



BEDSIDE AND COMMUNITY: 50 Years of Contributions to the Health of Albertans by the University of Calgary Edited by Diana Mansell, Frank W. Stahnisch, and Paula Larsson

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EDITED BY

Diana Mansell, Frank W. Stahnisch, and Paula Larsson



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of Albertans by the University of Calgary

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UNIVERSITY OF CALGARY
Press

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*Diana Mansell, Frank W. Stahnisch,
and Paula Larsson*

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Glossary of Abbreviations:

AARN:	Alberta Association of Registered Nurses
ABVMA:	Alberta Veterinary Medical Association
ACHRI:	Alberta Children’s Hospital Research Institute
ACSM:	American College of Sports Medicine
AFNIGC:	Alberta First Nations Information Governance Centre
AHFMR:	Alberta Heritage Foundation for Medical Research
AHS:	Alberta Health Services
AHS-CZ:	Alberta Health Services—Calgary Zone
ANEA:	Alberta Nursing Educators and Administrators
AR:	Annual Reports (U of C Faculty of Kinesiology)
BHSc:	Bachelor of Health Sciences
BPE:	Bachelor of Physical Education
BSE:	Bovine Spongiform Encephalopathy
CARNA:	College and Association of Registered Nurses of Alberta
CART:	Community Action Research Teams
CCNP:	Calgary Conjoint Nursing Program
CEMA:	Calgary Emergency Management Agency
CGH:	Calgary General Hospital
CHR:	Calgary Health Region
CHREB:	Conjoint Health Research Ethics Board
CIHR:	Canadian Institutes of Health Research
CACMS:	Committee on Accreditation of Canadian Medical Schools
CNA:	Canadian Nurses Association
CP:	Clinical Presentation Curriculum
CPTED:	Crime Prevention Through Environmental Design

CSEP:	Canadian Society for Exercise Physiology
CSM:	Cumming School of Medicine (University of Calgary)
CT:	Computer Tomography
CUPS:	Calgary Urban Project Society
DACVIM:	Diplomate of the American College of Veterinary Internal Medicine
DVM:	Doctor of Veterinary Medicine
EIA:	Environmental Impact Assessment
EIM:	Exercise is Medicine®
EiMC:	Exercise is Medicine® in Canada
ETH:	Eidgenössische Technische Hochschule (Zurich, Switzerland)
EVDS:	(Faculty of) Environmental Design
FMC:	Foothills Medical Centre
FNIGC:	First Nations Information Governance Centre
GIS:	Geographic Information System
GRAPH:	Group for Research with Aboriginal People on Health, OIPH
HIIT:	High-Intensity Interval Training
HPL:	Human Performance Lab (University of Calgary)
HRIC:	Health Research Innovation Centre
HRMB:	Heritage Medical Research Building
HSC:	Health Sciences Building
H1N1:	Influenza A Virus Subtype H1N1 (“Swine Flu”)
H7N7:	Influenza A Virus Subtype H7N7 (“Bird Flu”)
IAPH:	Institute of Aboriginal Peoples’ Health
IMCH:	Institute of Maternal and Child Health
LCME:	Liaison Committee on Medical Education
MArch:	Master of Architecture
MCATs:	Medical College Admissions Tests
MED:	Master of Environmental Design
MLA:	Master of Landscape Architecture
MPlan:	Master of (Architectural/Urban) Planning
MRC:	Medical Research Council (of Canada)

MSB:	Medical Services Branch of the Department of National Health and Welfare
NEAHR:	Alberta Networked Environments for Aboriginal Health
NWT:	Northwest Territories
OCAP™:	Ownership, Control, Access and Possession
OIPH:	O'Brien Institute for Public Health, University of Calgary (previously: Institute for Population and Public Health; Institute for Public Health)
PE:	Physical Education
PHC:	Primary Health Care
ProvLab:	Alberta Provincial Laboratory for Public Health
RCPSC:	Royal College of Physicians and Surgeons of Canada
SARS:	Sudden Acute Respiratory Syndrome
SBS:	Sick Building Syndrome
SDOH:	Social Determinants of Health
TRW:	Teaching, Research, and Wellness Building
UAC:	University of Alberta at (later: in) Calgary
UBC:	University of British Columbia
UCVM:	University of Calgary Faculty of Veterinary Medicine
UME:	Undergraduate Medical Education
U of A:	University of Alberta
U of C:	University of Calgary
U of L:	University of Lethbridge
U of S:	University of Saskatchewan
U of T:	University of Toronto
USDHHS:	US Department of Health and Human Services
USPHS:	United States Public Health Service
VA:	Veterans Administration (United States)
VRRRI:	Vocational Rehabilitation Research Institute
WHO:	World Health Organization

Acknowledgements

The idea for this book was conceived by Diana Mansell several years before the fiftieth anniversary of the University of Calgary. The university had become autonomous in 1966, transitioning from its status as the “University of Alberta at Calgary” (or “Calgary Branch”) to Calgary’s own university. Dr. Mansell communicated this idea to her colleagues in the Faculty of Nursing, where she had been an instructor in nursing and nursing history for several decades before her recent retirement. Fortunately, many of her colleagues endorsed the idea of describing and examining the health-care contributions of the University of Calgary for the anniversary celebrations in 2016. Furthermore, the previous dean of the nursing faculty, Diane Tapp, supported the project through additional research time, research assistants, and liaising with potential research funding groups and institutions.

Dr. Mansell followed through with her idea and contacted Frank W. Stahnisch, the holder of the Alberta Medical Foundation/Hannah Professorship in the History of Medicine and Health Care at the Cumming School of Medicine, who became quite excited about the idea and immediately supported the project, since it offered important and intriguing opportunities for cross-departmental and inter-faculty collaboration, networking, and support. This had been successfully practised before in inter-professional learning workshops in the history of medicine and nursing between Diana and Frank. Together, they reached out to administrators and scholarly colleagues working on history topics in the Faculties of Kinesiology, Medicine, Veterinary Medicine, Education, Science, Arts, Environmental Design, the O’Brien Institute of Public Health, Alberta Health Services, and Mount Royal University to explore and analyze the University of Calgary’s contributions to health care during the past five decades. Unfortunately, not all who were contacted could contribute to

this book due to the demands of their own research agendas, two unfortunate cases of illness, and one due to full immersion in the administrative duties of a departmental leadership position. Two other interested scholars had retired from their respective unit or left the University of Calgary to take up positions at other research universities.

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The Calgary History of Medicine Society offered a welcoming and supportive forum for several presentations on the contributions to health care and medicine made by the University of Calgary since its early inception, including the “History of Family and Community Psychiatry,” the “History of Nursing Collection,” and the “Establishment of the U of C Faculty of Medicine.” We extend our gratitude to the society’s president, Jim Wright, for making these fruitful exchanges and discussions possible. Furthermore, we are grateful to Ryan Perks for his meticulous copy-editing of this book. Our thanks go as well to the University of Calgary Press for the encouragement and invitation to submit this manuscript, and we wish in particular to thank Brian Scrivener, Helen Hajnoczky, and Alison Cobra, as well as two anonymous reviewers who commented painstakingly on our earlier manuscript.

Diana Mansell, Frank W. Stahnisch, and Paula Larsson
University of Calgary & University of Oxford

Preface

This book traces the life story of a satellite campus of the University of Alberta that began humbly in one building on the Provincial Institute of Technology and Art (now the Southern Alberta Institute of Technology) campus and grew into Calgary's own university. This history commemorates the hard work and the enduring spirit of the people of Alberta who built the University of Calgary and also formed it into the community health resource that it has become today. Many of these unconventional Albertans have advocated for the University of Calgary, the Foothills Medical Centre, and the Alberta Children's Hospital, in service to the health and well-being of everyone in the province. From Calgary City Council, to the Alberta Heritage Foundation for Medical Research, and the Government of Alberta, community support for direct health care and health research has never been lacking.

In 1966, an independent University of Calgary was born out of the needs of a surging urban population in Southern Alberta. We did not start out with a faculty of medicine or a faculty of nursing, but these quickly became priorities because of the high ratio of patients to physicians in Calgary. The 1964 Royal Commission on Health Services had previously identified this shortage of medical practitioners, and it suggested Calgary as an ideal site for a new medical school. Despite this compelling evidence, however, it took some persuasion from local cardiovascular physician Dr. Earle Parkhill Scarlett (1896–1982), Premier of Alberta Ernest C. Manning (1908–1996), and the Senate of the University of Calgary to convince all stakeholders that this was the right thing to do. Out of these efforts, the Faculties of Medicine and Nursing were eventually founded in 1967.

With the evolution of multi-disciplinary research through the years, our faculty members found that they could better support public health by working together, rather than in isolation. Academic journals and clinical

practice increasingly supported a more holistic view of preventive health initiatives and primary health care. This expanded definition of health now included—among other considerations—contributions from clinical psychology, kinesiology, environmental design, and veterinary medicine. Combining multi-disciplinary expertise has resulted in some impressive health breakthroughs: a recognition of Indigenous health needs; the positioning of nurses as leaders in the promotion of patient-centred care; an increased understanding of the connection between animal and human health; the expanded role of kinesiology in maintaining quality of life; and the opportunity to support accessibility for seniors with barrier-free environmental design, among many other examples.

At the same time that the university was building its team of educators, researchers, and administrators, Alberta was growing too. The population was expanding with the arrival of newcomers from across Canada and further afield. The postwar baby boomer generation was coming of age and moving from rural areas to Alberta's urban centres. In the face of these changing demographics in the province, the University of Calgary adapted its goals to suit the surrounding community. The university's ambitions have always been interwoven with the needs of Albertans, and that core belief endures to this day. For every life stage, from birth at the Foothills Medical Centre, to spending summers at Bike Camp in Mini U summer camps, to exploring new research in nutrition, to exercising at the Kinesiology Complex, and so much more, the University of Calgary is walking in step with Albertans to support their good health.

Thank you to Dianne Tapp, former dean of the Faculty of Nursing, for conceiving of this book, and to Diana Mansell (Faculty of Nursing), Frank Stahnisch (Cumming School of Medicine), and Paula Larsson (formerly of the Department of History), for bringing this campus collaboration to life. This book was compiled to show, in some small measure, how the University of Calgary was created by and for the people of Southern Alberta, and the goals of the university have always reflected back on the character of Albertans. Armed with this strong sense of community, the University of Calgary will continue to be guided by the needs of Albertans well beyond its hundredth anniversary.

Dr. Elizabeth Cannon
President Emerita, University of Calgary

Foreword

If it's true, as Benjamin Franklin (1706–90) claimed, that the only certainties in life are death and taxes, then a well-funded public health-care system is the umbilical cord that joins the two. In Canada, at least in the modern era, people dutifully, if not enthusiastically, pay taxes in the expectation that, among other things, their governments will provide, maintain, and renew a network of hospitals, physicians, nurses, and other front-line providers of medical treatment and care. Death, of course, cannot be permanently postponed, but for generations Canadians have come to believe and expect that their public health-care system should offer the best and most up-to-date services their accumulated tax dollars can reasonably afford. What happens in practice is, inevitably perhaps, messier and more complicated than that. How public moneys are allocated within the health-care system, to what end, and with what effect are critical questions that never find a final, fixed answer, but remain, rather, subject to ongoing public and political debate. Among the various institutions that have spearheaded this discourse at the provincial, regional, and local levels are the medical faculties and related departments within Canada's universities.

The seven chapters that comprise *Bedside and Community* shed light on one corner of this debate. Marking the fiftieth anniversary of the University of Calgary, this collection explores its many and varied contributions to the evolution of public health care in Calgary, and indeed beyond, since the mid-1960s. The authors embrace a variety of approaches and perspectives as they chronicle the University of Calgary's role across a wide range of topics, such as the changing function of the Faculty of Medicine within the public health-care system, shifts in the concept of nursing, controversies within Aboriginal health research, developments within clinical psychology and kinesiology, and the emergence of the Faculty of

Veterinary Medicine. While each chapter offers insight and analysis that the reader will find useful and interesting in their own right, taken as a whole they also raise some important questions about the nature and function of public health care in Alberta.

For example, is the public health-care system best thought of as a *process*, the *means* by which institutions and their constituent practitioners deliver aid, care, and comfort to their patients? If so, how should that process best be evaluated? How is the public's money being spent, and how efficient (in terms of outcomes) is the system as an operation? Alternatively, should the public health-care system be viewed as a *product*—that is, as something that can be measured in terms of overall outcomes over time and, also, at any given time? Can the health of a population in, say, 1970, empirically be compared to that of the parallel population in 2010? If so, what lessons can or should be drawn from such comparisons? Or, just to push the question a little further, should the public health-care system ultimately be analyzed as a series of *dynamics*, a network of relationships embedded within and arising from the sometimes coinciding and sometimes conflicting interests of the various parties involved, including (but not exclusively so) doctors, nurses, administrators, patients, politicians, policy-makers, and the public? If no clear and definite answers to such questions emerge from the chapters in this book, this is no slight to them. That they provoke the reader's need to consider, address, and propose at least tentative answers to such interrogations is to underline their significance at this time.

What also emerges from these chapters—from their different approaches, themes, and concerns—is the broad changes that occurred within the public health service from the 1960s to the present day. As is perhaps implied by the book's title, *Bedside and Community*, the fundamental shift was from *where* health care was delivered to *how* it has been conceived. Institutions such as hospitals have always been identified with the provision of treatment, in a remedial sense, but what arises from these essays repeatedly is the tension between cure and prevention. Is the public health-care system's primary function to treat patients—to stave off death, as per Franklin—or to prevent them from becoming patients in the first place? Again, there is no clear answer. What this book does make clear, however, is that the story of public health care in Calgary—and by extension, in Alberta—cannot be told as an upwards trajectory from failure

to success. Instead, as the editors note in the introduction, the historical record was “far from a gentle progression upwards to a pinnacle of success,” but instead featured many “sudden leaps forward and hesitant steps backward” (p. 9).

If this is true, then what the following chapters also reveal is that two decades in particular stand out as critical in the evolution of Alberta’s public health-care system. The first was the 1970s. Following the establishment of the University of Calgary’s Faculty of Medicine in 1967, the 1970s were, for the most part, years of growth and expansion. They witnessed such events as the Blair Report on Mental Health, the foundation of the Faculty of Environmental Design at the University of Calgary, the first undergraduate classes at the university’s Faculty of Medicine, the opening of a new Health Sciences Centre, the creation of the Stoney Health Centre, the first classes at the new Faculty of Nursing, the report of the provincial Task Force on Nursing Education, and the establishment of the Provincial Mental Health Advisory Council. Such a list of achievements, perhaps under recognized before now, is thrown into stark relief by the chapters that follow here. The 1970s were, in general, a time of turmoil and unrest in Canada, but the advances made in public health care also made the decade a pivotal era in Alberta’s history.

The second decade that stands out is the 1990s. These were more challenging years. In Alberta, amidst the spending cuts made by the Progressive Conservative governments of Don Getty (1933–2016) and Ralph Klein (1942–2013), plus the decision by the federal Liberal government under Jean Chrétien (b. 1934) to combine transfer payments to provincial post-secondary education, welfare programs, and health care under one single budget line, the 1990s quickly became an era of cutbacks and austerity. A consequent search for efficiencies, mergers, and rationalizations took their toll on the public health-care system. There was one positive result of this, however, as health-care providers now placed a new emphasis on prevention rather than cure. If the deliverers of health care were now under the hammer, maybe one response might be to lessen the number of people who, through lifestyle choices or a lack of knowledge, placed themselves needlessly at risk. What we see in the 1990s, then—as the following chapters make clear—is a shift in how public health care was perceived. For example, in 1994 the Calgary Regional Health Authority was established, later to be replaced by the broader Alberta Health Services in 2008. Also

created in this decade were the Institute of Aboriginal Peoples' Health, the Office of Gender and Equality, the Joint Doctoral Program in Psychology, and the switch from the Faculty of Sports Medicine to that of Kinesiology at the University of Calgary. These all reflected changes in tone, approach, and focus when it came to the delivery of and research into public health. Once again, as the editors point out in their concluding discussion, the effect was that the University of Calgary's Faculty of Medicine "went from a faculty that trained physicians *for* local communities to one that trains physicians *through* local communities" (p. 214).

This is a shift in emphasis, a shift in tense. From object to subject, from past to present. It is also, as the book's title once again underlines, a shift in locus: from the bedside to the community. In the end, the essays here are a testament both to what has been achieved in the realm of public health care over the past half-century and also what remains to be done. Whether the public necessarily gets the public health-care system it deserves—and that it has paid for—is moot, but it is up to that same public to demand that this system prevails. The chapters that follow play a critical role in informing the public of their duty in this regard.

Dr. David Bright
Professor of History, Niagara College, Ontario

Introduction

Paula Larsson, Frank W. Stahnisch, and Diana Mansell

The University of Calgary was established at a time of provincial population growth and urban expansion.¹ It had long existed as a secondary campus for the University of Alberta, but the education and health-care demands of the community led to the creation of the University of Calgary as an autonomous post-secondary institution in 1966, from its former status as the University of Alberta of (later “in”) Calgary (UAC—or “Calgary Branch”). This in turn laid the foundation for a second provincial faculty of medicine in the city of Calgary. The decision to form the University of Calgary was made almost sixty years after the foundation of the University of Alberta in Edmonton. Calgary historian Antony W. Rasporich (b. 1940) captivantly described this development in his pioneering book *Make No Small Plans: The University of Calgary at Forty*:

As an autonomous entity, inferior in no respect to the University of Alberta . . . the University of Calgary was an infant institution determined to challenge its older sibling. It joined a host of younger institutions of higher learning, twelve degree-granting universities born between 1954 and 1964, to bring the Canadian total to forty-four.²

Thus, the University of Calgary was born in the context of a wider shift toward higher education and learning within the country, and amid concerns over the increased health demands of a growing postwar population.³

The Calgary campus officially formed in 1966, and the next year it founded its own independent medical program. The medical campus was uniquely situated in the north of Calgary, directly attached to the new Foothills Hospital. Much like the medical community in the rest of the country, Calgary's Faculty of Medicine was positioned at the confluence of various medical traditions. The older Faculty of Medicine at the University of Alberta provided a basic guideline for the development of a new physician training program and helped to characterize the professional standards of knowledge and education required for medical practitioners in the province of Alberta. Yet being a young university gave Calgary an advantage over its older counterpart in that it allowed for the conscious design and incorporation of new ideas for translational and holistic medical practices into the training of its students. This is seen most clearly in the location of the Faculty of Medicine directly within the hospital setting. The resulting proximity of students to patient care ensured the opportunity for practical application of medical training throughout their studies. The focus on patient care began directly at the bedside for the future doctors and soon nurses of the University of Calgary.

Yet the focus on health training and health care did not stop at the physician training program or hospital practice. The structure of the university matured through the ensuing decades as new ideas blossomed in the public-health and medical disciplines. The University of Calgary responded with open discussion and expansion into new areas of health care, training, and research. New faculties were created to train students in nursing, psychology, kinesiology, environmental design, and eventually veterinary medicine.⁴ Funding from the provincial government in the 1970s provided the seed for initial growth. Hospital and clinical bedside care were transformed with the addition of new research techniques and medical knowledge. The number of students grew steadily, as did the number of departments. By 2016, the number of students enrolled in the Faculty of Medicine—called the Cumming School of Medicine since 2014—was 2,554.⁵ Today, the Faculty of Medicine has 7 full research institutes,⁶ 3 research centres,⁷ and 20 separate academic departments.⁸ It is involved in multiple collaborative initiatives with local communities and

organizations, as well as in partnerships with other medical researchers and institutions, both in Canada and worldwide. Additionally, many more students and faculty members across the university as a whole are actively involved in health-care practice, research, or training programs.

This book looks at how the University of Calgary has contributed to health care, training and health research over the past fifty years. Each chapter forms a concise discussion of one major area in this narrative, shedding light on the evolution of the various faculties and health initiatives within the changing waters of health care in the province of Alberta. It is clear from these discussions that the university has evolved within the larger context of the Calgary community, consistently establishing networks of training, care, and research beyond institutional confines.⁹ The story begins with the establishment of the Faculty of Medicine and an overview of the ideals on which it was founded. These founding concepts of bedside patient care were expanded and eventually replaced by new concepts of holism, wellness, and globalized health. As new officials stepped in to guide the progress of the university through a shifting political landscape, the focus on individual health was broadened to encompass larger health networks. These changes were often driven by different members of the university, and the contributions of such individuals are especially highlighted in this narrative, for they shaped the university's key responses to the local conditions and social contexts of the time. The various deans each had a unique influence on the focus of the university, and the many professors and researchers have exercised individual influence on the development of faculties, departments, and the school's overall mission.

Thus, the following history is not simply a discussion of the Faculty of Medicine. At the core of medical research at the University of Calgary is a vast network of different faculties, departments, projects, and people. The people themselves—the professors, students, and researchers—have all played key roles in creating personal connections between faculty members and the community at large. The students and their experience form an intimate piece of this overall process. As Robert James Eustace (1942–2013), president of the University of Calgary Students' Union, remarked at the introduction of the Calgary student centre in 1968:

At this time, I should say a few words about the building and the students. . . . We students of today want to play a part in society that is significant. We are asking to take a different role than was played by our predecessors. Not merely because we want to, but because we believe we can contribute something worthwhile and meaningful to the lives of everyone else, be they our next-door neighbours, or those in another country. We believe in human things. We believe that people are important; we believe love is important, and we believe in death too.¹⁰

Social concerns, student activism, and intellectual pragmatism contributed to the formation of the modern character of the university's student and faculty community. Its many deans and department heads all stepped into their positions with the goal of strengthening the institution and its programs. Yet change resulted from the efforts of many people—faculty members who fought hard for inclusive programs and policies, inspired scholars who proposed new avenues of medical research, practitioners who followed individual passion and changed systems of caregiving, education, and environmental interaction. Included throughout this narrative, then, are the many communities that stimulated purposeful debate on policies and programs within the university since its inception.¹¹ These people and their impact are an important part of the University of Calgary's contributions to health and health care in its first half-century.

This edited collection brings together narratives of health care, training, and research from across the university. Each chapter is written by authors who have influenced or experienced the focus in health research, education, prevention, or active care in several faculties throughout the past fifty years. Despite the diverse material covered in their respective chapters, they all speak to the interrelationship of the university with its many communities. Eschewing the traditional “top-down” approach of many institutional histories, these chapters reveal the impact of more than just the administration—they showcase the conversations between members of the university and local groups with others with a vested interest in the health of Alberta. The voices of deans and department chairs are presented beside those of professors, physicians, nurses, university researchers, students, members of Indigenous councils, and government

officials. This approach reveals the web of interaction that shaped the university as it grew and reformed itself in the late twentieth century.¹²

The first chapter in this volume places the Faculty of Medicine within the larger context of provincial medicine throughout the last fifty years. This story is not always one of progress, but it is always one of change. Frank W. Stahnisch outlines how the University of Calgary's Faculty of Medicine began as a new medical school, one determined to reach beyond its junior position in the Canadian institutional order.¹³ These early goals were obtained by integrated teaching in medical practice and a focus on training in family care, to ensure the newly trained students would have a practical understanding of primary care for the communities in which they would be working. The interdisciplinary teaching and active learning style of this program proved a winning combination, and the faculty expanded significantly in the 1970s.¹⁴ These expansions were mainly in research areas, though the Calgary campus would soon be integrated into the larger network of health-care bodies within the province. Subsequent developments in pediatrics, neurology, public health, and other fields followed. A need-response feedback characterized the relationship between the faculty and the larger community.¹⁵ The Faculty of Medicine's status as a new school of medicine allowed for a degree of flexibility that facilitated adaptation to the changing structures in the provincial medical context.

The second chapter of this volume takes the analysis of the University of Calgary Faculty of Medicine one step further, into the area of Indigenous health. Despite the progressive process outlined in chapter 1, Paula Larsson and Wilfreda E. Thurston show in their chapter that the Faculty of Medicine has not always succeeded in its efforts to provide care to local communities. These efforts began as a promising initiative, with an attempt at providing clinical care to the Stoney Nakoda tribe (also known as Stoney or Îyârhe Nakoda) in Southern Alberta. Yet these hopeful beginnings were soon halted by tensions between the two parties, and any official focus on Aboriginal health in the faculty was abandoned for the next twenty years. The reintroduction of concerns over Aboriginal health, including clinical care programs, training and teaching Aboriginal students, or instituting Aboriginal health research, was a gradual process spearheaded by individual faculty members rather than the administration.¹⁶ These individuals have pushed to re-implement concern for Aboriginal health in the mandate of the Faculty of Medicine, as well as to

implement equal-opportunity programs at the university. These initiatives have more recently been accompanied by numerous independent projects led by individual members of the faculty.

Chapter 3 of this volume outlines the founding and subsequent development of the Faculty of Nursing, which coincided with that of the Faculty of Medicine. Diana Mansell was a lecturer and senior lecturer in nursing at the University of Calgary from 1986 to 2015. She documents how the Faculty of Nursing initially had a similar focus on bedside care and practical nursing care when training early students. As the program matured, the faculty's attention shifted to health education and preventative medicine. Nurses realized the need for everyday care in the form of individual patient health maintenance. The nursing program thus emphasized the promotion of a healthy lifestyle, with a stress on the conservation of human dignity in care. Much like the Faculty of Medicine, the nursing training program has approached clinical health care and research with an eye to both discipline paradigms and local needs.¹⁷ The Faculty of Nursing soon extended to incorporate a graduate program, and it has since expanded into broader public-health initiatives and community-empowerment strategies. Despite the many changes over the last half-century, this faculty has nonetheless consistently emphasized a holistic approach to health—including medical care, treatment, maintenance strategies, and individualized approaches.

Continuing in the vein of holism in clinical care, in chapter 4 Hank Stam and Lorraine Radtke outline the history of psychology at the University of Calgary. As neuroscience was introduced and recognized as a priority for the university, so, too, was psychological health and research. The 1968 Blair Report on mental health in Alberta established health psychology as an area of research in the Calgary medical school, which was later confirmed by inroads into health, mental health, and psychopathology. Although this field was characterized by a wholesale acceptance of bio-medical models for health psychology, researchers and clinicians at the University of Calgary—Hank Stam among them—gave early criticism of this approach and sought to bring new theoretical methods to the discipline. Discussion of the role of clinical psychology within the profession in North America was a keystone of the establishment of this discipline at the University of Calgary. The resulting program is one that has deep community ties, with an emphasis on practicum placements, collaborative

projects, and the direct involvement of community members in student examining committees.

Stepping away from the clinical focus, kinesiology professor Patricia K. Doyle-Baker discusses the creation of physical education and kinesiology programs from the perspective of a “then” and “now” comparison. Her chapter outlines how early understandings of the interchanges between movement and health are still present in the “now” of professionalized medical kinesiology. The Faculty of Kinesiology at the University of Calgary incorporates these early understandings of exercise and health in a variety of initiatives. The discipline began with a focus on physical education, but the hosting of the 1988 Olympic Games in Calgary helped to shape a deeper interest in athletic therapy, recreation, and fitness in response to the health demands of the community.¹⁸ The bachelor of kinesiology resulted, and this was soon followed with the establishment of the Faculty of Kinesiology. In 2003, the Sports Medicine Centre and the Human Performance Lab merged, resulting in a professional kinesiology practice that incorporated a vast number of approaches to movement and health. Performance, function, therapy, and treatment were all combined into the modern kinesiology faculty, creating a bridge between the then and now.

While most of this volume is devoted to the history of direct health interventions at the University of Calgary, the final two chapters illustrate two more recent faculties, both of which focus on indirect interventions. For example, chapter 6 focuses on one of the newest disciplines within the context of health care in Canada, that of environmental design. The Faculty of Environmental Design understands medical care in a broader environmental framework, emphasizing how design can promote and regulate human health. This faculty initially began with an idea of “harmony” between humans and the environment, a notion that was recognized early on to have many benefits for human wellness. The faculty was established as a unique institution at the university in the 1970s. Environment was thereafter reconceived as a controllable and alterable entity that could be utilized as a tool for health promotion and care. This faculty has an incredibly wide range of programs and activities, from projects that target individual human experience, larger architectural designs, and, ultimately, the creation and alteration of public spaces. Through the Faculty of Environmental Design, the University of Calgary has broadened its

initial focus on holistic care to include a more dynamic understanding of the individual within a network of interactions that can affect health and well-being.

Lastly, the discussion of the foundation and growth of the Faculty of Veterinary Medicine outlines another indirect approach to human health, which in chapter 7 is defined as the “One Health” approach. One Health incorporates a translational exchange of knowledge between human biomedical research and veterinary medicine. The interest in holistic approaches to medicine shared by the other departments is therefore continued in the development of veterinary medicine at the university. Human medicine and veterinary medicine were initially separate disciplines, with discrete courses and areas of study.¹⁹ The growth of this field in Alberta was suddenly stimulated in the early 2000s by animal proximity and consumption. In particular, public fear of bovine spongiform encephalopathy,²⁰ the SARS and West Nile viruses, and “bird flu” all contributed to increased concern with human-animal health interactions. The notion of a One Health ideology followed these fears, providing a perspective on health that goes beyond simply the individual and human condition. A new focus was introduced, one that incorporated animals, the environment, and individual lifestyle into the overall health-care framework. This framework was established as a global one and it seeks to work toward an optimal combined health for people, animals, and the environment.²¹ It has also brought the University of Calgary into globalized collaborative projects, which will hopefully structure future research programs.

Histories of educational institutions are often compiled in commemorative fashion to mark the passing of time and the growth of a community.²² Medicine and nursing in Alberta have had their share of these histories, one of the largest and most comprehensive being Robert Lampard’s very extensive compilation on Alberta’s medical history.²³ That work incorporates not only an in-depth discussion of the various changes in Alberta’s medical landscape from the turn of the twentieth century, but also contains, within its voluminous seven hundred pages, numerous biographies of medical actors from the provincial past, as well as a comprehensive discussion of all the major medical milestones achieved in the past century. Other notable works covering similar subject areas in the history of health care in the province include numerous publications on the history of nursing in Alberta. The most notable of these works include

nursing historian Tony Cashman's early *Heritage of Service* (1966), which was followed a little more than a decade later by Irene Steward's *These Were Our Yesterdays* (1979).²⁴ Both works provide personal and professional insight into the nursing community across Alberta. In 1998, Janet Ross-Kerr published her monograph titled *Prepared to Care: Nurses and Nursing in Alberta*. This academic history took a systematic approach, incorporating a discussion of major political and social changes and their impact on provincial nursing practice.²⁵

This volume fits in best with other institutional histories, as it seeks to provide critical evaluations of the major developments within the University of Calgary since its foundation. At times, it emphasizes specific health-care conditions and advances, while at others it recognizes the faults of the past half-century and the areas that have been neglected. Rehabilitation researcher Elise Corbett's 1990 work on the history of the Faculty of Medicine at the University of Alberta, for instance, is another work published with an anniversary in mind.²⁶ Other notable institutional histories that have recently been published include historian Edward Shorter's large overview of medicine at the University of Toronto and its academic hospitals, and historian David Wright's *SickKids: The History of the Hospital for Sick Children*.²⁷ In contrast to these institutional histories, our focus in *Bedside and Community* is on collaboration, and thus we have compiled different contributions from a varied cast of scholars who sought to create a dynamic depiction of the diversity and variability of medical research at the University of Calgary. Instead of focusing on simply one faculty, this work seeks to provide a nuanced and amalgamated discussion of medical care, research, and training throughout the university setting, written in a spirit of reflexivity and self-evaluation.

This history goes beyond simple growth to illuminate the sometimes difficult path that led to the current atmosphere of inter-departmental and inter-faculty collaborations in health research at the University of Calgary. This path was far from a gentle upward progression to a final pinnacle of success. Indeed, the path is only just beginning for this institution after its first fifty years. Its history has seen sudden leaps forward and hesitant steps backward. In some instances, change came naturally and open-minded approaches to medicine governed the administration. Yet there are many points in this story that reveal that health research at the University of Calgary was far from a unified body. There have been clashes

over how to tackle problems of health, health care, and wellness. We think that this story is not one of relentless progress but, rather, one of relentless conversation. The members of the university have had a constant dialogue surrounding their various disciplines—with each other, the students, and the community at large. Through practical care, collaborative projects, research, and a relentless concern for improving health, the University of Calgary has given fifty years of medical contributions to people at all levels, both *at the bedside and in the community*.

NOTES

- 1 See chapter 1 in this volume by Frank W. Stahnisch for further discussion of government fears over population growth and the increased demands on the health-care system. For further comparison, see Emmett M. Hall, ed., *Royal Commission on Health Services: 1964/Royal Commission on Health Services: 1965* (Ottawa: Government of Canada, 1964 and 1965), 2 vols.
- 2 Anthony W. Rasporich, *Make No Small Plans: The University of Calgary at Forty* (Calgary: University of Calgary, 2007), 3; quote from 28.
- 3 *Ibid.*, 126–43.
- 4 We originally hoped to include a chapter on the history of the Faculty of Social Work, but unfortunately, finding an author in this area proved to be difficult after a faculty historian had to decline due to an over-commitment to other projects at the time of the University of Calgary's fiftieth anniversary.
- 5 See "Summary by Faculty Student Enrolment, Fall 2015," Registrar's Office, University of Calgary, <https://oia.ucalgary.ca/files/oia/2015-16fb-2-2-sum-x-faculty.pdf> (accessed 1 August 2019).
- 6 The seven research institutes are: the Alberta Children's Hospital Research Institute for Child and Maternal Health; the Arnie Charbonneau Cancer Institute; the Calvin, Phoebe, and Joan Snyder Institute for Chronic Diseases; the Hotchkiss Brain Institute; the O'Brien Institute for Public Health; the Libin Cardiovascular Institute of Alberta; and the McCaig Institute for Bone and Joint Health.
- 7 These include the Centre for Advanced Technologies, the Calgary Centre for Clinical Research, and the Clinical Research Unit.
- 8 The twenty official academic departments listed on the Cumming School of Medicine webpage are: Anaesthesia; Biochemistry and Molecular Biology; Cardiac Sciences; Cell Biology and Anatomy; Clinical Neurosciences; Community Health Sciences; Critical Care Medicine; Emergency Medicine; Family Medicine; Medical Genetics; Medicine; Microbiology, Immunology, and Infectious Diseases; Obstetrics and Gynaecology; Oncology; Paediatrics; Pathology and Laboratory Medicine; Physiology and Pharmacology; Psychiatry; Radiology; and Surgery.

- 9 Don Smith, *Calgary's Grand Story: The Making of a Prairie Metropolis from the Viewpoint of Two Heritage Buildings* (Calgary: University of Calgary Press, 2005), 257–61.
- 10 Robert Eustace, "Students' Union President," in *Tallystick Yearbook*, ed. Student's Union Calgary (Calgary: University of Calgary, 1968), 177.
- 11 For comparison, see Baldwin P. Reichwein, *A Century of Public Health Services in Alberta* (Edmonton: Alberta Public Health Association, 2007).
- 12 Aritha Van Herk, *The Age of Audacity: 50 Years of Ambition and Adventure at Calgary's Own University* (Calgary: University of Calgary Press, 2016), 3–5.
- 13 For comparison, see Brian Hodges, "The Many and Conflicting Histories of Medical Education in Canada and the USA: An Introduction to the Paradigm Wars," *Medical Education* 39, no. 6 (2005): 613–21.
- 14 See also Henry Mandin, Peter Harasym, Chris Eagle, and Mo Watanabe, "Developing a Clinical Presentation Curriculum at the University of Calgary," *Academic Medicine* 70, no. 1 (1995): 186–93.
- 15 Rasporich, *Make No Small Plans*, 3.
- 16 Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900–50* (Vancouver: University of British Columbia Press, 1999), 55–77.
- 17 Boschma, *Faculty of Nursing on the Move: Nursing at the University of Calgary, 1969–2004* (Calgary: University of Calgary Press, 2005): 18–27.
- 18 David Whitson, "Bringing the World to Canada: 'The Periphery of the Centre,'" *Third World Quarterly* 25, no. 7 (2004): 1215–32.
- 19 This emerged also as an organizational and planning problem for the U of C's new Faculty of Veterinary Medicine in its initial stages. See, for example, Rebecca Aronauer and Janice Paskey, "At Long Last, Harvard Hires Endowment Manager; U. of Calgary loses Dean who was to help create Vet School," *Chronicle of Higher Education*, (28 October 2005): A8.
- 20 Michel C. F. Shamy, "While England Ate: Government and the Risk of BSE, 1979–1996," in *The Proceedings of the 21st Anniversary History of Medicine Days Conference 2012: The University of Calgary Faculty of Medicine, Alberta, Canada*, ed. Aleksandra Loewenau, Kelsey Lucyk, and Frank W. Stahnisch (Newcastle upon Tyne, UK: Cambridge Scholars Publishing, 2015), 2–27.
- 21 Abigail Woods, "One Health, One Medicine: Reconnecting Humans and Animals within Medical History," *Western Humanities Review* 69, no. 3 (2015): 148–69.
- 22 For a recent example, see Edward Shorter, *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals* (Toronto: University of Toronto Press, 2012).
- 23 Robert Lampard, *Alberta's Medical History: Young and Lusty and Full of Life* (Red Deer, AB: published by the author, 2008).
- 24 Tony Cashman, *Heritage of Service: The History of Nursing in Alberta* (Edmonton, AB: Alberta Association of Registered Nurses, 1966); Irene Steward, *These Were Our Yesterdays: A History of District Nursing in Alberta* (Calgary: D. W. Friesen, 1979).

- 25 Janet Ross-Kerr, *Prepared to Care: Nurses and Nursing in Alberta, 1859 to 1996* (Edmonton: University of Alberta Press 1998).
- 26 This history was published in the commemoration of the seventy-fifth anniversary of the Faculty of Medicine at the University of Alberta in Edmonton. See Elise Corbet, *Frontiers of Medicine: A History of Medical Education and Research at the University of Alberta* (Edmonton: University of Alberta Press, 1990).
- 27 Shorter, *Partnership for Excellence*; David Wright, *SickKids: The History of the Hospital for Sick Children* (Toronto: University of Toronto Press, 2016).