



Catholic Hospital Digital History Book Collection

Documenting the legacy and contribution of the
Congregations of Religious Women and Men in Canada,
their mission in health care, and the founding
and operation of Catholic hospitals.



Livres numérisés sur l'histoire des hôpitaux catholiques

Retracer l'héritage et la contribution
des congrégations religieuses au Canada,
leur mission en matière de soins de santé ainsi que la fondation
et l'exploitation des hôpitaux catholiques

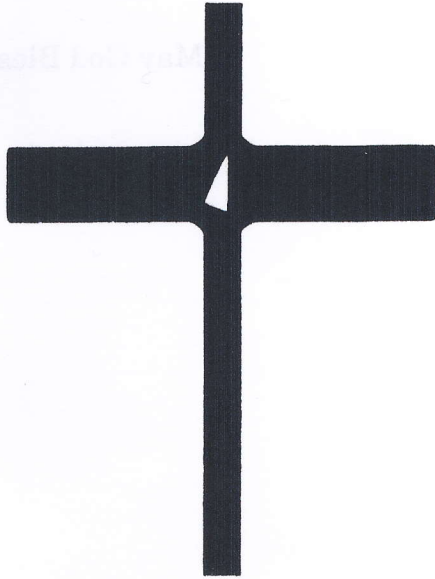
St. Bernard's Hospital, Toronto Reason for Being March 1996

Source: Archives of the Missionary
Sisters of the Precious Blood

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ST. BERNARD'S HOSPITAL



Reason for Being

March 1996

To The Reader,

This booklet is provided free of charge so that everyone might better understand the "*Reason for Being*" of *St. Bernard's Hospital*. We would welcome a donation of \$5.00 to defray printing costs, if it does not present a burden to the payer.

May God Bless

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History

The Growth and Development of St. Bernard's Hospital

February 1951 to Present

In 1950, the *Missionary Sisters of the Precious Blood* were invited to come to Canada from Holland to take over a small military hospital (barracks) in Ajax, Ontario. The parishes of Ajax and Pickering were to assist the Sisters in their undertaking.

The Sisters, then eight in number, reached Toronto on February 1, 1951. They were penniless, friendless, and unaccustomed to the ways of their adopted country. Plans in Ajax proved futile and for a time it appeared that the Sisters would have to give up and return to Holland. But they refused to accept defeat. They prayed, worked, struggled, and made their temporary home with the Sisters of St. Joseph, at St. Joseph's Hospital in Toronto.

With courageous hearts and common sense they acquired their first home on Indian Road in Toronto in the summer of 1953. The zeal of the selfless sisters, their determination and their abilities as nurses attracted the attention of the community. They soon were able to establish an Advisory Board of leading business and professional men and to organize a Ladies' auxiliary

of prominent women.

Finally, in June of 1954, despite many obstacles, the sisters were able to buy the Estate "Shadowbrook" at 685 Finch Avenue West, in Willowdale, Ontario. It is a beautiful property surrounded by 19 acres of landscaped grounds.

The buildings were well suited for conversion into a 22 bed convalescent hospital. Shortly after the opening, "St. Bernard's Convalescent Hospital" was filled to capacity. The official opening was performed by the Honourable Leslie Frost, Premier of Ontario.

The need for more beds increased the difficulties, hardships, and headaches of the Sisters. Mother Ethelberta as "foundress" with the untiring, selfless assistance of the Advisory Board decided to build a sixty bed convalescent hospital. A building Fund Campaign was approved and the goal of \$594,000 realized. With a lot of faith and prayers on behalf of the sisters, the building construction was started in September of 1957, and by August 1958, the Hospital was completed and officially opened in

September of that year. Mother Ethelberta provided effective and efficient leadership to this Hospital through all the difficult phases of the changing health care system until her resignation

on June 14, 1982. At that time, she handed over the responsibilities to Sister Norbert Wind. The Hospital was incorporated on January 27, 1970.

Present Overview

With an increasing demand for Rehabilitation Therapy by the referring physicians of our patients, early in 1970 a new wing was added to *St. Bernard's* for this specific purpose. Since most of our patients are either orthopaedic, cardiac or neurological, a daily program of exercise came early into existence. In fact, 80-90% of our patients attend rehabilitation therapy. A staff of three Physiotherapists, one Occupational Therapist and one Activity Director, plus 28 Rehabilitation nurses compose the present treatment team. Fortunately, we have several consultants in rehabilitation, speech and audiology, psychogerontology available, whose services are utilized when needed. A part-time Home Care Coordinator is also available to assist in the transition from hospital to home by providing nursing, therapy and/or homemaking assistance. A part-time Social worker joined our staff in May of 1982.

For the last few years, an in-service-education program for all nursing and rehabilitation staff has been developed. Guest

speakers lecture once a month on a wide variety of subjects relevant to our hospital setting. For this purpose and to enhance our facilities, we completed a 3,000 square foot addition to the hospital, which provides space for a multi-purpose room, staff library, hairdressing, plus a Homecare/Nursing office. The addition was completed and approved on February 18, 1987.

All the above services provide the best opportunity for our patients to attain their optimum rehabilitation potential before returning home.

Our apostolate is based on the spiritual and corporal works of mercy. The aim of the Hospital is to provide professional service and care for all patients in order to meet their particular needs of rehabilitation. This is accomplished with competence, understanding, genuine love, compassion and consideration in accordance with the highest standards of professionalism.

On July 19, 1991, we changed the name of our facility to *St. Bernard's Hospital*.

Mission Statement and Philosophy

Mission

As a Rehabilitation Hospital, *St. Bernard's* provides a short-term in-patient stay for those with a potential for rehabilitation. The aim is to return the patient as an active member to the community. The hospital interdisciplinary team shall achieve this with a holistic approach, genuine love, compassion and consideration for each patient and his/her particular need for rehabilitation.

Whenever necessary, family support and education are viewed as an integral part of the total treatment process.

Philosophy

We believe that each person has the right to enhance his/her personal identity.

We believe that each person has the right to retain or regain his/her independence.

We believe that the medical, social, physical, psychological, and spiritual potential of each person needs to be fulfilled.

We are committed to using our financial and human resources responsibly and to protecting the environment.

We, working together as a community, respect personal and professional integrity, involve staff at all levels in decision making, and recognize their contributions to our common mission.

We are dedicated to the well-being of our community, and to maintaining a high standard of service to the community.

Vision and Goals of

The Missionary Sisters of the Precious Blood

Vision

Since their foundation in South Africa in 1885, the *Missionary Sisters of the Precious Blood* seek to bear witness to God's presence to all people irrespective of sex, age, ethnic origin, social condition or religious affiliation. Through their presence and activities, especially in nursing the sick and caring for the poor and the most vulnerable, the Sisters seek to *witness to compassionate and healing love*. This emphasis within all of the Sisters' facilities remains constant and is passed on to all who share their mission.

St. Bernard's Hospital, the concrete result of the dream and untiring efforts of Sister Ethelberta Bernstein, C.P.S. and her successors, continues to carry out Catholic/Christian/Gospel values of love, healing, and leadership while continually adapting to the signs of the times.

Goals

Since 1957, *St. Bernard's Hospital* has benefited from the untiring zeal and support of numerous men and women who have served as Board members, Staff and Volunteers. The Sisters want their unique care to continue now and into the future.

The Sisters plan to maintain direct administration of *St. Bernard's Hospital*. If, for serious reasons, this becomes impossible, the Board of Directors, in consultation with the Sisters can hire an appropriate administrator who will carry the Sisters' mission mandate into the twenty-first century.

The Sisters plan to continue with direct ownership of *St. Bernard's Hospital*.

The Sisters have mandated that the Board of Directors continues to be a vital link to ensure that the original spirit and mandate of *St. Bernard's Hospital* continues in perpetuity.

Programs and Services

Rehabilitation

St. Bernard's Hospital currently provides in-patient general rehabilitation. The services include:

Physiotherapy
Occupational Therapy
Nursing
Home Care
Discharge Planning/Social Work
Diversional Therapy

Our rehabilitation is directed towards a return to productive independent living within the patient's own community.

Patient Mix (male & female)
(Predominantly
Orthopaedic Care)

40-70 year old
Complex vehicle accidents
and complex orthopaedic
reconstruction.

70-90+ year old
Geriatric orthopaedic surgeries
(e.g. multi system failure)
Complicated general surgery
(e.g. heart transplant, bypass)

Source of Admission

Ninety-nine percent of admissions are from acute care hospitals and of the 729 discharges in fiscal 95, 666 returned to their own homes, 63 were readmitted to the referring acute care hospital for further treatment.

In fiscal 96, *St. Bernard's* discharged patients who originated from the following hospitals:

Humber Memorial
Mt. Sinai Hospital
North York Branson
Toronto Western
York Finch Hospital
Etobicoke General
Sunnybrook
The Toronto Hospital
North York General
St. Joseph's
York Central
Peel Memorial
Northwestern
Wellesley
St. Michael's
Queensway General
Home
Other

Program Size

59 beds in the hospital

56-58 patients treated daily

Medical Conditions of Admissions

ORTHOPAEDIC

Hip Replacement for:

Osteo Arthritis
Fractured Hips
Fractured Pelvis
Fractured Femur

Knee Replacement for:

Osteo Arthritis
Fractured Knee

Fractures

Ankle
Tibia
Clavicle
Shoulder
Ribs
Wrist
Humerus
Radius & Ulna

GENERAL MEDICAL & SURGICAL REHABILITATION

Cardiology
Aortic Stenosis
Myocardial Infraction
Cardiac & Respiratory
Cancer
Medical
Surgical
Cataracts

Occupancy

St. Bernard's occupancy rate of 99% shows the constant demand for our services. The referrals are generated from our feeder hospitals and through inter-hospital liaisons. The high occupancy rate over past years shows the need for in-patient, short-term rehabilitation service, especially with the increasing geriatric population. Complicated reconstructive surgery provides a further source of ready patients.

Continuous Improvement

St. Bernard's is always trying to improve its operations. Careful pre-selection of appropriate patients ensures that they meet *St. Bernard's* admission criteria. Over time, we have implemented a pre-admission program to encourage early admission from acute care facilities. We continue to evaluate this program and to improve and strengthen our relationship with referring hospitals.

Acceptance of pre-admission and fast tracking from our referring hospitals has resulted in more efficient use of beds.

Strategic Directions

St. Bernard's will be able to provide the same level of services in the future due to realistic budgeting, conservative spending and a concentrated effort by all staff to meet our strategic planning goals despite fiscal constraints.

St. Bernard's will continue to promote liaison between our admitting department and discharge planners from our feeder hospitals to monitor and measure patient accessibility.

St. Bernard's will continue to carefully monitor the fast-tracking and pre-booking applications to ensure earlier discharge from acute care facilities.

This has a positive impact on efficient use of facility and increased patient input and output.

St. Bernard's, in focusing on the treatment mainly of orthopaedic patients, will monitor and evaluate the impact of program changes on the quality of and access to patient care.

St. Bernard's will continue to monitor the needs of the community, and how we can provide the best services for the needs of the clients.

In keeping with our Strategic Direction, the following results are realized —

The rate of emergency re-admissions back to the General Hospitals has decreased.

We are working with several hospitals with pre-admission arrangements, and or fast-tracking and early FAX of referrals so that the Admissions Committee can process referrals by the 2nd or 3rd day post-operatively. Inappropriate referrals are screened out and patients can be transferred on the 7th or 8th day.

The average length of stay has been monitored and we have noticed a slight decrease with each succeeding year. A greater rate of anticipated decline did not occur as a high number of young, very complicated hip surgery patients as well as multiple trauma patients who needed lengthy stays affected the average length of stay. There will be more complicated fractures and hip replacement. Many cannot be treated at home or in the community because they need daily physiotherapy in the hospital setting in order to regain and maintain their independence. We know that this approach is more cost effective in the long run. *St. Bernard's* will continue to offer respite care for family relief.

However, with a 99% occupancy, this has become more difficult. There has been a decrease in requests which may indicate that there are other resources in the community to meet this need. Should this need change, we are willing to continue our service.

St. Bernard's will be a uniquely efficient organization, well known for its excellence in short-term rehabilitation with a specialty in the geriatric client.

St. Bernard's will build local community awareness about the Hospital and its services.

St. Bernard's will participate in joint education sessions with referring hospitals.

Through regular meetings with HealthNet North and inter-rehabilitation meetings, new directions for rehabilitation are being forged.

St. Bernard's participates with community-based agencies (i.e. Home Care) in developing in-home rehabilitation services that will provide a continuum of care for *St. Bernard's* patients.

All of the above factors should increase the quality of patient care and increase the access to care for Orthopaedic rehabilitation patients.

St. Bernard's Hospital

SCHEDULE OF FINANCIAL INFORMATION

Year ended March 31

	1995	1994	1993	1992	1991	1990	1989	1988	1987
	\$	\$	\$	\$	\$	\$	\$	\$	\$
REVENUE									
General maintenance of patients [1]	2,252,568	2,322,673	2,343,813	2,250,784	2,100,448	1,948,758	1,845,418	1,760,090	1,662,848
Other revenue [2]	463,712	466,276	559,972	561,626	496,260	480,420	461,402	461,076	451,230
Total operating revenue	2,716,280	2,788,949	2,903,785	2,812,410	2,596,708	2,429,178	2,306,820	2,221,166	2,114,078
EXPENSES									
Operating	2,799,080	2,685,835	2,680,501	2,681,809	2,572,778	2,372,912	2,185,785	2,045,641	1,899,543
Depreciation and amortization	107,371	115,653	119,647	126,542	130,780	138,960	127,629	113,613	84,156
Total operating expenses	2,906,451	2,801,488	2,800,148	2,808,351	2,703,558	2,511,872	2,313,414	2,159,254	1,983,699
Income (loss) from operations	(190,171)	(12,539)	103,637	4,059	(106,850)	(82,694)	(6,594)	61,912	130,379
Other income	127,004	95,465	68,731	83,185	80,835	99,162	59,833	61,790	84,017
Net income (loss) for the year	(63,167)	82,926	172,368	87,244	(26,015)	16,468	53,239	123,702	214,396
Working capital, at March 31	1,421,889	1,379,471	1,193,911	1,029,417	880,065	895,101	938,180	856,905	745,515
Cash provided by (used in) operating activities, at March 31	(68,672)	158,131	195,165	115,330	(35,705)	113,847	114,856	115,972	206,827

[1] Includes uninsured and non-resident general ward reimbursement.

[2] Excludes interest on bank term deposits and donations.

FINANCIAL STABILITY

We will review the financial dimensions of *St. Bernard's Hospital* under the following headings: the entity, operating performance, solvency, discipline, efficiency, revenue and capital needs.

The Entity

St. Bernard's Hospital is currently a "not for profit" hospital, meeting rehabilitation needs of patients principally recuperating from recent hip and knee orthopaedic surgery. The hospital was built in 1957 and remained unincorporated until 1970, when it was incorporated without share capital, under the laws of Ontario. The stewards of *St. Bernard's Hospital* are the *Missionary Sisters of the Precious Blood*.

Operating Performance

Under the fiscal constraints of the last decade, St. Bernard's has been able to, on a cumulative basis, maintain a breakeven level of operations. Reference is made to Table 1, (centre) wherein key operating information is provided for the last nine years. *St. Bernard's* has been able to fine-tune its operating format to live within reduced funding. St. Bernard's is already a "flat" 90's organization with minimal fixed overheads.

Solvency

St. Bernard's has accumulated an investment reserve which now approximates about one-half of a year's gross revenue. The funds earn a return as interest bearing deposits at a Canadian chartered bank. The Hospital's net working capital amounts to approximately \$1,400,000 and is adequate and conservative by any measurement.

Discipline

Through the Finance Committee of the Board of Trustees of the Hospital, the Board participates actively in both budgeting on a prospective basis and in the audit process. Due to the nature of the operations and the fact that salaries form the largest component of the expenditures stream, the Board views the operations to be adequately controlled. The Director of Finance performs most internal financial functions. The records are summarized and analyzed monthly.

Efficiency

The hospital compares and contrasts key financial indicators with those of similar hospitals on a regular basis. The fundamentals of St. Bernard's services are more efficiently delivered than in similar institutions. On a per diem basis, overall costs average at least one-third below costs elsewhere for similar services in Metropolitan Toronto. Quality patient care is of paramount importance.

For services economically not practical for the size of hospital, *St. Bernard's* contracts these services out to enjoy the economics of larger size. Principal examples are the subcontracting of drug services, parking management, laboratory services and computer processing.

Revenue

By far the greatest perceived risk to the Sisters and to the Board of Trustees is the level and continuity of the revenue stream from the Ontario Ministry of Health. The context today of government's fiscal uncertainty pertaining to health care affects the hospital. *St. Bernard's* is committed to living within its means and using such resources wisely.

Capital

For its age, the facilities are well maintained and in excellent condition. For the past decade, management's philosophy has been to spend no more on replacements than funds generated will allow. The Sisters and the Board see no expansion or significant replacement capital needed over the next decade.

In 1996, efforts will be made to make the building more accessible to the disabled.

OUR MANAGEMENT, INTERDISCIPLINARY TEAM AND STAFF

1. Management

Sister Norbert Wind	<i>Executive Director</i>
Sister Mary Timothy	<i>Director of Financial & Support Services</i>
Mrs. Cynthia Suissa	<i>Director of Rehabilitation Services</i>
Mrs. Marcy Allison	<i>Director of Patient Care Services</i>
Miss Eila Kenyon	<i>Director of Food Services</i>

2. Our Staff

Nursing	<i>21 full time, 1 part time, 10 casual</i>
Physiotherapy	<i>1 full time, 1 part time, 1 casual</i>
Occupational Therapy	<i>2 part time</i>
Business Office	<i>2 full time, 1 part time, 1 casual</i>
Dietary	<i>10 full time, 1 casual</i>
Housekeeping	<i>4 full time</i>
Laundry	<i>2 full time</i>
Linen	<i>1 part time</i>
Maintenance	<i>1 full time, 1 part time</i>

3. Organization Chart

See Page 16

GOVERNANCE

I. Board of Directors

Mr. Michael Higgins

President of St. Bernard's Hospital, Co-Chief Executive Officer: Mother Parker's Tea and Coffee Inc., Director of Sandra Tea & Coffee Limited, Chairman of the Tea Committee of the Tea & Coffee Assoc. of Canada.

Mr. D. F. McDonald, Q.C.

Retired Lawyer

Bishop Robert B. Clune

D.D. J.C.D.

Mr. George W. Ralph

Retired Businessman

Dr. Norman Kelly

Chief of Staff: St. Bernard's Hospital, Retired Family Physician

Dr. Maria Devilla

Cardiologist, Active Staff, St. Joseph's Hospital

Mr. Rogers Tomenson

President: Rogers Tomenson, Insurance Brokers & Consultants Ltd., Chairman: Toronto Mutual Life Insurance Company

Mr. Louis P. Meehan

President, Sunnyside Capital Corporation

Mr. Jack J. Leon

Retired Businessman (Hospitality)

Ms. Catherine Bridget Black

R.N.

Mr. Peter Barbetta

L.L.B.

Mr. J. Michael Metzler, CMC

President: Metzler & Company

II. Medical Advisory Committee

Dr. Maria Devilla
Chief of Staff

Dr. W. J. Lyew
Medical Services

Dr. R. Knowlton

Dr. J. C. Lanskail

Dr. J. A. O'Reilley

Dr. A. Costaris

Medical Staff

Dr. W. J. Lyew
Assistant Executive Director — Medical Services

Attending Physicians

Dr. A. Costaris

Dr. Randy Gordon

Active Medical Staff

Dr. S. Baum

Dr. S. Crystal

Dr. L. D. Dworatzek

Dr. A. H. Green

Dr. B. M. Green

Dr. J. Leong

Dr. Susan Parker

Dr. I. Zelcer

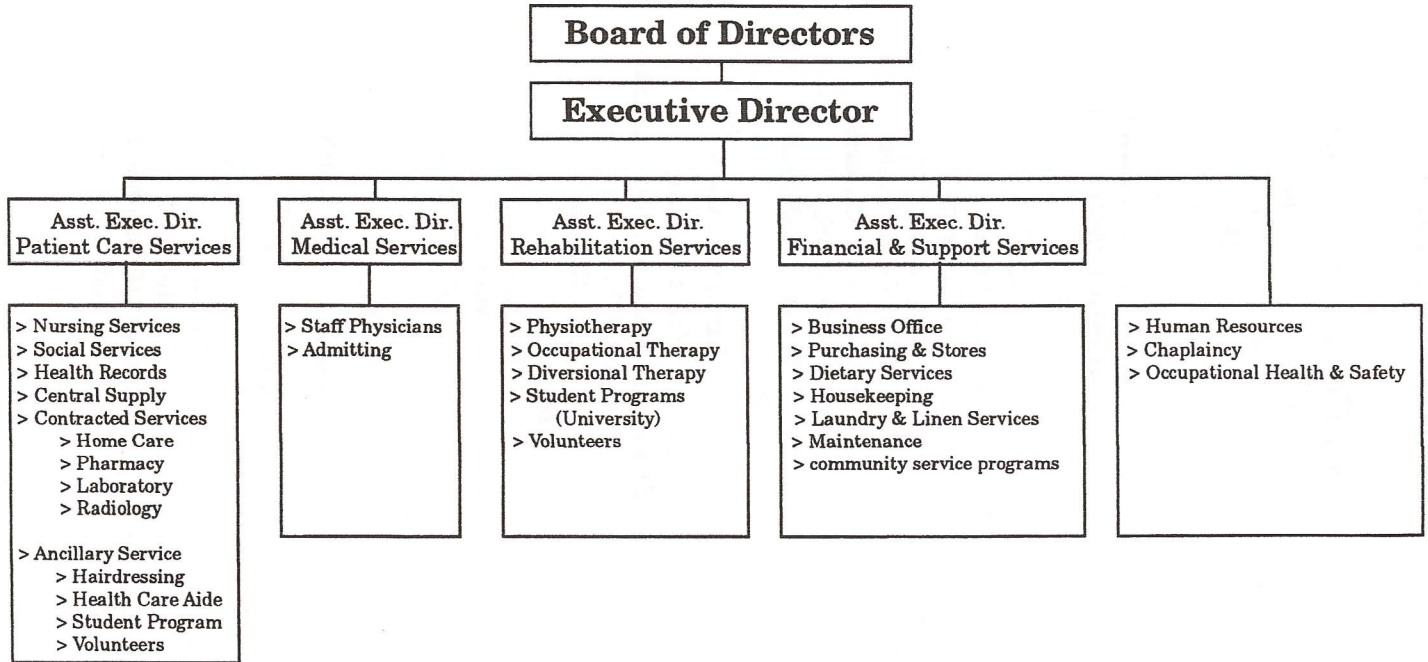
Consulting Physicians

Dr. Maria Devilla

Dr. R. Knowlton

Dr. John H. Turner

ORGANIZATIONAL STRUCTURE



Business Information

St. Bernard's Hospital

685 Finch Avenue West
Willowdale, Ontario
M2R 1P2
Tel: (416) 635-8422
Fax: (416) 635-8507
Revenue Canada Charities
Registration # 0200451-10-13

Bank

Canadian Imperial Bank
of Commerce
Yonge and Finch
5600 Yonge Street
North York, Ontario
M2N 5S2
Tel: (416) 225-1129

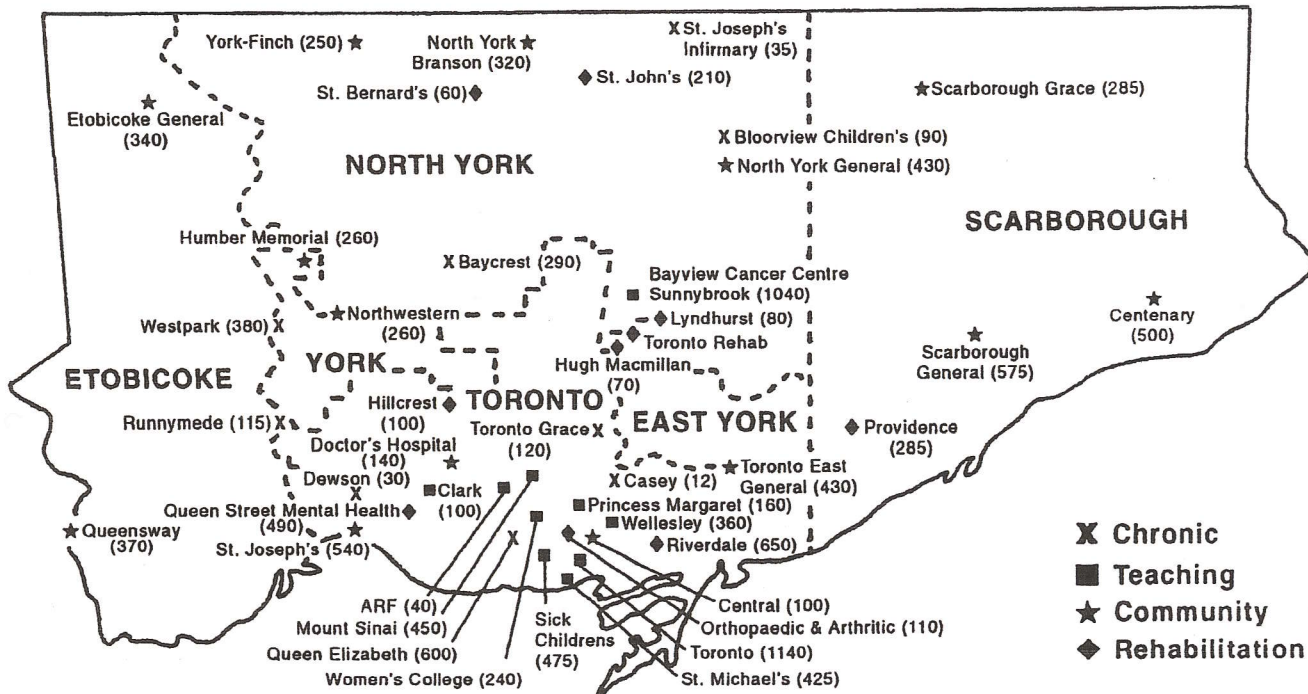
Accountants

Ernst & Young
Shelagh D. Donovan, C.A. (Partner)
Ernst & Young Tower
P.O. BOX 251
Toronto Dominion Centre
Toronto, Ontario
M5K 1J7
Tel: (416) 943-3504

Lawyer

Mr. Jeffrey K. Smith
Miller Thomson
20 Queen Street West
Box 27, Suite 2700
Toronto, Ontario
M5H 3S1
Tel: (416) 595-8500
Fax: (416) 595-8695

Metropolitan Toronto Hospitals



Number of beds (in brackets) are rounded figures based on beds staffed and in operation at March 31, 1994.

NOTES

HERE'S WHY

Metropolitan Toronto Leaders Back St. Bernard's Appeal

**Frederick G. Gardiner, Q.C.,
Chairman, The Municipality of
Metropolitan Toronto**

"Your generous contribution and support of this unique organization will greatly help a group of Sisters who are devoted to the relief of those who require convalescent care and for whom facilities are not otherwise available."

**His Worship Nathan Phillips, Q.C.,
Mayor of Toronto**

"The development and expansion of St. Bernard's Convalescent Hospital can improve and augment our hospital services by furnishing the accommodation and care required for post-operative and convalescent cases, thus releasing necessary bed space and ancillary equipment for emergency cases and the critically ill."

**S. W. Martin,
Executive Secretary-Treasurer,
Ontario Hospital Association**

"The population growth of Metropolitan Toronto continues at an unprecedented rate and brings with it many problems, not the least of which is the need for adequate hospital facilities. Cost of constructing and operating hospitals has also continued to increase steadily and it has become quite clear that serious attention will have to be given to the possibility of supplementing expensive general hospital care with the more moderate cost facilities offered in convalescent care accommodation."

General Chairman
PAUL HIGGINS

Associate Chairmen
**A. M. DUNN
M. J. KELLY**

**HON. C. P. McTAGUE, Q.C.
JOSEPH L. SEITZ**

Honorary Treasurer
HORACE L. ENMAN

Treasurer
W. F. HARVIE

*Serving Without Regard
for Race or Creed*

NOW A HOSPITAL TO HELP ALL HOSPITALS IN METROPOLITAN TORONTO

**ST. BERNARD'S
CONVALESCENT HOSPITAL
BUILDING FUND**

**9 WELLINGTON STREET EAST
TORONTO 1
EMPIRE 4-9368**

Great Hearts and Common Sense

The Dutch Nuns Realized that the Patient-Day Cost of Operating a General Hospital is Twice that of the Convalescent Hospital

With great hearts and common sense, a little band of Dutch Nuns — New Canadians with a dedication of service to their adopted land — is dealing with one of Metropolitan Toronto's most pressing health problems.

These nuns are dealing with the problem of a constantly increasing, virtually insatiable demand for more and more hospital facilities in this fastest growing community on the North American continent.

They are aware of the seriously advancing cost of general hospital beds because of the huge overhead of ancillary facilities — emergency departments, operating rooms, X-ray equipment, cobalt bombs, hundreds of other devices essential to the modern science of healing.

Their answer is the convalescent hospital — a hospital that helps all hospitals . . .

. . . a hospital that provides competent, kindly care during the long, lonely period of recovery from a serious illness or surgical operation.

The need is very great in Metropolitan Toronto.

A sensible, low-cost convalescent hospital, away from the turmoil of the centre of the City, is



Mother M. Ethelberta, C.P.S.
Superior

immediately needed to remove post-operative and bedridden patients who need nursing care, but who should no longer occupy much needed and more expensive bed space required for the critically ill.

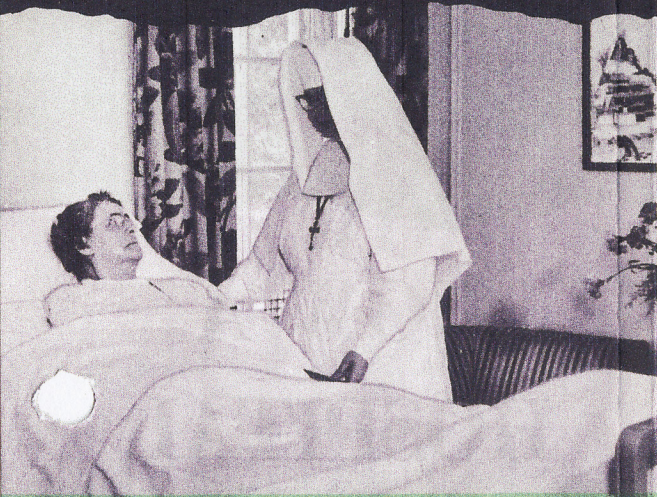
Health authorities agree that the outstanding need and the logical approach to the problem of expanding hospital accommodations in Greater Toronto is to provide additional beds for convalescent care.

This opinion was emphasized in the 1956 Submission of the Province of Ontario to the Royal Commission on Canada's Economic Prospects.

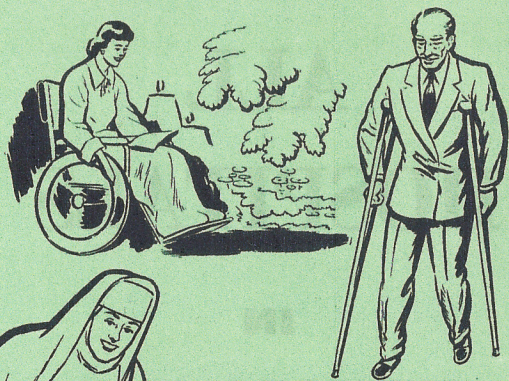
"Hospital care for convalescent . . . patients," this report said, "can be provided at roughly half the cost of general hospitals, per patient day, while their capital costs are also lower in about the same degree."

GIVE NOW! Help Develop This New Health Concept

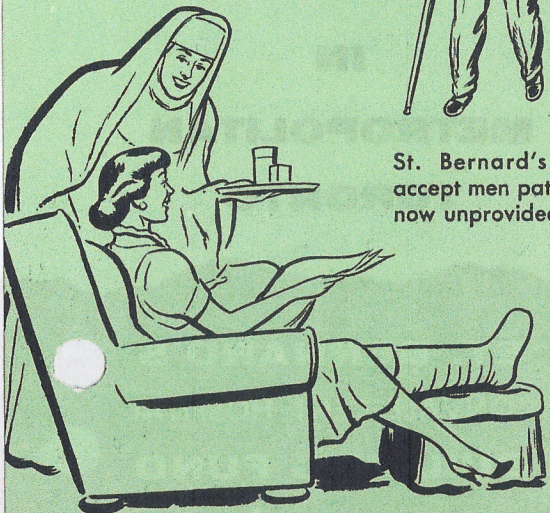
HELP This NEW Hospital Stretch YOUR Health Dollars!



Convalescent care means more general hospital beds for the critically ill.



St. Bernard's will accept men patients, now unprovided for.



Kindly Sisters speed recovery.

Seeking the best way they could fulfil their vocation in the Toronto area, the Dutch Nuns — officially the Missionary Sisters of the Precious Blood, from Aarle-Rixtel in the Netherlands — made a momentous decision three years ago. They decided the most urgently needed contribution they could make would be to apply their nursing skill in the field of convalescent care. They had found there were only 200 convalescent hospital beds in two hospitals in Greater Toronto, although ten times that number were needed. The Sisters therefore determined to found a convalescent hospital — a hospital which would help all hospitals.

They work and live for others! The Missionary Sisters of the Precious Blood were invited in 1950 to come to Canada, where their nursing skills were urgently needed.

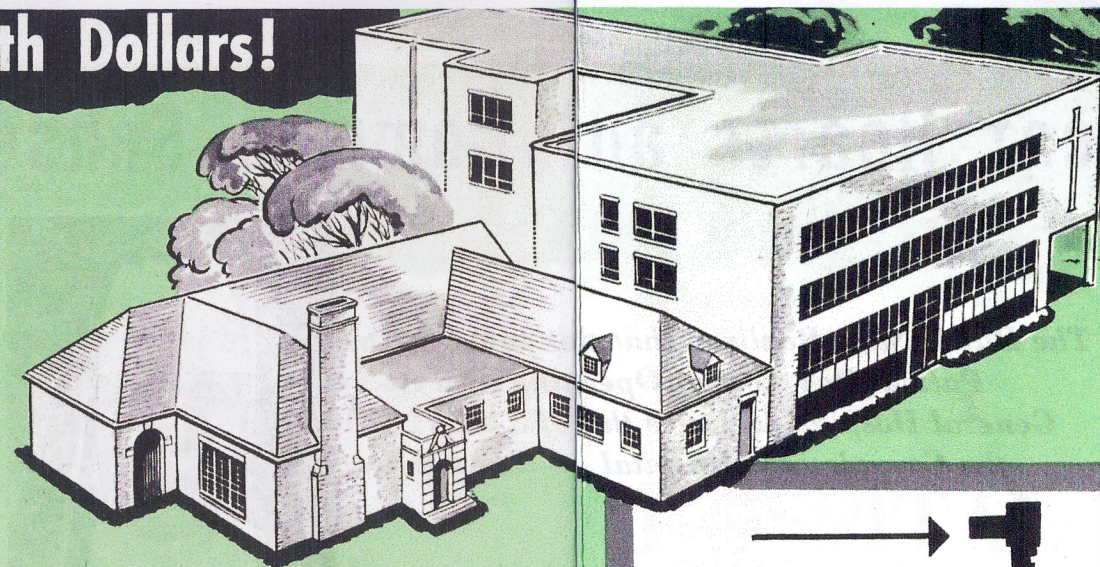
The Sisters, then eight in number, reached Toronto early in 1951. They were penniless, friendless and strange to the ways of their adopted country. For a time it appeared they would have to give up and go home. But they refused to accept defeat.

They prayed, worked and struggled and were able to eke out a living and provide themselves with shelter. But to work in order to live is not the vocation of the Sisters; they have to work and live for others.

Influential friends are won. The zeal of these selfless women, their determination and their ability as nurses attracted the attention of the community and in due course they found friends — leading business and professional men who formed an Advisory Board and a number of prominent women who organized a Ladies' Auxiliary.

At the outset the Sisters wanted to build a new hospital, but the problem of financing construction appeared insuperable. Then, in April, 1954, the former Hamilton Wills estate came up for sale, and the Sisters bought it for \$150,000 after floating a bond issue of \$175,000. It was a bargain price, for the present value of the property is estimated at twice what it cost.

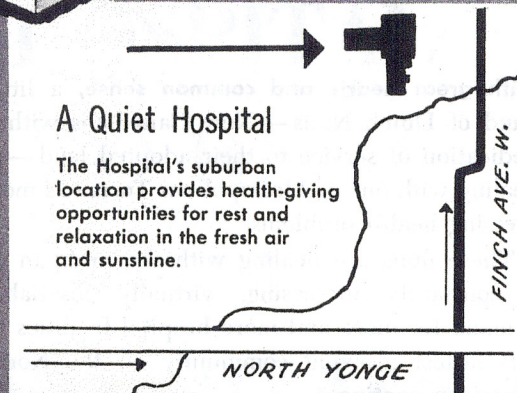
Patients are taken without regard for race or creed. Those of limited means are served without



Beautifully situated in the valley of the Don at 685 Finch Avenue West, between Dufferin and Bathurst Streets, in Willowdale.

A Quiet Hospital

The Hospital's suburban location provides health-giving opportunities for rest and relaxation in the fresh air and sunshine.



charge or at reduced rates to the extent a frugal budget permits. St. Bernard's is an "open" hospital; i.e. any doctor may bring his patients there without discrimination.

Plans to meet the great need. Having established the value of their service and achieved a manageable financial condition, the Sisters are now moving to enlarge the facilities of the hospital that helps all hospitals.

After careful study and consultation with architects, the Advisory Board of St. Bernard's Convalescent Hospital has perfected plans for the expansion programme.

The plans call for a structure of three floors and basement, a total of 317,000 square feet.

In addition to this construction, there is provision for a few renovations in the present Hospital and repairs delayed since damage to the property inflicted by Hurricane Hazel.

The minimum FINANCIAL NEED . . . \$502,400

Contributions are being sought to provide the necessary funds.

Remember . . . all contributions are deductible from taxable income.

APPEALING TO YOU

When you are called upon by a volunteer committeeman of the St. Bernard's Convalescent Hospital Fund . . .

You are earnestly urged to give thoughtfully . . . and generously.

You are asked to uphold the hands of the selfless Dutch Nuns — New Canadians — who with great hearts and common sense are attacking one of Metropolitan Toronto's greatest health problems.

But you are also asked to give to a cause that is bigger, more important, more compelling than the work these New Canadians are doing.

You are asked to help increase the effectiveness of a hospital to help all hospitals.

And remember you can help augment Metropolitan Toronto's urgently needed increased hospital facilities at far less than the cost of general hospital construction and operation.

THEY LIVE AND WORK FOR OTHERS . . . They Ask for Nothing They Can Call Their Own!