

# **Valley View Centre Moose Jaw**

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## Valley View Centre Heritage Report

The history of the Moose Jaw Saskatchewan Training School (STS) begins many years before the 1955 ribbon cutting ceremony. The school itself was the result of Premier Tommy Douglas (1944-61), and his Co-operative Commonwealth Federation Party's (CCF) efforts to improve the health care system in a post World War II Saskatchewan; where he hoped to enact lasting change that people could look back on with pride. Douglas, as it turns out, had an intimate history with mental hospitals. Before he went into politics, he worked as a Baptist minister in Weyburn where he visited and preached to the patients of the Saskatchewan Hospital, Weyburn. There he witnessed first-hand the deplorable overcrowding conditions of the hospital, which left an impression on him. While Douglas is famously known for overhauling Saskatchewan's health system, bringing basic health care to all of its residents, what is less known is that he also worked at mending the province's broken mental health system, which included helping people deemed "mentally retarded."<sup>1</sup>

After he became premier, mental health was one of the first areas Douglas looked to overhaul. Douglas' own history had crossed paths with the Weyburn institution. He had a thorough knowledge of the hospital and its workings. In the years before Douglas turned to politics he was an ordained minister at the Calvary Baptist Church. Part of his duties included going to the mental hospital and deliver a sermon to the patients. Once, Douglas stayed late after a shift-change and an attendant mistook him for a patient. He was detained and the attendant refused to let him go until Douglas was able to prove he was not a patient. During his time there,

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<sup>1</sup> I must make a note of the terminology and tone sometimes used in this report. Words such as "retarded," "retardation," "handicapped," and "mentally deficient" are evolving terms that have changed in response to the understanding of disabilities and stigma of the times. Today it is more appropriate to see the person rather than the label – to note that they are a person first – and not to define them by their condition. For the most part, these words have become pejorative terms and no longer do people use them to label others. However, for a time, while STS was at its peak, "retardation," "handicap" and "deficient" were common phrases that people used to define and group patients by their disorder. If at times this paper appears to take that stance or adopts a tone that reflects that, it is because the author is attempting to tap into the opinions of the time.

Douglas developed a respect for the patients but came to dislike the hospital policies and treatments. Eventually, he came to view the place with disdain. He saw all mental hospitals as custodial places that employed untrained staff to deal with the overcrowded population.<sup>2</sup> Once in office, he sought to rectify these issues.

Within the first few months after becoming premier, Douglas introduced a policy that looked to repair what he saw as a broken mental health system. To stress how important this was to Douglas and his government, they introduced this policy *three years* before seeking to introduce one for universal hospital insurance. In the first months of the CCF government, Douglas assigned Dr. Clarence Hincks, who founded the National Committee for Mental Hygiene, to inspect the province's mental hospitals to establish what the government could do to improve them.

In his report, Hincks emphasized the overcrowding that continued to plague each institution. According to the report, North Battleford was 542 people over capacity and Weyburn, where the province cared for people with mental disabilities, was sheltering 1,445 people above its capacity. "In other words," as he stated, "at both institutions there are 4,201 patients with adequate accommodations for 2,214. This represents overcrowding to the extent of 89%."<sup>3</sup> If the government wanted to improve conditions at the mental hospitals, it could start by reducing the patient population.

Hincks concluded that the government should move toward a more community-based mental health care system and away from "treating" the mentally ill in large custodial institutions. However, he argued that the province should build another psychiatric hospital to

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<sup>2</sup> Stuart Houston and Bill Waiser, *Tommy's Team: The People Behind the Douglas Years* (Markham, ON: Fifth House, Ltd., 2010), 116.

<sup>3</sup> Clarence M. Hincks, *Mental Hygiene Survey of Saskatchewan* (Regina: Thomas A. McConnica, King's Printer, 1945), 8.

ease the population burden on the other two. While the third hospital never developed – its whole existence went against Douglas’ overall goals – the province did develop a more community-based approach at treating mental illnesses and looked into downsizing the Weyburn and North Battleford patient populations. Part of this downsizing meant that the government had to construct additional regional and disorder specific institutions that would assist in helping patients who physicians had diagnosed with mental deficiencies. Up to this time, these patients were housed at the Saskatchewan training school in the Weyburn mental hospital. Although being diagnosed with a mental illness or a mental handicap are two different medical issues, Douglas saw the improvement in the treatment of both groups of patients as definite step forward in his overall improved mental health program.

In 1946, the premier hired Dr. Donald “Griff” McKerracher from Ontario to be the director of psychiatric services, a division of the Department of Public Health. In line with Douglas’ vision, McKerracher’s main assignment was to transform the province’s mental health program, which Douglas hoped would be something that made Saskatchewan a beacon to the country as an example of enlightened policy on mental health.<sup>4</sup> About ten years later part of that enlightened policy shown forth in the Moose Jaw Saskatchewan Training School.

Before 1945 and the CCF, the residents of Saskatchewan who were deemed mentally handicapped were largely cared for in the provincial mental hospitals. As medicine progressed and physicians (followed by politicians) began to distinguish between mental conditions better, they came to understand it was necessary to care for each group separately as defined by their individual merits. Under the initiative of Douglas, a separate institution was needed to house and care for people who had mental development problems. In 1949, the government commissioned Regina architect H. K. Black to design a new regional training school that was to house and

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<sup>4</sup> Houston and Waiser, *Tommy’s Team*, 116.

assist the mental development of people with mental deficiencies. Black was not on his own in this endeavor, considering the school's potential residents. Much of the original planning was done with the help of Alston G. Gutterson, architectural consultant for the American Psychiatric Association, along with Dr. A. J. Baddie, the soon to be superintendent of the school, and Dr. R. O. Davison, a former superintendent.

One year later after accepting the commission, Black and the others had completed a design. The CCF then bought an 800-acre plot of land a mile south of the city of Moose Jaw for the school and soon thereafter began awarding major contracts to building companies. On October 17, 1950, there was a small ceremony commemorating ground breaking of the site and five years later the government was ready to receive patients into its new \$8 million training school. At that time, according to Don Black, contributor to *Worth* magazine, STS "was one of the largest single construction projects yet to be undertaken by the provincial government."<sup>5</sup>

It took five years to complete and on May 18, 1955, during Canada's Golden Jubilee Year, Douglas presided over a ceremony, which *The Times-Herald* of Moose Jaw called, "The most outstanding event involving this community."<sup>6</sup> Douglas was clearly delighted with the new school, which he believed would last well into the future. On that warm spring day in May, Douglas addressed a crowd of 1,000, telling them the importance of having such an institution in the province. As he spoke, workers, who were still laboring away on the building, and around 40 patients who were already residing there, paused to hear the premier speak. He understood what the school meant and was pleased the residents of Saskatchewan stepped up to support such an expensive enterprise. Still, the province did not have to front the whole bill. The national

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<sup>5</sup> Don Black, "Form Follows Function," *Worth: Saskatchewan's Architectural Heritage Magazine*, Spring 2011, 16.

<sup>6</sup> *The Times-Herald*, May 13, 1955.

department of health and welfare paid about \$1,800,000 of the total cost, which Douglas noted and offered thanks to the federal government for its assistance.

“These are monuments that will tell our children and our children’s children that the people who lived in Saskatchewan in 1955 had a concern for those less fortunate than themselves,” Douglas said at the ceremony.<sup>7</sup> Moreover, he saw this institution as falling right in line with his efforts to revamp the mental health program in Saskatchewan. This opening was, in part, the fulfillment of a dream he had to help all the people afflicted with mental issues. For ten years, the CCF government had been working to implement their ambitious mental health program and this was just one milestone toward seeing that dream realized. Douglas explained that this state of the art facility was just one institution that would help win a battle that was being waged on three fronts.

According to the premier, people who physicians had diagnosed with mental deficiencies could undergo three different forms of assistance that would ultimately make their lives easier. Some schools dealt with the first front: the staff would teach the students who possessed manual dexterity, essential skills that would help them find jobs in areas that best suited them. Other facilities would long-term care for patients in need. Alternately, others still worked at preventative care. The Moose Jaw facility was, as the old title maintained, a training school and dealt with the first front. Its main goal was to help people take their rightful place in society regardless of any condition they may or may not have. When completed, for at that time it still had a few months before it was fully functional, the facility could house around 1,100 patients of varied ages, in addition to the more than 400 staff members.

Douglas and the attending officials were not the only ones pleased with the training school. The people of Moose Jaw were also excited about the institution because they knew the

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<sup>7</sup> *The Times-Herald*, May 19, 1955.

school would bring with it an additional financial stability to the city. The mayor of the town, who spoke at the ceremony, admitted that for 30 years the government had neglected Moose Jaw and the surrounding region, when it came to constructing public buildings. With this building, however, the government had made up for its lapse in judgment. The school would be a boon the city. It will, according to the local paper, “bring to this community a very substantial increase in population and add a great deal to the total volume of spending power that is available to purchase services and goods in the business places of the city.”<sup>8</sup> For good reason, Moose Jaw had high hopes for their city *vis-à-vis* the facility. So much so, that the mayor prophesied “within the next five years, the city limits will have spread south beyond the school” – a prediction that did not quite come true.<sup>9</sup>

When it opened, STS was the most modern institution of its kind in Canada. What Black designed, and what Douglas wanted, was a facility that did not conjure up comparisons to the edifices of the older mental hospitals, or any other house of correction. Instead of basing the design on the provincial hospitals, this institution was developed around a cottage plan, wherein a series of smaller buildings – instead of one large linear building – make up the facility as a whole. As Black strove to design something different, he began to face other problems, the biggest one was designing a facility based on the characteristics of the client. He had to ensure an ease of care, supervision, administration, and familiarity for the patients and allow both the staff and the patients access around the school without having to face the elements – the latter being a primary concern for the architect.

Before all the residents were transferred to STS, some were housed in temporary lodgings at the air base in Estevan, where they did not have the benefit of walking around from place to

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<sup>8</sup> *The Times-Herald*, May 13, 1955.

<sup>9</sup> *The Times-Herald*, May 19, 1955.

place without going outside. In 1947, a blizzard struck and two residents attempted to go from one building to another. Sadly, the weather was too fierce and they froze to death outside. This was something that Black and Douglas wanted to avoid. As such, the government built the facility with surface passages and a mile long network of tunnels that connected the buildings. The underground tunnels also housed steam lines, and light, power, and water lines, plumbing, and telephone wires.

Black designed STS with simplicity in mind. It has a main administration building that is essentially in the campus's tallest building, being two floors while the rest are only one. It exudes an air of importance compared to the rest of the school and is a good beacon around which the students can navigate the campus. Attached to this, was the school's hospital, which kept the residents healthy and by 1955 standards was completely modern. It. Additionally, it had a ward designed to accept infants and babies who had been diagnosed with mental retardation. The hospital had an operating room and x-ray and electroencephalogram amenities. It also had modern dental equipment, physical therapy, a pharmacy, 100 beds to care for infirm patients, 50 beds to treat physical ailments, and an isolation ward.

The administration and the hospital are prominent fixtures at STS, but because the facility was planned for patient ease and familiarity, they shared their central location with other facilities. In addition to offices and the hospital, the dining rooms, the kitchen, and the various stores were all positioned to make up the centre of the campus. The other units, the classrooms, the living quarters, and the workrooms, all radiate out from this focal point. As mentioned, Black avoided an institutional feel in designing the training school. Instead, as a reporter observes, "the impression is given of a small, modern community with all the variety that entails."<sup>10</sup> Still,

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<sup>10</sup> *The Times-Herald*, May 13, 1955.



gearing it to the clientele, there is simplicity in the layout of the facility, the buildings, and the tunnel and surface passageways so that patients would not get lost in an institution of that size.

More than just a central hub, the admin building and the other support buildings act as a central divider separating the male and female living areas – where the patients are further divided by severity of their condition. The main living quarters in the residential area were built to house up to sixty patients, while the quarters for residents with more severely handicapped issues housed up to forty-eight people. Within these residences, however, the arrangement is such that it resembles the larger facility. The nurse's station is at the centre and the other rooms – the dayroom, the bedrooms, restrooms, bathrooms, etc. – all branch out, making supervision a priority without it being too obvious to the patients. If the students were capable, then they could live in one of the ten cottages built for them.

Following the institutions main goal, and in a similar manner to the older mental hospitals, STS incorporated a type of occupational therapy. The residents worked in various areas around the school to learn valuable skills that would benefit them outside of the school walls. Accordingly, the residents did the majority of the work in the kitchen and the laundry, where the equipment was carefully selected and the areas maintained, to better suit the abilities of the residents. Moreover, there is even a whole wing dedicated to teaching the patients essential skills. The training school helped with development at all levels. For the more capable, it taught them an occupation so they could support themselves upon discharge. For the more severe cases, the skills were more simplistic such as toilet habits, proper eating skills, and wearing clothes.

When it first opened, it was estimated that STS would cost around \$1,500,000 a year to operate – the majority of which went to salaries. The school itself was essentially self-sufficient.

It had a water reservoir that held 250,000 gallons of water. It had a large irrigated garden. Patient run kitchen, bakery, laundry, and butcher shop. They pasteurized their own milk. There was also a training department, a shoe shop, a clothing store, a barbershop for the men; a beauty salon for the women, a theatre, and a school, and in 1966, the government added a swimming pool. For power, the facility relied on a steam plant.<sup>11</sup> Additionally, as reported in an article, “an elaborate fire alarm system has been installed throughout all buildings and patients will be given regular fire drills” – two things that probably saved the institution a great deal of money and lives in 1977.<sup>12</sup> Indeed, it was a “small, modern community.”

This modern facility was the latest step in Saskatchewan’s march to the forefront of care for people deemed “less fortunate.” STS was equipped to accept people of all ages from infants to adults, it did not just aim to help a select demographic. The province had the highest percentage of care given to people with mental handicaps, which in turn had put pressures on Weyburn and drove the government to build STS, which would eventually cater to all. The new school, just as Douglas had hoped, made the province an inspiration for the rest of the nation to see that they also had duty to care for all those less fortunate.

More than a few articles came out following the opening of STS. While many focused on the school itself, a few ventured out and touched on themes relating to the school and its patient population. T. J. Bentley sent a message to *The Times-Herald* of Moose Jaw, wherein he described how the institution developed because of Douglas’s desire to help those less fortunate. While Weyburn had developed a satisfactory program to help patients with mental handicaps, he argued, its physical accommodations were very inadequate. At STS there was an “adequacy and pleasantness of the new buildings and the efficiency of their equipment [that made] possible an

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<sup>11</sup> Black, “Form Follows Function,” 16.

<sup>12</sup> *The Times-Herald*, May 19, 1955.

enormous improvement in the care which can be given to the patients.”<sup>13</sup> With the new school, Bentley believed the whole province would feel a sincere satisfaction at the care being made available to the people of Saskatchewan. An author of an article in *The Leader-Post* echoed these remarks when they wrote, “besides doing a great deal of good, these testaments will stand as an enduring witness to the basic truths by which we live.”<sup>14</sup>

When the facility opened some newspapers saw it as an opportunity to explain the difference between mental illness and mental retardation and explain why the latter group needs more stringent care than that offered to the former. As one article explained, an adult – one who is over the age of 18 – who succumbs to a mental illness cannot be considered mentally retarded because their brain is fully developed. However, if a person is under 18 and is mentally deficient due to heredity, disease, or injury, then they “would be termed ‘retarded.’” A person who succumbs to a mental illness has the potential to be restored to mental health with the proper treatment, whereas a person who has a mental deficiency – problems in the brain function that are ordinarily present from birth and believed to be hereditary – can only be taught to cope, and hopefully, depending on the severity of their capabilities, they can be taught essential skills allowing them basic freedoms in life. That, the article explains, is “the chief function of the Training School.”<sup>15</sup>

Much like the care for patients diagnosed with mental illnesses, people diagnosed with mental deficiencies have had a difficult path toward social acceptance. Before places like STS, people that had these traits were housed in dwellings that were no better than holding pens. They were places that segregated these less fortunate people, children and adults alike, behind walls and left them there to live out their days, forgotten by the public and, as was often the case, their

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<sup>13</sup> *The Times-Herald*, May 13, 1955.

<sup>14</sup> *The Leader-Post*, May 24, 1955.

<sup>15</sup> *The Times-Herald*, May 13, 1955.

family. They remained at the places following the same daily schedules: eating, sleeping, and roaming the halls. The people were given little more than custodial care. As one reporter wrote, “The patients were living bodies with no real identity.”<sup>16</sup>

STS aimed to be a different type of institution. Instead of identity-less people in need of custodial care, the school now regarded them as individuals in need of essential training. The new small, indoor community they resided in was a boarding school, and not an incarceration institution. Here they could attend school and church, take up a hobby, play games, go to dances and movies, and learn a trade – opportunities that many of us take for granted. In this life, we all desire to feel secure, to be happy, to be wanted, to fit in, and to have friends that like us. Once we are accepted as individuals – being who we are without having to change to fit in – then we can find happiness. At STS, the residents found this acceptance, they could make friends, and fit in; they retained their identities and were offered some measure of happiness and security. Yes, the location was constructed for this purpose and carefully maintained this atmosphere for the residents, but it also prepared them to have and find these feelings outside of the school grounds.

People in the provincial government and in the city of Moose Jaw were clearly excited for the opening of the school, while others took the opening as an opportunity to open a discussion of the treatment and acceptance of the patients. The excitement remained for a time and the school, along with the city, reaped the benefits.

Just two years after opening, the school filled to capacity and by the 1960s, 1,150 residents lived at STS – a bit more than the projected limit. Initially, the school attempted to not falling into the same trappings that the older mental hospitals did – that of overcrowding that lead to poor living conditions. The Moose Jaw school understood its limits. Instead of cramming people into its facility, they kept a waiting list, which by 1957 was already at 500! Even so, the

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<sup>16</sup> Ibid.

facility continued to grow to meet demands. By 1965, it was the second largest industry in Moose Jaw behind the air base. As with all things, praise began to dwindle and society began to question the school's capabilities, and started to ask whether something better could be done to help and care for its residents.

In 1968, a newspaper article came out that questioned the “role of STS in Public Education.” According to the article, the school was failing in its goals to show that 95 per cent of “the mentally retarded ‘can and must function in society’” – a statistic that does not seem fair.<sup>17</sup> The school was not able to send out 95 per cent of its population as one who is able to live and function with some autonomy. As early as 1960, the demographic of the school began to shift slightly. As Douglas said in his opening speech, there were three different ways to help people diagnosed as having mental handicaps: training, long-term care, and preventative care. The Moose Jaw Training School obviously was there to teach less fortunate people essential skills. However, just two years after opening, when the waiting list was already at 500, STS began to feel pressure to admit people with more severe traits. This resulted in the facility having to accept the “more severely retarded,” which in turn meant less and less of the residents would benefit from the social and vocational training skills offered.<sup>18</sup> Moreover, it meant that more and more were becoming long-term residents, making and less room for those who possessed the manual dexterity essential for training. In the end, the “graduation” rate began to plunge.

This failure was just one of the many shortcomings in the services provided for the residents at STS. Dr. Lorne Elkin, supervisor of psychological research at the facility, who was also a strong proponent of decentralizing the institution, argued that STS was supposed to be a stopgap – a temporary substitute – for people diagnosed with mental deficiencies. This was true

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<sup>17</sup> *The Times-Herald*, Feb 15, 1968.

<sup>18</sup> *Star-Phoenix*, June 28, 1960.

not just for the more capable, but also for people with more severe traits – an argument that went against the initial goals of the school outlined in Douglas’s speech. Nevertheless, Elkin maintained the school should refocus its goals to accommodate the needs of all the people. Moreover, he argued, the school is not living up to its initial goals and “half of [the] total discharged population received only assessment services.”<sup>19</sup> Additionally, Elkin argued that the most important characteristic of “program credibility” is the human factor, which the STS staff was apparently lacking.

Although he never explicitly lumps STS into this group, he stated many of the service programs “tend to reduce and dehumanize man, rather than embracing a model of man. In doing ‘to and for’ rather than ‘with’ the retardate, society robs him of whatever capacity for self-determination he has.”<sup>20</sup> It is apparent that Elkin was not pleased with the service STS was providing. Still he was sure to spread out the blame for the lack of care for the patients in the institution. The government was lacking in providing proper services, many parents did not know how to cope with a child that was diagnosed with mental disabilities, and doctors do not know how to help mentally deficient child make proper social adjustments. Even so, the majority of the blame rest on the government institution that was built specifically to help its residents adjust to some form of social life. Thirteen years after its opening, STS’s honeymoon phase was starting to fade.

It was not just the government, the institution, or people closely associated with the residents that received the blame. When the school first opened the mayor of Moose Jaw stated how pleased he was to have the institution located in his city’s vicinity. Yet, he never quite outlined the city planned to show community support for the training school. In an editorial that

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<sup>19</sup> *The Times-Herald*, Feb. 15, 1968.

<sup>20</sup> *Ibid.*

came eight days after the facilities first public black eye, Elkin stated that destructive criticism, such as that levied at STS, comes easy and is usually never followed by action to correct the problems. The doctor had hoped that his criticism, which he claims was intended for all provincial facilities that cater to the mentally deficient but the article skewed toward STS, would be a stimulus for action – not just for the facilities, the parents, doctors, and the government, but for the community also. While many in Moose Jaw were willing to read of the criticism charged against STS, the community was not willing to do its part to help rectify the situation.

The whole purpose of the training school was to help its residents develop skills that would allow them to function in society. But what if the community did not play its part? Elkin argued the facilities could only be as effective as the community allowed. It is not that the residents of Moose Jaw treated the STS residents differently. It is, according to Elkin, that they did not support the overall goals of the facility.

When the doctor wrote the editorial, there were 125 residents of the school ready to move out into the larger community. Unfortunately, these people could not find meaningful employment or adequate boarding residences in the larger community. Instead of moving out these people were forced to remain in the institution. The residents of Moose Jaw were not doing their part to accept and help the “graduates” of STS and therefore part of the facilities shortcomings rested on them. The piece argued that the facility is “part of the total community.”<sup>21</sup> Nevertheless, in 1968, when its effectiveness came under question, many looked at the training school as an institution detached from Moose Jaw.<sup>22</sup> As such, Elkin argued, the larger community was inhibiting STS from achieving its goals.

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<sup>21</sup> *The Times-Herald*, Feb. 23, 1968.

<sup>22</sup> *Ibid.*

The training and care of people with mentally disabilities does not stop when they move out of the facility, Elkin argued. They are moving into the large community, where a large part of their training takes place and they continue to work toward becoming productive members of society. The article does not hold back from his criticism of the citizens of Moose Jaw for not doing their part to help the school and its residents. Elkin ended his editorial with, “Interference with this process as a result of community apathy, ignorance, and intolerance is morally wrong and economically nonsensical.”<sup>23</sup> That last note had to ring true, considering Mayor L.H. Lewry, who spoke at the opening ceremony, prophesied that the financial stability of the school would help the city flourish.

STS’s problems did not stop there. While in the 1960s focused on the inefficiency of the school and lack of support all around, the criticism during the 1970s echoed much of the same, only this time the reports were painted with allegations of foul practices that went against the overall goals of the school. The foul practices in question did not point toward patient abuse, however. In 1973, an article came out that claimed two men had lived at STS for a combined total of 75 years. One man was accused of placing a rock in a railway track, and the other accused of stealing some soda-pop bottles worth \$4.50. The article was arguing that STS was intended to be a training school, yet in the case of these two men, it was becoming another type of incarceration facility. Both men could function outside of the school; one however, would require supervision.

Social Services Minister Alex Taylor denied that any wrongdoing had been committed in the case of these two men. Echoing Elkin, he argued that there needed to be better community support so that people could exit the school in a shorter timeframe. The director of the school, Dr. Wyn Gittins, pointed out that these men were legally committed to the school and that their

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<sup>23</sup> *The Times-Herald*, Feb. 23, 1968.



relatives have not tried to secure their release. These were the same problems that Elkin had pointed to five years earlier believing that doing so would bring a fix to the issues. Alas, it did not in either of the cases and the situation became worse at STS.

Later that year the government took a different approach toward caring for and helping people deemed mentally retarded and their families. The new approach was to have more community-centered programs that provided for people and families in need. The government hoped that with these services would help families continue home care of children with handicapped disabilities. Therefore, the families and the government could turn away from the need to institutionalize these family members. With this new program, people diagnosed with mental deficiencies would be integrated into the community at an early age, which was better than sending them away to a far away institution.

As part of this restructuring, STS was renamed to Valley View Centre (VVC) because, as Minister Taylor argued, “the government did not feel previous names reflected our philosophy in providing services to the mentally handicapped.”<sup>24</sup> With this reorganization, the newly named Valley View Centre could truly become a stopgap as Elkin argued it should be. Now it was “just one resource in a totally community-based program.”<sup>25</sup> Yet, even with this change of direction, VVC continued to come under fire.

When the facility was opened in 1955, it was “one of the most modern institutions on the continent.” However, “it soon began to become obsolete,” according to a 1974 newspaper article in *The Leader-Post* titled “The Aging Institution.”<sup>26</sup> The article is a breakdown of former deputy minister of public health Dr. Graham Clarkson’s 164-page report that he amassed while visiting VVC in late 1973. The report presents a long list of inadequacies at the facility. According to the

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<sup>24</sup> *The Times-Herald*, Sept. 19, 1973.

<sup>25</sup> *Ibid.*

<sup>26</sup> *The Leader-Post*, Aug 24, 1974.

article, just being a self-contained institution that houses people away from the community made it obsolete. Even so, there are problems that go beyond treatment methods. When Clarkson visited the facility, it was over-crowded, there were staff shortages, and there was a lack of training among some of the staff. Added to the mix, the facilities had become quite inadequate over the years. The cottages in use did not provide enough room for the patients, who totaled more than 900 at this time. The facilities in them were too inadequate to help all the patients. Lastly, there was a lack of wheelchairs, walkers, and lifting devices for the people who needed assistance.

VVC maintained it was aware of these issues and they argued that inadequate budgeting over the last decade was the cause of them. Clarkson understood that many of the problems were beyond the control of the staff and he admitted that VVC “under adverse circumstances has attempted to do as good a job as could be done.”<sup>27</sup> Nevertheless, if the situation at VVC were going to improve, then people with more political weight had to weigh in.

Five days after that newspaper report came out, and less than a year after the provincial government restructuring that aimed to lessen the population at VVC, Moose Jaw North MLA, Dr. Don MacDonald, insisted Premier Allan Blakeney do something to improve the “deteriorating conditions” at the centre before there was a “blow up” there. In a press release, MacDonald said VVC was “overcrowded, understaffed, and in its present condition not suitable for the mentally retarded.”<sup>28</sup> Yet against all the pleas, according to the reports, the Premier continued to ignore what was becoming, or was already, according to MacDonald, a grave state of affairs. “The premier continues to ignore a very serious situation,” an action which the MLA

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<sup>27</sup> Ibid.

<sup>28</sup> *The Times-Herald*, Aug. 29, 1974.

called “inexcusable.”<sup>29</sup> Not only did the premier have the authority and power to fix the situation, it was his “moral obligation” to do so. Premier had the Clarkson report, but he refused to release it and, according to Clarkson, “he states he didn’t intend to read it.”<sup>30</sup>

The main crux of MacDonald’s criticism was that only about half of the workforce was directly involved in caring for the patients. Essentially, the staff was top heavy. Those that did work with the patients did so with a heavy workload and were “depressed and demoralized.”<sup>31</sup> Something had to change. MacDonald, like Elkin before him, hoped that by bringing this to the public then the government would be forced to take action. MacDonald offered suggestions to remedy the situation. Unlike Elkin, however, his recommendations aimed at improving VVC from both the inside and the out. To help with the situation MacDonald proposed there should be an advisory board that overlooked the conditions at VVC. Additionally he suggested better wages for the staff that worked directly with the residents; Core Services, the agency that was responsible for the programs concerning people deemed to have mental handicaps, should have more experts in the field of mental deficiency on staff; the physical accommodations needed to be updated in order to ease the overcrowding at VVC; basic human rights should be recognized and administered for the residents; and the public should be better educated concerning the needs of people diagnosed with mental disabilities. MacDonald acknowledged that these recommendations were at best short-term solutions, but he believed that if something was not done quickly then the situation could easily get out of hand.<sup>32</sup>

There were rumblings of a possibility that the workers were going to walk off the job if the situation did not improve within the next year. Staff morale was at an all time low and

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<sup>29</sup> *The Leader-Post*, Aug 31, 1974.

<sup>30</sup> *Ibid.*

<sup>31</sup> *The Times-Herald*, Aug. 29, 1974.

<sup>32</sup> *Ibid.*

continually on the decline. MacDonald admitted, “That there is a distinct possibility of withdrawal of services.”<sup>33</sup> If the workers had gone on strike, it would have been disastrous for the wellbeing of the residents at VCC.

MacDonald was not the only person to criticize the facility. In the past year-and-a-half numerous people had come forth condemning the conditions at VVC, in addition to the Clarkson report, there was another MLA, the Psychiatric Nurses Association, the workers union at the centre, Gittins (who was now the VVC former director), and a host of individual staff members who believed that VVC needed to improve. Moreover, a member of the Premier’s staff, Ian Potter, came forth in 1973 and said, “The staff at the Valley View is demoralized. They no longer believe in their jobs or their institution.” He furthered by claiming the staff felt “hoodwinked” and that they were part of a program carried out to “deceive them into believing things are progressing.”<sup>34</sup> This he reported a whole year before MacDonald.

While six years earlier Elkin had argued the facility could improve if external support would get better, in 1974, MacDonald was criticizing that the situation was just as bad on the inside as it was outside. It appears that while government was attempting to improve services for people with mental deficiencies by developing a more community-based approach aimed at helping them and their families, they were neglecting other key aspects outside and almost overlooking all of what was happening inside VVC.

MacDonald’s method worked; by making a very public argument against the conditions at VVC he was able to spur policy makers into action. Due to the emergency of the situation, and an overall lack of trained personnel, Core Services hired 23 untrained staff to work at the facility – bringing the total up to 410 resident care personnel. Yet even with the increased staff numbers,

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<sup>33</sup> *The Leader-Post*, Aug 31, 1974.

<sup>34</sup> *The Leader-Post*, Nov 28, 1974.

VVC was still 80 staff members short of the standards recommended by the American Association of Mental Deficiency. In order to deal with that issue, the director, Ed Button, believed that it would be better to reduce the patient population down to 750 from the 935 living there at that time. This went hand-in-hand with the facility's redoubled efforts to return the residents back into society as soon as the resident is able. Moreover, hiring untrained people was not as bad as it may seem. In early October, Valley View implemented a training program for its workers. The plan they adopted was the National Institute for Mental Retardation's level 1 program, which was the junior half of a two-level training program. With this, the situation at VVC started to improve.

The increased staff was undergoing a much-needed refocus in their training program. Additionally, Core Services was doing what it could to improve the centre moral by raising the salaries of nurses directly involved in care for the residents. It appears that after a series of scathing reports, the administrators at VVC sought to improve the quality of the facility for the workers and the residents. The only area they fell short of and continued to ignore were the "inadequate" buildings.

Clarkson, Potter, and MacDonald all maintained that many of the physical facilities were obsolete and were failing to achieve the functionality they were initially designed for. Button was doing the best he could with the aging facility by moving some of the residents around the facility – transplanting them from an older building into a cottage that was previously vacant. Still, Button believed that new buildings needed to be constructed, rather than older ones repurposed. He had asked for more funds from Core Services to construct new homes, but the administrative body largely ignored his applications. That was the remaining issue at VVC: the centre needed new buildings that best suited the needs of the patients and helped the staff

accomplish its new refocus. It needed a better course of action than renovating the old buildings and certainly something better than moving patients from one failing building to the next. It needed new and improved buildings, but it was still something that Core Services did not want to address – at least until they were forced to after disaster struck one of the main buildings.

On a cold Sunday afternoon on November 20, 1977, a fire broke out at Valley View. While most of the residents were attending church services, a resident entered a classroom of the same building, plugged in a tape recorder, and started listening to the cassette inside. According to the staff that questioned the resident, the “machine banged” which startled the resident who then dropped it and ran out of the classroom leaving it still plugged in and running. A fire soon erupted. A staff member smelled smoke and evacuated the residents from the building. Due to quick thinking and actions, no patients were injured.

The damage from the fire was estimated to be around \$2.3 million. According to the local paper, the fire gutted a building that contained a “gymnasium, another rec room, a small bowling alley and 12 occupational therapy and developmental classrooms.” The particular building damaged was “used all day every day during the week and the gym was some use at night for special activities.”<sup>35</sup> Considering the heavy use of the building extent of the damage, it had to be replaced.

In February of the next year, Herman Rolfes, the Social Services Minister, came forward and announced there was no rush in deciding what to do to the Valley View facility. The administration had found temporary facilities to replace the ones destroyed in the fire – they were using space at the King Edward School where they were leasing seven classrooms slated for demolition. The new rooms had to be upgraded to meet then current fire regulations, but

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<sup>35</sup> *The Times-Herald*, Nov. 21, 1977.

overall they were available for use. This seems, however, to be a common theme for the residents of VVC: occupy old buildings that should otherwise be demolished.

In the future, Rolfes pointed out, there will be a definite need to address building options, but as of now, VVC had found a balance between using community and institutional services. Rolfes maintained there is a definite need for institutions like VVC; therefore, its long-term future should be addressed and something must be done concerning the absence of the recreation facility. If the government felt the institution was still needed in the distant future, then not only would the recreation centre need to be replaced, but the it would have to consider upgrading “other facilities like the cottages, tunnels or air conditioning, which would cost several million dollars” according to Rolfes.<sup>36</sup> Still the government was reluctant to commit to the facility. There has always been talk of decentralizing institutions like Valley View and the cost of replacing and upgrading the damaged and aging buildings just might force the government to seek a cheaper program. The centre had been “inadequate” for some time and something had to be done to remedy it, but it took a fire to bring it forcefully to the attention of the administrating agencies.

More and more, the residents were moving out into the community and the population at VVC was steadily decreasing. Rolfes stated, however, that even with the decrease, which would soon level off, there was still a need for the centre. In April of 1978, the government announced it would look into replacing the Valley View facilities lost in the fire – an action which some considered a mistake. Elkin came forward and pointed out that such a move was “inconsistent with the department’s long term plans.”<sup>37</sup> Still, Rolfes maintained that the facility was needed, and would be for the indefinite future. Consequently, some of the damaged buildings needed to

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<sup>36</sup> *Star-Phoenix*, Feb. 18, 1978.

<sup>37</sup> *The Times-Herald*, April 5, 1978.

be replaced. Elkin agreed, but felt that better and more community-based services could be provided for the residents. Replacing the facilities would be a mistake, for it would show that institutionalization was an option. If VVC still needed the facilities then they should build them away from the institutional setting. Still a definitive decision concerning the buildings had yet to be made. It took a fire to prompt the government to take a closer look at the condition of the existing facilities on the grounds.

Three years later, in 1981, the government and the centre's administration had decided to back a series of renovations aimed at improving the institution. During the 1970s, as stated before, the population had steadily decreased from a high point of 1,150 to 730 residents. With the population down, the government had the resources to improve the buildings still in use at VVC. They based many of the improvements on the changes in technology and the rising standards of care for the residents of the facility, in order to bring the centre up to current standards. The facility was to undergo some reroofing of the residential buildings, the government replaced some old elevators, installed some fire barriers, upgraded the fire alarm system, installed new emergency generator equipment, and added two ramped passageways to link residences to the central building. These were part of a sorely needed and essential upgrade plan for the buildings at VVC.

Together the administration and the government had redoubled their efforts at improving conditions at the centre. The government, who owned the buildings, had invested in their improvement, and Core Services continued to make VVC a better living and training environment for the residents. Alas, according to reports this only lasted for about six years.

In February of 1988, the provincial government was going to close Prince Albert's North Park Centre – a northern counterpart to Valley View. It was proposed that the 180 residents of



the northern centre be relocated into private homes, group and special-care homes, or VVC. Before that was to happen, the Price Albert branch of the Saskatchewan Association for the Mentally Retarded (SAMR) toured Valley View to see the new home. What they saw was abysmal. After the tour, they wrote a brief to the government outlining the conditions. The paper mentions a general filthiness in some areas: the floors were dirty, the curtains disheveled, feces on the toilets, and pools of liquid on a washroom floor. The residents were bored, withdrawn, and depressed. According an article on the report, there was a general lack of privacy in these “undesirable living conditions.”<sup>38</sup> The rooms did not have any personal items visible, there was a distinct absence of personal care, and the locked doors created a feeling of incarceration. It was more like a prison than a training facility. “We feel that the general appearance of Valley View promotes an appearance of neglect which goes hand in hand with the expressionless faces we encountered,” the SAMR group wrote.<sup>39</sup> This was not just the opinion of one group. Members of Together for Equality and Residents’ Security also toured the facility. Instead of writing their own brief, they endorsed the one written by SAMR. In response to the allegations, the staff at VVC was asked to review the conditions of their 650 residents and buildings at the centre. Until the review was completed, nothing was to change.

In their own report, the staff argued that the allegations levied against them “were not substantiated.”<sup>40</sup> The residents were receiving good and proper care from the staff. They were participating in activities such as “bowling, floor hockey, rhythmic, skating, swimming, van rides, shows, dances, hikes, shuffleboard, and fitness classes” to keep the boredom away.<sup>41</sup> Contrary to the SAMR report, the cottages were on a regular cleaning schedule and many people

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<sup>38</sup> *Star-Phoenix*, Sept. 15, 1987.

<sup>39</sup> *Ibid.*

<sup>40</sup> *Star-Phoenix*, Nov. 21, 1987.

<sup>41</sup> *Ibid.*

touring the facility attested to their cleanliness. Moreover, the centre was not in the practice of violating resident's privacy. They continually ensured their rights are respected. Even so, the report saw room for improvement. Once again, the buildings were in need of repair and the VVC staff recommended a "multi-year renovation/upgrading plan, which ... includes creating smaller living units in the centre."<sup>42</sup> The population numbers were not what they once were and the buildings should reflect that fact. Moreover, the report maintained there should be one member on staff that worked at constantly changing and improving the ever-changing care for people deemed mentally deficient.

The VVC report took an almost political approach melding the good with the bad. Everything under their direct control was good, but things outside of their control (i.e., the inadequate buildings) needed upkeep. In response, the SAMR group were pleased that a review was done, but they argued that the staff at VVC should not be policing themselves. Nevertheless, the Assistant Deputy Minister of Social Services Allan Hansen, who was the department's director of community living, and Social Services Minister Grant Schmidt accepted the VVC report and the situation at the centre remained the same.

As time passed, society and families began to accept larger roles concerning the care of people diagnosed with having mental handicaps. As such, the population at Valley View has steadily declined since it hit its peak in its early years. According to the architect Black (the writer, not the architect of the institution), by "2010, there were just over 230 residents. Many of the residential cottages have been demolished and other buildings sit empty, populated by pigeons."<sup>43</sup>

Since the late 1960s and early 70s the government has been walking a line between

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<sup>42</sup> *Star-Phoenix*, Nov. 21, 1987.

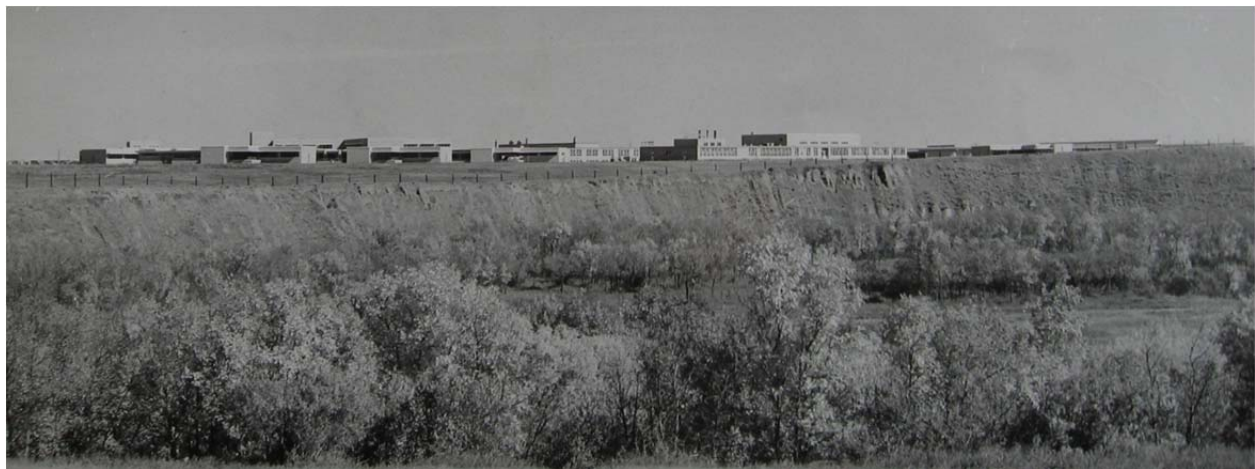
<sup>43</sup> Black, "Form Follows Function," 16.

investing in VVC – both updating the training program and the physical institution – and adopting a more community-based program. More and more, it seems, they have concluded that while a stronger community approach is the better solution, there will always be a need for the facility. In theory, the training school is a good idea – great even. The school was only meant to house people with mental deficiencies long enough to teach them skills that will allow them to live alone, or with limited supervision. In practice, however, it often became no better than long-term institution, holding on to people long after they were able to leave – like the two men that were there for a combined total of 75 years. Only in the wake of a fire did the government and the administrating bodies look into upgrading the facility or seriously decreasing it population. It would be tragic if it took something of the same devastation to encourage them to look again.



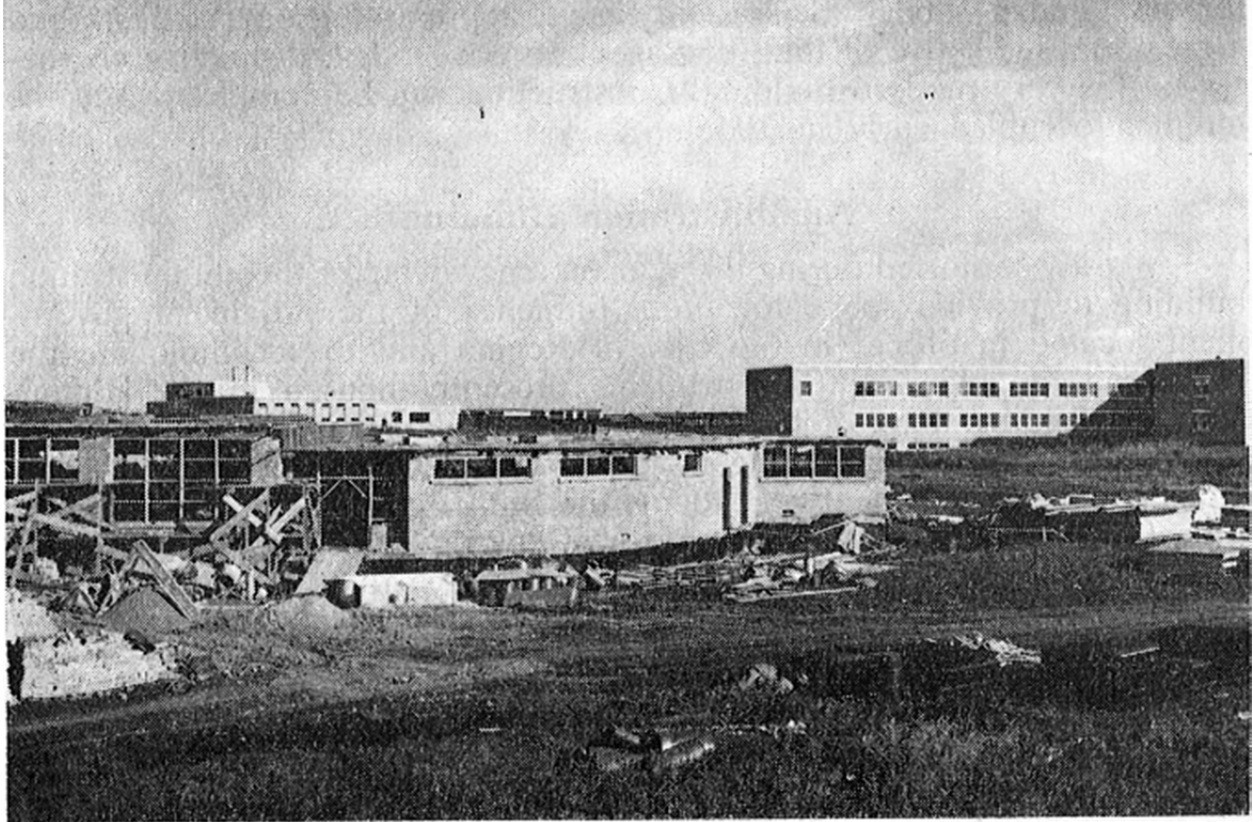
Aerial View of Saskatchewan Training School, Moose Jaw in the 1950s

Photographer Unknown, "Aerial view, Saskatchewan Training School, 1950s – photograph 68-582," circa 1955, Moose Jaw Public Library Archives, Moose Jaw, Saskatchewan.



Saskatchewan Training School, Moose Jaw, shortly after construction 1956

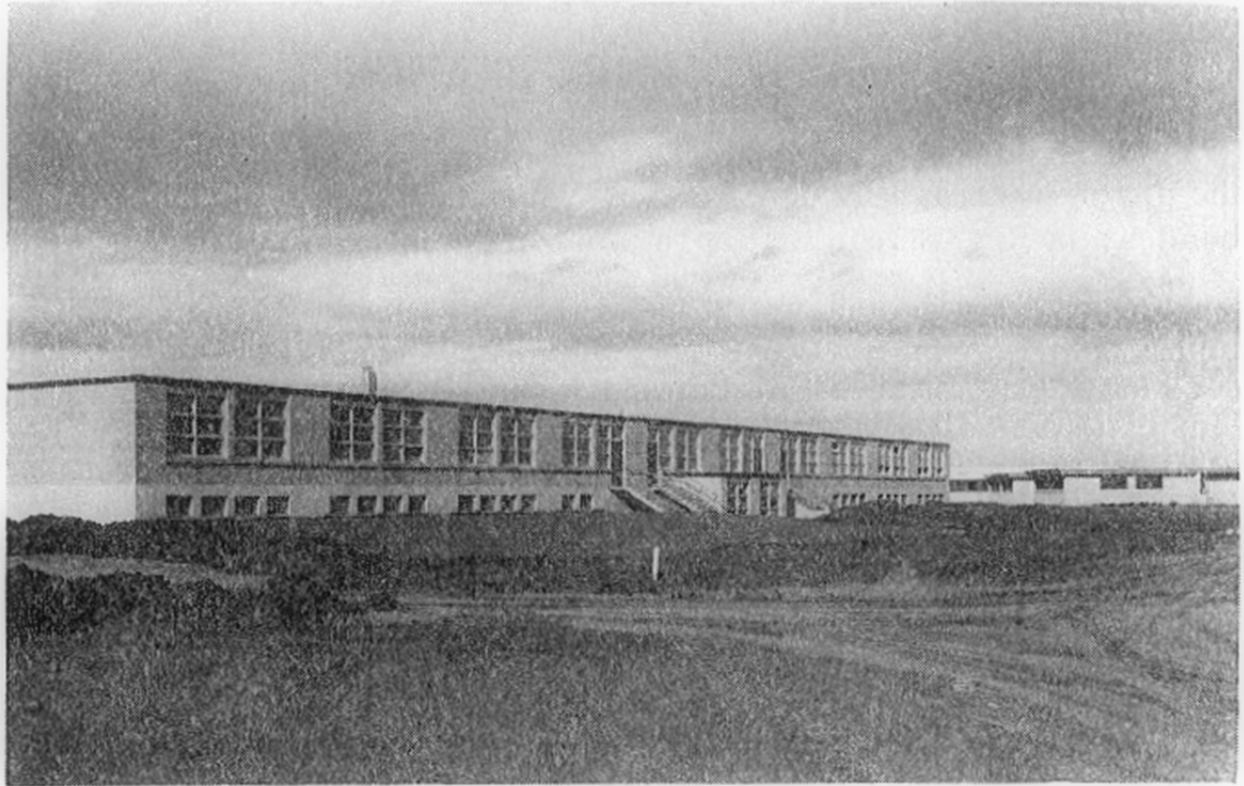
Photographer Unknown, "Saskatchewan Training School, Moose Jaw, shortly after construction 1956 – photograph 68-671," ca. 1956, Moose Jaw Public Library Archives, Moose Jaw, Saskatchewan.



**Saskatchewan Training School for Defectives Under Construction at Moose Jaw.**

Photographer Unknown, "Saskatchewan Training School for Defectives Under Construction as Moose Jaw," ca. 1954, Saskatchewan Archives Board, Saskatoon Branch, Saskatoon, Saskatchewan.

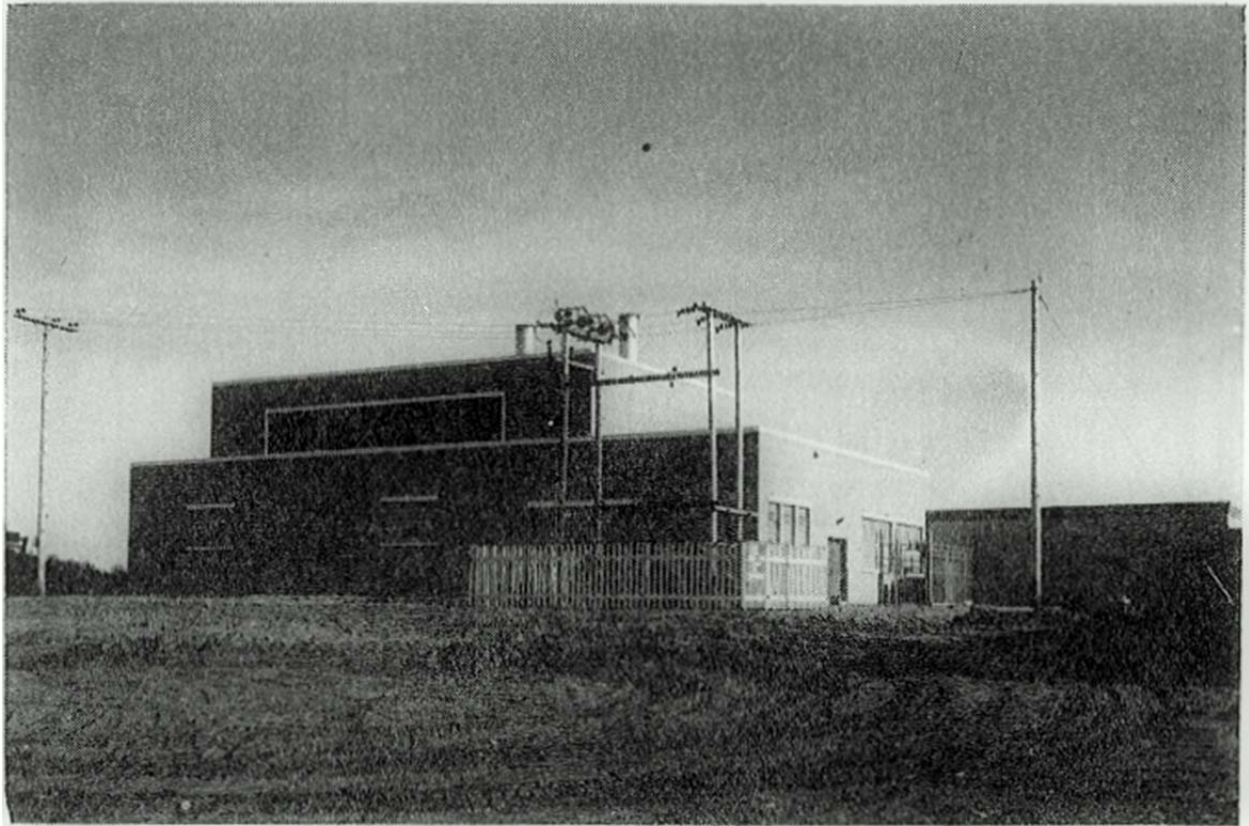
Photograph taken from: E. E. Eisenhauer, Deputy Minister of Public Works, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Fiscal Year Ended March 31, 1956*, SAB, PW. 2, (Regina: Lawrence Amon, 1957), 11.



**KITCHEN AND DINING ROOM, SASKATCHEWAN TRAINING SCHOOL,  
MOOSE JAW**

Photographer Unknown, "Kitchen and Dining Room, Saskatchewan Training School, Moose Jaw," ca. 1954, Saskatchewan Archives Board, Saskatoon Branch, Saskatoon, Saskatchewan.

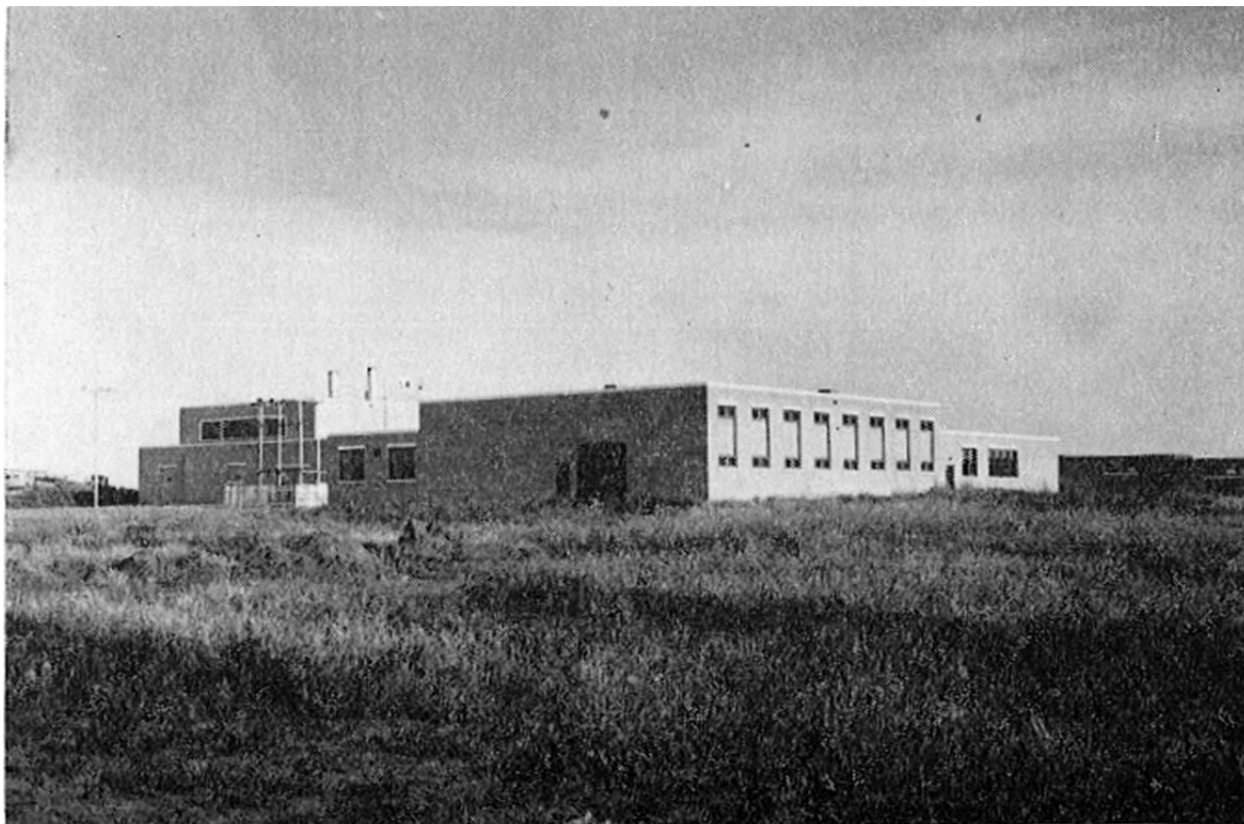
Photograph taken from: E. E. Eisenhauer, Deputy Minister of Public Works, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Fiscal Year Ended March 31, 1955*, SAB, PW. 2, (Regina: Lawrence Amon, 1956), 13.



**HEATING PLANT, SASKATCHEWAN TRAINING SCHOOL, MOOSE JAW**

Photographer Unknown, "Heating Plant, Saskatchewan Training School, Moose Jaw," ca. 1954, Saskatchewan Archives Board, Saskatoon Branch, Saskatoon, Saskatchewan.

Photograph taken from: E. E. Eisenhauer, Deputy Minister of Public Works, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Fiscal Year Ended March 31, 1955*, SAB, PW. 2, (Regina: Lawrence Amon, 1956), 13.

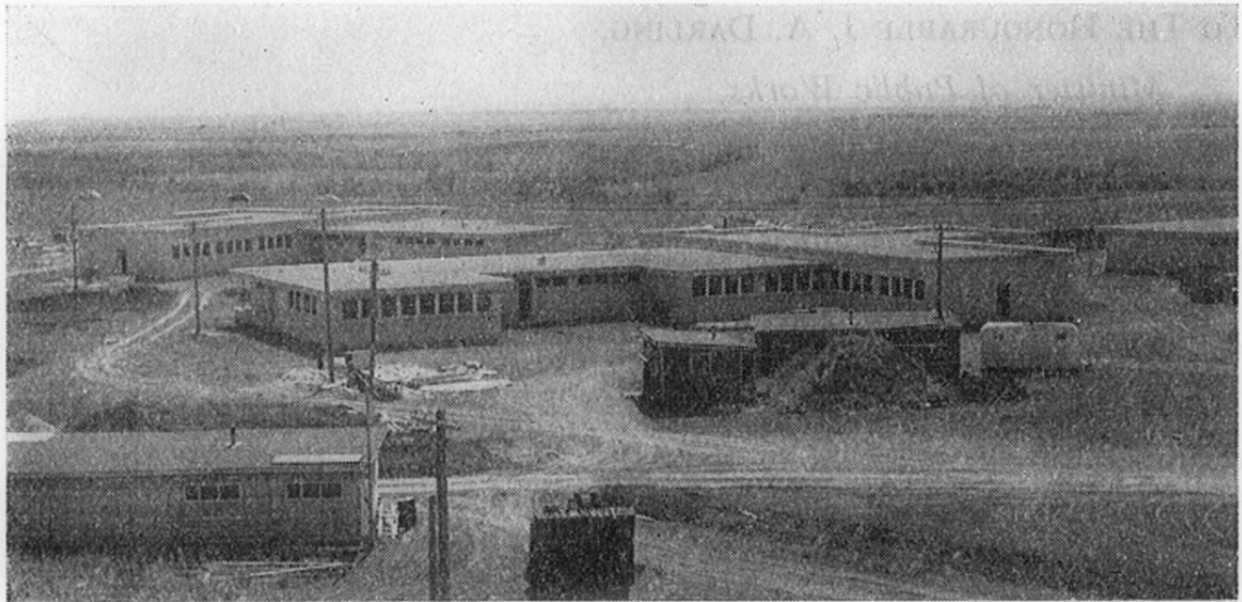


**HEATING PLANT AND LAUNDRY,  
SASKATCHEWAN TRAINING SCHOOL, MOOSE JAW**

Photographer Unknown, "Heating Plant and Laundry, Saskatchewan Training School, Moose Jaw," ca. 1954, Saskatchewan Archives Board, Saskatoon Branch, Saskatoon, Saskatchewan.

Photograph taken from: E. E. Eisenhauer, Deputy Minister of Public Works, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Fiscal Year Ended March 31, 1955*, SAB, PW. 2, (Regina: Lawrence Amon, 1956), 14.

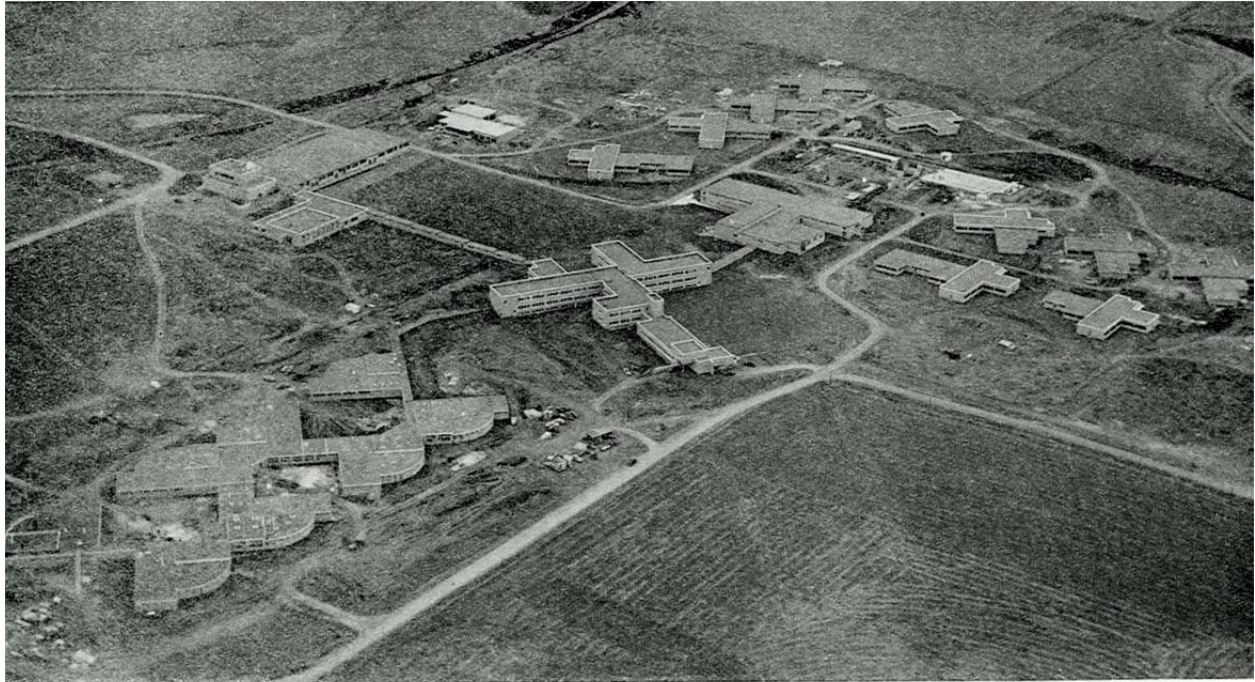




**Patient Cottages, Saskatchewan Training School, Moose Jaw**

Photographer Unknown, "Patient Cottages, Saskatchewan Training School, Moose Jaw," ca. 1954, Saskatchewan Archives Board, Saskatoon Branch, Saskatoon, Saskatchewan.

Photograph taken from: E. E. Eisenhauer, Deputy Minister of Public Works, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Fiscal Year Ended March 31, 1956*, SAB, PW. 2, (Regina: Lawrence Amon, 1957), 6.



**VIEW OF BUILDINGS, SASKATCHEWAN TRAINING SCHOOL, MOOSE JAW**

Photographer Unknown, "View of Buildings, Saskatchewan Training School, Moose Jaw," ca. 1955, Saskatchewan Archives Board, Saskatoon Branch, Saskatoon, Saskatchewan.

Photograph taken from: E. E. Eisenhauer, Deputy Minister of Public Works, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Fiscal Year Ended March 31, 1955*, SAB, PW. 2, (Regina: Lawrence Amon, 1956), 12.

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