

# REGINA COMMUNITY CLINIC

## HISTORIAL BACKGROUND AND CO-OPERATIVE ROOTS



REGINA  
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The Regina Community Clinic has an extraordinary history. In 2022, it celebrated 60 years as the only healthcare co-operative in southern Saskatchewan. Following is a history of our co-operative, its current status, and the importance of providing healthcare within a co-operative model.

Information of this presentation is based on independent research; “More Than Medicare: Community Health Services Association (Regina) Ltd” by R.S. Reid; and “A biography: The Community Health Centre of Regina” by Margaret Hughes. It was verbally presented by Dawn Martin, Executive Director, to accompany a slide presentation prepared for and presented at the Annual General Meeting on June 15, 2022.

The clinic was established amidst, and in response to, one of the most tumultuous times in Canadian history, The Medicare Crisis in the 1960s. In 1959, the Premier of Saskatchewan, Tommy Douglas, announced his government would commence preparations for the first provincial public medical insurance system in Canada and North America. The announcement of the new system was the start of significant discontent in Saskatchewan politics. It was the beginning of the greatest medical crises in the province.

In 1961, the governing party of Saskatchewan, the Co-operative Commonwealth Federation (CCF), instituted the *Medical Care Insurance Act*. As a result, Saskatchewan’s political climate was fueled by outrage. The physicians in the province were angered. They responded by placing *anti-medicare* brochures in their offices. They ran anti-medicare advertisements in the newspapers and on television. KOD or “Keep Our Doctors” committees were formed province-wide to launch an anti-government campaign. The first was initiated by a group of four Regina housewives who, having been warned by their doctors that they could not expect service if the Plan was initiated, organized to protest implementation.

Medicare created tensions amongst neighbours, friends, and family members. This tension escalated to near riotous feelings during the Keep our Doctors March on July 11, 1962 in front of the Saskatchewan Legislature in Regina.

Preceding the KOD March, on July 1, 1962, the physicians withdrew their services and went on strike. Keep Our Doctors committees began to appear around the province. Many patients could not receive care, hospital patients were discharged, and hospitals closed.

Despite opposition to the plan, a few physicians continued their practice because of ethical reasons. Some remained because they supported the Plan. Political and civil life was fraught with emotion; however, this eventually dissipated and cooler temperaments prevailed.

Tensions between the provincial government and the province's College of Physicians and Surgeons escalated. Eventually, the public's mood calmed, and people began to consider the issue more rationally.

It is important to note that, prior to the strike and the ensuing turbulence, many people in the province gathered to plan what to do in the event the doctors would strike. Concerned citizens convened in meeting halls, church basements and around kitchen tables.

The Community Health Services Association (Regina) Limited was created by such a dedicated group. This group met in Regina on, June 24, 1962, a Sunday, in the Maple Leaf Block on Halifax and 11<sup>th</sup> Ave.

At this meeting they passed the following resolution:

- *Whereas we give full support to the Saskatchewan Medical Care Insurance act; and*
- *Whereas patients have the right to participate fully in developing the form of organization by which doctors' services are made available to them; and*
- *Whereas by co-operative action consumers can assure themselves of medical services satisfactory in quantity and quality:*
- *Therefore be it resolved that:*
  1. *A co-operative organization be formed to provide medical services on a group-practice basis under the provisions of the Saskatchewan Medical Care Insurance Act; and*
  2. *Membership in the organization be open to all residents of Regina and District.*

The Community Health Services Association (Regina) Limited was officially incorporated on July 16, 1962.

Woodrow Lloyd, Tommy Douglas's successor of the CCF party, implemented Saskatchewan's medical care insurance plan in 1962. Negotiations between the striking doctors, the College, and the provincial government resumed. On July 18, 1962, the **Saskatoon Agreement** was signed. The Agreement was brokered by Lord Stephen Taylor between the College and the government. Lord Taylor was asked to mediate because of his involvement with the creation of the National Health Service in the U.K.

The immediate crisis was over; however, it is suggested Lord Taylor harboured suspicions of healthcare co-operatives as not being compatible with the highest standards of medical practice. According to Bill Harding, one of the founding members of the clinic, after the Agreement was signed, Lord Taylor met with the clinic leaders and warned them against interfering with medical practice. Clinic leaders were landlords according to the Agreement and should not overstep their role.

The Clinic opened the same day the Doctors' Strike ended. The Association purchased 2353 McIntyre Street. The Clinic established itself at this location in the early years. Rural clinic services were offered to Earl Grey, Bulyea, and Southey from 1963 to 1964. In May 1963, the Association was already making plans to expand its facilities for 5 doctors and adding X-Ray, Lab, ECG, physiotherapy, and minor surgery.

Fund-raising began and volunteer labour was recruited to purchase another space. The practice had outgrown this location and the weight of the X-ray machine made the building sink.

It is important to note that, although the Agreement was signed, hostility still lingered. From the day the Clinic opened, physicians who worked at the Clinic were ostracized by most of their colleagues. Staff members were harassed regularly. The doctors were denied hospital privileges. It was a long arduous two-year battle to obtain hospital privileges for the Clinic doctors. Some of our founding members and directors will be remembered for their endless hard work and tremendous dedication. Their determination surpassed several obstacles.

Volunteers were an integral part of the clinic as well. Volunteer-led committees, programs, and membership and donation drives were part of the concerted collaborative effort which sustained the clinic. Fund-raising activities were essential to the Clinic's survival and expansion. Even today, donations to our Growth Fund help maintain some of our equipment, programs, and services.

The Association opened its new Regent Park facility on April 2, 1966. The original McIntyre location was closed.

A period of internal struggle ensued between the Board and physicians. In 1971, the provincial government proposed an alternative form of financing called Global Budgeting, instead of the fee-for-service model which had existed until then. Global Budgeting put the entire Clinic budget in control of the Board. All staff, including the doctors, would work under a salaried arrangement. Neither the Medical Group nor the Board were completely satisfied with the particulars of the proposed arrangements. The physicians parted ways with the clinic.

February 1, 1974 saw the Community Health Services Association with no doctors. It faced challenges providing medical services to members and stabilizing the Clinic. The Association's original Medical Director, Dr. Pavely, returned on a 3-month contract, and the Clinic was renamed the COMMUNITY HEALTH CENTRE. The Clinic focused on recruiting new doctors as well as developing and offering new services and programs.

In 1980, the Clinic changed its name to **the Regina Community Clinic**, as it is known today! The name was changed from the Community Health Centre as it thought it could be confused with the Community Health Services Branch of the provincial Department of Health.

Another significant change occurred in 1995 when the clinic changed its location to 1106 Winnipeg Street. Further expansions were undertaken in 2007 to accommodate more physician offices and examination rooms. Daycare services were opened at Winston Knoll, Argyle Park, and one on Sangster Boulevard. Unfortunately, the daycares proved to be financially unsustainable, and the 3 daycares were eventually closed.

As a co-operative healthcare centre, its focus has been not only to provide integrated wholistic primary healthcare but also to be a centre which promotes healthy living as articulated by former Board Director, Barbara Cass-Beggs, **"it wasn't just a clinic to get people better. It was to be a clinic to prevent people getting ill. It was a prevention clinic..."**

It delivers healthcare through a team approach with an emphasis on disease prevention, early diagnosis, treatment, and education.

Throughout the years, the Clinic has offered various services and educational programs for its members, patients, and community. These programs and services have demonstrated its commitment to work co-operatively to create and maintain a healthy community. For over 60 years, the clinic has offered different services and programs at different times. It has provided: medical services to the correctional centre; Saskatchewan's first senior citizen's health screening clinic; medical services to the Piapot First Nation; cancer screening for women; community counselling, and pre-natal classes; hypertension screening; effects of alcoholism; diet and nutrition; smoking cessation; dentistry; chiropody/podiatry; optometry; physiotherapy; exercise; back care counselling; paediatric assessment; dermatology; massage therapy; and acupuncture.

Patient education has always been important. The clinic has offered seminars and materials on nutrition, menopause, fitness, AIDS, marriage counselling, housing, stress management, eating disorders, self-image, infant massage, diabetes, breast feeding, osteoporosis, herbal medicines, depression, therapeutic touch, kid's cooking, asthma/COPD, and substance abuse.

The Regina Community Clinic was one of the first in Saskatchewan to recognize the valuable contributions of Nurse Practitioners to a healthcare team.

Members continue to support the Clinic through participating on the Board and on committees, attending educational programs and the Annual General Meeting, and by making donations to the Growth Fund. The Regina Community Clinic is grateful for the donations it receives. Its current services and programs are extensive and comprehensive.

In 2004, the clinic partnered with the Regina Open Door Society and what was the Regina Qu'Appelle Health Region, to meet the initial primary health care needs of refugees arriving in Regina. It has continued this partnership and is now providing initial healthcare to refugees from Regina Catholic Family Services as part of its commitment to help those most vulnerable in its surrounding community.

It strives to reach to its community, members, and patients, particularly those in need. It continuously seek initiatives through which it can assist the most vulnerable in its immediate community, such as Sask. Energy's Share the Warmth Grant through which it was able to provide warm items of clothing to newly arrived Afghan refugees; Grocery cards from the Sherwood Co-op's Community Support Fund; and accessibility of pertinent medical information through the translation of materials created in the clinic.

It has been successful for 60 years because of its team, which includes physicians, nurse practitioners, registered nurses, clinic assistants, medical records clerks, receptionists, laboratory and x-ray technicians, counsellors, a computer systems technician, a medical stenographer, dietitian, exercise specialist, programming and communication coordinator, interpreters, management, Board of Directors, members, donors, and volunteers.

In the fall of 2021, it created a Culture Refresh Committee. The purpose of the committee is to promote a healthy, inclusive, and inspiring work environment.

The clinic has experienced many internal and external transitions. It is through challenging circumstances that have allowed its Association to examine its identity and create opportunities to revitalize and strengthen the clinic.

It is inspired by its rich history, the co-operative model and values and look to these for guidance as it moves forward into the future. The co-operative emerged, survived, and evolved in challenging circumstances. Its co-operative values and philosophy helped it to navigate several uncertainties during the COVID pandemic.

The Regina Community Clinic has a sixty-year plus history with many more years in the future. The Clinic is proof of the resiliency and timeless relevance of co-operatives. As it navigates the uncertainty of the strained current economic situation world-wide and the significant transformations in product and service industries, co-operatives can stand out. Co-operatives offer a different and viable business model for not only products but also services such as healthcare. According to the International Co-operative Alliance, co-operatives offer a human-centred business model and one that transcends time and stays the course through shifting political and economic climates.

The Co-operative model is inspired by the co-operative values of self-help, self-responsibility, democracy, equality, equity, and solidarity along with the ethical values of honesty, openness, social responsibility, and caring for others. These values are cornerstones upon which to build a better world.

The benefits of a co-operative community healthcare model have served patients and the community members in the past and can do so in the future. The co-operative philosophy and practice are timeless and are naturally and easily integrated into providing outstanding healthcare:

- Practitioners are not fee-for-services and are not driven by numbers. They are salaried. This allows practitioners to spend more time with patients.
- Practitioners care for patients based on the co-operative philosophy to treat the whole person, not to focus only on the disease.
- The philosophy underlying co-operative health care is to administer to the needs of the whole person rather than dealing with a single aspect of healthcare.
- All needs or most needs (types of testing and therapies) are offered in one location.
- The philosophy places heavy emphasis on patient responsibility in their health. Patients are active participants in their healthcare.
- The co-operative allows for a support staff to guide and educate patients in their health.
- The co-operative healthcare model is a team-based approach. There are many types of practitioners with specialties. These specialists are available and involved in patient care.

The challenges resulting from the COVID pandemic have not only forced healthcare services to adapt quickly but also creatively to meet the needs of those receiving care; qualities that are inherent in co-operative healthcare centres. As the Clinic moves forward into a post-pandemic world, the co-operative philosophy and model can be considered as viable and reliable models through which gaps in the healthcare system can be filled.

In order for co-operatives to continue supporting communities with vital products and services well into the future, the wisdom offered in a recent book, “A Modern History of the Co-operators” by Frank Lower and Heather Ryckman, can be applied to its own healthcare co-operative. The authors advise to, “never assume that it [a co-operative] will take care of itself and remain healthy. It needs constant attention and nurturing. By embedding co-operative identity as a core and critical part of its strategy.” (pg. viii). Our co-operative can emulate the example of the Co-operators, by taking enthusiastic and meaningful steps, to ensure that its identity remains as strong and relevant today as it was sixty years ago (pg. viii) and six decades and more into the future.