

Medicare Crisis and Faith Crisis: The United Church of Canada and the 1962 Saskatchewan Doctors' Strike

SANDRA BEARDSALL
St. Andrew's College

During a lunch break at a Saskatchewan United Church meeting a few years ago I mentioned that I was interested in the church's response to the crisis that erupted at the introduction of universal medical care in Saskatchewan in 1962. "Oh, you won't find anyone willing to talk about *that*," a woman snapped. "That's a very painful subject." Others around the lunch table nodded. It had been over forty years, but the topic was still too difficult to broach. Of course, I became more curious. I advertised through United Church channels, asking for people willing to share any memories of the time, and began to research the issue.

I discovered that the Medicare Crisis has not generated much scholarly interest since the late 1960s. When it does surface, however, it indeed evokes strong reactions, and not just in church circles. For example, I discovered a little debate unfolding in the margins of a university library copy of a 1967 book: *Doctors' Strike: Medical Care and Conflict in Saskatchewan*. On 6 November 1984, D. Love, BA, BComm, inscribed the half-title page with his assertion that one of the authors, Samuel Wolfe, had been a doctor brought in by the Saskatchewan government as a strikebreaker, making the book therefore "biased in its conclusions against doctors." On 3 April 1988 an anonymous reply appeared, urging D. Love: "Get your facts straight." This reply rightly goes on to situate Wolfe as a University of Saskatchewan professor who had been in place long before the strike began.¹ Another example is the reaction to – and the hasty

suppression of – the television mini-series, *Prairie Giant: The Tommy Douglas Story*, which provoked vigorous response due to small errors of fact relating to the Liberal Premier and agriculture minister, James Garfield (Jimmy) Gardiner.² Like the physician's little hammer for testing reflexes, it seems that when it comes to the doctors' strike of 1962, all it takes is one tap, and a knee invariably jerks.

My curiosity about the United Church's reactions stems from my interest in the way this Canadian-born denomination has navigated the choppy seas of its short history, at both magisterial and congregational levels. In this paper, after briefly tracing the history of medicare in Saskatchewan and the United Church's official views on the subject, I will report what I have discovered so far about that negotiation, both in my initial research and in the response I received in presenting that research, concluding with some interpretation.

Background: The Story of Saskatchewan Medical Care and the United Church's Position up to 1962

The story of medical care in Saskatchewan mirrors the development of the province more generally: a litany of creative and often cooperative solutions to the well-known challenges of prairie settlement, helped along with a prescriptive rhetoric of "prosperity and progress."³ In 1915, the council of Rural Municipality #211, meeting at the town of Holdfast, voted to use tax revenue to pay a retainer to the local physician. Thus began nearly three decades of experiments in the provision of medical care to Saskatchewan residents. Legislation to regulate such plans passed in 1916, and they spread throughout the province. Doctors still collected additional fees from patients, but had a guaranteed annual income.⁴ During the 1930s, as rural families and communities struggled to pay their bills, physicians began to advocate for health insurance plans and fee-for-service payments to replace the municipal doctors' schemes. The Liberal provincial government of the time supported voluntary health insurance plans, some of which became local health insurance cooperatives.⁵ Doctors' organizations tended to oppose cooperative insurance plans, preferring to set up their own insurance schemes.⁶

While these measures served as forerunners, it was the decisive 1944 Saskatchewan CCF party provincial election victory that led more directly to the introduction of universal medicare. Premier T.C. (Tommy) Douglas

promised that his party would set up medical, dental, and hospital services “available to all without counting the ability of the individual to pay.”⁷ Lacking the funds to enact the plan immediately, the CCF passed a Hospitalization Act in 1946, and that same year also created the Swift Current Health Region in southwest Saskatchewan, designed to be a template for the rest of the province with its universal medical-dental coverage, wholly funded through taxes. Once again, doctors and private insurance companies resisted this development.⁸

In 1959 Douglas announced that his government was ready to enact a universal medical care plan. The CCF fought the 1960 provincial election largely on the medicare issue, while the Liberals, backed by the Canadian Medical Association, ran an anti-medicare campaign. The CCF won its fifth consecutive provincial mandate with an increased majority in the legislature, and formed an advisory committee to help draft the medicare bill.

The Thompson Committee, consisting of twelve members, six of them physicians, fell into conflict, and as a result produced three reports, rather than one, in the fall, 1961. The majority report favoured government-paid universal health care coverage, overseen by a public commission. A minority report advocated voluntary private medical insurance, with government subsidies for the poor. Its signatories were the three physicians on the committee who represented the College of Physicians and Surgeons, and the member who represented the Chamber of Commerce. A third, dissenting, report, from the representative of the Saskatchewan Federation of Labour, called for universal health care with doctors on salary, administered directly by the Department of Public Health.⁹

On the basis of the majority report, the government introduced the Saskatchewan Medical Care Insurance Act in October 1961, only days before Tommy Douglas was to resign officially as premier, in order to lead the federal NDP. Left to enact the legislation was Saskatchewan’s new premier: former education minister Woodrow Lloyd, a United Church layperson.

During the years leading up to the 1961 legislation the official United Church position – at both the national and provincial levels – endorsed government-paid universal health care. In 1952 a General Council (national) resolution called for “an integrated and contributory National Health Insurance program.”¹⁰ A 1954 report expanded on the

church's expectations of national health insurance.¹¹ A 1960 General Council resolution supported a national health insurance plan and explicitly commended "Saskatchewan for taking steps to implement such a program."¹² In May 1962 the national church expressed similar convictions in a brief to the Royal Commission on Health Care (the "Hall Commission").¹³

Regionally, the Saskatchewan Conference of the United Church "strongly" approved the province's Health Services Plan in 1948, and in 1956 and 1957 continued to endorse the hospital insurance plan, noting only that it wished to see the plan extended to mental health and tuberculosis care.¹⁴ The official record, then, did not diagnose the possibility of an outbreak of dissention.

The Strike and the Church's Responses

Stories of the weeks leading up to the doctors' official withdrawal of services, and of the strike itself, are dramatic and arresting. The facts are straightforward: the Saskatchewan College of Physicians and Surgeons, supported by the Canadian Medical Association, objected to the Medical Care Insurance legislation; attempts to negotiate failed; and on 1 July 1962, the day the legislation was to take effect, the majority of doctors of the province registered their refusal to cooperate by withdrawing all but some emergency services. A negotiated settlement, called the Saskatoon Agreement, ended the strike on 23 July 1962. The agreement gave minor concessions to the physicians, but essentially left the Act, with its universal, tax-funded medical care, intact.

Behind that bare evidence, however, lay bitterness, intrigue, suffering, and even death. A Hutterite baby died of meningitis on the first day of the strike. His desperate parents, after driving many miles from their colony, were turned away from one, and then another clinic, both closed for lack of doctors, and their infant son died in the car on the way to the Yorkton hospital,¹⁵ an emblem of the vulnerability faced by all Saskatchewan residents that July. Opponents of the legislation used almost exclusively the language of freedom: the freedom of doctors to offer the highest possible standard of care, the freedom of patients to choose, the freedom of both doctors and patients over against the strictures of "socialistic medicine."¹⁶ Universal health care would limit freedom of choice; a better solution was to offer limited assistance to the poor, and let other citizens

buy private insurance.

The province's major newspapers launched virulent attacks against the legislation, regularly rehearsing the dangers of government interference, bureaucracy and socialism.¹⁷ Athol Murray, the outspoken Roman Catholic priest, took the rhetoric to dangerous, and possibly drunken, heights. In a 6 July 1962 address in Saskatoon, carried live over radio, he warned of imminent violence and bloodshed, and commented:

There are three Reds here. I can't see them. I can smell them . . . Tell those bloody Commies to go to hell when it comes to Canada. I loathe the welfare state and I love the free-swinging freedom. I am seventy and I'll never ask you for the Old Age Pension. To hell with it – I want to be free . . . We Catholics are in the majority now but I don't know if we can provide the needed leadership. I know the Protestants have not given us much.¹⁸

Citizens' groups, backed by business owners and Liberal party supporters, formed "Keep our Doctors" committees to fight medicare. Other citizens formed pro-medicare Community Clinics, some of which survive today. Nurses, given no official voice, but caught in the middle of the conflict, were divided in their stances.¹⁹ Some doctors conveniently took vacations, a few gave their normal service despite their hostility to medicare, a few visited their patients furtively, and about thirty-five of the province's 725 working physicians cooperated fully with the plan. During the job action, about ninety pro-medicare physicians arrived from Britain to fill gaps and work in the community clinics.

And what did the United Church have to say? The 1962 Saskatchewan Conference annual meeting occurred in late May, at the peak of pre-strike anxiety. After protracted debate, the Conference, which consisted of the province's clergy and a roughly equal number of lay delegates, voted to affirm the church's "broad position" on medical insurance. It stated that it respected the desire of both the government (universal availability) and the medical profession (highest standards). It urged negotiation, and even offered to mediate. Finally, it asked congregations to provide "redemptive fellowship" in the hostile climate of the dispute.²⁰ In other words, it backed away from its earlier stance, which had unambiguously advocated universal medicare, in order to claim a reconciliatory position.

In the next three years, Conference presidents also spoke in

assuaging tones. In 1963 President J. D. McMurtry's report called for an end to "the Bitterness of our present political climate."²¹ In 1964-65 following its annual meeting, the Conference president met with the Liberal Premier, Ross Thatcher and his cabinet, beginning the "Brief Committee" process that continues in Saskatchewan to this day.²² The following year, however, Premier Thatcher failed to show up for the scheduled meeting with United Church representatives, and Conference President Bruce Wartman reported that when the meeting did eventually happen, Thatcher told the United Church to stay out of political issues such as Medicare. "He said the United Church was playing the socialist line."²³ Four years later, it appears that church leaders had revived the United Church's more radical vision.

A few Saskatchewan United Church folk did answer my plea for stories of the strike. However, most still refused to speak "on the record" or to be named publicly. One was a doctor who had taken holidays during the strike period. He had, however, supported the job action, because he feared, under medicare, the loss of fraternity that he experienced with his medical colleagues. A minister who had been a seminarian at the time of the strike recalled being told not to take sides. "Any minister who wanted to keep his pulpit wouldn't have said very much," he told me.

While there were minor skirmishes in United Church congregations, the most pronounced rift came at Lakeview United Church in Regina. Serving an upper middle class suburban neighbourhood, Lakeview was the church home not only of a number of doctors' families, but also of civil servants and of Premier Lloyd himself. Parishioners recall that the minister, Reid Vipond, spoke mildly in favour of the Medical Care Act in a sermon – although I have not yet discovered exactly what he said. (Vipond died in 2001.) As a result, a number of physicians and their families left the congregation and did not return.

Those most willing to speak with me were United Church members who had also been CCF party organizers and activists, particularly those from the Swift Current Health Region, who saw themselves as the true pioneers of universal health care. For these people, the Christian message was clearly bound up with the question of health care access. "It seems it would be hard not to support something intended to help people," said Cliff Murch, a farmer from Lancer who had caught the CCF vision when he returned to Saskatchewan after fighting in World War II. "I left a hopeless dried up province when I went to Europe," Murch told me. "I

returned to a place with a future.”²⁴ For Cliff Murch and his wife Jean, the lack of solidarity in the 1962 United Church Conference statement came as a blow. A neighbouring farmer, who was the local congregational lay representative to the Conference meeting, came to the Murch farm to break the news. “He knew how upset we would be,” said Jean Murch, “so even though he wasn’t the type to visit, he came over to tell us.” Other United Church CCFers agreed that they experienced their denomination as having “dropped the ball” on medicare.²⁵

What had the activists wanted from their faith community? In a radio and television address delivered on 9 May 1962, Woodrow Lloyd quoted from some of the “many encouraging letters, telegrams and telephone calls” the government had received concerning the medical care bill. He was able to list Farmer’s Union Ladies’ Lodge, a Wheat Pool Committee, a farmer, and a clergyman among his supportive correspondents.²⁶ An open letter addressed to the medical profession, dated 15 May 1962, and signed by the clerk of the Saskatoon Presbytery of the Presbyterian Church, stated that a province-wide medical care plan was inevitable, and that the presbytery was “in complete sympathy and agreement” with the expressed purpose of such a program. It called on the doctors to use every means possible to reach an agreement with the government.²⁷ That was the sort of support that the embattled CCF needed, and which United Church CCFers had expected from their official decision-makers.

Interpreting the United Church’s Responses

This shift of policy, and the acute distress the crisis caused for church people, deserves some interpretation. Most denominations comprise members whose political views range across a spectrum, so on one hand, it is not surprising that officially the United Church took a conciliatory middle road. However, the United Church, particularly in Saskatchewan, bears a more complicated pedigree. Sociologist Stewart Crysedale argued that Saskatchewan was a “special case,” the only jurisdiction in North America that embraced the social gospel politically.²⁸ While recognizing that the “social gospel” never was one thing, and that it traveled a gamut of political and theological expressions in its short life, I have found that prairie United Church people do identify with a prairie socialism grounded in what they call the Social Gospel. To this day, the links between the CCF/NDP and the United Church in Saskatchewan are strong ones. The

current Premier and one of his cabinet ministers are Saskatoon-trained ordained United Church ministers. Before 1962 support for universal medical care was not seen as contentious, but as a natural extension of the United Church's social concern.

The United Church also inherited, however, the centrist liberalism of North American Protestantism. United Church congregations on the prairies have tended to understand their vocations in terms of building community – which situates them as a classic “denomination” in a sociological sense: “securing peace and harmony through location of the broadest, uncontentious common ground.”²⁹ Diana Butler Bass, who researches and writes in the area of congregational studies, characterizes American Protestantism by generation, naming the long period of the 1870s through the 1950s as the era of “social churches.” Social churches, says Bass, are oriented to home, family, and parish hall. The church not only supports, but actually *is* a civic organization.³⁰

For much of the twentieth century, the Saskatchewan United Church could function as both a child of the Social Gospel and as a “social church,” using Kingdom rhetoric to forge a broad consensus around the well-rehearsed themes of a “Christian Canada.”³¹ With the eruption of the medicare crisis, however, the church's liberal role as a “social church” collided with its radical social gospel legacy. The institutional United Church in Saskatchewan was forced to choose. In the midst of conflict it chose, not without debate, the “social church” option.

This narrative has another layer to unpack, however. When I presented this research to United Church audiences, I met with some distress. “But that's not how it was at all,” some people told me. They remember the introduction of medicare as a time of personal radicalization. They recall President McMurtry's 1963 call for an end to the “bitterness” not as a pacifying address but as an emotional pro-medicare manifesto. They are disappointed to hear the 1962 resolution characterized as softening the United Church's pro-medicare position. Many mainstream United Church members, lay and clergy, appear to have erased for themselves any conflict between the contested demands of the Medical Care Act and the conciliatory role of the “social church.” They have constructed an ecclesial identity for the United Church that is both radical and moderate, on the edge but not alienating, one which suggests that if Jesus did indeed come to bring “not peace but a sword,” surely the sword wasn't intended actually to hurt anyone.

Perhaps, then, the discomfort I encountered in my attempts to discuss the medicare crisis with United Church folk stemmed from both shame and denial: shame that their church compromised on a position that has essentially become a Canadian value and norm, or shame that their church community was threatened with division, or both; and denial that any of it really happened. Is this a dominant motif in United Church theology and identity? Is this how religious groups generally maintain contradictory self-conceptions?

A Thunder Bay Postscript

One day in August 2006 I stood in a field on the edge of Lakehead University, just outside the Bora Laskin Gym. A few minutes before, inside the gym, I had watched a commission of the 39th national General Council of the United Church of Canada debate a resolution asking the church to withdraw from investment in Israel. Now I was trying to mollify a group of upset Toronto Jews who had made the long trek to Thunder Bay in the hope of seeing the United Church pass the divestment motion. “They gutted it!” one woman despaired. “There was a perfectly good motion to divest, and they watered it down to nothing!” She was right. By accepting conciliatory amendments, the commissioners had removed the teeth from the original motion, leaving a sincere but ineffectual “on the one hand/on the other hand” resolution in its place. What intrigued me, though, was that most of the commissioners appeared to have no idea what they had done. They believed – and still believe, as I have spoken with some of them about it – that they took a radical stand that day.

I left the unhappy Jewish group and set out across the field. A young man walking toward me stopped to chat. A doctoral student in forestry, he had arrived from China just one week before. Canada was most interesting he said. He was looking forward to learning more about this nation. What, for example, he asked me, gesturing toward the gym, is going on in that building?

Where to begin? Where to begin?

Endnotes

1. Marginal markings in University of Saskatchewan library copy of Robin F. Badgley and Samuel Wolfe, *Doctors' Strike: Medical Care and Conflict in Saskatchewan* (Toronto: Macmillan, 1967), half-title page.
2. Kevin DeWalt, producer, *Prairie Giant: The Tommy Douglas Story* (Canadian Broadcasting Corporation, 2006).
3. Bill Waiser, *Saskatchewan: A New History* (Calgary: Fifth House Ltd., 2005), 2.
4. Stuart Houston, *Steps on the Road to Medicare: Why Saskatchewan Led the Way* (Montreal & Kingston: McGill-Queen's University Press, 2002), 28-37.
5. Stan Rands, *Privilege and Policy: A History of Community Clinics in Saskatchewan* (NP: Community Health Cooperative Federation, 1994), 24-25.
6. Robin F. Badgley and Samuel Wolfe, *Doctors' Strike: Medical Care and Conflict in Saskatchewan* (Toronto: Macmillan, 1967), 16.
7. R. Tyre, *Douglas of Saskatchewan: The Story of a Socialist Experiment* (Vancouver: Mitchell Press, 1962), 13; cited in Badgley and Wolfe, *Doctors' Strike*, 17.
8. Aleck Ostry, "Prelude to Medicare: Institutional Change and Continuity in Saskatchewan, 1944-1962," *Prairie Forum* 20 (1995): 96-97.
9. Badgley and Wolfe, *Doctors' Strike*, 36-38.
10. *Record of Proceedings*, 15th General Council of The United Church of Canada (1952), 58, 183.
11. *Record of Proceedings*, 16th General Council of The United Church of Canada (1954), 401-2.
12. *Record of Proceedings*, 19th General Council of The United Church of Canada (1960), 79, 101.
13. For text of this brief see *Telstar – Tell Peace!* 38th Annual Report, 1963, of the Board of Evangelism and Social Service, The United Church of Canada, 218.
14. *Record of Proceedings* (ROP), Saskatchewan Conference of The United Church of Canada. Also see *ROP* 1948: 25, 52; *ROP* 1956: 25, 95; *ROP* 1957: 24, 26-7.

15. Badgley and Wolfe, *Doctors' Strike*, 61.
16. See E.A. Tollefson, *Bitter Medicine: The Saskatchewan Medicare Feud* (Saskatoon: Modern Press, 1963). During the 2006 American election campaign I noticed that anti-medicare television advertising used similar devices: ominous music and shadowy visuals of computer operators, with a voice-over threatening that proponents of medicare “want to put your health in the hands of some government bureaucrat.”
17. Particularly graphic were the editorial cartoons in the *Saskatoon Star-Phoenix* in the months leading up to the strike. See Sebestyen, *Is There a Doctor in the House? A Case History, in Cartoons, on Saskatchewan's Medical Care Plan, by Sebestyen* (Saskatoon: Saskatoon Star-Phoenix, 1962).
18. *Saskatoon Star-Phoenix*, July 1962, quoted in Badgley and Wolfe, *Doctors' Strike*, 77-78.
19. A collection of nurses' recollections of the strike indicates deeply divided opinions, even two decades after the action. See Alice E. Caplin, *Nurses and the Medicare Crises 1962* (Saskatoon?: n.p., 1989).
20. *Record of Proceedings*, Saskatchewan Conference 1962: 16, 65-66.
21. *Record of Proceedings*, Saskatchewan Conference 1963: 104.
22. *Record of Proceedings*, Saskatchewan Conference 1965: 94.
23. *Record of Proceedings*, Saskatchewan Conference 1966: 86.
24. Author interview with Cliff Murch, Lancer, SK, 23 October 2005. Also, interview with Lester and Audrey Jorgenson, Abbey, SK, 23 October 2005.
25. Author interview with Don Leitch, Unity, SK (by telephone) March 2005; and with Jim Osborne, Saskatoon, March 2005.
26. W.S. Lloyd, “Progress Report on Medical Care” (9 May 1962). Manuscript in author's possession.
27. Quoted in *Regina Leader-Post*, 15 May 1962, in Saskatchewan Federation of Labour pamphlet (n.d.).
28. Stewart Crysdale, “The Sociology of the Social Gospel: Quest for a Modern Ideology,” in *Religion in Canadian Society*, ed. Stewart Crysdale and Les Wheatcroft (Toronto: Macmillan, 1976), 428-32.

29. Roger O'Toole, Douglas F. Campbell, John A. Hannigan, Peter Beyer, and John H. Simpson, "The United Church in Crisis: A Sociological Perspective on the Dilemmas of a Mainstream Denomination," *Studies in Religion* 20, no. 1 (1991): 153.
30. Diana Butler Bass, *The Practicing Congregation* (Herndon, VA: Alban, 2004), 17.
31. Oscar Cole-Arnal argues convincingly that the Methodists actually showed hostility toward the radical social gospel, noting particularly the experiences of J.S. Woodsworth, Salem Bland, and William Ivens. See "The Prairie Labour Churches: The Methodist Input," *Studies in Religion* 34, no. 1 (2005): 3-26.