

Maintaining an Influence: The Sisters of Saint Martha, Charlottetown, Respond to Social and Religious Change, 1965-85

Heidi MacDonald, University of Lethbridge, focuses her most recent research on coming of age during the Great Depression in Canada.

Abstract

Between 1965 and 1985, the Sisters of Saint Martha of Prince Edward Island used the expanding social welfare state to their advantage, successfully negotiating space within new secular social services structures and influencing government policy on the delivery of key social and health care services.

Résumé

Entre 1965 et 1985, les Sisters of Saint Martha de l'île du Prince Édouard se sont servies de l'essor du programme d'assistance sociale de l'état à leur avantage, en négociant avec succès une place dans les nouvelles structures des services sociaux séculaires et en influençant les politiques du gouvernement sur la prestation de services sociaux et de santé clés.

In the last decade, several historians have argued convincingly that church and state were more intertwined than previously thought with regard to social welfare practices and policies in the early decades of the twentieth century. Most notably, Christie and Gauvreau, challenging contrary claims by Allen, O'ram, and others, contend that, "Unlike the fate of progressive reform in the United States, which after World War One became increasingly divorced from Christian endeavour, in Canada the increasing specialization in the social sciences, the creation of such new professions as social work, and the growing dependence of government upon expert scientific knowledge...occurred under the governance of the Protestant churches" (1996, 246). Paula Maurutto makes the same basic claim regarding the Roman Catholic Church in Toronto, writing "Catholic Charities became increasingly entrenched within the expanding welfare state system" and "embraced social scientific knowledge and began to train and hire its own professional staff" (2003, 7/9). This article moves the focus forward and argues that Roman Catholics, and especially Roman Catholic religious orders, continued to play a key role in social welfare and health care into recent times. Between 1965 and 1985, the Sisters of Saint Martha (SSM) in the province of Prince Edward Island (PEI) used the expanding social welfare state to their advantage, successfully carving out a space for themselves within the new secular social services structures and influencing government policy with respect to the delivery of key social and health care services.

The influence of women religious, commonly called Sisters or nuns, is assumed to have waned in the

second half of the twentieth century, because of government appropriation of their work as well as labour shortages among congregations of women religious after Vatican II. Certainly, women religious decreased their involvement in hospital work in Canada by more than 30% between 1970 and 1980; there was a corresponding decrease in the number of Catholic hospital beds by more than 50% between 1970 and 1975, from 60,954 to 26,356 (Pelletier and Cellard 1990, 170, 199). During the same period, the number of women religious in Canada also fell; feminism and the broader changes in Catholicism related to Vatican II (1962-65), in particular, led women religious to question the value of vowed life to the degree that the number of women religious in Canada decreased by 52% between 1960 and 2000, from 59,712 to 28,639 (Center for Applied Research in the Apostolate 2003; Canadian Religious Conference 1966). Yet the shrinking army of sister-social workers and sister-nurses did not necessarily result in a retreat from or diminishing influence on social welfare policies and practices. Even with their relatively small numbers, women religious maintained an influence by using their resources strategically.

It has been too easy to assume uncritically that institutionalized religion has played a small role in modern social welfare. The relationship of the Sisters of Saint Martha (Charlottetown) with the province's departments of health and social services offers a strong example of continued denominational influence on social welfare policy and the delivery of health and social services. Since 1916, the Sisters of Saint Martha have performed a variety of tasks for the 45% of the population of PEI that was Catholic: from domestic labour to teaching and to distributing health care services (MacDonald 2004). Toward the end of the twentieth century, the sisters used their special status as vowed women and their professional qualifications to justify their continued involvement in social services and to circumvent male authority and privilege, just as women religious had done in Quebec between 1840 and 1920

(Danylewycz 1987).

Addictions Foundation of PEI

The Sisters of Saint Martha ventured into social work in 1931, when they opened a social services department in the Charlottetown Hospital to provide relief to those suffering the effects of the Depression and to serve the elderly and maternity patients who required home nursing care. After making 30,000 home visits in their first decade, the Congregation prepared to expand their social work commitment by sending two Sisters to earn social work degrees at St Patrick's College in Ottawa. This professionalization, strongly supported by the wider church, granted credibility to the Sisters who then used it to legitimize their right to public funding later in the twentieth century. After their graduation in 1943, with the most modern social work principles in hand, these Sisters expanded their Social Services Department, moved into a separate building, and renamed their mission the Catholic Welfare Bureau. Their success was acknowledged by a representative of the Canadian Welfare Council who declared the Bureau to be "The first and by far the most important [social agency in PEI]." They also received a small grant from the provincial government (MacKinnon 1950; PEI 1954). As several more Sisters of Saint Martha earned social work degrees in the 1950s and 1960s, the Congregation was able to staff a second social welfare bureau in Summerside beginning in 1956. Thus in the late 1960s, despite the state's appropriation of women's social welfare work, a pattern that Fingard and Guildford describe for Halifax in this period (2005, 9), and despite falling membership in women religious' congregations, the SSM's experience and initiative earned them the right not only to venture into the secular sphere but also to provide leadership in creating a much-needed new social service.

Sister Mary Henry (Catherine Mulligan, 1902-1996), arguably PEI's most prominent social worker in the second half of the twentieth century, crusaded for an

alcohol addictions treatment centre in the late-1960s. She repeatedly noted that while alcoholism was the most serious social problem on Prince Edward Island in the postwar era, so far "we were only putting our finger in the dike and we were not doing anything about the real causes of alcoholism" ("Oral History" 1984). In 1966, the SSM converted the former St Vincent's Orphanage into a rehabilitation centre for alcoholics. Sister Mary Henry was reported to have "met all kinds of opposition from government and from others who had ideas on how alcoholics should be treated. All that made no difference. She was convinced that God wanted her to lead the way in helping alcoholics and she had faith that He would provide the means some way, she knew not how. Numerous are the stories of the risks she took in purchasing property, equipment or whatever was needed for the project..." (Cullen and Cullen 2005, 241). Another Sister of Saint Martha, Sister Bertha McCarthy, joined the staff of the Addictions Foundation in 1972 ("Sisters' Ministries" 1978).

Sister Mary Henry recalled that when the addictions centre opened, "We had no staff, we had no money, we had nothing. We had 1,109 admissions in two years...it was an awful struggle" ("Oral History" 1984). According to a 1984 oral interview, she had an arrangement with a Charlottetown judge who offered certain offenders the chance either to go with Sister Mary Henry to the Addictions Foundation, or to jail, thereby signifying that the goals of the church and the state regarding rehabilitation were in some ways equal, despite a clear denominational influence at the Addictions Foundation. For several years, Sister Mary Henry lobbied the provincial Department of Social Services constantly for increased contributions to the detoxification centre and the rehabilitation centre connected to it. Because the Department did not fund any such institution itself, it agreed to subsidize the Addictions Foundation, but did not appreciate how Sister Mary Henry ran it. In a situation similar to that in Nova Scotia between long time Halifax Community Chest social worker Gwendolen

Lantz and newly appointed senior provincial social worker, F.R. MacKinnon (Tillotson 2005), the new PEI Deputy Minister of Social Services, John Eldon Green, grew increasingly unhappy with Sister Mary Henry's refusal to constitute a board of directors (PEI 1978, 11).

Sister Mary Henry, however, continued to operate the centre as she always had, buoyed by the obvious need for a detox centre and the satisfaction that she was alleviating some real social problems. She believed she could most efficiently serve drug and alcohol dependent people without having to be tied to a board of directors. Then in 1975, the Deputy Minister severely limited Sister Mary Henry's influence on the Addictions Foundation by having a crown corporation assume responsibility for the operations of the Foundation. Sister Mary Henry was one of the members the Deputy Minister appointed to the Foundation's new board of directors in 1976, but so too was a senior member of the provincial Department of Social Services, no doubt largely to keep Sister Mary Henry in check in the same way that children's aid societies monitored denominational institutions earlier in the century (PEI 1978; Lafferty 2003, 118). Sister Mary Henry retired two years later at the age of seventy-six, undoubtedly proud of her accomplishments even if a bit frustrated with the many procedural changes the Deputy Minister had insisted upon, but another member of the SSM, Sister Bertha McCarthy, continued to work there until 1998 ("Sisters' Ministries" 1978). Her long-term contribution represented a more balanced partnership with the provincial government, board members, and staff, yet continued the Congregation's mission objective that Sister Mary Henry had so strategically begun.

The SSM justified their work in secular social services by exposing the great need for a detoxification and alcohol treatment centre, and the government's inability to establish one in the late 1960s. After providing staff and a building, the Sisters successfully secured public funding for the institution, blurring the supposedly denominational and secular spheres in PEI.

The Deputy Minister loudly criticized how the Sisters operated the Addictions Foundation, but was unable to control them for several years. Whereas in the situation in Halifax which Tillotson has documented, the long-time female social worker whose views differed from her new boss was fired, in PEI the Deputy Minister could not fire a Sister working as a volunteer. Sister Mary Henry had more autonomy as a social worker supported financially by her religious congregation, than if she would have had as a social worker on the provincial payroll. Morton makes the same claim for Halifax-based Sister Mary Claire (Morton 2005). Neither could the Deputy Minister deny Sister Mary Henry's grassroots support. He may have thought he had succeeded in overpowering her, but when Sister Mary Henry received the Order of Canada late in 1974 for her social service work in the province, her name became permanently associated with successful addictions work in the province ("Sister Mary Henry Receives Honour" 1974). Moreover, whereas the Deputy Minister retired from the civil service in 1980, Sister Mary Henry's successor, Sister Bertha McCarthy, remained at the Foundation for two more decades.

University of Prince Edward Island

The second secular institution that the Sisters of Saint Martha influenced in the late twentieth century was the University of Prince Edward Island (UPEI). The Sisters had a long history with St Dunstan's University, which, along with Prince of Wales College, amalgamated to form UPEI in 1969. From 1916 until 1969, the SSM provided domestic service to St Dunstan's, not only preparing and serving meals and doing all the laundry, but even darning the male students' and faculty's socks (Cullen and Cullen 2005, 13). In 1941, a member of the Congregation, Sister Bernice Cullen, became the first woman to graduate from St Dunstan's, earning the highest marks in her graduating year and surely influencing the coeducational policy finally implemented at the university in 1942 (MacDonald 2003). Beginning in the 1950s, a few Sisters taught at St Dunstan's, most of

them in the university's senior high school program (McKenna 1982, 208).

In 1964, a royal commission recommended the amalgamation of the Catholic St Dunstan's University with Prince of Wales College, a government-sponsored, nonsectarian college, although many Islanders viewed it as Protestant (Bruce 2005, 197). The Premier announced that "the Government will support financially...only a single public university" (Bruce 2005, 206). The degree to which the new university really was a public university was soon questioned, however. Former principal of Prince of Wales, Frank MacKinnon, published a scathing account of the process of amalgamation, arguing that Premier Campbell's government, "gave the Roman Catholic Church everything it wanted and more" (MacKinnon 1995, 33-35). MacKinnon argued that UPEI was not only located on the former St Dunstan's campus but was also patterned upon many of the Bishop's convictions.

Part of the Catholics' assertiveness regarding the amalgamation may be attributed to the SSM. Four Sisters of Saint Martha garnered teaching positions at UPEI: Sister Bernice Cullen (PhD, St Mary's College, Indiana, 1958) taught Religious Studies and Sister Mary Ida (MA, University of Ottawa, 1955) taught Education, while Sister Irene Burge, (PhD, Iowa State, 1974) and Sister Marian Atkins (BSc, St Francis Xavier) both taught Home Economics (Cullen and Cullen 2005, 191; "Sisters' Ministries 1978"). Sister Mary Wisener worked for many years as a secretary in the Registrar's office (University of Prince Edward Island Calendars 1990). Sisters Cullen and Burge made a relatively permanent transition to the UPEI and were influential not only as teachers but also in their fields of research. Sister Irene Burge published two very notable pieces on social justice for working-class Prince Edward Islanders in the left wing magazine, *The New Maritimes* and Sister Bernice Cullen published twenty scholarly articles, several of them in the Australian journal *Sursum Corda* and in the American journal *Sisters Today*!

Whereas the late 1960s are often associated

with a period of decline in North American women's congregations, the SSM's experience in post-secondary education is the opposite. With never more than 165 members in the twentieth century, and with major health care and social work commitments, the SSM never had the financial or human resources to operate their own college or university as many North American women's congregations did. However, they recognized within the process of amalgamation and the opening of public university the opportunity to secure a space for themselves. They stepped well beyond their tradition of domestic work and secured a purely professional role of university teaching and research. The significance of their transition from the denominational to the secular sphere might be compared to what Renée Lafferty described with respect to child welfare: while increasing responsibility for child welfare was "gradually parceled out to the state" the work of child welfare remained "strongly linked with the work of private religious, philanthropic institutions and agencies" (Lafferty 2003, 116). The state had not subsumed the SSM and the larger church they ultimately represented; in fact, the state now paid the four sisters to do the same work they had at St Dunstan's, which benefitted the Roman Catholic Church in PEI. While the degree to which the SSM imparted and imposed their own religion on their students in the secular university is difficult to measure, as teachers in a non-sectarian university they had a more direct influence not only on young Catholic male and female students, but also on students from other faiths.

Queen Elizabeth Hospital

St Dunstan's was not the only PEI Catholic institution under pressure to integrate into a provincial, public institution. For more than a century, Charlottetown had two hospitals. The Charlottetown Hospital, founded in 1879, served the 45% of the population that was Catholic, while the Prince Edward Island Hospital, founded in 1884, served the remaining population that was comprised of several Protestant denominations.² They each

had approximately the same number of beds, provided the same broad slate of services, and served not only as city hospitals but also as provincial referral hospitals. Until the major funding initiatives of hospital insurance in 1959, and Medicare in 1966, both hospitals were very dependent on patient fees, although each received small but equal annual grants from the city and province (MacDonald 2003). The Charlottetown Hospital, like most Catholic hospitals in North America, was also very dependent on the unsalaried labour of the SSM (Charles 2003, 265).

When national hospital insurance was implemented in the provinces beginning in 1957, hospitals, even denominational ones, were paid a per diem rate for patient fees (Soderstrom 1978, 127). The Sisters of Saint Martha, who provided a significant portion of the 188-bed Charlottetown Hospital's professional staff, including the pharmacist, nutritionist, matron, nurses, and x-ray and laboratory technicians, were eligible for state paid remuneration, although their Congregation collected it and passed small allowances onto individual sisters. The Congregation was relieved to have more money to fund the necessary technology required in modern health care, especially when they had previously been expected to balance the Charlottetown Hospital budget despite up to 40% of patients not paying their bills. The church hierarchy, on the other hand, was wary of what they perceived to be state interference; the Diocese had already stated its view on state-run health care in 1944 when Bishop J.A. O'Sullivan made a statement to the Catholic Hospital Council of Canada: "State medicine, which implies ownership and operation of all Hospitals, is condemned" (O'Sullivan 1944).

In the late 1960s, falling membership combined with Vatican II directives led the Sisters of Saint Martha to reduce the number of Sisters assigned to the Charlottetown Hospital. Between 20% and 32% of the Congregation had staffed the hospital until the mid-1960s when the proportion fell to 10%. This was part of a wider North American trend felt most acutely in Quebec;

there, sisters had comprised as much as 20% of all hospitals staffs in 1950 but dropped to approximately 6% by 1965 (Charles 2003, 276). Although fewer Sisters of Saint Martha worked at the Charlottetown Hospital after the mid-1960s, they still administered it and their influence remained strong. And so, when amalgamation of the Charlottetown and Prince Edward Island Hospitals was first proposed in the late 1960s, the SSM were able to hold their ground.

Concern over the costly duplication of services at the province's two main hospitals led the provincial Hospital Services Commission to sponsor several reports on the delivery of hospital services to the approximately 120,000 residents of PEI. These included studies by the medical staffs of both the Charlottetown and the Prince Edward Island Hospitals in 1965 and by Andrew Peckham in 1966. Every report recommended that a single referral hospital would serve the health requirements of the area better than the two existing hospitals (Andrew Peckham 1996). Later reports, including the "Premier's Task Force on Alcoholism and Welfare" in 1969 and the Rosenfield Report in 1972, which was jointly commissioned by both hospitals' boards of directors, also recommended amalgamation (Andrew Peckham 1996). And yet no steps were taken toward amalgamation. Concern over the possible erosion of natural law and papal teaching, especially regarding reproduction, and whether the Sisters of Saint Martha would be included in the new hospital, as well as residual bitterness among die-hard Catholics over university amalgamation (MacDonald 1989, 143), contributed to the opposition toward hospital amalgamation in the 1960s and 1970s. Thus the Roman Catholic Church in Prince Edward Island reacted much more vehemently to the recommendation of amalgamation with the Protestant hospital than they had to university amalgamation. The strength and effective action of the SSM was the primary means through which the hospital remained open: they refused to surrender it until the board of the proposed new hospital guaranteed that Catholic health care requirements would be enforced.

Whether the decision was more theirs or that of the Catholic diocesan hierarchy is very difficult to decipher, as it is not included in the archival record. In any case, the Sisters continued to operate the hospital, although with real hardship. In 1975, Sister Stella MacDonald, the administrator of the Charlottetown Hospital, wrote a quarter page guest editorial in the Charlottetown Guardian, saying:

We never told you how difficult it is to keep patching worn out things and places....But do you the public, have any idea how difficult it is to make a hospital designed 25 years ago meet present health care needs?....Have you ever considered the lack of economy in maintaining two hospitals with many small departments that are not fully utilized all the time, but must be staffed all the time to meet your needs....? (1975)

Sister MacDonald was acknowledging the financial waste inherent in running parallel hospitals in a small city in a province of only 111,640 people, an opinion that was undoubtedly shared by the congregation's leaders or else Sister MacDonald would not have expressed it so publicly. But, among the wider population of PEI Catholics, even more crucial than the issue of providing the most up-to-date health care, was the ensuing fight to ensure that no therapeutic abortions would be performed in the new hospital. The Moral Code of the Catholic Hospital Association of Canada was in effect at the Charlottetown Hospital so as, "to ensure that patients receive medical and religious care in accordance with natural law and Catholic morality." Procedures relevant to the code were further defined under "consultations" which required all physicians to consult with other staff for all caesarian sections, "all procedures by which a known or suspected pregnancy may be interrupted," and sterilizations ("Rules and Regulations" 1925). The consultations were referred to a

committee in the case of sterilizations.³ The Prince Edward Island Hospital, the Protestant hospital, performed a number of operations to which the Catholic medical-moral guide was opposed. For example, between 1969 and 1972 an annual average of 72 abortions, 30 caesarian sections, and 23 tubal ligations were performed.⁴ These statistics fed Catholic fears about what procedures would be performed at a nonsectarian hospital.

While Sister MacDonald took a stand in favour of hospital amalgamation in principal, no SSM ever commented publicly on abortion, although perhaps their opposition was so obvious there was no need to voice it. And there was certainly no shortage of other Catholics raising the alarm. Although 26 American women religious made history by being among the group of Catholics who took out a full-page ad in the New York Times during the presidential campaign in 1984, stating, "that US Catholics hold a diversity of opinions on abortion and that debate should not be stifled" (Wittberg 1994, 218), no Canadian women religious ever took such a public stand; given the traditional conservatism of PEI, it was not likely to happen among the SSM. Unfortunately, we cannot confirm whether the SSM kept the Charlottetown Hospital open through the 1970s and early 1980s because they opposed abortion, or whether they were encouraged to support the male Church hierarchy that was more closely identified with anti-abortion sentiment, or for some combination of these reasons.

Anti-abortion activists identified a loophole in public hospitals: according to the Criminal Code, section 251, in order for any accredited hospital to perform a therapeutic abortion, an abortions committee consisting of three practising physicians had to approve the procedure ("Editorial" 1975). In response, PEI anti-abortionists fought against the establishment of an abortions committee on the grounds that if no such committee existed there would be no means by which abortions could be approved. In fact, anti-abortion sentiment, heavily tied to the Roman Catholic Church, was so strong

it permeated organizations that in other provinces held pro-choice stances. The local Status of Women Committee, whose spokesperson refused to be named, explained that her group was divided on the issue of abortion and thus could not take a public stand. Even the local Planned Parenthood Group was quiet on the issue ("Anti-Abortion Group Passes Resolution" 1981). A Prince Edward Island physician's group, Physicians for Life, argued that "Nothing warrants the establishment of an abortion committee" ("Simmering Abortion Issue Coming to Vote" 1981).

The issue came to a vote at the annual meeting of the Queen Elizabeth Hospital Corporation, held at the Charlottetown Forum in 1981. The Guardian reported that, "The vast majority of the 1,796 corporation members present at the hospital's annual meeting rejected the hospital board of directors' proposed medical staff bylaws which would have allowed for the establishment of the [therapeutic abortion] committee ("QEH Members Kill Abortion Committee" 1981). Thus the Queen Elizabeth Hospital, which opened in the following year in 1982, was reported never to have housed the equipment required for performing therapeutic abortions.

Seven Sisters were employed in the new hospital and only two of them remained more than five years. The SSM's presence in the amalgamated hospital, therefore, was not as strong as it had been in the amalgamated university. Yet the Sisters helped to make a major and lasting impact on PEI health care and health care policy by agreeing to maintain the Charlottetown Hospital despite increasing costs and diminishing human resources for the 12 years between 1970 and 1982, that is from the time when the Sister-administrator first publicly declared the Congregation's difficulty in maintaining the hospital until its closure. While the Sisters never took an explicit stand against the amalgamation or against abortions, they implicitly supported the anti-abortion crusade by continuing to operate the Catholic hospital with its very clear medical-moral code that did not allow abortions, even though

they supported a single hospital in principle. During this period, anti-abortionists, most of whom were Catholic, were able to ensure that the new hospital would not perform therapeutic abortions, a position that continues to be upheld, and has expanded to include all PEI hospitals. In 1988, the provincial government passed a resolution opposing abortions in PEI unless a mother's life is in danger. In 2007, PEI is the only province in which no hospitals or free-standing clinics perform therapeutic abortions and the SSM are clearly linked to the process that brought about the legislation (Statistics Canada 2003a).

Conclusion

Studies on women religious in the late twentieth century tend to focus on the impact of declining membership, yet tens of thousands of women religious remained in religious life. They adjusted their work not only according to the Church's call for renewal, but also to the requirements of the expanding social welfare state. Scholars underestimate the late twentieth century influence of women religious in a variety of areas, including social and public policy. The SSM found it necessary in the late twentieth century to reduce their work to a realistic scale that could not include labour intensive social institutions. However, their capacity for shrewd strategy and their influence on Island society grew in this era as they either initiated or became more ensconced in three secular social institutions on PEI: the Addictions Foundation, the University of Prince Edward Island, and the Queen Elizabeth Hospital. The SSM recognized that in Canada's most impoverished province the blossoming of the social welfare state offered more funding for some aspects of their ongoing mission hospital work and post-secondary education and the opportunity to begin new projects such as the Addictions Foundation.

Charles makes the extremely important point that increasing government regulation, secularization, and unionization pushed women religious out of hospitals in

Quebec, and that "Hospitalières [sister hospital workers], once perceived and treated as members of a group dedicated to running an institution, now became simple individuals whose spiritual commitment was a personal choice, irrelevant to their professional work" (Charles 2003, 283). In some ways the specific members of the SSM examined here did fit this model. Sister MacDonald (Charlottetown Hospital), Sister McCarthy (Addictions Foundation), and the four sisters on faculty at UPEI were all employed on the basis of their individual qualifications rather than through a contract given to the whole Congregation, and they were paid from tax dollars; yet to apply Charles' model in its entirety exaggerates the individual nature of the PEI sisters' work and misses how 1960s secularization offered their Congregation an extremely important opportunity to make a lasting effect on social policy and delivery of health care services or, in the case of therapeutic abortions, non-delivery, of services. The SSM attended to tens of thousands of people professionally in the late twentieth century. Though less recognizable in their post-Vatican II dress, the Sisters were still representatives of the Roman Catholic Church. Their high profile in a variety of institutions inevitably helped bond some of their clientele to the Roman Catholic Church in PEI. They thus surely contributed to the maintenance of the province's Catholic population; PEI reported the largest proportion of Catholics among English-speaking provinces in the 2001 Census (Statistics Canada 2003b).

The SSM were in a better position than lay women to take advantage of leadership opportunities. As Danylewycz argues with regard to Quebec women religious in the early twentieth century, these late twentieth century PEI religious were able to hold their influential, public roles largely because they were vowed women who had garnered professional credentials as well as a great deal of respect because of the valuable work they performed. In Danylewycz's words: "In Quebec, the anxiety created by a lack of employment and opportunities for ambitious but religious women was

neutralized by the possibility of finding a respectable and indeed highly valued alternative in the convent. In Quebec, as well, religion offered women a career, and perhaps this choice held back the tide of feminism" (Danylewycz 1987, 109). While Danylewycz studied an earlier period, her explanation of the link between delayed feminism and prominent women religious might also apply to post-1945 PEI. At the same time that women religious held many prominent roles in social welfare and health care, PEI was the last province to elect a woman to its provincial legislature (1970) and the only province not to offer therapeutic abortions. The complex relationship between feminism and religion is just one of the many issues regarding women religious in the post-Vatican II era that needs further examination.

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Endnotes

1. "Irene Burge" and "Sister Bernice Cullen," Archives Card Catalogue, University of Prince Edward Island Library, Charlottetown.
2. Prince Edward Island's unusually high rate of Christian affiliation is split quite evenly into Catholic and Protestant denominations historically. In the 1971 Census of Canada, of the total population of 111,640, fewer than 1% - 1,095 - listed "No Religion," Table 8: Population by Specific Age Group Showing Religious Denomination," in Canada, Census 1971.
3. "Medical Records, Charlottetown Hospital, 1978," Queen Elizabeth Hospital, Department of Medical Records, Charlottetown. Many thanks to Joann Edgecomb for helping me obtain these figures.
4. "Prince Edward Island Hospital, Medical Records, Annual Reports, 1960-1972, (scattered)," Queen Elizabeth Hospital, Department of Medical Records. The totals for

tubal ligations and caesarian sections are not available for 1970 so these were averages for the years 1969, 1971, and 1972.

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