Copyright © The AA Grapevine, Inc.

February 1946

# A.A. Ward at Knickerbocker Proves Success

As A.A. groups throughout the country expand, the need for real A.A. hospitalization will grow apace and in searching for a workable plan or set-up the group will encounter the same difficulties and discouragements as we of the Manhattan Group did here in New York about one year ago. Our experience, the disappointments and discouragements we encountered, may help others seeking to enlarge their hospital work.

A review of the former situation here is in order. A drunk had two choices: Either the psycho-ward of one of our large public hospitals, or a private hospital where acceptance was based on the man's ability to pay and pay plenty.

At the time the position taken by the ten New York hospitals approached was either "our facilities are already over-taxed at this time" or, they were brutally frank...."alcoholics would create such a disturbance as to wreck the routine of the rest of the hospital."

Finally Knickerbocker Hospital, a small general hospital of not more than 200 beds, supported entirely by voluntary contributions, listened with sympathetic and with fingers crossed finally consented to a trial period of three months, under these conditions:

1. A.A. to guarantee payment of all bills.
2. By the end of three months' period maintain an average of six beds.
3. Select ethical practitioners to take charge and visit the patients at least once each day.
4. The charge to be a flat $10.00 per day to the hospital.

We are assigned a floor in the private wing consisting of private and semi-private rooms together with a small six bed ward and comprising in all 19 beds. The first patient was admitted Easter Sunday, 1945, and from then on the plan was a success. From time to time changes in routine were made and added rules of our own were formulated; the two most important being that a patient is admitted once, and once only, and while in the hospital is visited only by A.A. members.

The single admission stops the project from deteriorating into just another drying-out spot and the second rule serves the double purpose of protecting the man, trying to get over the jitters, from a nagging wife or well meaning but misinformed friend and to assure his absorbing some of the fundamentals of A.A. The entire atmosphere is maintained to impress upon the patient the idea that his is a serious illness and, while it is no disgrace per se to have become an alcoholic, it is a disgrace not to do anything about it.

The growth was steady until now we average between 15 and 18 beds filled per day. To say that a great deal of time and effort is required to keep the plan going is putting it mildly. It takes work, lots of work. For example: 22 men per week were assigned as orderlies performing without compensation, other than the satisfaction derived from helping the other fellow, the simpler routine tasks. To date 700 persons have been hospitalized and expansion continues.

The average length of stay is five days, which allows the patient a chance to get the alcohol out of his or her system and to learn the true nature of the affliction and what the answer is. He has come in contact and talked to any number of A.A. members, he is served by an A.A. volunteer worker and meets sympathetic understanding treatment from the nurses and the two doctors, one of whom is an authority on alcoholism, the other a competent interne.

When he is ready for discharge he is met by his sponsor and brought to a meeting. Should he decide he needs A.A. he is welcomed. If he still feels his drunk was the well known "accident" or if he is one of those "it can't happen to me types" - well and good. His hand is shaken and good-byes exchanged.

The hospital authorities are happy about the whole thing, though they are somewhat at a loss to understand why, contrary to all expectations, the alcoholic floor is the quietest and best run unit in

Copyright © The AA Grapevine, Inc.

the entire hospital. There are many reasons why this is so but the principal one is that we all - patients, sponsors, visitors and volunteer workers - speak the same language and it is the old story of "it takes a drunk to handle a drunk."

The hardest job we have is to explain to the uninitiated that what we offer at Knickerbocker is not a "cure." A wife sees her husband, possibly on the tag-end of a month's drunk, leave her a sodden hulk only to return home bright-eyed and clear-headed. Then the sales job has to be done on both. He is not cured - he is only dried out, solely for the purpose of absorbing the methods and practices of A.A. He has only taken the first step along the path of sobriety and, believe it or not, Mrs. Doe, he must come to the meetings; he must revisit the hospital and he must do the work the rest of us do, the work which is so beneficial to us. Knickerbocker Hospital and its course of treatment is but the means toward an end and NOT AN END in itself.--*J.G., Manhattan*