st</sup>, 1949."<sup>14</sup>

McLean was extraordinarily concerned by the letter. Not only would the decree remove over half of the hospital's patients, it would also eliminate his clinical visits to the First Nations villages and thus remove a major *raison d'être* of the mission. He wrote to the mission's supporters:

The work of our Mission has in great part to do with the Indian people. The Nootka Mission staff have loved them and given of their strength and service for years. The Indians, in return have shown their gratitude and love. Due to some sinister power, an attempt is being made to eliminate the Nootka Mission staff and doctor from serving these people. This is a very serious matter, beloved, and we seek your

prayers that the Indian Department will not take such a step.<sup>15</sup>

McLean believed that Roman Catholic pressure was the “sinister power” behind the threat. Two years before he had reported to his board that “he had heard unofficially that Roman Catholic sisters were taking over the hospital at Zeballos.”<sup>16</sup> His suspicions appeared to be confirmed when, six years later, in 1955, the St. Elizabethan Order of Sisters and Bishop Hill of Victoria were reported by the Zeballos hospital board to have expressed interest in reopening its hospital.<sup>17</sup> Furthermore, it is abundantly clear that significant tensions existed between Esperanza and the Catholic priests in the area. Most of the First Nations villages in the area were on designated Catholic reserves and more than one priest had made it clear to McLean that they did not welcome Esperanza’s evangelizing activities. All villages within a wide radius accepted his medical services but priests prevented him from holding services in at least two villages.<sup>18</sup>

Regardless of the causes for the Indian Department decree, it was local First Nations people who took the initiative to resist it. Max George, Secretary of the Native Brotherhood, an Ahousaht employed at the Ceepeecee cannery and a member of the Nootka Mission board, organized a petition and reported that “all interviewed were greatly in favour of the hospital.”<sup>19</sup>

Within a span of two days, George gained the signatures of 126 First Nations people from four villages. The petition stated “we should have something to say of the matter, for after all – we are most affected by your decision” and that they were not aware that any Native people had requested a change of doctors. Further, the Esperanza hospital was closer to most villages than to Zeballos and, perhaps most significantly, they suggested that racism existed at Zeballos. As the petition noted, “[m]any Zeballos patients have complained of discrimination and not getting the proper care from the nurses.”<sup>20</sup> That concern may have been prompted by the fact that, unlike at Esperanza, at the Zeballos hospital, Native patients were kept separate from the white patients. The provincial government surveyor had noted earlier that year that the real reason why a new wing had been added was “because they wished to keep the Indians separate from other patients.”<sup>21</sup> The petition concluded with a request that First Nations people be allowed to make their own choices: “We ask that you . . . let things stand as they are . . .”<sup>22</sup> The petition appears to have been successful as the Indian Department did not press the issue and First

Nations patients continued to avail themselves of the Esperanza Hospital.

Twenty-four years later in 1973 the provincial government closed the hospital and replaced it with a small hospital in the growing company town of Tahsis, twelve kilometres away. Esperanza's patient load had peaked in the 1950s but began a gradual decline in the 1960s as various local industries closed. Despite the closure of the hospital, the board of the Nootka Mission voted to continue the work of the organization. In 1972 it had replaced the retiring McLean as superintendent of the mission with Rev. Earl Johnson who had served the west coast of the island as a Shantymen marine missionary since 1952, working with Percy Wills for several years and replacing him when he retired.

On the one hand, in the two decades after the closure of the hospital, the mission struggled financially and in finding a long term focus. The number of mission staff quickly dropped to ten and then to a low point of five. However, on the other hand, the mission continued active work in the region, particularly among First Nations people, and developed deep relationships which later proved highly beneficial.

Johnson surveyed the ministry soon after the closure of the hospital and noted that regular connections were being made at thirty different points in Nootka and Kyuquot Sounds, including six First Nations villages, a number of logging camps and settlements such as Tahsis, Zeballos and Gold River. The work included the summer Bible camp at Ferrer Point that drew children widely, vacation Bible schools in a number of communities, and youth and womens' groups in several communities.<sup>23</sup>

The concern for what Johnson described as "total ministry to the whole person in response to the needs of the area" continued after the hospital closed. The Tahsis hospital did not replace the dental clinic in the Esperanza hospital basement and the provincial government's mobile dental clinics were not able to access the region. Instead of closing in 1973, Esperanza's dental work expanded under the leadership of Vancouver dentists who took turns volunteering their weekends to hold clinics. The province provided funding to equip a modern three-chair clinic in the old hospital building and for about a decade a total of approximately twenty dentists held weekend clinics which drew patients from a wide area. The clinic not only continued Esperanza's role in serving the region but, because the dentists donated their services, helped considerably with its finances.<sup>24</sup>

In 1980, in response to requests from leaders of two nearby bands on behalf of families without local schooling options, Esperanza made

arrangements with the local school district to reopen its onsite school. The mission operated a daily boat service for children who lived close enough, provided housing for several whole families that chose to move to Esperanza and opened a small dormitory for children from a distance and provided transportation home for them on weekends.<sup>25</sup> The leadership of Esperanza observed, in retrospect, that in the few years that the school operated the relationships established with those families were key to its subsequent survival. The families came from staunchly Catholic villages that previously did not have particularly close ties with Esperanza; nevertheless, the trusting relationships developed in those years with key families and their bands has continued to the present.<sup>26</sup>

In addition, Esperanza became involved in various forms of hospitality. It worked with the Ministry of Human Resources to provide respite housing for families in crisis and care for troubled teenaged boys. It also became involved with counter culture influences as young people moving as far west in Canada as possible ended up at Esperanza. Some of those were influenced to become Christians and several stayed as staff. More local people and fishermen began stopping by when the fuel dock was modernized and a coffee shop added.<sup>27</sup>

Nevertheless, the Nootka Mission continued to struggle financially and in 1988 merged with the Toronto-based Shantymen Christian Association. By that time the mission had changed its bylaws against property ownership that in 1937 had prevented Esperanza from being officially connected to it.

In the early 1990s Earl Johnson's son, Dean Johnson, became director of Esperanza. Both Dean and his wife, Sharon, the daughter of former staff members, had developed deep connections with local First Nations in their upbringing at Esperanza and years living in Ahousaht, teaching school and fishing commercially. Under the younger Johnsons' leadership, the informal hospitality ministry grew into fully fledged programs running many months of the year for families in crisis, particularly (but not exclusively) related to various forms of substance abuse and addictions. Staff numbers increased to about fifteen and finances began to improve as new streams of income and a stronger donor base emerged.

In 2007 Esperanza separated from the Shantymen over concerns that staff, First Nations and other supporters felt about the organization's move towards centralization, which they believed jeopardized Esperanza's relationships in the area and its ability to respond to local needs.

A review of the history of Esperanza raises a number of questions.

One is how it differed from other mission hospitals in the province. The majority of mission hospitals, much like Esperanza, were in remote locations and committed doctors and nurses provided good quality care to First Nations and white patients despite the isolation, long hours, frequent lack of funds and often inadequate facilities.<sup>28</sup> At the same time, however, there were significant differences. Esperanza was not supported by a denomination but viewed itself as an evangelical “faith mission” similar to the many home and foreign missions supported by Canadian evangelicals. It was committed first and foremost to an evangelistic mission. Its motto was “To preach Christ and to heal diseases” and the priority given to preaching in the statement was intentional. McLean had grown restive with what he saw as the lack of evangelistic emphasis at the United Church’s Bella Coola hospital and led Esperanza in a different direction. He did not agree that, in and of itself, the provision of medical services was adequate rationale for a medical mission. He was reported to be a respected medical practitioner with a strong track record, especially in providing emergency services,<sup>29</sup> but everyone, supporters and critics alike, agreed that evangelism was his first love.<sup>30</sup> Dr. Adam Waldie, who provided relief medical services for several United Church hospitals and for Esperanza in 1957, noted that McLean had developed a reputation in Bella Coola for preaching and stated that he found it “hard to confine himself to medicine.”<sup>31</sup>

The pronounced evangelistic and spiritual emphasis manifested itself in variously at Esperanza. McLean was renowned throughout the region for pausing to pray before each surgery. Nurses were encouraged to talk with patients about spiritual issues and to pray with them, if desired, and patients who were mobile were invited to join the staff for early morning devotions, chapel services and Bible reading and prayer at the common mealtimes. During his extensive off-site clinical work, McLean normally did medical work in the daytime and conducted services or home visitation whenever possible in the evenings.<sup>32</sup> His annual reports to the board included medical statistics and often featured medical cases but he devoted more space to the stories of the conversion of patients. Likewise, the *Nootka Mission Review* devoted considerable space every issue to the testimonies of those influenced spiritually by the hospital.

To further the evangelistic outreach, the hospital staff participated in what appears to be a unique financial arrangement. They did not receive a regular salary but instead only housing, food and a small monthly allowance. The remaining amount that normally would have been paid to



medical personnel was put into a “common budget.”<sup>33</sup> That budget was large enough to be able to provide for a substantial number of additional mission staff who were able to devote the bulk of their time to evangelistic outreach activities. After 1949, when the province assumed the hospital’s operating costs, the “common budget” was able to support up to ten mission workers and their families in addition to the fifteen to twenty hospital staff members.<sup>34</sup>

These mission workers, and volunteers from Bible schools in the summer, were able to expand the evangelistic work and small congregations formed in the nearby settlements of Ceepeecee, Tahsis, and Zeballos and also in further afield Tofino and Ucluelet. Much of the work focused on children and youth in the form of Sunday schools and vacation Bible schools and summer Bible camps at leased land at Ferrer Point, a site nearly an hour by boat from the Esperanza on an outer point of Nootka Island.

In addition, the hospital followed something of a communal model in which rank played no bearing on staff housing and compensation. The “Information for Prospective Workers” stated: “All service of the Mission Field is of equal value in God’s eyes, and is essential in the saving of souls and the glory of God. There is no place in the economy of God for class distinction – but all are equal.”<sup>35</sup> MacLean took the communal ideal so seriously that he and his large family did not live in a separate house but instead lived in rooms immediately behind the hospital and later in dormitory rooms near the school until, after ten years, his wife and others persuaded him that the family needed its own house.<sup>36</sup>

When it came to the role of women, McLean seemed to follow his view that there was “no place in the economy of God for class distinction” and, accordingly, women played major roles in all aspects of life at Esperanza. In 1955 McLean listed the five members of staff that he considered senior in terms of being advisory to him; four of the five were women.<sup>37</sup> All women on staff were asked if they would like to preach and lead services, both in the hospital chapel services for staff and patients and in the surrounding communities, and many did so. The mission staff included an ordained Church of the Nazarene minister, Rev. Margaret Manning, who led outreach to Zeballos in addition to preaching and teaching in the hospital chapel.<sup>38</sup> At the 1956 annual conference, a highlight each year for the organization, two of the four invited major speakers were women.<sup>39</sup> The hospital board always included women, sometimes up to four of the ten members.<sup>40</sup> One of McLean’s daughters

indicated that it was not until she moved away from Esperanza that she realized it was not the norm for women to preach and teach in public.<sup>41</sup> Another daughter who worked on staff with her father for four years as a practical nurse and office and mission assistant, stated “Dad had great respect for women” and indicated that he believed that if a woman could do a job better than a man, she should do it.<sup>42</sup>

Interim doctor Adam Waldie observed a further difference between Esperanza and other mission hospitals. He found it remarkable how many Esperanza staff wanted to become foreign missionaries.<sup>43</sup> Not content with evangelistic activities on the challenging west coast of Vancouver Island, many staff anticipated service in foreign fields. The departure for foreign missions appears to have been one of the largest causes of turnover of staff. For years, nearly every issue of the *Nootka Mission Review* included farewells to staff going to missions and one unconfirmed estimate is that fifty Esperanza staff eventually served as missionaries overseas.<sup>44</sup> The remaining staff at Esperanza provided substantial financial support to such missionaries by committing ten per cent of their “common budget” to support them.

On the one hand, the flow of staff to other missions hindered the work of Esperanza, taking away scarce nurses and doctors after they had spent time learning to become increasingly effective in that setting and the frequent departure of associate doctors often left McLean the only physician. At the same time, however, McLean’s widespread reputation for missionary medical work helped recruit a number of staff members who wished, or were requested by their mission board, to gain experience working with him in a difficult setting in preparation for medical service overseas.<sup>45</sup>

As if there were not enough factors making it difficult to keep a full staff, McLean also encouraged medical staff to move to outlying communities for the purposes of furthering the mission work of Esperanza. For example, in 1943 he persuaded young associate Dr. Andrew Karsgaard to move to Tofino to operate a mission hospital in a building constructed by the community several years earlier but never opened for lack of a doctor. The Tofino hospital operated as a branch of the Nootka Mission society from 1944 until 1949 when its society’s annual meeting voted to operate it as a community hospital.<sup>46</sup>

The 1973 closing of the Esperanza hospital came after a decade-long discussion covering a number of issues, including the role of religion in the delivery of publically-funded health care. The process began with

recognition by all of the need to replace the aging Esperanza facility. Ironically, McLean initiated the process with a request to the provincial government for approval of its share of the cost of a new hospital but, instead, government officials began a process which resulted in the closure of the Esperanza hospital.

A number of arguments were raised in favour of replacing the Esperanza hospital with one at Tahsis. Foremost among these was the shift in population following the closure of mills and the cannery closest to Esperanza and the growth of the company mill town of Tahsis to approximately 1,000 people. That village's centrality was enhanced when the first road into the region connected it to Gold River in the early 1960s.

Significantly for a province in which so many hospitals were mission hospitals, concerns regarding the role of religion at the Esperanza hospital were raised. Several complaints over the decades had been made to the Ministry of Health over McLean's religious priorities, including one from the union representing workers in Tahsis. Several key government officials seemed to share those concerns, even though they were always very careful to try to appear neutral on the subject. One official, for example, raised a ten year old complaint in every interview he undertook as he toured the region, even though he prefaced it with a statement of personal objectivity.<sup>47</sup>

At the same time, many arguments were made in favour of rebuilding the hospital at Esperanza. McLean produced maps indicating that Esperanza remained more central to the population in the whole region, especially when the First Nations villages were considered. Interestingly, McLean was the only one in the whole discussion consistently pointing out the need to serve the remote First Nations villages.<sup>48</sup>

In addition, Esperanza's site on the channel taken by smaller vessels in the region influenced the United Fisherman and Allied Union to write a strong letter of support for its continuation.<sup>49</sup> Esperanza also had significant infrastructure in place which included nurses' residences, an excellent water supply, and two government wharfs, all of which would need to be developed for a hospital in Tahsis hospital (which would also require a costly road to the only site deemed suitable).<sup>50</sup>

Although concerns about the role of religion in health care worked against Esperanza in the minds of some, others recognized that religious motivation was crucial in guaranteeing doctors in the region. The difficulty in attracting and retaining doctors at remote community hospitals seemed to gain strength in the discussions. For example, the company's emergency

doctor in Tahsis was attracted to the idea of a new hospital in Tahsis and stated that he did not like the mixing of religion and medicine; however, he also warned that it would be detrimental to health care in the area if the Esperanza hospital closed. He opined that only a missionary doctor would be willing to provide the service to the outlying communities that McLean offered because he doubted that it “could be made financially rewarding for the time involved by city standards of remuneration.” He further stated that his own time at Tahsis would only be several years’ duration because “I will have had my fill of isolation medicine.”<sup>51</sup> Partially based on the high turnover experienced with its emergency doctors, the company which owned the mill in Tahsis opposed for several years building a hospital in Tahsis.<sup>52</sup> Similarly, an officer in the government ministry summarized that “[i]t must also be remembered that the Shantymen provide the only guarantee of a doctor in that part of the west coast of Vancouver Island.”<sup>53</sup>

Local sentiments generally ran in favour of McLean due to his long service in the region. The official whose reports and recommendations most opposed Esperanza noted that even among Tahsis residents he “found a sentimental reaction in favour of Dr. McLean’s hospital at Esperanza; the comment that he had ‘pioneered hospital services in the area’ was given to me as a reason for rebuilding on the present site.”<sup>54</sup> A former worker in the Zeballos gold mine expressed some of the popular sentiment when he told an interviewer in 1976 that “the west coast of Vancouver Island will never, never be able to repay the debt that it owes to that man [McLean].”<sup>55</sup>

Given the sentiments in favour of Esperanza and worries that only missionary doctors would be motivated to commit to the region, officials agreed to keep the status quo for a period of time even though they had already privately recommended to the minister to close Esperanza. The deputy minister who had consistently favoured the Tahsis site came to this conclusion two years after he first recommended that the minister approve in principle the new hospital at Tahsis. He wrote “in view of the fact that the hospital operated . . . under Dr. McLean has provided a long and valuable service to the West Coast of Vancouver Island, I do not think that Dr. McLean should be summarily told that a new hospital is to be built at Tahsis and that his hospital will have to close . . .” Instead, in a move that is difficult not to interpret as duplicitous, he proposed that the public and McLean be allowed to think that the issue was not yet settled but, at the same time, officials would quietly encourage Tahsis residents to take the lead in the process.<sup>56</sup> He hoped that those favouring a hospital in Tahsis

would gain majority support within the village and thus lead to the formation of a “hospital improvement district” necessary in establishing a community hospital.<sup>57</sup> Until such a community organization was in place, officials were opposed to “arbitrarily informing Dr. McLean that his hospital will be closed . . .”<sup>58</sup> That process took five additional years and by the time it was made public that the new hospital would be in Tahsis McLean had announced his retirement.

The continuation and growth of ministry at Esperanza after 1990 when most denominations became largely inactive on the coast is of particular interest, especially because it received such strong support from many Nu-chah-nulth. A number of factors need to be considered to understand the unique relationship of Esperanza with the First Nations of the region.

First, Esperanza was not at all involved in the residential school issue and instead sometimes offered alternate educational options for First Nations families. When First Nations children did attend the school at Esperanza, it was at the parents’ request and for most was an alternative to a distant residential school. First Nations children at Esperanza were able to live on terms worked out by their parents, whether at home, at Esperanza, or in a dormitory during the week.<sup>59</sup>

Second, as an independent mission, Esperanza did not play a direct part in the tensions and competition that often accompanied reserves being designated officially Catholic or Protestant. Many First Nations were disillusioned by the competition and exercise of authority that seemed to accompany such a designation. A respected elder, a leading Roman Catholic layman in Ahousaht, a village divided between United Church and Roman Catholic, stated that that he found the Shantymen and Esperanza staff to be less “directive” than the denominational clergy and more oriented toward visiting and serving than exercising authority over people.<sup>60</sup>

Third, Esperanza’s approach to denominational divisions aligned somewhat more closely to First Nations views that often minimized denominational divisions. The mission benefited from a considerable breadth of support from various evangelical denominations and some mainline Protestant congregations. Apart from tensions with Roman Catholic priests which began to lessen after the 1970s, its staff were committed to minimize tensions between denominations, both from conviction and from a pragmatic need to maintain support across a wide denominational spectrum. But Esperanza went further than most evangeli-

cals in this regard and both McLean and Earl Johnson welcomed the indigenous Pentecostal revivals which swept the First Nations of the west coast in the late 1950s and early 1960s.<sup>61</sup> Rather than criticize Pentecostals as did many evangelicals of the time, they instead invited leading First Nation Pentecostal preachers to speak at Esperanza camps and conferences.<sup>62</sup> Their implicit validation of that form of First Nations' spiritual expression in the period seems to have laid the ground work for deepened understanding and relationships with the Nu-chah-nulth, even long after the Pentecostal revival fires died down in the region.

Fourth, some Nu-chah-nulth leaders were impressed by Esperanza's giving opportunity for First Nations leadership. Ahousaht elder Louie Frank believes that from the beginning mission's approach was not "We will pray *for* you" but "Come pray *with* us."<sup>63</sup> In practical terms, some First Nations individuals served on the board and on staff in the hospital era, but in support and evangelistic roles as opposed to medical roles.<sup>64</sup> McLean tried to train First Nations Christian leaders through a short-lived Bible school in the early 1960s, but it closed due difficulties of gaining instructors and students.<sup>65</sup> Since 2007 the Nu-chal-nuth have come to comprise about half of the board members and its staff has included four or five First Nations groups.

Probably the single most important factor in the strong relationship between Esperanza and the Nu-chah-nulth has been the long-term commitment of Esperanza's leadership to the region. Coastal First Nations were accustomed to most white ministers, priests, government agents and other officials staying only for short terms but such was not the case with Esperanza's leadership. Wills served the region for twenty-five years and McLean remained thirty-five years until he retired at age 75. The fact that he remained after the loss of a son in a 1949 shipwreck in which he himself was stranded on a rock for thirty-six hours made a very deep impression on the coast.<sup>66</sup> His successor, Earl Johnson, began work on the coast in 1952 and, in 2012, is still very engaged during his retirement visiting First Nations people all over Vancouver Island. Another staff member, Rick Lindholm, has served for thirty-five years, mostly based in Ahousaht, and is widely known as a pastor who is requested to lead scores of funerals and weddings every year.<sup>67</sup>

Of great importance in a traditional society, the long-term commitment included several generations. Current directors Dean and Sharon Johnson are both second generation staff members and one of their nieces, Earl Johnson's granddaughter, is a third generation staff member. Former

band councilor, Victoria Wells, made much of the importance of that intergenerational commitment in a letter supporting Esperanza staff in 2006. She wrote:

They have lived and died among us for several generations. They have a high degree of credibility and respect among us. That have “social capitol” [sic] in our communities that is only acquired through a way of life over several generations . . . their histories are intricately woven with ours . . . they have a depth of cultural, spiritual and practical understanding of my people.”<sup>68</sup>

Her observations would not have been true of the hospital era. In that period, relationships between the mission and First Nations were generally warmer and more positive than those reportedly prevailing in neighbouring communities. But in that era, staff were first generation on the coast and, in addition, evidence abounds that they were generally wed to European culture. In some respects, Esperanza could be viewed as a “transplant of European culture.”<sup>69</sup> By the 1970s and 1980s, however, shifts were becoming evident. Johnson not only built on the goodwill developed during the Wills and McLean era, but also brought a strong network of personal relationships with the Nu-chah-nulth from his several decades of itinerant boat ministry among them. From the 1970s onwards, counter culture influences on staff made for more relaxed views about many social conventions and they were becoming less inclined to uncritically import European culture.

By the 1990s, Esperanza leadership and many staff had deep roots in the area and were considered an integral part of coastal culture. Many Nu-chah-nulth agreed that “their histories are intricately woven with ours” and that they had a “depth of cultural, spiritual and practical understanding” of the people.<sup>70</sup> Thus, they were loath for them to leave.

### ***Endnotes***

1. Fourteen Roman Catholic hospitals, six United Church, four Anglican and one Salvation Army have been identified. See Catholic Health Association of British Columbia, *Anniversary Booklet: Living the Mission, 1940-1990* (ca. 1990); M. G. Doyle, *The Story of the Catholic Hospitals of Canada* (Archives of the Catholic Health Association of British Columbia, 1968); Bob Burrows, *Healing in the Wilderness: A History of the United Church Mission Hospitals* (Madeira Park, BC: Harbour Publishing, 2004); Church of England in Canada,

*Church Hospitals in the Canadian Mission Field of the Church of England in Canada* (Toronto: Missionary Society, 1936); and R. G. Moyles, *The Blood and Fire in Canada: A History of the Salvation Army in the Dominion, 1882-1976* (Toronto: Peter Martin Associates, 1977).

2. The writer was invited to attend a large meeting at Esperanza in March 2006 at which many First Nations' elders, elected officials, and others spoke passionately of the need to keep the ministry centre operating.
3. Aspects of Wills' story have been covered in the media and popular literature. See "The Mission of the Shantymen," *Life Magazine* (11 January 1954); W. Phillip Keller, *Splendour from the Sea: the Saga of the Shantymen* (Chicago: Moody Press, 1963); Douglas C. Percy, *Men with the Heart of a Viking* (Beaverlodge, AB: Horizon House Publishers, 1976); and Darda Burkhart, *Forging Ahead for God: Percy Wills: Pioneer Missionary* (Enumclaw, WA: Pleasant Word, 2009).
4. Aspects of Dr. McLean's story are included in all of the above plus Louise Johnson, *Not Without Hope: The Story of Dr. H. A. McLean and the Esperanza General Hospital* (Matsqui, BC: Maple Lane Publishing, 1992). The unpublished memoirs of his son, Donnel McLean, (copy given to author) plus interviews with three of his daughters, Shirley Sutherland (Kelowna, BC, 22 April 2010), Dorothea McLean and Lois Hooks (Burnaby, BC, 22 September 2011) provided additional details and context.
5. *The Vancouver Sun*, "Mission Doctor Finished Task," 14 March 1975, 10.
6. K. Mack Campbell, *Cannery Village: Company Town: A History of British Columbia's Outlying Salmon Canneries* (Victoria: Trafford Publishing, 2004).
7. Johnson, *Not Without Hope*, 29-32; and James A. Hamilton and Associates for the BC Hospital Insurance Service, *Physical Plant Survey, Nootka Mission General Hospital*, 12 January 1949. BC Archives (hereafter BCA).
8. Province of British Columbia, *Reports on Hospital Statistics, 1938-1964*. BCA.
9. Changes to provincial reporting format made it impossible to ascertain numbers of outpatients after 1944. See also Johnson, *Not Without Hope*, 71-75.
10. Medical Superintendent's Reports, *Nootka Mission Review* (February 1941); minutes of the Nootka Mission General Hospital Association, 10 February 1945. Both in SCA (formerly Shantymens' Christian Association) Archives, Toronto (hereafter SCA Archives); and interview with Elvin McMann, hospital administrator, 1959-73, Duncan, BC, 25 September 2009.



11. Province of British Columbia, *Reports on Hospital Statistics*, 1950-1964.
12. C.H. Howatson, "Mining," in *Vancouver Island: Land of Contrasts*, ed. Charles N. Forward, Western Geographical Series, vol. 17 (University of Victoria, 1979), 155-56; and Charles Lillard, *Seven Shillings a Year: the History of Vancouver Island*, (Ganges, BC: Horsdal and Schubart, 1968), 232-33.
13. *Nootka Mission Review* (1942? [two undated issues]), (December 1945), and (June 1948).
14. P.S. Tennant, Regional Superintendent, Indian Health Services, Vancouver, to Dr. H. A. McLean, 14 March 1949. BCA.
15. *Nootka Mission Review* (April 1949). SCA Archives.
16. Nootka Mission Board Minutes, 30 July 1947. SCA Archives.
17. H.M.B. Sutton, Government representative to the Zeballos Hospital to the Honorable Eric Martin, Minister of Health and Welfare, Victoria, BC, 28 February 1955. BCA.
18. Yuquot and Nuchatliz were reportedly the most resistant to holding services. McLean and Hooks interview, 22 September 2009. Also see my interview with Rev. Earl Johnson, Courtenay, BC, 23 February 2009. Johnson later became friends with several priests but reported that he experienced some of the earlier tensions.
19. Nootka Mission, Board Minutes, 18 March 1949. SCA Archives.
20. "A Petition Presented to the Indian Department by the Native Brotherhood of British Columbia, in Protest to a Proposed Medical Plan," 16 March 1949. SCA Archives.
21. James A. Hamilton and Associates for the BC Hospital Insurance Service, *Physical Plant Survey*, Zeballos General Hospital, 10 January 1949. BCA.
22. "A Petition Presented to the Indian Department," 1949. BCA.
23. Earl Johnson, "The Nootka Mission Association," Esperanza, BC, 1973. BCA.
24. Johnson, *Not Without Hope*, 134, 141-48; Earl Johnson interview, 23 February 2009; and telephone interview with Dr. Bob Patton, 2 December 2011. Patton did much of the organization of the clinics.

25. Johnson, *Not Without Hope*, 135; and Earl Johnson telephone interview, 25 October 2011. A female staff person and a First Nations woman served as dorm parents.
26. Interview with Dean Johnson, director of Esperanza Ministries, 19 October 2011. The school was short lived because of changes in educational policies.
27. Johnson, *Not Without Hope*, 135; and Dean Johnson interview, 19 October 2011.
28. See, for example, Doyle, *The Story of the Catholic Hospitals of Canada*; Burrows, *Healing in the Wilderness*; and Church of England in Canada, *Church Hospitals in the Canadian Mission Field*.
29. Dr. R.C. Swan, Assistant Director, Central Vancouver Island Health Unit, "Report on Visit to the North West Coast of Vancouver Island," 29 May 1962. BCA; and K.G. Wiper to W. D. Burrows, Director, Research Division, 6 April 1964. BCA.
30. See the interviews with McLean's daughters, Lois Hooks and Dorothea McLean, 22 September 2009, and telephone interview with his son Donnel McLean, 2 November 2011.
31. Dr. Adam Waldie, taped interview, 1976, part of West Coast Medical Historical Society Collection, Sound Recordings, BCA. Burrows clearly implies that direct evangelistic activities played an increasingly minor part of United Church hospital work. For a discussion of various models for understanding the relationship between medicine and Christian mission, see Christopher H. Grundmann, *Sent to Heal: Emergence and Development of Medical Missions* (Lanham, MD: University Press of America, 2005), especially 201-25.
32. Johnson, *Not Without Hope*, provides numerous accounts of such activities.
33. "Information for Prospective Workers," *Nootka Mission Review* (December 1944). SCA Archives.
34. McMann interview, 25 September 2009.
35. "Information for Prospective Workers," *Nootka Mission Review* (December 1944). SCA Archives.
36. By the end of that period they had eight children but the older ones had left for high school and did not live at home for most of the year. Donnel McLean, "Esperanza Memoirs," undated, 8-9.
37. Minutes of staff meeting, 3 October 1955, and 17 January 1956. SCA Archives.

38. Donnel McLean, "Esperanza Memoirs," 9. Lois Hooks, email to author, 24 September 2011.
39. Minutes of Staff meeting, 27 February 1956. SCA Archives.
40. Minutes of the Board of Nootka Mission 1944-1951. SCA Archives.
41. Lois Hooks, email to author, 24 September 2011.
42. Dorothea McLean, email to author, 23 September 2011.
43. Dr. Adam Waldie, taped interview, 1976, BCA.
44. The number of reports in the *Nootka Mission News* would seem to corroborate the estimate.
45. McLean "Esperanza Memoirs"; and McMann interview, 25 September 2009.
46. Board minutes, 18 March 1949, SCA Archives; *Nootka Mission Review* (1943 to 1949); and Richard G. Foulkes, *The Tofino General Hospital, 1935-1985: In Celebration of A Half Century of Service to the People of the West Coast of Vancouver Island* (n.p., ca. 1985).
47. For example, see A.W.E. Pitkethley, Hospital Insurance, to J. Christiansen, Manager East Asiatic Co., 6 September 1961. BCA.
48. Provincial officials rarely referenced the needs of the most remote First Nations' villages and no record of their speaking with them could be found in the BC Archives. In addition, no communication from these villages to the provincial officials was found.
49. United Fishermen and Allied Workers' Union to Hon. Eric Martin, Minister of Health, Victoria, 9 January 1963. BCA.
50. H. McLean to Hon. Eric Martin, Minister of Health, Victoria, 5 May 1961. BCA.
51. Dr. George B. Hill, Tahsis, to Brenda (no surname given) in BC Hospital Insurance Service, 25 May 1963; and A.W.E. Pitkethley to D. M. Cox, Deputy Minister, Hospital Insurance, 9 May 1963. BCA.
52. W. D. Burrowes to D. M. Cox, 21 September 1964. BCA.
53. Wiper to Burrowes, Director, 6 April 1964. BCA. Esperanza, though not legally or formally connected with the Shantymen, was associated in the minds of many with the organization because of its close connection with Percy Wills.

54. A.W.E. Pitkethley to D. M. Cox. Deputy Minister, Hospital Insurance, 9 May 1963. BCA.
55. Frank Mottishaw interview, 1976, Sound Recordings, BCA.
56. D.M. Cox, Deputy Minister of Hospital Insurance, to Hon. Eric Martin, Minister of Health Services and Hospital Insurance, 7 February 1966. BCA.
57. Martin to Williston, 9 August 1965. BCA.
58. Cox to Martin, 7 February 1966. BCA.
59. *Nootka Mission Review* (December 1965), SCA Archives; Johnson, *Not Without Hope*, 99, 135; and Earl Johnson telephone interview, 25 October 2011.
60. Interview with Louie Frank, Ahousaht, BC, 27 February 2008.
61. See Robert Burkinshaw, "Native Pentecostalism in British Columbia," Michael Wilkinson, ed., *Canadian Pentecostalism: Transition and Transformation* (Montreal & Kingston: McGill-Queen's University Press, 2009); 142-170.
62. *Nootka Mission Review* (December 1956), (December 1957), and (December 1958). Stacy Peters and Harry Hunt were among those invited to speak. SCA Archives.
63. Frank interview, 27 February 2008.
64. Johnson, *Not Without Hope*, 64; and *Nootka Mission Review* (Easter 1961). SCA Archives.
65. *The Nootka Mission Review* commented frequently on plans for the Bible school in the early 1960s.
66. Frank interview, 27 February 2008.
67. Telephone interview with Rick Lindholm, Port Alberni, BC, May 2012.
68. Victoria Wells to 11 March 2006 to SCA Board and Executive Director (copy provided to author).
69. Numerous reports and pictures make this clear; this observation was also confirmed in interviews with Dean Johnson, 19 October 2011, and Earl Johnson, 25 October 2011.
70. This was stated in various ways by many Nu-chah-nulth in the March 2006 meeting at Esperanza.