A New Era
for Health Care
and Social Services
in Quebec

Montreal’s Jewish community
and its healthcare and social services
institutions respond to Bill 10

An Act to modify the organization
and governance of the health
and social services network,
in particular by abolishing
the regional agencies

Presented by the Jewish General Hospital,
the Maimonides Geriatric Centre,
Mount Sinai Hospital, the Jewish Rehabilitation Hospital,
Miriam Home and Services, the Jewish Eldercare Centre,
the Centre for Israel and Jewish Affairs, and Federation CJA

November 18, 2014
Executive Summary

Montreal’s Jewish healthcare and social services institutions, widely renowned for excellence in health care, teaching and research, are encouraged by many of the progressive reforms that are proposed in Bill 10. The objective of these changes is to craft a more efficient and economically viable patient-centred continuum of care in the public healthcare system.

At the same time, however, there is a significant risk that some of the measures in Bill 10 will dilute the distinctive traditions, values and image of these institutions by transferring responsibility for linguistic rights and religious/cultural identity to the newly established Centre intégré de santé et de services sociaux (CISSS). The consequences of such a change would severely compromise fund-raising and volunteerism, since long-standing donors and volunteers would not feel the same loyalty and kinship to substantially reorganized and modified versions of their institutions.

Equally detrimental would be an inability, particularly at the Jewish General Hospital (JGH), to maintain the current level of success in recruiting top clinical staff and researchers from across Canada and around the world, since the member-institutions would be overshadowed by and subservient to the CISSS. Prospective recruits would also be reluctant to join the JGH, given the deterioration of the hospital’s academic mission through the loss of its supra-regional status.

Compounding this potentially damaging situation is the absence of any explicit provisions in Bill 10 that would safeguard the status of all Jewish bilingual healthcare and social services institutions. Nor is there any clearly stated protection for the special religious/cultural identity of institutions like the JGH. Bill 10 does touch briefly on both of these issues, but only in the limited context of appointing delegates to the CISSS (Article 14) and creating advisory committees (Article 131). The Bill contains no clear safeguards for the affected institutions, nor does it offer protection against the possibility of arbitrary and unfair changes by a future government. Nor is any protection provided to the institutions that would give them the ability to retain control over their corporations, assets, names and branding.

A careful and thoughtful approach to healthcare reform is needed. On one hand, the Bill needs to be revised in such a way as not to compromise the fundamental operational objectives of the Minister. On the other, it is important for the Minister to recognize that the weaknesses in Bill 10 deprive the proposed legislation of its ability to adequately address the viability, vitality and unique characteristics of the Jewish healthcare and social services institutions in the region.
1. Overview of the Institutions

1.1 The Jewish General Hospital

1.1.1 Portrait

Since 1934, the Jewish General Hospital (JGH) has prided itself on providing high-quality treatment and compassionate care to patients of diverse backgrounds, who come to the hospital from across Montreal, Quebec and beyond. In fact, the Côte-des-Neiges district, where the JGH is located and which the hospital serves, is widely recognized as one of the most—if not the most—ethnically diverse neighbourhoods in Canada.¹ For this reason, the JGH is often referred to as the United Nations of hospitals, serving patients who have immigrated from more than 110 countries and who, along with members of staff, speak at least 90 languages. Although the JGH was founded primarily with the Jewish population in mind, approximately 75% of today’s patients are not from the Jewish community. The Jewish General Hospital is also one of Montreal’s major employers and a significant factor in the economy of west-end Montreal.

As one of the province’s largest and busiest acute-care institutions, this officially bilingual, 637-bed McGill University teaching hospital admitted nearly 24,000 patients in 2013-2014, while handling approximately 693,000 outpatient visits, 75,000 emergency visits and 4,000 births. The JGH has achieved a solid reputation by striving for excellence and by continually expanding and upgrading its facilities in order to deliver high-quality clinical treatment, instruction in a focused teaching environment, and life-changing research at the Lady Davis Institute.

In addition, the Jewish General Hospital constantly forges new partnerships and enhances existing connections with government, healthcare agencies, other hospitals, and academic and research institutions. This is undertaken in order to facilitate the sharing of information, to increase efficiency and to improve the quality of patient care, thereby strengthening Quebec’s public healthcare system as a whole.

Among the many objectives in the official Mission and Values of the Jewish General Hospital (see Appendix 2, page iv) are commitments to:

• provide patients with care of the highest quality in a humane and caring manner, with an emphasis on specialized and ultra-specialized care
• respect the concerns of all religions, cultures and ethnic communities within a philosophy of providing “Care for all” (the JGH motto)
• recognize that the hospital’s strength stems from the talents and contributions of staff in a work environment where each person is valued, respected and supported
• conduct the affairs of the hospital with honesty and integrity in accordance with ethical principles

In recognition of the JGH’s consistent ability to meet patients’ needs, Accreditation Canada accredited the hospital with Exemplary Standing (the highest possible distinction) in 2013, making the JGH one of the few healthcare institutions of its size in Canada to achieve this honour. In 2013, the JGH was also ranked by the Canadian Institute for Health Information as the most efficient hospital in Canada for its ability to channel maximum funds into health care by saving on administrative costs. In addition, the JGH was named one of Montreal’s top employers for 2013, 2014 and 2015, as chosen in a regional competition organized by the editors of Canada’s Top 100 Employers.

1.1.2 Founding and History

The Jewish General Hospital owes its existence, in large part, to the determination of its founders to provide the Jewish community with urgently needed healthcare services, while avoiding the religious discrimination that once prevailed in many, if not most, of Montreal’s other hospitals.

When Jewish immigrants arrived in Montreal at the turn of the 20th century, they were shocked to discover that religious prejudice in the city’s leading healthcare institutions prevented them from receiving the prompt and reliable medical care that they desperately required.
Jewish doctors faced the same dilemma: It was rare for a Jewish physician to obtain a staff membership or internship at Montreal’s French-language hospitals. Even at some English-language hospitals, restrictions were severe. Fortunately, some of the smaller hospitals were more liberal in their policies. However, given the modest size and scope of these institutions, positions in clinical practice and research were rarely available.

Jewish nurses faced similar hardships. Local instruction in nursing simply did not exist for Jews, except for elementary training for a few women at the Hebrew Maternity Hospital. All other Jewish nurses had to be instructed outside the province or brought in from elsewhere.

It was precisely to challenge this sort of systemic anti-Semitism—and, of course, to provide top-quality medical care to Montrealers of all backgrounds (see Appendix 3, page vi)—that the Jewish General Hospital was established. Fortunately, this forward-thinking objective was publicly acknowledged by some of Canada’s and Quebec’s more enlightened and most prominent leaders. When Mayor Camilien Houde learned of the launch of the capital campaign to build the hospital, he expressed his feelings to the hospital’s founders in a letter dated August 22, 1929:

One of the most urgent needs of our city at the present time is additional hospital capacity, and your decision to keep the hospital, when built, entirely free from all racial, religious and sectarian distinctions shows the true Montreal spirit of race tolerance and inter-racial unity. You have my fullest endorsement.³

Lord Bessborough, the Governor-General of Canada, who had participated in the ceremony to break ground for construction of the JGH in 1931, returned on October 8, 1934, for the official opening (see Appendix 3, page xi), where he told the audience:

Today an ornament to its city, a notable addition to that city’s social services, the Jewish General Hospital stands up fully equipped and fully staffed. It is more than that, too. It is a monument to that spirit of charity toward your fellow men which has always been the characteristic of Jewry throughout the world.

I hope that this may be the beginning of a long and fruitful chapter in the history of that never-ending struggle which men of all races and all creeds are called upon to wage against sickness and suffering throughout the world.⁴

The proceedings were concluded by Mayor Houde, who expressed his gratitude in unambiguous terms:

---

³ Montreal Gazette, August 29, 1929.
⁴ Montreal Daily Star, October 9, 1934.
If there is one lesson, more than any other, which we have to learn from the Jewish community in Montreal, it is that of solidarity and community effort. Down through the ages, the Jewish people, for the most part in hardship and in bitterness of spirit, have survived as a race because they have known how to help those of their fellow-nationals who have been in trouble, in poverty and in illness.

Montreal is facing problems of great moment. The calls on us are endless. The destitute have never stood more in need of help. For your initiative in financing and erecting this magnificent hospital, all of Montreal should be grateful to you.5

From the earliest days of the Jewish General Hospital, there was a commitment to providing “Care for all”, as Allan Bronfman, the hospital’s President, noted in 1936:

> It is a matter of great pride to be able to say again that no patient was ever refused treatment because he was too poor to pay for it. I need hardly add that the application of this policy was not limited to those of our own faith.6

In modern times, political leaders have remained similarly cognizant of the achievements of the Jewish General Hospital and the degree to which citizens of the province rely on the JGH:

> At the institutional level, in the sector of health, the Jewish General Hospital, in addition to its completely justified reputation of excellence, is today the flagship in bringing Jewish and non-Jewish Quebecers closer together… The hospital is undoubtedly the most conclusive example of the contribution of the Jewish community to the well-being of the whole community. As a new century begins, this institution represents the values of receptivity, sharing and solidarity which animate the Jewish community.

– Premier Bernard Landry
Gelber Conference Centre, May 14, 2001

> It is clear that an institution with the sort of expertise that the Jewish General Hospital has developed will be called upon to play an extremely important role in our integrated plan to fight cancer.

– Health and Social Services Minister Philippe Couillard
Inauguration of the JGH’s Segal Cancer Centre
August 28, 2006

5 Ibid.
Yours is an extremely important—in fact, essential—institution for the quality of life of Montrealers, and in the development and influence of our city. It is an institution which, during recent decades, has never stopped innovating or opening new avenues in medical research or in dealing with the treatment of patients… You are showing all Montrealers that you really care, and that you are willing to do everything that is humanly and financially possible to assist people in need… I would like to express this single wish: that your exemplary gesture creates the desire in others to follow in your path.

– Mayor Gérald Tremblay
Inauguration of the JGH’s Segal Cancer Centre
August 28, 2006

This is the best hospital in Quebec!

– Former Premier Jean Charest
JGH Annual General Meeting
November 19, 2012

There is a culture of excellence, a culture of success, a culture of compassion, a culture of rendering care to our fellow human beings. That’s what the Jewish General Hospital stands for and that’s what is perceived by the population of Quebec.

– Lawrence S. Bergman,
former Minister of Revenue and MNA for D’Arcy-McGee
JGH Annual General Meeting
November 19, 2012

This decades-long devotion to the well-being of patients is what motivated the members of the Quebec Region of Les Soeurs de Sainte-Croix, an educational order of nuns, to sell their convent and six acres of empty land (which all border on the hospital’s property) to the JGH on February 1, 2005. The convent, which opened in 1928, has since been extensively renovated and transformed into a pavilion that houses the JGH Goldman Herzl Family Practice Centre, the JGH Department of Obstetrics and Gynecology, the JGH Cardiovascular Prevention Centre, and other services.

The once-empty land has now become the site of the hospital’s new critical care pavilion, whose first phase—a greatly expanded and upgraded Emergency Department—opened in February 2014. The next phase is scheduled to open in early 2016.
At the signing of the legal documents to complete the transfer in 2005, Sister Annette Legault, Regional Director of Les Soeurs de Sainte-Croix, said the nuns “are very happy to sell the property to the hospital, because it serves the population. We refused offers to build condominiums because we wanted to serve the community. We wish the hospital the best of luck in its future plans.”

1.2 The Maimonides Geriatric Centre

1.2.1 Portrait

Corporation: Yes  
Linguistic designation: Bilingual  
Number of beds: Oversees 387 beds, as well as hundreds of individuals in private homes  
Academic affiliation: McGill University

1.2.2 Founding and History

Maimonides traces its history back to 1910, when it was founded by the Jewish community of Montreal and called the Montreal Hebrew Sheltering Home. It housed only six residents in a home on Evans Street.

Many housing options are overseen by Maimonides for Jewish seniors who can no longer live alone. Each option provides different levels of accommodation, care and support. Maimonides’ care is second to none, and the Centre’s staff, volunteers and generous donors have created a vibrant and innovative environment. They have a strong volunteer base, which is also responsible for creating the successful Meals on Wheels program that began in 1967.

Hundreds of volunteers donate nearly 30,000 hours of their time per year and they play a vital role in enhancing the therapeutic milieu throughout the Centre. Access to all of Maimonides’ resources is provided through the CLSC or a hospital’s department of social work. Thanks to a transformative gift from the Donald Berman Foundation, Maimonides has officially been renamed the Donald Berman Maimonides Geriatric Centre, which continues to be helped financially by its foundation and very active auxiliary.
1.2.3 Foundation

The Donald Berman Maimonides Geriatric Centre Foundation was formed in 1974 by an extremely dedicated group of community leaders who were determined to ensure high standards of care and the availability of the finest facilities. The Foundation’s original objective was to supplement limited government funding with donations from private individuals, corporations, foundations and other sources, thereby allowing Maimonides to provide a rich diversity of programs and services. With the passage of time, this objective has been extended to replacing and improving the Centre’s facilities.

1.3 Mount Sinai Hospital

1.3.1 Portrait

Operating budget: $13 million
Corporation: Yes
Linguistic designation: Bilingual
Number of beds: 107
Academic affiliation: McGill University

1.3.2 Founding and history

Established in 1909 by members of the Jewish community, Mount Sinai was originally a tuberculosis sanatorium north of Montreal. However, as the threat of tuberculosis diminished in the 1950s, Mount Sinai evolved into an intermediate-care facility specializing in chronic obstructive pulmonary diseases such as emphysema, bronchitis and asthma. In 1990, the hospital moved to Montreal and occupied a state-of-the-art facility closer to the population that it served. Along with 107 beds, it has an out-patient department and a wide range of diagnostic and treatment services.
Today the hospital also specializes in respiratory, palliative and long-term care, and is accredited by Accreditation Canada. As a McGill University-affiliated hospital, it conducts innovative research and gives an increasingly prominent role to out-patient services. Patients are referred to Mount Sinai by doctors throughout the province. In addition, more than 150 volunteers bring their talents and compassion to help the hospital carry out its mission, along with considerable support from an auxiliary executive committee.

1.3.3 Mission

In treating patients who have chronic obstructive pulmonary diseases, Mount Sinai has adopted a global approach which includes education, prevention, diagnosis, treatment and follow-up. It delivers palliative care services to individuals at the end of their lives to alleviate their suffering, and it offers a homelike environment to those with serious chronic conditions.

1.3.4 Foundation

The Mount Sinai Foundation was founded in 1973 and consists of highly dedicated leaders who are determined to lend crucial fundraising support to the programs and services that benefit the hospital’s patients and their families.

1.4 Jewish Rehabilitation Hospital

1.4.1 Portrait

Operating budget: $28,816,811
Corporation: Yes
Linguistic designation: Bilingual
Number of beds: 132
**Academic affiliation:** McGill University. The Jewish Rehabilitation Hospital (JRH) is also developing ties with the Université de Montréal, and is a member of the Centre for Interdisciplinary Research in Rehabilitation.

### 1.4.2 Founding and History

The JRH opened in 1955 as the Jewish Convalescent Centre, followed in 1962 by a name change (the Jewish Convalescent Hospital) and the doubling of its staff to mark the launch of a new era of professional expertise. The current name was adopted in 1988 to reflect the evolution of the institution’s expertise, its role and its mission.

### 1.4.3 Mission

The Jewish Rehabilitation Hospital, located in Laval, is a general and specialized care hospital focusing on rehabilitation. It is also the regional centre for pediatric and adult services for individuals with physical disabilities. The hospital offers (second-line) adaptation and rehabilitation services, support to social reintegration services, and accommodation in non-institutional residences. The objective of these services is the recovery of optimal autonomy.

As a designated bilingual establishment, the JRH welcomes a culturally diverse clientele, while maintaining traditional links to its founding Jewish community and providing care in a manner that is attuned to sociocultural and linguistic needs of that community. The institution also contributes to developing and implementing regional and inter-regional service continuums through partnerships with public, private and community networks.

In addition to its affiliation with McGill University, the objective of the JRH is to contribute to research, teach and conduct assessments in technology and methods of clinical intervention. It spares no effort in its quest to remain an innovative institution at the cutting edge of technology and a leader in the field of physical rehabilitation.

The JRH Volunteer Service Department consists of nearly 100 dedicated individuals who offer moral and physical support to patients and their families, as well as help to professionals in certain tasks.

### 1.4. Foundation

The JRH Foundation was incorporated in July 1973 primarily to provide philanthropic support to the hospital, with the goal of continuing to provide patient care of the highest quality.
1.5 Miriam Home and Services

1.5.1 Portrait

Operating budget: $26,876,625 (2013-2014)
Corporation: Yes
Linguistic designation: Bilingual
Number of patients: 839 (2013-2014)
Founded: 1962

1.5.2 Mission

The goals of Miriam Home are to ensure that individuals with intellectual disabilities are seen and treated as persons; that they experience love, friendship and continuity in their lives; that they are afforded personal security, are adaptively cared for, and are treated with respect and dignity; that they have access to opportunities to make choices and exercise their rights, learn skills, and be given the means to compensate for their deficiencies and disabilities; and that they have a decent and appropriate place to live, with meaningful employment or occupation, and life-long opportunities for growth.

The committees and councils of Miriam Home and Services oversee the institution’s activities from a variety of perspectives—including those of professionals, users and administrators—to ensure success in carrying out the mission.

1.5.3 Foundation

The Miriam Foundation raises funds through an annual giving campaign and a variety of events. Its major events, which gain in popularity every year, are consistently sold out.

A portion of these funds supports rehabilitative, socio-professional and residential services for more than 800 people of every age, regardless of their financial or family situation. Partnerships have also been established with hospitals, community centres, school boards, daycare centres, rehabilitation centres and an extensive list of other organizations. These collaborative efforts provide opportunities for shared resources and an information exchange, with the intent of delivering the best service to every individual.
1.6 The Jewish Eldercare Centre

1.6.1 Portrait

Corporation: Yes
Linguistic designation: Bilingual
Academic affiliation: McGill University

1.6.2 Founding and History

The Jewish Eldercare Centre was created in the early 1900s—and named the Jewish Consumptive Aid Association—to help victims of tuberculosis. In 1942, it became the Jewish Incurable Hospital with 50 beds in East End Montreal, which focused on helping the chronically ill and disabled. After the shortage of nursing homes for Montreal’s Jewish elderly became apparent, the 44-bed Jewish Nursing Home opened its doors in 1970 in the former nurses’ residence of the Jewish Hospital of Hope.

With the need for further expansion, and to be closer to the community, both institutions relocated to new state-of-the-art buildings in the Côte-des-Neiges area in 1993, with a total of 320 beds. The new buildings provided an enormous improvement in the quality of long-term care. In 2000, an integration process was completed and the two institutions became one: the Jewish Eldercare Centre.

1.6.3 Mission

The Jewish Eldercare Centre is a long-term care facility that provides comprehensive and compassionate care to individuals with a loss of physical or cognitive autonomy. Its mission is to provide the highest possible quality of care and quality of life in a safe and secure homelike environment, and according to Jewish traditions and principles.
The Centre, a McGill-affiliated long-term care facility, is recognized by the Quebec government as having a supra-regional mandate. It also trains caregivers and professionals, and it serves as a site for research in geriatric medicine and care of the elderly.

### 1.6.4 Foundation

The mission of the Jewish Hospital of Hope Eldercare Foundation is to raise funds to maintain and enhance the standards of care and the quality of life of its residents. The Foundation’s efforts concentrate on an ever-changing list of essential needs, including new equipment and programs, living areas, furnishings and renovations that create a more home-like environment.

### 1.6.5 Volunteers and the Auxiliary

The Jewish Eldercare Centre Auxiliary enhances the quality of life of the residents of the Jewish Eldercare Centre and of the participants of the Geriatric Day Centre. It also involves educating the public about the needs of the frail elderly, and raising funds to help fulfill these goals. The volunteers devote almost 15,000 hours of their time per year and, for many residents, have become an essential link to the outside world by helping to enhance residents’ feelings of self-esteem.
3. Bill 10: Comments and Recommendations

3.1 THE PROMISE OF A NEW ERA

With the tabling of Bill 10, the Province of Quebec finds itself on the threshold of what could be the greatest modern transformation in the delivery of health care and social services. Indeed, Quebec’s public healthcare system probably has not seen such profound change since the introduction of medicare.

The fundamental reason for introducing Bill 10 is clear: For at least a quarter of a century, numerous significant weaknesses have accumulated in the healthcare system. If these flaws remain in place, they could seriously jeopardize patients’ access to safe, reliable treatment and care. If the underlying objectives of Bill 10 are sensitively drafted and sensibly implemented, it has the potential to establish a patient-centred continuum that delivers the right care at the right time in the right place by the right healthcare professional. Hospitals must also ensure that this care produces the right outcomes for patients.

Montreal’s Jewish healthcare and social services institutions recognize that the Quebec healthcare system has reached a point in its evolution where it is virtually impossible for every institution (even the larger hospitals) to provide every person with care (particularly specialized care) in a timely manner. Commendably, the Government has acknowledged this dilemma, as well as three underlying problems that imperil health care:

- The financing of health care is no longer sustainable at current levels of spending.
- Care is too fragmented, and this has contributed significantly to creating or widening gaps in the continuity of care.
- No firm determination has been made as to whether productivity in delivering health care ought to be measured according to the volume of patients treated or the value of the care that has been provided.

It is heartening that Bill 10 attempts to address the above-named problems. It is also encouraging that the Bill focuses on clinical care and is not proposing any changes to the involvement of healthcare and social services institutions in research, fundraising, education and training, or the development and evaluation of technology.

In addition, the grouping of institutions in the CISSS du Centre-de-l’Île-de-Montréal has been well considered, as the region would span a range of missions from a single tertiary/quaternary-care university hospital (the JGH) and a primary- and secondary-care hospital (St. Mary’s) through physical and intellectual rehabilitation centres to long-term care institutions and front-line centres. All of these institutions already enjoy a warm and productive working relationship.
Of course, determining how to modify and implement Bill 10 will not be easy. A careful and thoughtful approach is needed, so that certain aspects of the Bill can be revised in a way that does not compromise the fundamental operational objectives of the Minister. By the same token, the Minister is strongly encouraged to recognize that the critical weaknesses in Bill 10 deprive the proposed legislation of its ability to adequately address the viability, vitality and unique characteristics of certain institutions in the healthcare system.

3.2 THE NEED TO PRESERVE IDENTITY AND DISTINCTIVENESS

While the true value of a healthcare institution is determined primarily by the quality and efficiency of its treatment and care, its success is a product of much more than the medical outcomes of its patients. To a considerable degree, the excellence of Montreal’s Jewish healthcare and social services institutions can be attributed to the unswerving loyalty of its patients, families, donors, volunteers and other supporters.

For example, the JGH, which was founded and built in the early 1930s primarily by Montreal’s Jewish community, has always been a non-sectarian institution. Its lengthy roster of donors and volunteers—today and in decades past—has consisted of individuals representing a wide spectrum of religious, cultural, ethnic and linguistic backgrounds. Over the decades, their feelings of gratitude and affection have been expressed in the form of remarkable financial generosity, as well as overwhelming personal selflessness. Such is the case for the region’s other healthcare institutions, as well. Also well worth singling out in all of the institutions is the high calibre of their lay leaders—not just on the Boards of Directors, but in the Foundations and Auxiliaries—who have given freely of their time and expertise to keep improving the quality of care.

Of crucial importance in safeguarding the commitment of these irreplaceable individuals—while laying the groundwork for philanthropy and volunteerism in future generations—is the need to maintain the unique and distinctive identity of all of the Jewish healthcare and social services institutions. However, there is a real danger that donors and volunteers will lose their deep feelings and their sense of belonging if these facilities become components in the region’s sole healthcare institution, the CISSS du Centre-de-l’Île-de-Montréal.

The consequences of this deterioration could deeply affect the JGH Foundation—the second-largest organization of its kind in Quebec—and the Foundations of the other institutions by gravely compromising their potential to raise essential funds. Each year at the JGH, substantial funds flow from the Foundation to the hospital and to researchers in the Lady Davis Institute at the JGH. This enriches and strengthens not just these institutions, but Quebec’s public healthcare system as a whole. These funds benefit

7 It has been estimated by the JGH Department of Volunteer Services that the hospital’s “army” of over 1,000 volunteers provides more than 130,000 hours of unpaid service per year—the equivalent of work performed by more than 2,000 full-time employees. This represents an annual savings of about $10 million or a capitalized value of $200 million.
countless patients who might not otherwise have access to the latest medical technology, innovative clinical programs or breakthroughs in research that the Foundation has helped to realize.

For this reason, Montreal’s Jewish healthcare and social services institutions feel strongly that great care should be taken not to undermine the decades of effort that have been spent in nurturing the profound trust and abiding loyalty of donors and volunteers (many of whom are former patients whose gratitude is expressed through their gifts). It should also be noted that while patients now benefit enormously from the Government’s financial support for their institutions, it was the large and small donations of Montreal’s private citizens that built these hospitals, purchased the land on which they sit, and ensured their growth and vitality before the medicare system was established. These remarkable achievements should not be ignored or lightly dismissed.

Despite the presence of provisions in Bill 10 to preserve and protect the cultural, historic and/or local character of the newly amalgamated regional institution, members of the public will inevitably perceive that the special characteristics are being overshadowed by and subordinated to the Centre intégré de santé et de services sociaux. It is only a matter of time before donors and volunteers will begin to wonder why they owe any allegiance to an institution whose values and direction are dictated from above, and are no longer consistent with many decades of history and tradition.

The stated objectives of Bill 10 can be achieved without the unintended consequences that would result from the Bill in its current form.

In the opinion of the institutions named in this brief, every CISSS should have the clear power of authority to develop and implement plans to streamline the delivery of health and social services in its region. These powers would include admissions, transfers and a clinical plan for the territory, as well as financial oversight and accountability.

However, there should be flexibility regarding the internal structure of each CISSS to reflect and respond to regional diversity and distinctiveness. In some regions, there would be amalgamations. In other regions—Montreal Centre being one of them—the existing institutions should continue to exist with their Boards of Directors whose powers, subject to the overriding power of the CISSS Board regarding the matters mentioned above, would include:

- quality and risk
- clinical mission
- research mission
- academic mission
- relationship with McGill University
- preservation and protection of religious, cultural and linguistic identity
- relationship with the Foundation and the allocation of funds

Montreal’s Jewish community and healthcare and social services institutions
November 18, 2014
Recommendation #1

Every CISSS should have clear power of authority to develop and implement plans to streamline the delivery of health and social services in its region. These powers would include admissions, transfers and a clinical plan for the territory, as well as financial oversight and accountability.

However, there should be flexibility regarding the internal structure of each CISSS to reflect and respond to regional diversity and distinctiveness. In some regions, there would be amalgamations. In other regions—Montreal Centre being one of them—the existing institutions should continue to exist with their Boards of Directors whose powers, subject to the overriding power of the CISSS Board regarding the matters mentioned above, would include:

- quality and risk
- clinical mission
- research mission
- academic mission
- relationship with McGill University
- preservation and protection of religious, cultural and linguistic identity
- relationship with the Foundation and the allocation of funds

3.3 LEGISLATIVE PROTECTION FOR LANGUAGE AND CULTURE

As a result of the amalgamations contemplated by Bill 10, the current institutions would cease to exist as legal entities with their own Boards of Directors. Bill 10 stipulates that these institutions would become “facilities” of the new CISSS.

To its credit, Bill 10 recognizes that in the case of certain facilities, special consideration must be given to the language rights of users and to the institutions’ unique religious and cultural traditions and practices.

For this reason, Article 14 states that when directors are appointed to the Boards of the CISSSs, the Minister “must take into account adequate representation of the various parts of the territory served by an institution and consider the sociocultural, ethnocultural, linguistic and demographic composition of the user population.” Article 131 also states that, upon request, the Minister may establish an advisory committee to recommend measures to the institution “to be implemented to preserve the cultural, historic or local character of the institutions amalgamated under this Act…”

---

8 A complete list of recommendations can be found in Appendix 1, page i.
To underscore these points, the Minister has publicly said that “the rights of Anglophones will be protected and the status of bilingual institutions will remain”,⁹ that this protection will be put in place, because “I understand people have an emotional attachment to their institutions”;¹⁰ and that anglophone rights will be protected “even outside of Montreal” in regions where Anglophones are a small minority.¹¹

Although the general principles and sentiments behind these statements are commendable, Montreal’s Jewish healthcare and social services institutions believe that the text of Bill 10 and the assurances of the Minister are not sufficient to preserve the language rights and religious/cultural characteristics of the relevant healthcare institutions. And even if no weakening of those rights is contemplated at present, there appears to be no way of preventing those rights and characteristics from being eroded at some point in the future.

The protection afforded by Bill 10 is neither far-reaching nor strong enough. Article 14 speaks only about the appointment of representatives to the regional board, but it does not explicitly address the linguistic rights or religious/cultural heritage of the institutions in the region.

Meanwhile, Article 131 concerns itself only with the creation of an advisory committee which would make recommendations to the region’s Board about preserving certain features of the institutions in that region. Missing is any clear guarantee in Article 131—or anywhere else in Bill 10—that the linguistic rights and religious/cultural traditions of the region’s member institutions will be maintained. As a result, it is entirely possible that the advisory committee, as described in Article 131, might refuse to endorse a member-institution’s request for protection of its rights and traditions. The advisory committee might also be reluctant to pass along this request to the regional Board for consideration. And even if the recommendation were submitted to the Board, the Board would be within its rights to deny approval, to the detriment of the facility that made the initial request.

Thus, to a significant degree, the fate of a member-institution’s bilingual status and the continuity of its special religious/cultural legacy depends upon the benevolence, compassion and understanding of those on a regional Board or of the Minister, and not directly upon the individuals who represent the member-institution.

In practice, such an approach might present problems, especially if the Minister becomes involved (as is his right under Bill) in the request of the member-institution. In this case, the defence of an institution’s rights depends upon the good will of the Minister. But what happens if the priorities of the Government change?

⁹ The Gazette, October 30, 2014
¹⁰ Global News, September 29, 2014
¹¹ CJAD (radio), October 2, 2014
Without an empowered Board that is sensitive to the particular needs of the community, there is no assurance of the development and implementation of policies in support of bilingual status or socio-cultural and religious needs.

Regardless of how the political wind blows, the rights of Quebec’s healthcare institutions are in jeopardy, unless they are protected by clear, explicit legislation.

**Recommendation #2**
Bill 10 should include provisions that clearly and explicitly protect and preserve the bilingual status of any healthcare or social services institution that possesses this status on the date when the legislation is enacted. In addition, the bilingual status of the CISSS’s—which include a significant number of recognized bilingual institutions or whose territory includes a significant non-francophone population (notably Montreal Centre and Montreal West Island)—should have bilingual and designated status.

**Recommendation #3**
As is currently the case under the Charter of the French Language, any change to the bilingual status of a healthcare or social services institution should be initiated and determined only by that institution, subject to approval by the Board of that region’s CISSS and the Minister.

**Recommendation #4**
Bill 10 should include provisions that clearly and explicitly protect and preserve the religious/cultural characteristics of healthcare and social services institutions that possess unique customs, traditions and values.

**Recommendation #5**
Any change to the religious/cultural characteristics of a healthcare or social services institution should be determined solely by that institution.

### 3.4 FUNCTIONING AS A LEGAL ENTITY

As legal entities within a regional network, Montreal’s Jewish healthcare and social services institutions would need certain rights in order to preserve their distinctiveness and unique character, and in order to operate in an efficient manner. Although these rights may flow naturally from the institutions’ status as legal entities, they should be clearly protected in the manner described below.

Rather than relinquish their assets to a large regional agency, the institutions should be entitled, as legal entities, to retain these diverse assets and their corporations, with the continuing ability to veto any mergers and to exercise the disposition of those assets. Such a provision would have no impact on the Minister’s plan to provide a more effective continuum of care. Furthermore, since members of the public—through their donations and personal involvement—built and paid for these assets, the retention of this property is...
tangible proof that the community’s loyalty is being respected. Similarly, the community is being encouraged to continue its active involvement in serving the needs of patients.

Another valuable possession is each institution’s name, along with related logos and other forms of branding, which symbolize and echo their origins and the vision of their founders. The name is also critically important in ongoing branding that seeks to maintain and enhance the local, national and global reputation of the JGH in particular. It serves as a focal point in the recruitment of talented and creative individuals from around the world—everyone from physicians and researchers to allied healthcare professionals, as well as talented, young newcomers in the next generation of experts.

For proper identification and recognition, it is necessary for each institution’s name to continue to appear on the building itself and on all related structures. The name should also appear on a wide array of communications in various media, including (but not limited to) official documents, letters, signs, promotional and publicity materials, uniforms, printed and digital publications, instructional pamphlets, presentations and the web site.

**Recommendation #6**
Montreal’s Jewish healthcare and social services institutions should retain their respective corporations and all of their own assets, with the continuing ability to veto any mergers and to exercise the disposition of those assets.

**Recommendation #7**
Montreal’s Jewish healthcare and social services institutions should retain their respective names—along with their logos and other forms of branding—on their own buildings and on all other forms of communication in various media.

### 3.5 BOARDS OF DIRECTORS

As legal entities, Montreal’s Jewish healthcare and social services institutions would be in an ideal position to play a productive role within their regional healthcare network if they retained their own Boards of Directors, while simultaneously appointing delegates to sit on the Board of Directors of the CISSS. Thus, the stated objectives of Bill 10 could still be met without the unintended consequences that would result from the Bill’s current formulation.

The CISSS would still have the clear power of authority to develop and implement plans to streamline the delivery of health and social services in its region. This would cover such areas as admissions, transfers and clinical plans for the reorganization, as well as financial oversight and accountability.
All of the CISSSs would require flexibility in their internal structure to reflect and respond to diversity and distinctiveness in their regions. In some regions, the amalgamation as originally envisioned in Bill 10 would take place. But in others—notably, the CISSS du Centre-de-l’Île-de-Montréal—each institution would function more effectively and maintain its distinctiveness if its Board of Directors were retained.

Naturally, the responsibilities of the individual Boards would be subject to the mandate, authority and power of the new CSSS Board, as described above. However, within each of the institutions, an active Board would still play an invaluable role in matters such as (but not limited to) those listed as follows, particularly in ensuring:

- improvement in the already-high quality of treatment and care, as well as reduction of risk and the minimization of errors, accidents and similar incidents
- the continuation of each institution’s clinical mission
- the continuation of the research mission
- the continuation of the academic mission, with particular emphasis on productive, long-standing partnerships with McGill University
- the preservation and protection of the unique characteristics of each institution’s religious, cultural and linguistic identity
- the coordination of fund-raising by each institution’s Foundation and the proper allocation of funds to meet the needs of that institution

This arrangement would enable each Board of Directors to be much more effective in training new generations of lay leaders, while ensuring the continuity of experience and expertise as those Boards evolve. Without this involvement, a distinct danger exists that their status on the national and international stage would be severely weakened. Not only could this jeopardize standards of care, it would have the broader effect of lowering the profile of the JGH in particular, thereby reducing the level of investment in the economy of Quebec.

Retention of each Board would be a clear signal to users of these institutions—as well as to donors and volunteers—that community involvement remains of key importance in deciding policy, as well as safeguarding the institution’s mission and values. As is currently the case, the various Boards would operate at no cost to the Ministry, since their members serve on a volunteer basis and do not accept remuneration.

3.6 NOMINATIONS AND APPOINTMENTS

Those who are most familiar with the challenges, strengths, special requirements, personnel, mission, values and history of a particular institution are the ones most capable of appointing its senior leaders. Thus, the Boards of Directors of Montreal’s Jewish healthcare and social services institutions are, by far, in the best position to choose their own Directeur général and, where required, their Directeur général adjoint. This is confirmed by the consistently high quality of the individuals who have served on these Boards in the many decades since their inception. Currently, for example, this
distinguished roster includes prominent leaders in business, education, law, health care, philanthropy and other fields. In addition, the Jewish General Hospital and its regional CISSS should have input and decision-making ability regarding the design and establishment of its management structure.

The valuable input from these volunteer members adds to the diversity of opinions and viewpoints in setting policy. Equally significant is that the presence of these individuals—who wish to give of themselves on behalf of the patients and other citizens in the area—brings the institutions closer to the community that they serve. In so doing, the overall objective is to work toward common goals with the Government in determining how to improve the public healthcare and social services system.

In addition, the Boards of Montreal’s Jewish healthcare and social services institutions are best equipped to select their own clinical chiefs and other leaders, in coordination (where appropriate) with McGill University where those chiefs hold senior academic positions. This allows the various institutions and their partners to recruit the brightest and most capable individuals to lead the clinical departments—precisely the experts who can be relied upon to make Quebec’s reorganized healthcare network function as it should.

To ensure a continuity of the strong partnership that currently exists with McGill, the university would be represented on the Board of the CISSS and on the boards of the community-based institutions where formal relationships already exist.

Without governance of this calibre, the institutions would be compromised in their ability to attract, train and retain clinical leaders who can achieve the utmost on behalf of patients today and in years to come. The absence of these individuals would seriously undermine the reputation of the institutions and their ability to raise funds. Inevitably, there would be a downward spiral away from current levels of excellence and global leadership.

Of course, these appointments would not take place in a vacuum. For all of the institutions, the nomination of the Directeur général and Directeur général adjoint, in particular, would be subject to the approval of the Minister, in keeping with the general objectives of Bill 10.

**Recommendation #8**
The chiefs of the clinical departments of Montreal’s Jewish healthcare and social services institutions, as well as certain other leaders among staff, should be appointed by the Boards of Directors of their respective institutions, in coordination (where appropriate) with McGill University. These staff appointments should be made as warranted by circumstances.

**Recommendation #9**
McGill should be represented on the boards of the community-based institutions where formal relationships already exist.
3.7 THE BOARD AND THE PDG OF THE CISSS

As the largest healthcare institution and the only tertiary/quaternary-care university hospital in its region, the Jewish General Hospital is in a unique position to coordinate the sharing of knowledge and expertise among all members of its network. Given this degree of sophistication and experience—along with the recommended retention of the JGH Board of Directors—it is reasonable to expect the JGH to play a prominent role in the development and operation of the CISSS. To ensure that the Board of the CISSS properly represents its region and is sensitive to local needs and concerns, it should initially consist of 17 members (including nine independents), rather than the 15 members specified in Bill 10. Furthermore, the Boards of Directors of Montreal’s Jewish healthcare and social services institutions should nominate candidates for the Board of Directors of the CISSS using the criteria proposed in Bill 10, subject to the approval of the Minister.

It is important that the Président-Directeur général of the CISSS have the confidence of the communities that are served by the CISSS. To this end, the process of selecting DG’s under the current legislation has established a balance between local community and governmental input, including the Minister’s power of approval. We believe this selection process should apply to the recruitment of the PDG of the CISSS.

**Recommendation #10**
The Jewish General Hospital should play a prominent leadership role in the development and operation of the CISSS.

**Recommendation #11**
The Board of Directors the CISSS should initially consist of 17 members, including nine independents.

**Recommendation #12**
The selection process currently applicable to the recruitment of the DG’s of institutions should be adopted in the selection of the PDG of the CISSS.

**Recommendation #13**
The Boards of Directors of Montreal’s Jewish healthcare and social services institutions should nominate candidates for the Board of Directors of the CISSS using the criteria proposed in Bill 10, subject to the approval of the Minister.

3.8 SUPRA-REGIONAL STATUS

The Jewish General Hospital provides patients with superior health care and social services—comparable to medical services at leading hospitals throughout the world—because it has spent decades building and improving upon their local, national and global
reputation for clinical, academic and research excellence. Therefore, the need to preserve and build upon this reputation is crucial, especially in an era of global competition for top experts (and promising, young innovators) at home and abroad.

This goal can be realized by preserving the JGH’s supra-regional status, which is intrinsic to the academic mission. Such a move is necessary, since Bill 10 contains little, if any, detail about the relationship between the new, regional healthcare establishments and the province’s universities and other academic institutions.

In addition, the other Jewish healthcare and social service institutions in Montreal Centre have supra-regional mandates by virtue of the nature of their missions or their responsibility to serve members of the Jewish community. These supra-regional mandates must be acknowledged and maintained.

**Recommendation #14**
Formal and official supra-regional status should be maintained for the Jewish General Hospital where it already exists and/or is warranted by the Government, based on the hospital’s international reputation and/or the unique services that it provides to Quebec as a whole.

**Recommendation #15**
The supra-regional mandates of the other Jewish healthcare and social services establishments in Montreal Centre should be acknowledged and maintained.

### 3.9 THE SPECIAL CASE OF THE JEWISH REHABILITATION HOSPITAL

The Jewish Rehabilitation Hospital (JRH) in Laval is a full member of the group of Jewish healthcare and social services institutions. When it was established, it was located in territory that formed part of the Montreal Health and Social Service Region. Laval subsequently became a separate region. The JRH is a recognized bilingual institution under section 29.1 of the Charter of the French Language and is designated to provide its services in English and French under section 508 of the Health and Social Services Act. It, too, was created to meet the socio-cultural, religious and linguistic needs of the community. It is the last recognized bilingual institution in the Laval region. If it is amalgamated into the Laval CISSS, there will be no recognized bilingual institutions in that region.

**Recommendation #16**
The JRH should be maintained as a separate institution and that it retains its corporation. A corridor of service should be formally established to enable members of the Jewish community from Montreal or Laval to be referred to JRH for care.
4. Conclusion

Montreal’s Jewish healthcare and social services institutions agree that the public healthcare system needs reform, so that it can overcome the numerous gaps and weaknesses that have accumulated over the past quarter-century. If these flaws are allowed to remain in place, they could seriously jeopardize patients’ access to safe and reliable treatment and care. Bill 10 provides a general framework for the far-reaching transformation that Quebecers require.

However, Bill 10 lacks the necessary provisions to preserve and protect linguistic rights and religious/cultural identity, and maintain community engagement. Clear, explicit language to this effect must be added to the proposed legislation.

Montreal’s Jewish healthcare and social services institutions believe this protection would be facilitated by enabling the institutions to remain distinct legal entities with control over their corporations and assets, as well as retention of their own Boards of Directors and names.

These measures would enable all of the institutions to retain the loyalty of donors and volunteers, whose personal and financial commitment has always been, and continues to be, of crucial importance to the vitality of the institutions. This would help to ensure an environment and services attuned to the needs of the community.

In the specific case of the JGH, its highly renowned reputation would remain unchanged nationally and internationally, thereby empowering the JGH to maintain its academic mission and successfully recruit leading physicians, researchers and other healthcare professionals from around the world.

With a clear mandate and powers assigned to the CISSS Board to assure a seamless delivery of services, the structure of the CISSS should permit enough flexibility to retain existing institutions, their corporations and their assets, as well as their Boards where history, demography and regional distinctiveness call for such a measure. The CISSS Board should be close to the people it serves; therefore, candidates for membership on the CISSS Board should emanate from the community, using the criteria mentioned in Bill 10.

In the specific case of the Jewish Rehabilitation Hospital, a corridor of service should also be formally established to enable members of the Jewish community to be referred to the institution from Montreal or Laval.

Montreal’s Jewish healthcare and social services institutions are confident that these measures, along with many others outlined in Bill 10, would enable them to maintain their distinctive characteristics and community support, while working closely with the Government and its other partners to provide patients with the prompt, reliable and compassionate health care that they need and deserve.
Appendix 1

Summary of Recommendations

THE NEED TO PRESERVE IDENTITY AND DISTINCTIVENESS

Recommendation #1
Every CISSS should have clear power of authority to develop and implement plans to streamline the delivery of health and social services in its region. These powers would include admissions, transfers and a clinical plan for the territory, as well as financial oversight and accountability.

However, there should be flexibility regarding the internal structure of each CISSS to reflect and respond to regional diversity and distinctiveness. In some regions, there would be amalgamations. In other regions—Montreal Centre being one of them—the existing institutions should continue to exist with their Boards of Directors whose powers, subject to the overriding power of the CISSS Board regarding the matters mentioned above, would include:

- quality and risk
- clinical mission
- research mission
- academic mission
- relationship with McGill University
- preservation and protection of religious, cultural and linguistic identity
- relationship with the Foundation and the allocation of funds

LEGISLATIVE PROTECTION FOR LANGUAGE AND CULTURE

Recommendation #2
Bill 10 should include provisions that clearly and explicitly protect and preserve the bilingual status of any healthcare and social services institution that possesses this status on the date when the legislation is enacted. In addition, the bilingual status of the CISSS’s—which include a significant number of recognized bilingual institutions or whose territory includes a significant non-francophone population (notably Montreal Centre and Montreal West Island)—should have bilingual and designated status.

Recommendation #3
As is currently the case under the Charter of the French Language, any change to the bilingual status of a healthcare or social services institution should be initiated and determined only by that institution, subject to approval by the Board of that region’s CISSS and the Minister.
Recommendation #4
Bill 10 should include provisions that clearly and explicitly protect and preserve the religious/cultural characteristics of healthcare and social services institutions that possess unique customs, traditions and values.

Recommendation #5
Any change to the religious/cultural characteristics of a healthcare or social services institution should be determined solely by that institution.

FUNCTIONING AS A LEGAL ENTITY

Recommendation #6
Montreal’s Jewish healthcare and social services institutions should retain their respective corporations and all of their own assets, with the continuing ability to veto any mergers and to exercise the disposition of those assets.

Recommendation #7
Montreal’s Jewish healthcare and social services institutions should retain their respective names—along with their logos and other forms of branding—on their own buildings and on all other forms of communication in various media.

NOMINATIONS AND APPOINTMENTS

Recommendation #8
The chiefs of the clinical departments of Montreal’s Jewish healthcare and social services institutions, as well as certain other leaders among staff, should be appointed by the Boards of Directors of their respective institutions in coordination (where appropriate) with McGill University. These staff appointments should be made as warranted by circumstances.

Recommendation #9
McGill should be represented on the boards of the community-based institutions where formal relationships already exist.

THE JGH AND THE BOARD OF THE CISSS

Recommendation #10
The Jewish General Hospital should play a prominent leadership role in the development and operation of the CISSS.
Recommendation #11
The Board of Directors the CISSS should initially consist of 17 members, including nine independents.

Recommendation #12
The selection process currently applicable to the recruitment of the DG’s of institutions should be adopted for the selection of the PDG of the CISSS.

Recommendation #13
The Boards of Directors of Montreal’s Jewish healthcare and social services institutions should nominate candidates for the Board of Directors of the CISSS using the criteria proposed in Bill 10, subject to the approval of the Minister.

SUPRA-REGIONAL STATUS

Recommendation #14
Formal and official supra-regional status should be maintained for the Jewish General Hospital where it already exists and/or is warranted by the Government, based on the hospital’s international reputation and/or the unique services that it provides to Quebec as a whole.

Recommendation #15
The supra-regional mandates of the other Jewish healthcare and social services establishments in Montreal Centre should be acknowledged and maintained.

3.9 THE SPECIAL CASE OF THE JEWISH REHABILITATION HOSPITAL

Recommendation #16
The JRH should be maintained as a separate institution and that it retains its corporation. A corridor of service should be formally established to enable members of the Jewish community from Montreal or Laval to be referred to JRH for care.
Appendix 2

Mission of the Jewish General Hospital

- To provide general and specialized care of the highest quality in a safe, humane and caring manner, with an emphasis on specialized and ultra-specialized care.
- To develop and promote an environment for leadership and excellence in health sciences education.
- To encourage and support research in order to advance the knowledge of the prevention, cause and treatment of illness and health.
- To actively participate in and lead the development and evaluation of new technologies in order to enhance patient care.
- We also recognize that the talent and commitment of our staff contribute to our strength. We will continue to foster a work environment where each person is valued, respected and supported in professional endeavours and educational programs for personal and professional growth.
- Based on a philosophy of providing “Care for all”, the JGH respects the concerns of all religions, cultures and ethnic communities. Although the hospital is a non-sectarian institution, it maintains an environment that respects the culture and the spiritual and religious beliefs of the Jewish faith.

Values of the Jewish General Hospital

- Quality care: We are committed to providing care of the highest quality, as well as supporting our Continuous Quality Improvement Program, promoting evidence-based medicine, and implementing best-clinical-practice guidelines.
- Safety: We are committed to promoting and providing safe care and service delivery to all. Safety is everyone’s responsibility. It is valued as a fundamental right and expectation.
- Compassion, dignity and respect: We are committed to treating our patients and their families with the utmost compassion, dignity and respect. We listen and respond to the needs of our patients, while respecting their confidentiality and encouraging their participation in decision-making.
- Teamwork: We recognize the importance, quality, diversity and contribution of each member of our staff. We are committed to working together as a team, collaborating with one another, and sharing our knowledge to achieve our common vision and goals.
- Knowledge: We value learning, and will continue to develop, promote and support an environment that encourages education and training among health-care professionals. We will also continue to support professional endeavours and educational programs that contribute to the growth and development of our staff.
• **Innovation:** We encourage creativity and initiative in our staff in order to identify and implement innovative means of enhancing the services and care that the hospital provides.

• **Integrity:** We will conduct ourselves with honesty and fairness in accordance with ethical principles.

• **Efficiency:** We are committed to managing our resources responsibly and leading the way in developing new means of achieving efficiency in our operations.

• **Community:** We value our role in improving the health of the population. We also value the contribution of the community we serve (irrespective of race, religion or ethnicity) and of the efforts of our donors and volunteers in helping us to fulfill our mission and ensure the continued growth of the hospital.
Appendix 3

Historical Retrospective of the Jewish General Hospital

The material in this appendix includes public statements by the Jewish General Hospital and its leaders, as well as by other prominent individuals. All of these statements demonstrate the unique and continuous commitment of the JGH to treating, caring for and respecting the rights of patients and staff of all religions, races, ethnicities and cultures.
The City of Montreal is in dire need of additional hospital accommodation—in fact is short 1,700 hospital beds. This great movement by the Jewish Community to alleviate this situation is being received in every quarter of the city, with the greatest enthusiasm.

The proposed Jewish Hospital will be one of the most modernologically equipped on the continent and will be open to all—regardless of race, creed, or class.

GREAT humanitarian work is now being undertaken by the Jewish Community of Montreal, the building of a modern hospital—a monument that will be a “Tribute Everlasting.”

This is a great work that will live—that will carry the names of those who made it possible—those who helped to build it, down through posterity.

We urge every member of our community to come forth and help—to work—to save.

The City of Montreal is in dire need of additional hospital accommodation—in fact is short 1,700 hospital beds. This great movement by the Jewish Community to alleviate this situation is being received in every quarter of the city, with the greatest enthusiasm.

The proposed Jewish Hospital will be one of the most modernologically equipped on the continent and will be open to all—regardless of race, creed, or class.

The quota has now been set at $1,000,000—over 3,000 enthusiastic workers have enlisted in the cause, have pledged themselves to guarantee its success.

The campaign ends September 30th and when the last card is in and the last money has been collected, a great historical record will be compiled, a record of the names of those who gave and those who worked—it will be a record of those who helped to build this great “Tribute Everlasting.”

THE JEWISH HOSPITAL CAMPAIGN

Headquarters: 220 Drummond Building
Montreal
$1,570,139 Pledged for New Hospital

Jewish Community Exceeds Million Dollar Objective in Campaign

Government's $300,000

Premier Taschereau Congratulates Montreal Jewry—Scenes of Enthusiasm at Closing Banquet

Scenes of the wildest enthusiasm greeted the announcement made last night at the final dinner of the Jewish Hospital campaign that with the help of $300,000 given by the Provincial Government, the total amount subscribed had reached $1,570,139. Premier Taschereau himself made the announcement of his government's gift, and mentioned, in connection with it, the name of his new treasurer, A. R. McMaster, K.C.

The joint chairman of the campaign, Michael Hirsch and Allan Bronfman were cheered to the echo, and each presented with a gold cup as a remembrance of the signal success, while to E. G. F. Vaz, the secretary, were made presentations from the headquarters staff and the hospital.

La colonie juive peut disposer de plus de $1,570,000 pour la construction de son hôpital

L'honorable L.-A. Taschereau préside le banquet qui clôture la campagne de souscriptions. — Il reçoit des discours des expressions "shalom" et "mazel-tov!

UN BEL ACCUEIL

$1,570,000. 13, 15: 10, tel est le montant qui a été finalement la somme qui sera disponible pour la construction de son hôpital à Montréal. Sur ce montant, nous avons pu réunir $1,570,000. 13, 15, au moyen de l'association montréalaise de la campagne de souscriptions, qui comprend les plus riches donateurs de la ville. Ce fut un succès qui a été atteint par la collaboration de tous les membres de la colonie juive.

Les deux presidente du comité des souscriptions montréalaises, M. Allan Bronfman et M. Michael Hirsch, lors de leur discours, ont salué la contribution de tous les donateurs, et ont souligné l'importance de cette campagne pour le développement de la colonie juive.

PHOTO: L'honorable M. Allan Bronfman, avec la médaille de "grand mouloudier".

L'honorable M. Allan Bronfman, en recevant la médaille de "grand mouloudier", a exprimé sa gratitude aux donateurs et a assuré qu'il continuerait à travailler pour le développement de la colonie juive.

PHOTO: M. Allan Bronfman et M. Michael Hirsch, lors de la cérémonie de remise de la médaille.

A NEW ERA FOR HEALTH CARE AND SOCIAL SERVICES IN QUEBEC

Ce n'est pas qu'après plusieurs minutes de bravos frénétiques que le premier ministre put retrouver un silence suffisant pour se faire entendre au microphone; mais, lorsqu'il eut prononcé quelques paroles, un silence religieux se fit dans l'assemblée.

"Au nom du gouvernement que je représente, dit alors le premier ministre, au nom de la race à laquelle j'appartiens, je suis heureux de vous souhaiter le "shalom" (paix). Je vous en veux de véritables Canadiens, qui s'appliquent sur la pauvreté et la maladie. Aussi, je m'empresserai de corriger M. Hirsch pour ce qu'il a dit sur la solidarité de la province juive

PHOTO: M. Allan Bronfman, lors de sa déclaration au gouvernement.

Ce dernier a déclaré que le moment présent est solennel et joyeux tout à la fois pour les Juifs de Montréal.

"Lorsque l'hôpital juif sera construit, il se produira sans doute que des personnes n'appartenant pas à notre race demanderont nos soins. C'est avec plaisir que nous leur prodiguions, nous soulevant de ce que les autres éléments ethniques ont fait pour le groupe hébreu, nous donnant le droit de participer a la vie sociale et à la vie politique.

PHOTO: M. Allan Bronfman, lors de sa déclaration au gouvernement.

Montreal's Jewish community and healthcare and social services institutions

A New Era for Health Care and Social Services in Quebec

November 18, 2014
JEWISH GENERAL HOSPITAL

Montreal's Jewish General Hospital

To Relieve Bed Shortage In Montreal

By Louis Cooper Levy.

An imposing, modern Jewish General Hospital, ideally situated at the junction of Cote des Neiges and St. Catherine Roads, in the city of Montreal, is being erected by a solidly united Jewish Community.

This magnificent structure, the first of its character in the Dominion of Canada, is being made possible by the pledges of thousands of Jewish donors. It has been beautifully designated “Our Tribute Everlasting,” and will ever bear that title in commemoration of the generous impulses of those progressive citizens whose donations will make it a possibility.

The new institution, when completed, will be a permanent testimonial to Jewish ideals. It will be a “dream come true.” And though erected mainly with Jewish funds, the hospital will be non-sectarian—open to all faiths and creeds.

Hospital’s Beginning

Its inception dates back to May 27th, 1939. On that day Allan Bronfman acted as Chairman of a meeting of representative Jewish citizens held in the Baron de Hirsch Institute.

After a prolonged discussion, the Chairman appointed a temporary committee to study the necessity of a hospital, the cost of construction and its operation. That Committee made an exhaustive survey and submitted its findings on September 22nd. The report favored the project and was received with enthusiasm by a large gathering.

An executive committee composed of leading and representative members of the Community was next appointed and empowered to proceed with the organization of a campaign, the object of which was to raise $600,000.

Allan Bronfman and Michael Hirsch were selected Joint Chairmen, and within a short time the campaign was launched, with an organization of 2,900 workers to canvas Montreal Jewry.

“Tribute Everlasting”

The slogan “Our Tribute Everlasting” imbued the workers to greater efforts, and the success of their canvas decided the leaders to raise the goal of their endeavors to $1,000,000.

As one writer aptly put it: “The response to the appeal far exceeded the most optimistic expectations, and at the conclusion of the Campaign the objective of $1,000,000 was exceeded by $500,438.90—an achievement of which Montreal Jewry may well be proud.”

It is pleasing to note that the increase was made possible by a $300,000 grant from the Provincial Government, and $90,000 by the City of Montreal.

Inscribed in the Golden Book, which is to form part of the archives of the hospital, will be the names of those who not only contributed, but also gave their energies to the fulfillment of an ideal.

Purpose of Hospital:

Four important purposes actuated the founders of the new hospital:
1. To alleviate the alarming shortage of hospital accommodations in Montreal.
2. To provide a place for the sick and needy of their own faith and of other creeds and races.

(Continued on page 2.)
Jewish General Hospital

CONCEIVED in the hearts of a generous people, nurtured and brought to fruition by a loyal and self-sacrificing group interested in making the Jewish General Hospital one of the outstanding institutions in the City, the work of building, furnishing, equipping and staffing is now completed. To-day's event, long looked forward to brings with it the satisfied feeling of a task well and successfully accomplished. Outstanding in its architectural design it is placed in a setting unsurpassed on the Island of Montreal, with an area to spare, large enough to contain a dozen such buildings and available for future development. An ornament to its surroundings and locality it is now being opened for the service for which it is intended and it will fill, for the Community, a long felt want.

A Jewish Hospital in fact as well as in name, it will afford those who may seek its ministrations an atmosphere of home like comfort so much to be desired by and so beneficial to the sick and suffering. Although its doors will be open to people of all races and religions patients of the Jewish faith will appreciate the particular service which has been provided in all departments for their especial needs. The Kosher kitchens for the observance of the Jewish dietary laws are an outstanding evidence of this fact. The medical and surgical equipment is the last word in efficiency.

The staffs appointed, professional and lay, are fully qualified to administer their departments with brilliance and satisfaction and patients on entering the Hospital will be assured of the best that experience and skill can provide.

While experiencing a great amount of satisfaction at the present results the Community will have to realize it is also taking on a serious responsibility. It is a well known and established fact that no Hospital can be successfully operated without creating deficits. There is little possibility of the Jewish General Hospital being an exception to the rule. This obligation the Community from to-day must be prepared to assume.

Efficiency will be the watchword of the governing body, all else will have to give way to that determination. The establishment and maintenance of this Institution as one of first rate importance will mean

SACRIFICE OF TIME AND LABOR.
SACRIFICE OF THOUGHT AND ENERGY.
SACRIFICE OF WORLDLY GOODS.

In these sacrifices will be found a satisfaction compensating a hundred fold all who will have the privilege of participating in its future welfare and development.

May the JEWISH GENERAL HOSPITAL OF MONTREAL, CANADA being opened and dedicated to its holy and sacred purpose to-day, grow from STRENGTH TO STRENGTH.

Financial Highlights

Cost of Land (net) .................................. (approximately) $130,000.00
Cost of Building and Power House including fixed equipment, Boilers and Power Plant .................................. (approximately) 855,000.00
Cost of Furnishing and Equipment including X-Ray Department .................................. (approximately) 115,000.00

ALL PAID OR PROVIDED FOR

Provincial Grant .................................. $300,000.00
City Grant .................................. 30,000.00
Interest on Investments during the past 5 years .................................. (approx.) 61,000.00