**Ontario History**

*Mobilizing Mercy: A History of the Canadian Red Cross* by Sarah Glassford

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Volume 110, Number 1, Spring 2018

URI: https://id.erudit.org/iderudit/1044338ar
DOI: https://doi.org/10.7202/1044338ar

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Publisher(s)
The Ontario Historical Society

ISSN
0030-2953 (print)
2371-4654 (digital)

Explore this journal

Cite this review
https://doi.org/10.7202/1044338ar

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The Canadian Red Cross Society (CRC) has come to symbolize a tried and trusted means through which individuals and governments channel humanitarian responses to catastrophic events, both natural and man-made. Yet, as Sarah Glassford ably demonstrates in Mobilizing Mercy: A History of the Canadian Red Cross, this achievement was neither inevitable nor without tensions and conflicts as the society reshaped and redefined itself between its founding in 1885 and the “tainted blood scandal” of the 1980s and 1990s which shook the CRC to its very foundation, leading to its complete withdrawal from blood transfusion services.

The CRC originated within the larger transnational “idea” of the Red Cross as envisioned by Swiss businessman and social activist Henry Dunant. After witnessing the carnage and lack of care for wounded and sick soldiers during the Battle of Solferino (1859), Dunant embarked upon a campaign advocating both for rules of conduct in war and the treatment of war’s victims. His efforts led to the first of several Geneva Conventions, the beginnings of an international Red Cross movement, and the first Nobel Prize for peace. Although he envisioned the movement as international in scope, in practice, each country developed its national organization within its own specific contexts (9-11).

Mobilizing Mercy is set solidly within the larger historiography of the International Red Cross movement. It is broader and more comprehensive than previous micro-histories that focus on specific aspects of CRC work during the twentieth century. Glassford offers readers a critical perspective, “a more nuanced sense of what is ‘Canadian’ about the Canadian Red Cross and broadens our ability to compare the development of Red Cross societies in countries...” (20).

Mobilizing Mercy is an institutional social history, exploring how the CRC dealt with multiple tensions as it sought to adapt and re-define itself: during times of war as well as peace, during epidemics and calamities, during financial crises and competition from other voluntary humanitarian organizations that emerged over the century. Indeed Glassford attributes the CRC’s survival to this ability to constantly adapt and re-define itself, to be a flexible organization at all levels (local, provincial, national, and international). Her sources are overwhelmingly vast and diverse: institutional and governmental records, personal papers and memoirs, contemporary newspapers and magazines, photographs, House of Commons Debates, and Sessional Papers—to name some of the key ones.
Chronologically, *Mobilizing Mercy* is organized according to the social contexts that were critical in shaping the organization. Chapters one and two deal with the uncertain early decades wherein the CRC sought to establish itself under the auspices of Dr. George Sterling Ryerson, focusing on improvement to Canada’s military medical services prior to the First World War. This process brought the CRC into tension with the Canadian Army in terms of “who” would be responsible for “what” in terms of sick and wounded soldiers. Chapter three explores the transformation of the CRC from a predominantly Toronto-based elite movement into a nationwide humanitarian agency with Mrs. Adelaide Plumptre at the helm during the First World War. Its large volunteer workforce, primarily women, defined the CRC by “serving as a link between citizens on the home front and citizen-soldiers overseas” (128). Chapter four focuses on the search for a peacetime mandate during the interwar decades when the CRC expanded its involvement into the field of public health as a nation-building project – “one healthy citizen at a time” (130). This expansion brought the CRC into conflict with the emerging Canadian public health movement, however, which was undergoing professionalization during the same period. Glassford explores the legacy of the CRC, especially for rural and remote areas of the country where CRC outpost hospitals brought health care to these communities, as well as the growing participation of school children through Junior Red Cross programs. In chapter five, the CRC returned to a familiar wartime mandate during the Second World War but found changed circumstances, particularly in relation to government agencies and new regulations on voluntary organizations. In addition to resuming roles that had been successful during the First World War, the CRC invested heavily in a new technology, a blood transfusion program aimed initially at saving the lives of wounded soldiers that ranged from the recruitment of donors, to the collection and transportation of blood, to the packaging and delivery of blood products overseas. The post-war period (chapter six) was one of substantial social change in Canada. The CRC once again had to make difficult choices as both funding and volunteers declined, competition from other humanitarian organizations increased, and the Canadian government gradually built a social welfare system that made many CRC projects redundant. CRC programs came to be identified primarily with its Swimming and Water Safety, the establishment of a nation-wide blood transfusion service that now also served civilian hospitals, and a renewed focus on international engagement. Glassford concludes *Mobilizing Mercy* just as the CRC became subject to the now infamous “tainted blood scandal” involving the transmission of HIV and Hepatitis C to an estimated 20,000 Canadian blood recipients (270), after which the CRC withdrew from blood services to once again redefine its mandate.

Throughout the account, Glassford skillfully demonstrates how politics, gender, English-French relationships, militarism versus neutrality, volunteerism versus governmental control, and nationalism-internationalism intersected within the organization to shape and re-shape it over time. *Mobilizing Mercy* makes a valuable contribution to several fields in particular: Canadian history, women’s history, health-care history, and the history of humanitarianism.

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