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Résumé de l'article

Durant la période du début du capitalisme en Ontario, les travailleurs handicapés étaient obligés de trouver des moyens de survivre par suite d'une blessure. L'assurance abordable offerte par les sociétés fraternelles donnait de la protection limitée pour de nombreuses familles de classe ouvrière mais n'était pas une source fiable d'appui financier pour les travailleurs blessés ou handicapés. Même si les prestations d'assurance invalidité étaient en jeu, de nombreux travailleurs blessés se sont vite trouvés dans une position de difficulté financière. L'assurance fraternelle a révélé les mêmes barrières nombreuses faisant face aux travailleurs handicapés et en conséquence, représente un microcosme du traitement social et institutionnel plus large des personnes frappées d'incapacité pendant cette période.

## ARTICLE

# A Friend in Need or a Business Indeed?: Disabled Bodies and Fraternalism in Victorian Ontario

**Dustin Galer**

A NEW FACTORY HAS OPENED in a rural town in the early 1880s. John and Martin find jobs there and move their families to the community. Imagine, however, that shortly after beginning work, both suffer an identical injury that results in the amputation of their right arms. Both workers are forced to leave their jobs because the machinery they normally operate cannot be manipulated with one hand. Consider, then, that as a dues-paying member at the local fraternal lodge, John can expect half of his \$1000 fraternal insurance policy as an advance, the balance payable at death. Martin, however, will receive \$10 in donations from his fellow workers, which will not be enough to feed his family beyond a couple of weeks. Martin will apply to the fraternal society where John is a member but will be rejected because he cannot find suitable work. Food, fuel, and neighbourly generosity will become scarce. The rent will need to be paid, and Martin will send his daughter out to work as a live-in domestic. His wife will do laundry and other chores for members of the community while he continues to pursue employment. Meanwhile, John's benefit payout will insulate his family from the initial shock which accompanies the loss of his income. His wife and children will have more time to secure employment. His benefits, however, will be exhausted within a couple of years. Despite his fraternal membership, John must eventually confront a labour market that now devalues his labour. Like Martin, John will also face exclusion from well-paying jobs. Martin and John are consigned to the same marginal existence, albeit arriving at their ultimate status in different ways.

Many workers in the last quarter of the 19th century in Ontario turned to fraternal insurance as a means to protect themselves and their families from

the financial devastation of permanent injury, sickness, or death. While the financial and social benefits of fraternalism were of some utility, they were inadequate long-term solutions for families with a disabled breadwinner. Marginalized as “cripples” and presumed to be unproductive, disabled workers were considered dependent and “unfit” for most industrial jobs. The evidence from Ontario has yet to reveal that even skilled workers with serious physical impairments were able to engage in competitive work. As a Victorian institution, fraternal insurance reflected prevailing attitudes toward the physically disabled and used the growing social and political authority of medical science to police the boundaries of their membership. The definition and scope of “aberrant bodies” was expanded by fraternal insurance using the language of “risk” in order to cast people with physical impairments as a danger to the stability of the institution. Part of this approach was an outgrowth of the fiscal pressures of an increasingly competitive insurance industry. However, the presumption that people with physical impairments were unproductive and a drain on resources derived from broader social attitudes and responses to disability that excluded disabled bodies from paid employment and substantive participation in social institutions.

Guided by their founding principles, fraternal insurers attempted to play the “friend” and be good community partners by protecting working-class members from the dislocation and disablement of an emergent industrial economy. By the end of the 19th century, however, fraternal insurers faced an array of financial, regulatory, and ideological pressures that forced them to move toward a business ethic characterized by impersonal management of risk and intensified medical scrutiny of members’ bodies. Viviana Zelizer’s observations about American fraternalism reflected the situation in Ontario: “Many fraternal failed, while others were beset with serious financial problems. Those that survived did so at the expense of their basic principles, adopting at some point the methods of commercial life insurance. In the end fraternal societies were hardly distinguishable from regular legal-reserve life insurance companies. Institutional ambivalence thus finds similar resolution to more personal forms of ambivalence.”<sup>1</sup> This paper will highlight disabled workers’ ambiguous relationship with fraternal insurance as a means to illustrate the regulation and exclusion of people with disabilities. Fraternal practices of admission and member supervision reinforced the categorization of injured and disabled bodies as social and economic “others” against “normal” or “acceptably insurable” bodies.

Harsh conditions in Ontario workplaces during a period of industrialization in the late 19th century destroyed many working bodies while the lack of a public welfare system resulted in the physical and social exclusion of injured

1. Viviana Zelizer, *Morals and Markets: The Development of Life Insurance in the United States* (New York 1979), 116.

and disabled workers.<sup>2</sup> Workers were often forced by a system of piece rate production to choose between their personal safety and the ability to earn adequate wages.<sup>3</sup> The survival of working-class families in an industrial wage economy was reliant on the health and vigour of able-bodied workers. Sensing their vulnerability, male workers in Ontario mobilized their own resources through fraternal institutions that provided affordable insurance packages. Fraternalism was a strategy that helped workers assert some financial and social control over their lives in a shifting social and economic environment.<sup>4</sup> Bryan Palmer notes that “the working class of Victorian Canada opted readily for the cultural *and* economic offerings of the fraternal/mutual benefit society, drawn more to the cheap monthly assessments and ritualized sociability than to the more daunting and impersonal premiums of corporations.”<sup>5</sup> Workers were also drawn to fraternalism for the social and cultural benefits derived from an emphasis on localism and collectivism. These were characteristics shared by a nascent trade union movement, indicating the role of fraternalism in the development of working-class consciousness in Canada.<sup>6</sup>

Fraternalism helped mitigate the destructive effects of industrial capitalism on workers’ sense of self-determination and financial security. Mutual-help initiatives like fraternal insurance were often the only means of maintaining limited financial security for workers who became disabled after joining. Local lodges sometimes engaged in “discretionary spending” to provide extra funds for “distressed brothers.” However, those with pre-existing physical impairments were among other unwanted applicants who would have benefited from fraternal membership but were generally excluded from joining as a result of their corporeal difference. Fraternal applicants with pre-existing disabilities were rejected as liabilities to the financial integrity of the organization because they were considered a drain on resources. It was assumed that their bodily difference constituted an above-average risk of numerous or premature beneficiary claims and that they would default on their dues as a result of not being able to find work.<sup>7</sup> Fraternal membership may have been attainable for a small

2. Richard Splane, *Social Welfare in Ontario, 1791–1893: A Study of Public Welfare Administration* (Toronto 1965), 65.

3. Jamie Bronstein, *Caught in the Machinery: Workplace Accidents and Injured Workers in 19th-century Britain* (Stanford 2008), 17.

4. Herbert G. Gutman, *Work, Culture, and Society in Industrializing America: Essays in American Working-Class and Social History* (New York 1976), 40.

5. Bryan Palmer, “Mutuality and the Masking/Making of Difference: Mutual Benefit Societies of Canada, 1850–1950,” in Marcel van der Linden, ed., *Social Security Mutualism: Comparative History of Mutual Benefit Societies* (New York 1996), 117.

6. Palmer, “Mutuality and the Masking,” 127.

7. Archives of Ontario (hereafter AO), RG 55–8, Corporation files of benevolent societies; AO, F792, Box MU-9, AOUW Lodge no. 195 Madoc fonds; AO, F792, Box 2211 & 2213, Independent Order of Odd Fellows fonds (hereafter IOOF).

minority of skilled tradesmen who adapted to their physical impairment and were able to find employment consistent with their peers. But fraternal organizations were structured to limit their exposure to the disabled, and members with physical impairments did not show up in applicant or membership rolls. The limited application of fraternalism meant that insurance could provide some social and financial assistance once members became disabled but did not do so for disabled workers at large because they were constrained by the fiscal logic of voluntary insurance. Besides the fact that this placed uninsured workers with physical disabilities in a precarious situation, the fraternal method of medical screening helped define disabled bodies as “others.”

A word is required on the use of the term “disability” in this paper. In a Victorian industrial setting, it was generally presumed that people with physical impairments had no place in the workplace. Sharon Snyder and David Mitchell argue, “In many cases the exclusion of those with disabilities was based on the desire of manufacturers to employ workers without need for modification of labor conditions.”<sup>8</sup> In Victorian Ontario it is uncertain that the origin of physical difference moderated the inevitability of a disabled person’s marginalization. For example, fraternal insurers tended to lump the sick and crippled together as recipients of benefits or rejected applicants—the present condition of one’s physicality was what mattered most. This paper considers “disability” a “physical impairment that resulted from accidents, diseases, chronic illnesses, or congenital or hereditary causes.”<sup>9</sup> Sarah F. Rose evaluates the claim that “disability” is an ahistorical term and concludes that disability studies represent “the exploration of how different cultures, historical eras, and individuals have defined, understood, and experienced corporeal norms and corporeal deviances.”<sup>10</sup> “Disability,” then, can be seen as a methodology for understanding the past while appreciating that historical subjects may not necessarily share the historian’s social and medical categorization of disabled bodies. As such, this paper will use disability as a category of social analysis to understand how Victorian institutions treated those with physical disabilities.

Janet Zandy argues in *Hands* that working-class bodies are not mere “rhetorical flourishes,” but rather, they “harbour an epistemology, a way of knowing and understanding the world that comes out of the physicality of work.”<sup>11</sup> The body plays a central role in defining who we are, how we see ourselves, how others see us and how we understand the world around us. In essence, how we use our body and the limitations of our physicality define who we are. The

8. Sharon Snyder and David Mitchell, *Cultural Locations of Disability* (Chicago 2006), 41.

9. Halle Gayle Lewis, “‘Cripples are Not the Dependents One is Led to Think’: Work and Disability in Industrializing Cleveland, 1861–1916,” PhD diss., Binghamton University, NY, 2004, 28.

10. Sarah F. Rose, “Crippled Hands: Disability in Labor and Working Class History,” *Labor: Studies in the Working Class History of the Americas*, 2 (Spring 2005), 30.

11. Janet Zandy, *Hands: Physical Labor, Class, and Cultural Work* (New Brunswick, NJ 2004), 3.

historical contextualization of the disabled body, as Zandy understands it, is related to the epistemological processes workers ascribe to their physical abilities and limitations. Workers are defined by their physicality because industrial work claims the body by disfigurement and scarring. In Victorian Ontario, disabled people were considered “dependents” that lacked the capacity and will for agency. Hence, people with disabilities were precluded from entering into voluntary labour contracts and other transactions available to people enjoying full citizenship.<sup>12</sup> Worker identity is projected and internalized by the condition of the body. Worker identity is caught up in physical ability because the value of wage labour lies in the capacity to tolerate the physical demands of work. The loss of physical ability, therefore, has a profound impact on a worker’s social role and self-identity. Halle G. Lewis discovered people with physical disabilities at work in late 19th-century Cleveland Ohio and found their self-image to be different than their projected identity.

Perhaps, as engineer Baldwin remarked, a man could get “used to” the danger and relegate it to the back of his mind. If that could be so for a man already disabled and with more to lose than a nondisabled man, then perhaps a man in a work situation simply thought of the task at hand. Mayberry probably considered himself an engineer oiling the wheels, not a disabled engineer oiling the wheels. That is, he did not have his impairment constantly on his mind. He had developed a method for working around the disability and had managed for fifteen years. The attorney implied that a man who worked with an impairment ought to have been more aware of safety but for Mayberry that was not the case. Apparently, the attorney and Mayberry understood disability differently.<sup>13</sup>

The worker may see his injury as a result of his work and thus consider himself an “injured worker” while projecting the image of a *cripple*. Unable to fit the description of a “normal” worker, the identity of *cripple* subsumes that of *worker*. According to the industrial capitalist logic that emerged in the 19th century, one’s value to society diminished coincident with the loss of productivity resulting from a crippling injury or being unable to find work. The status of a worker’s physicality, that is, their projected identity, generally represented the totality of their value.

Workers with disabilities have been overlooked in Canadian history despite the emergence of disability as a distinct subfield of social history since the early 1990s. Although there have been a number of studies documenting the experience of labour in psychiatric institutions, people with physical disabilities continue to be overlooked in Canadian working-class historiography. Drawing on the lessons of the disability rights movement that stressed disabled persons’ agency, disability history repositions people with disabilities at the centre of their own narratives. Situated at the intersection of labour and disability history, the survival strategies and experiences of disabled workers in Canada have received relatively little attention from scholars. There are, of

12. Snyder and Mitchell, *Cultural Locations of Disability*, 39.

13. Lewis, “Cripples are Not the Dependents,” 123.

course, important exceptions to this general lack of scholarship on injured workers. Legal scholars, including Eric Tucker in *Administering Danger in the Workplace*, have mined a cache of court records dealing with the legal treatment of injured claimants in employer liability cases.<sup>14</sup> Prior to the Ontario Workmen's Compensation Act (1914), a trilogy of common law defenses prevented workers from successfully suing their employers for compensation resulting from an injury or death at work, so injured workers were obliged to seek support elsewhere. Robert Storey has explored the evolution of workers' compensation legislation and the struggles of injured workers around mandatory compensation.<sup>15</sup> For the most part, however, Canadian historians must look elsewhere for comparable studies explicitly linking physical disability with working-class studies.<sup>16</sup> Disability history affords social, cultural and labour scholars an important opportunity to explore an innovative analytic approach that will ultimately enrich Canadian historiography.

Throughout the 19th century physically disabled workers in Canada did not behave as members of a disadvantaged social group. They did not establish special associations, lobby groups, or interact publicly or collectively. All workers regardless of physical ability were engaged in a solitary or familial process of self-help by stretching meagre incomes. Some sought mutual help by subscribing to fraternal insurance if they saw value in it and could afford the premiums. Given their lack of institutional and cultural organization in this early period, records pertaining to the lives of physically disabled workers are largely unavailable or non-existent. Despite the lack of suitable statistics on the extent of physical disability, especially those that occurred as a result of industrial work, it is possible to piece together a rough portrait of the disabled in Victorian Ontario. A woefully understaffed factory inspectorate in

14. Eric Tucker, *Administering Danger in the Workplace: The Law and Politics of Occupational Health and Safety Regulation in Ontario, 1850–1914* (Toronto 1990); also see Eric Tucker, "Law of Employers' Liability Insurance in Ontario 1861–1900: Search for a Theory," *Osgoode Hall Law Journal*, 22 (1984), 213–280; Eric Tucker, "Making the Workplace Safe," *Labour/LeTravail*, 21 (1988), 45–85; Eric Tucker, "Working Disasters: The Politics of Recognition and Response," *British Journal of Industrial Relations*, 45:1 (2007), 210–212; R.W. Kostal, "Legal Justice, Social Justice: An Incursion into the Social History of Work-Related Accident Law in Ontario, 1860–86," *Law and History Review*, 6:1 (1988), 1–24; R.C.B. Risk, "This Nuisance of Litigation: The Origins of Workers' Compensation in Ontario," *Essays in the History of Canadian Law*, 2 (Toronto 1983), 451.

15. Robert Storey, "Social Assistance Or A Workers' Right: Workmen's Compensation And The Struggle Of Injured Workers In Ontario, 1970–1985," *Studies in Political Economy*, 78 (Autumn 2006), 67–91. Also see Robert Storey, "Don't Work Too Hard: Health, Safety and Workers' Compensation in Canada," in B. Singh Bolaria and Harley D. Dickinson, eds., *Health, Illness and Health Care in Canada* 4th Ed., (Scarborough, ON, forthcoming).

16. Bronstein, *Caught in the Machinery*; Edward Slavishak, *Bodies of Work: Civic Display and Labor in Industrial Pittsburgh* (London 2008); Rose, "Crippled Hands"; Lewis, "Cripples are Not the Dependents"; Arthur McEvoy, *The Accidental Republic: Crippled Workingmen, Destitute Widows, and the Remaking of American Law* (Cambridge, MA 2004).

Ontario reported 2,632 serious injuries and 207 reported deaths in the province between 1888 and 1900. Yet, a mere 35 charges were laid against owners of workplaces for violations of various safety codes.<sup>17</sup> By 1901 there were only four inspectors charged with the responsibility of inspecting over 6,600 industrial workplaces.<sup>18</sup> Given the industrial scope of the inspectorate that excluded other types of workplaces along with the logistical impossibility of adequately inspecting this number of job sites, the numbers of reported injuries are probably a vast underestimation of workers disabled in accidents. The Toronto House of Refuge reportedly helped 10,575 "men" in 1877, 708 of whom were described as "unable to work," 1029 were allowed to leave without working, and another 33 explicitly labelled "cripples."<sup>19</sup> The Ancient Order of Foresters reported that "casual" sickness comprised 78 per cent of beneficiary claims while "continual" sickness or permanent disability constituted the remaining 22 per cent between 1882 and 1891.<sup>20</sup> *The International Forester* (the Foresters' biweekly newspaper) began reporting information about members receiving benefits. The highest number of days of "sickness" was 84 at \$60 in benefits, 67 days at \$47.86 and 53 days at \$37.86.<sup>21</sup> Most claimants took over 25 days before switching to a permanent disability payout or otherwise disappearing from the record.<sup>22</sup> A major limitation of the above figures is the fact that fraternal actuaries tended to lump together all benefits taken out regardless of type. It is impossible, then, to determine exactly how many members were receiving benefits as a result of a serious or terminal illness or as the result of a permanent disability or physical impairment.

The dislocation of working people during a transitional period of industrial capitalism was partly mitigated by the financial and social benefits of fraternalism. Male workers sought to counteract the disorganizing effects of a reconfigured industrial economy by constructing their own mechanisms of protection and understandings of working-class need through brotherly associations.<sup>23</sup> "Friendly societies did not 'proceed from' an idea; both the ideas and institutions arose in response to certain common experiences," noted E.P. Thompson.<sup>24</sup> The open and egalitarian nature of fraternal organizations was

17. Tucker, "Making the Workplace Safe," 59.

18. Tucker, "Making the Workplace Safe," 60.

19. Toronto Archives, Series 804, House of Industry Annual Report, 1877.

20. University of Toronto Media Commons (hereafter MC), Report of the Proceedings of the Subsidiary H.C. Meeting, AOF, Rates of Mortality and Sickness, 1893.

21. MC, *The Independent Forester*, London (Jan 1889), 211.

22. MC, *The Independent Forester*, London (Jan 1889), 211.

23. R. Harris, "Housing Tenure and Social Classes in Kingston, Ontario, 1881–1901," *Journal of Historical Geography*, 7:3 (July 1981), 271; Beito, *From Mutual Aid*, 1; also see Palmer, *Cultures of Darkness: Night Travels in the History of Transgression*, 214.

24. E.P. Thompson, *The Making of the English Working Class* (London 1980), 462.



well-suited to male workers' needs and partially met their desire for financial stability and social mobility.<sup>25</sup> Recent immigrants and native-born Ontarians looked to fraternal associations as a way to obtain affordable insurance while consolidating working-class networks of support. A tradition of mutualism had developed in Canada by the 1830s alongside the emergence of a nascent capitalist order as skilled tradesmen established numerous small mutual benefit societies.<sup>26</sup> Rather than turn to charity, many workers purchased policies from branches of American and British fraternal societies that cropped up across Ontario in the late 19th century. Fraternal societies in Ontario traced their origins to mid-18th century British social clubs that were relatively more egalitarian than secret societies or religious associations.<sup>27</sup> Fraternal societies began offering non-profit mutual life insurance and health benefits in Ontario by the mid-1850s as they recognized the need for affordable financial protection among a growing number of workers.<sup>28</sup> Membership registers indicate that fraternal organizations arrived in urban and industrial centers and then branched out into rural villages and hamlets scattered across an unevenly developed economic landscape.<sup>29</sup> There was tremendous growth in fraternalism when an industrial working class emerged in Ontario during the 1870s and 1880s period of industrialization. Fraternal orders emphasized the value of cross-class solidarity and allegedly shunned the model of Freemasonry, steeped as it was in elitist ritualism and secrecy. Recruitment campaigns appeared to embrace all workers regardless of skill level or socioeconomic status, but it was usually only skilled tradesmen who could afford to pay regular premiums.<sup>30</sup> In a study of late 19th-century fraternal institutions in the town

25. Palmer, *Cultures of Darkness*, 219.

26. Palmer, "Mutuality and the Masking," 119.

27. The fraternal insurance societies examined in this paper fit within a larger history of fraternalism that includes the Masons and Orange Order on the one hand, but they were fundamentally different in that they behaved more like public institutions at first, and private corporations later on. On the other hand, they did not behave as unions such as the Knights of Labor acting on behalf of workers. It is more appropriate, perhaps, to situate fraternal insurance orders within a broader tapestry of working-class mutuality that fits roughly between secret societies and industrial unionism. For further reading on the development of fraternal societies see Thompson, *Making of the English Working Class*, 456–469; David Beito, *From Mutual Aid to the Welfare State: Fraternal Societies and Social Services, 1890–1967* (Chapel Hill, NC 2000).

28. Beito, *From Mutual Aid*, 1; John Buckingham. *A Short History of Court Pride of Ontario*, No. 5640, *Ancient Order of Foresters 1871–1896* (Hamilton 1896); Dundas Museum & Archives, "History of Valley Lodge 100F," *Dundas Star* 1894, Odd-Fellows.

29. AO, F791, Box MU-9, Ancient Order of United Workmen (hereafter AOUW) Lodge no. 195 funds; Workers Arts & Heritage Centre (hereafter WAHC), Proceedings of the Annual Session of the Grand Lodge of Ontario, AOUW, 1896; AO, F792, Box 2211, 100F; MC, Report of the Proceedings of the Subsidiary High Council Meeting, Ancient Order of Foresters (hereafter AOF), 1893.

30. Dennis Guest, *The Emergence of Social Security in Canada* (Vancouver 1980), 23;

of Ingersoll, Emery and Emery found that skilled workers made up approximately 50 per cent of the membership followed by clerks, shopkeepers, and labourers.<sup>31</sup> The demand for fraternal insurance also emerged with the “dramatic increase in burial costs and an expansion in the demand for professional health care.”<sup>32</sup>

Fraternal insurance was attractive because it provided benefits as a matter of *right* and was a way for injured members to retain their dignity and independence without resorting to charitable relief.<sup>33</sup> Fraternal societies dominated the insurance industry before 1900 because their non-profit status allowed them to offer cheaper rates than insurance companies and their mass recruitment campaigns encouraged everyone to apply. An American study concluded that by 1890 more people belonged to fraternal societies than any other type of voluntary association “with the possible exception of churches.”<sup>34</sup> By one estimate, in the mid-1890s the American fraternal insurance system was at least twice the size of commercial insurance.<sup>35</sup> The three largest fraternal insurers in Ontario, the International Order of Odd-Fellows (hereafter IOOF), Ancient Order of Foresters (hereafter AOF or Foresters), and Ancient Order of United Workmen (hereafter AOUW), had approximately 140,000 members in total.<sup>36</sup> Estimates that include mutual benefit societies alongside fraternal insurers place membership totals at 226,142 by 1900.<sup>37</sup>

Just as contemporary insurance advertisements attempt to emotionally manipulate consumers, early fraternal recruitment pamphlets played on a worker's feelings of insecurity and familial responsibility. One Foresters pamphlet from the late 1890s posed the rhetorical question, “Who should join the A.O.F.?” then answered: “Every man, in fact, who can realize the aching

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Thompson, *Making of the English Working Class*, 460; AO, F792, Box MU 2211; Peter Baskerville and Eric Sager, *Unwilling Idlers: The Urban Unemployed and their Families in Late Victorian Canada* (Toronto 1998), 159.

31. G. Emery and J.C. Herbert Emery, *A Young Man's Benefit: The Independent Order of Odd Fellows and Sickness Insurance in the United States and Canada, 1860–1929* (Montreal 1999), 38.

32. Daniel Gottlieb, “Asymmetric Information in Late 19th-Century Cooperative Insurance Societies,” *Explorations in Economic History*, 44 (2007), 271.

33. Fraternal insurers were careful to avoid terms like *relief* and *charity*, preferring to use nobler language like *benefit* and *right*. See: Beito, *From Mutual Aid*, 10.

34. Beito, *From Mutual Aid*, 220.

35. Gottlieb, “Housing Tenure,” 272.

36. Dundas Museum & Archives, “History of Valley Lodge IOOF,” Odd-Fellows, 1894; MC, *The Independent Forester*, Toronto (April 1896); WAHC, Proceedings of the Annual Session of the Grand Lodge of Ontario, AOUW, 1896.

37. Palmer, “Mutuality and the Masking,” 140.

void that would be made if he were suddenly taken away.”<sup>38</sup> Boosters asserted that membership “will save [dependents] from spending the little savings; will prevent them from borrowing and the consequent humiliation of going into debt.”<sup>39</sup> Another publication went further by arguing that men who failed to insure their families in the event of their untimely death were poor fathers and husbands and imprudent “lesser men.”<sup>40</sup> Fraternal insurers capitalized on workers’ sense of vulnerability in an attempt to mobilize greater numbers of healthy applicants.

Fraternal orders were indeed ‘brotherhoods’ composed almost exclusively of men, most of them skilled tradesmen. Female workers in early industrial Ontario were rarely considered skilled or semi-skilled outside the textile industry, but knitters, carders, and weavers did not appear in membership lists.<sup>41</sup> In *Constructing Brotherhood*, Mary Ann Clawson argues that fraternal societies were intended to preserve masculine artisanal norms while rejecting the femininity of the domestic sphere.<sup>42</sup> The bylaws of some fraternal insurance orders did not prohibit the admission of women, and most societies preserved their masculine spaces by devising Women’s Groups as gender-separate adjuncts.<sup>43</sup> Other societies drew clear boundaries around a masculine space that specifically excluded women.<sup>44</sup> It may be that women were more attracted to friendly societies like the Canadian Home Circle, a competitor mutual insurer that did not advertise itself with such masculine overtones. There is much in a name, after all: “circles” imply egalitarianism while “Odd-Fellows,” “United Workmen,” and the occupation of forester communicate manliness.

Just as women were often excluded from fraternalism for lacking “male” virtues, it is unclear how many members remained to enjoy the social benefits of fraternalism after becoming physically disabled. The AOF confirmed that permanently disabled members who had withdrawn half their claims would stop paying assessments but continued to be members.<sup>45</sup> However, in a highly masculine atmosphere like a fraternal hall, it is uncertain whether disabled members would have been considered equals. Sarah F. Rose explains that men during this period had a psychological obsession with having a full or intact body and would often demand to have severed limbs and digits reattached

38. Dundas Museum & Archives, AOF pamphlet, c.1896.

39. Dundas Museum & Archives, AOF pamphlet, c.1896.

40. Beito, *From Mutual Aid*, 29.

41. AO, F792, Box 2211 & 2213; WAHC, AOUW.

42. Mary Ann Clawson, *Constructing Brotherhood: Class, Gender, and Fraternalism* (Princeton, NJ 1989), 153.

43. AO, F791, Box MU-10; AO, F792, Box MU-9; AO, F792, Box 2211 & 2213.

44. Palmer, “Mutuality and the Masking,” 115.

45. MC, *The Independent Forester*, London (May 1887).

despite the likelihood of gangrene.<sup>46</sup> The disabled body as an incomplete body meant people with physical impairments did not have a proper claim on manhood. Bryan Palmer points out that the Masons prohibited “eunuchs” from joining and would evaluate applicants’ bodies to determine whether they possessed the necessary endowments for a proper claim on masculinity.<sup>47</sup> Also, the inability to earn breadwinner wages due to a physical disability disqualified disabled men from being considered heads of households. In a fraternal space that internalized these Victorian values and venerated manly self-determination, physically disabled brothers were likely socially ostracized for not living up to their masculine roles and responsibilities.

Fraternal societies were also definitively organized for and by *white* men. In his study of fraternal organizations, Bryan Palmer concluded that the egalitarianism of fraternal orders was counteracted by protectionism: “instead of widening the sociabilities of the night into solidarities of all oppressed groups, [they] actually reconstructed and replicated the patterns of exclusion and difference evident in the larger social world.”<sup>48</sup> Fraternal xenophobia was often quite overt. Foresters leader Dr. Oronhyatekha, a Mohawk, concluded, “After careful investigation into the matter, your Committee earnestly recommended that in future persons of Chinese, Japanese or Negro extraction be denied admission to the Order.”<sup>49</sup> Fraternal orders were responding to whites’ growing anxiety about an “Oriental menace,” a feared “invasion” of Asian immigrants that would take jobs away from deserving white workers and weaken labour standards.<sup>50</sup> The inclusion of “negroes” in Oronhyatekha’s statement, however, indicates a general attitude of racial intolerance. Oronhyatekha, himself, is a study in cross-cultural exchange and cultural imperialism during this period as demonstrated by Trudy Nicks.<sup>51</sup> Notwithstanding their discriminatory attitudes toward ethnic minorities, women, and disabled men, fraternal insurance orders did seek to enlarge the sphere of eligibility to include all types of (able-bodied white male) workers.

Many fraternal orders organized workers on the basis of profession or trade, but the largest organizations boasted the occupational and socioeconomic diversity of their membership rolls. Farmers, mechanics, carpenters, merchants, clerks, as well as semi- and unskilled labourers were often members

46. Rose, “Crippled Hands,” 33.

47. Palmer, “Mutuality and the Masking,” 115.

48. Palmer, *Cultures of Darkness*, 219; Palmer, “Mutuality and the Masking,” 116.

49. MC, *The Independent Forester*, Toronto (Sept 1898).

50. See David Gouter, *Guarding the Gates: The Canadian Labour Movement and Immigration, 1872–1934* (Vancouver 2007).

51. Trudy Nicks, “Dr. Oronhyatekha’s History Lessons: Reading Museum Collections as Texts,” *Reading Beyond Words: Contexts for Native History* Jennifer S.H. Brown and Elizabeth Vibert, eds., 2nd ed. (Peterborough, ON 2003), 483–508.

of the brotherhood.<sup>52</sup> Age-graded premiums made it easier for young workers to become members while discouraging older members from applying or continuing their membership. Fraternal insurers targeted young adult workers in recruitment campaigns because they were less likely to withdraw benefits and constituted less of a financial burden on the organization; but these campaigns generally failed. Baskerville and Sager point out that fraternal members subscribing to insurance benefits were, on average, younger than the rest of the population.<sup>53</sup> However, fraternal membership was not always attractive to young workers with a different set of priorities: "Young workers had an incentive to defer their association as well as to create new societies instead of joining existing associations where they would have to subsidize older workers."<sup>54</sup> The 1903 report of the Grand Master Workman of the AOUW described the need to retrench organizing efforts and build up existing lodges in order to remain competitive against newer orders composed of young workers that had no immediate financial liabilities and consequently were able to undercut existing orders by offering reduced, yet unsustainable, rates.<sup>55</sup> Younger members were also discouraged by steadily increasing rates to satisfy financial and regulatory pressures. Increased rates discouraged potential applicants and alienated existing members, but by the end of the century fraternal lodges were obliged to amend their assessments. As an existing membership aged they became more focused on the social benefits of fraternalism and less interested in paying assessments for insurance policies. Skilled workers were more interested in larger packages offered by insurance companies but wanted to retain the social benefits of fraternalism. Using the Odd-Fellows as a case study, Emery and Emery suggest that the decline in fraternal insurance was a purposeful strategy by an aging membership protected by their own savings but still wishing to retain the social benefits of fraternalism without obligatory insurance premiums.<sup>56</sup> Throughout the 1880s and 1890s, actuarial pricing schemes replaced death assessments and undervalued premiums while fraternal leaders implemented a crackdown on medical examinations of applicants and supervision of members receiving benefits.<sup>57</sup>

Fraternal insurers have historically been criticized for inadequately managing their finances. It has been claimed that a lack of fiscal planning was a major factor for the demise of fraternal insurance by the early 1920s. Michael Bliss argued that fraternal insurance orders were "actuarially unsound" and

52. Emery and Emery, *A Young Man's Benefit*, 38.

53. Baskerville and Sager, *Unwilling Idlers*, 159.

54. Gottlieb, "Housing Tenure," 275.

55. WAHC, AOUW Grand Master Workman's Report, 1903.

56. Emery and Emery, *A Young Man's Benefit*, 37.

57. AO, RG 55-8, Corporation files of benevolent societies; MC, *The Independent Forester*, London (March 1884 to January 1889); AO, F792, Box 2211 & 2213; WAHC, AOUW.

suggested they captured the majority of the market in life insurance because they undercut legitimate commercial insurers by offering unsustainable rates.<sup>58</sup> However, in an intensive study of the finances of the Odd-Fellows in the United States and Canada, Emery and Emery found that fraternal insurance orders were “financially sound institutions, were more efficient than commercial insurers, and met a market demand headed by young men who lacked alternatives to market insurance, not older men who had above average risk of sickness disability.”<sup>59</sup> One popular magazine in the early 1900s wrote, “Rich men insure in the big companies to create an estate; poor men insure in fraternal orders to create bread and meat. It is an insurance against want, the poorhouse, charity, and degradation.”<sup>60</sup> From the 1870s to the end of the century, the IOOF, AOF, and AOUW experienced a pattern of steadily mounting financial reserves alongside growing membership ranks.<sup>61</sup> Fraternal newspapers and annual reports exhibit a thriving category of non-profit mutual insurance based on the concept that management expenses should be limited and all surplus revenue reinvested in reserve funds. During the 1880s and 1890s in an effort to publicly display their financial strength, *The Independent Forester*, edited by Oronhyatekha, used the paper as a national mouthpiece for the AOF. Oronhyatekha regularly published full-length rebuttals to scathing critiques by capitalist conservatives in the *Monetary Times*, a leading financial newspaper. Many articles were written by Oronhyatekha himself and essentially criticized insurance companies for profiteering on workers’ feelings of insecurity and vulnerability. He demonstrated that commercial insurers charged rates in excess of what was necessary to sustain adequate financial reserves against liabilities and that the fraternal model was able to offer lower rates because it was based on a non-profit model. *The Independent Forester* published a series of actuarial tables comparing the AOF to leading insurance companies in Canada. These tables illustrated the “injustice” of profit-oriented commercial insurance companies that pocketed an average 30 cents of every dollar in premiums after claims and charged “astronomically high” management expenses.<sup>62</sup> According to Oronhyatekha, fraternal rates were kept low due to restricted management expenses and because it was foremost a voluntary organization with strict medical assessments on applicants. By keeping rates low, he argued, fraternal insurers could provide basic life and sick insurance to those in need according to a death assessment or regularized premium

58. Michael Bliss, *Northern Enterprise: Five Centuries of Canadian Business* (Toronto 1990), 276.

59. Emery and Emery, *A Young Man's Benefit*, 37.

60. Beito, *From Mutual Aid*, 13.

61. MC, *The Independent Forester*, London (March 1884 to January 1889); AO, F791, Box MU-9; WAHC, Proceedings of the Annual Session of the Grand Lodge of Ontario, AOUW, 1896; AO, F792, Box 2211; MC, Report of the Proceedings of the Subsidiary H.C. Meeting, AOF, 1893.

62. MC, *The Independent Forester*, London (March 1884 to January 1889).

system. Fraternal insurers claimed that they provided protection for the neediest workers that could not afford commercial rates.

The idea that fraternal insurance orders were fulfilling an exigent need in a modernizing society has been a recurrent theme in the historiography as well as in primary sources. The intangible social benefits of fraternalism spoke to the elevation of a worker's respectability and social standing. Male breadwinners were seen as prudent and responsible household leaders when they took out policies to protect their families. As "brothers," members were also connected to a broader social network that held an interest in their well-being. Insurance orders were committed to helping members and their families in sickness, disability, and death. Permanently disabled claimants *technically* continued to be members of the brotherhood even after they withdrew their benefits, meaning they would have continued to be plugged into a close-knit social network that kept them integrated into the local community in a meaningful way. A typical mission statement read: "To make provision against bodily disability resulting from blindness, loss of limb, spinal or other injury incapacitating from ordinary business of persons injured and against death, and for relieving the members and the widows and orphan children of deceased members."<sup>63</sup> Fraternal societies wanted to be more than insurance companies—they wanted to be seen as community members that contributed to the general welfare of the population. One loftier mission statement read, "To visit the sick. To relieve the distressed. To bury the dead. To educate the orphan. To aid the widow. It seeks to improve and elevate the character of man to imbue him with proper conceptions of his capabilities for good, to enlighten his mind, and to enlarge the sphere of his affections."<sup>64</sup> Insurance orders tried to be community social institutions just as much as insurance providers. They organized community events, opened their halls to public use and to other fraternal societies, raised funds for major industrial accidents, paid for the education of children orphaned or disenfranchised by deceased and injured members, paid for funerals, and provided numerous opportunities for social interaction and collaboration.<sup>65</sup>

Insofar as fraternal insurance was a welcome reprieve from the devastating financial impact of an injury or infirmity, it failed to truly safeguard members and their families from poverty. Fraternal insurance premiums were partly kept so low because their benefit packages were relatively small. A typical maximum payout was \$500 to \$1500 at a time when commercial insurers were selling \$4000 and \$5000 packages.<sup>66</sup> Ontario began regulating the insurance

63. AO, RG 82-1, Box 6, Benevolent Societies Returns Register, 126–7, Napanee Odd-Fellows Insurance and Relief Society, 1881.

64. AO, RG 82-1, Box 6, Benevolent Societies Returns Register, Toronto IOOF #56, Sept 7, 1875.

65. AO, F791, Box MU-9, AOUW; WAHC, Proceedings of the Annual Session of the Grand Lodge of Ontario, AOUW, 1896; AO, F792, Box 2211, IOOF; AO, F791, Box MU-9, AOUW.

66. AO, RG 55-8, Corporation files of benevolent societies; MC, *The Independent Forester*,

industry in 1868 and created the Office of the Superintendent of Insurance in 1875 when the insurance sector began to expand as international corporations established branches throughout Ontario.<sup>67</sup> The Superintendent's job was to ensure the legitimacy of insurers seeking a licence and prevent fly-by-night operations.<sup>68</sup> The Office was often criticized by fraternal insurers for delaying or rejecting their attempts to expand insurance packages. Oronhyatekha pursued an unverified hypothesis that the Superintendent collaborated with insurance companies in a scheme to eradicate fraternal insurance.<sup>69</sup> This alleged conspiracy may not have been entirely improbable. Michael Bliss noted that many of the leading insurance companies during this period had close connections to legislative officials. Confederation Life was founded in 1871 by the current federal finance minister. The president of North American Life was former Prime Minister Alexander Mackenzie. Prime Minister John A. Macdonald split his time between the PMO and, beginning in 1887, the founding presidency of Manufacturers Life (a.k.a. Manulife Financial).<sup>70</sup> "By the end of the 1880s prominent politicians were as thick as blackberries on the boards of the life insurance companies."<sup>71</sup>

Fraternal insurers were a key competitor for upstart insurance companies during this period, and it is quite possible that commercial insurers utilized their political connections to eradicate the competition by shaping the industry to their advantage. Part of the platform of attack was to label the financial practices of fraternal insurance as inherently flawed and ultimately unsustainable. In fact, this is exactly what commercial insurers in Ontario did by publicly attacking fraternal insurance in newsprint by the 1880s. E.P. Thompson described an early industrial order in England characterized by "irreconcilable views of human order": one based on mutuality and the other on competition.<sup>72</sup> This struggle also played out in the Ontario insurance industry as workers had available to them different types of insurance based on the principles of mutualism and commercialism respectively. The competition between fraternalism and insurance companies can thus be envisioned as a clash of ideology and morality. Debates published in the *Independent Forester* between Oronhyatekha and commercial insurers (*Monetary Times* and *Mail*) demonstrated the contempt that the commercial insurance industry held for fraternal insurance. One letter reprinted from the *Monetary Times* read, "At present the unsound system injures the companies carrying

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London (March 1884 to January 1889); AO, F792, Box 2211 & 2213; WAHC, AOUW.

67. Bliss, *Northern Enterprise*, 276.

68. AO, RG 82-1, Box 1, 2, 7, Regulatory records of the Superintendent of Insurance.

69. MC, *The Independent Forester*, London (March 1889), 289.

70. Bliss, *Northern Enterprise*, 273.

71. Bliss, *Northern Enterprise*, 273.

72. Thompson, *Making of the English Working Class*, 225.



on business upon a sound financial basis, and it also paves the way for future extensive losses which would bear hardest upon the poorer classes.”<sup>73</sup> Letters patent kept by the Superintendent’s Office indicate an attempt to establish a level playing field among insurers by forcing the entire insurance industry into a profit-based premium system. This status quo diverged from the death assessment system that characterized many early fraternal insurance societies where members were required to pay a small sum upon the death of another member. The Superintendent and the *Monetary Times* claimed that traditional fraternal practices undermined the entire insurance industry by enticing clients away from “sound” companies. The Foresters, for example, were finally permitted to offer \$4000 and \$5000 packages in May 1896 after over ten years of petitioning the Superintendent—and only then after they had abandoned many of their founding principles of mutual benefit by adopting a profit-based premium system with a rapid growth in reserves.<sup>74</sup> By 1898, a typical letters patent line for new fraternal insurance locals read: “Provided also that the said Company shall not transact or undertake mutual insurance or insurance on the assessment system.”<sup>75</sup> The provincial government had implemented structural changes to the insurance industry, undermining the traditional operation of fraternal insurers that stressed mass subscription, minimal-reserves, and non-profit assessments. Alienated from their primary bases of support and forced to compete on a level playing field with insurance companies, fraternal insurers were in decline by the end of the 19th century.

Baskerville and Sager concluded that chronic poverty was largely a consequence of “average monthly wages of all family workers, unemployed months, stage in the family cycle, city, and occupation of the household head.”<sup>76</sup> The addition of disability alongside these elements threatened the tenuous survival of working-class households. In 1898, John Davidson of the respected *Nova Scotia Institute of Science* aggregated data from 1886 to 1889 in five Ontario cities and estimated that urban working-class households earned approximately \$8.90 per week or \$462 per year.<sup>77</sup> Mean earnings of workers in Hamilton was \$441 by 1901 with a standard deviation of \$340, indicating a high degree of variability in working-class incomes.<sup>78</sup> “Breadwinner” male

73. MC, *The Independent Forester*, Toronto (Jan 1892).

74. MC, *The Independent Forester*, Toronto (May 1896).

75. AO, RG 82-1, Box 1, Continental Life Insurance Co., Oct 26, 1899.

76. Baskerville and Sager, *Unwilling Idlers*, 136–137.

77. John Davidson, “Statistics of Expenditure and Consumption in Canada,” *Transactions of the Nova Scotia Institute of Science*, 10 (1898–99), 8. The five cities were Hamilton, Kingston, London, Ottawa, and Toronto.

78. Baskerville and Sager, *Unwilling Idlers*, 130. Hamilton was the only Ontario city in their study of living standards and survival strategies and is most relevant to the present study of Ontario. Other cities included Victoria, Vancouver, Winnipeg, Montreal, and Halifax.

wages in the manufacturing sector were between \$365 and \$403 annually.<sup>79</sup> Rent, fuel, clothing, and food consumed approximately 92 per cent of a family's earnings.<sup>80</sup> Food accounted for about half a family's budget while rent consumed another 25–30 per cent.<sup>81</sup> Trevor Dick's study of Ontario Bureau of Industries records yielded similar numbers.<sup>82</sup> A sample of 6820 households between 1885 and 1889 revealed that workers earned \$8.00 per week or \$413 per year and spent 94 per cent of their earnings on rent, fuel, clothing, and food.<sup>83</sup> Both Davidson and Dick found that the remaining six or eight per cent of earnings was spent on sundries with no recorded allocation for savings. The majority of wage earners were incapable of maintaining an adequate income as the number of dependents in a household increased.<sup>84</sup> *The Labor Advocate*, a biweekly labour newspaper, pointed out that in 1891, "workers with dependents whose earnings are \$7 a week and under are unable to meet the cost of living even with the extra earnings themselves and those dependent upon them added."<sup>85</sup>

A typical fraternal benefit package worth \$500 to \$1500 would therefore minimally cover an injured worker's average expenses for one to three years, provided the member had few dependents and there were limited medical costs. The bylaws of many organizations included the proviso: "members becoming totally disabled, may draw half of their claims, the balance being payable at death."<sup>86</sup> A permanent disability irrevocably reduced a family's income potential and created additional financial and emotional hardships alongside the loss of income. Fraternal insurers' rate of income replacement was well below what was required for a typical family to survive. One government survey in 1889 in nearby Michigan found that of 8,912 fraternal workers surveyed, the average income replacement rate for permanent disability benefits was 53 per cent.<sup>87</sup> Most fraternal members in Ontario on sick or disability pay received a mere three to five dollars per week.<sup>88</sup> Cutting all financial obligations with disabled members after one or two years was a common practice among fraternal

79. Baskerville and Sager, *Unwilling Idlers*, 205.

80. Davidson, "Statistics of Expenditure," 8.

81. Baskerville and Sager, *Unwilling Idlers*, 225.

82. Trevor Dick, "Consumer Behavior in the 19th Century and Ontario Workers, 1885–1889," *The Journal of Economic History*, 46:2 (June 1986), 480.

83. Dick, "Consumer Behavior," 480.

84. Baskerville and Sager, *Unwilling Idlers*, 124.

85. Toronto Reference Library (hereafter TRL), *The Labor Advocate*, 1:31 (3 July 1891), 245.

86. MC, CIHM 53862, Canadian Mutual Aid Association, Toronto 1891.

87. Gottlieb, "Housing Tenure," 278.

88. AO, RG 55-8, Corporation files of benevolent societies; MC, *The Independent Forester*, London (March 1884 to January 1889); AO, F792, Box 2211 & 2213; WAHC, AOUW.

insurers. The Act of Incorporation for the AOUW Relief Society stated, "In case of permanent disability either mental or physical, three hundred dollars a year is to be paid to such member for two years and no more."<sup>89</sup> Provided with weekly benefits below survival levels, the fraternally insured, along with the uninsured, struggled to cope with the devastation of disability.

Insurance providers preferred a lump-sum system as opposed to continuing support because lump sums were predictable, standardized, and protected the financial integrity of the organization from protracted liabilities. Death and funeral benefits had been a major part of fraternal insurance since the 1850s because singular payments were preferable to ongoing costs of medical examinations and supervision of claimants associated with disability benefits. Payouts for a permanent disability were usually half the sum specified in the beneficiary certificate with the balance payable at death. This was designed to ensure that surviving family members had some kind of support in place after the disabled member died. Disability claimants may have even preferred lump sums because they addressed pressing financial obligations as the family economy adjusted to the loss of the income.<sup>90</sup> Lump sums would have been sufficient to meet the financial needs of a family adjusting to the death of a member until the wife remarried or children were sent into the workforce to compensate for the loss of income. However, these sums were inadequate for families with a physically impaired breadwinner excluded from most working-class jobs that only recruited able-bodied men. Most insurers provided lump sums for "total disablement," indicating a presumption that disabled bodies were not working bodies, hence the need for income replacement resulting from physical impairment. Sadly, an insurance policy would have been more valuable to a working-class family if the member had died rather than survived since physical impairment represented a drain on the family's meagre resources.

Insurers of all kinds went to great lengths to limit their exposure to *risk*, implied here as the relative likelihood that a member would actually withdraw benefits. Ulrich Beck tells us that *risk* can be defined as "a systematic way of dealing with hazards and insecurities induced and introduced by modernization itself."<sup>91</sup> Anthony Giddens continues, "The first two hundred years of the existence of industrial society were dominated by what one might call *external risk*, [which is] ... risk of events that may strike individuals unexpectedly ... but that happen regularly enough and often enough in a whole population

89. AO, RG 55-8, Corporation files of benevolent societies, Declaration of Incorporation of the AOUW Relief Society, Dec 3, 1886, 3.

90. AO, RG 55-8, Corporation files of benevolent societies; MC, *The Independent Forester*, London (March 1884 to January 1889); AO, F792, Box 2211 & 2213; WAHC, AOUW; Emery and Emery, *A Young Man's Benefit*, 84. For an American analysis see McEvoy, *The Accidental Republic*.

91. Ulrich Beck, *Risk Society: Towards a New Modernity*, (London 1992), 21.

of people to be broadly predictable, and so insurable [original emphasis]."<sup>92</sup> In 1890, Lincoln Lodge of the AOUW called on members to "try and increase the membership by each individual Brother, bring in for membership at least one good sound risk and by so doing keep up the high standard [of] our Order as an Insurance Company so richly deserves."<sup>93</sup> The integrity of reserve funds was built on the exclusion of risky applicants who failed to meet rigorous medical examinations. Fraternal officials stated they feared "physically impaired persons would have rushed to join and a speedy end to fraternal protection would have followed."<sup>94</sup> Instructions for AOUW medical examiners printed on beneficiary applications read:

In order to secure success and future prosperity of the Order NONE BUT LIVES SELECTED WITH THE GREATEST CARE AND DELIBERATION should be admitted to membership. [...] If the Medical Examiner, upon whose judgment and integrity the Lodge relies, is careless in his examination, and but slightly impressed with the GRAVE IMPORTANCE of his duties in guarding the Order against the acceptance of hazardous risks, all the efforts of the officers and members of the Order are rendered nugatory [original emphasis].<sup>95</sup>

Examiners were instructed to select "good risks" by carefully scrutinizing an applicant's family history, personal history, and present condition.<sup>96</sup> Applicants could be rejected for the slightest imperfection in any of these categories. Reasons for rejection were often stated as "imperfect family history," "unsatisfactory personal history" or "imperfect examination" with little explanation for these conclusions.<sup>97</sup> "Dangerous classes of workmen" referred to workers in industries like railways and mining who were barred from fraternal admission outright; members who later became employed in these industries were charged higher rates.<sup>98</sup> In fact, most large societies rejected five to eight per cent of applicants annually, or as the AOUW put it: one in every twenty applicants.<sup>99</sup> As a mass movement with tens of thousands of members, this rejection rate still meant that thousands of people were prevented from subscribing to fraternal insurance as a result of their physical aberrance. These

92. Anthony Giddens, "Risk and Responsibility," *The Modern Law Review*, 62:1 (January 1999), 4.

93. WAHC, AOUW, Lincoln Lodge (St. Catharines) Minute Book, (11 Mar 1890), 89.

94. Gottlieb, "Housing Tenure," 275.

95. WAHC, AOUW, Beneficiary certificate.

96. WAHC, AOUW, Beneficiary certificate.

97. AO, RG 55-8, Corporation files of benevolent societies; MC, *The Independent Forester*, London (March 1884 to January 1889); AO, F792, Box 2211 & 2213; WAHC, AOUW.

98. MC, Report of the Proceedings of the Subsidiary High Court Meeting, AOF, 1893; WAHC, Proceedings of the Annual Session of the Grand Lodge of Ontario, AOUW, 1892; AO, F792, Box 2211 & 2213; WAHC, AOUW.

99. WAHC, Proceedings of the 29th Annual Meeting of the Grand Lodge of Ontario, AOUW, 1903, 294.

estimates of course do not account for the number of people discouraged from even applying because of their physical difference or age.

The number of applicants screened out due to a physical disability is perhaps less important than the economistic manner in which medical science was applied to regulate the boundaries between acceptable and unacceptable bodies. Deborah Stone has written that the growing acceptance of medical authority allowed doctors to act as “gatekeepers” to state-run benefit programs.<sup>100</sup> Stone demonstrates how disability became a “formal administrative category” controlled and interpreted by a medical understanding of the body.<sup>101</sup> The medical perspective of disability that emerged in the 19th century sought to determine what was *wrong* with the body. As institutional “gatekeepers,” medical authorities analyzed the scope of physical aberrance to confirm the level of risk to the organization. Histories of bodily health and physical difference informed a higher level of risk. Fraternal insurers used the language of risk to advance a medical perspective of physical impairment and keep disabled people out of their ranks. Just as the sick and injured were lumped together in annual reports, records of rejected applicants conflated all categories of physical difference into the fraternal definition of the unacceptable body. In essence, fraternalism used doctors to screen out “bad risks” and enforce the institutional and social exclusion of disabled bodies.

The bylaws of Ontario grand lodges did not necessarily prohibit an applicant with a pre-existing disability from membership. But in practice, membership was unattainable for most people with physical impairments. A question-and-answer segment during the 1892 meeting of the AOUW clarified the following: Q: Can a man with a cork leg be taken into the Order? A: Yes, *if he can pass the Medical Examination*. The loss of a leg or other physical defect does not disqualify one from becoming a member of the Order, provided the defect is not such as would shorten life, render it more uncertain, *or prevent him from earning a livelihood for himself and family* [emphasis added].<sup>102</sup> Most working-class jobs in 19th-century Ontario were physically intensive and exhausting even for able-bodied men. Therefore, sustaining an injury resulting in a permanent physical impairment made it extremely difficult to find alternative work. Less physically demanding jobs may have been an option for some, and it is likely that many people with disabilities *could* have performed other work in accordance with their abilities. The records from Ontario for this period are largely silent on this issue. Given the cultural processes that rendered disabled people charitable subjects and objects of pity, the climb from *cripple* to “competent worker” appears particularly steep. If skilled workers with disabilities found

100. Deborah J. Stone, *The Disabled State* (Philadelphia 1984); Deborah Stone, “Physicians as Gatekeepers,” *Public Policy*, 27:2 (Spring 1979), 227–254.

101. Stone, *The Disabled State*, 27.

102. MC, Proceedings of the Fourteenth Annual Session of the Grand Lodge of Ontario, AOUW, Ottawa (17–18 February 1892), 1173; Palmer, “Mutuality and the Masking,” 135.

jobs, they were likely underpaid since their physical “incompleteness” constituted the loss of capacity for productivity. For the vast majority of semi- and unskilled workers, physical ability was paramount in a labour market dominated by temporary and seasonal work that tested workers’ physical strength and endurance. At any rate, a physically impaired breadwinner raised the likelihood that a spouse or more likely a child was sent out in search of work to support the family economy. In light of this, a medical examiner likely concluded that a disabled applicant was incapable of “earning a livelihood for himself and family.” The risk associated with corporeal integrity unfolded into questions about the disabled worker’s ability to satisfy social and familial roles incumbent upon his gender.

It is unknown how many disabled applicants were turned away from fraternal orders, but vague admission criteria clearly made it simple for medical examiners to justify a rejected application. The AOUW refused membership to one applicant who suffered from “infantile paralysis, leaving the right arm and hand useless.”<sup>103</sup> While there was no evidence that this applicant was incapable of “earning a livelihood,” the medical examiner considered him an unnecessary risk without explaining his decision. In another case, a female applicant was rejected due to a “disproportion between height and weight;” two applicants were rejected for having epilepsy and one for being deaf.<sup>104</sup> In a study of British fraternal insurance orders J.C. Riley concluded:

Large parts of the population were nevertheless unrepresented. These include people without wage-earning jobs, the irregularly employed, and people with jobs but also with disabilities or behavioral traits that made them unacceptable to the societies. The unrepresented were children, women without wage-earning jobs, many men and women out of work, *men and women unable to work because of physical and mental disabilities present at birth or acquired early in life*, and individuals whose income or social status made membership unnecessary or undesirable.<sup>105</sup> [emphasis added]

Obviously, insurance providers only wanted members who were able to pay their dues, but many injured workers unable to find work as a result of their disability could not anticipate regular employment and would have been considered undue risks. Even if an applicant was employed, there remained the possibility of being disqualified because of a persistent focus on the individual’s disability. Fraternal insurance was theoretically open to people with disabilities, but in practice, membership was unattainable for many disabled workers. The following table from the 1903 AOUW Grand Medical Examiner’s Report lists “Causes of Disapproval” for rejected applicants. The table

103. WAHC, Proceedings of the 29th Annual Meeting of the Grand Lodge of Ontario, AOUW, 1907.

104. WAHC, Proceedings of the 29th Annual Meeting of the Grand Lodge of Ontario, AOUW, 1907.

105. J.C. Riley, “Ill Health During the English Mortality Decline: The Friendly Societies’ Experience,” *Bulletin of the History of Medicine*, 61:4 (1987), 568.

| Condition                                    | Number Rejected | Condition  | Number Rejected | Condition                                    | Number Rejected |
|--|-----------------|--|-----------------|--|-----------------|
| Asthma                                       | 10              | Family history tubercular & occupation               | 2               | Over age limit                               | 5               |
| Albumen in urine                             | 3               | Family history indefinite & generally unsatisfactory | 1               | One arm amputated & generally unsatisfactory | 1               |
| Atrophy of leg                               | 1               | False answers given to questions                     | 1               | Over three months' limit                     | 7               |
| Appendicitis during past year                | 1               | Generally unsatisfactory                             | 10              | Organic heart disease                        | 19              |
| Bright's Disease                             | 1               | Hip joint disease                                    | 2               | Persistent high temperature                  | 1               |
| Bartender                                    | 1               | Held over for six months                             | 1               | Persistent diarrhea                          | 1               |
| Brother has tuberculosis in same house       | 1               | Hotel clerk & attends bar                            | 1               | Pleurisy with effusion                       | 2               |
| Cancer of lip                                | 1               | Hotel keepers  | 3               | Pleurisy and generally unsatisfactory        | 1               |
| Chinaman                                     | 1               | Haemorrhage & irritable bladder                      | 1               | Pulse rate too high                          | 1               |
| Curvature of spine                           | 1               | Intemperate habits                                   | 14              | Pulse rate too slow, bronchitis & asthma     | 1               |
| Disproportion between height & weight        | 6               | Irregular heart                                      | 2               | Renal colic & haemorrhage                    | 1               |
| Discharge from ear                           | 5               | Irreducible congenital hernia                        | 1               | Renal colic & operated upon                  | 1               |
| Double hernia                                | 1               | Intermittent & irregular pulse                       | 1               | Rejected before & generally unsatisfactory   | 1               |
| Deformity of feet & generally unsatisfactory | 1               | Inflammatory rheumatism                              | 16              | Right eye blind & left injured               | 1               |
| Deafness                                     | 1               | Lineman  | 1               | Rapid pulse & inflammatory rheumatism        | 1               |

| Condition   | Number Rejected | Condition   | Number Rejected | Condition                                 | Number Rejected |
|---|-----------------|---|-----------------|---|-----------------|
| Deaf mutes  | 3               | Lineman on Cata-ract Power Co., high voltage        | 2               | Rapid loss of flesh for past three months | 1               |
| Epileptic fits  | 1               | Lungs not sound                                     | 7               | Refused to sign small-pox waiver          | 4               |
| Engaged in sale of intoxicating liquors               | 1               | Lives in same house with brother suffering phthisis | 1               | Sugar in urine                            | 1               |
| Electric lineman                                      | 1               | Mentally not bright                                 | 1               | Stone in bladder                          | 1               |
| Fistulae in ano                                       | 1               | Member of household died tuberculosis within a year | 2               | Stricture of rectum                       | 1               |
| Family history tubercular & underweight for height    | 5               | Not recom-mended by local examiner                  | 9               | Syphilis                                  | 2               |
| Family history tubercular                             | 34              | Not quite recovered from severe illness             | 1               | Seventy pounds overweight for height      | 1               |
| Family his-tory tubercular & generally unsatisfactory | 1               | Occupation, porter                                  | 1               | Under age limit                           | 3               |
| Family history tubercular & inflammatory rheumatism   | 4               | Occupation, hostler                                 | 1               | Unreduced dislo-cation of shoulder        | 1               |
| Family history tubercular & insanity                  | 1               | Occupation, painter & 3rd class risk                | 1               | Wife died of tuber-culosis within a year  | 3               |
| Family history tubercular & cancerous                 | 1               | Occupation hazardous                                | 3               | Would not accept \$500                    | 1               |
| Family history insanity                               | 1               | Occupation, brewer                                  | 1               | Would not accept \$1,000                  | 2               |

\*Source: WAHC, Proceedings of the Annual Session of the Grand Lodge of Ontario, AOUW, 1903, 292-3.



demonstrates the highly nuanced understanding of the “risks” associated with physical aberrance that fraternal insurers had employed by the end of the 19th century through the application of medical science and social attitudes.

Once admitted, brothers could anticipate occasional financial and medical benefits beyond those stipulated by the order's regulations. The minutes of several lodges confirm a willingness at the local level to provide extra support to members unable to work despite their eligibility for stipulated benefits. This generosity actually speaks to the fact that standard benefits were considered insufficient to cover the regular and additional expenses of disability and the general inadequacy of sick pay and disability benefits during this period. Fraternal insurance orders preferred to maintain a decentralized managerial system with the recognition that local officers were better equipped for needs assessments and the appropriate distribution of aid. In fact, the IOOF prohibited dues payments to grand bodies in an effort to restrict the development of a hierarchical system of fiscal management.<sup>106</sup> IOOF bylaws even provided local lodges with “discretionary assistance” that could be withdrawn from their local reserve funds at any time they deemed fit.<sup>107</sup> Before fraternal societies even offered standardized sick benefits, the IOOF Valley City Lodge in the town of Dundas held a vote and distributed its first payout in 1845 valued at 2£ 7p to a brother who lost his sight in one eye in a foundry accident.<sup>108</sup> Similarly, the practices of another upstart fraternal organization in 1881 demonstrated the holistic thinking of some fraternal insurers that defied a purely economic reading of applicants. Private Shanley, a founding member of the Foot Guards Benevolent Association, was bedridden within a year of the opening of the lodge. With only 20 members and very little financial reserves or policies to determine proper distribution of resources, the membership decided to provide Shanley with \$3.00 per week, free medicine, and free medical attention for well over 6 months and counting by the time the annual report was published.<sup>109</sup> The Foot Guards also provided free medical services to several members in arrears.<sup>110</sup> AOUW Lodge 195 in Madoc County dispensed \$30.00 to a Brother Kerr who was “reported as being out of employment and himself and family sick.”<sup>111</sup> Local lodges distributed aid to members in need even though they were qualified for standardized assistance. In 1890, Lincoln Lodge of the AOUW in St. Catharines advanced the sum of \$20.00 to Brother Bissele in support of his “affliction.” Later that year, they voted to

106. Emery and Emery, *A Young Man's Benefit*, 48.

107. Emery and Emery, *A Young Man's Benefit*, 49.

108. Dundas Museum & Archives, “History of Unity of Oddfellows Lodge,” *Dundas Banner*, Jubilee ed. (1908).

109. MC, CIHM A00343, Foot Guards' Benevolent Association Annual Report, 1882.

110. MC, CIHM A00343, Foot Guards' Benevolent Association Annual Report, 1882.

111. AO, F791, Box MU-10, AOUW, Minute book, (19 Feb 1892).

cover the dues of Bissele and another brother unable to pay his dues as a result of "unforeseen circumstances."<sup>112</sup> Two years later, a statement written in the minutes of the same lodge captured the spirit of the organization: "hoping that a strong brotherly feeling would always exist in the Lodge and any brother wanting temporary assistance would make it known."<sup>113</sup> A degree of flexibility existed at the local level that transcended linear Grand Lodge bylaws governing access to benefits.

The grassroots nature of the fraternal system meant that brothers were also friends, coworkers, and family who were emotionally motivated by the desperation of people known to them and found ways to go beyond the standard provision of benefits. For a time, this proved satisfactory as the lodges remained local in character, but as fraternal insurers expanded and faced stiffer competition from commercial insurers toward the end of the century, examples of charitable supplementation run dry. Charitable impulses within an institution premised on rights and benefits points to Rosemarie Garland Thompson's analysis of the anxieties produced by a changing economic and social framework:

The disabled figure shoulders the anxieties of a society troubled by its inability to retain the status and old meanings of labor in the face of industrialization and increasing economic and social chaos. To socially and legally construct a category of 'proper paupers,' excluded from the burdens and privileges of labor and of public responsibility, whose bodies are visibly different, is to partially relieve this anxiety by displacing it onto an identifiable group of cultural others. Within this context, the moral generosity which seeks to compensate for physical differences necessarily makes freaks of its recipients by assuming that individual bodies must conform to institutional standards and arrangements rather than imagining that the social environment might be restructured to accommodate corporeal variety.<sup>114</sup>

As fraternal insurers grappled with the combined pressures of an aging membership and regulatory restrictions, there is little evidence that members could continue to count on the charitable ambivalence of the brotherhood. Leniency and flexibility exercised in the local spirit of the brotherhood were replaced by expanded powers of Grand Lodge Medical Examiners, higher rates to cover deferred liabilities, and tighter control over local spending.<sup>115</sup> In any case, occasional goodwill toward specific members was not necessarily a lasting formula for mitigating the devastating long-term impact of a physical impairment that excluded people from the workforce and rendered them socially marginal.

112. WAHC, AOUW Lincoln Lodge (St. Catharines) Minute Book, (12 Aug 1890, 25 Nov 1890).

113. WAHC, AOUW Lincoln Lodge (St. Catharines) Minute Book, (22 Mar 1892).

114. Rosemarie Garland Thomson, "Aberrant Bodies: Making the Corporeal Other in Nineteenth- and Twentieth-Century American Cultural Representations," PhD diss., Brandeis University, 1993, 150.

115. MC, Report of the Proceedings of the Subsidiary High Court Meeting, AOF, 1893.; WAHC, Proceedings of the Annual Session of the Grand Lodge of Ontario, AOUW, 1893, 14–16, 36; WAHC, Proceedings of the Annual Session of the Grand Lodge of Ontario, AOUW, 1892, 1309.

While fraternal societies seemed willing to help out brothers in need, they restricted their exposure to disabled applicants whom they considered undue risks or who could not afford to pay their premiums, echoing Palmer's conclusion that the spirit of fraternal collectivism was fundamentally undercut by a culture of exclusion.<sup>116</sup> In a period before the state assumed much responsibility for individuals with disabilities, voluntary institutions like fraternal insurance orders filled a necessary void for workers labouring in unsafe factories and other hazardous workplaces. Workers' definition of "risk" differed from the fraternal insurers in that they were forced by a perilous production system to choose between survival wages and their personal safety. Where insurers worried about fiscal sustainability with some allowance for brotherly charity, workers faced the daily risk of disablement or death. Fraternal societies thus "played only a minimal role in ameliorating the lot of those most at risk of unemployment."<sup>117</sup> In the interests of fiscal sustainability, fraternal insurers placed limits on the degree to which they were willing to support victims of a hazardous production system that fed on healthy bodies. The logic of voluntary insurance based on the language of risk informed the exclusive tendencies of fraternalism that limited its ability to reach out to those most in need.

The insurance side of many fraternal societies failed or tapered off by the early 1920s under the pressures of an aging membership and financial mismanagement. Before fraternal insurers were forced to modify their non-profit and communal practices by the end of the 19th century, they could have afforded to reach out more enthusiastically to women and the physically impaired. All types of female workers would have benefited from some kind of minimal financial protection and would have been ideal candidates for fraternal insurance. Admission of women to fraternal ranks would have swelled membership rolls, financial reserves, and popular appeal. This would have allowed fraternal insurers to resist the competitive advances of commercial insurers by demonstrating their financial vigour and mitigate criticism about their unsustainability. Stronger and richer fraternal insurance organizations would be in a better position to avoid the progressively strict regulation and exclusion of physical difference. Instead, a culture of masculinity that cast able-bodied men as breadwinners contradicted the concept of domesticated women needing such benefits and likely alienated disabled men from their ranks. Emery and Emery documented a trend of growing reserves and financial soundness during this period. This may have allowed fraternalists to avoid rigorous medicalization of their admission and regulatory practices of members. Instead, legislative changes administered by the Superintendent of Insurance along with increasingly visceral competition with commercial insurers forced fraternalists to publicly demonstrate their fiscal, rather than mutual, reliability. The

116. Palmer, "Mutuality and the Masking," 116.

117. Baskerville and Sager, *Unwilling Idlers*, 159.

triumph of commercialism over mutualism had a dampening effect on the humanitarian orientation of the fraternal institution.

Late Victorian Ontario was a physically, socially, and institutionally inaccessible environment for people with physical impairments. Workers in Ontario had a limited range of options from which to choose in order to achieve social and financial equilibrium subsequent to the loss of physical ability. Local lodges that distributed relief to brothers in need demonstrated fraternalism's capacity for benevolence that was beyond the competency of insurance companies. However, fraternalism was ill-equipped to respond to broader social problems presented by industrial capitalism, including how to conceptualize ranges of physical ability without highlighting physical "otherness" and reinforcing the role of charity. Disabled bodies were presumed to be non-working bodies during this period and for most of the next century. Casting disabled bodies as unproductive meant that people with physical impairments were a drain on resources and unable to contribute to society. As fraternalism was forced to align with the narrow-minded logic of commercial insurance, utilitarianism replaced the altruistic spirit of insurance. Localism and mutualism, once integral principles of fraternal insurers, were eroded by a commercial model of insurance characterized by impersonal transactions and maximal corporate returns. While fraternal membership may have offered some temporary support for unexpected injuries among a minority of healthy young workers, there were likely many more casualties unable to find adequate support from fraternal insurers or other means. A majority of uninsured injured workers fell through the cavernous cracks of an undeveloped relief system and likely impoverished their families before turning to charitable organizations, municipal Houses of Industry, hawking goods on the street, or begging. Many survived in a "vast informal economy that grew together with industrial capitalism."<sup>118</sup> Fraternal insurance orders were imperfect private sector organizations that partially filled an immense gap in the need for modest financial protection among the working class at a time when the state was minimally involved in the welfare of the population. In the absence of a welfare state, both the fraternally insured and uninsured had little recourse from charity when their inadequate benefits or financial resources were exhausted. The visible aberrance of physical impairment marginalized disabled bodies while Victorian institutions, including fraternal societies as ostensible engines of self-help, had little scope to properly respond to the devastating capacity of 19th-century industrial work to injure and maim. Ultimately this acute limitation reinforced the stigma of disability.

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118. Baskerville and Sager, *Unwilling Idlers*, 160.

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