The Many Transformations of Peacetime

When the armistice ending the Great War took effect on 11 November 1918, the Canadian Red Cross Society’s first task was to wrap up its overseas operations. In a gesture toward all soldiers of the Canadian Expeditionary Force (CEF), Canadian Red Cross Society (CRCS) nurses met soldiers’ wives and children at eastern Canadian ports when they arrived from Britain and accompanied them across the country by train. In the absence of any clear direction from its parent British Red Cross Society, the CRCS also decided, on its own initiative, to stray ever so slightly from previously accepted policy limiting it to work for sick, wounded, or captured soldiers in order to undertake relief work for civilian refugees returning to devastated areas of Europe. The care of wounded and permanently disabled soldiers who required assistance remained paramount, but the society eventually provided some $300,000 in cash, plus clothing and hospital supplies, for refugees in France, Belgium, Romania, and Serbia. Leftover wartime hospital supplies and equipment were either shipped home and distributed to provincial and local CRCS branches or sold overseas. The CRCS hospital facilities at Bushey Park were presented to the London County Council as a home for delicate children; the hospital huts at Cliveden were given to the City of Birmingham as a hospital for crippled and tubercular children.

This could easily have been the end for the Canadian Red Cross Society. Having disposed of its surplus wartime medical supplies, the society might have quietly upheld its promise to assist sick and wounded veterans by maintaining a small body of hospital visitors to offer the usual comforts and company, and otherwise demobilized until such time as another war (heaven
forbid!) required it to once again spring into action. Many Canadians imagined that this would be the case, and at war’s end eagerly laid down their knitting needles or set aside their collection boxes. Many branches and most auxiliaries closed their books. However, the overwhelming success and strength of the wartime organization led other Red Cross supporters to envision a future in which the society had a significant role not only in wartime but in peacetime as well.

The idea of peacetime Red Cross work had circulated within the international Red Cross movement for some time. Delegates to the 1912 Ninth International Red Cross Conference in Washington, DC (including CRCS representatives Mrs A.E. Gooderham and Dr G.S. Ryerson), for example, overwhelmingly voted to extend Red Cross work around the world into peacetime projects, “as without it the work would die of inanition and lack of public interest in time of war.” The difficulty of maintaining a viable wartime relief organization in the absence of war weighed heavily on the minds of many national societies’ leaders. Yet the Canadian Red Cross, still following the wartime-only mandate laid out by its British parent, took no steps in this direction prior to the Great War. Not until 1916 did the CRCS Executive Committee begin thinking, even vaguely, about peacetime. In June of that year it opened the Duchess of Connaught’s Canadian Red Cross Endowment Fund. Leading lights in the society feared a repeat of the “great difficulties” the CRCS had faced between the end of the South African War (1899-1902) and the beginning of the Great War (1914-1918), and the endowment fund was intended to provide a base of financial support for future work. But although CRCS leaders hoped to “maintain the organization and the interest in the work” after the end of the Great War (whenever it might come), not until 1918 did the society begin to seriously consider an enlarged mandate.

By 1918 the society had assembled a massive, well-respected organization from coast to coast, and many supporters were loath to see it disappear. Surely, they argued, it would be a shame to let such a vast army of volunteers, so much public goodwill, and such well-filled
coffers simply sit idle once the war ended. Some Red Cross leaders were probably also reluctant to lose the status and power they gained through their Red Cross roles. On many levels, it felt good to be involved with this organization. Why allow it to disappear? This line of reasoning allowed George Sterling Ryerson to make his last major mark on the organization he founded and championed through long years in the charitable wilderness. At the February 1918 Central Council meeting he once again proposed that the CRCS move into the field of peacetime work; this time Central Council agreed. Ryerson considered this to be the capstone on his work of founding the society. If he had not proposed the move, someone else in the organization would likely have done so eventually, but it seems fitting that the society’s founder also officially set it onto the path of peacetime work that would so substantially influence its place in Canadian society. The following day the Duke of Devonshire (doing triple duty as governor general, patron of the society, and husband of the society’s president) urged the CRCS not to disband when the war came to its eventual conclusion, stating that making the society a permanent fixture in Canadian life would be “one of the greatest steps which could be taken.” This ringing vice-regal endorsement was a welcome support, but the Great War continued to demand the full attention of Red Cross leaders until the end of 1918, and the CRCS took no immediate steps to develop a peacetime program.

Although pragmatism undoubtedly played a role in the society’s decision to pursue peacetime activity, the CRCS had more than its own continued existence in mind when it decided to take on public health work. In the face of the appalling standards of health revealed by medical examinations of military recruits during the Great War and the millions of deaths around the world during the conflict and the subsequent Spanish Influenza epidemic, public health took on new significance in the postwar world. In addition, it became increasingly evident that large numbers of ordinary Canadians in rural, northern, and new settlement areas lacked access to basic health care services. The society’s move into public health was a strategic manoeuvre, but
it was also rooted in genuine national health concerns.

Likewise, the decision to expand the CRCS’s mandate took place in an international context of concern over public health in which charitable organizations were urged to tackle the problem. The CRCS was only one of many national Red Cross societies whose leaders were eager to venture into new fields and build on their wartime successes rather than subside into inactivity. As political leaders met at the Paris peace conference of 1919 to remake the world in what American president Woodrow Wilson and other idealists hoped would be a kinder, gentler fashion, a simultaneous movement was taking shape among the leading national Red Cross societies: one that aimed to remake the world along healthier lines. Henry Davison, president of the American Red Cross War Council, conceived the idea of a League of Red Cross Societies (LRCS) that would coordinate and advise the national societies in public health and disaster relief work, along the lines of the peacetime work undertaken by the American Red Cross for decades prior to the First World War. The League of Red Cross Societies, as its name implied, was to be a non-governmental version of the new League of Nations, and Davison envisioned it making a similarly important contribution to sympathy and brotherhood among nations. The International Committee of the Red Cross was displeased by the plan, viewing the LRCS as a competitor for leadership of the Red Cross movement, but the “Big Five” Red Cross societies – British, French, Italian, Japanese, and American – became founding members of the LRCS regardless.

The new LRCS immediately convened a gathering of international medical experts in Cannes, France. The April 1919 Cannes conference produced a series of recommendations meant to direct national Red Cross societies around the world toward those aspects of public health that could most benefit from their help. Venereal disease, tuberculosis, typhus, child welfare, malaria, preventive medicine, and public health nursing emerged as the areas of most pressing need. Armed with this broad mandate from leading international health experts, the LRCS opened its
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support for the Red Cross movement was written into the League of Nations Covenant. Article 25 of the covenant pledged member nations to support the work of their Red Cross societies in “the improvement of health, the prevention of disease, and the mitigation of suffering” during both peace and war. National Red Cross societies eagerly adopted this three-point mission statement and convinced their respective governments to integrate it into their official charters. Now enshrined in both international and national law, the new three-point mission statement was used for leverage as Red Cross societies carved out new peacetime territory for themselves, sometimes treading heavily on the toes of both voluntary and government organizations in the process.

Since Canadian Red Cross Society leaders and supporters played no role in the development of the LRCS idea and organization, they were not content to be patient (as the British Red Cross Society [BRCS] advised) and wait for events to unfold on the international stage. Instead, as the CRCS wrapped up its wartime work, CRCS leaders began mulling over amendments to their constitution and pondering potential uses for leftover war funds. These discussions were halted by the BRCS in January 1919, in order to await the results of an upcoming International Red Cross conference which would sort out the legal implications of extending Red Cross activity outside the bounds of its original mandate under the Geneva Conventions. The delay proved highly influential. The CRCS had been thinking on a rather small scale, and the results of the Cannes conference opened its eyes to a grander project: public health as the new frontier.

Four days after the conclusion of the Cannes conference, CRCS honorary solicitor Norman Sommerville wrote to acting prime minister Sir Thomas White and asked him to introduce a government bill to amend the society’s Act of Incorporation so as to extend the society’s purposes in Canada to include “prevention and alleviation of human ills and suffering” during
By mid-May 1919 the Canadian government’s initial reservations were overcome by the British government’s intention to grant the BRCS a similar charter, and the fact that Article 25 of the League of Nations Covenant called upon signatory governments to support national peacetime Red Cross work. The CRCS modified its requested amendment to reflect the three-point statement found in Article 25, and the bill passed quickly through Parliament.

No longer fettered by its wartime mandate, the society was now empowered “in time of peace or war to carry on and assist in work for the improvement of health, the prevention of disease and the mitigation of suffering through the world.” As what would today be termed an organizational mission statement, it had a grand, noble ring to it, in keeping with the idealism of the day. Being enshrined in Canadian law, it also gave the CRCS carte blanche to involve itself in as many varieties of health and welfare work as it chose. The language of both the statement originally submitted to Parliament and the LRCS version eventually adopted was deliberately broad, inclusive, and widely empowering. Over the course of the twentieth century it would help the society to justify its involvement in a range of activities, from outpost nursing stations to blood donor recruitment, from water safety training to the distribution of clothing and butter to Canadians suffering the effects of the Great Depression.

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