

Hagedorn Psychiatric Hospital, Glen Gardner, New Jersey



Slated to close in June 2012, the structure known today

as Hagedorn Psychiatric Hospital is a primary example of the ways in which American medical facilities must adapt to myriad forces, many of which are in direct opposition, if they wish to continue serving their community. Fluctuations in the political and economic climate, technological advances, and changes in societal whims all play a role in the day to day survival of our local hospitals.

In 1907, as a reaction to increasing numbers of respiratory patients with specific diseases, New Jersey built its only state owned and operated sanatorium – the New Jersey Sanatorium for Tuberculosis Diseases, also known as the Glen Gardner Tuberculosis Hospital. At the time, the facility was described as “largely educational in character, which would give a practical demonstration of up-to-date methods of treating. . . . tuberculosis,” among other illnesses. Administrators initially expected to deliver care to approximately 500 patients per year, and demand for the facility upon its opening was indeed so great that Glen Gardner treated more than 10,000 people between 1907 and 1929.

By the 1920s, the sanatorium had expanded its mission to include the full spectrum of tuberculosis cases, and continued in that regard until the middle of the twentieth century when focus shifted to medication as the prevailing treatment for many respiratory infections. In 1950 the facility again increased its scope of services to include all diseases within the thoracic cavity, and the name was changed to the New Jersey Hospital for Chest Diseases. It was not alone in such an expansion, as throughout the early 1960s many former tuberculosis hospitals transitioned to a broader range of treatment, due largely to Selman Waksman and Albert Schatz’s discovery that streptomycin would effectively combat TB.



In 1977, the hospital again adapted to changes in America's health care needs, renaming itself the Senator Garret W. Hagedorn Gero-Psychiatric Hospital as it focused on its new calling as a state nursing home and what would eventually become a 288-bed psychiatric hospital. The hospital's premier location high on a mountaintop, expanding over 600 acres, provided inpatient, comprehensive psychiatric treatment for adult patients. The hospital stated as its mission "to provide quality interdisciplinary psychiatric services that maximize potential and community reintegration within a safe and caring environment."

In 2011, New Jersey lawmakers decided to close this smallest of New Jersey's four public mental hospitals, though it is the only one to focus on the treatment of geriatric patients. In the words of psychiatrist David Nathan: "Finally, a good state hospital, and they want to close it. It is rare to see even a private mental hospital that gives good care to the severely mentally ill. Hagedorn is a public hospital. . . . and it comes across as top notch."

Even with a one-year reprieve by New Jersey's legislature, Governor Chris Christie continues to target Hagedorn as the one to close. According to Robert Davison, chair of the Governor's Task Force on Mental Health, the decision is "fundamentally flawed." Davison continued: "It is irresponsible to close a state hospital in a year or less."

Governor Christie explained that by closing Hagedorn New Jersey would save \$9 million annually. It would also result in the closure of Freedom House, a center for treating addiction on the Hagedorn campus, creating the need to relocate 623 employees in the summer of 2012.

To confuse the issue even further, Trenton Psychiatric Hospital also found itself under fire in July 2011 when the Joint Commission reported numerous deficiencies, many of which were a result of the facility's

age, which may ultimately lead to its closure as well. Task force member Gilbert Honigfeld explained the physical liabilities of the facility: “We made a big point that Trenton Psychiatric is basically dealing with an infrastructure and a superstructure that is upwards of 150 years old. These are old, decaying buildings with all the environmental hazards associated with that and it looks like a warehouse, which everyone is trying to avoid.”



Hagedorn’s abrupt closing will certainly deal a blow to the area.

Local residents express concern about the future of the 600-acre property, while family members and loved ones of the hospital’s nearly 300 patients worry about the ramifications of moving elderly people with issues of mental health. Critics of the decision expressed disappointment that Hagedorn was selected over Trenton Psychiatric Hospital. One critic, Hunterdon County Freeholder Ron Sworen, stated: “Where are these people going to go? Just putting them out into the public and halfway houses isn’t the answer, the way some of these people are. It’s an important facility in our area, it’s the only one that really deals with geriatric care, that goes away and where do all these people go?”

This is one of the fundamental questions to ask whenever a hospital closes its doors.