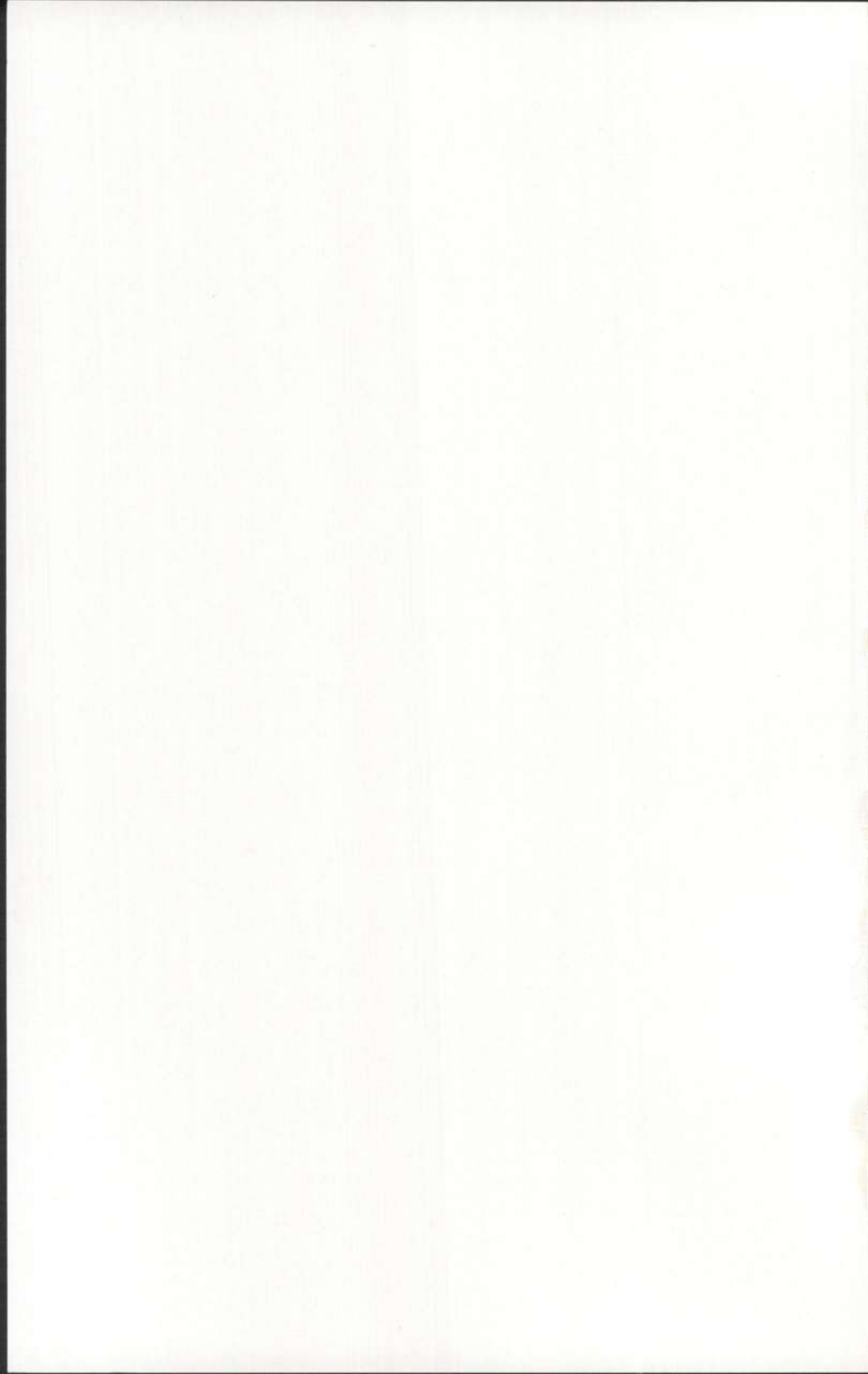


HEROIC WORK

The Story of Montevue
Yesterday and Today



WRITING AND RESEARCH BY CYNTHIA A. POWELL
RESEARCH AND PRODUCTION BY KAY F. SHEISS



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Funded through a gift by
Donald C. Linton and Charles F. Trunk, III

to the

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Heroic Work: The Story of Montevue Yesterday and Today.

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Cover photo: Postcard of The Montevue Hospital circa early 1900's.
From the collection of Rick Gibson.

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We want to thank Don Linton and Charlie Trunk for their vision of what this book could be and how important it was to gather the long history of Montevue and Citizens into a single document. Their extraordinary dedication to the people of Frederick County sets a wonderful example for all of us.

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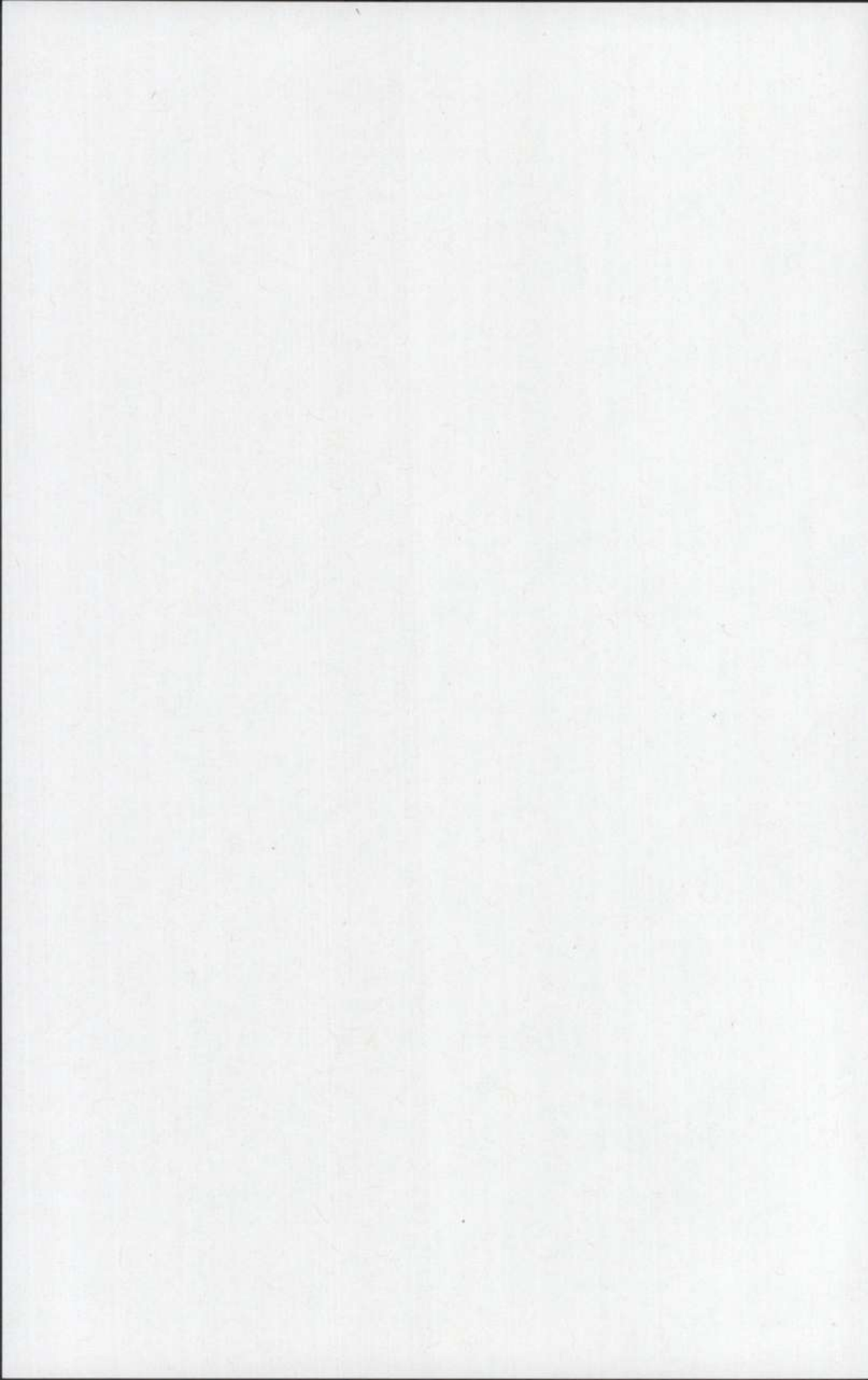
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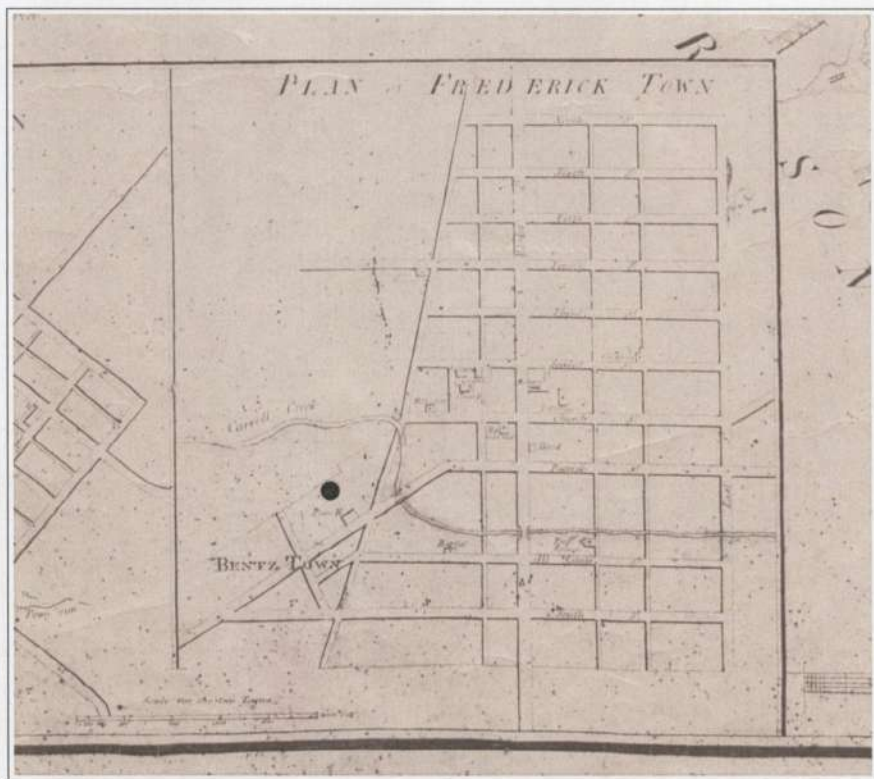


Author's Note

We came to this project seeking to expand on a commemorative booklet first produced in 1961 by Mr. Robert Schell when the original Montevue Hospital was being renovated and re-printed in 1987 for the opening of the then new Montevue Home. It didn't take long to discover that the booklet had barely scratched the surface of a long and compelling story.

The story of Montevue could be pieced together today because Frederick County has a local newspaper. We have burned a lot of midnight oil reading through the archives of *The Frederick News-Post*, sometimes even getting side-tracked by other fascinating stories from many years gone by. From coverage of government meetings and epidemics to descriptions of auxiliary functions, the newspaper allowed us to develop a picture of life at Montevue over the centuries. However you read your local newspaper today, please do read it and support it! It is an important and integral part of maintaining a thriving local community.

We also relied on the fabulously efficient and knowledgeable staff at The Frederick County Library System's Maryland Room, The Historical Society of Frederick County and The Maryland Archives. These professional librarians and historians deserve great respect for the work they do on behalf of the public. We encourage our readers to make use of these services and to support them generously.



Varle Map of 1808 Courtesy of Frederick County Public Library Maryland Room.

● *Shows location of almhouse at 261-263 West Patrick Street.*



Throughout its history, Frederick County, Maryland has provided food, shelter and medical care to community members in need. With the 1768 state assembly authorization creating county almshouses, Frederick opened its first such shelter in the early 1770's in the Bentztown area.

Almshouses, which date from the tenth century A.D. in England, find their basis in the religious practice of giving alms, or charity, to the poor and infirm as prescribed in the holy books of all major religions. While the Maryland statute created a way for local governments to care for the poor, elderly and homeless, which also included those suffering from chronic diseases, the developmentally disabled and mentally ill; it also allowed the almshouse to be used for "punishing vagrants, beggars, vagabonds and other offenders" in the portion of the institution used as a workhouse.

Local residents were chosen as political appointees for three-year terms as trustees for the poor, overseeing the almshouse, selecting a manager, approving purchases and having the power to "determine which poor were eligible for residence." Individuals without family support, including children and the elderly, would be included in this description. The diary of Jacob Engelbrecht, Frederick's well-known chronicler who also served a term as a trustee of the poor, cites numerous examples of elderly citizens dying at the almshouse.

The first Frederick almshouse was lost to fire in 1786 and a new one was built at 261 and 263 West Patrick Street. This second institution included a burial ground for unclaimed bodies, or a potter's field, as such cemeteries were known. By the 1820's, population growth in the city (incorporated in 1817) and county led to the need for a larger almshouse.



Moving to the Brunner Farm Property

The search for land to build a new and larger almshouse culminated in the acquisition of just under ninety-four acres two miles west of town on the extension of Fourth Street, which later became Rosemont Avenue, "for the Benefit of the Poor of said County and to and for no other use, intent or purpose whatsoever," from Elias and Catherine Brunner in 1828.

The first almshouse on the property was built between 1830 and 1831 by "John Shipman Carpenter," for approximately \$13,000, and opened in 1832 with Mr. Henry Steiner appointed as overseer. A new burial ground was also established. The old Bentztown almshouse was sold to Mr. Jacob Hart for \$2,400 to be paid in two annual installments. According to Jacob Engelbrecht's diary, Mr. Hart thought the building "might contain three hundred thousand brick."

For the next century, the county almshouse was part of a farming operation that provided food for the table and financial support for the home through the sale of produce in the community. The manager of the almshouse could force able-bodied residents to work. A farmhouse on the property, known for many years to come as "The Old House," was also put into use housing the overseer and African-American residents of the home. Insurance records of the time note that a number of outbuildings were also present on the property: a smoke house, bake house and barn all built of stone and a wood frame wagon shed.

There was segregation between white and African-American residents of the almshouse and individuals were often remanded there by the Justice of the Peace for "public misbehavior or vagrancy." The 1850 census recorded seventy inmates at the almshouse, identifying them by race: white (57), African-American (10), and mulatto (3), age, state residency and by the reason for

their incarceration, which included categories such as paupers (35 of the total) and insane (21). Others were described as "blind, dumb, cripple and scrofula [swellings of the lymph nodes of the neck]." Eleven of the inmates were under seventeen years of age. Those suffering from illness or injury were cared for by the doctor elected to the position of "physician to the almshouse." In 1858, Dr. John Goldsborough was named to that post with Dr. William Tyler, Jr., as vice-doctor.

*For the Benefit of the Poor of said
County, and to and for no other use,
intent or purpose whatsoever ...*

From September 30, 1862 to March 30, 1863, the almshouse farm was the site of Camp A, a convalescent camp for Union soldiers recovering from battle. The U.S. Army later paid fees to the almshouse for both use of and damage to the farm and fences that occurred during its occupancy.



Building the Montevue Hospital

By the late 1860's, it was clear that the almshouse, approaching forty years old, was in need of replacement. In 1870, construction began on a new five-story building located a little east of the original almshouse and facing what is now Rosemont Avenue. The new building was named Montevue, French for "mountain view," and designated as a hospital even as local residents continued to refer to it as the county almshouse.



Courtesy of the Historical Society of Frederick County.

Almshouse residents lived in tents on the property during construction as parts of the 1832 building were used in building the new facility, which cost \$125,000. Designed in a style favored during the Victorian era, the new hospital had over one hundred rooms with a central core of services and offices, an operating room on the top floor and two residential wings – one for male and one for female residents. The "Old House" continued to be used as housing for African-American residents and transients.



Courtesy of the Historical Society of Frederick County.

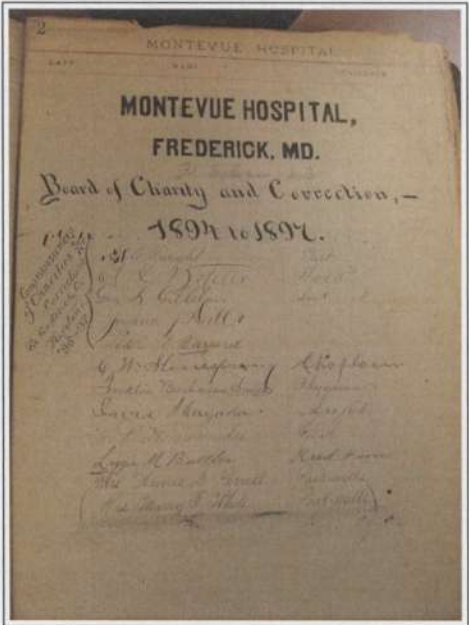
With the completion of the new building, the resident and transient population of the facility grew throughout the remainder of the nineteenth century. By 1877, Montevue Hospital had the second largest resident population among Maryland's public almshouses and asylums. Additional outbuildings were built to support both the work of the farm – which continued to feed the residents and produce income – and the services needed by residents. These included a springhouse and dairy, laundry, boiler house, barns, sheds and a morgue, known as the Dead House. Pigs, chickens, cattle and dairy cows were raised on the farm and products such as bread, fruit, vegetables and clothing were raised or produced to supply both Montevue and the county jail. For example, in 1895, the potato crop at Montevue produced an average of 250 bushels per acre. The farm also included a yard where able-bodied residents broke stones into pavers for local road construction.

From the opening of the new Montevue Hospital in 1871 through the early decades of the twentieth century, the facility served Frederick County in a variety of ways typical of county almshouses and asylums of the time. Medical services, including maternity wards for both white and African-American women, were provided to the poor residents of the county. Individuals with infectious diseases who could not remain in the general population were treated

at the hospital during several epidemics. Physically disabled residents who could not work or be cared for by family members were sent to Montevue as well. In 1886, the Maryland General Assembly passed legislation prohibiting children from living in county almshouses for more than ninety days unless they were “an unteachable idiot, an epileptic, or a paralytic or otherwise so disabled or deformed to render it incapable of labor or service.” Children were to be placed with “respectable families or institutions.”

Among Maryland institutions of the time, Montevue was unique in the large number of transients it served. Described as “idle vagabond paupers, a recent class of professional vagrants,” transients or “tramps” often sought out almshouses and jails for temporary bed and board. From the 1870’s through the end of the century, hundreds of thousands of individuals, most often single men, wandered from place to place in search of employment, food and housing. Social and economic disruptions that included the Civil War, European migration and the economic depression of 1873 fueled this displacement. In a five-month period in 1876 and 1877, Montevue served over 8,800 tramps. An addition was added to The Old House prior to 1887 to house transients and was known as

“The Tramp House.” Men were put to work on the farm and in the paving yard under the direction of a staff member called the “Tramp Boss.”



Archives of Montevue Assisted Living.



The Montevue Asylum



African-American female residents at the Old House. Child in the foreground is the daughter of the Matron, circa 1909. This is one of the few photographs of residents of the Montevue Asylum that could be found in research. Collection of the Maryland State Archives.

The Montevue Hospital was also known statewide for its large population of white and African-American mentally ill residents. Providing housing for the “insane,” as they were called at the time was one of the reasons almshouses were deemed necessary by both state and county governments. From colonial times through the mid-nineteenth century, there was little if any recognizable medical treatment for the mentally ill. Such individuals were typically incarcerated in segregated sections of hospitals with barred windows and notoriously poor conditions. Thanks to the work of reformer Dorothea Dix, who would later be known for her leadership as superintendent of nurses during



View of the male African-American ward in the Old House, circa 1909. A photograph taken for the Lunacy Commission Report. The photograph was taken prior to improvements that were made in 1910. Collection of the Maryland State Archives.

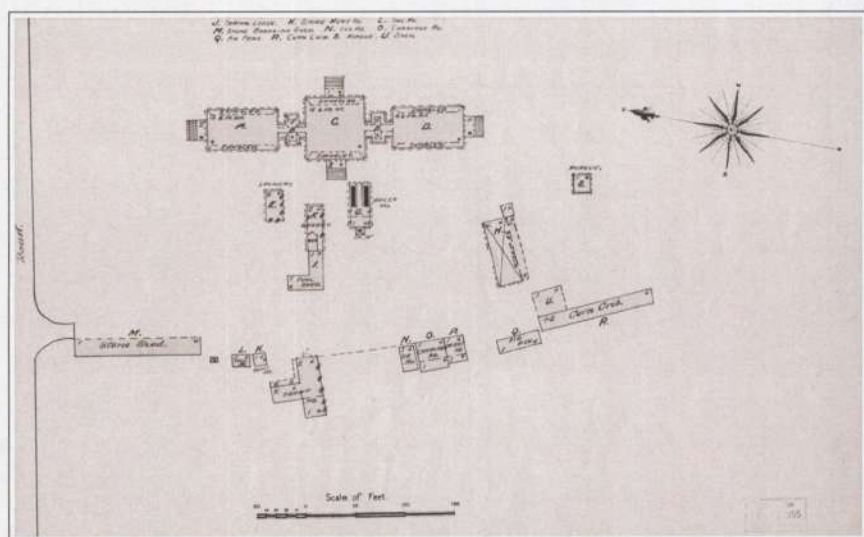
the Civil War, changes in the care of the mentally ill began to take place in the 1850's.

In 1877, Maryland's governor appointed Dr. C. William Chancellor, Secretary of the State Board of Health, to inspect all almshouses, prisons, reformatories and public institutions and report on sanitary conditions, treatment of inmates and the number of inmates statewide. The Chancellor Report acknowledged the "shocking conditions" found in most institutions. In some counties, almshouses were little more than shacks or converted barns.

At the time of the report, Montevue Hospital had 222 total residents, the second largest population in the state. While this number was a quarter of the almshouse population of Baltimore City, it was twice as large as the next institution on the list and ten times the number of many counties. One of the reasons for this substantial difference was that the Frederick County Commis-

sioners sought out the transfer of mentally ill residents from other counties to Montevue for fees that bolstered county coffers. Of the total 222 residents in 1877, ninety-six were categorized as “indigent insane” and represented seven counties in addition to Frederick. As standards of medical care for the mentally ill began to be promulgated nationwide and the state moved toward establishing state psychiatric hospitals, only Frederick County’s elected officials resisted the move.

In the Chancellor report, the design of the Montevue Hospital building was praised, especially the division of residents by gender, but the institution was criticized for failing to separate the sane and insane in the wards of both of the buildings, where white inmates were housed on upper floors in cells with barred windows, and The Old House, the home for African-American inmates, which also had barred cells and other confining features. The report cited Montevue for housing the very sick with the healthy inmates in both buildings and for overcrowded and dirty quarters in the Old House. By the mid-1890’s, even a Frederick County grand jury, which had the responsibility of reviewing the county jail and home each year, suggested that conditions could be improved for the African-American residents.



Montevue complex derived from 1887 Sanborn Fire Insurance Company map. Courtesy of Frederick County Public Library Maryland Room.



Maryland State Lunacy Commission Report Collection of the Maryland State Archives.

As a follow-up to the Chancellor Report, the Maryland State Lunacy Commission was founded in 1886. The commission's secretary made visits to asylums, state hospitals, almshouses and jails every six months and issued reports to the governor. Steeped in detail, the reports documented the poor living conditions of inmates in facilities around the state, but failed to rouse public attention.

It was that poor level of care and the innovation of using photography in on-site investigations that ultimately threw public and political support to the creation of state institutions and the end of almshouse care of the mentally ill. In surveying county facilities for the Twenty-Third Annual Report of the Maryland Lunacy Commission, Montevue was visited five times over several months with incriminating images taken at each visit. African-American residents were found shackled, sleeping in hallways with no bedding and crowded into small, dirty locked cells with no furniture. An unannounced night inspection in January of 1909 and the photographs taken with flash equipment

provided a public display of the worst conditions at Montevue and made a strong case for ending the system of county care.

The embarrassing report galvanized Frederick County into action. By December of 1909, the Twenty-Fourth Report of the Lunacy Commission noted the reorganization of the nursing staff under the direction of Drs. Henry P. Fahrney and Ulysses G. Bourne, Sr., and some positive changes in the main building, but "the negro department is more crowded than ever." Commission Secretary Arthur Herring, M.D., made special note:

"I wish to emphasize the fact that the criticism which has been made of this asylum is not directed in any way at the superintendent or medical staff. They really are doing heroic work, considering the inadequate facilities at their disposal. Those in charge of the negro department are especially to be commended, as their accommodations are far less favorable than in the main building."

While the county had begun to make changes, the initial move was not enough to satisfy the Lunacy Commission. The trustees of Montevue applied for a new operating license at that time, and it was denied, noting that their original license was for 100 inmates, and they had over 200 in residence. At the advice of the attorney general, the commission told the county to stop admitting patients, especially African-Americans, until the facilities met the necessary standards. The report stated, "The Trustees have ignored the ruling of the Commission and continue to receive every patient brought to the asylum. All patients held in excess of the number allowed in the license are being detained illegally."

A year later in 1910, the Twenty-Fifth Annual Report of the Lunacy Commission had high praise for the changes made at the hospital, especially those made in the housing for African-Americans. An addition had been made to "The Old House," adding twenty feet in length; the cells removed and the first floor used as a day room and the second as a dormitory where each patient now had a bed. "One would hardly recognize the building in its present condition," the report noted, adding several photographs to underscore the

changes. Shower baths, enameled tubs and sanitary toilets were also added and the kitchen and dining facilities were dramatically upgraded. An infirmary for sick patients of the institution was created to separate them from everyone else in both buildings.



Maryland State Lunacy Commission Report Collection of the Maryland State Archives.

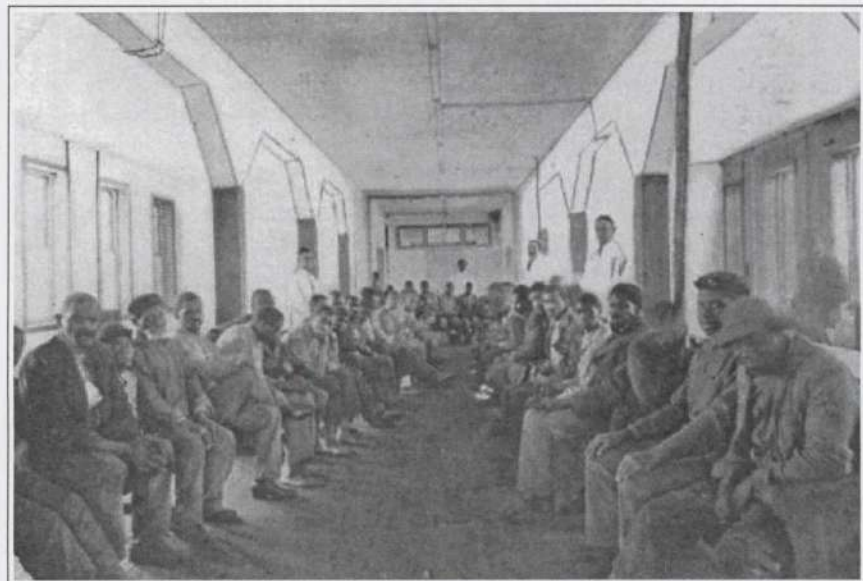
In the main building, improvements included renovations that added modern lavatories and enameled bathtubs in every ward. Recreation areas were created on each hall. The third floor of the building was converted to a dormitory, allowing the second floor to be used as a day room. This allowed the dormitory floor to be “ventilated” all day and gave patients movement in the building each day.

The Lunacy Commission report also noted positive changes in patient care. The use of restraint, particularly in the African-American population, was almost completely gone. The report gave credit for this and other changes throughout the hospital to the work of the new head nurse, Mrs. Daisy Dorsey, who had trained at Springfield State Hospital. Record-keeping was dramati-

cally improved; with daily ward books kept by attendants and a card index maintained on every patient by the physician-in-charge. A training school for nurses and attendants had been established and a Board of Visitors was appointed by the Lunacy Commission in December of the same year with five members: Dr. Franklin B. Smith, President; Miss Mary A. Ingle, Mr. Edward S. Eichelberger, the Honorable Milton G. Urner and Mrs. G.W. Kindley.

Positive changes in the physical surroundings and care of mentally ill patients at Montevue in 1910 did not change prevailing attitudes of the time. African-American patients were still segregated from white patients. All attendants employed at Montevue were now white, based on the assertion that they were "better able to control the negro patients than attendants of their [the patients] own race." And, while white patients were "classified" as far as possible by type of illness and care, "no classification of patients is attempted among the negroes."

Despite improvements, Montevue was overcrowded in 1910 with 271 mentally ill residents alone. With the opening of Springfield State Hospital for



Maryland State Lunacy Commission Report Collection of the Maryland State Archives.

whites in 1896 and Crownsville State Hospital for African-Americans in 1913, county almshouses were giving up the role of asylum. Montevue's mentally ill population moved to these institutions in 1913 and 1914, greatly reducing the overcrowding and forever changing the institution.

The large transient and resident populations at Montevue from the 1870's through the first decade of the twentieth century help explain the number of burials in the cemetery adjacent to the facility. While actual numbers cannot be determined as graves were not marked and complete records were not kept, scholars have developed compilations from hospital records and other available sources that show 500 possible burials from 1871 to 1889 and another 717 burials from 1890 to 1915. These burials included the remains of executed criminals and other unclaimed dead. An archival, architectural and geophysical remote sensing investigation conducted for the Frederick County Division of Public Works in 2002 estimated that 1,240 individuals may have been buried in the cemetery between 1832 and 1956.

The Montevue Cemetery



Photo by Kay F. Sheiss.

As the option of last – or only – resort for the poor, the elderly, the insane, the sick, and the homeless, county almshouses were also the places where these individuals often died, requiring the establishment of cemeteries where they were routinely buried in unmarked graves.

The first such graveyard in Frederick County was opened at the location of its second almshouse, which was built at 261 and 263 West Patrick Street around 1786. After the construction of the new Frederick County Almshouse on the Brunner Farm property in 1832, a new burial ground was also established on the east side of the property beyond the Old House where the Extension Service Building is today. The

earliest deaths at the almshouse were recorded in August 1832, from cholera, and the victims were probably buried there although no specific records exist.

After the construction of the Montevue Hospital building, a morgue was built on the property in 1878 for use in preparing bodies for burial. Known as the Dead, or Death, House, a name commonly used in the nineteenth century for cemetery morgues, the small, one-story brick building with four windows in the top portion of the walls is the only outbuilding on the property that remains specifically for its historical importance. In some disrepair with the roof partially caved in, a covering has been constructed over the building to preserve it.

Known as the county's potter's field, a term that comes from the Gospel of Matthew in the New Testament of the Bible, the burial ground continued to be used until 1956. As part of archival, architectural and archeological investigations conducted by R. Christopher Goodwin & Associates, Inc., for Frederick County in 2001, available burial records were compiled from a number of sources. The results show that approximately 1,240 graves could be accounted for in the Montevue cemetery. It was the final resting place for poor residents of the county and individuals who died at Montevue without any other provision for burial as well as others, such as criminals and strangers, who died in the county without family or funds.



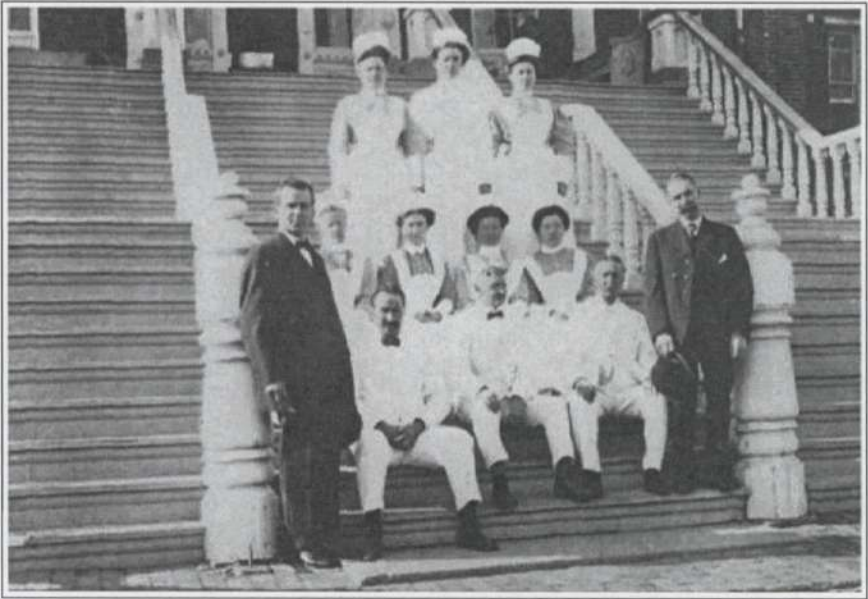
Photo by Kay F. Sheiss.

During Mr. Robert Schell's term as Montevue superintendent, he joined Mr. Raymond Creager of Thurmont and Mr. Carroll Kehne of Frederick in purchasing a stone monument marking the cemetery and honoring those buried in Frederick County's potter's field.

Today, the pastoral cemetery is maintained as a field that slopes down to Carroll Creek with tall trees bordering it on one side, forever giving peaceful rest to those interred there.



Hospital Services and The Pest House



Nurses, doctors and the superintendent on the front steps of the Montevue Hospital, circa 1909. From the Maryland State Lunacy Commission Report Collection of the Maryland State Archives.

During the nineteenth century, a major shift in the nation's population from rural to urban, along with industrialization and immigration led to overcrowding in poor housing that was not served by adequate public water and waste disposal systems – in fact, most were nonexistent. This led to repeated outbreaks of cholera, dysentery, tuberculosis, typhoid fever, influenza, yellow fever and malaria.

A diphtheria epidemic that began in 1881 terrified the people of Frederick for several years, with an average of fifty children dying each year from the disease.

Public anger over the lack of progress in halting the disease led to the formation of Frederick city and county Boards of Health, both firsts in Maryland outside of Baltimore City, in March of 1886.

A report by Dr. Franklin B. Smith, County Health Officer, in October of 1886 reviewed the state of water and sewage services, the handling of milk, produce and meat as it was produced and sold, the waste products of canneries and tanneries and other environmental factors affecting the spread of disease. Among the problems needing correction was the flow of waste products from the kitchens and water closets of Montevue and its 300 residents directly into Carroll Creek. This was changed by the creation of cemented cesspools on the Montevue farm which collected the solid wastes and forced the liquid overflow to "percolate at a depth of three feet through 100 yards of meadow grassland before reaching the Creek."

The need to separate individuals with infectious diseases, including typhoid fever, tuberculosis and influenza from the general population led to the construction of an infirmary called the "Pest House" on the Montevue grounds in 1910 at the request of Dr. Charles F. Goodell, a physician at Montevue and former County Health Officer. Frederick County physicians battled a number of infectious disease outbreaks during the early years of the century. There were twenty-seven cases of typhoid fever in 1910 and twenty-two cases in September of 1911.

In March of 1911, Federated Charities was formed with businessman Holmes D. Baker as president of the board and the Reverend Thomas A. Dixon as general secretary and manager. The five founding organizations shared information and resources and utilized some of the most modern methods of service known at the time. In 1913, Federated Charities hired Miss Florence E. Garner, R.N., as its full-time director and public health nurse. During the influenza epidemic of 1914-15, when the Frederick City Hospital would not admit influenza patients, Miss Garner and one staff nurse on loan from the hospital made over 2,116 visits to 300 patients, only thirty-four of whom died. More Americans died from influenza during this pandemic than died in World War II. During the Spanish Flu epidemic of 1918, a Red Cross hospital for local victims of the flu was set up at Montevue. A doctor from Johns Hopkins Hospital and Red Cross nurses tended to patients.

Wind and Fire at Montevue

The original Montevue Hospital building was very large, with five floors, a central core and two residential wings with no elevators. It sat on the highest area of the farmland surrounding it. Considering its size and location, the fact that it survived two rather dramatic events in the early 1900's is rather amazing and says a great deal about its construction.

A tornado swept through Frederick County on September 16, 1901, resulting in a great deal of damage at specific locations and the deaths of two people in the Liberty area. Viewed by Mr. Dudley Page, who was at his family's summer cottage at Braddock Heights, and reported in *The Daily News*, the tornado came from the direction of Harpers Ferry, "passed over Braddock Heights and on toward Montevue Hospital." The storm then veered toward Frederick. The damage at Montevue was significant, the newspaper reported, with 1,500 window panes broken, a portion of the roof torn off, the stable torn from its foundation and the corn crop damaged by hail. A hail stone reportedly flew through a broken window, "was hurled 20 feet across a room and smashed a mirror on the opposite wall."



On July 14, 1902 fire swept through the south wing of the Montevue Hospital. All three Frederick fire companies responded from downtown and fought to bring the blaze under control. Archives of Montevue Assisted Living.

By the end of the month, much of the damage had been repaired, according to accounts of the fall grand jury visit to Montevue. In reporting to the county commissioners on their required tour of the facility, Mr. Albert W. Burkhart, foreman, wrote that, "Although much needed repair has been done to the building, roofing, glazing, etc., many marks of the late terrible storm, which damaged the institution to the extent of about \$2,000, were still visible and will require still further outlay."

In the days after the storm passed through the county, the newspaper was full of accounts of damages to homes and businesses, including the lamented loss of a massive elm tree on the south bank of Carroll Creek opposite the East Patrick Street skating rink. "It was a grand old tree and had stood the storms and floods of years," the newspaper noted. "During the war it was a resting place for soldiers."

Not quite a year later, another event severely damaged the Montevue building. At six o'clock in the morning on July 14, 1902, fire was seen coming from the clothes room area of an upper floor on the southwestern corner of the south wing of the building.

In the common practice of newspapers at that time, *The Daily News of Frederick* used a series of short headlines under "A Morning Blaze" to describe the event: "Fire At Montevue Hospital This Morning Destroys South Wing," "Fire Laddies Worked Bravely," and "Fire Soon Under Control, Main Building Saved, and Inmates Safe – Origin of Fire Unknown – Damage Covered by Insurance." One hardly has to read the article!

The main building was indeed saved although three floors of the south wing were totally destroyed by the fire. All hospital residents were removed safely, and while two "escaped," both were returned unharmed. According to the news article, all of the furniture was also saved except for beds on the upper floors. A later article in volume ten of *The Philadelphia Medical Journal* reported on the fire and noted that "252 male insane patients were safely removed with considerable difficulty," and that the "clothing of fifty inmates was lost but there were no injuries in the fire that lasted three hours."

All three Frederick fire companies responded to the blaze. According to the news coverage, "as soon as the fire was discovered the fire companies were telephoned and they immediately secured horses for their apparatus and went to the scene." It is important to remember that the fire companies were in downtown Frederick and had to travel out of town along Rosemont Avenue and up the long lane to the hospital to reach the fire.

Once on the scene, the Junior and Independent engines "took positions along the [Carroll] creek from which they drew water," and the United engine "pumped water from the spring." The article tells us that water was stored on Montevue's roof in large tanks and that a large amount of hose was kept at the building, but trouble making the connections delayed use of that stored water. The only known photograph recording the event shows the firemen fighting the fire from the rear of the building, which would have been closer to the creek and spring.

While Mr. Culler, hospital superintendent at the time, told the reporter that the source of the fire was unknown, he did estimate damage at \$5,000 to \$8,000. There are no records detailing the rebuilding of the south wing or its costs, but later photographs show that it was restored to full use and appearance.



Caring For The Community Left Behind

By 1897, the building originally designated as the Tramp House at Montevue had been turned into a hospital for African-American citizens. This was the only facility of its type in the county and would remain so until Dr. Ulysses G. Bourne, Sr., the first African-American physician in Frederick co-founded a fifteen-bed hospital for African-Americans with Dr. Charles S. Brooks at 173 West All Saints Street in 1919. The Frederick City Hospital, which opened in 1902, would not admit African-Americans until a separate wing was built in 1928. Even then, this portion of the City Hospital, funded by the Baker family and bearing their name, was used for both children and adults and did not provide for obstetrical care.



Dr. Ulysses G. Bourne, Sr. Courtesy of Blanche Bourne-Tyree, M.D.

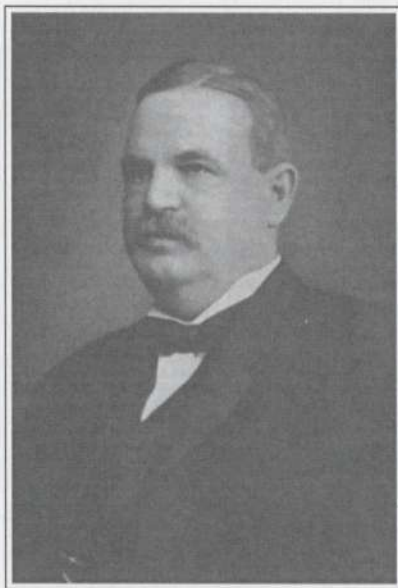
The relocation of the mentally ill to state hospitals by 1914 relieved the overcrowding of Montevue, but the population continued to be more varied than that found at other Maryland almshouses. While Montevue cared for the destitute sick, infirm and aged, it was also used as a detention home, hospital and lodging house when needed. Various newspaper articles over several decades note children being taken to Montevue when a parent was held in the jail, and citizens displaced by fire being housed at the facility. Mentally unstable individuals were held at Montevue before transfer to one of the state

hospitals, and on at least two occasions individuals jumped from upper floors of the building to their deaths. The infirmary continued to serve the sick and maternity care was offered.

With the opening of the Baker Wing for African-American citizens at the Frederick City Hospital in 1928, the Colored Hospital at Montevue was closed, although the infirmary remained and obstetrical care for African-American women was still available. The building remained empty for several years until Dr. B.O. Thomas, Sr., physician at Montevue, led a committee of area doctors in presenting a proposal to the county commissioners for an Emergency Hospital to be opened at the site in 1934.

Coal For Montevue

The idea of receiving coal in one's Christmas stocking may strike terror in the hearts of youngsters, but it would have been a much-appreciated gift in December of 1902 at the Montevue Hospital.



*Mr. Joseph D. Baker
Courtesy of Joe and Fran Baker*

The hospital and much of Frederick County was facing a very cold New Year's Day when Frederick banker and philanthropist Joseph D. Baker came to the rescue on December 31 having secured five train carloads of bituminous coal to be sold at cost for relief of the public. Arriving back in town from meetings in Baltimore, Mr. Baker met with local leaders, including Board of Charities and Corrections treasurer Jacob B. Tyson, who told the gathering that "the supply of coal on hand at Montevue Hospital was sufficient to last less than 24 hours." Mr. Baker then designated one fifty-ton car of the coal to be turned over to Mr. Tyson for the hospital. The remainder was di-

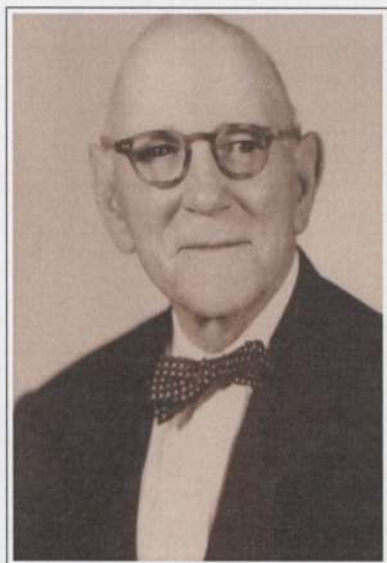
vided for various needs, including the Frederick Electric Light and Power Company and the Frederick and Middletown Electric Railway Company.

According to *The Daily News*, Mr. Baker stipulated that the needs of the poor should be "given special attention and that small orders, including those of the Charity Organization Society," should be filled as soon as possible.

The coal shortage on the east coast was the result of a major strike by coal miners in the anthracite coal fields of eastern Pennsylvania that began on May 12, 1902. Anthracite coal was the preferred coal due to its production of higher heat with less smoke. As winter approached and no end of the strike seemed likely, President Theodore Roosevelt stepped in, bringing both mine owners and the United Mine Workers to the White House. Unable to reach a deal, the President finally threatened military action to operate the mines, bringing about a suspension of the strike in late October with agreement to forming a fact finding commission that led to limited improvements in wages and hours for workers and higher prices for coal for mine owners. It would take several months to end the resulting coal shortage.



The Emergency Hospital



*Dr. Bernard O. Thomas, Sr.
Photo from the portrait gallery
of Frederick Memorial Hospital.*

While the main Montevue building was not fully in use at the time and room was available, the doctors suggested that a separate facility for sick patients was advisable. Civil Works Administration funds, which were allocated for work relief through the renovation of existing buildings for schools and hospitals, provided the majority of the \$20,000 needed for the project. The former Tramp House and later Colored Hospital, a three-story brick building, was converted into a two-story, fifty-bed hospital with a new front porch in six months. It was divided into four wards, two for white men and women and two for African-American men and women, with five private rooms located on each floor.

The facility included an operating room, four cribs and ten bassinets. It was the only hospital in the area that provided obstetrical services for African-American women. At its opening in June of 1934, thirty-five patients were moved from the main building to the hospital. The nursing staff included Miss Emily Adelsberger, Miss Thelma Bowers and Mrs. Hilda Eyler. Mr. Elijah Smith was the orderly. Dr. B.O. Thomas, Sr., was the Montevue physician, with many other area doctors participating, including Dr. Ulysses G. Bourne, Sr. The surgeon for the institution was Dr. Frank D. Worthington.

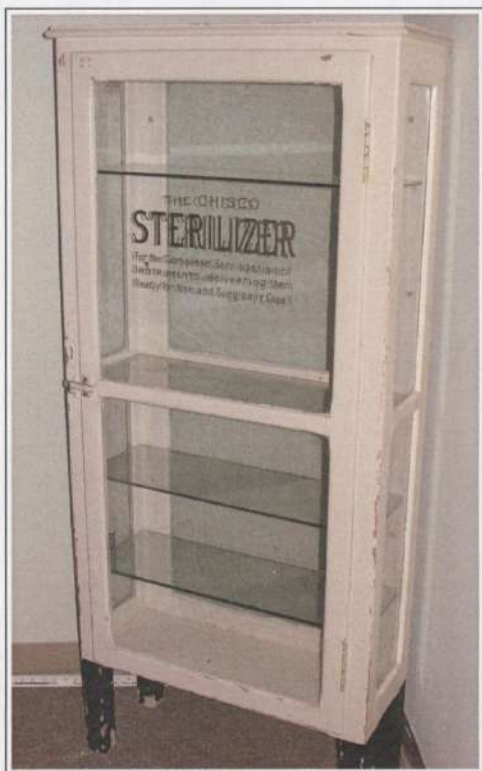
The Women's Guild of All Saints Episcopal Church provided 480 garments and other sewn items to the new hospital for its opening. These included 144

towels, twelve blankets, many bandages, aprons, operating room capes, clothing and twelve complete layettes for the maternity department. This support from the community was a precursor of the charitable work that would become a regular and important part of patient care in the future.



Left - Dot Esworthy Fogle, LPN, Dr. Robertson and Esther Jewell, RN at the entrance to the Emergency Hospital. Photo courtesy of Esther Jewell, RN.

Below - One of the only remaining pieces of equipment from the Montevue Hospital is this sterilizer which reads: The CHISCO Sterilizer, For the Complete Sterilization of Instruments, delivering them Ready for Use and Surgically Clean. The cabinet is on display at Montevue Assisted Living.





The Great Depression and World War II

In 1935, Frederick city and county officials compiled a list of public works projects that could be funded through additional work relief monies if they came available. It is interesting to note that among the many road, bridge, water and sewer projects on the list, county officials included the need to replace the main Montevue building constructed in 1870. If replacement wasn't an option, the list then noted the need for modernization work: repairing of all windows, new flooring throughout the building, installation of an elevator, removal of stairways at the ends of the building, installation of fire escapes and rewiring of the building. Not one of these publically documented needs would be met until well after World War II.

With the Emergency Hospital opening in 1934, poor and low income residents of Frederick County had access to hospital services through the years of the Great Depression. The hospital census averaged thirty-three patients per day in the years 1935 through 1937, thus providing more than 12,000 patient days each year. In the main Montevue building, which now functioned primarily as a home for the infirm and elderly, there was an average of 141 residents per day during the same years. The average cost per day per person, combining both facilities, was fifty cents. A newspaper article in November, 1936, noted that the availability of state old age pensions for some elderly citizens, which came into being in 1925-26, had not made a difference in the number of residents at Montevue. The pensions were limited to a small segment of the population over seventy years of age and would make an individual ineligible to live at Montevue. The monthly payments were not adequate to allow the level of home care needed for most Montevue residents, especially those who were bed-ridden.

The Montevue farm continued to operate throughout these years, providing a portion of the food needed for residents, patients and staff on site, and also generated more than \$600.00 in income during 1937. Other income that year came from Montevue residents (\$1,039.00) and hospital patients (\$589.00). The net cost of the facilities in 1937 was \$30,653.21.

During World War II, most of the county's younger physicians were in military service. In order to keep the Emergency Hospital open, many of the county's remaining doctors alternated months of providing service there in addition to Dr. H. L. Farhney, Dr. B.O. Thomas, Sr., and Dr. Ulysses G. Bourne, Sr. Having so many doctors serving in the hospital helped to spread the word about its important role in community health. By July of 1944, the tenth anniversary of the facility, Dr. Farhney reported that income from paying patients had steadily increased and the hospital was self-supporting in the areas of salaries and equipment. County support provided for food, heat and electricity.

At that time, the hospital continued to serve an average of thirty patients a day and twenty births per month. Between January 1 and July 1, 1944, there were 106 live births at the hospital. It remained the only hospital in the county where African-American women could deliver their babies. Surgery cases were mostly limited to tonsillectomies, appendectomies and hernia operations. Other surgery cases were moved to the Frederick City Hospital.

County Commissioner U. Grant Hooper was reported as lauding the Emergency Hospital for the services it had brought to the county in its first ten years and noting that "the investment involved and operating costs charged against the tax levy are many times realized in the value of services rendered." But just four months later, the commissioners were offering the Montevue Hospital site to the state for the construction of a chronic disease hospital serving western Maryland.

A Wandering Artist Finds a Final Home

The itinerate primitive artist Frank Feather, known throughout the Cumberland Valley for his beautiful carving, died at Montevue Hospital in 1951 at the age of 74.

According to a 2005 feature story written about Feather in *The Frederick News Post*, he was born in England in 1877 and immigrated with his family to New York as a child. He worked at the Moller Pipe Organ factory in Hagerstown for a time, but spent the majority of his life on the road. As he traveled, he would exchange his carvings for a night spent in a hayloft and a meal. He sold his carved items as well, but surely never received a portion of what those decorative items bring today.

Feather's work is sought both by collectors of art and those interested in items of historical significance to the area. The Matthew S. Hurley Auction Company, Inc., of Greencastle, PA, has sold Feather items over the years and continues to find quite a bit of excitement among buyers. Carved pieces by Feather often include passages from the Bible or the words "faith, hope and charity." Acorns, horse heads, four-leaf clovers and Native American symbols were also favored.



Two examples of carved Frank Feather canes. Photo courtesy of Matthew S. Hurley Auctions.



An Aging Building

Once again, county officials were grappling with issues surrounding the disrepair of the then seventy-year-old building, the costs of providing for indigent elderly citizens and those suffering from chronic diseases, and the debt remaining from the building of Montevue in 1870. The move to build three chronic disease hospitals throughout the state seemed to offer a perfect solution, since the deed conveying the Montevue property to the county restricted the use of the land for no other purpose than for the benefit of the poor. The effort failed, however, due in part to inadequate local support for a presentation to state officials. The hospital was built in Hagerstown on the site of the former Washington County almshouse.

By the late 1940's, county officials were forced to deal with the problems brought on by age and lack of maintenance at the Montevue building. Post-war philosophies on caring for the elderly poor indicated a move away from institutional settings toward foster home arrangements, suggesting that Montevue would no longer be needed and renovations could be delayed. Such ideas did not prove true, however, and safety issues in the building – now approaching eighty years old – could not be put off any longer. Inspections of the building in March and August of 1947, “from the cellar to the attic,” by county officials cataloged the many problems, but first on the list was fire safety. By September, fire doors were on order and construction was due to begin to eliminate fire hazards. The dumbwaiters to upper floors were capped and changes were made in regulations, such as ending the practice of locking inside doors.

The Montevue farm continued to be productive, with 10,000 quarts of vegetables, meat and fruits canned in the 1947 season under the direction of chief cook Mrs. Raymond Cramer and the superintendent Mr. G.M. Wachter. 1,200 bushels of Irish potatoes were harvested that year, and the dairy herd of

fourteen cows provided milk and butter for the institution. Twenty-six hogs out of the seventy-five raised that year were butchered at Montevue in November and December.



Montevue spring house that supplied water to the complex of buildings and feeds into Carroll Creek. Photo by Kay F. Sheiss.



End of An Era

By 1954, the Emergency Hospital was unable to meet state standards of operation and the maternity section was closed on November 29 with the delivery of the last baby to be born in the hospital. Dr. B.O. Thomas, Sr., who had championed the hospital's creation and delivered the first infant there in 1934, presided at the last delivery as well. 5,540 births were recorded over the hospital's twenty years of operation.

From that time on, the hospital continued to function as the Chronic Disease Hospital, caring for patients in need of nursing care but unable to either secure a bed in a state chronic disease institution or to pay for private nursing home care. By the end of 1955, there were twenty-two patients in the hospital and numerous others on a waiting list. Only the first floor of the building was usable and space was limited. A nurse and six aides worked at the hospital and Dr. H.F. Kline, the physician for Montevue, assisted when needed if a patient was not being seen by another doctor.

In late 1956, the county paid off the remaining debt incurred with the building of Montevue in 1870 when the last payment was made on a 1931 refunding bond issue. By the time of this payment, there were now two buildings in disrepair: the very large and outdated Montevue building and the Chronic Disease Hospital, which began as the Tramp House years before, as well as outbuildings and barns on a large piece of property that had to be used to the benefit of the poor.



Renovations and Resurgence



The original lane to the Montevue Hospital from Rosemont Avenue was still in use in this 1969 photograph. From the archives of the Montevue Auxiliary.

A plan for improvements began in 1958 with a complete renovation of the kitchen, including the addition of modern appliances and an ice machine, which in itself was a great morale booster for residents. Then, in April of 1959, Robert H. Schell came to the Montevue Home as superintendent along with his wife, Grace, and two sons. Facing a long list of problems, the Schells joined with the county commissioners in creating a plan that included both physical renovations and reinventing the purpose of the facility to better serve its residents.

The most visible and significant external changes over the next two years were the removal of the fifth floor of the building and the addition of a new flat roof. This floor, originally housing an operating room and cells for the insane inmates in Montevue's early days, had been used as an attic for some time. A new concrete front entrance, replacing the fire hazard of the original steps and porch, was also added. An overall cleaning of the outside of the building and grounds and the addition of a covered pavilion in the back of the home improved the property as well.



The Montevue Home in 1969 after removal of the top floor, installation of an elevator and much renovation. From the archives of the Montevue Auxiliary.



Creating A Place That Feels Like Home

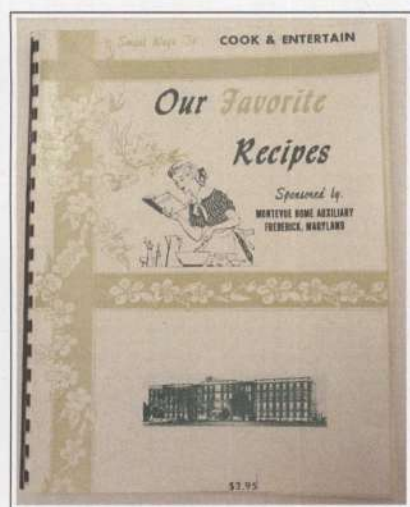


An altar set presented to the residents of the Montevue Home by the Frederick Ministerial Association. Photo by Kay F. Sheiss.

Inside the building, general repairs of cleaning, painting and replacing floors eliminated the smells and scenes of years of neglect. The much needed addition of an elevator allowed residents in wheelchairs to come downstairs and outside for the first time in years. On the first floor, renovations allowed for the creation of a large multi-purpose room that would be used for weekly religious services, social and entertainment events and holiday meals for all of the residents as well as a daily sitting room.

Superintendent Schell and his wife also inaugurated a new focus on the daily life of the residents, taking steps, in his words, "to make Montevue a home concerned with the welfare and comfort of those living there." Extensive efforts were made to bring the important service provided by Montevue before the public, as well as the need for community support. By April of 1960, an open house brought over one thousand visitors to Montevue to see the initial changes in the life of the now ninety-year-old building. Over the next several years, individuals, businesses and civic groups would take on the task of sponsoring resident rooms, refurbishing twenty-two by the summer of 1963 at an average cost of \$250 for each one. Even the members of the

February 1963 grand jury joined together to sponsor a room after touring the home and seeing the improvements made there.



From the archives of the Montevue Auxiliary.

On August 25, 1959, the Montevue Auxiliary was organized with the mission of supplementing the personal attention given to residents and establishing a program of occupational therapy and social activities. Members of the Auxiliary took on the goal of “spreading cheer throughout the year” and involving many other local groups in their cause. From The Green-walled Garden Club, which provided decorations for all special days, and the Frederick Ministerial Association, to Granges, 4-H Clubs, Hood College musical groups, Homemakers Clubs and men’s and

women’s service organizations, the residents of Montevue and the Chronic Disease Hospital became a focus of community concern beyond traditional Christmas visits and programs. During the building renovations, an arts and crafts room was set aside specifically for Auxiliary programs.

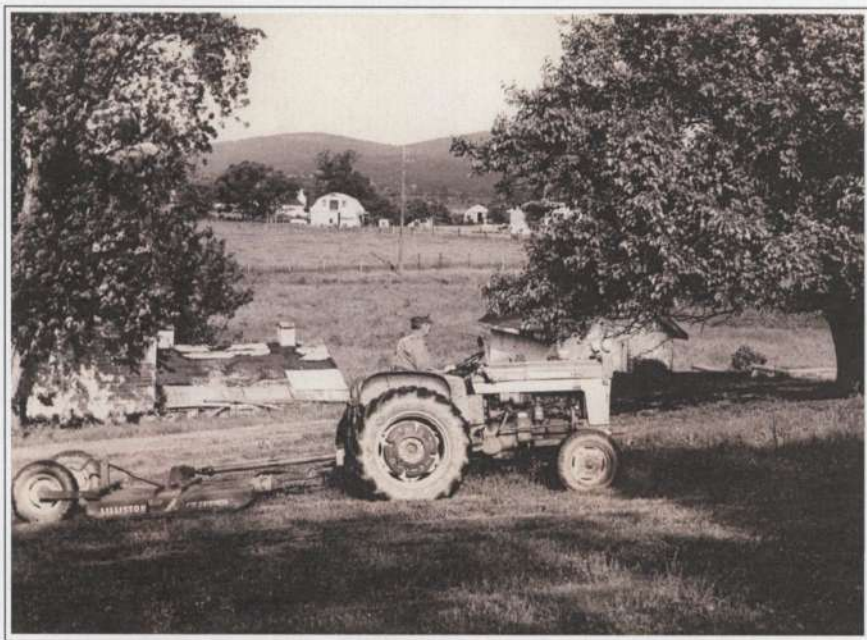
Another much-anticipated addition to life at Montevue was the 1960 installation of a room for local beauticians to use as they volunteered their services each week. The Frederick Hairdressers Association took on this task, raising funds and donating equipment themselves, including hydraulic chairs, tables, sink units, dryers, shampoos and other essentials.

A new county laundry was opened at Montevue in May of 1960, with a modern commercial washer and dryer. This replaced the wooden tank washer that had been in use for many years. Up until this time, all county laundry – that of the Montevue Home, the Chronic Disease Hospital and the jail – had been hung to dry on clotheslines at Montevue. The former laundry building was

renovated for use by the Frederick County Livestock Laboratory, formerly located in the basement of Winchester Hall.

On August 5, 1960, members of the state fire marshal's office conducted an unannounced visit to Montevue, inspecting the entire building and conducting a fire drill that resulted in the evacuation of the Home's ninety-seven residents in just seventeen minutes. The follow-up report to the county commissioners cited pleasure at the changes that had been made at the facility, including complete rewiring of the building, installation of new standpipe hose throughout the building, renovation of the kitchen and the new elevator.

By the summer of 1962, the Montevue Home and Chronic Disease Hospital were again opened to the public with tours, musical entertainment and refreshments. Renovations to Montevue completed, the county was now making use of the outbuildings and land for new and changing needs, including the construction of an animal autopsy and disposal building, the renovation of



The Montevue farm operated through the 1980's. From the archives of Montevue Assisted Living.

the old Bake House/Meat House as the animal testing laboratory and the use of the dairy building for the Dairy Herd Improvement Association (DHIA).

The work of Robert Schell was cut short with his untimely death on September 25, 1963. His wife Grace succeeded him as superintendent. On April 5, 1964, the County dedicated the newly renovated infirmary wing of Montevue in his honor, recognizing his deep dedication to the residents. The infirmary wing was the new home of patients needing nursing home care who were previously housed in the Chronic Disease Hospital. The old Emergency Hospital was now empty and used for storage.



Challenges Ahead



The renovations and improvements completed at Montevue in the early 1960's made a difference in the immediate lives of the residents, but they were proving to be stop-gap measures by the middle of the decade. The larger questions of what services to provide to the county's low income and poor senior citizens, and how and where to provide those services, were issues sitting before several successive boards of county commissioners.

The Montevue building was fast approaching one hundred years old, and fire safety was a critical issue once again. Numerous grand juries had raised the question year after year, and even the Frederick County Chamber of Commerce urged the commissioners to do something about the problem in a January 1966 resolution. By March, bids were sought to either place fire escapes on the building or to add a sprinkler system to the interior. A sprinkler system, which was tied into the Central Alarm system, was installed in all rooms of the building, but water pressure problems limited its adequacy if more than two sprinkler areas were to be used at one time.

By mid-December of 1966, a delegation of community leaders including members of the clergy, the hospital and the Commission on Aging approached the commissioners with a proposal urging them to examine the future of Montevue. The proposal suggested the need for a professional survey of the institution and "how it can best serve the increasing demands for institutional and medical care of the elderly," noting the "crying need for housing for the elderly," yet "many people will not consider Montevue Home because of the stigma that has been attached to it. Many people think of Montevue only as the county's poorhouse." The group also encouraged the commissioners to

delay selection of a new superintendent of Montevue until July of 1967 while a study was completed. David Youngdahl, administrator at Frederick Memorial Hospital and a member of the group noted his expectation that a study would show a problem with pay scales at Montevue. "For example, from what I have heard, salaries at Montevue will have to be doubled if we expect to hire and hold qualified people."

Such insights proved prophetic as Mrs. Ruth Crawford, head nurse, and three nurse's aides left their positions on December 24th after commissioners refused Mrs. Crawford's earlier request for pay increases for the Montevue staff of fourteen nurse's aides, two part-time orderlies and herself. Mrs. Crawford said she resigned "because of the substandard salary paid a person in this position. I think it is time that wages are upgraded in order to keep competent help." The position of head nurse carried a salary of \$4,500 and an increase to \$5,200 was requested. Salaries for nurses aides ranged from \$2,180 to \$2,704 and the requested increase would bring the range to \$2,600 to \$2,912. Mrs. Crawford noted that the staff cared for ninety patients at the home at the time and that the head nurse was on call twenty-four hours a day, including her days off. All employees had the cost of meals at the home deducted from their paychecks as well.

The problems and concerns about Montevue continued to be front page news in 1967. Just after the New Year began, a new head nurse, Mrs. Elizabeth Zang, RN, was hired along with a licensed practical nurse in place of two of the aides who had left the home a month earlier. At the same time, the commissioners also faced claims that Montevue employees were being overcharged for their meals along with concerns that employee morale was very low.

Controversy also arose among the commissioners as they hired a new administrator and matron, Mr. and Mrs. Norman Snook, at an increased salary, despite external encouragement to delay the hiring until a study about Montevue's future was conducted.

By April, the new staff at Montevue had obviously come to grips with the issues facing the institution and they didn't take long to make the commis-

sioners aware of those needs. Mrs. Zang was in front of the board by April 1 with a request for pay increases, noting that she could no longer compete with Frederick Memorial Hospital for personnel. She stated her belief that the pay scale at Montevue should be in line with that paid for similar work in the rest of the county. The commissioners voted, two to one, to raise the salaries.

On April 26, 1967, the new superintendent and matron submitted a written statement to the commissioners during budget hearings that cited thirteen specific "substandard conditions" at Montevue and suggested that the county should "build a new nursing home on the Montevue grounds rather than try to bring the present obsolete structure up to minimum standards." Among the problems noted were inadequate wiring, plumbing, heating, and kitchen facilities, wooden floors and stairs that were "dangerously inadequate," an "overcrowded and inadequate" infirmary and resident rooms and bath facilities that did not meet state requirements for nursing care. They suggested that the current Montevue building, now ninety-seven years old, could be "remodeled and re-decorated for use as a home for residents not needing nursing care."

The Snooks' 1967 fiscal year budget proposal was for \$192,279. This was \$868 more than the previous years' grant which also included \$40,000 for fire escapes that had not yet been added to the buildings. Their proposed budget included an increase from \$55,000 to \$61,484 for employee salaries which would be in addition to the raises granted earlier that year. They also requested \$5,000 to implement the study suggested earlier to examine Montevue's future.

"Devoted to the Welfare of Those Committed to My Care"

— From the Nightingale Pledge

We do not know much about the staffing of the Frederick County Almshouse before the Civil War. The post of overseer, as it was called in the early years, was a political appointment and there was regular turnover in the position. Medical treatment, limited by the scientific knowledge of the time, would have been provided by the local doctor as well as the overseer's wife, who served as matron at the almshouse.



*Martha Baumgartner at work.
Photo courtesy of Esther
Jewell, RN.*



*Physical therapy at Citizens
Care & Rehabilitation Center
Photograph by C. Kurt Holter.*

Prior to the Civil War there was no true profession of nursing. Attendants employed at many almshouses typically had no medical training but were there more to keep the peace and dispense food and bedding. In the early part of the nineteenth century, British social reformers began to call for the formation of groups of religious women to staff hospitals. In Germany, a Deaconess Home and Hospital was established along with a deaconess, or nursing, training program. Florence Nightingale, the woman who would lay the foundation for nursing as a profession, began her work in 1851 at Upper Harley Street Hospital in London. In 1854, she traveled to the Crimea to care for British soldiers, decreasing the number of deaths dramatically simply by cleaning their barracks and hospital wards. Coming home as a heroine, Nightingale opened a school of nursing at St. Thomas' Hospital in London.

Within the next decade in the United States, the Civil War would begin without any official provision for nursing the wounded. Officers' wives, the family members of wounded soldiers who came to care for one and stayed to help others, religious sisters and volunteers came forward on both sides of the conflict to provide nursing care. It is estimated that more than 3,000 women served as nurses during the war, a number that includes the many women of Freder-

ick who worked in the hospitals here. Some of the famous nurses of the Civil War include Dorothea Dix, who was named superintendent of nurses for the Union Army; Clara Barton, who went on to found the American Red Cross; Harriet Tubman, an escaped slave who cared for soldiers during the war; Louisa May Alcott, author and volunteer who wrote *Hospital Sketches*, a book based on letters she wrote home from a military hospital and Mary Livermore, who served as a nurse and director of the Northwestern branch of the U.S. Sanitary Commission, directing solicitation and distribution of food and medical supplies to military hospitals.



*Occupational therapy at Citizens Care & Rehabilitation Center
Photograph by C. Kurt Holter.*

After the war, large-scale immigration, the movement westward and growing industrialization led to social problems and change. With developments in medicine, almshouses started to become municipal hospitals. Still, the staff of these hospitals continued to be mostly men employed as warders and some women with no more nursing background than what they would have to offer family members at home.

The first schools of nursing in the United States began to be established just about the time that the new Montevue Hospital building opened. Student nurses were most often treated as cheap labor in hospitals and their education took second place to the needs of the hospital. However,

as scientific knowledge expanded rapidly at the end of the nineteenth century and into the next, new technology required that nurses be better trained and nursing schools and their students were taken more seriously.

It wasn't until 1909, when the Maryland Lunacy Commission reported on problems at Montevue, that the nursing staff was reorganized under Drs. Henry P. Fahrney and Ulysses G. Bourne, Sr. By 1910, Mrs. Daisy Dorsey, who had trained at Springfield State Hospital's school of nursing, had been hired as head nurse.

From that time on, the staff of nurses and nursing assistants at each of the succeeding facilities at Montevue has been the heart of patient care and service. Many are remembered for their dedication and for service to patients and residents outside working hours as well. Stories abound of those who reached into their own pockets to provide a bit of spending money for residents to attend the Frederick Fair, or those who always remember special days and family members. From decade to decade, the successful completion of the daily mission of both Citizens and Montevue has depended on the professional nursing staff at its core.



Mapping Montevue's Future

The commissioners answered calls for a professional review of Montevue's future use by requesting assistance from the Maryland State Health Department in May of 1967. Dr. H.G. Fritz, director of the Division of Medical Facilities Development for the state, said that outside firms obtained most of their data from his office, so this would eliminate the cost of hiring such a firm. In addition to Dr. Fritz's office, information and recommendations would come from the Division of Chronic Diseases, the State Department of Mental Hygiene, the Frederick County Health Department and the Commission on Aging.

Dr. Perry Stearns, acting county health officer, noted the need for two types of facilities in the county during a group meeting with Commissioner Charles E. Collins: "nursing home care for bedridden patients and old-age care for those able to get about on their own." He said that both types of care were being provided at Montevue, but because Montevue was not licensed by the state, it could not qualify for federal or state payments from Medicare or the Maryland Medical Assistance Program. The home did not qualify for any payments from the county welfare department because it did not have a common admission policy; instead, the secretary to the county commissioners conducted the financial checks of the welfare department, banks and other sources to ensure that applicants to Montevue met income eligibility. Implementing a common policy would require all patients to meet the same admissions criteria. Dr. Stearns also noted that Montevue could qualify for payments as an extended care facility if changes were made in the home's structure and organization.

The report of the committee was submitted to the commissioners in November, 1967. The group made five main recommendations:

1. The construction of an eighty- to-one hundred bed nursing home that would meet the standards of treatment of Medicare patients

2. Connecting the new nursing home to the present Montevue Home via a corridor in order to share food service, storage, recreation, physical and occupational therapy and placing new kitchen facilities in the nursing home replacing those at Montevue
3. Bringing the present Montevue building up to state standards required for licensing as a domiciliary care home for the elderly and partially disabled
4. Providing adequate space in Montevue for community rooms and offices and the hiring of a social director
5. Using all available sources of financial support

The report noted that the majority of the committee members originally believed the most economical option for meeting the county's needs was replacing the old Montevue building altogether. However, review of all the information placed before the committee led to the conclusion that it would be economically feasible to renovate the building for the use stated in the report.

The Commission's full report was printed in the March 30, 1968 edition of *The Frederick News*, just days after an evening panel discussion was held at Montevue on the government's role in the care of the aged with Board of County Commissioners president Charles Collins participating. During the discussion, Mr. Collins predicted an increase in real estate taxes "if the county government went into the building of a proposed county nursing home." The county would have to "put up fifty or sixty percent of the funds," he said, and noted that, "We will use all the state and federal money available to Frederick County provided the county does not lose control of the services the funds provide for." Answering a question from the audience regarding the improvements needed at Montevue, he responded that "the commissioners have contracted to have new bathroom facilities constructed and all of the features of the report that could be possibly funded would be taken care of as soon as possible," although he noted that he didn't see "how it would be financially possible to have the doorways enlarged by two inches," a requirement needed for wheelchair access to rooms.

Mrs. Ruth Fischer, a member of the Commission on Aging, questioned the use of the Montevue property. "Why could this land not be utilized to build a complex of hospital services, elderly care unit, nursing home, which would serve the dual purpose of providing a low cost hospital service to the citizens of Frederick County and service the need for a home [for the elderly poor] in Frederick?"

No further action was taken on the Montevue question despite a call from a 1969 grand jury for the immediate addition of fire escapes. Citing the sprinkler system that was installed in 1966, Commissioner Collins refuted the need saying, "I don't think it is possible for anyone at Montevue to be injured in the event there was a fire."

The Montevue Auxiliary

Efforts to upgrade the Montevue Home building that began in 1958 under the leadership of Robert and Grace Schell received a tremendous boost with the formation of the Montevue Auxiliary in August of 1959.



Doris Smith calling numbers at one of the monthly bingo games as other auxiliary members assist the residents with their cards.

With the mission of extending personal attention to each Montevue resident and establishing a program of occupational therapy and social activities, the Auxiliary became a part of the life of the institution that continues to operate today. Pronouncing a goal of "spreading cheer throughout the year" in 1959, the Auxiliary

has raised funds to provide holiday parties and phone calls to loved ones, trips to local activities, special dinners, picnics and musical entertainment events. They refurbished the deacon's bench from the old Montevue Hospital and brought it to the new building in 1997, funded the addition of a fish pond in the garden and the construction of a pavilion for residents.

Members are able assistants at regular bingo games, help residents in sending cards and letters and play an important role in simply providing a welcome smile and greeting.

Auxiliary members have coordinated the help of many other community groups at Montevue as well, including youth and service clubs, the Frederick Ministerial Association and the Green-walled Garden Club, among others. In the 1970's, the Auxiliary published a cookbook as a fundraiser to support their work.



Montevue Auxiliary members, in their green aprons, with guests at the 2009 groundbreaking ceremonies. Photograph by Doug Koontz.

Auxiliary members were on hand to assist Montevue residents making the move from the old home to the new building in 1987 and their dedication to the residents will be of continuing importance in the newest Montevue facility as well.



One Hundred Years On



*Dr. Bernard O. "B.O." Thomas, Jr.
Photograph from the gallery
of Citizens Care &
Rehabilitation Center.*

In May of 1970, Dr. B.O. Thomas, Jr., physician at Montevue, Dr. Charles Spicknall, director of the County Health Department and Mrs. Pat Throne, director of the local Senior Citizens Center, went before the county commissioners to once again advocate for the closing of the infirmary at Montevue and the building of a county-owned nursing home.

Citing the 1967 study, the doctors and Mrs. Throne encouraged the board to begin a policy of accepting only ambulatory patients at Montevue and placing the remaining seventeen infirmary patients in private nursing homes, where they would be eligible for welfare or Medicaid funds. It was pointed

out that such placements are difficult to find, however, which was a key reason for the need of a county-owned nursing facility. Dr. Thomas noted that making such changes while a nursing home was being planned and built would save the county funds in personnel and medication at Montevue in addition to increasing the ambulatory capacity of the building. Mrs. Throne reminded the commissioners that such a facility was needed for middle-income citizens as well, and cited an increase in assistance requests for nursing home beds for such individuals through the Department of Social Services.

In the fall of 1970, The Frederick County Commission on Aging sponsored a series of forums on issues related to senior citizens. Asked to rank the importance of twelve major issues, respondents throughout the county placed the development of an intermediate care facility on the Montevue property as number four on the list. While such a facility was never built at Montevue, it was clear that use of the property remained in the public consciousness at the time. Commissioner Lawrence A. Dorsey found this to be true when he visited a sociology class at Hood College in November of the same year. Students had visited Montevue in preparation for his visit with them, and they were quick to raise questions about staffing levels and qualifications as well as overcrowding at the Home. As the one hundredth anniversary of the opening of Montevue approached, questions about its future remained unanswered.

The Doctors of Montevue and Citizens

The size and scope of the medical services provided at the Montevue Hospital after its opening in 1870 placed great demands on the physician-in-charge at the institution. Beginning with Dr. William Wooten, who served as the institution's first physician (1870-1872), nine different doctors held the position through 1909, with three of them serving multiple terms. Dr. Henry P. Fahrney, who was born the year Montevue opened, first served the hospital in 1898 and returned in 1909. It was under his leadership, along with that of Dr. Ulysses G. Bourne, Sr., that the first work was done to improve conditions at the hospital, especially for the African-American patients. Both of these doctors would continue to serve patients at Montevue and the Emergency Hospital through the 1940's.

Dr. Charles Goodell was also a physician at Montevue during these years. He called for the building of the "Pest House" at Montevue in 1910 to quarantine patients with infectious diseases. Dr. Goodell served as health officer for the city of Frederick from 1898 to 1901 and later for the county as well. He was president of the Frederick County Medical Society in 1911 and was later elected to the Maryland State Senate.

While many area doctors would serve at Montevue in the years to come, the man best remembered for his dedication to the hospital is Dr. Bernard O. Thomas, Sr. Born in Adamstown in 1882, Dr. B.O., as he was known throughout the county, graduated from the University of Maryland Medical School in 1906 and served in the army medical corps during World



Top left – Martha Baumgartner, RN and Dr. J. Elmer Harpe outside of the Emergency Hospital. Courtesy of Esther Jewell, RN.

Top right – Dr. James E. Stoner, Jr. and Esther Jewell, RN outside of the Emergency Hospital. Courtesy of Esther Jewell, RN.

Bottom left – Jackie Kemp, NA, Dr. Ulysses G. Bourne, Jr. and Esther Jewell, RN on the Montevue Hospital grounds. Courtesy of Esther Jewell, RN.

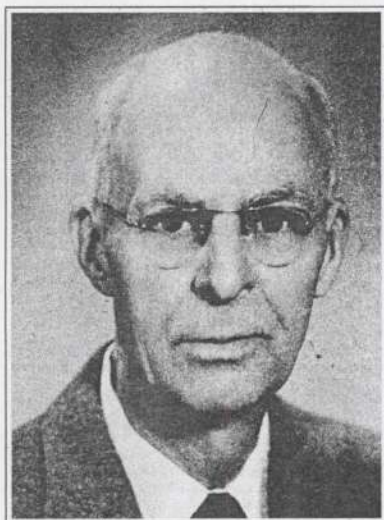
Bottom right – Dr. James B. Thomas and Martha Baumgartner, RN enjoying a light-hearted moment at the Emergency Hospital. Courtesy of Esther Jewell, RN.

War I until his discharge in 1919. Returning to Frederick, he was a general practitioner who was especially interested in serving the poor.

The medical needs of the county's poor and minority citizens led Dr. Thomas to organize a group of doctors and community members who proposed the renovation of the old Montevue Tramp House into a hospital in 1933. From the time the Emergency Hospital opened in 1934 until its closing in 1954, Dr. Thomas was a regular presence, delivering both the first and last babies born there. He retired from medical practice in 1965 and died April 15, 1969.

Dr. Thomas was joined in his work at Montevue and the Emergency Hospital by his sons, Drs. B.O. Thomas, Jr. and James B. Thomas, as well as Dr. Ulysses G. Bourne, Sr. and his son, Dr. Ulysses G. Bourne, Jr. Dr. Bourne's daughter, Dr. Blanche Bourne-Tyree, did not work with her father and brother in Frederick, but she remembers accompanying her father on his visits to Montevue when she was a child.

Dr. B.O. Thomas, Jr., was named physician-in-charge at Montevue and the Emergency Hospital when he returned from military service in December of 1945. He served Montevue and Citizens for fifty years, including twenty years as medical director of Citizens. He was joined in his work at both facilities by his medical associate, Dr. James E. Stoner, Jr.



Dr. Horace F. Kline.

Dr. Horace F. Kline, Sr., began serving the residents of Montevue in 1956 when the Emergency Hospital closed. He retired from the position of physician-in-charge in 1963 and Dr. B.O. Thomas, Jr., returned to that role until his retirement in 1995.



The Nursing Home Decision

Frederick Countians opened the January 4, 1972 issue of *The Frederick News* to a headline titled “*Nursing Home Needed For Aged: Dorsey*” as part of a trio of interviews with the county commissioners on their thoughts for governance in the year ahead. Commissioner Dorsey listed the building of a non-profit nursing home as his “top priority,” noting that there were sixty-eight individuals waiting for nursing home placements in the county at that time, many of them Medicare patients and unable to find placement in private facilities. He also said that a number of issues had to be settled before progress could be made and any other facilities could be located at the Montevue property.

By the end of May, Mr. Dorsey was announcing that the commissioners “favor immediate construction” of a nursing home addition to Montevue, with \$4.1 million in bonding funds once allocated for school buildings now available in the county treasury thanks to the state’s takeover of school construction. At the same time, the commissioners were engaged in a larger planning issue. Options for a proposed county office complex were now complicated by the state’s need for more office space in Frederick as well as concerns voiced by Frederick business owners regarding any move of offices outside the downtown area. The possibility of locating all such offices on the Montevue property was one of many options under discussion.

Ten months later, in March 1973, county officials went before the Frederick County Comprehensive Health Planning Council with a proposal to build a 120-bed non-profit nursing home on a six-acre tract adjacent to the Montevue Home. Earlier that month on March 6 the executive director of the Governor’s Commission on Nursing Homes, Dr. Paul Kerschner, had visited Montevue along with other county nursing facilities before a meeting with the council. He noted that with the addition of the proposed nursing home, “Montevue should be for the semi-independent elderly needing only minimal

care," and could be "transformed into a domiciliary with less need for skilled medical supervision." Montevue could, he said, become "a nucleus for a system of elderly care." He also noted that "nursing homes can no longer be plopped down somewhere, they must be tied to a system of care, shopping, shelter and services; it can't be isolated anymore."

In discussing the county's proposal, the Health Planning Council looked at a wide variety of issues, including projected costs, occupancy rates and eligibility requirements, but the need for the nursing home was not a question. With the projected need for nursing home beds in the county increasing from 201 in 1973 to 312 in 1975 and 382 in 1980, the council was well aware of future demand, especially since it was noted that twenty-five percent of the county's indigent convalescents were currently going out-of-county for care and others were spending more time in acute care hospital beds, at higher costs, with nowhere else to go.

The county nursing home proposal won approval of the council's Health Facilities Review Committee on April 4th and subsequent approval from the full council was announced May 1, 1973.

Commissioner Dorsey, serving as chairman of the council, described plans for moving the current infirmary patients at Montevue into the new nursing home and then renovating Montevue. The proposed design joined the two buildings allowing for a single kitchen and dining room. Accommodations in both facilities would go first to Medicare and Medicaid patients, he noted, with waiting lists continuing to be a probability. He also noted that it was expected that the county would need to continue subsidizing the operations of both Montevue and the nursing home in the future.

In follow-up to the approval by the council, the Long Term Health Committee of the council met with the commissioners to recommend an architect for the project from the four firms under consideration. Within weeks, the firm of Battistone and Marney of Washington, DC, was chosen and the council held a public hearing on the plan "to answer questions and get ideas and input from citizens on what they want the nursing home to do," according to council planner Richard Menconeri. Construction was slated to begin in April of 1974 with an expected completion one year later in April of 1975.



A Change In Location

As plans for the new nursing home progressed, more attention was being paid to the size of the entire Montevue property and the many possible ways in which it could be used to meet the needs of a growing county. Any construction of a county office complex had been put on hold the previous June by the commissioners, but everyone was aware of the future need for more space. As architectural drawings for the nursing home were being reviewed, concerns about the topography of the land surrounding the Montevue Home and the flood plain were being raised. By September of 1973, at a meeting of the Health Planning Council reviewing drawings and plans for the facility, ideas for moving it across the road from the Montevue Home were being considered.

Ken Pohlmann, chairman of the Longer Term Care Committee, brought up his "second thought" that the building might be better built across Montevue Lane in a forty-acre field that would be an improvement aesthetically and provide more leeway in possible use for a future health facilities complex.

County Commissioner Dorsey acknowledged the idea, noting that the only difference in the plans would be the loss of joint kitchen and dining facilities with Montevue. Other council members raised various concerns, including Robert F. Barrick's question of whether or not such a change for the nursing home would "preclude the use of the old home." Mr. Dorsey noted that this change might lead in a direction toward the building of group homes for the elderly. Another member raised the need for a "complete plan for the entire forty acres" because "we don't want a hodge-podge arrangement like at Johns Hopkins."

In the following month, the council opted for Mr. Dorsey and their architectural consultant Dr. Herbert Damazo to visit the site and make a recommendation on whether or not to propose the change from one side of the Montevue property to the other. Walking through the site left the two men

with an immediate reaction. "We were walking to the cornfield and when we got there Herb said 'this is it,'" Dorsey said, adding his thought that, "We're building something that should have been built years ago." The Council voted unanimously to recommend to the commissioners that the nursing home be built on the new site at their October 29 meeting.

On Friday, November 2, 1973, the Board of County Commissioners took up the proposal to move the site of the planned facility. Amid discussions of the topography and flood plain issues, as well as the view from both sites, the most important issue was how to build the nursing home and leave the most land for future county buildings. The commissioners were split on the issue, with Mr. Dorsey and Mr. John A. Derr opting for the new forty-acre site option, and Mr. Donald L. Lewis preferring the original concept of joining the new building to the Montevue Home, and arguing that the medical facilities would take up less room at that site. Architect Battistone suggested the option of more site studies for both concepts, but none of the commissioners wished to pursue that avenue and opted for a vote that moved the nursing home, now to be built across the road from the old Montevue Home, forward to the construction process.

While the focus of the moment was on the need for nursing home beds and thinking ahead to future uses at the Montevue site, little public attention was paid at the time to a statement made by Dr. Damazo about the future of the now 103-year-old Montevue Home itself. While discussions of the last several years always mentioned the renovation and continued use of the building, Dr. Damazo noted that it would be "difficult if not impossible" to renovate Montevue to meet state licensing requirements and qualify for federal Medicaid payments. The building would probably have to be "razed in a few years."

While the architectural design and accompanying plans for the nursing home were being developed in 1974, public debate continued over other uses for the Montevue property. In April, the county's Commission on Aging, the Long Term Care Committee of the County Health Planning Council and Frederick Congregations United jointly recommended that the county develop a master plan for the property. They encouraged the county commissioners to

place a moratorium on proposals to build a county highway department road shop and a car pool lot on the site until the plan was completed.

County officials announced the completion of the construction bidding process on January 6, 1975, as Dominion Contractors, Inc., of Baltimore was selected as the project contractor at a cost of \$1.4 million. Most of the construction funding would come from federal revenue sharing funds while some operating funds would come from state grants. The commissioners, along with Frederick Mayor Ronald N. Young and Mrs. Pat Throne, Commission on Aging chairperson, stood in the snow to break ground for the new building on January 13, 1975.



Opening The Doors To A New Era



Oscar Singer, 98, was the first Montevue resident to enter the new Citizens Nursing Home in December, 1976. At left: Commissioners Edgar Virts and Lawrence Dorsey with Director of Nursing, Faye Bevard, RN to the right. Photo by Amos L. Brown for The Frederick News. From the Citizens Auxiliary archives.

Citizen's Nursing Home received its first patients on December 6, 1976, as five long-time residents of Montevue were transported across the road with help from the Junior Ambulance Company. Commissioners Lawrence Dorsey, Edgar Virts and Donald Lewis were on hand as ninety-eight-year-old Oscar Singer, the first resident to arrive, was wheeled through the doors. He was followed by his wife of seventy years, Annie Singer, who was ninety-three. Twenty-four patients from the infirmary at Montevue were moved to the nursing home during its first five days of operation under the direction of William P. Hill, Jr., Citizen's first administrator, Dr. B.O. Thomas, Jr., medical director and Faye Bevard, RN, director of nursing.

Citizen's 120 beds, eighty of which were designated for patients needing skilled nursing care, filled quickly resulting in a waiting list of individuals in search of care. By August of 1977, the monthly census report showed a full house, with services for ninety-nine of the patients being paid for through the Medicaid program, seven through the Medicare program and fourteen private-pay patients. While the nursing home was created to serve the poorest seniors in the county first, individuals paying for services helped to improve the financial balance sheet and off-set some of the county's subsidy for the nursing home. Throughout the years to come, financial reports would show an ebb and flow between months of surplus and months of loss, depending on patient numbers and the level of skilled care needed, federal and state reimbursement for varying levels for services, and cost increases in everything from food to utilities that would never be covered with equal increases in outside reimbursement. The one constant was the need: as seniors were living longer lives, the greater the levels of care needed in the nursing home.

By 1978, discussions were underway for an initial forty-bed expansion to Citizens where the waiting list stood at 109 in September. The Maryland Health Planning Agency also approved Citizens' application to designate sixteen of its 120 beds as "extended care" beds which were, Administrator Hill said, "essentially one step below hospital care." He also noted that the state paid a higher reimbursement for those Medicaid patients needing this level of care, thus possibly expanding a source of revenue for the nursing home. By August of 1979, the size of the addition was expanded to fifty beds due to a loss of ten beds at the Vindobona Nursing Home in Braddock Heights. This \$1 million expansion would help to maintain the number of nursing home beds needed in the county.

When Citizens' administrator William Hill expressed a hope that an auxiliary of volunteers would form at the nursing home when it opened in 1976, he didn't have long to wait. Community members came together in February of 1977 to support the county's non-profit nursing facility and have been a vital and easily recognizable presence at Citizens ever since.

Over the years, the Auxiliary raised funds to refurbish the lobby, dayrooms and indoor garden areas of the original building and also purchased (and restored in 2007) a multi-passenger van for residents' use. Their team of dedicated volunteers staffs the Gift Shop, keeping the prices reasonable so that the merchandise is affordable for residents, their families and visitors. Citizen's residents benefit immensely from their interactions with Auxiliary members at regular bingo events, seasonal parties and day-to-day activities such as reading, writing notes and cards to their loved ones and receiving one-on-one visits for companionship.



Shown at a wheelchair presentation to Citizens Care & Rehabilitation Center, are, from left, front row, Joan Miller, Stacy Whittaker, Betty McClellan; back row, Gladys Showers, Josephine Coady, Anna Falconi, Rita Hood, Grace Winpigler, Dot Degrange, Jessie Fisher and Virginia Metcalf. Sixteen wheelchairs were purchased by the auxiliary. Courtesy photo to The Frederick News-Post published September 17, 2009.



Changes In The Montevue Landscape

The building of Citizens Nursing Home in 1976 changed the way everyone looked at the nearly ninety-four acre Montevue property bordering Rosemont Avenue and Rocky Springs Road and bisected by Montevue Lane. Some of the property lay in the flood plain, Carroll Creek meandered through it and the Montevue cemetery created in 1832 and used until 1956 lay beyond the aging Montevue building. Still, the property seemed to be on every list of possible sites for every county facility or building that came under discussion. Suggestions by the Health Planning Council and other groups that the commissioners hold off on other construction projects on the property until a master plan was completed went unheeded.

Early in the 1960's, outbuildings on the Montevue farm had been renovated to house several agricultural agencies that provided services to county farmers. By 1967, the new Central Alarm communications center had been located in the old Emergency Hospital, which was originally the Tramp House, behind Montevue. In 1976, as Citizens was opening, the commissioners accepted a bid to build a new Animal Control Shelter on one corner of the property along Rosemont Avenue. This long-awaited project was developed in conjunction with the Frederick County Humane Society.

The county highway department and warehouse were built on the Citizens side of Montevue Lane in the late 1970's, and by 1979, as the expansion of Citizens was being planned, the commissioners were also looking at conceptual drawings for an anticipated county health and administration complex on the property and construction of the Scott Key Center. Buildings needed for Central Alarm and warehouse expansion, both of which were allocated in the 1979 capital budget, were also in the planning stages.

None of these proposals or plans elicited the public reaction that erupted when site proposals for a new county jail complex were announced in 1980. The Montevue property became the commissioners' first choice as a site for the complex in July, and their quick vote to use the property resulted in vocal condemnation from neighbors on all sides of Montevue. The Carroll Park Manor Community Association filed suit to stop the project in November. A subsequent reversal of the plan resulted in the new jail complex being constructed on land off the Buckeystown Pike in the southern portion of the county and opening in October of 1984. It would be another five years until commissioners decided to create a long-range plan for use of the remaining Montevue land.



Adjacent to The Extension Service and having served many purposes, this building was part of daily life at the old Montevue Home. Photo by Kay F. Sheiss.



Coming Full Circle: A Plan For The Montevue Home

What about Montevue?

That headline from *The Frederick Post* editorial on Monday, January 24, 1983 had been the refrain from health providers and advocates for the county's elderly poor for more than fifty years, but as the editorial pointed out, other projects – including Citizens Nursing Home – moved ahead while Montevue waited.

By the mid-1970's the decaying Montevue building was constantly in need of repair. While construction was underway across the street at the new nursing home in 1976, the heating pipes at Montevue were in hazardous condition and in need of a minimum of \$25,000 in repairs. Grand jury reports continued to list deteriorating health and safety conditions at both the jail and Montevue, with the February 1981 review noting, "It is readily apparent that there is a dire necessity for both of these facilities to be upgraded."

As the county commissioners weighed options, other factors were present in the mix. The 1979 plan for adding fifty additional beds to Citizens provided an option for integrating a new domiciliary care building with the nursing home, while a 1981 report from the Health Systems Agency of Western Maryland projected the need for sixty more nursing home beds in the county by 1985, indicating the continuing need for services at a variety of levels. HSA officials noted the option of purchasing services as opposed to building and offered assistance in preparing a study of county needs.

In response, the county filed a letter of intent with the HSA of Western Maryland in April 1981 for Montevue reconstruction. HSA suggested that it would be more economical for the county to find a private provider who would build

and operate facilities for both the additional sixty nursing home beds and the domiciliary care provided by Montevue for the poor.

By March of 1982, problems with such a plan were clear: private service providers who would be interested in the nursing home portion of the equation were unwilling to take on the services provided county residents at Montevue, noting that the \$11 per day reimbursement rates for care were too low for any profit potential. County officials were not surprised. "For \$11 a day, we can't even keep prisoners in jail for that much," County Comptroller Thomas M. Fox said.

Moving a new Montevue building to the top of the Capital Improvements Program for 1985-1989 became a priority for commissioners in 1983. They included \$1.9 million in the 1984-85 budget for the Montevue project, with an allocation of \$200,000 for planning. "Montevue needs to be built and it needs to be built now," Commissioner Anita Stup said. "A project can only be put on hold for so long and then it becomes critical."

With the completion of the new jail slated for the end of 1984, the commissioners were looking at Montevue and the construction of a new health center complex as the most critical projects on their list. Commissioner Galen Clagett summed up three options: build a new Montevue and use existing space for health services; dispose of the old buildings and build a combined Montevue and health center complex, or do a combination of the first two.

Creating a ten-member Montevue Home Planning Committee that same year, the commissioners took the first step in preparing plans for the long-awaited new building. Meanwhile, by May of 1984, the county health department liaison to Montevue, John Gray, took on some of the issues that would allow the home to operate as if it were a state licensed domiciliary care facility while planning and construction were underway. The infirmary at Montevue would be closed, with a physician called in for any emergency; the farming operation at Montevue would end by the end of 1984 and the land turned over to the Parks and Recreation Department; all requests for admittance to Montevue would begin at the Health Department and the duties of physician-in-charge

for Montevue and Citizens would be separated. Mr. Gray also noted that a moratorium had been placed on new admissions to Montevue since a new building was in the planning stages, and that John and Bessie Remsberg, current co-administrators of the home, would be retiring that year.

Commissioners had also heard from another grand jury in February citing a problem with bats in the Montevue hallways that they had seen firsthand, and the need for fans for air circulation. Another recent visit from fire inspectors resulted in more safety recommendations for the building. All of this, along with continuing public attention to Montevue's problems, gave the commissioners a long list of reasons to be pleased to receive their planning committee's proposal in June.

The proposal put before the commissioners recommended a facility for sixty residents to be constructed adjacent to the Citizens Nursing Home, allowing for sharing of some services and facilities, including food services and laundry. The committee suggested an outline of the building that would meet the state requirements for resident rooms, bathrooms and common living spaces, allowing for a great degree of flexibility. County Citizen Services Director Michael Stovall noted that "Montevue has typically been the place that has filled the gap," as community needs have changed over the years, so flexibility was important in planning. He also noted that while Montevue had always been targeted at indigent elderly Frederick Countians, age had never been a limiting factor. For instance, developmentally and emotionally disabled individuals who were released from state institutions would need support as they aged. As a licensed facility providing domiciliary care, Montevue would – for the first time in its history – be able to receive state Medicaid payments for services to residents, thus providing a source of income to partially offset the cost of operating the home.

Six months later, in December of 1984, the commissioners were looking at architectural drawings for the proposed facility. The 21,785 square foot building would "wrap around" Citizens Nursing Home, joined by a corridor that would enable shared services and movement between the facilities. "We have nothing in excess of the minimum," Citizen Services Director Stovall noted in the planning group's presentation to the commissioners. The essentially

bare-bones building would meet state standards and certainly eliminate the gross inefficiencies and hazardous safety problems of the current home.

Opening the new facility would also have a potentially positive effect on the financial situation at Citizens, suffering at the time from federal cuts in Medicaid funding, which is channeled through the states. With more than eighty percent of patients at Citizens relying on those dollars, the nursing home operated most efficiently when the majority of beds were utilized by patients requiring greater amounts of skilled nursing care and therefore higher reimbursement levels. Patients who improve and are able to function on their own with minimum care can then be moved to domiciliary care homes, such as Montevue, when space is available. Due to the old Montevue's building problems, patients had been unwilling to transfer there in recent years.

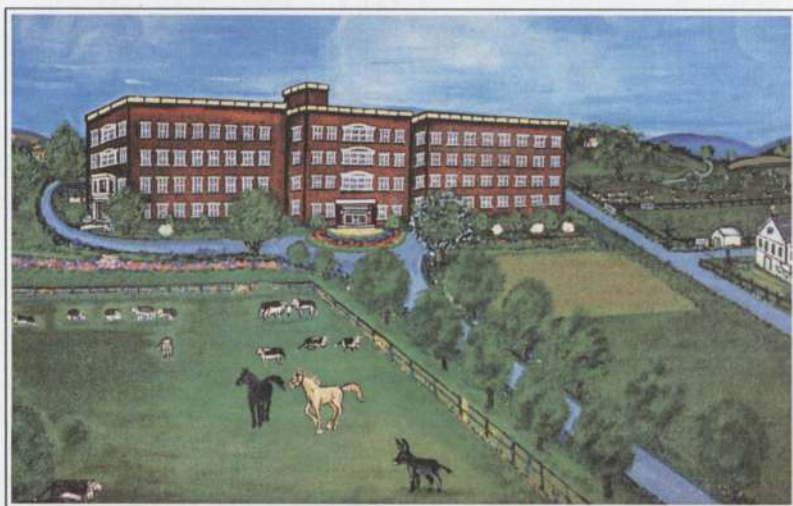
While the commissioners were committed to the building project, financial issues still stymied progress. \$250,000 in bond money allocated for the project had been moved to pay for cost overruns in the Opossumtown Pike road project, and the new cost estimates exceeded the 1981 allocations by another \$200,000. The commissioners needed to find additional funding for the project before proceeding. While Commissioner Stup expressed frustration with another delay on the project, Commissioner Sterling Bollinger noted that, "We're doing things in this county that no other county is doing. A lot of counties are leaving it (domiciliary care) up to the private sector. I have to be careful; there are a lot of people who have to carry this burden through tax dollars." But Citizens Services Director Stovall reminded the commissioners that the planning group had learned in discussions with local nursing home directors that while domiciliary care was needed, the private sector would not provide it because it was not profitable. Without Montevue, there would be no such services for those in need.

The New Year brought good news as county budget officials found the dollars they needed to begin the project through bond proceeds and unused bond issuing costs in January, 1985. The architectural firm of Browne, Worrell and Johnson of Baltimore won the contract in cooperation with the local firm Landon Proffitt and in September, Waynesboro Construction won the construction bid.

Groundbreaking ceremonies for the new Montevue building were held on Friday, October 25, 1985. Michael Stovall read from a 1931 *Frederick News* article on a grand jury visit to Montevue and its subsequent recommendation that the outdated building be replaced, a vision which took fifty years to complete. He also recognized the Board of County Commissioners for allocating the funding. "They decided it was time to stop studying it and go ahead and build it," he said.

Montevue Mural

Thousands of individuals resided at the old Montevue Hospital between 1870 and 1987, and many brought special skills and talents that they used in bartered payment for their stay, including working on the Montevue farm. Artist Robert Warfield Wallace lived at the home for six months in 1960 while a broken collarbone healed. During that time, he painted a mural of the building and scenes of the farm on the wall of the large multipurpose room that was also used as a chapel for residents.



According to an interview with his daughter, Roberta Wallace Cole, in January of 1987 in *The Frederick Post*, her father usually painted murals on buildings, including the old ice rink on East Street and the Transportation Department building on DeGrange Street. He died in 1966.

As the demolition of the Montevue Hospital building approached in 1987, auxiliary president Myrtle Gary saved the mural for posterity by having her son Keith take a photograph of it and then having it reproduced on a postcard. The original photo, matted and framed by Mrs. Gary, was hung in the activities room of the 1987 Montevue Home building and will continue to tell an important part of the home's long and storied history in the new building as well.



Making The Move To The New Montevue



Entrance, resident and multi-purpose area of the newly constructed Montevue Home in 1987. Photograph from the Montevue Assisted Living files.

In a February 1985 *Frederick New-Post* article, Montevue administrator Jean Steves noted that despite its many problems, the old Montevue, with its rocking chairs and daily card games, was indeed home to its forty-seven residents. Maintaining that personal atmosphere was something they would work hard to create in the new building then in the planning stages. They wouldn't miss the need to drape blankets over windows on cold winter nights, or the low water pressure.

When moving day rolled around on February 3, 1987, members of the Montevue Auxiliary and staff helped residents pack and unpack their belongings, all the time calming any fears about the move and encouraging the residents



Left - Tom Flook gives Rusty a treat. Mr. Flook became a resident of the Montevue Hospital in October 1980. He made his home in the existing Montevue Assisted Living until November of 2010 when he required additional nursing care. Mr. Flook passed away in May 2011.

Right - Linda Dougherty, LPN Charge Nurse checks on resident William Kelly as part of a daily assessment. Photos by C. Kurt Holter.

to explore their new home. The new, bright, and modern building was a big change, especially for those who had lived in the old Montevue for thirty or more years.

Dr. Dana Cable, Hood College professor and expert on gerontology, spoke at the dedication ceremonies for the new building, recognizing the county commissioners for their commitment to senior citizens. He also pointed out the expected growth of the nation's elderly population over the coming years and the need for more flexibility and alternatives for individuals and their families. The issues surrounding senior housing and care would, he noted, be growing larger and more complex.

Jean Steves retired from her longtime role as Montevue administrator in 1992. She was succeeded by Faye Bevard, RN, former director of nursing at Citizens, who managed Montevue until her retirement in 1997. Diane Grove, RN joined the staff as the new administrator that year.

The Citizens' Volunteer Auxiliary

The "yellow jacket ladies" of Montevue have been an integral part of the Citizens team since their organization in February of 1977. Following the fine example set years before by the Montevue Auxiliary, the volunteer group at Citizens quickly began to provide the extra services that make a difference in the daily lives of residents. They provide a gift shop for residents and guests, offer regular activities such as bingo, entertainment and holiday events and have raised funds to purchase a van, patio furniture and kitchen appliances and to refurbish the lobby, dayrooms and other areas of the original Citizens building over the years. Easily recognizable by their yellow coats, the volunteers also assist with letter writing and provide companionship to residents.



Citizens Auxiliary members taking a turn at the October 2009 groundbreaking. Photo by Doug Koontz.

With an eye to the future, the Auxiliary has made an important contribution to The Citizens Care & Rehabilitation Center and Montevue Assisted Living Endowment Fund at The Community Foundation of Frederick County. Their support of this fund is one more way in which they are helping to ensure that the work they have done over the years at Citizens will continue to have financial support in the years ahead.



Saying Good-Bye To The Old Montevue

115 years after it was built in grand Victorian style, the Montevue Home came down, leaving only a quiet cemetery of unmarked graves as a reminder of days past.

In preparation for the demolition, the building's furniture and other items were sold at an April auction on the premises. The Frederick County Historical Society evaluated the contents beforehand, but just a few items were of historical significance, according to Citizens Services Director Michael Stovall. A Stottlemeyer rocking chair was the most valuable item remaining, selling for \$350.00. For most attending the auction, it was a chance to see the landmark building one last time, and to wonder about the people who had passed through its doors over the last century.

The plan to demolish the Montevue building began to take shape in October of 1986 with the county filing a request for a Frederick City permit to tear down the structure early in February of 1987. The city then requested a review of the historical significance of the building from the Maryland Historic Trust. At question was whether or not the Montevue building should be listed on the National Register of Historic Places, an important decision that, should it be affirmative, would in turn force changes in the county's planned use of the remainder of the Montevue property.

When demolition began in mid-June, city officials reminded their counterparts in the county that a permit had yet to be signed since there had been no decision from the Historic Trust. Two days of phone calls and a who's-on-first drama played out in the press resulted in a decision to allow the demolition, although the permit noted that "compliance with applicable state historic preservation requirements is not implied by this approval and remains the



Photo courtesy of C. Kurt Holter.



Having served many purposes over the years, The Old House, one of few buildings remaining, is now used by The Frederick County Office of the University of Maryland Extension Service. Photo by Kay F. Sheiss.

responsibility of the county.” The county stood by its belief that since no state or federal funds were used in the demolition or the construction of the new facility to be built on the site – a county office of the state health department – then the state’s historic preservation oversight was not appropriate. By June 18, the old Montevue Home was truly on its way to being history.

Five months later, the county commissioners began 1988 with approval of plans to build the long-anticipated Frederick County Health Department complex on the site of the old Montevue. The 60,000 square foot facility would bring together the department’s services and administrative offices which had been spread out in various buildings since its origin in 1886. Ground was broken for the complex on April 5, 1990.

The only other major original building remaining in use on the property is now the home of the Frederick County office of the University of Maryland Extension Service. Once the Tramp House and later the Emergency Hospital, this building was used for the Central Alarm in 1967 and since then has been renovated twice for the use of the Extension Service: first in 1986 and again in 2011.

Other county services located on the original Montevue farm after 1987 include the Maryland Animal Health Laboratory, the Division of Emergency Management, Advance Life Support, Transit of Frederick County and the Scott Key Center.

Commitment That Lasts a Lifetime

Montevue and Citizens have been home to married couples over the many years, including one twosome remembered for their longevity and another for finding romance later in life.

Oscar and Annie Stitely Singer were married February 15, 1900, when he was twenty-one and she was sixteen years old. Mr. Singer was a butcher and carpenter and the couple lived in the Woodsboro area, where they raised five children. They celebrated their seventieth wedding anniversary at Montevue in 1970 and in 1976 they were the first two residents to enter the new Citizens Nursing Home at the ages of ninety-eight and ninety-three. They were together when Mr. Singer died at Citizens in June of the following year at ninety-nine years of age.

Another couple fell in love at Montevue, and was married there. Geraldine Michaels and Lewis Keeney met when Mr. Keeney moved into the old Montevue Home in 1985. Mrs. Michaels had been living there for about three years. Their slow and steady courtship culminated in a wedding ceremony at Montevue in November of 1987. As far as anyone can remember, it was the first such ceremony ever to be held in Montevue's history.

The bride and groom, aged sixty-nine and seventy-three respectively, were treated to a reception in the Montevue dining hall with friends and a honeymoon at the Frederick Day's Inn before returning to their adjoining rooms at Montevue.



Preparing For A New Century

Public buildings, particularly those used for medical services, have life spans that can only be extended for periods of time with renovations. Changes in technology, standards of service and patient needs all demand constant attention, resulting in the upgrading and replacement of equipment and facilities. Failure to plan for such eventualities is, as the old saying goes, a plan to fail; surely a lesson learned through the history of the old Montevue Home.



Photo by C. Kurt Holter.

Celebration of the twentieth anniversary of Citizens in 1996 was also a time for reflecting on the changes in health care and demographics affecting both the nursing home and Montevue. Citizens administrator Randal Fowler believed the next twenty years would be “a time of drastic change,” as seniors now had more options for home care and assisted living and were entering nursing homes later. Such trends were wonderful, Dr. Dana Cable, chairman of the Citizens Board of Trustees, noted, “but we may find ourselves with an

abundance of beds.” And, at the same time, those entering nursing homes like Citizens were requiring more skilled care than those of past years, demanding changes in the way facilities are staffed.

Looking forward, the county commissioners began a study in 1998 to determine the future structural needs at Citizens. By December of that year, county budget officials anticipated the study to show the need for “a major refurbishing of the facility” and the “possible need to build a new facility.” The major goal of the study was to find ways to reconfigure the current building into rooms that house just one or two people instead of three and retain the current total number of residents. Doing so would help expand the number of private pay residents to the available twenty percent of the facility’s 170 beds, an important factor in Citizens’ ability to generate revenue. At the time of the study, only 12.9 percent of the beds in the nursing home were in use by private pay patients, even though the facility had just four empty beds in rooms with female residents and a waiting list of male patients.



Photo by C. Kurt Holter.

While Citizens was created with the mission of serving the county’s elderly poor, annual changes in Medicare and Medicaid reimbursement rates resulted in budget fluctuations that gained some balance from private pay revenue. In fiscal years 1995 through 1997, the county did not contribute any funds to

Citizens' budget, forcing officials to use retained earnings to meet the operational budget. In fiscal 1999, the county budgeted \$414,810 to subsidize Citizens. Budget officials expected the need for growing subsidies to continue after 2000 if revenue expectations remained the same.

In late 1999, the commissioners appointed a task force to "evaluate future population trends of Frederick County and associated needs and services that should be provided" by Citizens and Montevue over the next several decades. When the "Blue Ribbon Task Force" presented its report in early 2001, many important points were made clear:

- Frederick County's skilled nursing facilities were more than ninety-five percent full; Citizens was at 100 percent capacity
- The ratio of available beds per 1,000 people over eighty-five years of age was less than state and county averages
- Citizens was providing seventeen percent of all skilled nursing home beds in the county with eighty-five percent of the total 170 beds being used by people on Medicaid
- Citizens was providing twenty-two to twenty-seven percent of all Medicaid beds in the county
- Median income of county seniors over seventy-five was \$24,305; a shared room in one of the area's assisted living homes would require an income level of between \$36,000 and \$48,000
- The county's over sixty-five population was estimated to grow fifty-eight percent from 2000 to 2020
- Many patients at Citizens were there during the last two months of their lives and required more intensive medical attention than the building was originally meant to serve
- In the last decade, the length of stay for residents had decreased while the medical needs and ages of those residents had increased
- Prior to 1990, the average age of admittance was sixty-seven and people stayed up to ten years. In 1990 that age increased to seventy-three and length of stay was reduced; by 1998 the average age at admittance was eighty-three and length of stay was fifty-five days.

The now twenty-five year old Citizens building had many structural deficiencies that did not allow it to adapt to the new and changing needs of patient care. Among the most crucial problems was the fact that the building was not handicapped accessible, an obvious deterrent to efficient care and quality of life for residents and visitors. Shared toilet facilities were small and not wheelchair accessible, requiring nursing staff to manage a juggling act when maneuvering patients into the bathroom. Oxygen tanks had to be rolled down hallways and stationed in crowded patient rooms because oxygen lines were not included in the building's construction, and the facility needed a building-wide sprinkler system for fire protection. The report noted that despite these difficulties, Citizens had received an AAA rating from Care Scout, which rates services at nursing homes across the country, in both 1999 and 2000. That was "the highest ranking out of 225 nursing facilities in the state" and it indicated no health care deficiencies. Deciding how best to maintain that level of care in the decades to come was at the heart of the panel's findings and recommendations.

The study group's report recommended the building of a new nursing home facility, the expansion of Montevue's domiciliary care beds and the redevelopment of the current Citizens building as a centralized senior service center. In a letter to the commissioners dated February 16, 2001, the panel presented the commissioners with a total cost estimate of \$26,791,000 for financing all three portions of the facility construction and renovation project. The board subsequently voted in 2002 to build a new nursing home and domiciliary care facility.

Endowing a Future of Smiling Faces

When the new home of the Citizens Care & Rehabilitation Center and Montevue Assisted Living opens in 2012, it will be the first and only facility of its kind in the county to have an in-house dental care suite, equipped to serve the needs of patients and residents.

This essential component of patient care was the dream of Grace V. Brashears Winpigler, long-time Citizens Auxiliary member and president. During her long career as a dental assistant in the Frederick office of Dr. William Thomas, Sr., and culminating as an instructor at the University of Maryland Dental School and Frederick Community College, Grace has always been an advocate of meeting the dental health needs of under-



Grace Brasbears Winpigler, Sonja B. Sperlich, Ph.D., President, Board of Trustees and Collier W. Baird, III, Executive Director, Citizens Care & Rehabilitation Center review drawings locating the dental suite in the new facility.

served populations. Her volunteer work at Citizens made her aware of the need among its residents for regular dental care. When honored as a Wertheimer Fellow at the Community Foundation of Frederick County in 2008, Grace established an endowment fund where the income earned could provide the seed money for the dental suite. The annual income will be used for equipment maintenance, supplies and some level of regular staffing in the future. Gifts may be made to the endowment at any time, helping the fund to grow and, in turn, produce more income to be used for patient services.



Overcoming Adversity

Twenty-six years of quality service and high rankings at Citizens were dealt a serious blow in August of 2002 when the state Office of Health Care Quality paid a visit to the home and found twenty-eight violations that resulted in a fine, a two-year suspension of the nurse's aide training program and the required implementation of a plan to solve the problems.

The Citizens Board of Trustees reacted immediately, initiating changes in the home's management and nursing services leadership and contracting with Xavier Health Care Services of Baltimore in September of 2002 to take over daily operations and implement new policies.

The Board and new administrator Nicole Bohrer, who came to Citizens as part of the contract with Xavier, quickly corrected problems in the facility's kitchen area that led to several of the violations, in addition to fixing the leaky roof and painting the building. An essential program in resident care staff training was put into place immediately along with new processes to insure that the problems did not happen again. A new director of nursing, along with a manager of nurse in-service training, marketing and admissions director, an assessments coordinator and a nurse scheduler all worked with Ms. Bohrer to bring Citizens back into compliance within a month. When the state returned in October of 2002, the report found Citizens to be back in compliance with regulations, citing only three problems, all related to nursing documentation and all "easily fixed issues," Ms. Bohrer reported.

By January of 2003, Citizens was certified as back in "in full compliance" with the state Office of Health Care Quality, but work in rebuilding the nursing home's reputation was needed, as were decisions about future leadership and the continuing issues of costs, budgets and funding.

Public reports of the state's negative findings the previous August along with management problems had resulted in empty beds and less income for the facility. The county commissioners, while very pleased and publicly supportive of Citizens' quick rebound, were also concerned about the budget situation, county subsidies and reports that the turn-around at the nursing home had required "tough management." At a February 2003 public hearing prior to a decision on retaining Xavier Heath Care Services for another six month contract, Commissioner Bruce Reeder said Xavier "could have been more friendly to our good, long-term employees," but noted that "Citizens is now a place to bring your loved ones for long-term care."

The commissioners voted that month to fund the second six month contract with Xavier Services, but also threw down the gauntlet to the Citizens Board of Trustees on funding issues. County finance director Anne Wright told the commissioners that subsidies in the 2003 fiscal year are "about \$500,000 higher than the \$1.3 million budgeted," and that number would increase by April. Trustees board chairman Kevin Quirk told the commissioners that changes were being made and that the contract with Xavier was "an investment to strengthen the home's stability and improve efficiency." Commissioner John L. Thompson commended Citizens' return to excellent service but continued his call for phasing out county ownership of the facility, even though the commissioners had included \$17.9 million for a new nursing home building in that month's \$101 million bonding authority request made in Annapolis.



The Path Forward

Looking to a rejuvenated future, Citizens' management was now working to publicize its services, boost residency and efficiencies and improve billing procedures in an effort to expand its revenue stream and achieve a "break even" financial goal. By spring of 2004, efforts had resulted in the board of trustees asking for \$1.2 million from the county's general fund in fiscal 2005, a reduction of \$800,000 from the previous fiscal year. By August, an article in *The Frederick News-Post* updated the changes made at Citizens and positive statements from residents regarding their lives at the nursing home. Services such as IV, wound and speech therapy were drawing new patients. "We're starting to see more people coming into the facility for more complex needs and that's something that Citizens, two years ago, wasn't in the position to be able to handle," Benita Fisher, director of nursing, told the newspaper.

The Frederick New-Post followed up on their news story with an August 18, 2004 editorial commending Citizens on its "comeback" and offering support of the county's continuing ownership of the facility, calling it a "very positive distinction for Frederick County" that is a "sign we care about our senior citizens and are willing to offer more than lip service as evidence."



*Citizens
resident Marie
Croall with her
daughter Carol.
Photo by
C. Kurt Holter.*



Strengthening The Fabric Of Community

Having voted to proceed with building new facilities for Citizens and Montevue and placing the project in the 2003 bond authority request, it would be another five years before commissioners would jump-start the process by approving architectural designs in July of 2008. In the meantime, philanthropic citizen interest in the future of both institutions coalesced in the creation of two endowment funds benefiting resident life.

Friends of **CITIZENS CARE & REHABILITATION CENTER AND MONTEVUE ASSISTED LIVING**

Donald C. Linton and Charles F. Trunk, long-time Frederick business leaders and former Citizens trustees, began the process in 2007 by making the first gifts to two endowment funds at The Community Foundation of Frederick County. *The Citizens Care & Rehabilitation Center and Montevue Assisted Living Fund* is a permanent endowment from which investment income earned on gifts made to the fund will be used each year to enhance the quality of resident life. This income could be used, for example, to buy equipment or provide recreational services and activities that would be useful to residents but fall outside the homes' operating budget.

The second fund, *The Friends of Citizens Care & Rehabilitation Center and Montevue Assisted Living Fund*, is a pass-through fund established to address needs beyond the capital budget such as equipment, landscaping and resident necessities. Gifts made to this fund can be used in their entirety for the benefit of the residents of either or both facilities. Thus, an individual, family or busi-

ness who might wish to fund the renovation of a resident lounge area in the future, for example, could help the facility do so even though funds were not in the operating budget for such work that year.

These charitable funds, overseen by the Board of Trustees of the Community Foundation, represent the type of public-private partnership that has become very common over the last fifty years throughout American communities, helping local governments maintain quality services and fostering creative solutions to community needs.

Within five years of the funds' establishment, more than fifty donors, including a matching grant from the State of Maryland, have contributed more than \$1,000,000 to enhance future services to the residents of Citizens and Montevue. Included among these donors are many long-time supporters of both facilities, such as The Green-walled Garden Club, employees and auxiliary members. "These gifts are a signal of the importance Frederick Countians place on caring for those among us who are in need and in pain," funds co-founder Don Linton has said. "The fabric of our community is made stronger through this effort."

The Don & Freda Lewis Therapy Center



Photo courtesy of Donald L. Lewis.

The Lewis Confectionary was a Thurmont landmark. Owners Don and Freda Lewis were very civic minded and Don served as mayor from 1964-1970. Citizens Nursing Home was created during his later tenure as a county commissioner.

In retirement, the Lewis' traveled and tended Freda's gardens until illness left her incapacitated. This experience led Don to make a major

gift to the Citizens and Montevue Endowment Fund. In recognition of that leadership support The Don & Freda Lewis Therapy Center has been named in their honor.



Renewing Our Commitment To Service



Benita Fisher, RN, Director of Nursing at Citizens, Don Linton and Diane Grove, RN, Montevue Administrator look over the plans for the new facility as the framework of the project rises in the background. Photo by C. Kurt Holter.

Groundbreaking ceremonies for the new Citizens Care & Rehabilitation Center and Montevue Assisted Living, as it is now known, took place on October 8, 2009 on the building site just in front of the current facilities at the corner of Montevue Lane and Rosemont Avenue. Unlike other ceremonies of its kind, this event continued a tradition that had begun four centuries earlier with the creation of the county's first almshouse and the beginning of a commitment to the needs of poor and elderly citizens.

While the economic difficulties of 2008 and beyond led to a much lower-than-expected bid price of \$28 million for the new construction and other projects, the same forces led the county commissioners to put pressure on the Citizens and Montevue Board of Trustees to lower operating costs and find ways to lessen the county subsidy needed by Citizens each year.

In 2011, the board of trustees contracted with L. W. Consulting, Inc., a health services management consulting firm to help guide Citizens and Montevue as they made the move to their new buildings. A new executive administrator, Sheree Paris-Nudd, was named to oversee the process in January of 2012. The board also changed a variety of personnel policies, merged various departments in both facilities including housekeeping, therapy, laundry, maintenance and activities; and outsourced food services to “make Citizens more independent from county government.” In making the changes, Commissioner Paul Smith described the move as the way to “help the board of trustees run the homes at lower cost rather than privatizing [them]” and “represents our commitment to help the poorest of our citizens in our community.”

The new Citizens building has been designed to not only serve the needs of today’s low income senior citizens, as has always been its mission, but to encourage the expansion of private pay revenue that bolsters the operating budget. To achieve this goal, the board of trustees included several important features in the new facility:

- The ability to provide outpatient physical, speech and occupational therapy services in addition to serving the therapy needs of residents
- A separate and secure dementia unit
- A special unit that serves patients leaving hospital care on a ventilator
- More private rooms (seventy-four) and the remainder of the rooms (ninety-six) are doubles with hard wall dividers for privacy.

An additional fifteen resident rooms in the new Montevue assisted living facility will allow a total of seventy-five Frederick Countians in need of help with the tasks of daily living to be cared for there. Both facilities have ample

living spaces with the atmosphere and comfort of home. A chapel, named for Lawrence A. Dorsey, Sr., through a gift to the endowment fund held by the Community Foundation, serves the spiritual life of the Citizens community. Montevue residents continue their tradition of gathering together in their large activities room for religious services and special events. A large pavilion, landscaped gardens and a lovely fountain at the front entrance of Montevue, also supported by donors to the funds established at the Community Foundation, offer residents, family members and friends welcoming areas for visiting and quiet enjoyment of the outdoors. As a whole, the new Citizens and Montevue complex provides a secure and up-to-date setting for staff and volunteers to do what they do very well: providing the best possible patient care and resident life for all who enter their doors.

More than two hundred years after the first almshouse was built in Frederick County, the spirit and tradition of taking responsibility for our most vulnerable elderly citizens continues to be the measure by which we judge our actions on their behalf. The stories of the doctors and nurses, the orderlies and nursing assistants, the residents, patients, volunteers, trustees and elected officials all remind us that the work of caring for others is never easy, and requires our constant vigilance. It defines the character and quality of our community, and urges us to do great things where small ones might suffice. In the spirit of the Brunner family, of Doctors Fahrney and Goodell and Bourne and Thomas, we work together toward a better future.





The entrance to the new Montevue Assisted Living and Citizens Care & Rehabilitation Center from Rosemont Avenue. The fountain honors Lawrence A. Dorsey, Sr. and was made possible through a gift to The Friends Fund by Samuel W. & Joan J. Barrick.

Friends of
CITIZENS CARE & REHABILITATION CENTER
AND MONTEVUE ASSISTED LIVING



...a legacy that will annually provide funding for residents of Citizens Care & Rehabilitation Center and Montevue Assisted Living. These monies could:

- be used to purchase clothing and necessities for residents in need
- assist in creating indoor/outdoor restive areas for resident use
- provide allowance subsidies to Montevue assisted living residents for casual items like treats, magazines, cards and postage
- fund stipends for off-site lunches and bus trips
- provide resident entertainment programs and recreational equipment
- purchase equipment, furnishings or amusements for resident social areas
- be used for holiday/birthday parties and/or gifts for residents

None of the above is funded by current payor mechanisms including County appropriations

Commemorate a special occasion or holiday. Remember a family member or friend, memorialize your family. Your gift, in any amount, can be added to one or both of two component funds at The Community Foundation of Frederick County.

- A** *The Friends of Citizens Care & Rehabilitation Center and Montevue Assisted Living Fund* – A fund to address current needs of the residents beyond the capital budget such as equipment, landscaping and necessities
- B** *The Citizens Care & Rehabilitation Center and Montevue Assisted Living Fund* – A permanent legacy to endow the quality of life and care for the residents of the facilities
- C** *The Citizens Care & Rehabilitation Center and Montevue Assisted Living Special Projects Fund* – A fund to provide grants for staff training to enhance resident's medical care

Contributions to these funds may easily be made with a gift in any amount. The Friends Committee would be honored by your assistance in this effort to aid the residents of Citizens and Montevue.

Donors can be assured that the transactions are handled securely and professionally by The Community Foundation of Frederick County.

Contributions are tax deductible to the fullest extent of the law.



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For Good. Forever. For Frederick County.

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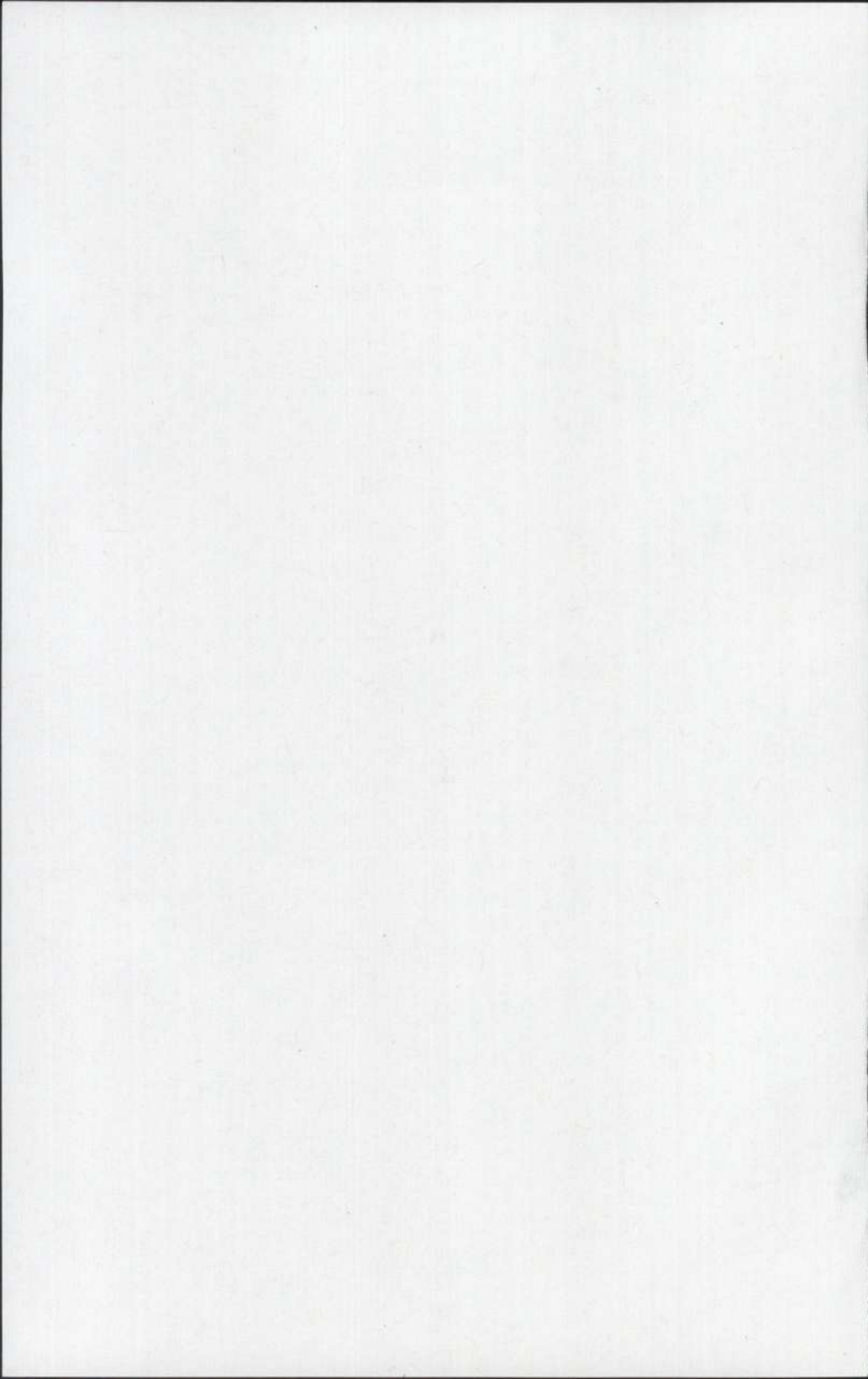
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