

‘Are you prepared to work in a mental hospital?’: Canadian Conscientious Objectors’ Service during the Second World War

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The involvement of Canadian conscientious objectors [COs] working in mental institutions during the Second World War was significant for both the institutions and the conscientious objectors. Of the approximately 10,851 conscientious objectors, some 80 young Mennonite men served in mental hospitals as a form of alternative service. Through their experience the COs came to understand their Christian responsibilities as extending past their own communities to include the wider society. Their service in the mental hospitals provided an important service to the country, but the men also gained from the experience; they obtained important new skills and appreciation for people with mental difficulties and their caretakers.

With the outbreak of war in Europe, Mennonite leaders struggled with what their response should be. They were all in agreement that upholding the long-standing principle of non-resistance was important but disagreed as to how this belief should be put into practice. Some

wanted a complete exemption as had been promised by the Canadian government and extended during the Great War. Others, who had an experience of alternative service in Russia working in lumber camps or taking on medical duties, preferred service on the front lines taking care of injured soldiers.¹

After a series negotiations, the Canadian government offered alternative service in national parks for four months, a compromise between the two views. However, this time alternative service was open to all Canadian men on an individual basis and not given because of affiliation to a group that was exempt. In March 1942 this four-month term was extended to the "duration of the war".

As the war continued, more young men were leaving their responsibilities at home to serve abroad, thus jeopardizing essential services at home. The large concentration of manpower in the alternative service camps was seen as being underutilized. Pressure to reallocate the men in the camps came from the House of Commons, business leaders, industry and farmers. The only sectors that were not suffering from a shortage of manpower were those who had conscientious objectors at their disposal. World War One veteran Justice, and Mobilization Board chair J.F.L. Embury of Regina, stated that the camp work was not in keeping with many Mennonites' desire to serve Canada, which was to serve without carrying weapons but to serve in any area, regardless of the risks. It was Embury who suggested that COs should be utilized in a wide range of activities, including service as nursing orderlies.²

Some Mennonite leaders agreed that the skills of the young men in the camps were not being well used and they were concerned that the CO work be seen as useful, which would hopefully further discourage enlistment. In January 1943 Mennonite leaders from the Conference of Historic Peace Churches submitted a brief to the director of the National Selective Service Mobilization Regulations where they proposed a change in approach. They suggested the work should make good use of skills the men had; this would "... enable each person to make the largest possible contribution to the good of Canada and of all mankind."³ Areas of service suggested included working as doctors and dentists.

With pressure mounting, the government diversified the alternative service program in April 1943 and the program was transferred to a new Alternative Service Branch within the department of Labour with chief Alternative Service Officer, L.E. Westman in charge. Divisional Alternative Service officers were appointed in areas with high numbers of COs.⁴ The new approach meant that ideally each man's skills and work background should be assessed before appointing him to a position. It was the responsibility of the Alternative Service officer in each location to assign work to the COs.⁵

By the end of 1945, 86 of the 10,851 conscientious objectors had worked in hospitals.⁶ Of these 86 at least 80 worked in mental institutions.⁷ Preliminary research has found that the men worked only in 3 mental health institutions, all in Manitoba, namely in Brandon, Portage la Prairie and Selkirk. These institutions were government-run facilities. Selkirk was opened in 1886 as the “Manitoba Asylum.” In 1891 another institution was opened in Brandon known as the “Brandon Asylum for the Insane”. A third opened in Portage la Prairie known as the “Home of Incurables”.⁸ Names for these institutions changed a number of times over the years reflecting a change in attitude towards the people who were treated there.⁹

Most of the conscientious objectors were farm boys who were barely men and thus felt ill-equipped to make a profound decision such as enlisting or opting for alternative service. Henry H. Funk of Rosenfeld stated: “But at that time I was definitely not ready to make such a profound decision. Society decreed that I was old enough to kill and to die – even though I was not deemed old enough to vote. However, I *had* to make that choice! The choice was upon me, and it was mine to make.”¹⁰ As the men left their families to serve, for many this would be their first time away from home for an extended period of time. They were definitely out of their comfort zone.



Brandon Mental Health Centre, Entrance

Their service introduced them to new work, new ideas, and new people. This experience helped prepare them for life after their service.

Experiences in their hearings varied greatly for the men applying for CO status. By 1943 there appears to have been a slightly different tone and the lines of questioning were not as harsh. Some men were asked about their work background; others were not. Some were given a choice where to go. Rollin Reimer remembers the judge asking, “Are you prepared to work in a mental hospital?” to which Reimer responded, “I have not come here today to make a choice but to go along with choices you make”.¹¹ In the case of the Portage la Prairie hospital, Dr. Bristow actively sought conscientious objectors to fill the ranks of staff. He attended some of the hearings in Morden where COs were assigned to various placements.¹² Herbert Brandt recounts that he was given the option of a forest camp, mine or a mental hospital.

“I did not hesitate for a moment and said that I would choose to work in the hospital.”¹³ Some men took the initiative and contacted the Selective Service Board and the mental health institution of their choice, notifying them of their willingness to serve there.¹⁴ While the process of deciding where men should serve was the responsibility of the alternative service officer, there was room for changes to be made – not surprising considering the complexity and the various levels of administration. David Schroeder was assigned by the judge to work at the Brandon Mental Hospital but the secretary at the Morden court, Mrs. Jacobson, crumpled up the judge’s order and assigned Schroeder to St. Boniface Hospital.¹⁵

The mental health institutions in Manitoba were experiencing the loss of trained employees, just as other sectors did at this time. Starting in 1940, 22 male staff enlisted with the armed forces from the Brandon institution, with many serving in the medical corps. By 1943, 53 men had left to serve in the military. Forty were from the hospital’s permanent pre-war staff and 13 were temporary replacements.¹⁶ However, there were underlying causes, other than the war, for the decrease in nursing staff. The 1930s Depression forced the government to reduce costs wherever it could, including successive wage cuts, which had a “very detrimental effect on the nursing service.”¹⁷ In 1939 the Brandon hospital lost four of its staff doctors; by this time salaries had been reduced to 1924 levels.¹⁸ In 1941 director Stuart Schultz wrote in his annual report, “One can endure losses to essential war services with equanimity and even encourage enlistment for such purposes, but the loss of intelligent and experienced staff because of justifiable dissatisfaction over working conditions is difficult to condone.”¹⁹ For the Brandon institution the loss of staff also meant the loss of the insulin therapy program, as predicted by medical superintendant Thomas Pincock. It was revived three years later in 1943 – the same year conscientious objectors began to serve there.²⁰ The Brandon institution received 44 conscientious objectors to help with the staffing shortage, but this still left the institution short-staffed.²¹ This situation is corroborated by the COs themselves. Rollin Reimer was at the Portage facility from 1943-1945. He was assigned to Ward 8, where the more “combative” patients were. Policy was to have more than one staff on the ward, but Reimer remembers many cases where he was alone with 50 patients.²² The lack of staffing was an important issue. Not only were residents improperly supervised but lack of staffing contributed to the ill health of the residents.²³

The young men came mostly from their agricultural communities. It is difficult to assess what their view of mental disabilities was before their service. Memoirs or interviews were recorded only years after their service in the institutions. By this time views and attitudes had

changed. The people with mental disabilities are not ones to generally write about their condition and it is not a topic well researched. We know that there were cases of mental illness²⁴ and Mennonites in Russia had established a mental home known as Bethania.²⁵ However, even if we knew the attitudes of the young conscientious objectors in 1943, chances are that their views would be different from the experience of people with the mental disability.

Some COs state that in their experience people with mental illness in their home community were treated with a "fair amount of respect" and were generally accepted.²⁶ Henry Funk is one of the few COs who directly addresses this issue. He states, "Society had a lot of prejudiced notions about the mentally ill and I shared those notions."²⁷ For some men whatever negative stigma there was, it was not a deterrent from working with these people. When given a choice, working in a mental institution was chosen over working in a camp or mine.²⁸ For some it was seen as a better Christian witness than working in the national parks.²⁹

During the 1940s there were about 1600 patients housed at the Brandon facility and overcrowding was an ongoing concern.³⁰ Staff too complained of lack of space. In 1939 there were 108 nurses living in space designed for 85.³¹ Organic-induced psychoses, such as syphilis, brain tumors, senility etc. account for 24% of admissions. Psychogenic disorders such as dementia praecox and manic-depressive accounted for the rest of the ailments.³² Most of the people in mental institutions came from economically disadvantaged homes because of their adverse life experiences.³³ These were the conditions that greeted the young farm boys. For Herbert Brandt, after he was fitted with a hospital uniform,

... the man who directed me used a big key to open the door to let me in and then he locked it again behind me. With this I was introduced to an entirely new phase of my life. I was an orderly shoved into a world of men with mental illness... here was a ward of 150 men, crowded into a relatively small space. Some of the men greeted me, others stared, and some walked by... The ward was dimly lit. The odour was strong... there was a pungent smell of detergent combined with body odours.³⁴

Regardless of what the men thought about mental illness before their service in the institutions, they found themselves in a very different world. The men worked primarily on the male ward and helped out on the female ward only in emergencies. There were two main categories of patients, those who received treatment because there was hope of recovery and those who received no treatment and had no hope

of recovery.³⁵ Henry Funk's first six months in Portage was with the youth ward with 20 patients ages 4-22, all in cribs on a diaper, powder, feeding routine.³⁶

The COs were issued standard uniforms. Men in the Brandon facility received psychiatric nurses' training, while training in the Selkirk and Portage facilities consisted of shadowing a nurse for a day.³⁷ The men were incorporated into the nursing staff and had a wide variety of tasks, including feeding, bathing, diapering, shaving, digging graves, night guarding, working with patients with tuberculosis, moving bodies to the morgue, preparing bodies for autopsy, controlling insects, general supervision, and giving treatments and medication. They worked on the ward, in the greenhouse, garden, or dairy. In many cases the young men were placed in charge of groups of male clients who were not easy to handle. Cutlery was always accounted for after a meal to ensure patients would not steal a knife for later use. Instructions were to "never turn your back on them". Some patients were institutionalized for violent crimes including murder.³⁸

There was an element of danger involved in this job and some of the COs relished the fact that they were young, healthy men put in charge of others. At times there was a feeling of superiority, "... a staff member run from a patient? Never!"³⁹ A number of the COs felt physical force was needed at times to show who was boss⁴⁰ or simply to get the job done, such as restraining a patient during therapy. Other times it was believed to be needed for self-preservation. Herbert Brandt recounts that one night he heard a noise and went to investigate to find a man either trying to escape or hang himself. When the man saw Brandt he attacked him:

... he got a hold of my tie and began to choke me. He was terribly violent and possessed what seemed to me unnatural strength... The patient was completely naked and his body was sweaty... He was pushing me backwards... I was unable to control my movements... his stranglehold on my throat was tightening... all the while he said he was going to kill me... my calls for help were totally futile... in desperation I released one hand... and began to punch him in the head... he released the hold on my tie... and I was able to shake him off.... Some months later that same patient... and [I] established a good relationship before he was eventually discharged.⁴¹

The primary goal of doctors at the Brandon hospital was to "... study and treat mental illness. Experimentation and research into new treatments, as opposed to the practical application on a large scale of "proven therapeutic techniques was important..."⁴² Shock

therapy was one of the areas of research and treatment that the COs were involved in administering. Insulin shock therapy involved the injection of insulin until the person's blood sugar level was so low that they lost consciousness. They were then closely monitored until glucose was given bringing them back to a conscious state. COs were involved in this process including evaluation of the results.⁴³ In the case of electric shock therapy, the COs were to restrain the, at times, combative patients before treatment and then during treatment so that they would not hurt themselves. Some saw this treatment as "terribly cruel"⁴⁴ and some requested not to be involved with this treatment.⁴⁵

Jac. K. Schroeder was the most vocal about his views as to how the patients were treated and some of his claims are backed up in other memoirs.⁴⁶ At Schroeder's first day at Selkirk, he was placed on a ward with 52 patients, 10 of them in straightjackets. The others roamed the plain, undecorated halls. At mealtimes patients would feed the men who were in straight jackets. Schroeder maintains that this practice was "... void of understanding, of compassion, of caring and occupational skills. I was appalled to witness such callous treatment of shackled inmates due to a labour shortage."⁴⁷ He witnessed excessive use of force, and systemic problems that he believed showed a lack of care, compassion, and grace. Patients were treated as less than humans, like caged animals and people outside the institution were not aware of the treatment. The young men traded stories at the end of the day and they were in agreement about the appalling situation and knew that they needed to do better. On their own time some of the men sharpened shaving razors to provide a better and safer shave. Schroeder maintains that the COs were better educated and provided better care than the long-term staff at the hospital.⁴⁸ The COs at Selkirk were not the only ones who were concerned about the conditions and treatment of the patients. While the reports of Brandon's Medical Superintendent were generally optimistic, long-time nursing attendants at Brandon tell many of the same stories as Schroeder, who worked at Selkirk: inadequate clothing, excessive use of force, provoking patients, improper bathing procedures and shaving with dull blades resulting in "blood baths."⁴⁹

In the general Canadian population there was great support for the war effort and in some cases animosity towards COs and their cause:

The war years were a time of passion and patriotic fervour. All public messages supported the war effort. Anyone different felt uncomfortable. I still recall the feeling of being a fugitive in society. All propaganda, radio, press, billboards pointed a finger at you – why are you not in the army doing your duty? One of the boys came to Portage by train – got on

a train in Winnipeg and it happened to be a troop train – all the passengers were army men. The three other persons in his double seat were in uniform and for the whole time – Wpg to Portage – they discussed conscientious objectors. One was ready to shoot them all, one was sort of neutral, one tried to defend COs. Imagine Ed Penner, from Plum Coulee, fresh from the farm, age 18, trying to fade into the upholstery, hoping no one would notice him and ask him why he was in civilian clothes. No one did, and he felt like a man who had narrowly escaped from dire disaster, when he finally was able to get off the train.⁵⁰

Not surprisingly, this negative view of COs, to some degree, was also found in the hospital work environment, especially in the early years of the experience. Most of the reflections about their service in the hospitals was very positive asserting that the COs were well treated by the end of their service. However, there were some difficulties early on; Nick Neufeld writes that “...we were resented, and had to endure distain and antipathy, but this changed over the years.”⁵¹ Peter Stobbe’s supervisor was a nurse who had three sons in the military. He refused to work with the COs and complained to the supervisor. The nurse was told that this is what the hospital had to work with and to try it out. Eventually Peter won the man over and they became friends.

In their free time the men participated in various activities together with the other staff and doctors, including playing baseball, performing in musicals, golfing, choir, hockey, curling, bowling, and attending local churches. There was also some serious dating that happened. No fewer than three COs married female nurses.⁵²

There were strict rules that once the war was over returning veterans were first in line for jobs which meant the COs were eventually released and then had to find work. Many of the COs report that their superiors were appreciative of their work. Some years later on a visit back to the Portage institution Bill Kehler recounts that he was offered a job by his former supervisor. One wonders if the well wishes upon leaving were only platitudes. Peter Stobbe’s experience shows that the men and their work were genuinely appreciated. Around 1954 Peter Stobbe decided to leave farming to apply for different work. He contacted his former employer, the Brandon institution, for a reference. Rather than a reference Stobbe was offered a job. When Peter Stobbe first arrived at the Brandon facility as a CO, he felt “... he could not stand it there even for a day”, but his service “... opened his eyes” and gave him a new appreciation for the mentally ill.⁵³ This was an important life lesson as later in life, his youngest son was born mentally handicapped. Stobbe took the job working with integrating

patients into host families in the community, a post which he held for 10 years.⁵⁴

At the beginning the COs were not respected by the institutions. In a 1943 report Dr. Stewart Schultz noted that "those members of the staff who did serve in the forces were found worthy of much more praise than the "Conchies".⁵⁵ Most of the COs had great respect for the hospital doctors and administrators. They saw the doctors as compassionate and motivated to help the patients.⁵⁶

The COs working in the mental health facilities came from various Mennonite denominations in Manitoba. As in other CO settings, the alternative service experience opened their eyes to other young men from other Mennonite denominations. At times there were stark differences.⁵⁷ For most of these young men this would be the first time they could work, live and talk with peers from other denominations without their parents or church leaders guiding them. This experience brought a new appreciation for others.⁵⁸ This helped set the stage for a new level of cooperation within the Mennonite community.

The men who served in the health care field had their world view broadened even more than the COs who worked in the national parks or those working on farms. In the hospital environment the COs could congregate and spend their free time together building relationships and understanding, as they did in the camp setting. However, they were also incorporated into the nursing staff and spent time with the staff outside of work hours. This combination of stability and significant interaction with people from the general Canadian society helped to better equip these COs for life after the war and their service.

The CO venture was a profoundly shaping experience for them. Many memoirs mention that the COs also found a new appreciation for their own health. But more importantly it reoriented their focus to serving others. "It was a tremendous experience for me especially in the hospital work. It changed the direction of my life..."⁵⁹ Of the 35 – 40 COs who worked in various areas and worshiped at Bethel Mennonite Church in Winnipeg, eight went on to a life of full-time Christian service, benefiting a spectrum of people.⁶⁰ The experience of alternative service created a new understanding of the importance of serving others and the centrality of this to the Christian life. Some men continued in a career of working with the mentally ill or in the medical field. This group includes Abe Loewen, George Kroeker, Leslie Dueck, Peter Stobbe, Cornie Hildebrandt. Henry H. Funk and Jake Schellenberg left their CO service to be the first orderlies at Bethania Hospital in Winnipeg.

While the CO experience drew the COs to new careers, many were also pushed out of the agricultural work and lifestyle with which they had grown up. The war period brought new levels of mechanization

to the farm and this meant that less help was needed. In 1940 it took a prairie farmer 43 hours to produce 100 bushels of wheat. By 1958 it took 26 hours to produce the same amount.⁶¹ By the end of the war land was an expensive commodity. This, coupled with the cost of mechanization, made it very difficult for COs who earned 50 cents a day to begin farming.

The COs came away from their time working in the mental health institutions with their eyes opened to the situation of the mentally ill. They returned to their home communities and shared their stories, helping to revise the community understanding and their own for years to come. It increased awareness for the need for better mental health programs. The experience was important when relating to family members who had mental illness.

Their service was important to the mental health institutions during a time when there was a severe shortage in staffing. Their service, while at first was not well received, was exemplary and praised by supervisors. With the influx of COs, institutions were able to resume treatments. The COs were in some small way able to improve the situation for patients.

The young men learned new skills which became crucial when they discovered that, for many, farming was not an option. With their new skills, work history and new comfort levels with people from outside their home communities, the COs found new careers.

The participation of COs in mental institutions had a strong influence on the institutions and the patients they served. However, even stronger was the impact of this experience on the COs themselves. It set a new direction for their lives. It gave them new skills and understandings that allowed them to contribute to the wider Mennonite community and to Canadian society.

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Notes

- ¹ Canada has a long tradition dating back to 1793 of providing exemption to military service to certain groups. A specific exemption was given to Russian Mennonites in 1873 which encouraged 7000 to move to Manitoba between 1874-1880. The option of working as medics was most vigorously advocated by Mennonite Brethren leader B.B. Janz.
- ² David W. Fransen, "Canadian Mennonites and Conscientious Objection in World War II" (M.A. thesis, University of Waterloo, Waterloo, ON, 1977), 118-123.
- ³ Fransen, 123.
- ⁴ J. A. Toews, *Alternative Service in Canada During World War II*, (Winnipeg, Manitoba: Publication Committee of the Canada Conference of the Mennonite Brethren Churches, 1959), 67.
- ⁵ Fransen, 124-125.
- ⁶ Toews, 61.
- ⁷ There is no complete list of conscientious objectors and where they worked. At least 51 men who served in hospitals have been accounted for by name, 48 of them served in mental health institutions and another 30 (at this point nameless) worked at the Brandon institution. See Dooley, p. 210 footnote 16.
- ⁸ "Manitoba Insane Asylum" to "Selkirk Mental Health Centre", Selkirk Mental Health Centre Archives Collection inc., accessed August 2009. <http://www.smhc-archives.com/History%20of%20SMHC.pdf>
- ⁹ "Selkirk Mental Health Centre", Government of Manitoba, accessed September 3, 2010. <http://www.gov.mb.ca/health/smhc/history>
- ¹⁰ Henry H. Funk, "C.O. Experience During World War II: The Manitoba School for Mentally Defective Person, Portage la Prairie," *Alternative Service Memoirs*, ed. John C. Klassen and Jake Krueger, (Altona, Manitoba: John C. Klassen and Jake Krueger, 1995), 139.
- ¹¹ Interview with Rollin Reimer by Conrad Stoesz, September 21, 2010.
- ¹² William Kehler, "Experiences in a Mental Institution," *Alternative Service Memoirs*, ed. John C. Klassen and Jake Krueger, (Altona, Manitoba: John C. Klassen and Jake Krueger, 1995), 114.
- ¹³ Herbert J. Brandt, "Serving in Alternative Service as a C.O. in the Brandon Mental Hospital from 1943 to 1946," *Alternative Service Memoirs*, ed. John C. Klassen and Jake Krueger, (Altona, Manitoba: John C. Klassen and Jake Krueger, 1995), 122.
- ¹⁴ Nick Neufeld, "Memoirs of Brandon Mental Institution," *Alternative Service Memoirs*, ed. John C. Klassen and Jake Krueger (Altona, Manitoba: John C. Klassen and Jake Krueger, 1995), 133.
- ¹⁵ David Schroeder, "David Schroeder, Winnipeg, MB," *Alternative Service for Peace*, (Abbotsford, B.C.: Mennonite Central Committee (B.C.), Seniors for Peace, 1998), 161.
- ¹⁶ Kurt Refvik, *A Centennial History of the Brandon Asylum, Brandon Hospital for Mental Diseases, Brandon Mental Health Centre* (Brandon, Manitoba: Brandon Mental Health Centre, 1991), 98.
- ¹⁷ Chris Dooley, "'When Love and Skill Work Together:' Work, Skill and the Occupational Culture of Mental Nurses at the Brandon Hospital for Mental Diseases 1919-1946," (M.A. thesis, University of Manitoba, 1998), 206.
- ¹⁸ Dooley, 206-207.
- ¹⁹ Dooley, 208.
- ²⁰ Dooley, 209.
- ²¹ Dooley, 210.

- ²² Reimer. The term “combative” is the term Rollin Reimer used for people who were difficult to reason with and who had a history of being violent.
- ²³ Steve Taylor and David Field ed., *Sociology of Health and Health Care*, second edition (London, England: Blackwell Science Ltd., 1997), 161.
- ²⁴ There are numerous stories about people who were “different”. For example in the Winkler area there were “simpletons” who were known to show up uninvited to funerals and weddings for the meal. In many cases this was generally accepted. Flower Annie (Annie Neufeld) of Winkler would sell paper flowers by the side of the road. She was a well known Winkler and area character. A song has also been written about her by Orlando and Grace Sukkau.
- ²⁵ Mennonite Historical Society of Canada, “Bethania” and “Bethesda,” *Global Anabaptist Mennonite Encyclopedia Online* (GAMEO), accessed September 5, 2010. www.gameo.org. Henry and Maria Wiebe worked at Bethania in Russia and when they immigrated to Canada in 1927 they continued to care for mentally ill people at a place which became known as the Bethesda Mental Hospital in Vineland, Ontario. Later it was supported by the Ontario Mennonite Brethren Conference.
- ²⁶ Reimer.
- ²⁷ Funk, 143.
- ²⁸ Brandt, 122.
- ²⁹ Jake Reimer, Mennonites in Canada, A Pacifism – CMBC student project on C.O.’s in WWII, Mennonite Heritage Centre volume 1015, file 43.
- ³⁰ Refvik, 126. Adequate space was a constant concern and is an ongoing theme in the Brandon facility’s history.
- ³¹ Refvik, 82.
- ³² Refvik, 89.
- ³³ Taylor, 156.
- ³⁴ Brandt, 123.
- ³⁵ Neufeld, 135.
- ³⁶ Henry H. Funk, Mennonites in Canada, A Pacifism – CMBC student project on C.O.’s in WWII, Mennonite Heritage Centre vol. 1015 file 23.
- ³⁷ Funk, 143, see also Kehler, 114.
- ³⁸ Jac K. Schroeder, “Jac. K. Schroeder, Altona, Manitoba,” *Alternative Service for Peace*, (Abbotsford, BC: Mennonite Central Committee (B.C.) Seniors for Peace, 1998), 174.
- ³⁹ Kehler, 115.
- ⁴⁰ Kehler, 115.
- ⁴¹ Brandt, 129.
- ⁴² Refvik, 89.
- ⁴³ Reimer.
- ⁴⁴ Brandt, 126.
- ⁴⁵ Reimer.
- ⁴⁶ See also Funk, MHC volume 1015, file 43.
- ⁴⁷ Jac K. Schroeder, 168.
- ⁴⁸ Jac K. Schroeder, 167-173.
- ⁴⁹ Refvik, 84-85.
- ⁵⁰ Funk, MHC volume 1015, file 43.
- ⁵¹ Neufeld, 133.
- ⁵² Peter Stobbe who worked at the Brandon facility, remembers a Friesen and a Loepky who married nurses. Kehler, who worked at the Portage facility, recalled that Dave Dyck married nurse Margaret White. Kehler, 120.
- ⁵³ Stobbe.
- ⁵⁴ Interview with Peter Stobbe by Conrad Stoesz October 6, 2010.
- ⁵⁵ Refvik, 98-99.
- ⁵⁶ Reimer.

- ⁵⁷ Conrad Stoesz, "Scattered Documents: Locating the CO Record in Canada," *Journal of Mennonite Studies* (25), 2007, 152.
- ⁵⁸ Ted Regehr, *Mennonites In Canada 1939-1970: A People Transformed, Volume 3* (Toronto, Ontario: University of Toronto Press, 1996), 55.
- ⁵⁹ David F. Friesen, *Mennonites in Canada, A Pacifism – CMBC student project on C.O.'s in WWII*, Mennonite Heritage Centre vol. 1015 file 56.
- ⁶⁰ David Schroeder, 161.
- ⁶¹ Regehr, 102.