

Saskatchewan Doctors' Strike 1962 - Political Cartoons

Interpreting Evidence

A. Setting the Background

Prior to working with students to establish context of this event, some background knowledge about the Saskatchewan Doctors' Strike and the Medicare debate could be provided.

- Encyclopedia of Saskatchewan: Doctors' Strike: Included in this learning package, courtesy of University of Regina Press.
- Encyclopedia of Saskatchewan: Medicare: Included in this learning package, courtesy of University of Regina Press.
- "Medicare: A People's Issue" virtual exhibit, Saskatchewan Council for Archives and Archivists: <http://scaa.sk.ca/gallery/medicare/index.php>
- The Canadian Encyclopedia: Saskatchewan Doctors' Strike: <http://www.thecanadianencyclopedia.ca/en/article/saskatchewan-doctors-strike/>
- "Saskatchewan Doctors Go On Strike": CBC Digital Archives: <http://www.cbc.ca/archives/categories/health/health-care-system/the-birth-of-medicare/the-saskatchewan-doctors-strike.html>
- "CBC's Close-Up looks at the Saskatchewan doctors' strike, Part 1": CBC Digital Archives: <http://www.cbc.ca/archives/categories/health/health-care-system/the-birth-of-medicare/cbcs-close-up-looks-at-the-saskatchewan-doctors-strike-part-1.html>
- "The Saskatchewan doctors strike is over": CBC Digital Archives: <http://www.cbc.ca/archives/categories/health/health-care-system/the-birth-of-medicare/the-strike-is-over.html>
- History 30 curriculum : Unit 3 pages 346-388 https://www.edonline.sk.ca/bbcswebdav/library/curricula/English/Social_Studies/History_30_1997.pdf

B. Review the criteria for understanding and working with evidence

- History is an **interpretation** based on **inferences** made from primary sources.
- Analysis includes **sourcing**: finding out about **when** and **why** the source was created and by **whom**.
- A source should be analyzed in relation to its **context**; the conditions and worldviews prevalent at the time
- **Corroborating inferences** from a single source with information from other primary or secondary sources is part of evidence analysis.

Adapted from The Big Six Historical Thinking Concepts by Peter Seixas and Tom Morton (Toronto: Nelson Education, 2013)

C. Working With The Cartoons

1. Consider the creator of the source.

Provide the students with access to the 7 political cartoons related to the Saskatchewan Doctors' Strike in 1962, by Sebestyen of the *Saskatoon Star-Phoenix*. (Available online at http://saskarchives.com/Doctor_Strike and provided as part of the PDF package.)

Remind students that historians seek out the following types of information about sources **before** they do any work with any piece of written or visual evidence.

- Who made this source?
- What kind of source is this?
- How was it made?
- When and where was it created and for what purpose?

Biographical information is available online at http://saskarchives.com/Doctor_Strike to help students consider the creator of these cartoons.

2. Make Initial Observations and Inferences.

Look carefully at the source(s) and note what you see.

Instruct students to **look carefully at the source by scanning the image up and down, left to right and corner to corner for a few minutes**. Then, students can record or share what they see.

- List what you **SEE** in the cartoon.
- Describe the **arrangement of the people** in the cartoon.
- What **actions** are being shown in the cartoon?
- What can you **INFER** about the relationship between the people in this cartoon?
- What **details** in the cartoon enable you to make this inference?

Initial Observations Viewing Guide with possible prompts for making observations is provided.

Students are then asked to **view the source again, this time considering the cartoonist's decisions and choices** as a second step in the analysis of the source.

- What **decisions** has the cartoonist made in creating this image?
- How does this cartoon make you feel about the **doctors**?
- How does this cartoon make you feel about the **government**?
- What **details** in the cartoon lead you to feel this way?
- What was the artist's **message**?

The Cartoonist's Craft Viewing Guide with possible prompts is provided.

3. Contextualize the Cartoons.

Provide students opportunities to put the cartoons in context with the larger Medicare debate going on in Saskatchewan at the time these were published.

Secondary Source Summaries:

- Encyclopedia of Saskatchewan: Doctors' Strike: Included in this learning package, courtesy of University of Regina Press.
- Encyclopedia of Saskatchewan: Medicare: Included in this learning package, courtesy of University of Regina Press.
- The Canadian Encyclopedia: Saskatchewan Doctors' Strike:
<http://www.thecanadianencyclopedia.ca/en/article/saskatchewan-doctors-strike/>

Primary Sources

- Pamphlets & Newspapers:
 - *Public Voice for Medical Care Insurance*, Issue No. 1, July 7, 1962, published by the Saskatchewan Citizens for Medical Care (from Saskatchewan Archives Board [SAB], G. 261.1, Pamphlets of Saskatchewan Citizens for Medical Care).
 - *Public Voice for Medical Care Insurance*, Issue No. 2, July 14, 1962, published by the Saskatchewan Citizens for Medical Care (from SAB, G. 261.1, Pamphlets of Saskatchewan Citizens for Medical Care).
 - *Public Voice for Medical Care Insurance*, Issue No. 4, August 1, 1962, published by the Saskatchewan Citizens for Medical Care (from SAB, G. 261.1, Pamphlets of Saskatchewan Citizens for Medical Care).
 - "Political Medicine is Bad Medicine," ca. 1962, (from SAB, G. 268.1, Pamphlets related to Medicare).
 - "More Abundant Living: CCF Program for 1960," published by CCF Saskatchewan Section, 1960 (from SAB, G.1.1960.8, Pamphlets of the CCF – 1960).
 - "A Pledge Had Been Broken! Prepaid Medical Insurance Must Be Acceptable Doctors and Patients," published by the Keep Our Doctors Committee (from SAB, G.521.1, Pamphlets of the Keep Our Doctors Committee, ca. 1962).
 - "Your Right to Health: What Will the Medical Care Plan Mean to You?," published by CCF Saskatchewan Section, 1960 (from SAB, G.1.1960.11, Pamphlets of the CCF – 1960).
- "Medicare: A People's Issue" virtual exhibit, Saskatchewan Council for Archives and Archivists: <http://scaa.sk.ca/gallery/medicare/index.php>

4. Corroborate and Cross Check Cartoons with other Evidence.

Model out loud the thinking process of corroboration and cross checking resources with students.

Select one of the cartoons and one of the other primary sources (pamphlet or newspaper article) to use as you "think aloud" and model how you would think and respond to the following prompts:

- What is similar about these sources? How do they differ?
- Why are they similar or different?

- How does this source confirm what I already know or inferred about Medicare and the Doctors' Strike of 1962?
- Does it extend what I know about the topic? Does it challenge what I have already examined?
- What makes this source an important piece of evidence?

Students can practice the same skills using similar prompts and other pieces of evidence posted on the website.

Cross Checking Sources Reflection Guide is provided for students to use as they think about how sources compare with each other during the corroboration process.

5. Expressing Degrees of Certainty and Recognizing Limits about What They Observed

Remind students that we cannot always find definitive answers to historical questions because there are not always enough sources, they may not tell us what we wanted to know or they may disagree with one another.

It is helpful to use terms such as **probably, likely, possibly, suggests or implies** to help state this uncertainty in the summaries we make after looking at historical evidence.

To bring closure to their learning they could use any of the following stems to help describe their thinking about the Doctors' Strike and the larger Medicare debate in Saskatchewan in the early 1960's now that they have worked with primary source evidence. Responding to a few of these would be summative assessment evidence you could use to help establish their understanding about the Medicare debate and the Doctors' Strike.

From the evidence they have studied...

- These sources lead me to believe that....
- These sources clearly show that...
- It is highly likely based on the sources we studied that....
- These sources clearly show that.... But I am still uncertain about.....
- This source(s) does not tell us about....
- These sources have limitations as a window into the Doctors' Strike of 1962 because....
- Source X supports what I have learned so far because....
- Source X goes even further than Source Y in showing that....because...
- Source X contradicts the evidence of Source Y by suggesting that...
- Source X is an important piece of evidence in understanding the Doctors' Strike because....

Saskatchewan Doctors' Strike 1962 - Political Cartoons

Interpreting Evidence

Initial Observation Viewing Guide

<p>List what you SEE in the cartoon.</p>	
<p>Describe the arrangement of the people in the cartoon.</p>	
<p>What actions are being shown in the cartoon?</p>	
<p>What can you INFER about the relationship between the people in this cartoon?</p>	<p>What details in the cartoon enable you to make this inference?</p>

Saskatchewan Doctors' Strike 1962 - Political Cartoons

Interpreting Evidence

The Cartoonist's Craft - Viewing Guide

What decisions has the cartoonist made in creating this image?	
How does this cartoon make you feel about the doctors ?	What details in the cartoon lead you to feel this way?
How does this cartoon make you feel about the government ?	What details in the cartoon lead you to feel this way?

Saskatchewan Doctors' Strike 1962 - Political Cartoons

Interpreting Evidence

Cross-Checking Sources Reflection Guide

What is similar about these sources?	What is different about these sources?
Why are they similar or different?	
How does it confirm what I already know?	How does it extend what I already know?
How does it challenge what I have already examined?	
Why might these be important pieces of evidence when considering this topic?	

Medicare

The Romanow report observed, “Canadians embrace medicare as a public good, a national symbol and a defining aspect of their citizenship.” Medicare, as the national single-payer health care system is called, began in Saskatchewan on July 1, 1962, but operated without federal funding until July 1, 1968. Other provinces and territories joined over the following four years. The steps leading up to the adoption of medicare go back a long way: the idea of national health insurance was discussed as long ago as 1919, when it was a plank in the Liberal Party platform of that year. Because the Canadian Constitution assigns responsibility for health to the provinces, negotiations with the provinces about some kind of joint funding were unsuccessful until 1957, when the Hospital Insurance and Diagnostic Services Act was passed in Ottawa. This brought substantial federal funding to help pay for the hospitalization program in Saskatchewan, which had come into effect on January 1, 1947.

The seeds were sown for publicly funded hospital and medical care in the province with the Union Hospital Act of 1916, which was broadened in 1917 to enable municipalities to come together to build a union hospital and to levy taxes to finance its operation. About the same time, the Rural Municipalities Act was amended to give rural municipal councils authority to levy taxes to finance the municipal doctor system, enabling them to offer doctors an annual retainer fee in order to encourage them to practice in a given community. With the onset of the Depression in 1929, accompanied on the prairies by a devastating drought, money was extremely scarce, and little progress was made. However, in 1939, at the instigation of Matt Anderson of RM McKillop, the Municipal and Medical Hospital Services Act was passed, permitting municipalities to levy either a land tax or a personal tax to finance hospital and medical services. When the CCF government came to power in 1944, their platform called for comprehensive health insurance. The Hospital Insurance Act came into effect on January 1, 1947, guaranteeing every citizen of the province hospital care without a fee. No other jurisdiction on the continent could boast such a sweeping reform. T.C. Douglas insisted on a small annual premium to help finance this insurance. The introduction of hospital insurance in Saskatchewan, and its wide acceptance by the physicians of the province, paved the way for the introduction of medical insurance.

The Saskatchewan Medical Care Insurance Act was passed on November 17, 1961, and after two delays became effective on July 1, 1962. Meanwhile, Douglas resigned as Premier to head up the newly created federal NDP, leaving Woodrow Lloyd, who had become Premier, to oversee the introduction of medical insurance. On July 1, 1962, almost all Saskatchewan doctors went on a three-week strike. Only those who lived through those fear-ridden days, when doctors abandoned their offices, can appreciate the pressure that Lloyd came under to capitulate and withdraw the insurance scheme. The Regina *Leader-Post* was vicious in its attacks; while doctors, with the moral support of the American Medical Association, were merciless, warning their patients that most doctors would be leaving the province if “socialized” medicine were introduced. Patients in turn appealed to their elected members. The Opposition Liberal Party promised to bring in their own scheme, which if it had seen the light of day would have left patients in much the same situation as patients in the USA find themselves today. If Woodrow Lloyd had withdrawn the legislation, the story of national medicare might never have been written. Through the mediation of Lord Taylor, a physician whom the government had brought from England, the strike came to an end after twenty-three days, and things returned more or less to normal.

In 1964 the Royal Commission on Health Services, chaired by Justice Emmett Hall of Saskatoon, recommended that Canada should adopt national medical insurance; Hall stated later that the

demonstrable success of Saskatchewan's medical insurance system played a role in this decision. When the federal Medical Care Act of 1966 came into effect on July 1, 1968, with the four principles of public administration, universality, portability and comprehensiveness, Saskatchewan began immediately to enjoy joint funding. The formula in effect meant that the costs of medicare would be split approximately 50–50 between the federal and provincial governments. Eventually, however, the federal government became disillusioned with a scheme that continually cost more, while they had nothing to say about how the money was spent. The provinces also found that constraints in the formula prevented them from bringing in needed reforms. In 1977 a new system was agreed upon, called Established Program Financing (EPF). The effect was that the federal government provided support on a block-funding basis, enabling the provinces to use the federal money to finance health initiatives, in addition to hospital and medical services. Unfortunately, annual increases to the federal contribution were tied to the rate of growth in Gross National Product (GNP); since health costs tended to grow faster than the GNP, the result was a gradual decrease in federal support. Later on this system was revised, enabling the federal government to cut support even more drastically. Thus, in the 1990s, as Ottawa cut back in an attempt to eliminate the deficit, the provinces came under severe fiscal strain and the Saskatchewan government in turn began cutting its support for health, introducing the concept of wellness as its rationale.

In 1984, the federal legislation enabling joint federal-provincial funding for hospital and medical services was consolidated under the Canada Health Act. This added a fifth criterion to the Medical Care Act of 1966: services had to be accessible to be eligible for federal funding, and providers would not be allowed to make additional charges (extra billing). By the end of the 20th century, questions were being raised about the need to amend the Canada Health Act, which dealt mainly with hospital and physician services, in order to produce a more seamless health care system, from the nursing home and Home Care to the Intensive Care Unit. Meanwhile, the right-wing press harped on the question of the sustainability of medicare. Because of these two factors, plus the phenomenon of ever-increasing waiting lists, Prime Minister Chrétien appointed Roy G. Romanow, QC, on April 3, 2001, to head up a Royal Commission. It was “to recommend policies and measures respectful of the jurisdictions and powers in Canada required to ensure over the long term the sustainability of a universally accessible, publicly funded health system that offers quality services to Canadians and strikes an appropriate balance between investments in prevention and health maintenance and those directed to care and treatment.”

The Romanow Report, published in November 2002, contained forty-seven recommendations which, taken together, presented a roadmap “for a collective journey by Canadians to reform and renew their health care system.” Three of these recommendations, in particular, held out revolutionary possibilities for the sustainability of a reformed system. The first put forward something new, a Canadian Health Covenant establishing governments' commitment “to a universally accessible, publicly funded health care system.” The second recommended “a Health Council of Canada ... to facilitate co-operation and provide national leadership in achieving the best health outcomes in the world.” This one was accepted immediately by the federal government and several provinces; but when the Council was established it was virtually a toothless old lion—a far cry from what was intended—due to differences of opinion among some provinces, particularly Alberta, BC, and Quebec. The third recommendation concerned the dire need to institute Primary Health Care; this idea was also strongly recommended by the Senate findings, known as the Kirby Report, which was published in the fall of 2002. The Kirby Report suggested that properly established Primary Care units could form the foundation required to make the whole system much better organized, bringing seamless health care within reach.

The advent of medicare represents perhaps the greatest test of participatory democracy Canada

has ever known. In 1962, community clinics sprang up in many districts—the Swift Current Health Region, which began functioning on July 1, 1946, showing the way. Regina, Saskatoon and Prince Albert still have successful functioning community health clinics. Within such organizations, grassroots decision-making results from community ownership of the system, giving individuals a feeling of empowerment that makes for volunteering services and explains why these agencies work effectively. Primary Health Care is a movement to generalize that kind of decentralized decision-making. At the outset of Saskatchewan medicare in 1962, there were those who believed that centralized control was necessary to guarantee the success of the innovation; whatever the reason, grass-roots community clinics were not encouraged, which set participatory democracy back for more than a generation. The advent of Primary Health Care may well solve the dilemma of how to achieve systematic central control, yet gain the dynamism inherent in local decision-making.

In 1995 a district health board structure was put into place, with the hope of making the administration more democratic and, one suspects, to deflect criticism away from the Department of Health. Thirty-two health districts were created, plus the Athabasca Health Authority in the far north. Two-thirds of the members of the boards were elected, and the rest were appointed to ensure a better balance concerning gender and minorities. Preliminary results suggest that the devolution increased local control; however, the Fyke Report (2001) recommended that the health districts be reduced in number, with appointed, instead of elected, boards. How to organize the administration of health services remains worrisome. Also worrisome is the increasing share of the provincial budget being taken up with public health, including medicare. The fear is that health costs will continue to rise faster than the growth of the economy, and that other services will be crowded out. One solution is to have the federal government accept a growing responsibility for financing medicare, and the other is for provinces to increase revenues; but a combination of both would seem the most likely outcome. The problem is that the federal government and the provinces suffer from insufficient revenue because of the pressure to cut taxes: under these circumstances it remains exceedingly difficult to increase revenues sufficiently to meet the demands of health care and leave enough funding for other essential services such as education, roads, and the environment. With drug costs increasing (cancer drug costs in Saskatchewan go up 22% each year), all governments are faced with some tough decisions. It has been suggested that one way around the dilemma is to raise taxes without appearing to do so, by means of an increase in the provincial income tax devoted to health.

Medicare has come a long way. The steps often have been faltering and there have been stubbed toes, but a system of health services has taken shape that is the envy of many. As it continues to evolve to meet emerging needs, how the system will change or should change in the future will depend on the studies that are continuously commissioned and on the adoption of their key recommendations.

John A. Boan

Doctors' Strike



Protesting the implementation of medicare, July 11, 1962.

Saskatchewan Archives Board R-A12109-4

In July 1962, doctors in Saskatchewan began a provincewide general strike that marked the peak of a conflict between organized medicine and its allies against the government's medicare bill. One of the great crucibles of provincial history, the issues surrounding the strike divided communities and even families. Since it led a national debate on the merits of universal health insurance, interest in the strike went far beyond the province, and for three weeks national and foreign media focused on the strike in Saskatchewan.

The origins of the strike lay in Premier T.C. Douglas' promise, in a by-election speech in

Birch Hills, Saskatchewan, in April 1959, to introduce a pre-paid, universal and publicly managed system of primary physician care. Commonly known as "medicare," this initiative was to complement universal hospital insurance introduced the decade before with the support of most doctors. In the 1950s, however, organized medicine in Saskatchewan became more opposed to universality. A new generation of more ideologically conservative doctors, some of whom were refugees from the National Health Service in Britain, along with a successful foray by organized medicine into the health insurance business (which the doctors wished to extend provincewide), translated into a strong opposition to any extension of universal health care coverage.

In an effort to mitigate physician opposition to medicare, Douglas established in April 1960 an Advisory Planning Committee on Medical Care with nominees from organized medicine, government, business and labour under the chairmanship of Walter P. Thompson. Delaying its establishment and then delaying its ultimate report, the nominees of the College of Physicians and Surgeons bought time for more organized opposition to the government. The medicare bill was introduced just before Douglas left the premiership to become leader of the federal New Democratic Party. It was left to his successor, Woodrow Lloyd, to implement the bill by April 1962. In March, however, Lloyd decided to extend the deadline to July in a last-ditch effort to find a compromise with the province's physicians. However, the delay, along with the sharp drop in electoral support for the NDP in Saskatchewan in the federal election of June 18, simply served to strengthen the hand of the more militant doctors who concluded that the government would eventually back down. Threatening to leave the province if the bill was implemented, they helped establish numerous "Keep our Doctors" (KOD) committees throughout the province.

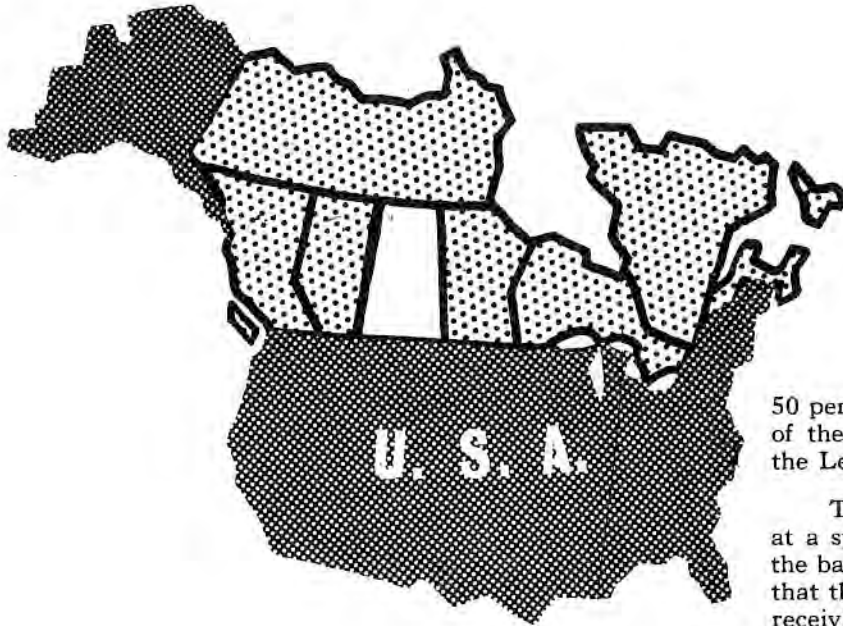
Despite the defection of his own ex-minister of Health to the Liberals in May and a threatened general strike by physicians, the Lloyd government proceeded with implementation on the July 1 deadline. The same day, the physicians began a strike which would last twenty-three days. Its high point was a demonstration in front of the Saskatchewan legislature in Regina on July 11 that attracted about 4,000 people, about one-tenth the number hoped for by the organizers. The strike officially ended twelve days later when Lord Stephen Taylor of the United Kingdom earned the trust of both sides and mediated what became known as the "Saskatoon Agreement." This compromise ultimately set the terms for medicare in Saskatchewan (and Canada) by ensuring physician autonomy and fee-for-service remuneration in exchange for the provision of publicly administered,

universal physician services for all residents.

Gregory P. Marchildon

©2007 University of Regina and Canadian Plains Research Center
Terms of Use located at: http://esask.uregina.ca/terms_of_use.html

SASKATCHEWAN



Saskatchewan, which established the first universal hospitalization insurance plan for all its residents in 1947, in Canada, was the logical province to give national leadership in establishing a universal medical care insurance.

Premier T. C. Douglas made medical care the issue in the Saskatchewan general election in June, 1960. Though he sought endorsement from more than 50 per cent of the voters, his CCF party obtained 40.8 per cent of the popular vote, but a strong majority, 38 of 55 seats in the Legislature.

The Saskatchewan Medical Care Insurance Act was passed at a special session in November, 1961. Unfortunately, one of the basic principles was not fulfilled. Mr. Douglas had promised that the plan would be acceptable to those giving and to those receiving aid.

The Act was not acceptable to the doctors, and the Act as amended in the regular session in the winter of 1961 was even less acceptable to the medical profession.

When Mr. Douglas became national leader of the New Democratic Party, he was succeeded by Mr. W. S. Lloyd in November, 1961. The following March 3, Premier Lloyd announced delay in launching the plan, scheduled for April 1, to July 1. One reason for the delay was that the administrative structure involved was more exacting and extensive than anticipated.

At this point, Ed Sebestyen, nationally known cartoonist of the Star-Phoenix, entered the picture. The government's difficulties, its feud with the doctors, and the increasing tempo of the crisis, challenged his interpretative skill.

So, for the record, here is his chronological cartoon commentary of the controversy . . . its highlights and sidelights, offered as a case history of the biggest argument in Saskatchewan's history.



T. C. Douglas



Ed Sebestyen



Hon. W. S. Lloyd

PAT O'DWYER,
Chief Editorial Writer,
Saskatoon Star-Phoenix.

Sebestyen, Edmund Alexander, 1930-2011

Variant Name(s)

Ed Sebestyen

Description

Edmund Alexander (Ed) Sebestyen was born on March 10, 1930, son of Denes and Theresa (Schell) Sebestyen. He completed his secondary education at the Saskatoon Technical Institute, where he was particularly inspired by art teacher, Ernest Lindner, and drafting teacher, Ernie Chan. He married Edna Regush in 1953, and they had three children: Theresa (Terri) in 1954; Charles (Chuck) Anthony in 1957; and Susanne in 1962.

Sebestyen was hired by the Saskatoon Star-Phoenix in 1949, where he worked as a photographer, engraver, editorial cartoonist, reporter, news editor, managing editor, marketing and general manager, and Executive Vice President (Planning and Corporate Development), until he retired in 1991. His earliest job at the Star-Phoenix was engraving zinc plates to be used in the printing process. He tried his hand at drawing a few editorial cartoons that were well-received by the paper's editorial staff, and this developed into work as the Star-Phoenix's first and only full-time editorial cartoonist (c. 1957-1964). Sebestyen recalled this period as the best of his newspaper career.

Sebestyen and the Star-Phoenix published four books of his editorial cartoons: *An Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix* (1959); *Another Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix* (1960); and *I* (1961); and *Is There A Doctor In The House: A Case History, In Cartoons, on Saskatchewan's Medical Care Plan* (1962).

In 1993, Sebestyen was made a member of the Order of Canada for being an "energetic community builder who has spent his life promoting the city as the locale for many national events." Along with the Order of Canada, he won numerous service medals and citizenship awards for chairing or holding executive roles on organization and bid committees for events such as the 1989 Western Canada Summer Games, the 1971 and 1989 Jeux Canada Games, the 1975 Western Canada Summer Games, the 1985 Tennis Federation Cup, the 1989 Labatt's Brier, the 1990 World Junior Hockey Championship, and was known as the "the man behind the mountain" for having been instrumental in having Mount Blackstrap built for the 1971 Canada Winter Games.

Ed Sebestyen died in Saskatoon on December 4, 2011.

F 379

Edmund Alexander Sebestyen fonds

Dates of Creation

1957-1964, 2005

Physical Description

1287 drawings

0.040 textual records

2 objects (engraving plates) : zinc

2 photographs

Scope and Content

The Edmund Alexander Sebestyen fonds consists of 1287 original ink cartoon drawings on drawing board, the artwork for editorial cartoons that Sebestyen prepared for the Saskatoon StarPhoenix from c. 1957-1964 (published in Saskatoon, Saskatchewan). The fonds also includes 1197 microfilm copies of the cartoons made from microfilm of the Star-Phoenix, showing both caption and date of publication for each cartoon. Ninety of the cartoons do not have captions or dates.

The fonds also includes two sample sets which show the full process involved in creating and publishing an editorial cartoon in this period at the Star-Phoenix: the preliminary sketch which would have been submitted to the Star-Phoenix editorial team for approval; the original ink drawing; an actual size print of the artwork; the zinc engraving used on the press to print the cartoon; and an original news clipping of the editorial cartoon as it was published in the Star-Phoenix.

The fonds also includes a photograph of Ed Sebestyen, ca. 1958-1960, working at his drawing board, and a photograph of Ed Sebestyen standing next to the boxes containing his donation to the Saskatchewan Archives Board, October 5, 2005.

Finally, the fonds includes published compilations of Sebestyen's cartoons: An Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix (1959), introduced by Eric Knowles, Editor, Saskatoon Star-Phoenix; Another Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix (1960), introduced by Ernest Lindner, artist and art instructor at the Saskatoon Technical Collegiate; Third Annual Assortment of Sebestyen Cartoons from the Saskatoon Star-Phoenix (1961) and Is There A Doctor In The House: A Case History, In Cartoons, on Saskatchewan's Medical Care Plan (1962) (photocopy only), both introduced by Pat O'Dwyer, Chief Editorial Writer, Star-Phoenix.

Administrative History or Biographical Sketch

Edmund Alexander (Ed) Sebestyen was born on March 10, 1930, son of Denes and Theresa (Schell) Sebestyen. Sebestyen was hired by the Saskatoon Star-Phoenix in 1949, where he worked as a photographer, engraver, editorial cartoonist, reporter, news editor, managing editor, marketing and general manager, and Executive Vice President (Planning and Corporate Development), until he retired in 1991. He died in Saskatoon on December 4, 2011.

Restrictions on Access

Records are open for research use.

Terms For Use and Reproduction

Use, publication, and/or reproduction of records are subject to terms and conditions of the Copyright Act.

Physical Condition

Records are in good physical condition.

Immediate Source of Acquisition

Ed Sebestyen donated these records to the Saskatoon office, Saskatchewan Archives in two accessions in 2005: S2005-40 (October 5, 2005) and S2005-62 (November 21, 2005).

Associated Material

Original published copies of Ed Sebestyen's *Is There A Doctor In The House: A Case History, In Cartoons, on Saskatchewan's Medical Care Plan (1962)* are available at a number of libraries in Saskatchewan and in Canada, including the University of Saskatchewan Library (Special Collections) and the Saskatoon Public Library (Local History Room.)

Notes

Location for retrieval: Saskatoon - Murray.

Accruals

No further accruals are expected.

Arrangement

Order reflects arrangement by the creator of the records. While this arrangement is mostly chronological, there are a few drawings that have been filed out of chronological order.

Former Codes

Photographs: S-B13598, S-B13599.

Finding Aid

SAFA 233 consists of a fonds description and an item level listing of all records.