“[T]he dust-up which Dr. Bates appears intent on creating”: Changes in the Health League of Canada’s Support, Funding, and Status, 1944-1975

by

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ABSTRACT

“[T]he dust-up which Dr. Bates appears intent on creating”: Changes in the Health League of Canada’s Support, Funding, and Status, 1944-1975

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In mid-twentieth century Canada trends in health, care delivery, and health activism were shifting. Accordingly, voluntary health organizations and health charities were growing in size and number while pre-existing ones were buffeted by changing social and political conditions and shifting public needs and interests. Health and welfare organizations and charities, at the same time, were negotiating alterations to their money-raising models as the federated fundraising movement grew in Canada. Using the Health League of Canada as a case study it is possible to examine the mutable landscape that twentieth-century Canadian health organizations functioned in. It did not function well within the federated fundraising movement because of the General Director’s combative nature and ideological disputes with the movement itself, and its troubles were compounded by generational changes that compromised its social networks and a mortality transition that the League did not adapt to.
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Introduction

In mid-twentieth century Canada trends in health, care delivery, and health activism were shifting. The mortality transition, which saw chronic and congenital conditions overtake infectious ones in Canadian causes of death, was entrenched.\(^1\) Governments and civil society organizations were debating the validity and structure of public health care provision.\(^2\) Accordingly, voluntary health organizations and health charities were growing in size and number while pre-existing ones were buffeted by changing social and political conditions and shifting public needs and interests.\(^3\)

Health and welfare organizations and charities, at the same time, were negotiating alterations to their money-raising models as the federated fundraising movement grew in Canada.\(^4\) In this movement the charities and voluntary groups in Canadian municipalities banded together to conduct collective fundraising appeals with the intention of raising money more efficiently and bothering businesses and householders with fewer canvasses.\(^5\)

The number and orientation of Canadian national health organizations was also changing. The League, as an early example of a national organization, was ahead of the trend in that respect.\(^6\) The new health organizations that developed alongside the mortality transition, though, spoke to and even reinforced Canadians’ interest in and fear of chronic diseases like cancer and heart disease.\(^7\) The Health League struggled to remain relevant

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\(^2\) I thank Ted Cogan for drawing my attention to the term “civil society organization”.
\(^3\) Elizabeth S.L. Govan, *Voluntary Health Organizations in Canada* (Ottawa: Queen’s Printer, 1966), 1.
\(^6\) Govan, *Voluntary Health Organizations in Canada*, 5-6.
\(^7\) Govan, *Voluntary Health Organizations in Canada*, 1, 13-14, 67.
but gradually lost out to younger health associations that better-reflected Canadians’ needs and concerns.

Using the Health League of Canada as a case study it is possible to examine the mutable landscape that twentieth-century Canadian health organizations functioned in. The League, a Toronto-centered public health education group, had a contentious relationship with the city’s federated fundraising movement. From 1944, when the League joined the Community Chest of Greater Toronto, until its ejection from the city’s United Fund in 1965, the League’s founder and General Director, Dr. Gordon Bates, regularly struggled with the agents and the ideals of federated fundraising. Furthermore, the League encountered diminishing support and declining relevance over the mid-twentieth century.

Dr. Gordon Bates, a University of Toronto-trained physician who spent World War I working in venereal disease management at a Toronto base hospital, founded the organization that would become the Health League in 1919. Shortly after the war he established the Canadian National Council for Combatting Venereal Diseases, the name of which changed to the more manageable Canadian Social Hygiene Council in 1921. By 1935 the Council’s interests had widened to encompass more general public health concerns and was accordingly renamed as the Health League of Canada. The League was interested in a variety of public health topics. It remained invested in venereal disease prevention throughout Bates’ tenure as director, but it also established programs to encourage immunization, lobby for milk pasteurization and water fluoridation, and educate people about topics as diverse as artificial respiration, alcoholism, child and

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9 Philpott, “‘The First Health is Wealth’”, 1-2.
maternal health, and industrial health. The League maintained committees devoted to these topics of interest, adding new divisions as possible to accommodate ever-expanding concerns. As Bethany Philpott discussed, these divisions track the League’s interests and capacities over time, as the division structure remained integral to the Health League’s composition throughout its lifetime. Ideally, each committee had a devoted secretary and expert chairman to direct its activities, and each would provide a letter for the League’s Annual Report.

The League’s marked decline wants interrogation, especially because the organization had several significant achievements to its name. For one, the League published a magazine, Health, from 1933 to 1981 with a brief pause 1969 to 1972. The League produced 47 volumes of the magazine, providing readers with quality information on a variety of health topics. The League also mounted large-scale education campaigns like Toxoid Week, National Immunization Week, and National Health Week. The League, while still known as the Canadian Social Hygiene Council, helped conduct the Toronto Department of Health’s Toxoid Week in Toronto, starting in 1931, to promote diphtheria prevention. By 1943 the League had decided to expand independently and it established National Immunization Week. The League ran the Week annually to promote vaccination against numerous preventable diseases. As Bethany Philpott has found, the

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10 Library and Archives Canada (hereafter LAC), Health League of Canada Collection, MG 28 I 332, Vol. 1, file 1, History and Philosophy of the League 1932-80 Part I, “Canada’s Unique Crusade for Better Health” pamphlet released by the League.”
11 Philpott, “‘The First Wealth is Health’,” 6.
13 Philpott, “‘The First Wealth is Health’, 7.
14 Health 47, no. 3 (Autumn 1981): cover; Philpott, “‘The First Wealth is Health’, 7.
15 Philpott, “‘The First Wealth is Health’,” 38.
16 Philpott, “‘The First Wealth is Health’,” 38-39.
Week included extensive negotiation and cooperation with provincial health authorities.\textsuperscript{17} As such, the Week’s publicity campaigns reached across the country and into people’s daily lives; a number of times the League succeeded in having the slogan “Be Wise – Immunize!” printed on family allowance checks.\textsuperscript{18} Meanwhile, during the League’s National Health Week, it established collaborative relationships with schools, churches, voluntary groups, and service clubs around Canada to execute their yearly themed publicity blitz.\textsuperscript{19}

The League also enjoyed significant endorsements in the 1940s and early 1950s. While the Inter-Departmental Advisory Committee on Health, also known as the Heagerty Committee, was researching options for Canada’s health system, they consulted numerous interest groups.\textsuperscript{20} During the Committee’s tenure between February 1942 and December 1944 it called on the Dominion Council on Health for advice, and invited the Health League of Canada’s input in that context.\textsuperscript{21} The League, the Canadian Tuberculosis Association, and the National Committee for Mental Hygiene were the only voluntary health groups invited to contribute.\textsuperscript{22} Admittedly there were far fewer voluntary health groups in Canada in the early 1940s than there are now, with only six national

\textsuperscript{17} Philpott, “‘The First Wealth is Health’,” 39-40.
\textsuperscript{18} Philpott, “‘The First Wealth is Health’,” 42.
\textsuperscript{19} Philpott, “‘The First Wealth is Health’,” 56-60.
\textsuperscript{21} J.J. Heagerty et. al., \textit{Health Insurance: Report of the Advisory Committee on Health Insurance Appointed by Order in Council P.C. 836 Dated February 5, 1942} (Ottawa: Edmond Cloutier, King’s Printer, 1943), xi.
\textsuperscript{22} Heagerty, \textit{Health Insurance}, xi. Bates may have had some influence over the National Committee for Mental Hygiene. He was one of the founding members. “$20,000 Secured for Institute,” \textit{The Globe} (27 February 1918): 5. He was not listed among the governing members in a 1939 Committee publication, though. Library and Archives Canada, MG 28 I 332, Health League of Canada Collection, Vol. 162, file 8, National Committee for Mental Hygiene 1939-40, “Study of the Distribution of Medical Care and Public Health Services in Canada,” 1939.
organizations in existence prior to 1945. Still, the League enjoyed a special status on the Heagerty Committee’s work. Margaret Little argued that churches, charities, and voluntary groups were treated as expert consultants in early twentieth-century policy planning. The League’s involvement with the Heagerty Committee echoes that trend. Furthermore, the League was chosen as the Canadian Citizen’s Committee of the World Health Organization in 1951, giving it a kind of international recognition.

In spite of those successes, the League’s decline was in evidence by the mid-twentieth century. This thesis will argue that the League was disadvantaged by trends in twentieth-century Canadian non-profit organization. It did not function well within the federated fundraising movement because of Gordon Bates’ combative nature and ideological disputes with the movement itself, and its troubles were compounded by generational changes that compromised its social networks, and a mortality transition that it did not adapt to.

The parameters and premises of this project need some definition. It is focused in the period from 1944 to 1965, when the League was a member of Toronto’s federated fundraising body, though the discussion will briefly veer into the periods from 1935 to 1944 and from 1965 until Bates’ death in 1975 for context and to wrap up the narrative.

23 Govan, Voluntary Health Organizations in Canada, 2-5.
25 Philpott, “‘The First Wealth is Health’, 35.
26 I have borrowed extensively from Elizabeth Govan’s writing on the purpose of voluntary groups. Govan, Voluntary Health Organizations in Canada, 13. Govan wrote that membership in “citizen-member” voluntary groups like the League, in contrast to that of the “patient-member”, is motivated by fear of disease or the impulse to serve, but also serves a social purpose, the “desire to be identified with a ‘good cause’ or with the people who support it…identified with good citizenship, social status and public recognition,” with people seeking affiliation “for their own social, business, or political ends.” Govan, Voluntary Health Organizations in Canada, 13-14. Though Heather MacDougall was discussing another topic entirely, my ideas about generational change were inspired by her work on the topic as it pertained to the Heagerty Committee’s recommendations. Heather MacDougall, “Into Thin Air: Making National Health Policy, 1939-45,” in Making Medicare: New Perspectives on the History of Medicare in Canada, ed. Gregory Marchildon, 41-70 (Toronto: University of Toronto Press, 2012), 64.
Throughout this thesis, Gordon Bates will largely be regarded as the Health League’s voice. He was general director throughout the period of interest to this project, and he was an autocratic leader of a fairly small organization. As such, his views and the League’s stance are virtually interchangeable. Bates signed much of the relevant correspondence, and his voice is a constant and strident presence in meeting minutes and committee reports. Furthermore, Bates was one of very few players to remain involved in the League from 1944 to 1975. Bethany Philpott compiled lists of the League staff members, including their terms of service. She identified 143 individuals, the vast majority of whom worked with the League for short periods ranging from less than a year to three or four years. There were a few staff members who stayed on for longer. Mabel Ferris, who began her career as Bates’ secretary, eventually became Assistant Director of the League and stayed on to run the operation until 1980. Dr. E.A. Hardy, who worked as a branch organizer, worked for the League part-time from 1939 to 1948, and Stanley Caldwell, who worked on the League’s industrial health initiatives and Health magazine, worked with the League from 1942 to 1966.27 Even so, such lengthy periods are service are conspicuous by their absence in the list of League staff.

The League did have a large collection of officers and board members, but Bates tended to listen to them insofar as their suggestions accorded with his own opinions. As a Canadian Welfare Council representative wrote in 1946, when Bates invited the CWC to appoint representatives to its General Council, “[p]ersonally I rather feel that we should go easy about nominating anybody to either his Council of his Board until we know something more about the make-up of the two bodies. My real judgment is that Bates is

27 This staff list is not published at the time of writing. I thank Bethany Philpott for permitting me to use the data.
likely to run off and do things on his own without the approval of these two committees.”

Apparently Bates’ reputation as an independent actor was established well before his major clashes with the CWC and the fundraising federations began. The League’s volunteer boards did follow a regular schedule of meetings, with the National Executive meeting quarterly and the National Sub-Executive meeting monthly, but Bates surrounded himself with people that tended to agree with him. Furthermore, their participation in League policy was largely nominal. As Chapter 1 will discuss, Board members had plenty of leeway to determine their own levels of participation; while there were a few individuals who stayed in close contact with Bates throughout their membership on the boards, those people were anomalous. Realistically, Bates had near-total power over the League’s policies and activities.

The source set lends itself to an analysis of interpersonal politics. Most of the primary sources analyzed here are items of correspondence and records of conversations and meetings. Though people acting in their official capacities as agency staffers or volunteers generated most of the letters and meeting minutes, they were often personalized, conversational, and even emotive. The familiarity of the correspondence reveals that the voluntary health and welfare community in twentieth-century Ontario was quite tight-knit, with plenty of people within and across agencies writing to one another on a first-name basis. This was not a correspondence of form letters.

The original research in this thesis is overwhelmingly based on three archival collections. It relies most on the Health League of Canada fonds, held at Library and

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Archives Canada (LAC). There is also material from the Canadian Council on Social Development fonds, also at LAC, which includes records from the period of interest to this project when the Council was called the Canadian Welfare Council. The Social Planning Council of Metropolitan Toronto fonds, held at the City of Toronto archives, include materials from the period of interest as well, when the Council was called the Toronto Welfare Council.

This project will contribute further definition to the historical difference between charitable and voluntary organizations in twentieth-century Canada. The Health League was internally and externally defined as a voluntary organization and not a charitable one; for example, Elizabeth Govan included the League in her book on voluntary health organizations, which she defined as “non-profit operations under voluntary organized boards with the primary or major objective of the promotion of health, the prevention of illness or disability, and the discovery, treatment or rehabilitation of persons suffering from disease or disability.”

Bates tended to mobilize abinary opposition between charitable and voluntary associations to describe his organization’s purpose and philosophy. In a 1964 fundraising letter to members of the Honorary Advisory Board, Bates wrote that “[w]e do not consider that we are a charity. We do not render direct service to individual citizens. We have, however, accomplished a great deal [toward] the health of all Canadians.” As Bates saw it his group was contributing to poverty prevention because he believed that illness was a major cause of poverty, while charities provided short-term relief and no solutions.

30 Govan, *Voluntary Health Organizations in Canada*, 1.
One way to define a charity is through tax law. In her book, which focused on the American context, Eleanor Brilliant defined social welfare organizations “to include the whole range or organizations defined as charitable under the [American] tax code in addition to generally recognized public sector programs and services.” In Canada, donations to recognized charitable institutions became eligible for tax deduction in 1930, so we could apply the same definition. The definition in Canadian tax law was based on the 1601 English Charitable Uses Act, which included educational institutions, maintenance for people with disabilities, care for the injured, orphaned, destitute, and elderly, the upkeep of publicly-used infrastructure, and the maintenance and reform of prisoners in its list of charitable endeavors. Likewise, Elizabeth Govan quoted a letter from the Department of Revenue’s Chief Technical Officer in her book. The officer, writing in 1963, explained that “[g]enerally speaking the meaning to be attributed to “charitable” is, that the activity must aim at a) the relief of poverty, b) the advancement of religion, c) the advancement of education, [or] d) other purposes beneficial to the community as a whole and analogous to the three other purposes stated.” Discussing these definitions further and their relationship to voluntary health organizations, Govan pointed out that “‘[c]harity’ is no longer limited to ‘the relief of poverty’.”

The League would seem to fit under “the advancement of education”. Indeed, it sought charitable status for tax purposes; in 1969 it started to inform potential donors that

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34 Elson, *High Ideals and Noble Intentions*, 44-45.
35 Govan, *Voluntary Health Organizations in Canada*, 133.
36 Govan, *Voluntary Health Organizations in Canada*, 135.
donations would be tax exempt.\(^{37}\) This does not signify that the League radically re-evaluated its identity, though, just that it wanted to entice donors. As such, the legal definition of charity is a starting point but does not conclude the discussion.

Bates’ views on the nature of charity have intriguing parallels with those of mid-twentieth-century Canadian unionists. As Shirley Tillotson discussed, labour groups were often critical of charitable organizations because they provided short-term relief to the poverty-stricken rather than promoting wide-ranging social and economic reform to prevent poverty from occurring.\(^{38}\) Similarly, Bates preferred to seek long-term solutions to social problems. The League professed to attack the root causes of poverty by promoting health through education. In a brief to the Senate’s Committee on Poverty from 1970, the League argued that society’s focus on welfare provision was hobbling efforts to solve social problems through health promotion. “This brief submits,” it began, “that it should be obvious that sickness is the greatest single cause of poverty and that Sidney and Beatrice Webb were right when, in the middle of the past century they stated that all down through the ages sickness has been the greatest single cause of poverty.” The somewhat rambling brief went on to argue that the League, established alongside Canada’s federal Department of Health, existed to provide education about health so as to prevent sickness and (the implication was) thereby reduce poverty.\(^{39}\)

That sentiment was a long-standing trend in Bates’ rhetoric. In a 1942 speech before the Canadian Conference on Social Work, Bates said that “it is my intention here to emphasize the fact that just as poverty produces disease, so disease and death produce


poverty and that organized efforts to reduce sickness will, if successful, also inevitably improve social conditions.”

In a 1950 article in the League’s magazine Health which appealed for a building fund, it argued that “[t]he Health League of Canada needs a permanent National Headquarters to house its varied activities which are becoming more and more important and essential in a great democratic country since they are aimed at the solution of the twin enemies of civilization – disease and poverty.”

Again, in 1965, Bates wrote an editorial referring to global poverty, the lot of people who are “ignorant because they are poor and poor because they are sick.” Although the League did not provide direct relief, Bates conceptualized its work as an integral, even primary, component of the fight against poverty. Considered in relation to the Health League, poverty alleviation has more to it than relief payments.

In this thesis, it is not enough to define charity as the fight against poverty, since the League’s self-definition weaves voluntary associations into that fight too. As the League and the unionists who Tillotson discussed indicate, the nature of that fight is significant. They noted a difference between organizations that seek social change and organizations that seek to alleviate the suffering associated with social problems. The Health League specifically labeled these as voluntary organizations and charities, respectively. The League and the unionists viewed charities in a fairly negative light.

In contrast, the other scholarship on the topic tends not to define voluntary organizations and charities in opposition to one another. Rather, scholars have implicitly defined the organization they discuss as one or the other without resorting to a binary

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opposition to support that definition. They also note purposes beyond voluntarism and charity. T.D. Regehr, for example, discussed Mennonite voluntary service activities in northern Alberta between 1954 and 1970. Regehr pointed out that these activities, inspired by Mennonite contentious objectors’ wartime service in the area, were intended to provide essential services like teaching and nursing while equipping local people to fulfill those roles, but had an equally (or more) important evangelical purpose. In a broader study, Nancy Christie and Michael Gauvreau argued that Protestant churches in early twentieth-century Canada developed leadership roles in social science and advocacy as part of their goal of “creating the Kingdom of God on earth.”

There is also plenty of literature that speaks to lay and professional leadership in voluntary associations and charities. Robert Macbeth, discussing the Canadian Cancer Society, found that it began practically without lay involvement, organized by provincial medical associations, the Canadian Medical Association, and provincial governments. Katherine McCuaig, writing about tuberculosis prevention and treatment organizations, found that in the years after World War I lay people in voluntary organizations shifted out of policy leadership and were replaced by professionals; from then on, lay people led fundraising initiatives to financially assist professional and government activity. Shirley Tilbotson, discussing the public recreation movement in Ontario, found that volunteer roles were similarly downgraded over time, as volunteers remained in practical roles.

running activities but professional encroachment pushed them out of policy-making positions.\textsuperscript{47} Like Tillotson, Cynthia Comacchio discussed a movement rather than a single organization, but she too noted that the child welfare movement in early-twentieth-century Ontario moved from “the voluntarist, female-oriented reform sphere to become the object of a male-dominated professional body and a state-sponsored campaign.”\textsuperscript{48}

Some scholarship sheds further light on voluntary sector and government relations in history. Gregory Marchildon, writing about the Canadian Mental Health Association’s relationship with Saskatchewan’s Douglas government, noted that the Association and government were initially friendly but their relationship soured with time. As the CMHA’s fundraising became wildly successful in the 1950s the Association no longer relied on provincial funding, and took advantage of the opportunity to roundly criticize the government’s slow action on deinstitutionalization and mental health care reform.\textsuperscript{49} Although the CMHA could have helped the government promote Medicare, the Association was so chagrined by this delay that they collaborated with anti-Medicare forces in the province.\textsuperscript{50}

There is also some literature that speaks to interagency relations. Some scholarship looks at relationships between umbrella charitable or voluntary organizations and their subordinate agencies; McCuaig noted that local anti-tuberculosis organizations around Canada were herded under Canadian Tuberculosis Association leadership in the early twentieth century, while Christie and Gauvreau argued that Protestant churches spent the

\begin{footnotesize}
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\item \textsuperscript{47} Shirley Tillotson, \textit{The Public at Play: Gender and the Politics of Recreation in Post-War Ontario} (Toronto: University of Toronto Press, 2000), 158.
\item \textsuperscript{50} Marchildon, “A House Divided,” 323.
\end{itemize}
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period between 1906 and the 1920s “annex[ing]” voluntary organizations like temperance
groups and social welfare conferences and agencies.\(^{51}\) Meanwhile, Jonathan Vance
discussed World War Two-era power struggles between the Canadian Red Cross Society,
the War Prisoners’ Aid of the YMCA, and the Canadian POW Relatives’ Association.
Although they were technically equals, the Red Cross took precedence because it was
titled to provide food deliveries to Canadian prisoners of war. Vance documented the
skirmishes between these organizations as each tried to carve off more work for itself and
its volunteers. Indeed, Vance argued that these struggles compromised their work, and
that the food delivery scheme was successful in large part because its leadership was not
negotiable.\(^{52}\)

There is also a literature that discusses charity and voluntarism in relation to the
welfare state but those works tend to lump charities and voluntary associations together,
identifying both as components of the broadly-defined voluntary sector. Due to their
obvious relevance to one another, the topics of welfare state and charity are woven
together in plenty of historical works. Danielle Robinson and Ken Cruikshank, for
example, argued that federal and Ontario governments used charity to deflect government
responsibility for social welfare and delay welfare state growth. During recovery from
Hurricane Hazel the governments shunted compensation for mobile homes and
agricultural losses to the charitable Ontario Hurricane Relief Fund.\(^{53}\) The governments did
not want to set precedents by compensating citizens for such vulnerable property, but

\(^{51}\) McCuaig, “From Social Reform to Social Service,” 480-481, 495; Christie and Gauvreau, _A Full-Orbed Christianity_, 109-110.
\(^{52}\) Jonathan F. Vance, “Canadian Relief Agencies and Prisoners of War, 1939-45,” _Journal of Canadian Studies_ 31, no. 2 (Summer 1996): 133-147,
November 2014.
\(^{53}\) Danielle Robinson and Ken Cruikshank, “Hurricane Hazel: Disaster Relief, Politics, and Society in
more significantly, the essay argued that the charitable fund showed that charity and voluntarism remained important amid welfare state formation, and that governments “moved cautiously, so as to limit [public] expectations” of welfare state growth. 54

Maurutto identified a more intentional connection between the welfare state and the voluntary sector, writing that “[a]s welfare bureaucracies began to expand during the 1930s and 1940s, they did so by building stronger links with private voluntary agencies, not by disabling them…private agencies, such as Catholic charities, became increasingly entrenched within the expanding welfare state system.”55 She actually argued that this was a fairly sinister process in which “[t]he discursive dichotomy between welfare and charity reflects a neo-conservative practice in which the state disperses, extends, and obscures the channels by which it continues to regulate the charity sector. Thus we need to examine more closely the claims made by governments as they advocate a less interventionist state.”56

Other scholars, notably Shirley Tillotson and Lester Salamon, have attempted to adjust the common assumption that the welfare state and private charity are mutually exclusive. Discussing the American context, Salamon argued that the voluntary sector expanded in the years between 1950 and 1980 because the welfare state was growing. In the American case, the government was using voluntary organizations to administer its welfare policies and initiatives in exchange for financial support.57

Tillotson’s work on the topic is of particular interest for this project because she specifically examined the federated fundraising movement. In a 2006 essay she argued

56 Maurutto, Governing Charities 5.
that the federated fundraising movement prepared the Canadian public for a tax-funded welfare state by making them comfortable with more extensive taxation for social purposes.\textsuperscript{58} She noted the “areas in which taxation and fundraising languages overlapped: cost-effective collection, accounting controls, use of “ability to pay” measures, and base-broadening. In the last of these four areas, fundraising innovations preceded their parallels in income taxation.”\textsuperscript{59} Later, in a 2008 monograph on the topic, Tillotson expanded her analysis. She argued that the federated fundraising movement “helped to make the welfare state possible” by demonstrating that it was more efficient and convenient to fund social services through a centralized collection like taxation.\textsuperscript{60} The movement also advertised how much need there was, which worked to convince many people that need should be met by government provision.\textsuperscript{61} Overall, “the case it made for modern charity served just as well, indeed even better, as a case for the tax-based welfare state.”\textsuperscript{62}

These were not the only authors to notice connections between welfare state formation and charity. Indeed, some argued that this was detrimental to the people that the state and the charities were supposed to serve. In his monograph about the formation of poor relief in Ontario, James Struthers argued that “on the most critical question affecting the lives of Ontario’s poorest citizens, the department entrusted with their care did almost no discernable research [into minimum needs] and left private welfare organizations to define the meaning of poverty.”\textsuperscript{63}

\textsuperscript{59} Tillotson, “A New Taxpayer for a New State,” 158.
\textsuperscript{60} Tillotson, \textit{Contributing Citizens}, 2-3.
\textsuperscript{61} Tillotson, \textit{Contributing Citizens}, 5.
\textsuperscript{62} Tillotson, \textit{Contributing Citizens}, 101.
Margaret Little also found that the government relied on voluntary agencies to the detriment of welfare recipients. Little discussed the Ontario Mother’s Allowance, a welfare program that existed from 1920 to 1997 to provide a low monetary allotment to single women supporting children. She argued that this was a value-laden system, in part because the OMA administration mixed government employees with volunteer workers. Those workers were often connected with churches and other voluntary groups with a clear moral message, who were consulted in the policy’s composition and allowed to shape it to their values, meaning that unwed mothers could not receive the allowance and recipients were subject to surveillance and judgment.

Little did refer to charities quite specifically rather than conducting a combined analysis of charitable and voluntary organizations. She pointed out that, under the OMA, interested charities preserved their own standing because the allowances were so low that recipients still relied on private charity to survive. This clearly referred to relief organizations rather than voluntary groups, but Little was not trying to compare and contrast voluntary and charitable organizations; she discussed charities specifically because the OMA was a monetary payment, and its shortcomings meant that women still had to seek relief in goods and cash. Similarly, Robinson and Cruikshank discussed a purely charitable organization at some length. Part of their essay was concerned with the Ontario Hurricane Relief Fund, a temporary charity set up to collect donations to help people replace personal effects and mobile homes, repair damaged buildings and business inventories, and even compensate farmers for eroded soil, drowned crops, and lost

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65 Little, ‘No Car, No Radio, No Liquor Permit’, xvii, 34, 40, 119.
66 Little, “The Blurring of Boundaries,” 94-95; For more information on churches in social policy formation, see Christie and Gauvreau, A Full-Orbed Christianity, xi-xiii, 75-76, 107-111.
Again, though, they were not trying to compare charity and voluntarism, just explain an institution relevant to their topic.

This thesis will contribute to the scholarly conversation by addressing historical comparisons between charities and voluntary associations. By exploring the League’s self-identification as a voluntary agency and how Bates framed that in contrast to charity, I will interrogate presumptions about what those terms mean and how Bates’ personality and experiences coloured his preferred terminology. In most scholarly work the differences between the two types of agencies are implied, while in some of the literature on the voluntary sector and the welfare state they are addressed quite interchangeably.

Furthermore, this project will explore interagency relations. There is literature on charities and voluntary groups who dealt with one another as (technical) equals, literature on umbrella organizations and their constituents, and literature on how the voluntary sector related to the government, but this thesis departs from existing scholarship by examining a specific voluntary group’s relationship with a federated fund. My source set provides me with far-reaching access to the Health League’s perspective on those dealings, but still allows me to understand the federated fund’s perspective through some of its papers.

The Health League’s story offers intriguing material on power relations, revealing that there were tensions between federated funds and voluntary groups. Each needed the other to survive, as the funds needed their member agencies to provide volunteers and giving opportunities that appealed to the public, while the member agencies relied on the funds for money and the legitimacy of membership. Although, as this thesis will show, the League struggled with the federated fund more than most member agencies did, this

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offers a vivid view on a contest for control and the consequences of losing that contest.

Bates’ bellicose presentation and hard-headed ideology, mixed with a generational change that deprived him of allies and a mortality transition the League did not prepare for, ultimately disadvantaged the League.
Chapter 1: Social networks and generational change

Although Bates had significant conflicts, personally and ideologically, with the Chest and Fund, he did respect some of their methods, notably their practice of seeking alliances with business. As this chapter will discuss, Bates worked to weave a social web that included business people as well as the more obvious physicians and politicians. A study of the League’s social networks will function on two levels in this chapter. Discussing the League’s Board of Honorary Advisory Directors and National Board of Directors, I will consider Bates’ efforts to ally with business people, but I will also explain the generational changes that underwrote the League’s deteriorating support structure.

Several scholars have discussed charitable and voluntary bodies’ social purposes and business purposes. Some, like Jack Lipinsky, have celebrated them; Lipinsky saw a benign social purpose for charitable organizations, writing that the United Jewish Welfare Fund in Toronto was “the bedrock of community building from the moment of its inception” because it provided occasion to examine and streamline social services. Others have critiqued ways in which powerful groups use charities and voluntary groups to regulate the poor. David Beito, for example, discussing the American context, argued that mutual aid societies (groups who paid into collective funds that provided for members’ health and life insurance) were pushed aside in the 1920s and later because the wealthy and leisured classes became interested in establishing their “stewardship” over

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the poor, in part through managing charity. Likewise, Bettina Liverant found that “new money” in early twentieth-century Canada used charities to establish their own social cachet, and later in the century businesspeople began to regard charitable donations and voluntarism as investments in democratic life, community stability, and their own reputations. Tillotson discussed the role of the elite more generally. With reference to Vancouver’s federated fundraising program, she found that elite participation helped the Chest and even drew extra donors. Not only did elites give money, their presence encouraged smaller donations from others who desired to be listed alongside illustrious personages on the published donor rolls. The Chest also provided an avenue for the wealthy to absolve themselves; the Vancouver chest encouraged them to give as much as they spent on luxury goods, relating wealth to social obligations and a kind of moral balance. The wealthy could also amass social credit through conspicuous generosity.

Other scholars have explored how corporations make use of charity. The secondary literature speaks to links between federated fundraising and business, beyond the fact that business people urged its creation. Eleanor Brilliant, for one, argued that the United Fund movement, led by businessmen, was used to dictate how their workers would give to charity. Gale Wills located another nefarious purpose in the United Fund, arguing that it moved charity into businessmen’s grasp and displaced the social workers

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73 Tillotson, *Contributing Citizens*, 69.
75 Brilliant, *The United Way*, 32.
who challenged the socio-economic status quo.\textsuperscript{76} Liverant has argued that corporate executives accrued self-interested benefits from supporting charities. Individuals in the business world could volunteer with federated fundraising bodies to prove their management capabilities.\textsuperscript{77}

These influences were not just abstract. James Struthers demonstrated that connections between business and the federated fundraising movement in Toronto had significant effects by relating the fate of a text called \textit{The Cost of Living}. \textit{The Cost of Living} was published by the Toronto Welfare Council in 1939, and revised and reissued in 1944.\textsuperscript{78} It argued, in part, that wages should be higher to accommodate the cost of living in Toronto. In 1943 the Welfare Council had lost its independence and become an appendage of the Community Chest, which was largely run by business executives. As a result the Chest and Council tussled over whether \textit{The Cost of Living} was appropriate, since it challenged business practices in the city.\textsuperscript{79} Edgar Burton of Simpsons particularly reviled the volume; his own striking employees distributed it, and as chairman of the Community Chest he had enough pull to prevent its reissue in 1947, even though unionists were asking for an updated edition.\textsuperscript{80} Due, in large part, to the Chest leadership’s influence, the volume was not reissued until 1949. Its title had been changed to \textit{A Guide to Family Spending in Toronto}, which implied that families could budget their way out of poverty.\textsuperscript{81}

Although historians have developed an overwhelmingly critical view of corporate intervention in fundraising, Bates did not think it was problematic. Indeed, as this thesis

\textsuperscript{76} Wills, \textit{A Marriage of Convenience}, 125-126, 136.
\textsuperscript{78} Struthers, \textit{The Limits of Affluence}, 138.
\textsuperscript{79} Struthers, \textit{The Limits of Affluence}, 139-140.
\textsuperscript{80} Struthers, \textit{The Limits of Affluence}, 138-139.
\textsuperscript{81} Struthers, \textit{The Limits of Affluence}, 141.
will discuss, he actively sought alliances with businessmen. Partially, Bates wanted alliances with prominent people who would reflect well on him and his organization. He also saw funding opportunities. The League developed an Industrial Health Plan, under which it would provide educational material to employees for a paid subscription. The League hoped that this would result in $1 million in revenues and enough support to move them into a new building with an expanded staff.\(^8^2\) As Philpott has argued, the program was intended to establish businesspeople as leaders in community health while simultaneously benefiting from their investment. Though the business community did not wind up spending nearly as much on the Industrial Health Plan as the League had hoped, the Plan was just one episode in the League’s long-standing effort to ally with business.\(^8^3\)

Social network analysis reveals more about Bates’ dealings with businesspeople. The Health League could provide fodder for an entire monograph on social networks. Bates tried to maintain a large Board of Directors and Board of Honorary Advisory Directors throughout his career, and dipped into the business, political, and medical worlds to do it. Bates seemed to take pride in collecting names from across Canada and the world to put on his letterhead. Furthermore, the League is an intriguing subject because the same individual managed it for fifty-six years. On top of his evident motivation to establish extensive social links, Bates had the time to do it across two generations.

To make this project manageable I have attempted to set meaningful limits on my analysis. For one, this chapter will only discuss Toronto representatives on the Board of Directors and Honorary Advisory Board. Because it exists in the context of a Toronto-

\(^8^2\) Philpott, “‘The First Wealth is Health’,” 74.
\(^8^3\) Philpott, “‘The First Wealth is Health’,” 77.
centric project it will be a Toronto-centric chapter, to keep it relevant and manageable. Furthermore, though the League’s precursor organization existed under Bates between 1919 and 1935, and the League existed after his death, my discussion will focus on the period between 1935 and 1975. Bates passed away in 1975, and although the organization continued for a few years after his death it was a shadow of its former self. Moreover, though it is worthwhile to provide some pre-Chest context, this thesis is mainly concerned with events after the League joined Toronto’s Community Chest in 1944. As such, tracking Bates’ networks back to 1919 is not necessary in the context of this chapter.

Studies addressing social networks in modern Western history have used a variety of methods. One paper by Anni Sairio documented her analysis of the Bluestocking network of English writers and thinkers and how their social network conditioned linguistic changes. Sairio’s work is interesting because she assigned numerical signifiers to types of interpersonal relationships and used those to arrive at a “score” for each relationship. She created a scale of zero to two for different levels of strength in relationship attributes like “geographical proximity, type of relationship in terms of intimacy/distance, network connectedness, network collaboration, social rank, and the longevity of [the] relationship.” Sairio also illustrated her research with web diagrams of these social interactions.

Although I will not attempt to quantify the value of interpersonal relationships, Sairio’s work does provide some methodological guidance for this chapter. For one, the

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way Sairio defined the Bluestocking network for analysis is analogous to how I will approach the League. Though the Bluestocking network did not have a specific leader, as the League did, Sairio chose one member as the “ego” of her study, since that woman was a long-term participant in the network and plenty of her correspondence was available.\textsuperscript{88} Though the “ego” of this project is more obvious in Bates, it is a useful idea and affirms my notion that a social network analysis that surrounds a specific person is more manageable. Sairio also distinguished between open and closed networks, identifying the Bluestocking network as a closed one, meaning that new members had to be invited in by existing members.\textsuperscript{89} Likewise, Bates’ League network appeared to be a closed one because there is no evidence that board members asked to join. Bates invited them, or approved their invitation by existing board members. Finally, the relationship features that Sairio identified like physical nearness, varying levels of intimacy, social standing, and relationship lengths will all inform my analysis. Although Sairio’s topic was quite different than my own, her work puts terms to ideas nicely and indicates a meaningful structure for network analysis.

Other scholars studying historical topics have used the language of “social network analysis” to identify more qualitative research. Erik Peterson, for example, discussed “the formation, dissolution, and attempted reinstation of organicist social networks” in 1930s Cambridge by looking at archival material associated with scholars who belonged to the Cambridge Theoretical Biology Club.\textsuperscript{90} Rather than attempting to quantify the nature of relationships, Peterson demonstrated social networks through a

\textsuperscript{89} Sairio, “Methodological and practical aspects of historical network analysis,” 116.
\textsuperscript{90} Erik Peterson, “The conquest of vitalism or the eclipse of organicism? The 1930s Cambridge organizer project and the social networks of mid-twentieth-century biology,” \textit{British Journal of the History of Science} 47, no. 2 (June 2014): 284
qualitative, narrative discussion of the members’ similar academic interest, personal attributes, and political orientations.91

Similarly, Annette Vowinckel discussed qualitative social networks as they figured in German Jewish émigré photojournalists’ careers.92 Similar to Peterson, Sairio, and myself, Vowinckel studied people who left behind extensive archival records, work, interviews, and biographies.93 Like Peterson, Vowinckel did not use much quantitative analysis, preferring to note social networks through narrative to find that German Jewish photojournalists escaping Nazi influence were quickly integrated into professional networks in London, Paris, and New York.94

Because the Honorary Advisory Directors had fairly superficial dealings with the League, I have engaged in quantitative analyses to identify trends in membership and draw meaningful conclusions. This has largely been accomplished by identifying the Toronto members of the Board and finding their biographical information, where available, in various volumes of The Canadian Who’s Who, the fourth edition of the Macmillan Dictionary of Canadian Biography, and one volume of Who Was Who.95 I

91 Peterson, “The conquest of vitalism or the eclipse of organicism?”, 291-293.
93 Vowinckel, “German (Jewish) Photojournalists in Exile,” 475, 483-484.
94 Vowinckel, “German (Jewish) Photojournalists in Exile,” 474-475.
found adequate biographical information for 56 of the 72 Toronto Honorary Advisory Directors, 45 of whom merited entries in *Who’s Who*, the *Macmillan Dictionary*, or *Who was Who*. Even this is analytically useful because it demonstrates that about 62% of the League’s Honorary Advisory Directors were prominent enough to qualify for inclusion in these volumes.

That Board did not hold regular meetings and participation in it was largely nominal. As Bates wrote to a prospective member in 1969, “[f]or the moment membership on the Advisory Board involves very little work.” Its value was that “outstanding Canadians have seen fit to endorse the objectives of the League by means of accepting appointments to the Board of Honorary Advisory Directors.” Writing to Lady Eaton in 1949 Bates pointed out “the only responsibility of these directors is that they may occasionally be asked for advice.”

Members of the National Board of Directors had more direct interaction with the League, so I can perform qualitative and quantitative analyses of their significance. The National Board of Directors was supposed to have 100 members, thirty of whom would serve on the National Executive Committee, which would designate ten of their fellows to

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serve on the National Sub-Executive. The National Executive Committee met every three months, while the Sub-Executive met once a month. The Board, in its entirety, was invited to an Annual General Meeting, but these do not seem to have been particularly well-attended; for example, a file on the 1941 meeting includes regrets from the majority of invitees.

Members of the League’s Boards could choose to participate in the League’s activities or retain a largely nominal role. Some members, like R.C. Berkinshaw and E.C. Roelofson, were in routine attendance at meetings and corresponded with Bates regularly. Men like Berkinshaw and Roleofson were part of Bates’ small council of close advisors, and they earned their places. Berkinshaw, a law graduate who also served as a director of the Bank of Montreal and many other businesses and as president of the Canadian National Exhibition, served on the Board of Honorary Advisory Directors from 1951 until his death in 1970. Roelofson, a member of the National Board of Directors, was a municipal politician in Toronto who served with the League from 1949 until his

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demise in 1970.\textsuperscript{104} Notably, both men were by Bates’ side in 1964 when he appealed the League’s expulsion from the United Fund. Both men made lengthy statements in support of the League, especially its work promoting water fluoridation, an issue dear to Bates’ heart.\textsuperscript{105} Some Board members, on the other hand, were practically invisible in the files.

An analysis of the Board of Honorary Advisory Directors shows that Bates was committed to establishing social linkages with business leaders. Philpott has already pointed out that Bates maintained links to Toronto’s medical community.\textsuperscript{106} In the context of this study, being as it is interested in the federated fundraising movement, interaction with the business community is just as important. Govan identified ways that voluntary organizations benefited from business elites’ interest. She argued that “[w]hen a voluntary agency becomes a member of a federated fund, it ceases to need a broad basis of membership for its financial support. Instead it needs board members whose position in the power structure of the community is such that their approval and presentation of budget and the organization’s plans to the budget committee of the fund, carry weight.”\textsuperscript{107} This would apply more to the active Board of National Directors members, but Govan also pointed out that “[s]ince agencies need on their boards people high in social status and in the community power structure to obtain the funds they require, the agency seeks to obtain the names and nominal support – if not the active participation – of such people,


\textsuperscript{105} LAC, MG 28 I 332, Vol. 41, file 8, “Transcript of Comments (Edited and Revised by the Health League of Canada) made by representatives of the Health League of Canada at hearing convened at their request, Monday, May 4, 1964, in order to make known the views of the Health League with reference to United Community Fund action.”

\textsuperscript{106} Philpott, “‘The First Wealth is Health’,” 11.

\textsuperscript{107} Govan, \textit{Voluntary Health Organizations in Canada}, 167-168.
who presumably support the “good cause”, but may make little contribution to it except
their names.”

Bates valued those names. They were printed on the Health League’s official
letterhead and included in most issues of Health magazine. I have not found evidence of
anyone challenging those arrangements during Bates’ lifetime. In 1977, after Bates had
passed away, a Board member did write to Mabel Ferris, Bates’ Assistant Director, to
suggest that the page of officers be deleted to make more space for advertisements in the
magazine. As he put it, “the list of all of the names carries little weight in my opinion and
could easily be dispensed with – especially since we never seem to get much input from
the majority of the names listed.” Bates’ view was quite the opposite, and his behavior
indicated that he thought that list of names a credit to the League. In one letter, where
Bates was courting a new member for the Honorary Advisory Board, he enclosed the
League’s most recent annual report, a pamphlet on the League’s history, a recent Royal
Bank Letter that mentioned the League, and a list of the existing Honorary Advisory
Board members. He also pointed out that “[t]his letter…is being written to a number of
prominent citizens in the various Provinces of a standing equal to those already on this
Board.” It is notable that Bates tried to seduce new members with information about the
social connections on the Board as well as information about the League’s activities and
history. Bates framed the Board of Honorary Advisory Directors as an exclusive club,
membership in which established the member’s equality with prominent citizens.

108 Govan, Voluntary Health Organizations in Canada, 192.
109 LAC, MG 28 I 332, Health League of Canada Collection, Vol. 31, file 6, Finance, Correspondence with
A. Himsley. 1977-1979. letter from Alex Himsley to Mabel Ferris, 3 March 1977; LAC, MG 28 I 332,
In his hunt for prominent Torontonians Bates certainly bagged several prize specimens. One example was L.W. Brockington, QC, who served on the Board from 1951 or 1952 until 1966. Brockington was a wartime advisor to Mackenzie King who served as the first chairman of the CBC. During his stint on the League’s Honorary Advisory Board he was also rector of Queen’s University.\textsuperscript{111} The Reverend Doctor H.J. Cody, who served on the Board from 1948 to 1951, is another example. He was Archdeacon of York and, variously, Chairman, President, Vice-Chancellor, and a Governor of the University of Toronto.\textsuperscript{112} Another, even more recognizable, name, is the Honorable George Drew. After Drew completed his term as High Commissioner to the United Kingdom in 1965 he joined the Board of Honorary Advisory Directors and served until a year before his death in 1973. Earlier in his career Drew was master of the Supreme Court of Ontario, Premier of Ontario, then leader of the federal Conservative party.\textsuperscript{113}

Politicians and educators had lasting name recognition, but businesspeople were even more important to the League. Tracking the people who served on the Honorary Advisory Board between 1935 and 1975, businesspeople outstripped any other occupational category, as illustrated in Figure 1. 29, or just over half, of the Honorary Advisory Board members were businesspeople, while ten were medical professionals and nine were politicians. The League being a voluntary health group with interest in advancing health-related legislation, it might be more obvious for health professionals or politicians to be the dominant group. The fact that it was mostly business people indicates that Bates hoped to benefit from relationships with them.

\begin{itemize}
  \item \textsuperscript{111} Wallace and McKay, \textit{The Macmillan Dictionary of Canadian Biography}, 97.
  \item \textsuperscript{112} Black and Black, \textit{Who was Who}, 225.
  \item \textsuperscript{113} Wallace and McKay, \textit{The MacMillan Dictionary of Canadian Biography}, 223.
\end{itemize}
They were powerful businesspeople as well. Some held more than one position, acting as president and chairman of the board, for example. Between them there were ten chairmen of boards, five vice-chairmen, one chief executive officer, five company vice-presidents with various portfolios, one managing director, one founder of a real-estate firm, and fourteen company presidents. Therefore, members of the League’s Honorary Board of Honorary Advisory Directors, 1935-1975
Advisory Board held at least 37 management positions. Only two businessmen on the Board were not identifiable as leaders in their corporations.\textsuperscript{115}

These management roles were in significant businesses as well. Peter Newman’s book, \textit{The Canadian Establishment}, includes a list of members of the business “Establishment” that he discussed, including Canada’s most powerful people.\textsuperscript{116} Though the list was composed and edited too late to allow a direct comparison of names, it does offer some insight on the League’s Board members by listing Establishment members’ workplaces. Some companies that appear on Newman’s list as well as the Health League roster are Bell Telephone, Consumer’s Gas Corporation, the Toronto Dominion Bank, Argus Corporation, the Royal Bank of Canada, Canadian Packers Ltd., and the Bank of Nova Scotia.\textsuperscript{117} Other companies represented on the Board included McIntyre-Porcupine Mines, the Imperial Life Assurance Company of Canada, Prudential Insurance, and the Eaton Knitting Company.\textsuperscript{118}


\textsuperscript{117} Newman, \textit{The Canadian Establishment}, ix, 486-501.

Newman provided another metric by which to judge a businessperson’s prominence, namely places on bank Boards of Directors. These positions do hint at wealth; under Canadian law bank directors had to own at least 2500 shares in the bank, which could cost up to $40,000 when Newman published. Directorships also solidified a member’s prestige, as the “corporations represented on each bank’s board of directors trace the bloodlines of big business power in Canada.” Businesspeople recognized this, and Newman argued that Canadian executives knew they had truly arrived when they obtained a place on a bank board. Out of the 40 members of the League’s Board of Honorary Advisory Directors who merited an entry in Who’s Who, sixteen of them held directorships with Canadian banks. One of them was E.P. Taylor of Argus Corporation, who Newman identified as the avatar of the Canadian Establishment. Clearly the businesspeople who filled out the League’s Board of Honorary Advisory Directors were major power brokers.

It is difficult to say exactly why each member of the Board of Honorary Advisory directors joined. There are several possible reasons, including a sincere interest in the League’s work, susceptibility to Bates’ flattery, a desire to give back to the community (albeit on a superficial basis), following friends and colleagues, and motivation to characterize oneself, one’s business, or one’s employer as a pillar of the community. Presumably, for most members, these purposes interacted and changed over their period

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of membership. As such, this chapter cannot speak to members’ motivations with any certainty. It can, though, analyze what their presence contributed to the League.

Bates made connections with a prominent but fairly uniform selection of people through the Honorary Advisory Board. There was some mix of Liberals and Conservatives. Only twelve members’ political allegiance is known, and nine of them were politicians, but among them there were four Liberals and eight Conservatives or Progressive Conservatives, with no known CCF or NDP members. Only four women served. There was minor variation in religious backgrounds. The majority of members with identifiable religions were some variety of Protestant, with eleven Anglicans, eight United Church members, four Presbyterians, and one Church of Christ member. There were two members who identified themselves as Roman Catholic, and none disclosed Jewish or Orthodox Christian faith. Unsurprisingly, membership in elite sporting groups like golf, hunt, and yacht clubs was prevalent, as was Freemasonry and membership in men’s clubs. \(^{124}\) Canadian men’s clubs, based on the British model, were exclusive social spaces for middle- and upper-class men to read, socialize, play sports, and drink. \(^{125}\) The League’s Toronto Board of Honorary Directors practically embodied the WASP stereotype.


The Honorary Advisory Board’s makeup was analogous to the Canadian elite that John Porter discussed in *The Vertical Mosaic* and the “Establishment” that Peter Newman identified. Their relative homogeneity is one significant point; as Porter discovered, elite positions were available to a small proportion of the population possessed of a “particular kind of social background, class, ethnic, [and] religious” identity.¹²⁶ Porter found that Canadian elites were mostly Anglican, with Presbyterians and United Church members coming in next in number.¹²⁷ Likewise, those religions dominated the Board of Honorary Advisory Directors. United Church members did overtake Presbyterians, possibly because Bates was a United Church member himself, but the three elite religions were in evidence in the League.¹²⁸

Board members’ club memberships are also notable. Porter and Newman both identified the York, Toronto, and National clubs as the main elite preserves in Toronto.¹²⁹ Club memberships indicate wealth, as they require costly dues, but they also signify social cachet and recognition from pre-existing members of the elite.¹³⁰ Newman wrote that “[t]he listing in the Canadian Who’s Who of a man’s club affiliations places him at the appropriate Establishment level of success as irrevocably as his street address.”¹³¹ Reviewing *Who’s Who* entries for the 40 Honorary Advisory Board members who had one, it becomes apparent that the Board included several confirmed elites. Between 40 people there were 44 memberships in the York, Toronto, or National clubs. Thirteen individuals had membership in one, eleven had memberships in two, and three were

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members of all three clubs. Thirteen Directors had no membership, though one of them was a woman and therefore ineligible. Even among the men without memberships in these prominent clubs, several were members of the Granite or University clubs. Bates was able to bring a significant slice of the Canadian elite on side.

The Honorary Advisory Board shows that Bates successfully accessed networks of prominent Canadians, with a focus on successful businesspeople. Another rich avenue for analysis is the generational shift in membership, which helps to explain the Health League’s decline. A quantitative analysis of the League’s Boards also provides some insight on generational changes in the League’s support structure, which in turn speak to broader trends in twentieth-century Canadian public health and non-profit configuration. The Health League material betrays a generational shift pivoting about the 1950s that drained off some of the League’s support. Other scholars have noticed similar generational transitions in the mid-twentieth century, in people and ideas, roughly between the end of World War Two and the mid-1960s. Heather Macdougall, for example, argued that the Toronto Department of Health’s brief to the Hall Commission, which pushed for a preventive approach to health, was a reaction to “thirty years of marginalization” since Canadians had been entranced by curative medicine since the 1930s.

Hélène Charron, looking at social work education at Laval University, also discussed generational shifts in the middle and late twentieth century. She examined

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133 MacDougall, *Activists and Advocates*, 44.
professors’ careers in the university’s school of social work between 1943 and 1972, following each faculty member who joined the school in that period. Charron found that career paths were gendered, with men focusing on social scientific, theoretical research and experiencing smooth upward career trajectories and women focusing on more personal, community-based research, experiencing slower or truncated career advancement, and gaining less recognition for their work. Charron divided her chapter into three sections, discussing “A Cohort of Pioneering Men and Women, 1943-50”, “The Second Cohort: Transient Men and Specialized Women, 1950-1960”, and “The Third Cohort: Disciplinary Specialization and Research-Practice Opposition, 1970-72.” As those section headings suggest, gendered career differences manifested differently at different times, but the overall themes remained consistent.

For the purposes of this paper, Charron’s methodology and argumentative structure are most interesting. She engaged in a biographically-oriented analysis because she was dealing with a small group of individuals. Charron supported her contentions with information about specific professors’ career trajectories rather than a quantitative analysis. When she discussed the twenty people who joined the school between 1960 and 1972, Charron switched to discussing trends rather than individuals, and wrote that she altered her approach because of the large number of people under study. Similarly,

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135 Charron, “Gender and the Career Paths of Professors in the École de service sociale at Laval University, 1943-72,” 163-166, 170-171.
136 Charron, “Gender and the Career Paths of Professors in the École de service sociale at Laval University, 1943-72,” 162, 165, 169.
137 Charron, “Gender and the Career Paths of Professors in the École de service sociale at Laval University, 1943-72,” 163-164, 166.
138 Charron, “Gender and the Career Paths of Professors in the École de service sociale at Laval University, 1943-72,” 169.
I will engage in a largely quantitative analysis of generational change to accommodate the large number of people involved.

The structure of Charron’s paper is also of interest. The time frame she discussed is similar to my own. Her work is bookended by the Laval University school of social work’s creation and the end of the Quiet Revolution, but our analyses both focus on the 1940s through the early 1970s. Charron incorporated periodization into her analysis, and though I will not develop three distinct periods like she has, Charron’s work has affirmed my notion that it is analytically useful to identify organizational “eras” that relate to social networks and participation. Finally, one of her periods, the “second cohort” in the 1950s, echoes the 1950s generational change that I have identified.

Private health and welfare institutions displayed a shift around the same time. Discussing the Halifax Children’s Aid Society, Shirley Tillotson found that a generational turn contributed to executive secretary Gwendolyn Lantz’s replacement. Her replacement, Fred MacKinnon, “represented the advent of a new generation of social workers, a cohort that included an increased proportion of men, usually relatively young and frequently war veterans, who often displaced more senior women in social work’s higher administrative ranks.” In a more general discussion in another work, Tillotson found that people of the generation that served in WWII left that experience “unable to accept unquestioningly conventional norms.” They were “contemptuous of hypocritical Victorians like Prime Minister Mackenzie King…Even in the din of moral panics in the

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139 Charron, “Gender and the Career Paths of Professors in the École de service sociale at Laval University, 1943-72,” 160.
140 Charron, “Gender and the Career Paths of Professors in the École de service sociale at Laval University, 1943-72,” 165.
142 Tillotson, “Democracy, Dollars, and the Children’s Aid Society,” 85.
post-war era about pulp fiction and juvenile delinquency, there can be heard a new liberalism, contending with the Victorian leftovers who populated such forums as the Senate Committee on Salacious and Indecent Literature.”

Arguably, Bates was one of those “Victorian leftovers”. In 1960, Bates published an editorial in Health about the novel Lady Chatterley’s Lover, referring to the book as “notorious and obnoxious”, “one of a series of objectionable and dangerous pieces of writing foisted on an all-suffering public during the past few years” that constituted an “avalanche of dirty literature on Canadian book stalls and all of it should be eliminated.” This approach was not anomalous for Bates, and it infused his work to the point that Leonard Bertin, a public relations officer at the University of Toronto, wrote that “I do think that the Health League of Canada needs to be health-science based instead of religion-based...Your General Council and your executive should have a majority of young and I mean young people. We don’t speak the language anymore.” Bates had solicited Bertin’s opinion, inviting him to a conference that discussed the League’s direction in preparation for its General Council meeting, but he probably did not appreciate it.

Bates’ old-fashioned ideals may help to explain why the Honorary Advisory Board was so valuable to him. Tillotson found that, in the 1920s and 1930s, while Bates was getting his start with the League, elite Canadians were developing a leadership role in

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143 Tillotson, The Public at Play, 26.
charities and the federated fundraising movement. They functioned, not as direct representatives of the poor and sick who needed services, but as “Platonic exemplars”, who represented the “best” of society and therefore felt entitled to direct it. Tillotson argued that this was part of “the democratic tradition,” though an old-fashioned and even ancient part, which purported to protect health and welfare services from political turmoil but also protected the elite’s status and control from overt challenge until the post-war era. Certainly, Tillotson’s work helps to explain why Bates, who valued democracy in action so much, was also deeply invested in maintaining a largely inactive board of elites by invitation.

To begin with a generational analysis it is interesting to note Honorary Advisory Board members’ lengths of service, as illustrated in Figure 2. Levels of commitment certainly varied. Although plenty of members served for one or two years there was a core of individuals who served for twelve to twenty-seven years. This indicates that part of the Board was steady and constant, while another, slightly greater portion rolled over every few years. Although the low time commitment that membership demanded may be enough to explain some individuals’ long service, the fact that there was turnover indicates that membership was a meaningful undertaking, which people chose and reevaluated over time.

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147 Tillotson, Contributing Citizens, 123.
149 Tillotson, Contributing Citizens, 124.
Ex exciting the Honorary Advisory Board members birthdates, illustrated in Figure
3, draws these issues together. Bates, born in 1885, built associations with people of the
same generation. Of the 43 Honorary Advisory Board members whose birthdates are
known, 33 were born between 1860 and 1899. This, combined with the long terms of
service documented in Figure 2, shows that Bates maintained a board of Victorians and
Edwardians so far as he could.

It is also distinctly possible that people of a certain age were more likely to agree
with Bates enough to join his Board of Honorary Advisory Directors. As Figure 4 shows,
the generational shift about the 1950s correlated with a diminishing collection of
members. The period between 1945 and 1954 saw a net increase in Toronto members, as
more people joined than left. Starting with the period 1955-1959 and continuing until
1975, though, there were more Board members dying and resigning than joining. Though

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150 To identify the Board members and calculate their lengths of service, I used a page of officers from one
issue of Health each year. Pages were not available for 1951, 1970, and 1971.
Bates remained alive and active into his 90th year, his generation trickled out of public life over his last two decades and his Board did not recuperate fully from those losses.\textsuperscript{152}

![Birthdates of Members of the Honorary Advisory Board, 1935-1975](image)

\textbf{Figure 3}\textsuperscript{155}

The Toronto members of the League’s National Board of Directors displayed a similar trend. As Figure 5 reveals, the number of members steadily increased between 1940 and 1955, going from 24 to 53. From then on, though, the number trended downward. The archival files include some more personalized material to explain this. In

\textsuperscript{152} “Dr. Gordon A. Bates,” \textit{Globe and Mail}, 5.

\textsuperscript{153} Notes: Birthdates were only available for about 60\% of the Board members, but this is still a useful sample because the available information was spread over the different terms of service quite evenly.

To identify the Board members and calculate their lengths of service, I used a page of officers from one issue of *Health* each year. Pages were not available for 1951, 1970, and 1971.

Notes: Full information was not available for 1970 or 1971 in the same format as the documents I used for comparison, so I chose 1972 as the closest option in the 1970s and left out 1975.

the late 1940s and early 1950s, there are several letters of resignation and a few death notices.\textsuperscript{156} In many cases members reported that their careers were too demanding to allow them time for the League. For example, in 1951 J.O. Deegan wrote to say “our type of business has been under pressure because of critical materials and the shortage of machine tools ever since the beginning of World War Two. It is really “tough going” now and in fairness to the Health League, I should resign.”\textsuperscript{157} In 1954 L. Gladys Dobson wrote to say that her role as Director of the School of Institution and Home Management at Ryerson University was too heavy.\textsuperscript{158} The same year, Dr. Ian MacDonald submitted his resignation for a second time; having been convinced to reconsider a year previous, he still could not find the time for the League’s business.\textsuperscript{159} Later, the proportion of death notices increased. Indeed, in one 1959 letter of resignation, the writer urged Bates to prepare for his own eventual retirement or demise, suggesting that “in my opinion it has become a matter of emergency to arrange to retain the services of some young doctor with some of your own splendid qualifications so that he will be available as your successor.”\textsuperscript{160} The file for Board of Directors material from 1955 to 1959 contains a number of obituaries and letters of condolence, and those rose in number to match the resignations in the material from the 1960s and 1970s.\textsuperscript{161} This shift also affected the League’s basic functions. Tracking the League’s technical divisions over intervals, a trend of rise and decline emerges. The divisions were committees within the League devoted to given subjects. For example, in 1945 there were

\textsuperscript{156} LAC, MG 28 I 332, Vol. 6, file 4.
\textsuperscript{157} LAC, MG 28 I 332, Vol. 6, file 4, letter from J.O. Deegan to Gordon Bates, 9 May 1951.
\textsuperscript{159} LAC, MG 28 I 332, Vol. 6, file 4, letter from Ian Macdonald to H.H. Bishop, 8 January 1954.
\textsuperscript{161} LAC, MG 28 I 332, Vol. 6, file 6; LAC, MG 28 I 332, Health League of Canada Collection, Vol. 6, file 9, Board of Directors Correspondence 1960-1964; Vol. 6, file 10, Vol. 6, file 14.
divisions on milk pasteurization, parliamentary relations, immunization, social hygiene, publicity, industrial health, and nutrition. The number and management of those committees shows that the League grew until it peaked in the late 1950s and then began to decline. In 1940, there were five divisions, each with a chairman. In 1945 there were seven, one in need of a chairman. In 1950 there were nine divisions, and in 1955 there were fifteen. All of them had chairmen in those years. In 1960 there were still fourteen divisions, but three needed chairmen, and by 1965 there were thirteen. All of them had chairmen, but one person occupied that position for three different divisions. Finally, in 1972, the number of divisions was reduced to seven.

An analysis of Bates’ social networks, as manifest in the League’s Toronto Boards, speaks to several issues in federated fundraising and generational change. Although Bates had extensive protests against the nature and structure of the federated fundraising movement he clearly saw value in its principle of allying with businesspeople, and acted on that principle. An analysis of changing membership indicates that the League’s estrangement from the United Fund coincided with a generational shift that deprived Bates of some of his preferred allies, a change that the Boards did not recover from. As such, several features of the League’s decline in funding and social cachet were established in the 1960s and 1970s, foreshadowing greater difficulties.

167 “The Health League of Canada,” (Spring 1972): 3. Full information was not available for 1970 or 1971 in the same format as the documents I used for comparison, so I chose 1972 as the closest option in the 1970s and left out 1975.
Even so, social network analysis does reveal something about the League’s successes. Bates did manage, after all, to acquire numerous members of the Canadian elite for his Board of Honorary Advisory Directors, some of whom served for long periods. Although this process rendered the League unrepresentative of the general population, it tied the organization to privileged circles; Bates’ goals may have been questionable, but he did achieve them.
Chapter 2: The Health League’s relationship with Toronto’s federated fundraisers

The federated fundraising movement was supposed to be simply beneficial to charities, voluntary associations, and their host communities, but the reality was more complicated. The federated funds did streamline charitable giving by collecting a lot of donations through payroll deduction, but critics argued that this detracted from personal liberty and charity’s moral value. The model was supposed to increase all member agencies’ budgets, but the Toronto fund regularly fell short of its goals. The federations reduced the number of charitable appeals, but did not whittle it down to a single appeal; indeed, the United Fund system was introduced because the Community Chest was failing at that goal. Even after the United Funds took hold some national organizations resisted membership or regretted joining, while some organizations could not gain access to the Fund because of their controversial work. Furthermore, the federated social planning and fundraising organizations did provide a forum for charities and voluntary associations to coordinate their work, but the forum came to be dominated by a few voices.

Between joining Toronto’s Community Chest in 1943 and leaving the United Fund in 1965, Gordon Bates developed a quarrel with the federated fundraising

168 Tillotson, Contributing Citizens, 150, 217;
movement’s agents and ideals. Due, in large part, to Bates’ combativeness the League’s relationship with the Community Chest, United Fund, and Toronto and Canadian Welfare Councils soured and were eventually severed. Bates also had major ideological disagreements with the movement’s structure and purpose. As Bates saw it, federated fundraising emphasized relief over prevention, was a tool for social workers, and was a program that failed to accommodate national initiatives, perverted the meaning of charity and voluntarism, and was cowardly in the face of controversy. His criticisms of the federated fund were certainly coloured by his organization’s difficulties, but several of his critiques lined up with those of his contemporaries and those of scholars who have studied the federated fundraising movement.

To further clarify this project’s terms, I should explain the history and nature of the Toronto Welfare Council and Toronto’s federated fundraising movement. The Welfare Council came into being in 1937 as a collaboration of the existing groups of social agencies such as the Child Welfare Council, Federation of Settlements, and Central Council of the Neighborhood Workers Association. The Welfare Council’s memoranda on its own history say that Toronto had been heading toward such a federation since the 1920s, following American trends, but the Council, Federation, and Central Council were finally compelled to follow through in the 1930s because money was so scarce that they had to coordinate for efficiency’s sake. Gradually, they began to welcome voluntary groups, even those that did not work directly in welfare, thinking that they could contribute to social planning processes.\(^{173}\)

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Parallel to the Welfare Council, Toronto’s federated fundraising movement was forming. In 1919 the city’s first federated fundraising drive took place when the Federation for Community Service collaborated with the Association of War Veterans, the Repatriation League, and the YMCA to fundraise.\(^\text{174}\) The Catholic charities joined the effort in 1919, but left amid disagreements in 1927, when non-sectarian agencies complained that Catholic charities were duplicating their work and claiming more of the yearly budget that the city’s Catholic community was paying in.\(^\text{175}\) In 1940, the Board of Trade led the process of creating a United Welfare Fund to adjust for the greater demand in wartime. Finally, in 1944, the United Welfare Fund was rechristened the United Welfare Chest, and the Toronto Welfare Council was absorbed as a planning department of the Chest. The Chest reintegrated the Council of Catholic Charities, along with non-sectarian health, welfare, and recreation charities, 72 of which participated in the fundraising appeal while a further 35 joined the Council to assist with social planning.\(^\text{176}\) The Health League of Canada joined the United Welfare Fund’s fundraising efforts in 1943 and remained a member when it became the Community Chest the next year.\(^\text{177}\)

The Community Chest of Greater Toronto, which I will refer to as the Chest, was organized to “assure each organization and the public that the work of every organization is examined with a view to showing that the complete programme and services are being maintained without overlapping and without waste.”\(^\text{178}\) It was a system intended to distill a city’s charitable needs into a single, yearly fundraising campaign. Ideally, Community

\(^\text{174}\) CTA, Fonds 1040, Box 145642, file 2, “History of the Community Chest of Greater Toronto."

\(^\text{175}\) Maurutto, *Governing Charities*, 42.


\(^\text{178}\) LAC, MG 28 I 332, Vol. 38, file 8, letter from J.S. Duncan to Gordon Bates, 10 November 1943.
Chests would save money and effort by holding a single, well-run campaign to do all of the fundraising at once. It was also supposed to reduce the irksomeness of charitable giving by cutting down on street canvassing and appeals to businesses and householders.\(^{179}\) To maintain this method Chest member agencies had to reveal their finances to the Chest administration, could not keep surplus money at the end of the fiscal year, and could not canvass for funds in the city whose Chest they belonged to. The Chest system, by its local nature, was also quite unfriendly to national agencies with local operations that tried to join.\(^{180}\)

In April of 1956 Toronto’s Community Chest began working to transition into a United Community Fund. The United Fund was another form of federated fundraising, which began in Michigan’s post-World War II industrial plants. United Funds explicitly welcomed national organizations, which had become large and successful since the Community Chest movement was established. The national health agencies conducted their own fundraising programs so Community Chests no longer prevented multiple charitable appeals, and the national health agencies could draw enough money to make them valuable allies for local groups.\(^ {181}\) The United Fund method was built by business leaders who wished to pare down the number of appeals their companies had to respond to. They made it worth the member agencies’ while by providing access to their employees in the workplace for canvassing, getting labour representatives on side, and offering donation through payroll deduction. Under Henry Ford II’s leadership the first United Fund campaign was held in 1949.\(^ {182}\)

\(^ {179}\) Tillotson, Contributing Citizens, 2-3.
\(^ {180}\) Tillotson, Contributing Citizens, 201.
\(^ {181}\) Brilliant, The United Way, 29, 32-33; Wills, A Marriage of Convenience, 125.
\(^ {182}\) Brilliant, The United Way, 29-30, 32.
Though Toronto’s United Fund was not established until 1956 it operated by the same principles. In Toronto the names United Community Fund, United Fund, and United Appeal were used quite interchangeably from 1956 into the 1970s, and they all referred to the United Fund method. As the Fund’s policy statement read, it was intended to “[u]nitate, as far as possible, the financial campaigns in the Municipality of Metropolitan Toronto of non-profit local, provincial, national, or international benevolent, charitable and welfare organizations in one campaign.” Under this system, member agencies still had to provide an audited financial statement each year and return surplus funds. As in the Community Chest, they had to apply to the Fund with a budget proposal, which could only service operation costs and not be used to build capital.183

To understand Bates’ problems with the federated fundraising movement it is important to know how their relationship progressed. The League joined the United Welfare fund in 1943 under a one-year agreement. They provided the Fund with a list of their subscribers, potential volunteers, and staff.184 Bates initially participated fairly enthusiastically, acting as Chairman of the Speakers’ Committee to help member agencies find people to give speeches at their campaign-related meetings.185

Even so, in 1943, there was already some conflict. Bates and the League’s board argued that their allotment should be higher. The Fund’s 1943 allotments were based on previous funds raised, but the League’s 1943 Tag Day was unsuccessful due to “unforeseen circumstances”. As such, Bates argued that “our budget should be increased by the difference between what we actually received this year and the amount we received

185 LAC, MG 28 I 332, Vol. 38, file 8, Letter from UWF Vice-Chairman to “Dear Mr…” 9 Sept 1943.
last year on our Tag Day...Apparently your committee has not allowed us the amount of last year’s Tag Day and in addition $2,000 has been subtracted, I presume, for expenses. It is the opinion of our Board that our budget should amount to $48,529.53.”

In the end, though, the League and Fund found the relationship mutually satisfying enough to continue. The League joined the United Community Chest in 1944, but another episode of conflict soon followed. In 1945, the League requested a fixed annual allocation of $44,000.00. The League argued that it should have a different arrangement than other member agencies due to its “expanding National programme” which could not be confined to “budget procedures that are more applicable to local agencies.” The Chest responded that a permanent arrangement to that effect would be injudicious, since other agencies would be subject to reductions in bad years, but they decided to offer that sum to the League for 1946 and 1947, “provided the amount...not represent more than 50% of the [League’s] total expenditure and further provided that the Campaign objective is reached.”

In the 1950s the (then expired) agreement was still a source of contention. As a September 1951 Community Chest Board of Directors meeting discussed, the Board had just met with League representatives who argued that the allocation should be raised from $36,000 to $44,000, in light of the 1945 agreement. The Chest chose a convenient interpretation of the agreement when the Board decided that it set a ceiling of $44,000 on the League's allocation but did not promise that sum in full; they reaffirmed their decision

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to grant the League $36,000 for 1951.\textsuperscript{191} By 1952 Bates and his allies were thinking of exiting the Chest, since they did not wish “to stay in and be starved.” A member of the League’s Board of Honorary Advisory Directors, R.C. Berkinshaw, contended that “the member agencies of the Council are hard up and want to get money for more employees or higher salaries. [Berkinshaw] thinks that we are making our proposal at an awkward time because the Chest has not reached its objective…He thinks that there is an attempt to squeeze us out because rival organizations need the money.”\textsuperscript{192}

Bates seemed determined to be difficult. In 1952, the Toronto Welfare Council established a Special Committee on the Health League in the hope of clarifying whether the League’s work should be considered national or local and how it related to the TWC’s own Health Committee.\textsuperscript{193} The committee struggled to achieve their goals in the face of Bates’ obstructive behavior. In May 1952 the committee chair reported that he could not offer any conclusions:

[The] committee has stood ready for several months to carry out its assignment but has not been able to arrange a meeting with the representatives of the Health League. Although the staff of the Community Chest and the staff of the Welfare Council have devoted considerable time to interpreting the role of the Council in this project and the particular responsibility of the special committee, the Health League has not accepted the procedures for study.\textsuperscript{194}

\textsuperscript{191} CTA, Fonds 1040, Social Planning Council of Metropolitan Toronto Collection, Box 145647, file 2, Chests and Councils – Executive Secretary’s Community Chest and Council Relations Budgets etc 1950-1951, Minutes, Community Chest of Greater Toronto Board of Directors’ Meeting, 26 September 1951.
\textsuperscript{192} LAC, MG 28 I 332, Vol. 39, file 4, “Conversation between Dr. Bates and Mr. Berkinshaw Saturday, February 23\textsuperscript{rd}, 1952.”
\textsuperscript{193} CTA, Fonds 1040, Social Planning Council of Metropolitan Toronto Collection, Box 146748, file 8, Health League of Canada Dec. 1951-Jan. 1959 [1950-1956, 1959], “Committee on Health League,” 11 December 1952; “Some Questions Which Need Clarification Through Joint Discussion with the Health League”, 26 February 1952. The Health Committee was a sub-committee within the Toronto Welfare Council that assisted with the Council’s planning activities with a particular interest in health topics. CTA, Fonds 1040, Box 145642, file 2, “History of the Planning Committee on Health.”
\textsuperscript{194} CTA, Fonds 1040, Box 146748, file 8, “Report of the Chairman of the Special Committee Set Up to Study the Program of the Health League of Canada” by G. Campbell Deeks, 1 May 1952.
Bates and his Sub-Executive Committee were refusing to meet with the Welfare Council representatives because they wanted to press their case before the Community Chest’s Board of Directors instead. This was not a constructive notion on Bates’ part; as an exasperated Chest representative, W.H. Dewar, wrote to Bates in March 1952, “[t]he Welfare Council is the Chest itself, the division of the Chest that the Board of Directors or the Budget Committee looks to for reports on agency work. This was not to be in the nature of an investigation but to provide, through reports from the Health League and conferences with representatives of the Health League, more complete understanding of the work of the League.” He also wrote that the Chest’s Board did not have the time to do every bit of research themselves, pointing out that “the fact that your own Board of Directors thought it desirable to appoint a sub-executive to handle this matter is an indication that more careful and detailed work can be done by committee than by a complete board.” Dewar emphasized that the League would probably meet with the Board eventually, and that meeting would be more fruitful if the Directors had access to the Welfare Council’s report to prepare. He left off by asking Bates to reschedule the meeting. 195

Eventually, in January of 1953, the committee concluded that the League and Division on Health were not redundant, and reported that “[i]t is difficult to separate the national and local effort of the Health League and it is questionable whether certain aspects of its program are particularly applicable to the Greater Toronto area. However, it is recognized that the Health League has outstanding strength in its publicity resources

particularly the excellent magazine HEALTH.”

It was productive in the end, but the process was a far cry from the Welfare Council’s initial plan (documented in February 1952) that the committee complete its business quickly, in three meetings.

The League remained in the Chest after all, but Bates continued to complain. One former member of the League’s Honorary Advisory Board, George A. Marshall, who became president of the Chest in 1956, wrote Bates a long letter addressing Bates’ concerns. Marshall also scolded Bates’ obtuseness, with good humour. When Bates complained that the Welfare Council’s Chest allocation was growing steadily while the League’s was shrinking, Marshall retorted that “I am informed that it has not been easy for the Budget Committee, or even a special committee, to get one Dr. Bates to outline fully to work of the Health League, and so permit them to make a good evaluation for allocation purposes!”

Also in 1956, Gordon Bates wrote an article for Maclean’s magazine. Pierre Berton, the magazine’s managing editor, was a prominent critic of the federated fundraising movement. Berton and Bates met, apparently incidentally, and discussed charitable appeals. Afterward Berton wrote that “I was very much taken with your ideas on multiple charities…and I hope you will be putting them into shape for us as soon as possible. It does sound like a very good thing for our new column.” Bates, apparently, did not work as quickly as Berton had hoped, but a few months later he was still interested in what Bates had to say, writing that “I see that the Red Cross has agreed to join in a

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197 CTA, Fonds 1040, Box 146748, file 8, letter from Florence L. Philpott to Eric Hardy, 14 February 1952.
united appeal this year and it occurred to me that this would be a good [spot] for your suggested article on the problems inherent in united appeals. We would like to have a look at the manuscript if you feel that you can get it to us in a few days.”

Even though that particular article was not published, it did have a circulation. Bates shared it with numerous friends and allies, sometimes unsolicited and sometimes upon request. In 1956, Bates sent the draft to several members of the League’s Board of Honorary Advisory Directors, namely R.C. Berkinshaw, Allan Ross, George Black, and Burhnam Mitchell, all of whom were business leaders, and a handful of other prominent businessmen. Berkinshaw, for one, praised Bates for “present[ing] a line of reasoning which is sound and undoubtedly overlooked in the heat of united appeals.” He did urge caution, since “the Health League of Canada is one of the agencies included in the United Appeal and is endeavoring to enlist increased financial support…[I]t is probably unwise to “bite the hand that feeds you” unless you have some place to run for cover.”

Like Berkinshaw, the rest of the people Bates consulted, initially advised caution, but they eventually decided Bates should go ahead with the article. Bates wrote to Donald F. Hunter, Vice-President and General Manager of Maclean-Hunter, in July 1960, offering a “private copy circulated among certain Board Members who were afraid at the time of this writing that its publication might hurt the Health League. They have now changed their opinion although, of course, they would not like to see it run when it might damage the United Appeal immediately ahead.”

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In a turn of events that was probably lucky for the League, the *Maclean’s* editors decided not to go forward with Bates’ piece: “[s]ince the article was originally discussed, *Maclean’s* has done two studies on the subject. Many of your points have been covered and we feel going back to your approach now would be redundant.”

Even so, Bates continued to circulate the manuscript privately, and seemed rather impressed with his own daring subversion. As he wrote to the General Secretary of the Canadian Medical Association in 1962, “[p]lease do not let it get out of your hands because if it inadvertently got to the press it would be dynamite.” The Secretary, A.D. Kelly, was not as gobsmacked as Bates anticipated, responding that he “did not find it as explosive as you had led me to expect. I have no doubt that it might ruffle a few feathers in Community Chest circles and among the social workers but I really don’t believe that it would be devastating.”

In the draft Bates did challenge the United Appeal model, complaining that it was more invested in convenience than charitable feeling, that it was better suited to relief organizations than those for prevention, and that it could not effectively accommodate national organizations. These were not completely unheard-of ideas; as Bates reported (possibly with some embellishment) “the President of the United Community Fund, Mr. Justice Kelly, came up to see me. He said, “I have read your article. Everything you say is true, but for God’s sake don’t publish it now. Furthermore he said, “If you can find some solution to this problem I’ll certainly listen to you”.” Indeed, Bates might have helped

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208 LAC, MG 28 I 332, Vol. 19, file 17, “Article written for MacLean’s Magazine and not yet published.”
reform the United Appeal, but his subsequent actions served to alienate the administrators too much.

Parallel to the Maclean’s debacle, the United Community Fund was pushing for the League to undergo an examination with the National Agency Review Board. The Board, often called NARC, had been created over the mid-1950s “by Canadian Community Funds and several national organizations as a co-operative venture…[as an] autonomous citizen’s committee with professional staff service provided by Community Funds and Councils of Canada, a division of the Canadian Welfare Council.” NARC was designed to review and advise on national agencies’ budgets, providing their findings to Canadian Chests and Appeals and corporate donors and giving advice to the agencies themselves.210

The Toronto United Fund’s executive director, John Yerger, was quite eager to have the League use NARC. As he wrote to the League’s president in February of 1962, “Officers of the Fund went to some lengths to secure an invitation for the League to participate in these proceedings. The anxiety of the Fund to bring about this participation is based on the feeling that it would be most valuable.” He ended off with the deceptively mild statement that “[t]he [Fund’s] Review Committee has…asked me to indicate to you that your decision and action regarding participation on the National Agency Review will have a real bearing, in turn, upon their decision…as to the Health League’s continued

eligibility for participation in 1963” in the Fund campaign.\(^ {211}\) A month later, Yerger also wrote to Bates, pointing out that “[t]o date, all national organizations but yours in the United Community Fund are, or will be participating” in the NARC process.\(^ {212}\)

Bates, though, was biased against NARC. As he wrote to Harold N. Segall in 1961, the Canadian Welfare Council “is a rival organization as far as the Health League is concerned,” conspiring to bring organizations into the Community Chests, where national health organizations find that “their identity is lost and their efficiency damaged.” He went on to note that some health associations decline to participate in NARC to avoid Welfare Council control; “[o]ur present National Executive feel that we made a great mistake getting into the Community Chest in the first place,” he wrote. “We are afraid that if we submit our budget to the National Review Board we will be in deeper than ever.”\(^ {213}\) It is likely that Bates, rather than his Executive, originated this contention, but Bates was fond of invoking his Board’s support. This may relate to a trend that Tillotson identified, in which fundraisers had to make their project “legibl[e]” to multiple facets of society, including business, by “translating their project into multiple languages”.

Perhaps, in building his extensive alliances with businesspeople, Bates acquired a business “vocabular[y]” that emphasized his board’s support and endorsement.\(^ {214}\)

A month after Bates composed that letter the League agreed to submit to the NARC process. It is difficult to say why Bates reconsidered. Possibly, his colleagues


\(^ {213}\) LAC, MG 28 I 332, Vol. 41, file 4, letter from Gordon Bates to Harold N. Segall, 21 Sept 1961. Segall was an occasional contributor to *Health* magazine who usually wrote about heart health, providing articles like Harold Segall, “Heart Disease is Democratic,” *Health* 21, no. 2 (March/April 1953): 6, 22.

\(^ {214}\) Tillotson, *Contributing Citizens*, 16-17.
pushed him to take Yerger’s warning seriously, or convinced him that advice from NARC could help the League. Yerger wrote back to congratulate Bates on the League’s decision and to inform him that, although it was too late for the League to join the 1962 round of reviews, the Fund would push back its decision on League participation in the Appeal until after the 1963 reviews were complete.²¹⁵

NARC reported favorably on the League and provided helpful suggestions. The Committee concluded that “the efforts of the League are amply justified”, and suggested that it join federated funds outside Toronto, secure successor employees to ensure “[c]ontinuity of leadership”, and work out relationships with other health agencies, solidifying its leadership role among them.²¹⁶ In the end, though, NARC participation did little to help the League. As an irate Bates wrote to the NARC members in 1964, “[w]e have not been able to observe that the favorable report from the Agency Review Board last year with reference to the Health League of Canada has had the slightest effect on increasing donations from the United Community Funds or anybody else…After participating in the United Community Fund of Greater Toronto since 1943, we are now informed that our grant for 1964 is to be cut in half and in 1965 is to be discontinued altogether.”²¹⁷

After a year, the Fund did not think that the League had “been successful in carrying out the recommendations.” Bates, though, believed that the League had followed through. He wrote to a member of the Fund’s Committee on National Agencies:

[w]hen it comes to a delineation of the function of the Health League in Public Health education, this has been a matter constantly in our minds. On the council of the League there are at least sixteen National Association representatives. Since all of the Deputy Ministers of Health in in Canada are on the Board of Directors of the Health League of Canada, this would be so obvious as to not require any explanation…As far as we are aware, we are the only national health organization which has ever attempted to co-ordinate. We have done this over a period of many years in connection with…National Health Week and National Immunization Week.

He also addressed funding issues:

[w]hen it comes to the suggestion that we should raise money in other parts of Canada outside Toronto, immediately after the suggestion by the Agency Review Board we hired a specialist for this very purpose and paid him $1,000.00 a month. This man was the president of the Money Raising Association of North America and Canada with the highest credentials. He did raise enough money to pay his own salary with $1,000 or $2,000 over. In other words, we have lived up to all of these suggestions of the National Agency Review Board.\(^{219}\)

NARC’s recommendations were not the only concern in the League’s relationship with the Fund, though. In July of 1963, *La Presse* published an article which claimed to report the Health League’s stance, stating that “[t]he Health League of Canada, representing the World Health Organization in Canada, is categorically opposed to the United system used by various welfare organizations to collect…the funds required for their various works.” The article did touch on some of Bates’ usual themes, including his

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\(^{219}\) LAC, MG 28 I 332, Vol. 41, file 9, letter from Gordon Bates to E.J. Spence, 30 June 1964, marked “draft only”. I have not been able to find any further information about the Money Raising Association of North America and Canada.
contention that the United Appeal method was focused on avoiding irksome appeals rather than aiming to solve the problems of poverty and ill health.\textsuperscript{220}

Bates had some explaining to do after a NARC member forwarded the article to J.D. Killoran, the Toronto United Community Fund’s Agency Operations director. Killoran wrote to Bates:

\begin{quote}
[s]ome points that come to our minds, and others across the country, are:...I do not believe it is the place of the World Health Organization to comment on the various means of voluntary fund-raising. I should like to know if the Health League is active in making such statements across the country...[and] if the League seriously intends to follow out the N.A.R.C. recommendations and spread its base of support across the country with special reference to United Fund support, this is not the way to win friends and influence people. Possibly this article is totally the responsibility of the Quebec branch of your organization. However, I would like to have your written comments about the article I order to incorporate them into my records and interpret them to my volunteers.\textsuperscript{221}
\end{quote}

Bates’ response, sent almost two months later, was hardly ideal, as he opted for indignant bluster and deflection rather than a defense of his ideas or even an explanation of the article’s origins. He began by writing that “[y]our letter…was not answered immediately because, quite frankly, I questioned the propriety of such a letter.” He explained that he had put Killoran’s letter before the League’s Executive Committee, “and they felt, like me, that we should enquire as to whether this letter expresses your own opinion or whether it expresses the opinion of the President of the United Fund. Your communication has to do with a matter of policy which should be the business of properly elected representatives on the Board of the United Fund.” No part of Killoran’s letter indicated that the President of the Fund was involved in its composition, so this seems like


\textsuperscript{221} LAC, MG 28 I 332, Vol. 41, file 7, letter from J.D. Killoran to Gordon Bates, 2 November 1963.
a deflection strategy on Bates’ part, an impression solidified by the letter’s conclusion.
Bates and his executive committee contended that “[i]f it was the idea of the President of
the United Fund, then it seems to me that he, and not you, should have written and made
the inquiry, which will be answered, in due course, when it is properly presented.”222

Bates did eventually provide a more comprehensive explanation for the article,
when he informed a meeting of the United Fund’s Board that he originally wrote the
article for the Montreal Star and Health magazine, and did not know that it had been re-
written and translated for La Presse (featuring, Bates claimed, gross misinterpretations of
the original text) until Killoran inquired about it. Bates argued that the article he initially
wrote stated that “if there is a United Appeal it should be based on the possibility of
reducing poverty, sickness, hospital costs and the need for social services” but when it
was re-edited and re-published “[i]t was construed as an attack on United Appeals in
general.”223

Bates had indeed published an article in the June 1963 issue of Health entitled
“Multiplicity of Appeals and United Giving.” As he reported to the Fund’s board, it did
argue that united appeals could miss nuances and cause specific issues within the health
and welfare arena to get less attention than they deserved.224 The La Presse article in
question did include quotations lifted directly from Bates’ Health article of June 1963,
alongside a few passages presented as quotations that did not come from the Health article

223 LAC, MG 28 I 332, Vol. 41, file 8, “Transcript of Comments (Edited and Revised by the Health League
of Canada) made by representatives of the Health League of Canada at hearing convened at their request,
Monday, May 4, 1964, in order to make known the views of the Health League with reference to United
Community Fund action.”
12.
and were not cited to any other source. Notably, Bates’ original article did not mention
the WHO at all, let alone its position on combined appeals. The La Presse article, rather
mischievously, did not actually say that the League had disclosed the WHO’s views, but
that “[t]he Health League of Canada, representing the World Health Organization in
Canada, is categorically opposed to the united system.” That opening sentence was an
overwrought interpretation of Bates’ Health article, to be sure. As such, it is apparent that
La Presse engaged in shoddy, if not malicious, journalism.

Unfortunately, Bates did not explain this when Killoran initially asked after the La
Presse article’s origins. Instead, he delayed for almost two months and then shot back a
testy response that accused Killoran of overstepping his role in the Fund hierarchy. Even
though he had time to consider a more constructive response, Bates chose a mix of
defensiveness and offensiveness that did not resolve the problem but probably did irritate
Killoran and his colleagues.

Bates made a decisive move in 1964, when he published an article in Maclean’s
that roundly criticized the federated fundraising movement. This time there was no
question about who was responsible; the page started with a photograph of Bates and the
sub-heading, “Dr. Gordon Bates says: united appeals hurt our best charities.” The
article was published on 8 August 1964. By that time, Bates had already been informed
that the Health League’s relationship with the Fund would end in 1965, and had
unsuccessfully appealed that decision. The article was an exploration of the disadvantages

225 LAC, MG 28 I 332, Vol. 41, file 7, typescript of La Presse article, 19 July 1963 – “No United Appeals for Associations – (H.L.C.)”. The typed translation is not attributed. Seemingly, someone at NARC or the United Fund provided it, as Killoran sent an English-language copy to Bates.
227 LAC, MG 28 I 332, Vol. 41, file 7, typescript of La Presse article, 19 July 1963 – “No United Appeals for Associations – (H.L.C.)”,
of federated fundraising, especially for national health agencies.\textsuperscript{229} It was certainly critical, but it used less inflammatory language and tone than Bates’ other meditations on the topic. The \textit{Maclean’s} ghostwriter, Sandy Ross, probably softened it; when he spoke with Canadian Welfare Council representatives Ross admitted that he did not agree with many of Bates’ points.\textsuperscript{230}

This particular episode is interesting because it shows what power Bates did have. The Canadian Welfare Council’s Community Funds and Councils division, under executive secretary Laton A. Smith, was thrown into a flap when they learned of the article’s imminent release. Initially, they were not overly concerned. After speaking to Ross on 8 July, a month before the article was published, Smith reported that “[b]ecause of the parting of ways between the Toronto United Appeal and the Health League, I suggested to Mr. Ross…that in my judgment Maclean’s would really be serving as a ploy in the Health League’s counter-attack on the United Appeal.”\textsuperscript{231} A few days later Hugh Morrison, the Toronto Fund’s Public Relations Director, reported that he had discussed the matter with Maclean-Hunter’s Executive Vice President, and “[h]is opinion was that we have nothing to worry about…the thesis is Bates’ usual one – United Appeals being preoccupied with efficiency at the cost of prevention. If the story is now in proof, it should run before the summer is over with which, in my opinion, is all to the good. You


may recall that this particular feature is on the very last page of the magazine, and I doubt that it has mass readership.”

Once Maclean’s issued a press release about the upcoming article, though, the Fund and Division were less sanguine. As Smith wrote to Morrison, “[a] casual but discerning reader could spot lots of contradictions in [Bates’] reasoning but one wonders how discerning most readers are.” On 29 July 1964, the Community Funds and Councils Division sent a memo to all of its member funds, reporting that “MACLEANS magazine mailed an “advance press release…to newspapers across Canada” under the title “Health League Founder Assails United Appeals”. Printed on orange paper, it was topped with the word “ALERT” and a drawing of a lightning bolt. The memo cautioned fund workers that they “may receive a call from your local editor seeking opinion or comment now or after August 8th. You may experience some MacLeans reader reaction after August 8th. It is suggested that your President – P.R. Chairman – P.R. staff – Campaign Chairman be alerted and a plan of action adopted which you judge suitable for the local united way-health agency climate.” Enclosed were a copy of the Maclean’s release, a list of recent events between the Health League and United Appeal, and suggestions for action.

Smith also wrote directly to some leaders of national health agencies, working to get them on side in case of a public fight. In a letter to Edward A. Dunlop, the Executive Director of the Canadian Arthritis and Rheumatism Society, Smith wrote that “[t]his is a culmination of [Bates’] attempts, extended over some years, to air his views in Macleans

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and one suspects it is a veiled (?) counterthreat against the severance of Toronto United
Fund support in 1965.” Seemingly in an attempt to startle the Society into cooperation,
Smith warned that “[a]n important aspect for your consideration is that all national
voluntary organizations will be viewed together (their attitudes toward united campaigns)
by the readers through the eyes of Dr. Bates. The P.R. implications for [national health
agencies]…are many. Would you be prepared to have your president take a publicized
stand after August 8th?”

In that letter and others Smith also indulged in mild paranoia about the extent and
aim of Bates’ wrath. As he wrote to Dunlop, “I view this as a major attempt to inject the
U.S. schism between funds and health agencies into our Canadian scene. It is also known
that [Bates] has been conferring with certain U.S. health agency leaders on this
subject.” The American conflict that Smith referred to had been in place since the end
of World War Two, and would continue into the 1970s.

National health associations in that country had fraught relationships with the federated fundraising movement because
several of those associations believed that they could raise more money outside the Funds
and did not want to be accountable to outsiders nor reliant on them for an allocation.
Likewise, the federated funds did not appreciate the health agencies’ focus on single
organ systems or diseases, their top-down decision-making arrangements, or their
campaigns for set amounts from each donor; federated funds preferred to ask people to
give commensurate with their wealth. These disagreements meant that the major
national health organizations, aside from the American Red Cross, avoided membership

236 LAC, MG 28 I 10, Vol. 186, file 2, letter from Laton A. Smith to Edward A. Dunlop, 30 July 1964; letter
from Laton A. Smith to Ronald S. Ritchie, 31 July 1964.
in United Funds.240 Indeed, between 1957 and 1960 the American Cancer Society withdrew branches from any funds they had joined, while United Funds used their influence to block health fundraisers’ access to workers and publicity.241

Smith, assuming that Bates had nefarious plans, worked to get ahead of them. “Since discussing with you earlier this week the dust-up which Dr. Bates appears intent on creating,” he wrote to John Yerger on 11 September, “I have had several extensive discussions with Toronto persons regarding just what it is Dr. Bates intends to do. One very reliable and astute person, whom Dr. Bates has approached to become involved in the matter, has provided some information which I feel you should be aware of…he is now planning…an expose of “welfare” which probably would drag into it the Canadian Welfare Council.” Smith, on the information that a radio presenter had been invited to join Bates’ “campaign”, told Yerger that “you should be in a position to monitor what this man might say in his broadcasts.”242

Smith’s worry was not justified. As Yerger responded, “[i]t is our feeling that we will continue to act as we have in the past – simply refraining from taking any aggressive action concerning the Health League but treating it as routine. The Health League is not the first, but actually the thirteenth agency that has been eliminated from our United Appeal…and we don’t propose to treat it any differently than others we have had problems with.”243 Yerger’s approach proved the better one, since Bates’ article did not cause nearly the upset Smith envisioned. As Betty McMurry of the Foundation for the Rehabilitation of the Disabled wrote to Smith, “considering what we expected here in

Toronto, [we] feel we got off lightly!...all in all the article seems to have stirred scarcely a ripple.”

In the end, Bates did more harm to his own organization than to his adversaries. In November of 1964, NARC discussed Bates’ Maclean’s article and concluded: “the united campaigns in Canada now will have closed the door on the Health League as a result of this article in spite of NARC’s recommendation to the Health League that they seek wider financial support”. Furthermore, NARC noted “little or no action was taken following the first year Health League review on the recommendations submitted by the panel. The same recommendations have been repeated and the action and attitude of Dr. Bates subsequently suggests that there will be no attention paid to the NARC recommendations.” As such, NARC reached a “quick consensus that the Health League should not be included in the 1965 review.”

As the sequence of events in the League and Fund’s relationship indicates, between 1944 and 1965 that relationship broke down. In large part Bates was the author of his organization’s fate, as his refusal to work with the Chest and Fund disadvantaged the League, getting them expelled from the Fund and the NARC queue. Whether or not Bates’ criticism of the Fund and resistance to its methods was justified, it certainly undermined the League’s place in Toronto’s federated fundraising movement.

That breakdown, though, had deeper causes than interpersonal strife. Bates scorned the federated fundraising movement with increasing openness. He argued that it prioritized relief over prevention and unfairly empowered social workers. Drawing on his own organization’s experiences, he concluded that federated funds did not properly serve

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national initiatives and that they warped charity and voluntarism. Finally, Bates’ problems with the movement came to a head when the Fund avoided controversy and failed to confront the fluoridation question to his standards.

One of Bates’ main quarrels with the federated fundraising movement, that it promoted relief instead of prevention, was especially personal because he devoted his working life to preventive health care. In his 1950s article draft for Maclean’s Bates argued that the federated fundraising structure was designed for relief organizations. “[I]t is well to notice,” he wrote, “that the united fund raising idea commenced as a means of financing welfare associations – largely charities in the accepted meaning of the word. Homes for wayward girls, old people’s homes, settlement houses, etc…Fund raising machinery was created to help organizations then which were largely charities and generally local.” As Bates wrote, these sorts of organizations did do well in Community Chests and United Appeals because they needed a fairly steady annual income.246

He went on to argue that organizations focusing on prevention rather than relief did not fare well in a system created for charitable institutions. As Bates put it:

[t]his neglect seems to arise for two reasons. One is that…[i]t is far easier to build a hospital for the victims of illness than it is to persuade an indifferent people that health habits and legislation…will keep hospitals empty…The other reason is that industry and wealthy citizens in general, wearied by the multiplicity of appeals…has tended to support and press for united appeals…without taking time to plan as well for proper spending of the money they subscribe.

To remedy this, Bates suggested “the voice of the agency in the field of preventive medicine should speak with as much authority as the voice which stands for repair and

246 LAC, MG 28 I 332, Vol. 19, file 17, “Article written for MacLean’s Magazine and not yet published.”
relief.” He went on to discuss the undemocratic nature of fundraising federations that compromised health agency representation.  

A decade in the United Fund did not ameliorate Bates’ concerns. His 1964 Maclean’s article said that, by “associating themselves with united appeals” voluntary health associations were risking “a grave setback for the entire cause of public health”. Although Bates called the federations’ focus on “the immediate relief of human misery” “understandab[le]”, it still distracted them from “attacking at its root causes, [leaving them] more concerned…with picking up the wounded off the battlefield than in trying to win the war.” Repeating his earlier contention that Community Chests and United Funds were designed for local, charitable efforts, he argued that health organizations whose “job is not to administer charity to the family down the street but to make charity unnecessary” were ill-served by the federations because their initiatives were more abstract than reliving current suffering. As a result, in Bates’ opinion, health agencies in united appeals got less funding than they were entitled to.  

Bates also picked fights with social workers, thinking that they controlled the federated fundraising movement and used it to further their own ends to the detriment of respectable and worthy organizations like his own. In the mid-twentieth century Canadian social workers were interested in promoting the sorts of social assistance that Bates would define as relief. For example, when the Report on Social Security for Canada, the Marsh Report, was completed in 1943, the Canadian Association of Social Workers argued that

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247 LAC, MG 28 I 332, Vol. 19, file 17, “Article written for MacLean’s Magazine and not yet published.”  
welfare benefits should be higher than Marsh and his team suggested. In contrast many Canadians, especially business leaders, thought that the Marsh recommendations were too generous and socialist. The CASW also thought that the Heagerty proposals for health insurance should be expanded to include support payments when a household’s breadwinner was ill. Of course, not all social workers were socialists; one of Canada’s most prominent social workers was Charlotte Whitton, who would serve as mayor of Ottawa and was fairly conservative and resistant to large, costly welfare schemes. She disagreed with the CASW and other social workers on several topics. Even so, a significant number of social workers pushed for a higher social minimum, and over the post-war years there were more social workers being educated in Canada’s expanding university programs for the profession.

Bates’ stance is intriguing because scholars have also found that the federated fundraising movement actually tended to reject the “social viewpoint”, as Gale Wills put it. Wills has found that Community Chests and United Funds, largely originated and controlled by businessmen, were heavily inflected with businessmen’s values at the expense of social workers’ ideals. As she wrote, “[m]ost of these men cared little for the services; their primary concern was the campaign and only the campaign.”

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251 Jennissen and Lundy, *One Hundred Years of Social Work*, 90.
256 Wills, *A Marriage of Convenience*, 110.
valued his business connections so much that he deflected critiques of businessmen onto social workers. Furthermore, Wills argued that the United Community Fund was created, in part, to shake off social work influences and woo prominent businessmen, big donors, and the large, national agencies, all of whom were known to have little patience for social workers.\(^{257}\)

Whether or not Bates’ notion that social workers were controlling federated fundraising bodies and spreading the gospel of relief over prevention was correct, the idea absolutely shaped his views on and dealings with the Chest, Fund, and Welfare Councils. As Bates put it in a 1963 letter to the president of the Bank of Montreal, “[o]ur experiences with United Appeals [have] been that they are general started by a group of business men who desire to avoid the Multiplicity of Appeals, but in most cases, the business men lose control and the Appeal gets into the hands of self-seeking Social Workers who cannot always be trusted to distribute funds to the best advantage.”\(^{258}\)

Bates had this idea for some time. In his 1950s draft Maclean’s article, he linked social workers’ prominence in federated fundraising to its failure, asking “[i]s the increasing number of trained social workers, employees of voluntary welfare associations, an indication of the fact that the paid worker is displacing the volunteer or could it be a tacit acknowledgment of our failure to solve our social problems resulting from sickness and poverty?”\(^{259}\) He explored his concerns further in an unsent 1962 letter to John Yerger, Director of Toronto’s United Fund. In it, Bates expressed his wish to remind Yerger that “[s]hortly after your appointment as Director of the United Fund you and I had lunch


\(^{259}\) LAC, MG 28 I 332, Vol. 19, file 17, “Article written for MacLean’s Magazine and not yet published.”
together. I told you that the United Fund was rapidly developing into a trade union of social workers and I suggested you were beginning to tread on dangerous ground.” As evidence that his worries were accurate, Bates pointed out that “you are getting a larger salary than any of the Agencies which the United Fund is supposed to help. I also found that the staff of the Social Planning Committee, which is part of your organization, has a salary listing of $235,000.00” As Bates saw it, social worker influence led to unfairness and waste. He had been suspicious of Yerger since the 1950s, writing in 1959 that “I have not forgotten that in spite of Mr. Yerger’s charm and ability, he is a trained graduate social worker. I am afraid that he would find, very easily,…objections to increasing the grant of this organization.”

Bates also argued that social workers’ influence would destroy the democratic power of voluntarism. “The Directors of the United Appeal failed to observe,” he wrote, “that in developing a vast army of self-seeking social workers they are paving the road directly towards the socialism and communism which they state they hate.” This extreme view of Bates’ was not totally unheard-of by the 1960s. In the 1950s, several social workers involved in peace and social justice movements were accused of communist sympathies, and the Canadian Association of Social Workers did not come to their defense and fight the accusations.

Bates was particularly worried that federated fundraising organizations run (as he saw it) by social workers could not possibly understand health agencies like his own. In a 1962 internal memorandum, Bates grumbled about the prospect of submitting the

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261 LAC, MG 28 I 332, Health League of Canada Collection, Vol. 6, file 6, Board of Directors Correspondence 1955-59, letter from Gordon Bates to Charles McTague, 3 June 1959
263 Jennissen and Lundy, One Hundred Years of Social Work, 111-112, 128.
League’s budget to the National Agency Review Committee on the basis that “our own Directors are perfectly capable of assessing the value of our work. We are also of the opinion that certainly in the past, the Agency Review Board has been dominated by Social Workers who seem to form the majority of the active members of this Board.”

Bates was continually irked by the notion that social workers would rate his organization’s success, writing to Berkinshaw in 1963 that “[t]o show you how far this whole interference on the part of Social Workers in the United Appeal is going, I am now told that the Canadian Welfare Council proposes to establish a system of priorities among the Voluntary Health Agencies. The person who is to make the decision is Miss Florence Philpott – a Social Worker. What in the world she knows about it, I don’t know, but I certainly know that the Health Agencies are not going to be very happy.”

Bates’ idea that social workers controlled the federated fundraising movement was probably inaccurate, as scholarship indicates that social workers’ influence declined as time went on. Bates was noticing other problems in the federated fundraising movement, though. His contemporaries and scholars of charitable fundraising have agreed with Bates’ complaints about the movement’s poor engagement with national issues, its tax-like sterility, and its fear of controversy.

Bates did not believe that Chests and United Funds could adequately support a national voluntary organization like his own. The League’s claim on national status needs some qualification, however. It is more accurate to say that the League was a Toronto-centric organization with some national programming, like National Health Week and

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National Immunization Week. Even so, Bates clearly liked to think of himself as the leader of a national organization. It was a powerful preference; the League would have had easier relations with the Community Chest if it identified as a local agency. For reasons of pride and philosophy, though, Bates persisted in thinking of the League as a national organization.

Originally, of course, Community Chests were not designed to accommodate national agencies. Member agencies were supposed to spend their Chest-provided money within the municipality. The fact that the Health League, bearing a national name and mandate, was included in Toronto’s Community Chest was actually quite extraordinary. As Chest representatives argued in 1945 “[w]ith regard to the National aspects of the Health League it was recognized by the Chest…that it would be quite difficult for the League to segregate National and Local expenditures but the Chest being primarily Toronto agencies could not assume unlimited responsibility for financing a national programme.” As such, when the League and Chest came to a short term agreement, they decided that the League would receive up to $44,000 from the Chest in 1946 and 1947 as long as the League’s national expenditures were $88,000 or more. The League’s justification for this arrangement was that it could not be funded under the same system as other, local, Chest members.

In 1950, a League representative referred to its national responsibilities again, when he argued that its allocation should be returned to $44,000 because the League’s work “has materially lessened the responsibilities of social agencies in the City of

266 Philpott, “‘The First Wealth is Health’,” 3, 38-40, 53-54.
267 Tillotson, *Contributing Citizens*, 201.
268 Philpott, “‘The First Wealth is Health’,” 3.
Toronto...[and] has also saved lives and money in virtually every part of Canada, thus also lightening the work of social agencies and Chests elsewhere throughout Canada.”

Such a large proportion of the League’s budget should still come from the Toronto Chest, though, because “[t]he work started in Toronto and because the Headquarters and in Toronto more than 75% of the expenditures of the League are in Toronto.”\textsuperscript{270} Even so, the Chest was critical of those claims, responding that “while the Budget Committee is most sympathetic to the purposes and significance of the League...the Committee believes that the Toronto Chest has assumed its proper share of your budget and that the solution should be in increasing receipts from sources elsewhere.”\textsuperscript{271} The League did not abandon their argument, though, and a few months later a letter from the League to the Chest president reasserted that “considerably more than the amount granted to the Health League by the Chest is spent in Toronto since the Headquarters of the League are in Toronto...the work of the League must be carried on on a national scale if only to protect Toronto from disease coming in from the outside.”\textsuperscript{272}

Later, in November of 1950, the League presented a brief to the Chest’s budget committee to protest steady reductions in League funding. The brief offered statistical evidence that, since the League had been at work in Toronto, cases of syphilis, milk-borne disease, and diphtheria had dropped dramatically in the city. The brief’s language assumed causation rather than correlation, and a section of the brief explained “REASONS WHY THIS NATIONAL ORGANIZATION SHOULD BE FINANCED BY THE LOCAL CHEST.” The brief argued that disease could not be successfully controlled on a local basis. “For example” it read, “the serious crippling results of syphilis do not

\textsuperscript{270} LAC, MG 28 I 332, Vol. 39, file 1, letter from Sir Ellsworth Flavelle to Byron Haddy, 17 March 1950.
occur until 20 years after infection. The City of Toronto, therefore, pays in terms of hospital and charity for cases which were infected in Vancouver and Halifax 20 years previous.” The brief concluded by recognizing that Community Chests and Welfare Councils were designed for local charities, but should be adjusted to accommodate prevention over a larger geographical area.⁷⁷³

Bates also asserted, in a 1951 letter to the Toronto Welfare Council’s executive secretary Florence Philpott, that the “standing committees of the League and their membership…operate in Toronto…If you will observe the personnel of these committees you will see that included in the personnel are the outstanding people in their field in this city.”⁷⁷⁴ Bates wrote to Philpott again later in the year to justify the League’s national importance and presence in the Chest. He argued that “when it comes to creating pieces of educational and publicity machinery they can be more effectively created on a national scale…A moving picture to cover the whole of Canada can be created at very little more cost than a moving picture to cover Toronto.” He also admitted that “we are disturbed because the fact that intensive work in Toronto happens incidentally to help other Cities, seems to register in the minds of some members of the Welfare Council as a reason for cutting down our appropriation which is small already.”⁷⁷⁵

In 1952, Philpott prepared a “Brief Report on the Health League of Canada”, which seems largely informed by materials provided by and discussions with League representatives. In it she reported that “[i]t should be noted that the League had certain

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⁷⁷⁴ CTA, Fonds 1040, Box 146748, file 8, letter from Gordon Bates to Florence L. Philpott, 27 December 1951.
⁷⁷⁵ CTA, Fond 1040, Box 146748, file 8, letter from Gordon Bates to Florence L. Philpott, 5 December 1951.
programs which appeared at first glance to be local projects but in discussing this with the
League we were advised that the League uses Toronto for the setting up of pilot projects.”
She also noted Bates’ claim that 95% of the League’s expenditures were in Toronto, since
“salaries are paid here and original contracts for poster material, printing, etc, would be
paid here but the work distributed across the country.”276

To the Toronto Welfare Council’s credit, they did attempt to understand the
League’s position. The Health Division of the Welfare Council, with their 1952-1953
committee on the League, analyzed the League’s activities and their implications for
Toronto. They did find “[m]any of the programmes carried on by the Health League of
Canada are less applicable in the Toronto Area where there is a well organized
Department of Health operating...[but i]f the Health League were forced to curtail their
programmes in Toronto, it is unlikely that the City Health Department could finance such
an extensive educational programme.”277 The committee prepared a chart listing items in
the League’s program and an “Appraisal for Toronto” for each item. They noted that
Health “is an excellent magazine and should be encouraged,” and that National Health
Week displayed “ingenuity” and though it was “national in concept, there are definite
local implications.”

Otherwise, the League’s activities rated poorly. The Committee “[h]ighly
commended” the League “for pioneer work” in child and maternal health and venereal
disease control, but neither of those League divisions had a director.278 Furthermore,
while the report did note improvements in infant and maternal mortality, they attributed it

276 CTA, Fonds 1040, Box 146748, file 8, “Some Questions Which Need Clarification Through Joint
Discussion with the Health League, 26 February 1952; “Brief Report on the Health League of Canada
to City Health Department, provincial, and federal government activities. The League’s campaign for milk pasteurization was rated irrelevant for Toronto’s purposes, as legislation had enforced pasteurization in the city since 1915 and Ontario-wide since 1938. Similarly, the League’s nutrition education work was judged to overlap with Toronto Nutritional Council and Welfare Council activities, while their foodhandling activities were covered by the Hotel and Restaurant Association and their work on geriatrics overlapped with other Health Division services.279 In the end, the Committee reported that “[i]t is difficult to separate the national and local effort of the Health League and it is questionable whether certain aspects of its program are particularly applicable to the Greater Toronto Area. However, it is recognized that the Health League has outstanding strength in its publicity resources particularly the excellent magazine HEALTH,” which could be mobilized to other Toronto agencies’ advantage.280

Regardless of the Committee’s clear and fair-minded analysis, Bates did not accept that his organization’s relevance to Toronto was questionable. Resolutely refusing to absorb this criticism, he wrote to Chest president George A. Marshall in 1956 to complain that “[t]he argument has been persistently used that the Health League of Canada should not be generously financed because it is a National agency…At the same time it is argued that National Associations should receive their grants elsewhere an entirely new National Association [the Canadian Arthritis and Rheumatism Society] is suddenly given a grant of $150,000, three times the maximum amount ever granted to the Health League of Canada which is a more significant organization in the field of

Marshall tactfully pointed out that the Budget Committee did not think that the Health League “should not be generously financed because it is a National Agency”, but the Budget Committee was concerned that “very little of the finance from non-governmental sources comes from anywhere except the Toronto Chest.” The Canadian Arthritis and Rheumatism Society participated in several Canadian Chests and had already been raising about a million dollars annually on their own, which made their situation quite different from that of the Health League.

Bates struggled to define his organization in a way that satisfied his pride and goals but also kept the League appropriate for Chest membership. The League’s status, however dubious, as a national organization was clearly important to Bates, as he believed that a national preventive health program was the best kind. Even so, the League did rely on the Toronto Community Chest for a significant portion of its funding, so Bates needed to emphasize its local features.

That process of negotiation was difficult in part because Bates and the Chest valued national organizations differently. Bates believed that the city, and the Chest, should have been grateful to serve as a home base for a national organization which rallied Toronto’s prominent residents, contributed to the city’s economy, and performed innovative work that Torontonians had plum access to. The Chest, on the other hand, was more interested in the League’s concrete effects on health and welfare in Toronto.

Examining the League’s claims, the Chest found its contributions to the city wanting on

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281 LAC, MG 28 I 332, Vol. 7, file 10, letter from George A. Marshall to Gordon Bates, 17 February 1956. Marshall quoted Bates’ letter, to which he was responding, and answered each question in line, so this document contains the text of both letters. The exact date of Bates’ original inquiry is not evident, but Marshall did write that he was answering Bates memorandum “which you left with me a couple of months ago”, indicating that Bates originally wrote some time in late 1955.


283 Philpott, “‘The First Wealth is Health’,” 3 explains that the League’s name and ideals were national but it actually functioned mainly in Toronto.
several fronts. Though Bates saw the League’s national mandate as a point of pride and sought to foist that ideology on the Chest, the Chest found it problematic and incongruent with their purpose.

Things changed when the Chest was transformed into a United Community Fund in 1956/1957.\textsuperscript{284} There were many similarities between the Chest and Fund systems; both were intended to collect all of the city’s fundraising drives together, both allocated money to member agencies by application and reclaimed any surplus, and both monitored member organizations’ spending.\textsuperscript{285} When a Chest was transformed into a United Fund, the main changes were in the member organizations’ allowable geographic scope and in fundraising support. United Funds were designed to accommodate national organizations, and they had stronger ties to the business community and unions, making it easier for them to fundraise through workplace appeals and payroll deduction.\textsuperscript{286} In Toronto, for example, one of the triumphs of United Community Fund organization was that the Red Cross joined.\textsuperscript{287} From then on, national organizations were absolutely welcome in the Fund. Even so, this became problematic for the League as it was suddenly subject to comparison with other national health agencies that were newly inducted into the Fund. Between 1956 and 1965 it became clear that the Fund leadership valued the League less than it valued other health associations.

Bates tried to use those contrasts in the League’s favour, comparing the League’s allocation with those of other national health agencies and arguing that their lot was unfair. Writing to the President of the Fund in 1959, Bates complained that the Fund had

\textsuperscript{284} Wills, \textit{A Marriage of Convenience}, 125.
\textsuperscript{286} Brilliant, \textit{The United Way}, 29.
declined to fulfill the League’s application for a $100,000 allocation. “This refusal is based apparently on the contention that the Health League of Canada is a national association and that, therefore, it should get its money elsewhere.” Bates argued that this was unjust, since the Arthritis and Rheumatism Society and National Polio Foundation had both received larger allocations than that in the previous three years. Furthermore, he asserted that the League’s twelve divisions meant that “in effect, it has prevented a possible 12 additional national appeals. This has been given no consideration by your budget committee.”

The next year, when the League’s reliance on Toronto’s Fund was challenged again, Bates wrote in after the meeting in question to address “one point which I think was not sufficiently stressed…I made the general statement that we get a million dollars worth of support from various agencies such as newspapers and television on National Health Week alone” in donated page space and airtime. Furthermore, Bates suggested that the League be classified as a health agency within the Fund rather than a national agency to overcome these protests.

Bates was right to think that the League’s designation as a national organization was causing difficulties. When the Fund decided to stop funding the Health League, part of their reasoning was that “the functions of the Health League, in relation to that of the other member National Organizations, had to be assigned a relatively low priority.” The Fund’s explanation for this choice is rather vague but the overall impression is that they

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thought other national health organizations would make better use of funds than the League did.

After the League’s expulsion was finalized, Bates apparently took Berkinshaw’s advice to “go after them with both barrels.”291 In Bates’ 1964 *Maclean’s* article, he argued that national health agencies should not be members of United Appeals. “In this outnumbered position”, he wrote, “national health organizations are in danger of losing their identity, their purpose and their public support. If such agencies sponsor their own appeals, the cause they’re promoting…is furthered by the publicity generated…Once they join a united appeal, however, their separate voices are drowned out by the general hullabaloo – and they usually end up getting less money.”292

Bates always had ideological differences with the federated fundraising movement about how national organizations should be treated. Under the Community Chest system, he believed that national organizations should be valued more, while under the Fund he argued that group fundraising harmed the national organizations it purported to serve and compromised their ability to improve public health. Both of those protests doubtless had a circularly reinforcing effect on his contentious relationship with the Chest and Fund.

However, Bates was not the only commenter to criticize the federate fundraising movement’s dealings with national organizations. In Elizabeth Govan’s report on national voluntary health organizations, composed for the Royal Commission on Health Services, she concluded that “[a]ll bodies concerned with the allocation of voluntary funds…should recognize that the philosophy that funds raised locally should be spent locally is not

tenable.” As Govan discussed, a poor locality could not provide enough money to mitigate its own poverty. She suggested an “equalization policy” to spread charitable dollars more equitably across Canada. Although Bates did not call for that exact solution, and his motivations were at least somewhat self-serving, the solutions he advocated would have had similar effects to Govan’s. Ideally, the wealthy donors of Toronto would have provided the League with funding for a national program of health education. Broadly speaking, Bates and Govan both recognized that the parochialism inherent in the federated fundraising movement did not serve Canadian health and welfare initiatives.

Other thinkers have also agreed with Bates’ complaints about the sterility of Community Chests and United Funds. In Bates’ unpublished manuscript for Maclean’s he referred to Basil O’Connor of the American Red Cross, who had argued that voluntary organizations should not be fully tax-supported because “it would mean the complete destruction of the voluntary idea.” With reference to the federated fundraising model, Bates contended that “pressurized pay roll deductions which seem to be often characteristic of united appeals is so close to being a tax that it is hard to tell the difference. It is absurd to say that such a procedure can be called voluntary giving.”

Scholars have noticed a similar problem. Brilliant argued that the United Fund movement, which made extensive use of payroll deductions, let employers determine how their workers interacted with charities. Bates did not perceive the class issues that Brilliant did, but he did discuss the coercive features of payroll deduction. As Shirley

293 Govan, *Voluntary Health Organizations in Canada*, 188.
295 Govan, *Voluntary Health Organizations in Canada*, 189.
296 LAC, MG 28 I 332, Vol. 19, file 17, “Article written for MacLean’s Magazine and not yet published.”
Tillotson has argued, “[t]ax-like in its ease and efficiency, payroll deduction deprived employees of the privacy in which they could make free choices about charity.”298

Although she was not referring specifically to payroll deduction, Elizabeth Govan did think that there was more to good citizenship than donating to the United Appeal, writing that “[p]aying one’s taxes or giving to a federated fund does not provide the same satisfaction as helping one’s neighbor.”299

Journalists also noticed these problems. As Peter Desbarats wrote in a 1969 issue of Saturday Night, “[i]f you ‘give at the office’ under an automatic payroll deduction plan, what democratic process assures you that this unofficial tax is used wisely?” Desbarats actually presented a more pointed critique of federated fundraising than Bates did, perhaps because his analysis focused on Montreal, and perhaps because this article was published in 1969, when the movement had had a few more years to make enemies. Desbarats described the movement as “an archaic, inefficient and self-centered system which coolly defrauds the public of millions every year and perpetrates the social evils it pretends to attack.” His opinions were not just restricted to Montreal. He said that the “annual combined private welfare appeal in every large Canadian city…is, in fact, an exercise by the affluent community in fooling itself and withholding from the poor money raised ostensibly to assist them.”300

Early on, Bates did actually follow the party line and promote payroll deduction. In the early years of the League’s membership in the Chest Bates gave a radio talk, seemingly written by a Chest staffer, saying that workers could give to the chest through a

298 Tillotson, Contributing Citizens, 150.
299 Govan, Voluntary Health Organizations in Canada, 191.
simple payroll deduction equivalent to fifteen minutes work each week. “Now,” the script said, “to each employee 10 or 15 cents is scarcely missed. He’d probably spend it on coffee or a magazine and think nothing of it.” With time, though, Bates grew disenchanted with the federated fund’s impersonality and goal of ruthless efficiency. His change of heart over the 1950s and early 1960s roughly lines up with episodes of donor protest that Shirley Tillotson identified in 1950-1953 and 1957-1958. The late-1950s episode is most relevant here. Tillotson argued that it crystallized in Rev. William P. Jenkins’ 1957 *Maclean’s* article entitled “Why I am Against the United Fund”, in which he argued that simplified and “painless” methods like United Appeals and payroll deduction made charitable giving so coercive that it was not a matter of personal morality at all, but a private tax system that kept donors distant from the social issues their donations allegedly tackled.

Bates developed similar views, echoing Jenkins and pre-empting Desbarats. After the 1964 meeting in which he and his colleagues tried and failed to appeal their expulsion from the Fund, Bates wrote that “[t]he trouble with Mr. Spence is that he doesn’t want to talk philosophy. All he seems to understand is money. Most of these people who are involved in the united appeal seem to have forgotten that the real objective…should be…to raise money for…social objectives. The idea seems to be ‘avoid the multiplicity of appeals, do the job once and get on with the job of making money for themselves’.”

In his own 1964 *Maclean’s* article Bates explored this issue at length. He began by identifying united appeals as “the sort of comfortable solution that gratifies our North

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American desire for efficiency while it eases our social conscience. Like dental work, we regard charity as a Good Thing; and if the process can somehow be made painless it’s regarded as an Even Better Thing.” He quickly complicated that, arguing that united appeals could cause more problems than they could solve, in part because of their “impersonal” nature. With reference to “[t]he most fruitful method of soliciting individual contributions…the payroll deduction,” Bates said that “in addition to its subtly coercive aspects, has as little to do with old-fashioned notions of charity as the T-1 Short income-tax form. As a matter of fact, the united appeal is a sort of tax, and is so regarded by increasing numbers of Canadians.” Bates went on to discuss how this congruity with taxation was stripping charitable activity of its passion and social meaning, as it pushed citizens away from the issues they had formerly supported through financial choice and personal action. Asking for a moderated return to the old ways, Bates concluded that “[t]here are worse things that can befall organized charity than too many tag days.”

Indeed, the federated fundraisers’ rebuttal to Bates even acknowledged that their methods could be problematically impersonal. A critique by G. Alex Jupp, a former director of campaigns and public relations in Calgary’s United Fund, was discussed in the Calgary Herald and circulated by the Community Chest of Greater Winnipeg’s Director as he steeled his Board for the response to Bates’ article. Jupp was otherwise quite nasty toward Bates and the League, but did concede that the “impersonal nature of united

campaigns is acknowledged as a genuine problem for community fund raising…United Funds are making concerted efforts to personalize their campaign techniques."\textsuperscript{307}

Bates’ idea that united appeals compromised the nature of charity and voluntarism was probably shaded by his difficult dealings with the Chest and Fund, but he was not the only person to offer such a critique. His seeming orneriness could lead examiners to dismiss his opinions, as the Chest and Fund representatives sometimes did. In the end, though, it is clear that Bates’ ideological apprehension about the federated fundraising model was legitimate, even if it did interact with his personal feelings.

Finally, Bates and the Fund struggled over the fluoridation controversy. Bates believed that a public health education organization like his own had to advocate water fluoridation, while the federated funds became more adverse to controversy with time. As Tillotson has discussed, “modernized” fundraising like Community Chests and United Appeals needed to make charitable giving fairly impersonal, emotionless, and neutral to function.\textsuperscript{308} Furthermore, she noted that these federations brought together associations run by a wide array of reformers, crusaders, and improvers, all with different interests. “In orchestrating common action,” she wrote, “the organizers were forced to search for common ground.”\textsuperscript{309} The organizers also had reason to shy away from controversy because their project was, by definition, dependent on public support.

Bates’ work on fluoridation makes an interesting case study in this trend because he championed the controversial cause throughout his career. Furthermore, Bates’ personal qualities, including what Berkinshaw tactfully called his “particular

\textsuperscript{307} CTA, Fonds 1040, Box 146709, file 2, G. Alex Jupp, “United Appeals Help All ‘Charities’,” August 1964.
\textsuperscript{308} Tillotson, \textit{Contributing Citizens}, 1.
\textsuperscript{309} Tillotson, \textit{Contributing Citizens}, 20.
forthrightness”, made it challenging for Chest and Fund organizers to herd Bates and his allies onto “common ground” and keep them from courting controversy. Following the issue of fluoridation through the Health League’s relationship with Toronto’s federated fundraising movement illustrates an ideological conflict surrounding ways to address controversy, as well as showing another reason that the League’s relationship with the Fund eventually broke down.

Initially, the League had an ally in the Toronto Welfare Council, the Health Division of which supported water fluoridation. As one of their executive committee meetings in 1954 documented, “[d]iscouragement was expressed at the hasty reaction of the Metropolitan Council in turning down the City’s request for fluoridation of the Metropolitan water supplies. It was felt that we should continue our efforts by making representation to municipal Boards of Health.” The committee also planned to seek public endorsements from the Academy of Medicine and the Academy of Dentistry. “It was agreed that the recent articles in the Globe and Mail opposing fluoridation has done a good deal to retard fluoridation,” the minutes stated, but “it was suggested…that this was a project which the Health League might well take up and by using their publicity resources might make an impressive public appeal in favor of fluoridation.” The division’s secretary wrote to Bates a few weeks later to report that the division’s executive was interested in the League’s possible contribution. “As you no doubt know,” she wrote, “the Toronto Welfare Council has taken a public stand in favour of fluoridation of the city’s water supply… the situation has been complicated as water has become a


Metropolitan responsibility. There are now thirteen Boards of Health and six water supplies involved.”312

In spite of the Toronto Welfare Council’s endorsement and the League’s publicity work, fluoridation remained controversial in Toronto. The United Fund began to receive protest letters about the League’s pro-fluoridation activities. A disgruntled dentist, J.H. Johnson, wrote to John Yerger in 1959, asking why the League was getting an allocation from the Fund. He complained that the League was repeating government services and wrote: “the recent activity of the Health League has been largely confined to disseminating propaganda for fluoridation, a project with which more than fifty percent of the community are not in sympathy. If you persist in providing funds from the charity purse for these free lance kibitzers…you must surely expect to alienate the good will and contribution of a large segment of the community.”313

The Fund did not ignore Johnson, perhaps because he was employed in the University of Toronto’s faculty of dentistry.314 A Fund representative, George N. Barker, promptly visited Johnson to discuss the matter further, and later wrote a delightfully passive-aggressive letter to thank Johnson for his reception and tactfully emphasize how misguided he was. Barker began by thanking the apparently long-winded Johnson for meeting with him, “when you spent approximately three hours with me to discuss many aspects of the United Appeal campaign.” Defending the League, Barker pointed out that they received municipal, provincial, and federal funding, and that “these governments each support the Health League since this agency performs a service in the community which they consider desirable.” He also explained that “[i]t is my understanding that the

fluoridation of water carries the endorsement of nine medical, dental, and health organizations in Canada, and some twelve professional health organizations in the United States.” To conclude, he referred to “the adequacy of the research work which has been carried out concerning the value of fluoridation…[I] was interested to learn from you that Doctor Nikiforuk, the Director of Research for the Faculty of Dentistry apparently supports the fluoridation of water.”\(^\text{315}\)

The archival files include another set of letters from 1961, one from an executive of the J.B. Morgan Lumber Company, who believed that fluoridation was hazardous and undemocratic. The writer, an L. McKimmie, wrote that “I like to believe that I am rational and of at least average intelligence, and so to be called “crackpot” – “Stupid” etc. etc. just because I happen to be opposed, is not easy to take, and particularly when it comes from one Dr. Bates of the Health League of Canada, whose organization I believe I am helping to support when I make a donation to your fund.” McKimmie asked that the Fund stop seeking his donation, “and also that of this Company since its contribution passes my desk for approval.”\(^\text{316}\)

The Fund’s Public Relations Director responded to McKimmie, but unlike Barker he did not explicitly defend the League’s position. Instead, he admitted that “[i]t could be said about every one of the 89 agencies that [they]…should not be in the combined Appeal for such and such a reason.” He noted that the League’s portion was less than 1% of money disbursed by the Fund, and sent along “a copy of this year’s Annual Report which gives a comprehensive picture of the variety of services that will suffer by

withdrawal of contributions.”³¹⁷ This may well have been a form letter. A Mr. B. Ross, who called the Fund offices to cancel payment on the $37.50 remaining in his $75 pledge because the “Health League of Canada is a sham in his opinion, and the personal background of the persons operating it should be investigated by the United Appeal,” got the same one.³¹⁸

Later in 1961, W.K. Long of the Ontario Citizens’ Rights Association wrote to the Fund and Yerger answered personally.³¹⁹ The Association was an anti-fluoridation group.³²⁰ Yerger’s response was not especially warm toward the League. In it, he discussed how the League joined the Fund as part of a package that came with the old Community Chest, and explained that an agency could not leave or be expelled from the Fund particularly quickly. “This is like the automatic provision in the lease between landlord and tenant,” Yerger explained. “It means that any participating organization, including the Health League, if asked by us or requested by us to withdraw would still be a participant in our campaign this coming October for 1962 needs.” He also explained that the League’s membership would be up for review as part of the Fund’s regular schedule, and disclosed that the Fund was trying to get the League into the National Agency Review Committee, promising that “I shall file your letter in our pending file for the Review Committee’s attention at that time.” Somewhat lamely, Yerger concluded that “[u]nless the review process proves otherwise it is the feeling of our organization that all agencies participating in the United Appeal are worthwhile.”³²¹

³²⁰ CTA, Fonds 1040, Box 146709, file 2, letter from Gordon Bates to John Yerger, 10 August 1961.
Yerger copied his letter to Bates, and Bates took offense.\textsuperscript{322} He stated that the “Health Division of the Community Chest” had discussed fluoridation years earlier, and “[i]t was endorsed without qualification and the Health League of Canada was quite properly invited…to undertake the educational propaganda.” Bates was clearly suspicious of Yerger’s intentions, saying that “I cannot understand why Mr. Long was not informed in your letter that the Health Division of what is now the United Community Fund had endorsed fluoridation of water and that the Health League’s educational campaign was carried on with the full approval of your body.” Bates concluded that “[y]our letter to Mr. Long appears to be in effect an apology, at least it seems to leave the validity of the efforts of the Health League of Canada as subject to review by some other body in spite of the fact that fluoridation has been endorsed by every competent specific society in North America.”\textsuperscript{323}

Yerger shot back a few days later. “You are right,” he wrote, “that many years ago the Health Division of the Community Chest endorsed your actions…But you are entirely wrong when you say: “The Health League of Canada, in Toronto ----- is carrying out the wishes of the Health Division of what is now the United Community Fund.” There is no Health Division of the United Community Fund.” Yerger explained that the Division was folded into the Social Planning Council when the Fund replaced the Chest. As such, “[t]o say that you are carrying out the wishes of the Fund on the fluoridation programme is not only erroneous but could be harmful to our fundraising…the Fund has to think of its job of getting the most money it can for all such needs without taking sides.”\textsuperscript{324}

\textsuperscript{323} CTA, Fonds 1040, Box 146709, file 2, letter from Gordon Bates to John Yerger, 10 August 1961.
\textsuperscript{324} CTA, Fonds 1040, Box 146709, file 2, letter from John Yerger to Gordon Bates, 15 August 1961.
Yerger enlarged on this theme, arguing that the Fund could not endeavor to take sides on controversial issues, as “it could also find itself in the middle of other well endorsed programmes such as those to the Foreign born and Canadian, between Protestant, Catholic and Jew, between blood donors and Jehovah Witnesses, between Christian Scientists and some medical associations…just to name a few. The whole strength of federated fundraising is its ability to bring together all givers…for the purpose of raising the most money.” Yerger also argued that his answer had not been unfair to the League, but a neutral description of Fund procedures provided to Long “and members of his group [who] are givers to the United Appeal and therefore deserved a prompt reply as is our policy to all good customers.”

There are many possible reasons for this correspondence to have taken place. For one, as he alluded to in his letter to Long, Yerger was frustrated with Bates’ refusal to join NARC. Perhaps he explained ways in which the League might be expelled because he no longer wished to deal with it. Yerger had also been involved with United Funds in Detroit and Toronto since the mid-1950s. As his correspondence with Bates indicates, he had had many years to soak up the federated fundraising ethos of businesslike neutrality, and treated the donor as a valued customer rather than a political ally (or adversary). In any case, Bates and Yerger viewed voluntary associations’ connection with controversy in distinctly different lights.

When their conflicts crystallized, in 1964, into the League’s expulsion, fluoridation was a significant topic of conversation at the appeal meeting. As Berkinshaw

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said, “[w]e were urged by officers of the United Appeal not to associated the United
Appeal with an effort which might conceivably antagonize the anti-
fluoridationists…Therefore, we were compelled to carry on this campaign without the
support of the United Appeal and to raise money for an independent committee.” As
Bates argued, this campaign provided “literature to labour unions and medical officers of
health in the Toronto area; otherwise, not a scrap of educational material would have been
available in the Toronto area.”327 Clearly, the Bates and his supporters felt that the Fund
had betrayed public health by failing to support this effort.

Later on, Mabel Ferris remembered the fluoridation issue as a pivotal one in the
League’s expulsion from the Chest. In a 1967 letter Ferris explained that the expulsion
“occurred largely because of our fight for fluoridation and the fear that some subscribers
would be lost if they thought their money was supporting an organization to support
fluoridation.”328 Bates remembered it in a similar light, arguing in 1972 that the League
was “thrown out of the Fund mainly on the pretense that we promoted fluoridation…on
the ground that they would lose some of their supporters.”329 As discussed above, there
was more to it than that, but the fluoridation controversy did highlight significant
ideological differences between Bates and the federated fund leaders. While Bates thought
that voluntary associations should educate as they saw fit and ask difficult questions, the
Fund leadership preferred that their member agencies be inoffensive and uncontroversial.
The Toronto Welfare Council’s 1954 endorsement of fluoridation, furthermore, indicates

327 LAC, MG 28 I 332, Vol. 41, file 8, “Transcript of Comments (Edited and Revised by the Health League
of Canada) made by representatives of the Health League of Canada at hearing convened at their request,
Monday, May 4, 1964, in order to make known the views of the Health League with reference to United
Community Fund action."
meeting August 27th, 1973.”
that Toronto’s federated fund and its advisers became more wary of controversy with time, while Bates’ commitment to the fluoridation campaign continued and even swelled.

Although the federated fundraising movement was supposed to make things easier for charities and voluntary organizations it was not always the case. The Health League’s relationship with Toronto’s Community Chest and United Fund was certainly an extreme example, but this case study illustrates the possible extent of interagency strife. Furthermore, Bates’ censorious assertions distill the multiple problems that plagued the federated fundraising movement into one actor’s papers. The Health League’s story shows that the federated fundraising movement drew, and deserved, plenty of criticism, even from member agencies.
Chapter 3: The mortality transition

While the League was getting its start in the 1920s the mortality transition was hitting its stride. Average life expectancy was increasing since more people survived childhood, and infectious disease was declining as a cause of death while the importance of chronic diseases increased.\(^{330}\) By the 1940s it was fully evident that chronic diseases had overtaken infectious ones in Canadian causes of death.\(^{331}\) The Health League was acutely aware of the mortality transition, and from the 1930s to the early 1950s it used the transition to explain why rates of cancer, heart disease, arthritis, and adult-onset diabetes were mounting. Still, the League continually reminded Canadians that the project of health was not complete. Although the diseases of childhood had largely been conquered, people needed to work to preserve that state and begin a comparable attack on the diseases of age.

As health researchers began to understand personal risk factors and their role in chronic conditions it became clear that age was only one reason for an individual to experience poor health.\(^{332}\) The League, staying abreast of developments in the medical understanding of risk, began to discuss individual traits and behaviors and social trends that contributed to disease.\(^{333}\) From then on League material argued that chronic disease was preventable with knowledge, careful living, and a regulated environment. Although the mortality transition briefly unburdened (or deprived) Canadians of responsibility for their own illnesses, the risk factor put them back on the hook.

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The League was acutely aware of the mortality transition, as were its peers. In the Western world, public health from the 1900s to 1940s viewed childhood as the seat of lifelong health and longevity so public health interventions tended to focus on child and maternal health.\textsuperscript{334} By the time those measures began to show results the mortality transition was taking effect and the 1900-1940 decline in mortality affected every demographic group except men over 55 years of age.\textsuperscript{335} Indeed, by some measures adult mortality increased slightly.\textsuperscript{336} In the 1930s and 1940s, when mass public health interventions to reduce adult mortality were still on the horizon, the League began to educate the public about new realities in health and disease.

The League also agreed, to an extent, with federated fundraising practices of group planning and fundraising and non-duplication of services. Their interest in these issues was somewhat mercenary, as Bates mobilized them to combat the League’s decline from relevance. Over the 1940s, 1950, and 1960s support for chronic disease charities increased while support for the League waned. In attempts to retain relevance Bates offered for the League to act as the coordinating body for all Canadian voluntary health associations but the offer was not accepted. The League recognized but did not adjust to the dominant trends in sickness and health, and another feature of its decline was established. Bates and his colleagues acknowledged but did not fully adapt to the twentieth-century mortality transition, and it threw the League out of step with trends in twentieth-century health associations.

\textsuperscript{334} Diana Kuh and George Davey Smith, “When is mortality risk determined? Historical insights into a current debate.” Social History of Medicine 6, no. 1 (April 1993): 102; Rothstein, Public Health and the Risk Factor, 165-166; Philpott, “‘The First Wealth is Health’,” 37; for further information on child-centered public health initiatives in Canada, see Comacchio, Nations are Built of Babies; MacDougall, Activists and Advocates, 159-210.

\textsuperscript{335} Rothstein, Public Health and the Risk Factor, 180.

\textsuperscript{336} Kuh and Smith, “When is mortality risk determined?” 111.
From its early incarnations the League was interested in combating chronic disease. Although the League’s main objectives were always more traditional public health topics like fluoridation, pasteurization, child and maternal health, and nutrition, it continually sought to educate the public about chronic disease issues through its news service and *Health* magazine. The League also offered moral and material support to the many charities and associations devoted to chronic disease that sprang up over the twentieth century. Chronic disease issues led the League to adjust its explanation for human sickness, and League material wholeheartedly acknowledged the twentieth-century shift from infectious to chronic disease as the main cause of Canadian mortality.

Unfortunately for the organization, it did not internalize that knowledge; even as the League worked to educate Canadians about chronic conditions Bates and his colleagues stubbornly maintained that their preferred causes were more important. As Bates saw it he delegated chronic disease advocacy and research to other agencies so the League could focus on preventive measures.

The League engaged with the mortality transition by adjusting its definitions of “prevention”. It was committed to the principles of preventive medicine, and occasionally looked on purely curative interventions with scorn; as Gordon Bates expounded in the *Canadian Public Health Journal*, “[w]e should be aiming not to have more hospital beds...but by applying the principles of prevention, to need fewer hospital beds.”\(^{337}\) This interest in preventive measures led the League to champion causes like water fluoridation and milk pasteurization, which worked to stop disease in its tracks. When chronic diseases became a prominent part of the health landscape in Canada, however, there were few fully

preventive measures available to stop them. The League expanded its definition of prevention to include the early detection and treatment of chronic conditions like cancer; as Ellen Leopold has shown, twentieth-century public health included death prevention as well as disease prevention.\textsuperscript{338}

As chronic disease became more and more prominent in Canada, several national voluntary health groups organized to address specific conditions. As Govan reported in her submission to the Hall Commission, Canadian national health groups grew in number in the post-war era, and she predicted the process of expansion would continue.\textsuperscript{339} The Health League was on the leading edge of the trend toward national health associations in Canada. It was founded, under a different name, in 1919 as a national agency.\textsuperscript{340} The postwar trend began with the Canadian Paraplegic Association, Canadian Arthritis and Rheumatism Association, National Cancer Institute, Multiple Sclerosis Society of Canada and Canadian Foundation for Poliomyelitis forming in the late 1940s. The Canadian Mental Health Association was expanded out of a regionally-organized body in 1950. Over the 1950s the Muscular Dystrophy Association of Canada, Canadian Heart Association, Canadian Hemophilia Society, and Canadian Diabetic Association formed, while the Cystic Fibrosis Foundation of Canada formed in 1960.\textsuperscript{341} These condition-specific organizations joined a few that had existed prior to the war, like the Canadian National Institute for the Blind and Canadian Council for Crippled Children and Adults, as well as the Canadian Hearing Society, founded in 1940.\textsuperscript{342} Notably, all except the

\begin{thebibliography}{99}
\bibitem{338} Ellen Leopold, \textit{A Darker Ribbon: Breast Cancer, Women, and Their Doctors in the Twentieth Century} (Boston: Beacon Press, 1999), 182.
\bibitem{339} Govan, \textit{Voluntary Health Organizations in Canada}, 1.
\bibitem{340} Govan, \textit{Voluntary Health Organizations in Canada}, 5-6.
\bibitem{341} Govan, \textit{Voluntary Health Organizations in Canada}, 10-12
\bibitem{342} Govan, \textit{Voluntary Health Organizations in Canada}, 10-11.
\end{thebibliography}
Canadian Foundation for Poliomyelitis were concerned with chronic, congenital, or permanent conditions.

Groups like the Canadian Society for the Control of Cancer, the Canadian Diabetic Association, and the Canadian Parkinson’s Foundation received moral and sometimes material support from the League. Bates recognized that the mortality transition was creating a new type of sufferer who needed support. He believed that these organizations were helpful and necessary, since they provided resources and promoted disease research. Still, he argued that the Health League, which took a more general view of public health, was still necessary. Bates’ commitment to this model contributed to the League’s downfall, since the organizations that the Health League supported largely rendered them obsolete. Though the League fully recognized the mortality transition it failed to integrate that knowledge into its organizational structure, to the League’s disadvantage.

From the League’s early years, Bates recognized that organizations devoted to chronic disease were valuable, and he worked to maintain a network of mutual assistance and goodwill with such groups. In 1934, before the Canadian Society for the Control of Cancer existed, Bates sent Dr. Joseph Colt Bloodgood’s articles about cancer, which he had prepared for the Canadian Social Hygiene Council, to the American Society.  

"This information is forwarded to you as we feel that there should be the closest cooperation between societies devoting all or part of their time to this campaign," Bates wrote, “and that making such information available to one another the work may be more effective.”

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established *Health* magazine only a year before and was always on the lookout for individuals and bodies to provide expert material.

Even after the Health League handed their cancer committee over to the Canadian Society for the Control of Cancer the League happily participated in chronic disease education campaigns. Dr. C.C. Little of the American Cancer Society gave a well-attended talk in 1948, which was jointly organized and funded by the Health League, the Canadian Cancer Society, and the Ontario Cancer Research and Treatment Foundation. That meeting, held in Convocation Hall, had 20,000 invitees and dozens of illustrious patrons. Later that year the League resolved to invite representatives from the Canadian Arthritis and Rheumatism Association and the Heart Association to the Health League of Canada Annual Conference. These gestures paid off, and individuals from other voluntary health groups acted as contributors and consulting editors for *Health*. Dr. O.H. Warwick of the Canadian Cancer Society provided consultation on cancer material, while Dr. Donald Graham of the Canadian Arthritis and Rheumatism Society, Dr. Harold N. Segall of the Canadian Heart Foundation, and Frank Strange of the Canadian Diabetic Association could all be counted on for articles and consultations about their respective areas of expertise. Furthermore, as late as 1968 Bates expressed his desire to contribute

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to the Canadian Cancer Society’s anti-smoking campaigns, and he was invited to the Society’s planning meeting the next year.  

Bates and Mabel Ferris even participated in forming a society devoted to Parkinson’s Disease. After Donald Smith, a member of the Health League staff, began to suffer from the disease and had to leave work he decided to organize the Canadian Parkinsonian Education Committee. Bates and Ferris became founding members when the Committee was established in 1963. Ferris actually did a great deal of research on the topic. As she wrote to Parkinson’s expert Dr. Andre Barbeau, “[w]e have been sending out letters to foundations who appeared to be interested in the disease and we have assembled quite a file for reference.” Her research included outreach to American and German researchers, as well as the head of the Parkinson Rehabilitation and Diagnostic and Research Institute, the American voluntary advocacy and research organization for Parkinson’s Disease. At the time of her research Ferris had to look outside Canada because “there is considerable research being undertaken in Canada, through various Universities, but there is no organization for the education of the public. This is the aspect in which we are interested.”

Apparently, they were unaware of the Parkinson Association (Canada) that formed in February 1963. That organization did not issue a newsletter until August 1963, and by then the Canadian Parkinsonian Education Committee existed in embryonic form.

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PA(C)’s newsletter appears among the Health League’s papers, and may have discouraged the Committee. The Committee was never formally incorporated, and when the Canadian Parkinson’s Disease Association was incorporated in 1966 it seems to have assumed all of the Committee’s activities, including its debts. This may have been due to several factors. In early 1966 Bates suffered a stroke and was still recovering a year later; Mabel Ferris’ time for outside projects was limited, as she took on management of the League while visiting Bates in the hospital four times a week. In a cruel twist of fate Bates’ own sister, Mona, began to suffer from Parkinson’s Disease in 1966 as well. Though that family concern motivated him to lobby for greater recognition of the disease and L-dopa treatment, Bates did so by contacting doctors and the Academy of Medicine directly and there is no evidence that he played a formal role in the Canadian Parkinson’s Disease Association any longer.

Bates was not able to obtain the recognition he desired, in part because he refused to acknowledge that Parkinson’s Disease might not be preventable. Bates’ curious conviction that Parkinson’s Disease was preventable seems to have been rooted in his outdated but ardent belief in focal infection, the theory that infected teeth and gums can cause serious disease elsewhere in the body. Even contributors to Health had denied focal infection by the 1940s, but Bates remained a believer. The Health League’s Medical Committee recorded in 1969 that “Dr. Bates feels that dental decay may have a serious

part in such diseases as Parkinson’s Disease, pernicious anemia, multiple sclerosis and others, the cause of which is not known.”

While these attitudes helped Bates and his allies rationalize their commitment to old-style public health interventions in a rapidly changing world, they prevented the League from innovating. Bates’ commitment to focal infection, just like his old-fashioned morals, made the League seem out-of-touch and obsolete. Bates’ commitment to old ideas ultimately disadvantaged the League. Instead of changing tack to address chronic diseases like Parkinson’s on their own ground the League clung to old methods.

The League also suffered from changing public interest. As a comparison between the League and the Ontario Diabetic Association indicates, each organization’s fortunes changed as the public became more interested in chronic disease associations. While the Ontario Diabetic Association grew in membership and funding, the League stagnated and began to diminish.

The League began with the advantage. In 1951, when the League was well-established in its office at 111 Avenue Road, Toronto, it received a request from the Canadian Diabetic Association. The Association wanted desk space and access to a telephone so Mrs. Thora R. Mills could start the Ontario branch there. The League graciously accepted Mills and her volunteers into the office and the Canadian Diabetic Association provided a token donation of $100 to express their thanks. The branch

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resided in that office rent-free until 1956.\textsuperscript{363} In 1951, the League was confident. It had recently been invited to become a Citizen’s Committee of the World Health Organization, and looked forward to taking a leadership role in Canadian public health endeavors.\textsuperscript{364}

Over the next two decades, the League’s situation deteriorated. In 1972 its building at 111 Avenue Road was torn down and the League moved to a rented space down the road.\textsuperscript{365} The Ontario Diabetic Association, on the other hand, was doing better and better. As Thora Mills reported in 1972, “[n]ow the Association is a successful, fully national office requiring double the space used at 111 Avenue Road, the headquarters of the Health League of Canada. It has provincial divisions in 8 of the 10 provinces, and branches in 42 cities and towns across Canada, from Victoria, British Columbia, to St. John’s Newfoundland.”\textsuperscript{366} The balance of power between the organizations had radically changed, and a group it had set on its feet overtook the League.

Other, younger organizations were overtaking the League in membership and funding as well. In 1965, one of the League’s goals was to increase its membership from 35,000 to one million, including every nurse, doctor, and dentist in Canada.\textsuperscript{367} Perhaps it perceived some competition from the Canadian Cancer Society, which had one million members, each paying an annual subscription of $4.50. The League hoped that an aggressive drive for industrial memberships would help.\textsuperscript{368} The League did not meet

\textsuperscript{364} LAC, MG 28 I 332, Vol. 1, file 20, “National Executive Committee Minutes”, 10 May 1951.
\textsuperscript{365} “We have Moved,” \textit{Health} 38, no. 2 (Summer 1972): 23.
\textsuperscript{366} Mills, “How the Health League Helped the Canadian Diabetic Association,” 28.
significant success; in a 1975 meeting representatives argued that the League should shut down if it could not find more funds.369

Still, throughout these struggles for support Bates remained convinced that they League’s program was superior. “It does not seem reasonable,” he wrote in a memo to the Medical Advisory Board, “that an organization of a comparatively small, or unimportant problem should be raising more money than some organizations which are more important. The Health League of Canada itself with 12 divisions, every one of them justifying a national appeal for money, is operating on a budget which is completely inadequate while other organizations have more money than they know what to do with.” He referred to organizations for polio and muscular dystrophy raising “twice as much as the Health League for the support of one comparatively small problem.”370 Regardless of the League’s evaluation, though, public interest had clearly turned to the preeminent conditions of the 20th century, chronic and congenital ones.

The League’s financial troubles were indeed pronounced. As Bates saw it, the League was victimized by a growing concentration on welfare and cure and an abandonment of prevention. Journalist Sidney Katz, though, provided a less biased and more informative interpretation. “To a large extent,” he wrote, “the League is the victim of its own success. Diseases they fought have been vanquished; services they supplied or advocated have been assumed by governments.”371 Unfortunately Bates had no interest in adapting to this reality. He delegated new, prominent disease issues to other groups and clung to measures like fluoridation; quoted in Katz’s article, Bates pointed to the League’s

success in fighting diphtheria and promoting immunization and fluoridation to show why
the League deserved support rather than detailing plans for the future. Furthermore, Bates
discussed his intention to lobby for a Royal Commission to investigate Toronto’s United
Fund. Bates was still pursuing that idea in 1970, when the League sent a brief to the
Senate’s Committee on Poverty. In it, they “suggest[ed] that through the efforts, for
example, of United Funds, the fortunes of all welfare organizations have increased while
organizations promoting health have had difficulties to such an extend that many
voluntary organizations can barely make ends meet.” That particular statement was
disingenuous; the League was certainly struggling, but other voluntary health agencies,
like the Canadian Diabetic Association discussed above, were doing fine. Although this
article only conveyed Bates’ displeasure with the Fund, the whole story indicates the
Health League’s refusal to learn from their mistakes.

In 1971 Bates wrote to the papers, making vague accusations about the United
Fund’s failure to prevent poverty and disease. “The Social Planning Council with the co-
operation of the United Fund seems to have continued its original concentration in the
field of welfare and relief. They seem to have taken a dim view of various health
associations,” he wrote. Another letter of his, asking for Metro Toronto Council
funding, made it clear that welfare and relief were dirty words. “We submit that the
foolish policy of concentrating the support by Governments and the public on the projects
promoted by the Canadian Welfare Council, most of which are welfare and relief, is not
good enough.” As usual he accused the CWC of making work for social workers and

evading real solutions. Bates went on to complain that Toronto’s United Fund was controlled by the CWC, and that “[t]he Health League of Canada has already lost almost its total income as a result of the action undertaken by the united fund, which without adequate reason dropped us from the budget which already should have been greater than it was.” These letters do not tell the whole story, but do indicate Bates’ feelings of victimization.

Having lost most of their funding, the League expanded their plans to federate Canadian health charities under their leadership. This was one of the League’s few concessions to the new pre-eminence of chronic diseases, but it was also a strategy to allow the League to follow its preferred program with minimal change. Even before the League encountered serious problems with funding Bates floated proposals for his organization to act as the coordinating body for voluntary health groups. In 1951 Bates held a meeting with the heads of national voluntary health associations to suggest that they form their own federated group. This, he argued, would lead to less wasted money, less overlapping activity, and a more productive fundraising appeal.

That proposal was not successful, so in April of 1952 the League planned to raise $25,000 from Toronto and Montreal “to explore and executive a plan of consolidating the fund-raising appeals of various agencies working in the preventive health field.” As Bates and his colleagues on the League’s board noted, they needed to proceed carefully “as there may be created in the minds of some of the representatives a suspicion that the Health League is trying to direct or curtail their activities. This, of course is not the case.”

The League, as they saw it, was trying to gather health groups into a collective, which

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could use the League’s publicity avenues and have the option for group fundraising outside the Community Chest, which the League was chafing under. Bates did point out that they should keep the possibility of a competing federated health fund quiet, for the time being.\textsuperscript{377} In 1955 Bates tried again, this time asking for assistance from the Canadian Medical Association. Writing to the CMA’s secretary to confirm his attendance at an upcoming meeting, Bates noted that “I would like to have discussed the question of the need for greater cooperation between national societies dealing with matters of health.”\textsuperscript{378}

Bates did not meet success, and there is evidence that other health organizations’ leaders were growing suspicious. The General Director of the Canadian Mental Health Association said a much to the Canadian Conference of National Voluntary Health and Welfare Association’s secretary in 1959. He wrote that, given the CCNVHWO’s demise, national health agencies needed a new coordinating body. “Apart from the problem of mutual interests,” he wrote, “there is the fact that most of the Community Chests throughout the country and certainly all those who are interested in social planning are very anxious – and even somewhat hostile – to these ‘horrible disease boys’.” Despite the need, he thought “the lead in organizing such a forum of national health agencies cannot be taken by the Health League. It could, however, be taken by the CNIB…or by Cancer or Heart…CNIB is above suspicion with reference to selfish interests, while Cancer and Heart are big enough and independent enough to be able to provide leadership without

\textsuperscript{377} LAC, MG 28 I 332, Vol. 28, file 1, “Minutes” of Finance Committee meeting, 21 April 1952.  
worrying whether they are suspected or not!” Apparently, Bates and the League were not above suspicion.

Undiscouraged, in 1963 Bates expanded on his plans and included the idea that all national voluntary groups should be collected on the same premises and share a library.\footnote{LAC, MG 28 I 10, Canadian Council on Social Development Collection, Vol. 93, file 8, Canadian Conference of National Voluntary Health and Welfare Organizations Correspondence 1959, letter from Dr. J.D. Griffiths to Mary A. Clarke, 14 July 1959.} Into November of 1964 the League was still thinking of expanding their building to accommodate new combined premises; while they needed the money that selling their office could have provided, the League still considered buying two adjacent lots for a new and improved building for all national health agencies.\footnote{LAC, MG 28 I 332, Vol. 105, file 30, “Medical Advisory Board Minutes”, 11 November 1963.} The CMA had offered resources to facilitate this, but the League needed to convince the associations to go along. Since the Health League’s General Council included representation from 68 voluntary groups, Bates resolved to circulate the proposal at the next meeting.\footnote{LAC, MG 28 I 332, Vol. 5, file 6, “Minutes” of the National Sub-Executive Meeting, 2 November 1964.} The proposal did not succeed. The popular and well-funded chronic disease organizations that Bates was trying to federate with had little motivation to follow along with his plan.

Still, Bates was hopeful, but the loss of United Fund money meant that his design became more pointed. In Bates’ 1964 Maclean’s article, he essentially argued that his competition should be reduced. As he wrote, some charities should “be financed entirely out of tax revenues.” Since several “are doing jobs in which volunteer enthusiasm, instead of being an asset, is almost a hindrance.” He provided examples like “[c]hildren’s aid societies, addiction centers, and so on [which] are not the sort of organizations that run on missionary zeal; they’re professional agencies meeting a continuing public need.” He concluded that if such organizations were publicly funded, it “would make it easier for the

\footnote{LAC, MG 28 I 332, Vol. 105, file 30, “Medical Advisory Board Minutes”, 11 November 1963.}
national health organizations – the groups that are performing missionary work in the field of public health and therefore must have public support – to solicit their own funds and do their own job properly.\(^3\) Bates’ reference to “missionary work” is notable in that, intentionally or not, it harkens back to the late-nineteenth and early-twentieth century social purity movement in Canada. As Mariana Valverde argued, “[t]his was a project the state could not possibly have carried out; voluntary organizations played a starring role in the campaign to reconstruct the inner selves, in particular the sexual/moral identity, of Canadians.”\(^4\) If nothing else, it serves as a reminder that Bates seemingly progressive idea was linked to an older movement.

Several mid-century thinkers agreed with Bates’ analysis, though their reasons and reasoning were diverse. Govan argued that many health and welfare services should be available through government provision so they would be accessible to all citizens. As she pointed out, voluntary associations provided good service but its availability tended to be geographically restricted.\(^5\) She did list some “activities of the voluntary organizations which unquestionably must remain voluntary”, many points in which Bates would have heartily agreed with. The Health League’s activities in education, advocacy, and lobbying fit nicely into her categories, which included “development of public opinion to take action in an area in which public action is thought to be desirable…organization of social action regarding the activities of government…public education, research…[and] the provision of opportunity for people to give service to their fellows.”\(^6\)

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5\(^5\) Govan, *Voluntary Health Organizations in Canada*, 176-178.

6\(^6\) Govan, *Voluntary Health Organizations in Canada*, 180-181.
As Shirley Tillotson noted, prominent Canadian social worker Charlotte Whitton had provided a similar guideline to public and private provision in the 1930s. Whitton and several of her contemporaries and peers thought that “[p]ublic welfare programs supplied the material means of existence…while private agencies assumed the responsibilities of care and encouraged the expression of fellow feeling.”\(^{387}\) Later, the Vancouver Welfare Federation developed a division between proper public and private responsibilities that was quite similar. They concluded that private agencies should serve a “demonstration role”, and if the service they developed proved essential, it should be assumed by the government. Tillotson argued that this carved out a place for private welfare initiatives in a growing welfare state.\(^{388}\)

Despite its intellectual moorings, Bates’ template for public and private provision did not take effect. At this point, his pleas for federation became more mercenary. A 1967 memo admitted the League was down to two choices:

(a) continue to pick up various problems that no one else is dealing with and establishing them through divisions of the League, i.e. fluoridation, immunization, etc. This means that the League becomes an organization with 12 scientific divisions competing both in the field of public relations and money raising with the other voluntary associations, including Heart, Cancer, Muscular Dystrophy, and all the rest. (b) The other possibility is that they Health League itself with its present services establish its position as a body willing and able to help all other organizations by sharing office space, fundraising apparatus, Health magazine, and the health news service.\(^{389}\)

Bates even began to admit that disease charities had a brighter future than the League. In a 1969 pamphlet arguing for federation he wrote that “[a]lthough we have

\(^{387}\)Tillotson, *The Public at Play*, 10.
\(^{388}\)Tillotson, *Contributing Citizens*, 145-146.
accomplished much in the field of prevention there are new problems which must also be
dealt with...by organizations concentrating on special health problems such as cancer, heart, diabetes and arthritis.” He also complained that “[m]ost of these organizations have prospered because of their emotional appeal, often personal, in connection with a disease...the League has continued its educational programme, without any such emotional appeal, but it is a fact that most people are more interested in disease than in prevention.”  Although Bates continued to argue along these lines, the League did not become Canada’s voluntary health leader. Chronic-disease oriented groups continued to expand, and the Health League was eclipsed. Although Bates, in a final attempt to remain relevant, did acknowledge that chronic disease groups were the future, he decided to offer leadership instead of following the trend. Since more prosperous agencies did not want to federate, and Bates did not adjust the offer greatly, the League was left behind.

The League acknowledged but did not internalize the mortality transition. As such, its educational material remained up-to-date but its organizational goals became archaic. The transition, by arousing public interest in new topics and creating new needs, had far-reaching effects on the organization and purpose of voluntary groups.

Ironically enough, the League could be seen as a highly successful public health agency. As Sidney Katz wrote, it was a victim of its own success, which helped to render itself obsolete by contributing to and working to sustain the mortality transition. At this point personalities came into play, as Bates’ palpable dissatisfaction with fluoridation campaigns and social morality seem to have prevented him from noticing that the League’s work was done. Ultimately, Bates’ clash with the modern era disadvantaged the League.

Still, the League’s interaction with other health organizations during this period of (inadequate) adjustment shows that Bates was willing to use components of the federated fundraising model when it suited him. This story adds another layer of complexity to the League’s dealings with the Chest and Fund, and helps explain why Bates took his organization into a system he had so many other problems with.
Conclusion

The League’s financial campaigns in the late 1960s and early 1970s were troubled. In 1965, the League partnered with W.A. Lawrence of the Associated Senior Executives, a group of retired businesspeople who provided business advice, hoping that Lawrence could raise $500,000 for the League; the campaign was not successful.\textsuperscript{391} As Mabel Ferris wrote in December 1969, “we have never fully recovered since we left the United Appeal. The financial fiasco which followed – the printing of the expensive pictorial folder which was never used and the appointment of Mr. Lawrence to organize a campaign for us, involving further expense…which never got off the ground – has left us with a debt which we have not been able to surmount. For you information neither Dr. Bates nor I have drawn any salary since the end of February.”\textsuperscript{392} Earlier, she reported that “I wish we had never heard of Mr. Lawrence and by the way we have never heard from him since he collected his last amount of money…We were left in the hole to the extent of $30,000.00…It is hell being poor!”\textsuperscript{393}

The League’s difficulties were compounded by Bates’ illness in 1966. He suffered a stroke in March, which Ferris blamed on financial stress.\textsuperscript{394} “I think he drove himself too hard last winter,” she wrote. “He was determined the campaign would succeed and he would not spare himself. Unfortunately the campaign was a complete flop and it cost us $35,000…and there does not seem to be any leadership to get us out of this financial hole.”\textsuperscript{395} Their attempts at mail solicitation did little better. For example, a 1971 appeal

\textsuperscript{393} LAC, MG 28 I 332, Vol. 189, file 5, letter from Mabel Ferris to T.L. Anderson, 1 February 1967.
\textsuperscript{395} LAC, MG 28 I 332, Vol. 6, file 10, letter from Mabel Ferris to W.A. Leslie, 8 July 1966.
letter to physicians cost the League $469.23 and returned 42 donations amounting to $515.396

Bates continued to watch the United Fund and Toronto Social Planning Council in the news; the League’s files include newspaper clippings about turmoil in those organizations.397 In spring of 1970, the Social Planning Council was rocked by protests. People challenged the businessmen who dominated it, its failure to listen to the poor, its failure to improve agency facilities, and its biased and undemocratic voting procedures.398 Notably, Howard Buchbinder, “a member of Praxis Corp, a research institute for social change…alleged that the entire voting procedure adopted by the council was discriminatory.”399 Praxis Corp was group that spent the late 1960s and 1970s devoted to organizing low-income people for political change; they were later in the news when the RCMP was accused of improperly retaining documents stolen from their Toronto premises.400

Buchbinder had written a letter to the Toronto Star the previous year in which he argued that the Canadian Welfare Council could not address the root causes of poverty. His argument was quite socialist. He stated that “[t]he perpetrators of poverty conditions are not mentioned, for to do so would be to question the whole basis and role of private ownership for profit. This, the council has made quite clear, is beyond the pale.” He

elaborated that “the council represents those sectors of the social order whose interest appears to be in ameliorating difficulties only insofar as they don’t pose a threat to the status quo or existing economic system.”  

After Buchbinder challenged the Toronto Social Planning Council in 1970, Bates wrote to him expressing admiration. Bates said “[y]our observations…confirm the impression that a good number of people are developing as to the number of irregularities which have been evident, not only in the United Fund, but in the Canadian Welfare Council, and even in realms of government.” Bates mentioned that he had read Buchbinder’s 1969 letter to the Star and thought it was very good, while the Canadian Welfare Council’s response was “inadequate.”

The fact that Bates would agree with a radical stance like Buchbinder’s indicates the extent of his enmity toward the United Fund, Social Planning Council, and Canadian Welfare Council. As Chapter 1 discussed, Bates happily ingratiated himself with the agents of Canadian capitalism, and Buchbinder openly challenged the economic system Bates admired so much. Apparently, Bates’ admired Buchbinder’s round critique of the United Fund even more. As Bates wrote to the lawyer he assigned to investigate the League’s claim on 1964 United Fund money, “[w]e think that when the public discover dishonesty in the operation of the United Fund they will realize that the United Fund spurred on by the Welfare Council is organized not for the benefit of the recipient but to enhance the prestige of the donors.”

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How intensely unsuccessful and, eventually, hostile the League’s relationship with the federated fundraising movement was is surprising at first glance, but a deeper analysis reveals the breakdown was practically inevitable. Even though Bates did see value in the federated fundraisers’ principles like business alliances and group planning, his personal and ideological difficulties with the movement and its agents were insurmountable. Those conflicts coincided with generational shifts that diminished the League’s prestige and support and a mortality transition that pushed them out of prevailing trends in Canadian voluntary health organization. All things considered, the League’s decline in the 1960s and 1970s was inescapable.

Superficially, this project would seem to have limited implications. The Health League was but one health organization, and a currently defunct one at that, with a small core of devoted members, largely local operations, and diminishing significance even when it did exist. On the surface, the Health League’s story seems like a minor or even insignificant one.

In fact, though, this story has an intrinsic value and wide-ranging implications. Because the Health League was a single organization with a continuous leadership and membership in a federated fund, it is a manageable case study on relations between a fund and a member agency. Moreover, since that relationship was conflict-ridden, the League’s story exposes issues that peacefully bland dealings between a federated fund and a health association would not. Furthermore, although there are plenty of extant national health organizations in Canada, the study of a defunct one provides distinctive information. Indeed, the League’s story could be regarded as an example of what not to do. Finally, it is shortsighted to discount the League out of hand. The fact that it experienced a marked decline indicates its importance at its height. Bates’ social networks show his ability to
ingratiate himself with community leaders and walk among them as equals. Bates is also an intensely interesting historical personality, and his story highlights how individuals interacted with institutions in the past.

Most interesting of all, the Health League’s story coincides with several important trends in twentieth-century Canadian history. The League existed through a generational change that reshaped Canadian social and political life; in the League’s case, it manifested itself in diminishing support. The League also joined and left the federated fundraising movement, which transformed the ways that charities and voluntary associations functioned. Bates’ experiences with the movement serve to highlight its advantages and disadvantages and trace its growing power in the Canadian non-profit sector. Finally, the League was present and involved as the mortality transition was activated and entrenched. This demographic shift altered Canadians’ experiences of sickness and health and reshaped their need for and support of voluntary health associations and health charities. The Health League, therefore, provides a window on multiple intersecting strands in mid-twentieth-century Canadian history.
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