

February 1945

HOSPITALIZATION IN AKRON MODEL FOR A.A.

As in nearly all matters, A.A.s and groups of A.A.s seem to follow pretty much of a pattern regarding hospitalization for A.A. prospects.

As long as eight years ago Dr. Bob and the then small group in Akron were haunting old houses, sure that we could pick up one in which new men could be inoculated with the A.A. germ.

We find that the new men and the newer groups are still in quest of an old house, feeling sure that they can turn it into a place to dry up drunks and make it meet expenses.

It always turns out to be a house with 15 foot and even 18 foot ceilings, with an antiquated and worn-out heating plant, with leaky plumbing and roof, and is practically impossible to heat because we are always heating at least four times as many cubic feet as necessary. They are, without exception, so arranged that the usable space for our purpose is generally less than one-third of the floor space, and what with the continual repairs necessary in these old buildings, the cost per day per patient is prohibitive.

Through the untiring efforts of Dr. Bob, in Akron, which demonstrated over a period of years that alcoholics are sick people, and that a large percentage of A.A. patients can be dried up and will stay dry, the general hospitals even in the face of the present shortage of hospital beds realize that they are helping to put men in shape to take their places in the production lines and in

society, and to assume their rightful responsibilities. Hospitals are cooperating with us more and more as we prove our worth.

Outstanding among them has been St. Thomas Hospital in Akron where, starting three years ago with one bed for our exclusive use, which was later increased to a two-bed ward and then to a four-bed ward, the procedure has been in operation long enough to prove the advantage of our using a general hospital rather than the "goony roosts" that have been available to us until comparatively recent date.

More than a year ago the good Sisters at St. Thomas made available to us the solarium, in which they installed seven beds with private toilet and shower facilities for that room, and provided space where visitors could gather into a group of two, three, or more patients with A.A. visitors. This developed into practically a continuous discussion of A.A. with the patients from around noon until 10:00 P.M. There is an average of 15 visitors per day, so that at the end of a five-day period the prospective A.A. has been exposed to from sixty to as many as one hundred visitors. Certainly among them there are always at least a few who click with the patient and who are able to explain the workings of the A.A. program. Thus the percentage of men who are immediately helped runs considerably higher than average.

To the fellowship of A.A. and patients there are many advantages, among which is the fact that the patient conforms to the hospital rules, and if indicated gets a physical check up, gets onto a regular diet, gets into regular sleeping habits. Doctors, nurses and equipment are available for any emergency. There are no second trips to the A.A. ward for slippers, which eliminates some clown with a snoot full explaining to a new man what a wonderful thing A.A. is, and that he has been in two years. At the same time it eliminates any chance that the hospital may get a reputation as a place where a drunk can sober up. The hospital will help us only when the patient wants to sober up and stay sober.

We are allowed A.A. visitors in that ward from 10:00 A.M. until 10:00 P.M. No other visitors are allowed except by special arrangement. Other patients in the hospital are not allowed to visit in this ward, and the patients of this ward are expected to stay in their own quarters.

The matter of expense is cut to a minimum because the space is efficiently used, and the general overhead of the hospital naturally carries the overhead of the ward, thus affording the A.A. patient cheaper hospitalization than is available in sanatoriums.

These beds have a higher percentage of occupancy than any other division of the hospital except the

maternity ward, and so long as we show that we are eliminating the drinking problem, in a great percentage of cases, it pleases the hospital.

The writer finds that where the groups will interest themselves in protecting the hospital against wasting its time and facilities by "certifying" the people they put in, and have the patient in as good shape as possible, and will within reason protect the hospital against financial loss, hospitals are in a receptive frame of mind with reference to A.A. activity, and will cooperate in helping us to make decent, helpful hospitalization available to qualified A.A. prospects (alcoholics who want to stop drinking).

It is true that in the last ten years there has been public recognition and acceptance of A.A., so that general hospital administrators are becoming familiar with our work. As long as we conscientiously do our part, I think we can expect and have their cooperation.

Dick S., Cleveland Heights, Ohio