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History of Allenwood Sanatorium
The Tuberculosis Hospital
of Monmouth County

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by

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ALLENWOOD SANATORIUM
THE TUBERCULOSIS HOSPITAL OF MONMOUTH COUNTY

HISTORY OF ALLENWOOD SANATORIUM

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State and County Cooperation

We have, in the State of New Jersey, a keen and understanding interest in the problem of providing institutions for the care of the sick and maladjusted. There are countless citizens actively interested in this problem and many public officials prepared to accept their responsibility for constructive action. The various types of institutions needed, the policies and programs necessary to their successful operation, the inevitable cost to the tax payer are all subjects debated each annual session in the halls of our Legislature, while the details of their administration occupy much of the time of the governing bodies of the many political units within the State, particularly of the County Boards of Freeholders.

Monmouth County has made a distinct contribution to New Jersey's State-wide program of general public welfare, with the important County policies which it involves, and has profited to an unusual degree from its knowledge of how to distribute the load among State, County, and local agencies. The stronger and more efficient the program of County government, the more likely its leaders are to turn to the State for those services that should properly be the responsibility of State administration.

Unified Program of Social Responsibility

The citizens, themselves, are realizing that they can function more efficiently through a unified program of social responsibility, than by confining themselves to State, County, or local community as their only field of operation. They understand that for some services, the smaller group nearer home is the more valuable agent to solve the social problem, while others require the broader scope of State administration. For institutions particularly, there must be adequate financial support to pay for the necessary services of a properly trained professional staff and to insure that each problem will be

dealt with in the light of the best knowledge available at any given time; while the patients housed must be sufficient in number to hold the per capita cost of the unit to a reasonable sum.

Appreciation of the need of such policies simplifies any situation, and calls for State, County, or local community administration in the field of welfare, with the assignment made where the particular problem is best met humanely, efficiently, and economically. For instance, the policy of caring for the mentally sick in State hospitals or in hospitals operated by the larger "First Class" Counties is based on sound procedure, as such units must house at least a thousand to fifteen hundred inmates to justify the very high cost of overhead necessary to the proper care of this type of patient with all the attendant problems of prevention in this particularly difficult field.

Small Sanatoria Advocated

The citizens of New Jersey also know that the care of the tuberculous is more properly the responsibility of smaller political units, as such institutions with a capacity ranging from fifty to two hundred beds can be justified on a sound therapeutic and economic basis. They know, too, that this type of sanatorium must be small enough to keep a home atmosphere, and that the necessarily long sojourn under hospital care that these patients require demands that they should be taken care of as close as may be possible to their relatives, friends, family doctors, priests, and clergymen. The tuberculous must willingly accept these somewhat tedious days of treatment if they are to recover their health; and it is, therefore, necessary to protect them from a too great sense of loneliness and discouragement. A six weeks stay in a general hospital is one problem—a six months to two years stay in a County sanatorium is quite another. It demands, as do all such problems, a serious consideration of the personal and significant factors involved if all the effort and money expended are to be repaid by a successful outcome.

Health a Major Community Interest

Practically all individuals are interested in questions of both disease and health. The majority of intelligent adults are concerned about the preservation of health and the setting up of proper community health measures. The average adult, intelligent or unintelligent, is likely to be afraid of contagious disease—almost every family has known in its immediate circle or in that of its friends, a case of tuberculosis. In the last ten years an intelligent and intensive campaign of publicity in the anti-tuberculosis field has made millions of people conscious of the existence of this disease and aware of its inevitable spread unless precautionary measures are set up. And at

the same time they have learned that in the research laboratories of reputable sanatoria, scientific data are being collected that justify the hope that eventually this disease may be wiped out.

Therefore, it is comparatively easy to organize a community movement against tuberculosis, and such a movement will always receive a respectful hearing from public officials when properly brought to their notice. For a successful program in this field experts have for years recommended local sanatoria and, except in large cities, this recommendation has pointed directly to County institutions. In New Jersey the law dealing with this problem gives every encouragement to Boards of Freeholders to assume their responsibility. The State reimburses the Counties through State subsidies for approximately one-third of the cost of the maintenance of patients in the local sanatoria, and also operates a State Diagnostic Clinic staffed with medical specialists to lend aid to the program as a whole and to render a consultant service to the general medical man in this local practice. In addition, the State provides care for pulmonary cases of the curable type in the State institution at Glen Gardner and has now under construction on that same beautiful site in the hills of Hunterdon County, a hospital building for children, where the State should be able to meet the needs of orthopedic cases. The Preventorium at Farmingdale is still another type of institution representing an essential service to the tuberculosis program. It offers under-nourished children who have been exposed to the disease a chance to increase their physical resistance, through wise care and feeding, to a point where tuberculosis can not gain a foothold; and many County Boards of Freeholders are now appropriating in their budgets, monies to give to the children of their communities this much needed opportunity. Any wise and humane Board of County Freeholders, stimulated to action by the intelligent demands of groups of informed citizens, will take advantage of these institutional opportunities and will find profit not only for the general public but for themselves as individuals, in the higher standards of health and happiness thus insured.

The Public Health Nurse

But for the effective functioning of any public institution there must be active field workers in the community whose responsibility and ambition it is to promote health programs and to preserve and enrich lives. This is the function of the Public Health Nurse, working with representative citizens as her committee background. She is the legitimate and effective publicity agent for better health and living conditions. She is the social engineer, particularly in rural communities, who meets difficulties and solves problems, who gives information and spreads knowledge, and who gradually awakens

the conscience of the community to build for the future of happy, healthy children.

The Public Health Nurse, by very virtue of the services she renders in homes and schools, at clinics and dispensaries, creates the demand for hospital and sanatorium care for those types of sickness and maladjustment that can not be dealt with adequately in the home. She also creates a body of public opinion that molds these institutions to serve the demands and needs of their communities. She helps the patients in their homes while hospital care is being arranged for them—she follows them back to see that the gain under institutional care shall be preserved under home conditions. She is the friend of individual families where adjustments must often be made to enable sick people to take advantage of institutional opportunity. Public health nursing programs insure the right use of hospital facilities by explaining and popularizing those institutions which the citizens should be demanding for their own protection, using for their own benefit, and supporting for their own needs. Monmouth County, through private enterprise and public interest and support, has organized the community to the point where (35) public health nurses are now established on a permanent basis either on the County staff of the M.C.O.S.S. or as the professional representatives of the many local health organizations.

Constructive Policy of Monmouth County Board of Freeholders

The history of Monmouth County in this whole field is doubtless the same as that of many other Counties in New Jersey. Before the War, Monmouth County's Board of Chosen Freeholders was already interested in the problem of meeting the needs of those of its citizens who might be suffering from tuberculosis. The first step in its program was a systematized effort to find the cases and insure their having hospital care, as provided under the laws governing the care of the tuberculous in New Jersey. Therefore, in 1916, the Board of Freeholders deputized a voluntary organization, the Monmouth County Organization for Social Service, to locate these cases through its Public Health Department. Examinations were arranged for through local physicians, and under a system established by the Board of Freeholders such cases became County charges and through this same agency were placed in hospitals for the tuberculous in various parts of the State.

From the beginning of this program the Board of Freeholders of Monmouth County had accepted the necessity of building for the County a sanatorium so that these patients would not have to be sent to far-away places for their care and cure. It had accepted the well-

known standardized figures of the number likely to need such care—these figures having been locally verified, in part, through a study of Outdoor Poor Relief made in 1912 by the Monmouth County Organization for Social Service. This study had disclosed that poverty and tuberculosis were walking hand in hand. The immediate necessity for the tuberculosis sanatorium was obvious and while institutional care for the aged was also proven necessary, there was not at that time any accurate knowledge of the number needing such care or any sound statutory background on which such a project could have been presented. Therefore, further studies were requested by the Board of Freeholders concerning the needs of the aged and infirm and chronic invalids in the community, while Monmouth County's representatives in the New Jersey Legislature re-drafted the old Poor Laws and promoted legislation for the building of County Welfare Houses along sound and humane lines. Monmouth County's Board of Chosen Freeholders, at the very time of this writing, is giving serious consideration to a comprehensive program for institutional care and Outdoor Poor Relief. The above statement is made to present the picture of a County government taking constructive responsibility, step by step, through sound procedure, to meet an obvious social need.

The Growth of Allenwood

Owing to the Federal Policies governing all construction programs during the War, there was a delay in building the tuberculosis sanatorium. A very modest institution was opened on January 10, 1921, a small one-story frame building, with a capacity of only twenty-eight beds. The interest on the part of the Board of Freeholders in the new sanatorium, the satisfactory administration of the Board of Managers and of the Superintendent, the service given by the State Tuberculosis Clinics, and also the intensive Public Health Nursing Service of the Monmouth County Organization for Social Service and of the local communities, resulted in the immediate establishment of the sanatorium as an indispensable part of the health program of the County. The Board of Chosen Freeholders and the Managers adopted constructive and understanding policies and the citizens and tax payers, from the very outset of the institution's life, expressed their satisfaction in this project of their County government, asking for logical development and expansion as the needs were more clearly understood.

The hospital has been very fortunate in having had the services of the same superintendent from its first beginnings, thus developing its program under a consecutive administration. It has, therefore, been enlarged, from year to year, by additions of an inexpensive type of construction, until at the present time, it has reached a capacity of seventy-three beds. The current operating expenses have been kept within the standardized figures of $1,000 per annum per patient.

With the increased population better medical facilities, such as X-ray equipment, have been installed, thus using the increased revenues to develop a higher standard of efficient service. The staff of the institution has been kept to another standardized figure of one staff member to every three patients, this covering all types of personnel. Standards of food and nourishment, household supplies, replacements and repairs have all been checked against the developing policies of the New Jersey State Department of Institutions and Agencies and have been made to conform to this newer knowledge, and to professional and expert recommendations.

Control of Costs

The question of cost to the tax payer is, and should be, an always urgent one. A dollar spent on one project is a dollar gone from the treasury of other possibilities, be it a part of a large public appropriation to a State department or the gracious, willing dollar contributed through the annual Christmas seal campaign for the advancement of health. But here, again, in the field of the anti-tuberculosis movement, studies have been made and approximate figures have been established that challenge costs as specifically as attendance figures are challenged in relation to diagnostic clinics or the use of hospital beds.

The operating costs of tuberculosis hospitals can be stated approximately as $1,000 per year per patient for institutions of fifty beds or over. Institutions built for less than this number can not be justified on any economic basis. The absolutely essential medical and nursing services plus the general upkeep incident to any such institution, would run the per capita cost up to an almost prohibitive figure. It would seem, therefore, that any political unit in New Jersey, with a population of less than 50,000, should look to a joint arrangment with its neighboring County or Counties, and not attempt to erect an institution for itself alone, the generally accepted institutional ratio in this field being one bed per thousand people exclusive of preventoria care. In accordance with this policy and under an agreement between the Boards of Freeholders of Monmouth County and Ocean County, the Allenwood Hospital in Monmouth has been making provision to care for Ocean County's tuberculosis patients.

The Annual Budget

In New Jersey there is an added safeguard to curb undue expenditures, as State and County have a joint responsibiliy to the tax payer, for the budget adopted by County tuberculosis sanatoria. The Department of Institutions and Agencies is the State department through which State subsidies are allotted to the various Counties for

THE STAFF HOUSE AND NURSES' HOME
ALLENWOOD SANATORIUM

their sanatoria disbursements, and the department is gradually setting up an accounting system which provides a basis for the analysis of the budget items from the point of view of adequacy of service, as well as of economical management. Under this system a budget must be set up to show the costs under the specified headings:

Salaries and Wages	Administrative and Business Offices Professional Care of Inmates Medical and Surgical Fees Employees Inmates
Operating Materials and Supplies	Food Clothing Fuel, Light and Power Transportation Industrial Shop Supplies Stationary and Printing Office Supplies and Equipment Medical and Surgical Supplies House Supplies
Current Repairs	Exterior Work Interior Work
Miscellaneous	Travelling Expenses Postage Telephone Insurance Funeral Expenses Miscellaneous
Additions and Improvements	Building and Structures Equipment

All Standards Maintained

The expenditures thus itemized can be checked against standardized figures, always available in the State department. For instance, monies spent in "Fuel, light, and power" should be justified by cubic footage of buildings to be heated, number of rooms necessary to be lighted, use made of electricity for other purposes than lighting (such as laundry), and all these expenditures in relation to patient population. In the same way the item of food can be checked to conform to a standard. A 72 cents to 75 cents daily per capita allowance for food is an accepted rate for tuberculosis patients where diet plays a very important part in treatment and where milk and eggs must be supplied generously. The State department has worked out comprehensive dietary material and has a supervisory steward whose advice is always at the service of a questioning institution. The "personnel" item also should be stated in detail, with recognition of the accepted standard of so many registered nurses to the number of bed patients, so many attendants, and also such additional services as the institution may require; and salaries should be justified by professionally es-

tablished standards which exist for this very purpose and which should provide a continual check, not only to the number on the staff but as to their preparation and qualifications for the positions held.

Medical Services

The item in the budget for "medical services" deserves particular attention. After other items have been carefully scrutinized and reduced to the lowest costs consistent with comfort and efficiency, the margin for "medical services" under the $1,000 per capita annual allowance would normally not amount to more than $3,000 to $4,000. This sum has been found adequate under the system adopted at Allenwood and might be sufficient for the salary of a full time physician were no maintenance involved. But the customary allowance for a resident medical superintendent could not possibly be met for such a sum. A doctor willing to accept this type of position, with its drawbacks of a twenty-four hour duty day in isolated surroundings, would expect, in addition to salary, a house, living expenses for himself and family, and probably some household help and a car for personal use. Such an outlay would undoubtedly increase the budget above the standard figure or would involve letting other services fall below proper requirements. The Board of Allenwood has reached the conclusion that there are other disadvantages involved in the policy of a resident medical superintendent.

In all institutions there is a tendency to regard such appointments as permanent, and the best interests of an institution have sometimes been sacrificed in order to protect the incumbent from the difficulties of having to seek another position, notwithstanding the fact that the hospital would have benefited from a change in executive head. Again, popular sympathy might perhaps be mistakenly aroused to retain a physician without due consideration of the patients' interests involved on the ground that he had sacrificed an outside practice to assume the direction of the tuberculosis hospital and that therefore he was justified in considering the appointment a permanent one. It would be difficult for a hospital to develop a progressive program under such conditions, and this would apply particularly to County or to any small institutions supported by public monies, responsible to public officials, where salaries and professional opportunities would not usually attract ambitious professional men. And again it would seem that from the point of view of the medical profession, a very real sacrifice might be involved when a physician with a valuable outside practice was persuaded to give it up to become the resident at a small County Tuberculosis Institution, such a sacrifice being unnecessary in the interest of good administration.

A Registered Nurse Superintendent

The Board of Allenwood Hospital, therefore, believes that the policy of a resident medical superintendent is unwise and might well, under some circumstances, involve dis-service to its patient population. It has, therefore, appointed as superintendent a registered nurse of proven administrative ability, who is chief executive, fiscal officer, director of the nursing care of the patients under the medical direction of the attending physicians, and head of all the activities connected with the operation of the hospital. Under her authority functions all staff personnel and she is responsible to the Board of Managers for the successful administration of the institution and to the medical staff for the carrying out of their recommendations for the care and treatment of the patients under her charge.

Medical Directors

The Board of Allenwood further appoints on an annual basis a medical director, and for the past two years has added a second physician under the title of assistant medical director, and these two men give alternate attending services as they would on the staff of a general hospital as attending physicians. Both of these physicians have well-established practices in the field of general medicine in the community, both are now specializing in tuberculosis, both serve with the State consultants in the tuberculosis diagnostic clinics, each is on the attending staff of one or the other of the two leading general hospitals of the County, and both are in constant contact with the medical profession in the field. The director has been given opportunity by the Allenwood Board for post graduate work in the treatment of tuberculosis both at Trudeau and in Colorado Springs. The assistant director is one of the outstanding general medical men of the younger group in the County and has expressed his desire for further experience in this specialized field.

It also appears to the Allenwood Board of Managers that should additional medical services prove necessary at the hospital, the logical and wise development of their present policy would be the addition on the superintendent's staff of a young physician as interne or resident, on a short service basis, who would function under the guidance of the medical directors. Such a policy would have the added advantage of offering an educational opportunity in the field of tuberculosis to the younger, local, medical practioners and would gradually make early diagnosis of this disease more generally available in the community, thus strengthening the health program throughout the County.

The Financial Advisor

The Board of Managers has followed in its financial program this same policy of securing part-time, high grade service for the hospital. It has created a staff position of "financial advisor" to which position an official of a bank in the neighborhood has been appointed. This has given the institution, for what is scarcely more than an honorarium, the services of a disinterested and representative citizen well equipped professionally to direct and supervise the budget system of the hospital and to represent its financial policies with the State accountants and the finance committee of the Board of Freeholders. This financial advisor is present at the monthly Board meeting at Allenwood, presents the financial analysis of the budget on a monthly basis, keeps the books, and represents the institution when called upon in any situation where their finances are involved. He also makes a very real contribution to the policy-making responsibility of the Board of Managers and adds to its reputation in the community for business economy and efficiency, by being a recognized part of the group management of the institution.

The Sanatorium Chapel

During this last year a small chapel has been erected on the grounds of the institution. It has been built through gifts of labor, of building material, of money. The architect and contractor have given their services without remuneration. The patients, through the sale of articles they have made and through donations received from relatives and friends, have contributed over $1,000 to the project. The members of the Board of Freeholders have personally made generous gifts, and one member of the Allenwood Board has contributed unstintingly of his time and money so that the patients should not be disappointed of their heart's desire. In this chapel all denominations will hold their services. It will meet a deeply felt need as a place of meditation and prayer, of consolation, comfort, and reassurance. As one views this new, lovely addition to the group of buildings at Allenwood, one feels that the institution has become, in a real sense, a community in itself, and that the disinterested devotion and loyalty of the surrounding countryside has assured for it a place in the County's community life, with a promise of protection and service for its future development.

The Causes of Success

In closing it may be said that the rather remarkable success of Allenwood Hospital is the result of several different factors that can be stated with some assurance:

1. The general knowledge and understanding that exists in many groups throughout the County of the actual needs for institutional care on a County basis for the tuberculous, as an indispensable part of the general health program.

2. The wise and constructive attitude of the County Board of Chosen Freeholders, combined with a consistent administrative policy as directed by the Board of Managers and the Superintendent, to the end that this long term type of hospital patient shall be given at Allenwood a sense of home atmosphere and comfort, thus securing a willingness to accept protracted residence in the institution.

3. The policy adopted towards medical services to insure that as far as may be possible in a country neighborhood the physical care of these patients shall be governed by the best medical knowledge, technique, and procedures available; a policy which is developing more and more support and cooperation from the medical profession and medical societies of the County.

4. The strict adherence to a sound financial system and an economical budget of costs; based on a knowledge of the actual needs of the institution and with an understanding of and due regard for the County's other plans and projects in the general field of public welfare.

5. The State program of service for the tuberculous, including State institutions for special types of cases, State subsidies that insure progress towards better standards in local institutions and State diagnostic clinics covering adequately the strategic areas of populations staffed by medical specialists and served throughout the County by the efficient Public Health Nursing Service.

The Spirit of Responsible Service

And lastly it would seem to be, above all other things, essential that an institution should have about it the glad and happy spirit of an adventure worth the undertaking. To some very real extent, there should be towards any public institution a cooperative, ungrudging attitude of good will, as shared by responsible public officials, by boards and committees of administration, by tax paying, supporting citizens. Obviously, monies, and especially public monies, must be challenged authoritatively, spent efficiently, and watched carefully, but this should all be a cheerful part of a common responsibility and only add another guarantee that good results can be expected confidently and with deep satisfaction. Patients too, whenever possible, should be included in the consideration of the policies, plans, and programs that govern the institutions in whose successful development they are the people most concerned. For instance, the project of the building of the chapel at Allenwood was initiated by the patients, and made inevitable by their enthusiasm and may well result in creating in the life of the hospital an added sense of reassurance and security. Some spiritual, personal element of power capable of providing refuge and comfort has been perhaps released by the social

process through which this project was handled. The rather unusual participation of the outside community through the free gift of labor and building material has contributed additional significance to the erection of such a church and one feels that a blessing may dwell forever with those who may pause to rest within the institution's walls.

All institutions, and particularly public institutions for the sick and maladjusted, are in constant danger of settling down to an administration of mechanical control and indifferent authority. To accomplish their real purpose there must be kept constantly moving a spirit of sensitive, responsible service and a genuine concern of man for man. One cannot safely ask for less than this.