

HEALTH STUDIES AND CHARITABLE FOUNDATIONS

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I should explain right at the beginning that my professional experience as an agency executive has been almost exclusively in the mental health field. I hesitate therefore to comment on other fields because the health field is becoming increasingly specialized. But the mental health field, I suggest, is unique in this respect: it is one which has suffered much from lack of financial support. It is a field which, my predecessor, Dr. Clarence M. Hincks, used to say, in the long procession of tragic and urgent health causes always seems to come in last! When everyone else has got their share, what's left over, if there is any, may sometimes be given for work in mental health.

The most important aspect of the mental health field, the area which presents the most challenge and the greatest difficulty, is prevention, especially *primary prevention*. I suggest that our best approach here is with both ends of the life of the individual, its beginning and its ending. First, then, comes work with the very young age groups. I would include within this, the pregnant woman, her prenatal and postnatal care, the neonate, the period of infancy and the various developmental stages of childhood. Then comes work in the field of aging, the problems of geriatrics, the social, cultural, recreational and psychological aspects of growing old. These two fields are the most sensitive areas where preventive mental health, research and clinical programs are most likely to be successful. And so far, we do not seem to be getting sufficient sympathetic support from either government or the private funding sources for projects of this kind.

In connection with health care and systems of medical treatment it seems to me that the role of charitable foundations should be one of providing stimulation, encouragement and support for work which extends beyond the official tax-supported services. Government-supported services tend to be traditional, conservative, and have a broadly-based social acceptance. These services change from time to time as progressive new systems are introduced and improvements made. But they do not change very quickly. There is always a distressing lag between the emergence of new ideas and new technical and scientific knowledge and the introduction of new policies, procedures and programs in the health and socio-medical field. There are usually a number of innovative and maverick ideas around that hardly ever get translated into action because there is never any money for them. Some of these ideas sound rather odd, unusual and perhaps at first even absurd. But will they work? Might any of them be useful? Appeals to traditional sources of funds, whether in the form of 'the united way' or government, are almost certain to result in further delays. At best the attitude is usually

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one of curious interest mixed with a certain amount of surprise that such a request is made. The group seeking such funding is frequently told: "Try it out and, if it works, come back again. Perhaps support can be found for it later."

But how do you try it out? You go to the private foundations and very often their trustees or their scientific committees or advisors have much the same idea — "It's never been done. How do we know it will work? It's kind of a risky business." But these projects are surely among the prime areas for support from foundations. They need to be encouraged with a measure of faith — faith that they will not do harm and that some of them just might be successful. The risk is a calculated one. The ideas must be tested and the projects tried. The benefits could be limitless.

I suspect that this is the story of research in other fields as well. And so I think that somehow or other we should try to persuade charitable foundations to look with a little more interest and sympathy on 'the good idea' that is not yet translated into a service or an actual scientific program or a piece of ongoing research. I know that this is not a new idea, but it should be emphasized and underscored so that foundations will really take it seriously.

I would like to add a comment about hospitals. Roughly speaking, they can be put into two classes. There are those, such as the Hospital for Sick Children and I suppose most of the general hospitals, that are more or less privately owned and endowed and managed by a private Board of Trustees. These institutions are certainly permitted legally to accept gifts from foundations or from the general public in order to pay for research and other special programs. But there are other hospitals that, by law, cannot accept such gifts. Such hospitals are those which are wholly owned and operated by the provincial or federal governments. Now I am not fully conversant with the reason for this. But apparently if you wish to give money earmarked for research, let us say to the Queen Street Mental Health Centre or the Lakeshore Psychiatric Hospital, you will find that there is no way that this can be done, at least no way which will result in the gift being legally recognized as a 'charitable donation' for tax purposes. The only course to follow, I understand, is to give the donation (or the grant) directly to the provincial treasury. And of course, occasionally in special cases this is done. But I should think this would not be very satisfactory from a foundation's point of view. I suggest that this is a matter which merits careful study and hopefully some enlightened legislative amendments.

I would like to turn now for a moment to some of the rumours or myths that are current about the mysterious ways in which some foundations are said to operate. I must explain that I am only referring to hearsay. I have not had too much to do with foundations — except as a relatively unsuccessful suppliant! I have heard, however, that if you know somebody on the Board and get to be a good friend of his and then approach him with

what you think is a good project, your chances of getting a good hearing and receiving a grant are very much enhanced. And I am told that foundations have their particular hobby horses which they ride from time to time. So, if you can develop your application so that it appears to relate to an area in which that foundation is for the moment particularly interested, then your chances for success are again much enhanced. And I am told furthermore that foundations have unstated and hidden agendas whereby they have special liaisons with institutions or individuals. In such a case unless you or your project is somehow directly related to one of these you may be doomed to failure. I think it is very important to deal clearly with these rumours. Foundations should either say that they are utter nonsense or else that, yes they are very real, in which case they should state them clearly so that those looking for financial support for what to them are worthwhile causes may appreciate and try to understand them; and, perhaps almost as important on the personal level, that they may save themselves from false hopes and needless disappointment.

Let us take a hard look at this business of "grantsmanship". We in the Mental Health Association have just been through an experience in Montreal which was very revealing. A division of our organization was very anxious to organize and sponsor a small but important international seminar related to children; and this was to be financed mostly by money coming from outside Canada. Friends in the United States referred us to a fund-raising expert who came up to Canada to meet with the organizing committee. He assured us that he could raise this money easily. We needed twenty to twenty-five thousand dollars. He said, "I know a number of foundations in the States and I'll raise the money for you from them." This sounded very much as if he were one of those angels that you hear about sometimes! He went on, "I'll have to have a guarantee from you that you'll look after at least some of my expenses." So a guarantee was given to him for a few hundred dollars — I think it was fifteen hundred — for an operation of about six weeks in which he would undertake the raising of these funds from foundations in the United States.

We were reluctant to go to Canadian foundations for support for this particular project because the Association was interested in approaching them on other larger and more national projects. We found out later that this man also expected to receive fifteen percent of the total "take" from the foundations he approached! But the foundations were not supposed to know about this arrangement. His procedure was to go to the foundation and explain that our international seminar was a good project and ask for a grant of a few thousand dollars. This was to be sent directly to Montreal and then, of course, he could get his cut. Well, this was a surprising twist! It struck me as being, not only unusual, but unethical and perhaps illegal. I will hasten to say that it all came to naught. He raised not one cent. But the fact is such people exist. And I believe that such a person

has access on a first name basis to a number of foundation executives. His story was that the foundations have accumulated large amounts of money and really are hard pressed to know what to do with it. They apparently welcome suggestions and advice on how to put this money to constructive use. I need hardly add that we have not encountered anything like this in Canada!

Finally and by way of summary, may I very briefly refer again to some of these so-called innovative areas of endeavour, the fuzzy and often unclear forward boundaries of research and service where it is extremely difficult to obtain adequate financial support and where I feel the foundations should be openly encouraging and helpful. New ways are emerging for helping people in trouble, people with physical health problems and people with mental and emotional health problems. I have drawn to your attention the importance of preventive, as opposed to service, programs particularly at the beginning and ending of the life cycle, in the fields of early infancy and childhood, and in the field of aging.

If I may be permitted to refer to one more area of importance which bears only indirectly on health, physical or mental, I would make a strong plea for foundation support for scholarly effort in the field of the history of medicine and health. It is tragic that, as far as I am aware, there is not yet in Canada any University with a properly endowed Chair or Department of the History of Health, Science and Medicine. How can we develop a global perspective, an appreciation of how far we have come in our slowly evolving technology and social science if we are not allowed occasionally to look back and see from whence we came and by what road and by what means? Surely this could give us guidance for the future. Indeed, it could well be that the greatest problem and challenge we face is to try to understand the dynamics underlying the development of our knowledge of health and disease and to learn from the errors as well as the successes of the past.