

THE HOSPITAL ARTS HANDBOOK

Janice Palmer & Florence Nash

A Resource Book
for Arts and Humanities Programs
in Health Care Settings

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FOREWORD

Our program in the arts and humanities adds great value and balance to the forces of science and technology within our medical center. With the explosion of scientific and technical sophistication in the last century, and especially in the last few decades, we have gained a mastery of medicine virtually unimaginable to our predecessors and even ourselves. Through advances in medical research and the biotechnology revolution, we are entering a microworld magical in itself. Such enormous strides in our understanding of physical and biological processes, however, threaten to eclipse our sensitivity to the human and spiritual needs of our patients and perhaps ourselves. The more powerful our technology becomes, the stronger the tendency to believe all medical problems will have technological solutions. We are tempted by the concrete; hard data are easier to handle than soft data.

The arts and humanities give expression to that aspect of human health not readily accessible or quantifiable. They reinforce and encourage the presence, in a health care setting, of communication, courage, hope, understanding, compassion, humor, acceptance, and peace. Without these, all the magnificent assembled resources of a great medical center have, ultimately, no real objective.

At a large, distinguished medical center like Duke, we are enormously privileged to have access to the very best research and technology. But this is a privilege that carries risk. The danger is that our intense respect for science and technology will crowd out the essential reality of medicine: humans exercising the highest intelligence, skill, and compassion in service to other humans. We are not a high-tech research institute; we are a medical center. We must never lose sight of the difference, which is precisely that element central to the most ancient origins of medicine: the human spirit. We are not a collection of technologies in pursuit of a collection of problems. We are people seeking to comfort, heal, and protect other people.

Ralph Snyderman, MD
James B. Duke Professor of Medicine
Chancellor for Health Affairs
Duke University Medical Center

for Dr. Jim Semans
with admiration and gratitude

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PREFACE

It is every physician's wish that the patient feels better after requesting medical help. The physician, however, does have an obligation to convey either to the patient or to a member of the family the true nature of the diagnosis and the nature of the treatment. Unfortunately, sometimes the diagnosis is unfavorable, but here especially, the physician has a desire to impart a positive feeling and to lift the patient's spirits.

The first occasion where I observed a patient benefiting from cultural enrichment occurred as the result of an inspiration when trying to help a former patient and her husband cope with a diagnosis of terminal malignancy. The patient and her husband had learned that morning that every effort would be made to lessen the physical discomfort by chemotherapy. I had been thinking for some time of what the physician and the hospital could offer beyond the realm of the physical, in the spirit of another modality, the arts.

My own experience of the uplift that often came with cultural enrichment indicated that if the patient was able to experience cultural enrichment while in the hospital, whether it be in the arts, ethics, or any engulfing experience, some part of the hospital's mission in the area of the healing arts would be accomplished.

With this rationale, I provided the patient and her husband with battery-driven FM radios in the form of stereo headsets. The husband and wife began listening seriously to classical music for the first time in both their lives, or, let us say, never more seriously. Fortunately, they fell in love with what Sir Thomas Beecham called "the beautiful noise" that classical music makes. This new interest reached beyond the hospital walls since an invalid friend back home had always wanted to index his classical record collection. When they returned home, the two of them set about to help him with his task. They became so involved as they listened to more and more of the great classics. They wanted to express their appreciation in some way and sent copies on tape of two records by Enrico Caruso, the great Metropolitan Opera star of the twenties.

Through my work with charitable foundations, I heard about Hospital Audiences in New York City -- a remarkable organization which conducts arts programs in hospitals, nursing homes, and prisons. In charge of program consultation was a Duke graduate, Jere Farrah, who became interested in my inquiries on behalf of Duke Hospital. The first step taken was to collaborate with the local arts council to set up a small pilot Hospital Audiences program in the county hospital as well as in Duke University Medical Center.

The support of key people at Duke was extremely helpful in establishing the original project. The chief executive officer, Dr. Roscoe Robinson, was open-minded and receptive. Dr. Wayne Rundles, professor of hematology and at that time president of the American Cancer Society, had a deep interest in the arts and was extremely supportive. Dr. William Anlyan, chancellor for health affairs, was favorably inclined.

The support of these people was so positive that we reached out to the members of the various professional staffs -- nurses, chaplains, social workers, hospital auxiliary members, recreation therapists, and the leaders of cultural offices on campus outside of the medical complex. Mr. Farrah later came down to Duke to discuss setting up a more comprehensive program, and over an 18-month period he did a feasibility study which formed a core from which to apply for funding from the National Endowment for the Arts and the Mary Duke Biddle Foundation.

The staff for the project has been led inspiringly by Mrs. Janice Palmer, a former community arts administrator who has a special talent for working with varying groups and blending their suggestions with her own creative ideas. She has worked consistently not only with the hospital staff but also with advisory committees and artists.

From the point of view of the physician, I have chosen to call this experience of cultural enrichment "healthy distraction." Although the phrase may seem incongruous, it actually describes the benefit to the patient very well, because the patient is distracted from the premonition and preoccupation which the unknown brings to an ill person. During those periods of anxiety, neither the physician nor anyone else can give the patient the reassurance that he would have if he could be transported by personally experiencing some art form, whether his particular preference is visual, auditory, or both. It is for this reason that the idea has been so attractive to physicians and nursing staff who care about the feelings of patients in this strange environment.

James H. Semans, MD
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INTRODUCTION

This handbook is intended to give a helping hand to those who want to begin an arts program in a health care setting and to support a network among those who are already under way.

The first section is an account of what we have done and are doing at Duke University Medical Center. Next is a how-to section for each program area. Following the narrative descriptions in each of the how-to sections are forms for your use or adaptation; these forms are designated by boldfaced letters in the narrative. The loose-leaf binder format was chosen to make it easy to add useful information as you find or create it. (Please send us copies of your additions.) The third section is a directory of arts programs in health care facilities around the country, and some overseas. This is by no means a definitive list; those that are represented here are just the first links in a steadily growing and strengthening chain.

While we don't claim to have all the answers, this handbook lays out the experiences and experiments by which we have built a working program at Duke. We offer them here and encourage you to let us have your comments and suggestions.

We want to hear from you, whether you are just beginning or are already under way. Tell us what you are doing and what you would like to do. We need to help each other.

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THE HISTORY OF CULTURAL SERVICES AT DUKE

This section is a narrative summary outlining the principal factors that influenced the shape and direction of the program. In the how-to section following, there is more detailed information on each program component, including copies of plans and procedures, which we hope will assist and inform your efforts as you develop your own program.

The year divisions, beginning in 1978, are based on the hospital's fiscal year calendar, July 1 to June 30, because our planning and evaluation processes follow that course. The summary ends in the summer of 1991.

1975-78

James H. Semans, MD, a Duke physician and active supporter of the arts, has long been interested in possible relationships between medicine and the arts. In 1975, while on a visit to New York City, he paid a visit to a newly formed organization, Hospital Audiences, Inc., which he had heard about through the National Endowment for the Arts. HAI works with performing arts organizations in the city to make unsold theater and concert tickets available to people in all kinds of institutions, and it also organizes volunteer musicians to visit and perform for audiences who cannot leave these institutions.

Dr. Semans, appreciative of the importance of the arts in his own life and knowing what they could mean to his patients, was delighted with this concept and felt that it could be applied at Duke University Hospital. Upon returning home, he consulted with the director of the Durham Arts Council, who was receptive to the HAI concept. They presented Duke Hospital administrators with the idea for a pilot project in performing arts, in cooperation with the Arts Council and HAI. The proposal was approved, and a project was begun with support from the Mary Duke Biddle Foundation.

During the first two years, programming was limited to monthly performances in the hospital cafeteria. These performances were well received, and the strong start indicated there might be a role for a broader arts program, based within

the hospital itself. The Biddle Foundation funded a feasibility study by the initial program consultant. This study was approved and became a successful grant application to the National Endowment for the Arts. With NEA funds, additional funds from the Biddle Foundation, and the support of a receptive, progressive hospital administration, the Cultural Services Program was born in October 1978.

THE FIRST YEAR: FY 1979

Cultural Services was set up as an adjunct to the hospital CEO's office, with a line of report to the hospital director. No formal planning committee or advisory board was established, but rather the two doctors who were promoting the concept (Dr. Semans had recruited Dr. Wayne Rundles to the project) met with the Cultural Services staff (director and program assistant) and with individuals and small groups in the medical center and the community, to carry forward and expand on the initiative set in motion by the Arts Council project.

Out of these meetings came suggestions for specific projects and a sense of the issues that would shape the course of the program. Important questions emerged:

What is "good" for the patient?

Who decides that?

Are the arts to be used only as decoration and distraction?

Will or should artists come in contact with patients?

If so, is that art therapy? If not, what is it?

As we deliberated, it became clear that some suggested projects were going to be easier to implement than others. An assessment of the relative costs, long- or short-term benefits, and degree of interest in the projects helped trim the list and assign immediate or long-term status to each.

In the first year, we set up a weekly performing arts series, exhibition and art-on-loan programs, an artists-in-residence project for rehabilitation patients, and an employee arts and crafts fair. We produced an employee show for the annual employee awards banquet and began researching use of the closed circuit television system. Except for the performing arts series, which had been set up by the Durham Arts Council, all projects were new. For some we had guidelines that could be

adapted to our situation; for others, we had to start from scratch.

We eliminated some labor-intensive projects, like an art cart, which would depend on volunteer help. The hospital auxiliary, experiencing a severe drop in recruitment, was unable to help us, and we had neither time nor effort to spare to organize a volunteer structure. We set these staff time priorities in acknowledgement that fund-raising was to be a large part of the job. The start-up grants from the NEA and the Biddle Foundation were matched the first year by the hospital, and while the administration was receptive and supportive, they made no guarantee of continued funding. Therefore the staff divided its efforts between developing programs and seeking funds.

**PERFORMING
ARTS**

We increased the frequency of the Durham Arts Council/Hospital Audiences, Inc. project and presented a total of eighteen evening performances in music, dance, and drama the first year. Though audience numbers were usually good, ranging from 15 to 250, only an estimated five to ten percent of the patient population was being served. There were two problems: first, most of the patients were not ambulatory, and second, communicating with a transient population was difficult.

VIDEO

We saw television as a possible solution to both problems. Both performances and publicity might be transmitted direct to each patient room via the closed circuit cable system. But there was no equipment in place to transmit programs, either live or taped. A medical center committee, led by the directors of the Audiovisual and Public Relations departments, had been looking into video for some time. The committee had proposed a patient channel to transmit hospital news, health related programs, and entertainment, but no action had been taken. There was scattered interest in video across the University but no centralized organization.

For a brief time, we had visions of having our own production studio when a commercial vendor approached the Hospital with an offer to provide television sets and production equipment in exchange for the right to charge patients a daily rental fee for viewing privileges. We were asked to study the prospect and report to administration. The offer was refused because administration did not want to add a separate charge for

television and because of the possibilities that an outside vendor might intrude on patients and also hinder the electronics operations of the medical center.

Even though the dream of having a studio was not realized, there were encouraging consequences: We had been invited to the table to participate in decision making on the television issue, and we were learning about video technology and about the mechanics of Duke's video capabilities. And, while there was no immediate solution to the access problem, medical staff interest in using the cable system for patient education gave us reason to hope that a video channel for patients could be opened eventually. As we began to learn more about possibilities for medical, art, and humanities video programming and about new developments in the technology, it became clear that television could become a cornerstone of the hospital arts program.

In lieu of television publicity, we worked out a system of announcement cards on meal trays, flyers for each event, and monthly calendars. To communicate with the work force, the monthly calendars were also mailed to departments, and events were publicized in the hospital and campus newspapers.

**CLEARING-
HOUSE**

Cultural Services bulletin boards were installed in key locations to give the medical center population a central source of information about arts and humanities resources and events. We got on the mailing lists for all the cultural programs in the university and the region, as well as some national arts organizations and events, such as the National Gallery of Art and the Spoleto Festival. We also began compiling a file of local artists for our own projects and as a referral source for recreation therapists and others. We set up a system to secure and distribute free tickets to patients for events on campus and to provide a hospital box office service for performing arts groups who wanted our help in promotion and ticket sales to the medical center audience.

VISUAL ARTS

We began our visual arts program with a few works on loan from artists to place in patient rooms and public spaces. We approached individual collectors and museums for gifts and loans. We looked into the ideas of an art auction as a fundraiser and of a rental/sales gallery as both a conduit for art into the hospital and a revenue generator.

With help from a part-time exhibits facilitator, we installed display equipment in two areas for one-person and group shows. Ten art exhibits were mounted the first year. Medical center staff who wanted to present displays also began to ask for access to the exhibit spaces. The first year, we helped organize exhibits for the medical history program and for the cancer information center.

An exhibit of Haitian art in the Eye Center was the target of an accusation of racism. A white staff member thought that the style and content of the paintings were demeaning to black people, but there was enough counter opinion to quiet the affair. Interestingly, an organizational psychologist friend suggested that the issue might not have been racism at all but an acting out of frustration. He warned that the art program might often become a scapegoat for situations where there were unresolved power conflicts, or where issues could not be faced directly.

**EMPLOYEE
PROGRAMS**

A few weeks into the first year, we discovered that an employee in the personnel department had recently been given the job of setting up events and projects for employees. Many of his activities were arts related, and when he began setting up performances on patient units, we asked the hospital CEO for some sort of liaison relationship so that we could unify our efforts. The CEO decided instead to move the employee onto the CSP staff.

In the spring, we put together an outdoor arts and crafts celebration to display the creative works of medical center employees. (The fair was to become an annual event.) That summer and fall, we produced employee performances for the university's annual employee recognition banquets (and produced two each year for the next five years.) Both the awards banquet productions and the arts and crafts fair helped to restore a feeling of camaraderie in a work force that had grown large and disconnected.

**LITERARY
ARTS**

Possible services considered were a reading-aloud program, an in-hospital library of books on paper and on audiotape, and a writer in residence to help patients and their families express their feelings through writing. A writer could also read aloud his or her own works so that patients and their families would have direct personal contact with the artist as a creator. We recognized that setting up an artist residency would be a major

undertaking, and other program objectives took priority at that time.

Patients in the rehabilitation unit had access to books on tape and tape players from the State Library Service for the Blind, which serves both people who cannot see and those who are unable to hold a book. We requested that access be extended to all patients, but we found that without a cadre of volunteers, we would not be able to handle the documentation required. We discussed with the hospital auxiliary setting up a library service more formal than their circulating cart of give-away books, and after weighing the pros and cons agreed to hold the idea for possible later development.

**ARTISTS IN
RESIDENCE**

A grant from the North Carolina Governor's Advisory Council for Persons with Disabilities funded a six-month pilot project to bring artists to work with patients in the rehabilitation unit. A poet, a painter, a photographer, a potter, and a weaver rotated through, each spending several hours weekly working with groups of patients. The project was a partial success. Patients and staff were generally pleased to have artists on the unit, but scheduling for the group sessions turned out to be a major problem. We learned that the artist must be available to work one-on-one with patients and must adapt scheduling for group sessions to whatever else is happening on the unit. Unfortunately, our request for second year funding was not granted, so that we were unable to develop the artist residency concept further at that time.

**NETWORK
BUILDING**

During this first year we pursued some fairly intensive self-education, visiting NEA and other hospitals and attending workshops. We also were busy setting up record keeping and filing systems and learning our way through Duke procedures. In the feasibility study, there was mention of setting up an advisory board, but the hospital CEO felt that there was a gracious plenty of advisory bodies in the medical center, and he was not receptive to adding another. That set the pattern, which we have continued to use, of having advisory committees or task forces for specific projects and lengths of time.

FUNDING

The artist-in-residence grant was the only one received from the four proposals submitted during the first few months. In learning about the university procedure for submitting grant applications, we were shocked to find that there were very tight restrictions on how, and even whether, we might approach

potential funders. In our naiveté, we had thought that large pharmaceutical firms would be great prospects: here we were, offering a wonderful humanitarian effort that would not be costly -- how could they refuse? But at Duke, as at all major institutions, there is a strict approval process for permission to submit, and we found that most of the prospects we'd identified were already targeted for other projects. The policy makes sense, of course, as it prevents an institution from bombarding a prospect with an array of proposals. Funding sources often ask institutions to do such internal ranking. Public sources such as the NC Arts Council, the NEA, and community foundations, are not restricted, but at Duke even those proposals must be seen by the Grants and Contracts office.

When the application to the NEA for a second year of start-up money was refused, we thought that might be the end of a short and happy life. The CEO reassured us, however, that the hospital would keep the program going. Over the years, the continued support of staff positions from hospital revenue has been the most important factor in the development of this program.

YEAR TWO: FY 1980

At the beginning of the fiscal year, Cultural Services was moved from hospital administration to a new department, Employee Services, which included employee relations and training programs. The move into Employee Services signaled a shift of emphasis towards the work force and access to new funds for staff. While incorporation with the new department did mean that progress on patient programs slowed down somewhat, we gained in secretarial and accounting support and better access to information about Duke systems. We added a secretary/record keeper and a part-time exhibits facilitator.

EMPLOYEE PROGRAMS

In addition to the arts and crafts fair and the awards banquet productions (which at the request of university administration were both expanded to include employees university-wide), our employee-centered projects included a photo workshop and exhibit, a holiday craft show and poster competition, and performances for events such as the opening of the new hospital building. Many of the employee performers also participated in the performing arts series for patients and visitors.

**PERFORMING
ARTS**

In order to reach the hospital work force and clinic patients, we added the Friday Arts at Noon series to the continuing evening series for patients. With partial support from an NC Arts Council grant, 65 performances were presented on patient units and in public areas. A small stage was constructed for this purpose in the lobby, and a grant from the hospital auxiliary funded the purchase of a spinet piano, which we mounted on a wheeled platform so it would stay in tune when it was moved around.

After Duke University's string ensemble, the Ciompi Quartet, performed for Arts at Noon to a large and appreciative audience, a grant proposal was submitted to Chamber Music America and the C. Michael Paul Foundation to support a hospital residency for the quartet, and a collaboration was established with the local public radio station to record some of the concerts for broadcast. An advisory committee was set up, and a gala was organized the following year to raise funds for the residency.

**VISUAL
ARTS**

Approval from administration to assemble a North Carolina art collection for the new Duke North hospital building then under construction marked an important step forward for the visual arts. Instead of the proposed purchase of duplicate sets of limited edition prints for the 600 patient rooms, we suggested that singular works could be purchased with the same budget, to the benefit of North Carolina's artists. After a visit to see the excellent RJ Reynolds North Carolina Collection in Winston-Salem, the Planning Office director agreed to our proposal and invited us to join the interior designers on his staff in working up an acquisitions plan. During the next eighteen months, we bought 649 works by 239 NC artists.

The exhibitions program was growing fast, with a total of thirty-two displays for the year. We also organized a few demonstrations of art techniques in the lobby and some workshops on patient units. Along with the increasing exhibition schedule, the production of graphics for promotional materials was becoming more time consuming as the number of performances and employee activities grew. With support from the director of Employee Services, the visual arts facilitator position was increased from part to full time in mid-year.

**SCIENCE AND
THE ARTS**

The interface between the arts and medicine in the areas of psychology and neurology was opened to CSP when a group of doctors in the Irwin A. Brody Committee for the History of the Neurosciences invited our collaboration on the production of scenes from *Wings*, a play about the mental experience of a woman who has suffered a stroke. The performance was followed by discussion between the actors and medical staff about their different interpretations and understanding of the woman's experience. This was the first of a variety of projects in which we merged the arts with the humanities. That is, beyond presenting the art for itself, we used it to precipitate an inquiry into medical and societal issues.

**PROMOTION
AND NETWORK
BUILDING**

During the year, efforts continued to promote and strengthen our program through publicity and network-building both within and outside the hospital. We produced a promotional button and generated monthly activity reports to the hospital administration. We helped with the graphics for nursing recruitment and revised a slide show created the previous year for nurses' orientation. Externally, we continued consulting with art museums, and we began writing to every single hospital arts program we heard of.

FUNDING

Our second request to the NEA for continuing start-up funds was successful. The Biddle Foundation also provided a second year of program development funds, and grants were received from the NC Arts Council and the C. Michael Paul Foundation for performing arts programming.

YEAR THREE: FY 1981

While our focus had been shifted by the move into Employee Services so that we were putting a great deal more effort into employee activities, the visual and performing arts programs were shaping up nicely and the future looked bright.

**VISUAL
ARTS**

By the end of the fiscal year, almost 700 of the art works in the NC Artists Collection had been placed in patient rooms and public areas. For the exhibition program, pedestals were built for sculpture displays in the Duke South lobby, and a generous donation funded the construction of a large display case along a major hallway in the new Duke North building. We also had a sturdy cart constructed for moving artwork through the hospital.

Our first commissioned work was a mural in the pediatric outpatient clinic waiting room painted by a local artist whose patron friend donated funds to support the project.

Unfortunately, our experience was like that of other public art projects that have been launched without clear and informed guidelines--the process was difficult, and the work of art has since been destroyed partly because of deterioration and partly because of renovation of the space.

Cultural Services got into the art tour business briefly by organizing a trip to the 1980 Picasso exhibit at the Museum of Modern Art. The trip was not a fundraiser and was offered for the benefit of the community at large, with medical center employees the primary target audience. While the event was successful, we have not organized another because of the staff time consumed.

Following Norman Cousins' lead, we added a monthly comedy movie to the Wednesday evening performing arts series in the cafeteria. Audience numbers were low, from which we concluded that taste in comedy is a very individual matter. To give the film idea a fair chance would require increasing the frequency and number of options, but film and equipment rental was both costly and cumbersome. So, deciding that closed circuit television would be a better comedy conduit, we put a 24-hour comedy channel on our CCTV wish list and stopped the cafeteria flicks.

**PERFORMING
ARTS**

The Ciompi Quartet residency was going well. The quartet's reputation was attracting good-sized audiences, and, in addition to funds raised at the gala, they had received second year support from Chamber Music America and from the Mary Duke Biddle Foundation.

The total number of performing arts events was growing steadily--75 in FY 1981--but organizational methods for both patient and employee programming were still being worked out. When the director planned to be away for six months, the funds freed up were used to hire a production specialist to strengthen performing arts systems.

**EMPLOYEE
PROGRAMS**

The production specialist was also given responsibility for a project to bring older musicians from the community into the hospital, with the intent of incorporating their performances into an oral history project. Instead, planning took a different

tack that led to a showcase for outstanding employee performers. About twenty employees performed in a highly popular series of Arts at Noon programs and at several community events.

A new project was set up in cooperation with the local technical institute to offer to employees a variety of arts classes that met in the hospital building. The classes were a mixed success. Although some were popular, others were cancelled by the institute for insufficient enrollment. It was discouraging to put so much effort into organizing and advertising a varied program and then having to cut it back. At any rate, employee classes were brought to an end by other factors that caused another shift in direction for Cultural Services.

YEAR FOUR: FY 1982

At the end of FY 1981, two major events changed our course: a turnover in hospital administration and an extensive retrenchment program launched in response to federal regulations aimed at controlling hospital costs. Thanks to support from the new CEO and from the physicians who helped establish Cultural Services, we survived the retrenchment, losing only one position. The associate director had already planned to leave, so her position was cut.

The new CEO also moved us back under the wing of administration, with direct report to the hospital's chief planning officer. This move meant a shift away from the intensive involvement in employee programs (not all of which had been arts-related). The change in emphasis and reduction in staff inspired serious consideration about what we were trying to do, how well we were doing it, and what we might do differently.

VISUAL ARTS

The NC Artists Collection, which was well appreciated by both staff and the public, was by now placed in all patient rooms and many public areas of the new North building. We began to shift attention to the old South building, where there were more than three hundred patient beds, miles of halls, little art, and no acquisition money. As a first small effort to establish an acquisition and maintenance fund, we organized the exhibition and sale of a group of Sri Lankan batiks donated by a physician.

Because patient rooms had had first priority for the Duke North project, only one large work of art had been purchased for a public area. As in every hospital, there were many sites that needed large works, and the Biddle Foundation launched what later was to become the Landmark Project by funding the purchase of a large painting by a major North Carolina painter for the main lobby .

The exhibition program was prospering. The cases were booked up more than a year in advance. Requests from medical departments were increasing; we could see that accommodating those needs might soon crowd out the art exhibits. We tried without success that year to get grant funds to build another large exhibition case, but the following year the hospital added a second case as part of the renovation of the Duke South Lobby.

One of the options for fund raising that we had earlier considered but not acted on was a benefit art auction. We had an opportunity to learn how these worked when the Pediatrics department asked us to coordinate a silent art auction as part of their annual Golf and Tennis Classic. Even with the support of their strong volunteer base and year-round staff, we found it an over-large undertaking for our resources. Thus, when Pediatrics decided to confine their focus to athletics and drop the auction, opening the door for CSP to hold an auction for its own benefit, we decided against the idea as too labor-intensive for the results. Preparing grant applications seemed a proportionately more rewarding staff activity.

**PERFORMING
ARTS**

The Ciompi Quartet's chamber music residency was in its second year. The Quartet's medical center performances were being audiotaped for broadcast by the local educational radio station, and a grant-funded promotional videotape about the residency was being produced. However, near the end of the fiscal year, we got word that we would not get third year funding from Chamber Music America, and the residency was brought to an end the following year.

Other clouds were gathering over our entire performing arts effort. While the total number of performances reached 117, audience numbers declined sharply, despite the fact that the whole staff was devoting effort to the program. The decline began in 1981 when most of the patients were moved into the North building. Patient units were much farther from the lobby

and the cafeteria, and the new units contained only private rooms rather than multi-bed wards. Nurses who had formerly gathered caravans of patients in beds and wheelchairs now found the trip too time consuming.

We knew from the response of patients, visitors, and staff that the live performances were truly appreciated, and we wanted to continue them. When we learned from nurses and recreation therapists that patients and their families had a hard time finding their way around the new building, the Junior League agreed to assist with a volunteer escort service, which helped only marginally. Patients in private rooms seemed to be more reluctant to leave them. Communicating with a population in constant turnover was also a problem. We considered putting posters in elevators and flyers in Plexiglas frames in all the small waiting areas on each unit in the new building, but one was against regulations (no posting allowed in elevators) and the other too labor-intensive for us to handle.

VIDEO

Hovering enticingly just out of reach was television. Access to a patient channel would surely be the best solution to the publicity problem, and it would give bed-bound patients some sense of the hospital as a community. Television access did not seem to be a high priority for medical center administration, despite the amount of talk, and video teaching was not much used either for medical students or for continuing medical education courses. While administration wanted to be kept up to date about what was going on in the field, the primary concern was that patients have access to TV sets that worked and to a reasonable variety of programming.

A breakthrough occurred when a satellite dish was donated to the hospital, and CSP was asked to find out how it might be used. As we addressed the question, we learned not only about programming possibilities but also about technology, internal and community politics, public policy, and innovative video. From that effort eventually grew an arrangement of shared responsibility for the hospital's closed circuit television (CCTV) system: CSP took on the area of programming decisions, with engineering and production services being provided by the Engineering & Operations and Audiovisual offices.

In other program areas that year, employee activities continued, with formation of an employee chorale, two show productions, the crafts fair, and ongoing classes with the technical institute.

On the Art and Science front, we co-sponsored with the Brody Committee a post-performance panel discussion on deafness with the cast of *Children of a Lesser God*.

YEAR FIVE: FY 1983

VISUAL ARTS

While television became a major preoccupation this year, we also moved in important new directions with the visual arts. As the next phase in acquisition for Duke North, we had begun to talk of expanding into sculpture. An advisory committee was established to recommend guidelines and procedures and to review aesthetic standards for acquisitions and donations. The first efforts of the committee were directed toward identifying sites for sculpture on the medical center campus, as well as sculptors whose work would be appropriate.

We jumped right into a project for the Duke North entry foyer, the commissioning of a memorial glass sculpture. The honoree had been a hospital advisory board member, and we had a reasonable assurance of contributed funds. We sent out a flock of letters to galleries, museums, and artists and got a few responses for the committee to consider for the possibility of commissioning proposals.

At this time, the renovation of Duke South was also starting, and calls were coming from unit coordinators and nursing staff asking for art work, but there was no allocation for art in the renovation fund. The modest acquisition project begun with the batik sale proceeds would take years to furnish art for the three hundred patient rooms being renovated. While the administration supported continuing acquisitions for South, it had funds enough only to purchase posters and reproductions, not original art. A local gallery agreed to provide framed posters from its catalogs at a discount, and the hospital administration urged us to let staff in individual units choose their own works. This was a good idea from the point of view of staff participation in the process, but the resulting loss of aesthetic control determined us to work out another selection system in future.

PERFORMING ARTS

Three pianos came into the hospital this year: a Steinway grand came from the nursing dorm, where it was no longer being used; a portable electronic was purchased with a grant from the hospital auxiliary; and an upright for the pediatrics unit was donated by a friend.

We were presenting performances at least twice each week, but attendance continued to be low and the staff effort proportionately high, at an average of eight hours per event. In light of those difficulties and of the need for more staff time to put toward developing the television system, we cut out performing arts altogether at the end of the fiscal year in order to redirect time and energy to getting a patient channel on the air.

VIDEO

After previewing what was available from satellites, we chose several channels that looked good for patients and began to contact corporate headquarters of satellite broadcasters for permission to transmit. The broadcasters referred us to our local cable company, which tied our CCTV system in and gave us as many entertainment channels as we needed to fill our limited channel capacity. This freed the satellite dish for teleconferences and educational programming. We initially collaborated with Human Resources to coordinate teleconferences but were subsequently assigned full responsibility. While this administrative burden did not directly further our arts objectives, related fees paid during the early years of teleconferencing generated a significant amount of revenue for CSP.

YEAR SIX: FY 1984

VISUAL ARTS

From a round of recommendations and a visit to the Corning Glass Museum, we drew up a list of ten artists from whom we solicited proposals for the glass sculpture memorial in the Duke North entry. The decision was made to purchase a piece already created rather than to commission a site-specific work, a decision based partly on the time factor. For the chosen sculpture by Harvey Littleton, we confronted a variety of questions about placement, lighting, security against theft, safety against breakage and passerby injury, etc. (The sculpture was bonded to its marble base with a glue compound which in fact lost its sticking power after a couple of years; the replacement compound is still working so far.)

The art advisory committee had identified two sites as next in priority: the circle in front of Duke North (the new patient bed tower) and the outdoor courtyard enclosed by the bed tower. CSP staff and some of the committee members had visited the NEA to learn about the process of applying for a public art

grant, and we were looking into various resources for locating sculptors, both regional and national.

**SCIENCE AND
THE ARTS**

We helped the Brody Committee with a series of lectures on the brain by providing graphics and creating the promotional materials. A lecture co-sponsored with the Brody Committee on Ravel's piano composition for the left hand drew our attention to the occupational disabilities of musicians, and we began to compile information on the new field of arts medicine.

VIDEO

As a gesture of cooperation with the university, the hospital's satellite dish was made available to receive French and Japanese programming for the foreign language department when it was not used for teleconferences. During the holiday season, we sent out our first (and still only) live transmission over the CCTV system, of a choral performance, to see how complicated and expensive live transmission would be. It was very of each. We were looking at computer controlled systems that would allow us to have a dedicated channel for patients, and we were exploring ways to get a patient information service on the air. A visit to NYU's Alternate Media Center gave us an imaginative solution. The center was using the new, low-cost Apple computer graphics system to teach local folks how to create posters promoting community events for an electronic bulletin board on Manhattan Cable TV. Here we saw another opportunity for a mutually beneficial arrangement with local artists: we could get interesting art for a video bulletin board in exchange for giving artists an introduction to the new medium of computer graphics. We hired a computer consultant and set to work on a plan.

YEAR SEVEN: FY 1985

The university vice president for information systems alerted us that AT&T had sent out a call for proposals for a character generating computer graphics system. We put together a proposal, but as we got deeper into it, we became unsure that the AT&T system would be the best choice for our needs, because it would require a lot of re-programming, an open ended process with no indication of the ultimate cost. After we had the proposal nearly finished, we decided not to submit it to AT&T. Instead, we enlarged it to be a plan for starting a patient channel on the CCTV system, included some new sections on options for computer graphics equipment, and presented the proposal to hospital administration. It was a

while before the response came, but the plan was approved to proceed.

**PERFORMING
ARTS**

Occasional performances continued on the grand piano in the lobby, and we lent our upright on wheels to the adolescent psych unit. When the old Muzak system died, we tuned into the 24-hour classical music station that was already being transmitted to patient TV's. Despite some complaints about "all that opera music" in the halls, we got more positive responses than negative. The branch box office service was reactivated, and we contacted performing groups on campus and around town and offered to sell tickets to the medical center population. We also asked that we be given free tickets for patients whenever there were unsold seats, and set up a communication system to contact recreational therapists on short notice.

**VISUAL
ARTS**

This year, we completed a major arts acquisition objective -- hang a work of art in every patient room -- and then turned our attention to patient treatment and waiting areas and to the halls. We had begun to get calls from such places as medical records asking if we had art they could hang in their work areas. By this time, we had accumulated some art that wasn't usable in patient areas and some that was in storage until sites could be identified. We decided to let employees have the old work or borrow the new work until we needed it. They also had the option to buy originals from us or posters from the catalogs we had gotten for the Duke South project.

We had been having thefts of art from time to time, despite a maze plate security device. When a large, wonderful watercolor was taken from the Duke North lobby, we counted a total of 23 works that had been stolen. There was a mechanical disadvantage in our maze plate system in that it was too easy to put a lever behind the picture and pop the screws out of the wall or the frame. Extra funds from the hospital paid for re-hanging all the art with an improved system of brackets. It took a couple of years and several students to get through the whole process, but we've not lost art work since.

Hearing of a proposal to put an outdoor cafeteria in the Duke North courtyard, we quickly offered an alternate proposal of a sculpture garden, which to our delight the hospital CEO approved. An art advisory committee member asked Isamu Noguchi if he might be interested in looking at the medical center grounds for a project. Noguchi did make a quick trip in

one afternoon, told us that he would be interested in working on the front circle, and requested layouts, slides, etc. Regrettably, however, the project was eclipsed by his commitments to the Venice Biennale and was never carried through.

YEAR EIGHT: FY 1986

VIDEO

When hospital administration approved the patient channel proposal, our CCTV coordinator began working with the computer graphics consultant to order and install equipment.

A local radio station donated equipment so that patients could hear the Duke Chapel services, as well as Duke football and basketball games, through their TV sets. J C Penney donated a decoder device for closed caption programs on TV, which is used fairly constantly by our deaf patients. We log in requests and pass them on to a hospital TV technician who hooks the decoder up to the patient's TV. The teleconference business was booming; we organized seventeen this year.

LITERARY ARTS

The prospect of providing tapes and players for a Talking Books project seemed to be highly labor intensive and prone to loss, so we thought instead about having a books-on-tape channel on the CCTV system. We decided that that was not a good idea because patients have no control over their time: they could be bundled off to physical therapy in the middle of the story, and even if we played the story several times, the patient might never get a chance to hear the end. So with grants from the Biddle Foundation and the Housestaff Women (via the Durham Community Foundation) a few audiotape players and tapes were purchased for patient use. We considered several solutions to the security problem, including chaining the tape players to the beds, which seemed very rude, or decorating them in some conspicuous, immediately identifiable way. None of these has ever worked out, and we have by now (1991) lost most of our players and gotten a few replacements. For the tapes, a label was designed with the CSP name and phone number and, in cases where the tape had been donated, the name of the donor is included.

VISUAL ARTS

Another prospect for sculpture in the circle in front of the patient bed tower surfaced this year and sank. We had been talking about some way to incorporate water in the design, and an enthusiastic artist came forward with a model which had many attractive aspects, but his proposal was struck down by

the advisory committee. We were beginning to get an inkling of how difficult it is to retrofit major works of art into spaces that have already been designed and built. Concern with the aesthetic environment had carried us into the consideration of such things as traffic flow and directional signage, and we were beginning to recognize opportunities for and the importance of incorporating the arts into the design of the space itself.

This was a new area for us, and a much more difficult prospect than purchasing art off a gallery wall. At that time, there was not much in the literature about the public art process, so we appealed for help to the NC Arts Council director of visual arts. She suggested that we ask for help from Patricia Fuller, a former director of the public art program for the NEA. That consultation expanded eventually into the production of a guidebook and the presentation of a regional conference on the public art process. (The guide is noted in the Resources section.)

When the NC Museum of Art moved to a new building, its Gallery for the Blind was not reinstated. The collection was cleaned out and roughly two hundred items were given to the Governor Morehead School for the Blind. Since the school had no place to display the works at that time, they agreed to lend us some of the deaccessioned pieces. We asked the chair of Ophthalmology if he would be interested in having the art, and he agreed and had display cases built for them in the lobby. Most of the pieces are too small to be unsecured, but two large pieces were mounted on pedestals, and the School for the Blind made Braille labels for them.

With some memorial gift funds, artwork was purchased for the burn treatment room, at the request of the therapist who wanted something strong for patients to focus on while undergoing painful treatment in the bath. Remembering the disappointing results of some staff choices, we made a selection of works and let him choose from our selection. That has proved the best solution; if what we have doesn't satisfy, we can get an idea of what the person is looking for and bring in some other options.

In a related effort to influence the quality of reproductions being chosen for patient units, we have tried, so far without success, to find a central source for museum posters, with the intention

of letting staff choose work from those rather than from commercial poster catalogs.

**NETWORK
BUILDING**

HAI invited its "offspring" to convene in New York City to report on what had happened with each program. The meeting was timed to coincide with the first convention of the National Coalition of Arts Therapy Associations, so that we could attend some of their sessions also. Only a few of the HAI descendants attended, but it was a gathering of soulmates.

**SCIENCE AND
THE ARTS**

CSP collaborated with the Brody Committee and the School of Medicine to cosponsor an appearance by physician and theater personality Jonathan Miller. His lecture was entitled, "Why Is This Doctor Directing a Broadway Play?"

YEAR NINE: FY 1987

VISUAL ARTS

Another significant event in the visual arts was the decision on the part of administration to continue adding to the NC Artists Collection for Duke North. When a major construction addition was announced, we made a report on what the average cost for art had been in the original project and projected needs for the new patient units. With a green light to proceed, over the next three years we bought about 350 new works, bringing the total of original art by NC artists to over 1,000.

An unexpected role for visual arts in the hospital had emerged by this time: a visitor one day remarked that she was grateful for the large Gene Davis striped silkscreen in the corridor because she always knew where she was when she saw it. Whenever large, distinctive works of art become available, we now place them with intention to help patients make their way through the maze of this complex facility. We intend someday to produce guide maps with little drawings of the art and directions such as "Walk to the end of the hall and turn left when you see the painting of the fishermen." The picture map will also be useful for patients who cannot read directions. Two major acquisitions this year were earmarked for this Landmark Project. One was a large diptych donated by a Duke Visiting Artist from Morocco, in gratitude for his discounted bill for some unexpected back surgery while he was in residence at the university. The other was a watercolor of Duke Gardens by Patricia Tobacco Forrester commissioned for the Duke North lobby.

VIDEO

This year saw all the new CCTV equipment installed and the work begun on "Cablegram," our computer graphics bulletin board which would offer information about the hospital -- how to get a chaplain or a barber, where to buy stamps, how the discharge procedure works, etc. -- as well as information about arts events and services in the hospital and on campus. By the end of the fiscal year, we had the patient channel on the air with the first Cablegram programs and several health education tapes.

**LITERARY
ARTS**

We got a call one day from a young poet who had just finished a stint grant, 65 working with a poetry writing program at Goldwater Rehabilitation Hospital in New York, set up by poet Sharon Olds as an outreach from NYU's writing school. The program involved on-going and long-term contact with groups of patients. The head of Oncology Recreation Therapy joined us in a meeting with this young woman to consider whether a short term -- perhaps only one-time -- poetry writing experience might have a significant effect on a patient or family member, and if so whether this was the right person to make it work. Feeling reassured on both counts, between the two of us we scraped together enough gift and grant money to fund a 10-hour-per-week residency for a 6-week period. To help the poet set up the new program and to evaluate its effectiveness, yet another advisory committee was put together. The experiment was exciting and very successful, and after our grant money ran out, Oncology was able to hire our poet as a part-time recreation therapist to keep the poetry project alive on the oncology unit.

This experience exemplifies an important point in our operations: a good part of our success has come from a willingness to seize opportunities when they present themselves, even if it means scrambling to meet an unplanned expense. Finding our first poet in residence was a shining example of what can be accomplished when the right person comes along at the right time.

ARTS MEDICINE

We were approached by a Duke otolaryngologist (and singer) to see if we might be interested in helping him with an arts medicine project. CSP had several years earlier considered doing a series of videotapes on health topics of interest to artists, but the project never got off the ground because we were missing the key player: the impetus had to come from a doctor, who would know which doctors to approach and how to

persuade them to get involved. Together with the Durham Arts Council and the Continuing Education office, we and the physician organized a series of lectures. Later on, the head of the Duke Drama Program approached us about helping to work out an emergency care service for actors who become ill or injured shortly before curtain time. Discussions with staff members of the Duke Family Medicine Center (which includes the student health service) have resulted in one approach to the problem and the establishing of an Arts Medicine service.

**PERFORMING
ARTS**

A hospital employee asked if he and his chamber group and friends from the Durham Symphony might practice on Thursdays at noon in South lobby. Listeners and passersby very much enjoyed both the music and the opportunity to witness how the performers put together their interpretation of the score.

YEAR TEN: FY 1988

**VISUAL
ARTS**

Our NC Artists Collection was able to keep pace with the opening of new patient units on Duke North, and we received both loans and a gift of sculpture. The Landmark Project was forwarded by finding a volunteer to research and compose labels to accompany these works. This was a first step toward our objective of creating labels for every piece of original art, including not only information about the work but some sense of the artist as an individual.

Our exhibition schedule by this time included many non-arts projects for specific hospital programs and departments: National Nursing Week, Radiation Technology Week, etc. We began to be more proactive in signing up artists for shows. Some exhibits combined art and social awareness, such as our first annual exhibit this year by the National Medical Students Association (the association of black medical students) on the contributions of black doctors, followed by works by Brenda Joysmith, a black artist of national reputation whose work decorated the set of the "Bill Cosby Show."

In pursuit of a major art plan for the North entry, and following the recommendations of our consultant, Patricia Fuller, we decided to apply for a National Endowment for the Arts Public Art grant. The NEA process involves setting up an expert panel to recommend artists and/or action plans. The grant application was not funded; we did, however, find the panel members to be

extremely helpful in their deliberation and advice. All three participated enthusiastically in the variety of contacts that we set up for them with hospital, university, and community people for the purpose of enlarging awareness of the philosophy and process of public art.

**LITERARY
ARTS**

Our poetry project advisory committee, intrigued with the resident poet's work with patients, began to make plaintive remarks along the lines of, "What about us?" There was spontaneous agreement among the committee that there was no reason why such a benefit should be offered only to patients and their families. Thus was born "I Want to Read You a Poem," our biweekly noontime roundtable poetry readings for staff, students, and all other interested parties. We invited local poets to read their works, or brought in a favorite poets' works to share and discuss, or had open readings for members' works.

**PERFORMING
ARTS**

The employee chamber group, still rehearsing in the lobby, was beginning to look actively for performance bookings and offered to do a performance at the hospital. We had learned by this time to go where the people are when presenting a one-shot event, so we rented stage and sound equipment for a lunchtime concert on the lawn between the medical center and the rest of the university campus. This drew people out of doors for their lunch break and also caught the attention of passersby between classes and meetings.

VIDEO

We got the second phase of our Cablegram program on the air -- a weekly arts calendar -- with the initiation of a mutually profitable barter arrangement with visiting artists. In addition to promotional posters, the artists create "paintings" which will eventually become part of a video art gallery on the patient channel.

An Institute of the Arts was created by the university to build links all across campus among various arts departments and programs. We joined hands for a community exhibit of computer art, funded by the Durham Arts Council.

**ARTS AND
MEDICAL
EDUCATION**

It was at the suggestion of the director of the Institute of the Arts that we approached the new dean and administration of the medical school to explore ways that CSP could serve medical student education. They were enthusiastic, and our first joint project (with the sponsorship also of the Brody Committee) was a panel discussion by pianist Lorin Hollander and Duke

physicians/musicians on music and the spirit. For the first time in the Cultural Services Program, doctors were speaking publicly about the importance of art in their lives. We also had a very successful post-performance panel discussion with the writer and director of *A Walk in the Woods* on physicians in a nuclear age.

YEAR ELEVEN: FY 1989

Hospital administration approved upgrading our secretarial position to coordinator of special projects. An NC Arts Council grant to fund half the salary freed up enough money to hire our poet half-time, though we were still left without a secretary. Wonderful work-study students helped fill this gap, working on data entry and generally helping us organize our office procedures. After trying to work with a couple of volunteers on the bookkeeping, we hired a Duke person familiar with the financial system to contract for a few hours of work each week to help take care of financial records.

VISUAL ARTS

We were continuing to acquire North Carolina art for the new patient units being added to Duke North. When we heard that all the obstetrics and gynecology patients were to be moved into one of the new units, another right-time-right-place convergence occurred. We had earlier collaborated on an exhibit with the director of the North Carolina Quilt Project, a major effort that had been going on for several years for the purpose of documenting quilting in the state. We asked the director to work with us as a consultant to commission traditional quilt patterns from some of our best quilters for the ob-gyn units. A second part of the project, yet to be completed, is a permanent exhibit on the history of quilt making in North Carolina.

The Biddle Foundation awarded a grant to support the further development of the visual arts program for the Eye Center. Reach for Sight, a board of community volunteers who raise funds for the Eye Center, also committed support for the project. CSP put substantial effort into their art auction, from which we received part of the proceeds.

On the environmental art front, a new prospect arose. In the construction of new patient units in Duke North, Pediatrics had lost their play yard. The Play Therapy director responded enthusiastically to a suggestion that we try for an NC Arts Council grant to get artists involved in creating the new play

area. When we approached hospital administration, we found that the new space must also serve as a rest and recreation area for the ob-gyn patients. We organized a large planning committee and put together a proposal, which was funded. Following the Arts Council's guidelines, we secured the help of an expert panel, sent out a call for artists, and commissioned proposals from a group of finalists. The design chosen was that submitted for a Roof Garden by Sonya Ishii and Jim Hirschfield, who have successfully carried out many public art projects.

The regional conference which we had helped organize, Public Art Dialogue: Southeast, took place in spring. Information on ordering the report from the conference is included in the Resources section.

**LITERARY
ARTS**

When the Talking Books project was first initiated, we had tried to buy books on audiotape by North Carolina writers and found that few were available. Our quilt project consultant volunteered to read a selection from a favorite of hers, a memoir by a Southern woman who was the author of the first novel ever published by a university press (1939). One tape was produced, and we hope someday to complete taping the memoir and the novel. An NC Arts Council grant provided stipends for six of North Carolina's best known poets to spend a day each at the hospital. They worked on patient units with the poet in residence and also gave a reading to I Want to Read You a Poem. This year also we began the companion piece to IWTRYAP: "Stellar Stories," the reading and discussion of short stories on alternate Fridays at noon. A physician and charter member of the poetry group proposed the idea and volunteered to moderate the sessions. Stellar Stories was a spin-off from some seminars where medical students had discussed the role of the humanities in medical education. The Brody Committee agreed to participate as co-sponsor of the short story seminars.

**ARTS AND
MEDICAL
EDUCATION**

At the invitation of the NC Humanities Council, the School of Medicine and Cultural Services joined a consortium with two other medical schools to inaugurate a project for medical students to stage dramatic readings of literary works concerning issues in medicine and society. The project has since expanded with funding from the National Endowment for the Humanities.

PERFORMING

Dancer Jacques d'Amboise, an Institute of the Arts artist in

ARTS

residence for the year, created a mixed media performance project which involved participation by students and staff of the medical center and which was facilitated by CSP's coordinator of special projects. The performing arts in the hospital got a new lease on life with an adaptation of Devra Breslow's Jonsson Cancer Center Strolling Musicians program (we call our version "Room Service"), which offers mini-performances right in patient rooms. The visiting performers, who are warmly received, can have contact with as many as 100 patients and staff in an hour. Another successful event this year was a harpist in the lobby of Duke North during a holiday afternoon. This has become an annual occasion, which has probably received more positive response than any other free-standing event.

NETWORK BUILDING

As a fitting celebration for CSP's tenth anniversary year, we hosted the first national Hospital Arts Programs convocation in Durham, funded by a grant from the Duke-Semans Fine Arts Fund. Arts administrators, artists, patrons, doctors, and hospital administrators discussed a variety of activities and a range of rationales. We found that the structure of each program is idiosyncratic, usually established in response to a need perceived by a particular person, either inside or outside an institution. In some programs, the primary emphasis is on personal interaction with the patient, and the arts play a secondary, mechanizing role. In other programs, aesthetic quality is primary: whatever the art form -- visual, performing, literary -- the aim is to choose the best and most powerful art possible that will contribute to the humanization of the environment. We found that what we have in common is that we are all concerned with the humane treatment of people and with the aesthetic environment.

YEAR TWELVE: FY 1990

VISUAL ARTS

It was especially encouraging, because space is so precious, that a small room in a new section of the Eye Center was allocated for the art project. Plans were started for a Tactile Art Gallery, and, with help from a consultant, planning also began for docent training and recruitment. The NC Artists Collection received a boost when the hospital development officer suggested that one of the paintings be used for the hospital CEO's holiday card.

The process of carrying forward the Roof Garden project was another education in institutional systems. The planning office

director agreed to assign a project manager "on spec," since we had no funds in hand, and a time line was laid out for requesting approval from various divisions of the university and from state offices. The development office staff began strategy sessions to work out a plan for fund raising. An application prepared in the fall and winter for an NEA Public Art project was funded in the spring.

Also in the spring, planning began for the first site-specific installation for the Duke North courtyard. An NC Arts Council grant provided funding so that we could commission a design by our Roof Garden artists, Sonya Ishii and Jim Hirschfield, for seating and plants. We hope to continue to mount year-long temporary installations and to give them an educational aspect as well. On window ledges overlooking the installations, we will affix labels containing information about the artists, the creation of the installation, and recent developments in public art.

**LITERARY
ARTS**

At the end of the year of grant funding for the half-time position for the poet in residence, our literary arts program needed a new infusion of money to keep up its momentum, and we did get an NC Humanities Council grant for "Freshwater," an experiment in bibliotherapy with patients. At the end of that project, the coordinator of special projects decided to work only four days each a week, which freed up funds to pay the poet in residence for one day weekly. Two new projects emerged in keeping with the spirit of support for regional artist. One was the project to record NC authors reading from their own works, which was inaugurated with Lee Smith reading "The Interpretation of Dreams," a then unpublished work. The second project was the publication of "I Want to Read You a Poem," a chapbook of poems contributed by our visiting poets and poets in residence. This was both to express appreciation for their art, and, by distributing the chapbook to patient areas, to increase opportunities for patients' personal exposure to poetry.

VIDEO

Our video program also came up with a good grassroots support project, an open competition (grant and gift funded) for musicians to compose theme music for the Cablegram program on CCTV.

NETWORK

Our conscious and constant efforts at network building took

BUILDING

a transatlantic leap this year: Our director went to the Arts for Health conference in Manchester, England, and made some site visits to British health facilities while there. From this came an ongoing and valuable association with Malcolm Miles, director of the British Health Care Arts Centre, who has since visited Duke to make well-received presentations to hospital and arts administrators. Malcolm Miles joined the expanding group of health care arts administrators for the second convocation, this time hosted by Gary Smith in Ann Arbor, where the first steps were taken to establish a formal organization of health care arts programs.

YEAR THIRTEEN: FY 1991**LITERARY
ARTS**

An exciting challenge came this year from an innovative campaign sponsored by hospital administration to improve literacy among hospital employees. (This campaign is funded by proceeds from the hospital's recycling program.) Our poet in residence taught a poetry writing class as part of the literacy program. Her students were people who had rarely if ever read a book. Some of them recently gave a public poetry reading; it was a moving testimony to the impact and value of her class. One of our physician supporters made a gift to fund a poetry competition for the medical center community. This provoked a series of meetings about how to set up a competition, selecting and compensating a judge, etc. The competition is scheduled for the fall. An inter-campus collaboration this year involved CSP working with the Cancer Center Patient Support Program and the School of Medicine to help the Duke Chapel bring author Madeleine L'Engle to campus for a residency. A grant from the NC Arts Council covered two more authors for our NC Writers on Tape project. The hospital auxiliary has agreed to take over distribution of Talking Books, which volunteers can take onto patient units along with their book cart.

Progress on the Roof Garden was halted for a while because of departmental changes, but it is now back on track. The Pediatrics development officer has found a potential donor, and we are waiting to hear. We have a grant pending with the NC Arts Council for a second installation in the Duke North Courtyard. Another environmental project is being planned to transform a large planting area in the Duke North lobby into a quieter space, using elements from Japanese garden design.

For the chancellor of health affairs' NC Artists Collection holiday card, we chose one of the quiltings from the ob-gyn quilt project. An artist in New York whose work we had purchased for the NC Artists Collection died this year and left many of his artworks to the hospital. The paintings present a dilemma. They are exciting, beautiful works, but because of the strength and strangeness of many of them, displaying them in the hospital will be difficult.

**PERFORMING
ARTS**

This year marked the 60th anniversary of Duke University Medical Center, and as part of the celebration, the planning committee suggested that CSP put on another employee show. Fortunately, a local, highly regarded artistic director agreed to work with us. Employees were involved at every level, from planning to script writing, prop gathering to performing. The performance was a success, but what seems equally important is the change in attitude that comes from a cross-section of the work force collaborating on something of this nature. There is a possibility that the university's human resources department will underwrite the continuation of such events.

**ARTS
MEDICINE**

Arts medicine at Duke got a good promotional boost with a symposium on relationships between medicine and the arts presented to the annual meeting of the Davison Club, Duke Medical Center's major donors organization. Richard Lederman, MD, director of the Medical Center for Performing Artists at the Cleveland Clinic in Ohio, gave an historical overview of the field. Other topics included clinical practice and research into arts medicine and potential roles for the arts in the life of the physician and in the hospital environment. (An unpublished report from the meeting is available.) The presentation was so successful that a similar presentation is planned for next year's Medical Alumni Weekend. On another occasion, Richard Lippin, MD, president of the International Arts Medicine Association, came to spend the day and gave a talk to an invited group on the state of the movement nationally.

VIDEO

An outgrowth of an effort to locate folk art videotapes for the patient channel resulted in a grant from the NC Arts Council for a broader Folk Art project. A consultant worked with the CCTV coordinator to purchase video and audio tapes, organize workshops for recreation therapists and chaplains, and present video and live performances on patient units. The program was carried to three other hospitals as well. The CCTV coordinator

also put together a report for hospital administration on options for giving patients more access to movies, either via the cable system or some sort of VCR rental program. (Still another report with, as yet, no change. It always boils down to cost.)

**NETWORK
BUILDING**

This spring, Pat Stefanini and Bette Johnson, who co-direct the Pavilion Gallery at Memorial Hospital in Mount Holly, NJ, organized an excellent regional symposium with participation from the British Health Care Arts Centre, the International Arts Medicine Association, and CSP. The network has spread ever wider this year, with contacts made or expanded with the American Institute of Architects, the National Endowment for the Arts, the National Assembly of Local Arts Agencies, and the National Coalition of Arts Therapy Associations. News of the field was spread abroad with the issuing of the new health care arts association newsletter, and, finally, we were able to turn in earnest to writing this handbook, after ten years of collecting information on other programs. A generous grant from the Biddle Foundation gave us the wherewithal to complete the handbook to be ready for distribution at the third convocation on health care and the arts at the University of Iowa Hospitals and Clinics in July. The Iowa program, established by Joyce Summerwill and now directed by Deborah Burger, is one of the oldest, having been set up in the late seventies. It is most appropriate that consideration of major decisions about the future of the new organization will take place on the site of this extensive, important program.

FUNDING

This year, for CSP, the subject of money has been even more absorbing than usual, in both positive and negative ways. For the past eighteen months, rumblings have been heard from administration about the state of the hospital budget. CSP had been asked to cut one position out of the FY 1991 budget but was given a partial reprieve. We were told, also, that if circumstances did not improve, a deeper cut for FY 1992 was inevitable. In an effort to secure additional unrestricted income, we put on a benefit arts picnic at the much beloved Durham Bulls stadium. "Beethoven, Barbeque, and the Bulls" netted only a few hundred dollars, but it did give CSP friends a chance to get together, have a little fun with classical music, and cheer for the home team, and a good time was had by all. Funds from the medical school for coordination of the staged readings and other medical student activities helped get us through the year.

The good news came in the fall of 1990, with a \$25,000 gift from the Duke Endowment to CSP to establish a long-hoped-for endowment. The really bad news came in the winter: cuts were made in every hospital department, including, of course, ours. The income from our new endowment would come nowhere near bridging the gap (and would in fact not be available the first year), and most of our grant applications were unsuccessful. The CSP director made the hard decision to eliminate the CCTV and special projects coordinators' positions. We face another cycle of fall back and re-group.

RATIONALE

In 1979, Norman Cousins, former editor of the *Saturday Review*, published a book about his experiences with a severe illness. In that book, *Anatomy of an Illness*, he described his fears and isolation as a hospital patient:

I know that, during my own illness in 1964, my fellow patients at the hospital would talk about matters they would never discuss with their doctors. The psychology of the seriously ill put barriers between us and those who had the skill and the grace to minister to us

There was first of all the feeling of helplessness -- a serious disease in itself . . .

There was the subconscious fear of never being able to function normally again -- and it produced a wall of separation between us and the world of open movement, open sounds, open expectations. . . .

There was the desire not to add to the already great burden of apprehension felt by one's family. . . .

There was the conflict between the terror of loneliness and the desire to be left alone

There was the lack of self-esteem, the subconscious feeling perhaps that our illness was a manifestation of our inadequacy

There was fear that decisions were being made behind our backs, that not everything was made known that we wanted to know, yet dreaded knowing.

There was the distress of being wheeled through white corridors to laboratories for all sorts of strange encounters with compact machines and blinking lights and whirling discs

And there was the utter cold void created by the longing . . . for the warmth of human contact. A warm smile and an outstretched hand were valued even above the offerings of modern science, but the latter were far more accessible than the former.

I am convinced that nothing a hospital could provide in the way of technological marvels was as helpful as an atmosphere of compassion.

Cousins' description of being a patient gives a vivid picture not only of the psychology of serious illness but also of what has happened to hospitals as they have grown in size and in technological complexity. Medical delivery that looks and feels like a giant machine has a dehumanizing effect that is troubling and difficult to counteract. Not only does the patient feel intimidated by the machinery, but because the technology-based hospital routine tends to be impersonal and objective, the patient may also feel a loss of the sense of individuality and personal identity.

There have always been expressions of concern for the psychological and spiritual welfare of patients, historically from religious institutions and in more recent times also from such sources as hospital auxiliaries and recreation therapy programs. Duke University Hospital's auxiliary was founded in 1950; the first Chaplain Service was introduced in 1955; recreation and play therapy programs began in the 1960s.

Along with concern for the impact on patients of high-tech health care, there is a growing awareness that doctors, nurses, and other care givers are endangered as well. Burn-out workshops are offered to medical staff in continuing medical education programs. Medical school faculties debate the value of humanities courses in the curriculum, as both a counterbalance to the mechanized environment and as a source of solace for the doctor.

Health professionals are looking with keener interest at the possibility that the arts may play a direct, positive role in the business of a medical center. This new partnership between medicine and the arts is based on new recognition of the potential significance of aesthetic experience and expression for patients in time of stress and anxiety.

The question arises how to measure, or even define, the role played by the arts. What are the proofs of their impact, or the criteria for their success? In an environment where the scientific method reigns supreme, we tend to presume reality to be quantifiable. But there are powerful realities in a hospital which are not susceptible to the scientific method: fear, pain, hope, anger, loss, alienation, ethical dilemma. No one denies their presence and power on the grounds they cannot be measured; on the other hand, even the highest-tech medical center may be impoverished in the means to acknowledge, express, and ameliorate them. Our premise is that the arts provide those means.

Because you are reading this, we assume you are among those who agree, who believe that the arts operate in fundamental, if unquantifiable, ways in our lives. In which case much of the following may seem to you to be abundantly self-evident, and perhaps a little redundant. That doesn't mean that this section is superfluous, though. Far from it.

Rhetoric, persuasion, articulation, and inspiration are the daily tools of the trade for anyone undertaking to establish an innovative program. An astonishing amount of time and energy goes into explaining, recruiting, convincing. And, often, the more self-evident a truth, the more elusive the words to express it. Look at what follows as the beginning of a scrapbook of things that have struck us as particularly apt, eloquent, or effective in reinforcing our cause and articulating our beliefs. (Some of them we wrote ourselves; others were contributed by a long, long line of fellow believers -- starting with King Solomon!)

A merry heart doeth good like a medicine; but a broken spirit drieth the bones. *King Solomon: Proverbs 17:22.*

The arrival of a good clown exercises more beneficial influence upon the health of a town than twenty asses laden with drugs. *Thomas Sydenham, 17th century physician*

Death is not the ultimate tragedy of life. The ultimate tragedy is depersonalization -- dying in an alien and sterile area, separated from the spiritual nourishment that comes from being able to reach out to a loving hand, separated from a desire to experience the things that make life worth living, separated from hope. *Norman Cousins, Anatomy of an Illness*

How can we enable music, drama, dance, paintings, sculpture, poetry and other art forms to hold their own against the pressing daily need -- food, clothing, shelter, transportation, and physical health? Start with the premise that the arts *are* one of the pressing needs. The hunger of the spirit for beauty accompanies the need for tangible goods." *Arthur Kiplinger, Chairman, Advisory Committee, Performing Arts Center of Cornell University*

There is a great deal of voyeurism in medicine, and I have come to enjoy it, not to be embarrassed by it. You walk into a room with a set of questions in your mind; you want to answer the riddle of the illness, to make a diagnosis. But each time you are surprised. You find the answers enveloped in a scene, a family under stress in a little room whose boundaries compress and confine them like the lines of a poem. . . . They are creating scenes which brand themselves into your memory. They are offering you what William Carlos Williams called "an intimation of what is going on in the world," or the lesson which Kierkegaard wanted so much to learn, "how to live a life." . . . So, what am I trying to tell you about medicine and poetry? Just, I suppose, that they are inextricably linked, that I have found more poetry here than in all the ivory towers. Each room I enter is a living poem, struggling to create itself. I am a witness to my patients, they are my teachers, and to learn from them is the greatest privilege I know. *Julie Fishbein, MD, Pediatric Hematology and Oncology, Duke University Medical Center*

The radically transformative environment. . . places enormous stress on the social and institutional structures by which our societies attempt to hold themselves together. . . . Our most pressing task is to find meaningful and constructive responses to the dislocations, disorientations, and deconstructions that are taking place. . . . Those fertile and creative sources of comprehension and orientation to be found in the arts have been consistently and persistently devalued and displaced, pushed further and further to the periphery of our lives. . . . At critical and dangerous times such as these, we need the creative artist the most, for creativity, in its multiple aspects, is our surest protection from a human existence which is empty, fragmented, and disoriented. Culture at every level is the imaginative

medium, the body of signs and signals, codes and conventions, dreams and fancies in which we have our individuality. The role of art and of the artist is to provide crucial insights into the human condition. *Herbert Shore, New Myths, New Values, a speech presented at the 1986 World Conference on Arts, Politics, and Business, University of British Columbia*

Healing remains the heart of medicine, and the curious thing is how it happens, at least some of the time, when our backs are turned, and then we are embarrassed when we are given credit for something that we did not "know" we were doing. Rather than contemplate the wonder of the event, we turn away, as though it did not matter, from the very moment that might illuminate the center of things. . . . There is a formal symmetry between how a doctor tries to understand the story that a patient tells and how the reader tries to understand the story an author tells. . . . The doctor must bring a scientist's knowledge to the encounter with the patient, but it is the poet's way of understanding that counts in the consulting room. *Francis A. Neelon, MD, General Internal Medicine, Duke University Medical Center*

In most cultures, the aesthetic experience is an integral part of religion and daily living. Art is a way of transcending one's being; it leads us to create forms which communicate intimate feelings, which compensate for internal and external chaos. Beethoven, Michelangelo, and Shakespeare give us inspiration, refreshment, and hope. The need for art escalates in crisis. . . . Hospitals, prisons, and nursing homes are societies in perpetual crisis. *Michael Jon Spencer, The Healing Role of the Arts, a Rockefeller Foundation publication*

Tolstoy described art as being "a means of communication singular in its capacity to transmit the feelings of one person to others; other modes of communication transmit thought." Webster's dictionary defines a crisis as "an emotionally significant event or radical change of status in a person's life." If Tolstoy is correct, if it is *only* through the arts that we are able to communicate emotion *directly*, then our need for the arts in crisis is clear: Without them, emotion has no voice. We can talk *about* the emotional significance of the event, but we are deprived of a direct mode of expressing our feelings. That is why we *sing* the blues. *Janice Palmer, Director, Cultural Services Program, Duke University Medical Center*

If we look at history, artists of all kinds -- painters, sculptors, writers, and musicians -- have always been among the most influential, and the most deeply involved, members of society. That is why, in authoritarian states throughout history, the first people a regime tries to silence are the artists. . . . What the censors have always understood is that music is one of the most effective ways to bring people together. . . . I have already mentioned the

universal craving for political freedom. What about our freedom to seek intellectual challenges, to expand our knowledge of the world? Does it not enrich us when we strive toward – and achieve -- a goal we have set? When we make a contribution to society, to our fellow men and women? Surely these are the feelings, the motivations, that define us as human beings. What artists try to do is to provide a channel through which people can grapple with some of these issues. This involves more than making pretty sounds for people to relax with, or be entertained by. I am always amazed to see the arts listed under "entertainment" in your newspapers. For the arts are really the symbol of a culture. They express emotions -- some of them pleasing, others painful. They can provide a challenge, provoke us to experience things that perhaps we would prefer to avoid. They can also reflect, in a direct or in a metaphorical way, the problems that confront our society. Emotional experiences are what draw people to the arts. It is this vital connection between the arts and life that I want to leave with you. By opening yourselves to art and to other new ideas, you can make the world a better place. Because just as the artist's most important function is to touch our souls, it is in the way we receive that touch. . . that the "quality of life" is really to be found. *Riccardo Muti, music director of the Philadelphia Orchestra, in University of Pennsylvania commencement address, 1987.*

The aesthetic experience is powerful. The pursuit and enjoyment of the arts have been valued, so far as we know, by all people in all times. The desire for beauty and the pleasure in the making of it are evident in the tools and implements of the most "deprived" society. We human beings delight in form and design in music, dance, and drama as well as the visual arts. We experiment with different ways of ordering and organizing form, and we enjoy the act itself, the challenge of refining and controlling technique of expression. We communicate through the arts. We represent and wrestle with philosophical themes (the essential aloneness of the individual, the meaning of pain) and ideals (courage, beauty, love) directly and symbolically. Through ceremony and ritual, we investigate the meaning of life and celebrate its existence.

Every great work of art combines the two elements of aesthetic experience - form (the abstract design, the making, the medium) and content (the meaning, the message, the communication between artist and audience). One great painting may have a great deal of representational content, and another may have nothing at all recognizable, and yet they can be equally successful in conveying an emotional message. Instrumental music might be thought of as having form only, yet sounds that are not words can convey deep emotion.

A work of art sets off an active response -- a memory, an insight, a recognition. Our interest is captured. We transcend the moment. Our minds

feel sharpened. Understanding is refined. We participate in eloquence, even without words. We are left feeling uplifted and refreshed. Through the arts, we give concrete shape and an eloquent voice to the things in life that move us. *Janice Palmer*

The arts have their origin in religion and philosophy. They direct a person inward, and in encouraging expression, help one to order and deal with feelings. Sports can release repressed aggression -- which is good and necessary -- but people must also learn to control emotions in subtler ways. The people who function well in society sublimate and integrate these energies to adapt to their environment. In this sense, the arts serve rehabilitative and habilitative goals. Too often 'passive' enjoyment of art is dismissed as nowhere near as beneficial as 'participation' in art. Participation seems closer to therapy: passive involvement is seen as 'mere entertainment.' But such assumptions are false. When I am excited by any great work of art, whether music, a novel, dance, or film, I perspire, my pulse goes up, and I have a host of other physical reactions. From this seemingly passive involvement, I may be more exhausted than if I'd played the piano for two hours. These two terms refer only to the body; they tell us nothing about the mind or emotions. Art is as important as bread; art is different from distraction; the highest quality of art is the most therapeutic. *Michael Jon Spencer, op.cit.*

The arts are the single greatest demonstration of the uniqueness of the individual. *Harvey Littleton, artist*

Art is much less important than life, but what a poor life without it. *Robert Motherwell, artist*

Art comes to you proposing frankly to give nothing but the highest quality to your moments as they pass. *Walter Pater, 19th century English novelist and critic*

Where words leave off, music begins. *Heinrich Heine*

If the purpose of art is to nourish the spirit, what more appropriate place to find it than a hospital, where our spirit may encounter its most critical moments. *Eileen Lawton, NJ Council on the Arts*

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GETTING STARTED

Potential users of this handbook may include both arts people who know little about how hospitals work and hospital people who have few contacts with community arts resources. Therefore, the first section is a list of questions for anyone who plans to initiate an arts program in a hospital, followed by information specifically for a hospital administrator. The third section is for the person who will direct the program.

For the Initiator

- Why are you starting this?
- Who are your supporters?
- Why are they interested?
- Who will decide what shape the program will take?
- Will you have a planning committee or an advisory board?
- If so, what will be its purpose and structure?
- What will be the role of the program director?
- How and by whom will the program be evaluated?
- What kind of start-up budget is available?
- Will the program have basic support from hospital funds?
- Will this be primarily a volunteer program?
- If so, is there a hospital volunteer office that will help with recruitment and program management?
- What are the arts resources of your community?
- Is it feasible or desirable to set this up as a cooperative project with a local arts council or university arts program?

For Hospital Administrators

You can get help to start an arts program in your hospital from a number of sources: the local community arts council, the state arts council, a foundation that supports the arts, or an arts management consultant. If yours is a university hospital, you can also ask for help from the university staff who organize arts events and student union activities on campus, or from faculty in the art, music, drama, and dance programs, or from the art museum staff.

If you set up a planning committee, include artists, arts organizers, patrons of the arts, and hospital staff who have direct contact with patients and visitors. In addition to doctors and nurses, consider unit administrators; recreation, physical, and occupational therapists; social workers; and staff from dietary services, housekeeping, employee relations, and public relations.

Particularly if you hire a director from outside, hospital staff on the planning committee will help incorporate arts projects and events into day-to-day hospital operations with the least possible disruption.

You may prefer to have an advisory group that encompasses both planning and fund raising. That group can be a separate body or a committee of an existing hospital board.

PROGRAM STRUCTURE The arts program can report to the director's office or it can be incorporated into medical art, social services, recreation therapy, public relations, or social services.

If you intend to develop programming in both the visual and performing arts, you will need more than one person. If you are depending on volunteers to carry out the program but have no existing volunteer structure in the hospital, your director will become primarily a volunteer coordinator. If the director must bring in outside funding to support the project, help will be needed to develop programs.

HIRING A DIRECTOR Among the responsibilities that you may assign to and expect from the program director are:

- analyzing needs and defining program goals,
- designing game plans and implementing and evaluating projects,
- preparing grant applications and planning special events for project fund raising,
- preparing and reporting on project and program budgets,
- hiring and supervising staff, and

- developing a network of arts resources throughout the community.

Qualifications to consider are acquaintance with the arts resources of the community and experience as an arts organizer in any context.

There is debate in the arts management field about whether personal experience in the creative or performing arts is an essential qualification for an arts manager. Some argue that only through such personal experience can a manager be truly empathetic to the needs of artists and audiences. Others feel that arts organizers with business training are better prepared to speak the language of business people when asking for funding and support. A strong case has been made for training and/or experience in the social services fields because such managers are knowledgeable about budgets, fund raising, and personnel management, and they are sensitive to the psychosocial aspects of the work as well.

If you would like to interview graduates of arts management training programs, contact your local or state arts councils. They have names and resumes of aspiring arts managers looking for jobs, and they have job bank listings that will bring in good candidates.

You may find your best candidates from the ranks of community volunteers in the arts. Some of those volunteers are on the hospital staff now and may know of good candidates for the program director's position, or they may be viable candidates themselves or potential members for your planning committee.

For the Program Director

- Do you have a job description?
- If not, do you know what is expected of you?
- To whom will you report?
- Is there a planning committee or advisory board, and if so what is its mission?
- What is your opinion about the role of the arts in a service context?

- Which of the arts seem most appropriate to your setting?
- How will the emotional and physical conditions of your audience affect your programming?
- What are your mechanisms for considering the rights and wishes of your audience?

**WHERE
TO
BEGIN**

If there is a planning committee or an advisory board in place, you may already have a structure and a program prospectus to work with. If there is no committee or board, discuss with your boss whether to start one first off or to simply begin programming where resources are most readily available and build the support structure as you go along.

If you are coming from outside the hospital, ask your boss to assign a guide through the hospital system, someone who knows how to get things done and can translate institutional jargon. Ask to be included in any orientation program that your institution provides. Ask for a tour and a written description of your institution, including the mission and objectives of its programs. Get copies of any promotional materials used by the director's office or by public relations. Ask for an organizational chart.

Visit all the patient units, treatment areas, clinics, labs, admissions and discharge offices. Look for possibilities and limitations--where art work can be placed in patient rooms, waiting areas, work and break areas; whether or not it will be appropriate to have performances on patient units, and if so, where; how easy it will be for patients to move or be moved to a performance elsewhere.

Ask hospital administration for demographic information: how many patients are admitted each year, where do they come from, what are they here for, how long do they stay, what is the average stay, which units have long-term patients, what is the estimated number of visitors.

Talk to the staff to get a sense of the activity and pace on each unit. Talk to patients and family members, not necessarily about the arts but to begin to become acquainted with your audience. Later on you will need more specific information from patients. What you need now is to begin to get a feeling for who they are and what is happening to them.

**NETWORK
BUILDING**

You have two networks to cultivate--one reaching in and the other reaching out. The in-network is for help with program design and implementation within the hospital setting. For example, doctors and nurses can help you learn about the patient population, what kind of treatment is done on each unit, what patients are able to do. Hospital administrators can analyze your questions, explain procedures, and route you to appropriate people. Make note of staff members who show particular interest in what you're talking about. You will need their participation on project planning committees and their help to implement programs.

Get acquainted with staff in social services, audiovisual services and medical illustration, development, public relations, hospital auxiliary, volunteer coordination, medical history, library and archives, in-service and patient

education, architectural planning office, engineering and operations, personnel, public safety, dietary services, house cleaning, and patient escort service.

The out-network is for resources and advice from the community, including local arts council and art groups; visual and performing artists; public and private art galleries and museums; universities, colleges, and technical institutes (student arts programming offices, art and music departments, student television production groups, continuing education); libraries; arts people in secondary and primary schools; music and art teacher associations; radio and television companies; state arts council, National Endowment for the Arts, and other regional and national arts organizations; foundations and corporations that support the arts; and patrons.

PUBLICITY Ask to be put on the agenda for all supervisory level meetings.
AND Before you have a program design, you can give a general
PROMOTION introduction and use the opportunity to find out who is interested and willing to make suggestions. Or you can wait until after you've gone through the individual interview stage and have a plan in hand to announce.

When you meet with the public relations staff, discuss policy and procedures for publicity both in and outside the hospital. If your hospital has a newspaper, what kind of coverage can you expect for your program? Do patients receive the publication or it is directed towards staff only? Does the publication go into the community? Will you be permitted to send out public service announcements directly to the media?

As you see, hundreds of factors small and large determine both the opportunities and the obstacles encountered by those seeking to establish a program in any given institution. Clearly, for all that they pursue essentially common goals, there is scarcely any limit to the diverse shapes hospital arts programs may take. There is not one, however, that won't profit from your knowing your terrain as well as possible and being able to recognize and seize an opportunity when it arises.

THE VISUAL ARTS

Start-Up Questions

- What is the primary purpose of the visual arts program?
- Who has decided that purpose?
- Do you have funds for acquisition and maintenance?
- If not, who can help you find out about potential funding sources?
- Where will you get the art work?
- Who will make aesthetic judgements?
- Will there be a screening committee or an art advisory committee?
- If so, what will be the role of the committee?
- Who will set policy on such issues as accepting gifts?
- Who sets priorities on where the art goes?
- Who owns the walls where the art will hang?
- Who will hang the work?
- Is there concern for the investment value of acquisitions?
- Where are the best exhibit areas?
- Are funds available for exhibit cases and/or hardware?
- Who may exhibit?
- How will you let patients know about exhibits?
- What will you do about security? insurance?
- What kind of records will you need?
- Inside the hospital, who needs to be consulted, who needs to know, who will be affected by visual arts activities, and who can help you?

Purpose

Art in a hospital has a purpose and presence different from that of art in museums or galleries. We are serving an audience which has not come to the hospital to view the art and who will not be well served by enforced exposure to art works that may be shocking or depressing. Our great challenge is to keep to high aesthetic standards while at the same time working to alleviate, not add to, the stress and strangeness that many in the hospital are experiencing.

This is certainly not to say that art in a hospital should be merely decorative, but that choices must always be guided by an alert sensitivity to the viewers' experiences. A skillfully rendered, powerful painting can have a presence that may give reassurance in the face of pain and death. However ambiguous it may be, successful art conveys a sense of significance which is universal. That power will only grow with exposure.

All our past experiences and attitudes shape the way we see art. A representational piece such as a landscape may call up a place or experience from the past. (We have many landscapes in our NC Artists Collection, partly for this reason and partly because some of our best artists are landscape painters.) The viewer also projects an emotional content which is completely subjective. A large pencil drawing of hills, winding roads, and farm houses was described as "peaceful and soothing" by one viewer and "gray and depressing" by another.

In addition, there is the viewer's personal valuation of "Art." To those with an established appreciation for art, its presence at a time of crisis may be particularly significant. A cancer patient said that during the ordeal of hearing her diagnosis, she focused on a landscape on the wall as a symbol of reassurance to hold onto while her own, private world was falling apart. To her, art represented the quality of the transcendent, the eternally enduring.

Thus, we must always keep in mind that, even hanging on the wall, the visual arts must be regarded as an interactive, not passive, presence.

Within the category of visual arts in health care settings, there is a growing emphasis on environmental design. In recent decades, the public art movement in the US has evolved from art on the plaza to artists as members of design teams for functional spaces. Many artists now working in the field of public art are very much interested in the community, addressing such aspects of public space as lighting, seating, circulation and pathways, bridges, shelters, and signage. They are working in collaboration with architects, landscape designers, and planners to create public spaces where art cannot be separated from an experience of the place itself. Helen Orem, who established the NIH program, and Malcolm Miles, the director of the British Health Care Arts Centre, are at the forefront of this movement into environmental art.

When we began in 1978, our objectives for the visual arts program were to fill the hospital with art, to bring the artists and arts resources of the larger community to the attention of the people in the hospital, and to support the creation of art by both patients and staff. A secondary objective was to reciprocate: since the artists' efforts were being used to change the medical center environment, we wanted to support them by giving them access to the largest population mass in the county.

Acquisitions

**NC ARTISTS
COLLECTION** In CSP's early months, we borrowed a few art works from artists and collectors for patient rooms and waiting areas. We approached the director of the Duke University Museum of Art for possible loans; although he supported our program in concept, he found the hospital's security inadequate. Some other museums donated a few posters. An application for a grant to purchase art was not funded, one of the stated reasons being the perception of Duke as a wealthy institution, less needy than other applicants. This is a difficulty we apparently share with many other medical centers.

A major breakthrough came with approval, by the medical center planning office, of our proposal to purchase North Carolina art with funds designated for art prints for the new hospital building. With the interior design staff, we sought advice from museum, gallery, and corporate collectors and from artists about how we might organize the project.

We went to all the art shows in the area and visited galleries specializing in works by North Carolina artists. We brought about thirty pieces to an "approval" session with hospital and university people, including some who were knowledgeable about art and others who were there in an administrative capacity. This group, which was impressed with the prospects, gave us suggestions and encouragement but never met again.

**ART
PURCHASE
WEEKEND** Some artists urged us to spread the word to as many people as possible that the hospital was in the market. Adopting a strategy used successfully by the RJ Reynolds Corporation, we decided to start building our collection by having an art purchase weekend in Durham. Not all our advisors thought that was wise, but we thought that having the artists come to us would certainly be less time consuming than going out to look for them, and statewide promotion would put us in touch with artists we might not otherwise find.

We worked out guidelines and systems, designed and printed posters and entry forms, and sent information packets to local arts councils and visual arts groups, museums, galleries, and college and university art departments. We arranged to use the Durham Arts Council building for the weekend and paid for a rider on their insurance policy. We recruited volunteers to help handle the art and the financial transactions. One of our advisors helped us find two reputable judges. We organized a party on Sunday night to celebrate and to thank the volunteers.

The weekend was, at best, a mixed success. Out of 239 entries, the judges were able to choose only 27 purchases. Although we found out later that this ratio is not unusual in large shows and competitions, we felt that we had done an awful lot of work for the size of the return. What was more important, the occasion created ill will among some artists whose entries were turned down. Some were genuinely disappointed not to have their work used to console and comfort hospital patients; others felt the hospital was using the \$5 entry fee to make money. The hospital director received a few irate telephone calls, and finally we sent a letter addressing all the points of complaint to each artist who had submitted work. In sum, our own experience doesn't encourage us to recommend such an undertaking. If you should want to try it, however, we will be glad to supply copies of our planning information.

Since this effort resulted in so few purchases, over the next year we went back out into the field and attended virtually every art show in the area, focusing on galleries specializing in North Carolina artists. A number of artist representatives heard about the project and began to gather works for us to consider. Among the many resources available, two non-profit galleries consistently provided the highest quality and the best variety at the most reasonable prices.

After the initial purchase of almost 700 works, the collection has continued to expand with each new addition of patients units to the Duke North bed tower. The total number of works by North Carolina artists now numbers more than 1,200.

GUIDELINES FOR PURCHASES We are biased towards but not limited to North Carolina artists. Our objective differs from that of a museum or a corporation because the collection is being established for a humanitarian purpose, not for the advancement of art or for investment value. Choices are made on the basis of equal concern for content and aesthetic quality, within the context of cost and size. (Our budget for the first major purchase project in 1980 gave us an average to spend of \$150 per work framed. The average price has climbed since, but is not generous.) We do not ask artists to donate work or to lower their prices, but we do accept their offers to do either. And while it is desirable to spread the net as widely as possible, we do buy more than one work from an artist. Medium and mounting method are also considered because of the requirements for cleaning. Guidelines for patient areas are

- no angry work;
- no surrealist work;
- not too much red or black in a work (an admittedly shallow search has turned up nothing particularly helpful in the literature on color theory);
- no abstractions that look like internal organs or blood slides;

- and, although it is impossible to know, we do try to think about what a work of art might look like when the viewer is disoriented or coming out of anesthesia.

Artist representatives who approach us often present works by artists that we know personally. Our policy is that we will always work through an agent who has introduced us to an artist, but if we find an artist on our own, we deal directly with that artist unless asked to do otherwise by the artist.

We have on occasion commissioned work, usually at the request of a donor or for a specific project such as a portrait. Two contract forms **(A)** **(B)**, one specific and the other general, are included here.

As mentioned, we had no acquisitions committee for purchases for Duke North; all decisions were made by staff. However, an advisory committee was set when the sculpture program was initiated to recommend guidelines and to review aesthetic standards for acquisitions and donations. One important role for such a body is to protect the institution from unwanted gifts.

GIFTS

For major projects, our advisory committee goes into action. "Garden variety" gifts are handled by CSP staff, and for small items we take anything that is offered. We do not have a written policy regarding resale, but we should. We would particularly like to hear from hospitals who do have such a policy: how does one manage to communicate such information diplomatically in a thank you letter?

When a donor asks us to provide a document affixing value for a gift. we explain that we are not certified appraisers and that we can only provide a copy of our letter to the university's Gift Records office containing the information the donor has given us, such as, "the donor values the gift at \$300." We don't ask donors for verification of assigned value; if they want more information, we give them names and addresses of appraisers.

To process gifts, our procedure is to

- enter the donation into the inventory, as with any other acquisition;
- inform the Gift Records office;
- inform medical center administration of the gift by drafting a thank you letter to go out from administration;
- enter the gift in the gifts log;
- prepare a label, if appropriate (a copy of the label goes into the donor's file folder); and

- when the work has been donated by someone other than the artist, we try to inform the artist of the gift.

ART ON LOAN For longer-term loans than art on exhibit, we write an Agreement on Loan of Artwork (C). The term may be indefinite, or the agreement might be renewed at a specific time.

INSTALLATION Concerning framing, check to see what restrictions the infectious disease and safety offices may impose. At Duke, the cleaning staff uses a germicidal product to spray on the glass and frames in patient rooms. Usually that causes no trouble, except that the glass is often smeary and occasionally there is water damage to a mat.

Ordinarily, if we buy an unmounted art work, we have it matted on acid-free paper and framed with a simple metal or wood molding. This work is contracted out to a variety of places. Most of our work is done at a university-run student enterprise, through which most of the poster orders are made also.

For special projects, such as the quiltings, we write up specifications and talk with several framers about the job. In that instance, the quiltings were made with cloth borders so that they could be stretched on canvas stretchers. The wooden stretchers were coated with polyurethane to create a barrier between the acid in the wood and the cloth. A metal picture molding was chosen that would provide an air space between the glass and the quilting. A paper dust cover was affixed to the back of the framed piece.

There is disagreement about the virtues of glass vs. Plexiglas: while glass is breakable and therefore potentially hazardous, we were told by the fire officer that Plexiglas is flammable and that we should use it only when glass is not desirable. Also, Plexiglas scratches easily, and therefore we tend to use it only on very large works.

The installer works through the office of the director of Nursing Services to establish contact with the head nurse on each unit prior to hanging work. The installer provides a list of room numbers where the work will be placed and confers with the head nurse about appropriate timing. Punching or drilling holes in the wall for molly bolts produces minimal noise and dust and takes less than half an hour per room. On the pediatrics unit, all the art work is placed in the halls at child's eye level.

ART CART Our decision not to set up an art cart program was based on two factors: we did not have access to a pool of volunteers and, since Duke is a tertiary care hospital, most of our patients are here for only a short time. There are a number of excellent art cart programs around the country, including Lynn Thompson's Circulating Art Cart (NY), Deborah Burger's at the University of Iowa Hospitals and Clinics, and Gary Smith's at the University of Michigan Hospital.

RECORDS

The *inventory book* (**D**) contains a chronological record of all acquisitions and work on long-term loan.

The *artist card file* includes all artists whose original works belong to or are on loan to the medical center. The card file does not include reproductions. The artist card needs only the name and inventory number(s).

A *location log* (**E**) is set up for each building. The information includes the room number, name of the unit, color zone, floor, and inventory number.

When a work is received, it is assigned the next inventory number and entered into the inventory book. The inventory number is written directly on the back of the work, if possible. If we already have works by the artist in the medical center collection, the artist card is pulled and the inventory number of the new work is added. If we have no work by the artist, a new card is made. When the work is installed, the location is entered into the location log.

These three separate records are kept because

- we may get a call from a public safety officer telling us that a painting has been found in a closet. The inventory number on the back identifies the work.
- a nurse calls to say that a painting is missing from Room 9301. The location log identifies the work.
- a museum wants to borrow a work by a particular artist for a show, or an artist brings a friend to see the work. The artist card files takes us from the artist's name to the inventory book to locate the work.

Invoices, purchase requisitions, etc. are filed according to Duke's accounting system code numbers, but for special projects where we anticipate handling a lot of paperwork, we set up a duplicate, separate file because Duke's system is cumbersome for our needs. The *acquisitions log* (**F**) (original art purchases) helps keep track of where we are in a major project.

The *donation log* (**G**) provides quick reference and is used for preparing the year-end report. Information and correspondence is kept in a file folder for each donor.

If information about the artist is available when a work is purchased or donated, that goes into an archive file. The volunteers who have made labels for the Landmark Project look first in the archive. If there is nothing there, they find out from the inventory book where the art was bought. If it came from the artist or a gallery, an address will be found on the invoice. The volunteers then contact the source to ask for more information. Once that has arrived and the label has been made, the new information goes into the artist archive.

Exhibitions

QUALITY CONTROL

The populist approach in our program applies here too. While we book in specific artists, our policy is to accept any request for an exhibit, including requests from employees. There is usually no real problem with standards because an employee who has enough work to fill the case is a serious amateur. Also, the less serious amateur is usually not willing to wait a year or two for a show. For them, we have a smaller case to offer that is not so heavily booked. Each spring we display the 40 or 50 winning entries of the employee arts and crafts festival, so that over the years, many employees have had the opportunity to show their work.

We've put exhibits of art works by patients in both the large cases and the small one and sometimes onto easels in the lobby. When a member of the staff (usually a nurse or recreation therapist) comes to us with a request for a display for a patient, we figure out some way to get the work up, even if it is only for a few days. Critics have warned that professional artists prefer to exhibit their work where there is a recognized high standard. However, we have found that artists are usually very pleased to show their works in the medical center.

Art groups are scheduled in every year, such as the American Dance Festival, winners from the local art guild annual juried show, and always the potters guild during the holiday season. We contact individual artists and they contact us. We get more requests from photographers than any other kind of artist.

We have sometimes produced exhibits ourselves, on the stained glass windows in Duke Chapel, on Black Mountain College, on NC Carolina's Four Hundredth Anniversary, and on the opening of the renovated Durham Arts Council Building. We'd do more if we had time. Occasionally a volunteer will turn up who wants to do a special exhibit, but we can seldom take advantage of the opportunity because the cases are booked during the time requested.

We've had a few shows that had the potential to cause a censorship flap, but interestingly, the most problematic was not, as one might expect, about erotic art but about political art. A barrage of complaints came in about a very large air-brushed version of a photograph of students in Tianenmin Square. It stayed up. Generally, we don't have problems because we are not overtly confrontational.

VISIBILITY

Our first display area was inside the discharge unit. That gave us lockable gallery space which was good for security, but visitors to the gallery were few in spite of the fact that the hospital newspaper gave good coverage and demonstrations in the lobby attracted attention. One problem was that the exhibits were not visible to passersby. A more difficult problem was that the discharge unit was in constant use by patients and the nursing staff caring for them. A steady stream of visitors

would have been disruptive, so we could not do an all out promotional effort. We realized that we needed to go where the people are, and a generous gift funded the construction of a large display case in a major hallway in the new building

We knew that a great many people walked through that hall, so on a Monday in 1983, our student helper counted the people passing by. Between 11am and 1pm, 550 white coats, 477 other employees, and 285 patients and visitors (total 1312) walked past. We tell exhibitors that our exposure is second only to that of a shopping mall, which is one reason that the case is booked up almost two years in advance.

A second case was included in a construction project in the lobby of the old hospital building, Duke South. To open that case, we put on one of the few receptions we've had for exhibits. Our display areas do not work well for opening festivities, and we don't have the budget to do many.

Our display cases are about 32' long, 6' high, and 1' deep. They have directional light fixtures in the top, and the backing is cork. The sliding glass doors are key locked. We lost some jewelry from the case early on: the thief lifted the glass door out of the track and set it on the floor, fortunately without breaking it. We added strips of wood along the bottom so that tamper resistant screws could be inserted in such a way that the doors cannot be lifted out.

PROCEDURES After initial contact, the visual arts coordinator enters a tentative date for the exhibit on the exhibit schedule. He writes a letter to the exhibitor, enclosing the exhibitor's agreement (**H**), itemized list form (**I**), case drawing (**J**), and a map if the exhibitor needs it. He asks for a photograph and biographical information. He renews contact two or three months before the exhibit to confirm dates and arrange meeting place and time. He inquires into the needs of artist concerning hangers, shelves, etc, and they decide together how labeling will be handled. He sends out a public service announcement two weeks before the show, including a picture, if available, of the artist or a representative work. Exhibits are advertised in the university and the community, as well as the medical center. A new show is put up on the same day the old show is taken down so that the case is not empty overnight.

A sign in the exhibit case refers calls to Cultural Services. The itemized list is kept in the office for each exhibit. When a caller wants to make a purchase, that information is written on the itemized list and arrangements are made to exchange the money for the artwork. Checks are written to the artists. No money goes through our books. We ask the purchaser to wait until the exhibit is taken down to pick up the work, except for holiday shows or for patients or visitors who will be leaving on the day they call.

During November and December, local arts and crafts groups and galleries display their works, and we sell as fast as we can. One of the staff stands beside the

display case each day during the noon hour to sell works out of the case. Sold works are immediately replaced with new pieces. Patients and staff appreciate the handy access for holiday gifts, and the groups and galleries are grateful for the substantial sales they enjoy.

No commission is charged for any sale. We made that decision based partly on the fact that the artists are helping us by making their work available for exhibition and partly because of the complexities of handling commissions. Since we don't have show openings and we don't have a mailing list of potential buyers -- in other words, since we don't energetically market the exhibits -- we don't sell much, except for the craft shows during the holiday season. This policy has generated a lot of good will among visual artists, which has been far more valuable than any small amount of money we might have made on commissions.

RECORDS

The folder for the completed exhibit, including the sales record on the itemized list, is placed in the chronological exhibits file. Artist information is placed in the artists archive, and the exhibits record (**K**) and art on loan log (**L**) are updated.

Security

Hospitals are terribly insecure places for art. They are open 24 hours a day, every day of the year. There are lots of people moving around carrying things. All the outside doors have fire locks and can be opened from the inside at night. Our hospital security system does have electronic surveillance in key areas such as entries, loading docks, and waiting rooms, as well as 24-hour foot patrol by officers on corridors and units and in high stress areas such as parking garages, but it would be difficult for the monitoring officer to know that the plastic bag someone was carrying contained stolen art.

Before we began hanging works of art, we asked advice from other hospitals and from security companies and museum people. Several hospitals were using an electronic plate on the back or bottom of the art work which sounded an alarm when the work was disturbed. Others used locking hangers, or they bolted works to the wall. Some hospitals took no special precautions and reported no problems.

In our case, alarm systems were not practical because of the cost for several hundred pictures and because it would be too easy for the thief to get out of the building before anyone could respond to the alarm. Bolting pictures to the wall did not seem to be a desirable alternative because we thought we wanted to be able to move pieces around.

We came to the conclusion that our best defense was to make it difficult to remove the art work from the wall and not to place valuable work in areas that are deserted on weekends and that have handy doors to the outside. A carpenter and a surgical instrument lab technician helped us design a metal maze plate to be

secured to the back of each two-dimensional work; a thousand plates were fabricated by a metal shop.

The maze plates seemed to be a good compromise since it would take time and effort to get the work off the wall. Unfortunately, they were not effective enough. We don't know how many thefts the plates discouraged, but we do know that they did not stop the determined thief, and we soon found that a lever used behind the picture would pull the screws out of the frame or wall. In the first four year, we lost 23 works to thieves.

The steady losses were discouraging and expensive. As it turned out, we had not moved pictures around much since we were constantly working to add to the collection. So, with help from the hospital carpenters, we figured out a new system using small brackets and tamper-resistant screws (**M**). The new system takes away the mechanical advantage of leverage and requires more time and effort to outwit or break. With student helpers, we re-mounted 700 pieces and are using the system on all new installations. We've had no thefts since. (We have several hundred maze plates we'd be glad to sell at cost.)

We have had, luckily, very few instances of vandalism. Out of concern for the possibility of both vandalism and carelessness with rolling equipment in the halls, we spent a lot of time trying to devise a way to display large canvases in the halls with effective protection. No good solution emerged. A Plexiglas box over an oil painting creates an unacceptable visual barrier between viewer and surface texture. Protruding frames protect paintings from a gurney bump only if the gurney and the frame happen to be the same height. Stanchions and ropes distance the viewer.

We were told by those at hospitals where no precautions are taken that a protective attitude for the art develops among the people who work in the hospital, in response to the respect shown them by thus enhancing their environment. In acknowledgement of that possibility, and of the policy that placing art in a hospital serves the people and not the art, we finally just put the works on the walls in the busiest halls, unprotected except for the security brackets for hanging. We have had no problem whatsoever. (Yes, I know, as soon as this is written, something's bound to happen.)

Maintenance and Conservation

We are careful with all works and try to repair them when they are damaged, but our policy is that, while we will do what is reasonable to take care of it, art is in the medical center in the service of humanity. All art has a limited lifetime; even that in museums may not be forever protectable. And bringing art into a medical center in the first place endangers it. Decisions about how much to spend on repair are made on a case by case basis.

We have a small maintenance fund but must, at this time, call for help if a major problem occurs. For environmental art projects, we will include ongoing maintenance in the budget. This is tricky, because it is difficult to project what the cost of maintenance may be for a unique project.

Nursing or house cleaning staff usually informs us of damage as soon as it happens. Every few years, we assign a student to take the location logs around to check on the condition of the collection. If works are missing, all records are annotated.

When the display cases need refinishing, we ask to be included on the medical center's regular maintenance schedule. (We have also gotten some display cases built by requesting that they be written into renovation budgets for public areas.)

Insurance

The medical center's art collection is covered for theft or injury by the university's insurance policy, to which we contribute a \$200-300 fee each year. For that fee we receive coverage for both art that is owned and on loan. The acquisition coverage has a \$1,000 deductible clause. We have received benefits for only one theft under that clause. For works on loan, the coverage has a \$100 deductible clause. Artists who lend us their works are given information about insurance coverage in the letter of agreement.

Arts and Crafts Fair

Each year, CSP organizes an arts and crafts fair **(N) (O)** for all employees of the university. The event is held outdoors in early summer under a tent. Prizes are awarded by a jury (from outside the university), and employees vote for their favorite entry. The winners' works are displayed in the hospital or on campus for the month following the fair.

THE QUILT PROJECT

When the new obstetrics and gynecology units were scheduled for construction in 1988, CSP contracted with Ruth Haislip Roberson to develop a plan to commission traditional quilt patterns to be placed in patient rooms and to create an exhibit on the history of quilting in North Carolina for permanent display in a public area on the units. This was an expansion of the NC Artists Collection of prints, drawings, and paintings. Quilts are slowly becoming recognized not only for their exquisite craftsmanship but also for their aesthetic power. The women of the past who could not be painters used another medium to express their artistic sensibilities.

Ruth is a quiltmaker and has directed the NC Quilt Project, an organization that was set up in 1985 for the purpose of documenting quilting in North Carolina, culminating in 1988 with an exhibition at the NC Museum of History and the publication of a book by the UNC-Chapel Hill Press. Seventy-five documentation days were organized across the state, in which thousands of quilts were photographed and the history of each written down by volunteers. The Project archives are being organized and preserved at the NC Museum of History for future use by historians and sociologists.

For the patient rooms on the ob-gyn units, Ruth commissioned twenty-four NC quiltmakers from across the state to produce representative traditional pattern pieces in an approximate 30"x 30" format, which were then mounted on acid-free stretchers and framed under glass. Labels giving a bit of personal information about the quiltmaker will be mounted beside each quilting. In addition, each quiltmaker made an 8"x 8" pattern sample, all of which were sewn together into one large piece which is displayed at the entry area to the units, beside a "paper quilt" made up of photographs of the quiltmakers. Another special quilt contains the autographs of the seventy-seven people who came into the room during one patient's stay in the hospital.

Ruth is also designing a permanent exhibit of the history of quilting in North Carolina which will include design samples, photographs, and narrative information. A third phase will include the commissioning of contemporary quiltings and the typesetting and framing of poems about quilts to be displayed in the halls of the patient units.

ENVIRONMENTAL ART

What began as an interest in placing sculpture at key sites around the medical center has developed into an effort to help incorporate aesthetics into the design process of some public spaces. We are moving now into the area where, in Patricia Fuller's words, the art is not "only visually apparent, but . . . *involves* people." While we of course continue to place sculpture in the best possible way whenever the opportunity occurs, we are encouraging the realization that there are difficulties in "retrofitting" art into an environment. An art program should not be used in the expectation that placing a piece of art will somehow solve the problem of an unattractive or unworkable space.

We have two active projects: the Roof Garden and the Courtyard. Plans for the future include the redesigning of the Duke North Lobby Garden, another look at possibilities for the Duke North Entry, and a site plan for the medical center campus.

The Roof Garden Project

In June 1988, the NC Arts Council awarded a grant to Duke University Hospital to fund a design competition for an outdoor rest and recreation area for obstetric, gynecology, and pediatrics patients and their families, in the fifth-floor courtyard area created in construction of the new hospital wing.

A planning committee was established to draw up a list of requirements and desires. It included administrators of the involved hospital units, the pediatrics play therapy director and psychiatric recreation therapy director, a medical facilities planner, interior designers from the hospital planning office, the director of development for the hospital, and the CSP director.

A call for artists was distributed at the Tri-State Sculptors Guild conference and by mail to selected North Carolina artists. Artists were encouraged to team up with architects and/or landscape designers, and they were asked to send slides of previous work and to make a written response to the project description if they wished.

A selection panel of arts professionals screened the slides and written responses and chose three teams from whom proposals were commissioned. The three teams met individually with the hospital planning committee before preparing their proposals. The selection panel reviewed the proposals and in March 1989 chose the roof garden design submitted by Sonya Ishii and Jim Hirschfield. The two artists, who together and individually have carried out successful public art

projects across the country, worked with the medical center facilities office project manager and with engineering, mechanical, and landscape consultants to prepare planning documents and price estimates.

The area is a 60' x 100' terrace on the fifth floor of the hospital, open to the sky but enclosed on four sides by walls from which patients look out through windows with one-way glass. The garden will serve as a play area for pediatric patients and as a recreational seating area for patients from the obstetrics and gynecology units, as well as some of the surgical and oncology units in the immediate vicinity.

There is an enclosed play area in the center of the garden to be used only by pediatric patients under supervision. Inside the play area there will be sand and water play. A stepped platform which can be used for seating for performances will have a slide built into it.

Outside the play area will be four trellis-covered black slate tables which can be drawn on with colored chalk or used for picnics. There will be two quiet areas in the garden. One is a labyrinth with three water tables to bring the sound of moving water to the garden, and the other is a set of tables arranged around planter boxes with overhead lattice work. A low gridwork will be planted with ivy around the perimeter of the garden to keep enough distance between garden occupants and patients' windows to preserve privacy.

In preparing this design, the artists listened carefully to what the staff had to say about their concerns for patient comfort and safety and for how the space would function, such as how the window washers could get up to the windows. They have had to be sensitive to other constraints as well; for example, since the space is located above the operating rooms, it is critical to avoid breaking the waterproofing by drilling deeply into the concrete to secure structures and to run water and electrical conduits.

A National Endowment for the Arts Public Art Project grant has been awarded to the Roof Garden plan, and medical center development staff are seeking other support.

The Courtyard Project

Construction of the patient bed tower in the late 70s created a large, bare concrete courtyard visible to heavy traffic in the hospital reception area as well as to nine floors of patient rooms. When CSP's art advisory committee was established in 1983, the courtyard was high in priority as a site for an installation. The hospital CEO approved a proposal to reserve the space as a sculpture garden in 1985. A grant from the NC Arts Council in 1989 funded a site specific installation.

The same artists who have created the design for the Roof Garden were asked to design an installation that would be interesting to look at from nine floors. They

met with medical center staff from engineering and operations, grounds, housecleaning, and administration to discuss hospital and patient requirements. They created a seating arrangement of specially designed benches, forming two spiral shapes, with planters and newspaper vending machines interspersed. The spirals, which can best be seen from the floors above, circle around two drains in the concrete floor. The vending machines hold giant "get well" cards, which have been made by several different visual artists and poets who live and work in North Carolina. The cards are for sale in the machines for \$1 each. Inside each card is a sheet of information about the artist or poet. Proceeds from the sale of the cards go to the Pediatrics Playroom to purchase play equipment.

Labels with printed information about the artists, the work itself, and the development of public art are mounted along the first floor glass walls and on window ledges of the patient rooms above. We plan eventually to produce a videotape for the patient art channel about the installations and about public art.

This was the first of what we hope will be many such installations in the medical center, incorporating aesthetic and humanistic concerns into the basic design of public space. Our goal for public art in the hospital is to provide the public -- in this case patients, visitors, and staff and employees -- with experiences that broaden their understanding of and exposure to art. Interaction with the artists throughout planning and installation promotes the awareness, in the medical center community, of how artworks and art processes function integrally in our daily environment.

THE EYE CENTER ART PROJECT

In 1985, the North Carolina Museum of Art, the Governor Morehead School for the Blind, and the Duke Eye Center together brought a group of sculptures from the former Mary Duke Biddle Gallery for the Blind to the Eye Center lobby. Some of the works are touchable; others are displayed in an exhibit case because they are too small to secure to bases. The Governor Morehead School printed a Braille exhibit guide, which is available at the information desk in the lobby.

In the spring of 1988, the collaboration was extended to include the Duke Museum of Art, the Ackland Museum at UNC-Chapel Hill, the NC Central University Art Museum, the Governor Morehead School, and the NC Department of Social Services for the Blind, to study the incorporation of a docent program into the project.

The overall objectives for this project are

- to reassure patients with visual problems that they may enjoy the arts despite their handicap;
- to identify and train docents for the special facilitation required;
- to acquire art for the gallery with qualities that make it accessible through visual handicap, such as fabric art, sculpture with high tactile quality, or paintings with large, vividly colored figurations;
- to support continued access to the arts when patients return home by providing information about existing services; and
- to advocate the establishment of community arts programs accessible to persons with vision impairment.

The Department of Ophthalmology at Duke has given strong support to the program and committed space in the new wing for additional exhibit cases and for the Tactile Art Gallery, which is now open and functioning with support from a small group of docents.

The Mary Duke Biddle Foundation has awarded a grant to help move the program forward, and the Board of Directors of the Eye Center's support group, "Reach for Sight," allocated a portion of the proceeds from an art auction to help support a new part-time program coordinator.

AGREEMENT FOR THE COMMISSION OF ARTWORK

CONTRACT

This agreement is between the Physician Assistant Program of Duke University Medical Center and Doug Deneen for the creation of a photograph to commemorate the 25th Anniversary of the founding of the Physician Assistant Program.

Description of work: The work will be a cibachrome print, 19"x23" in dimensions, of a still life created by Mr. Deneen from subject matter provided by Patricia Dieter and Lovest Alexander who are members of the PA Alumni Steering Committee that is planning the celebration of the 25th Anniversary. The photograph will be matted and framed by the artist in a mutually agreed upon style. The original photograph will be displayed in the Medical Center. If the original photograph should become damaged to the point of replacement, Mr. Deneen will provide a new copy at cost plus a reasonable service charge. The negatives will become the property of the PA Program.

The photograph will also be used to produce a poster that will be made available to the membership of the American Academy of Physician Assistants. On the poster will be wording commemorating the 25th Anniversary. The production of the poster will be the responsibility of the PA Program.

Time table. Mr. Deneen has provided transparencies and slides of three versions for review by Ms. Dieter and Mr. Alexander. After the decision on 1) the version of choice and 2) the wording and format for the commemorative message have been communicated to Mr. Deneen, he will provide the photograph, matted and framed, within one month's time.

Payment. The PA Program will pay Mr. Deneen _____ for the production of the matted and framed photograph and for time spent conferring about the project. Payment of the full amount will follow as soon as possible after Mr. Deneen has submitted an invoice to the PA Program and the photograph has been delivered to the PA Program Office.

Copyright. The copyright for the photograph will become the property of the PA Program. All reproductions will bear a name credit to Mr. Deneen. The PA Program will make every effort to inform Mr. Deneen of any future use of the photograph and will provide copies of any such future use to Mr. Deneen, if possible.

Resale. If the future sale of the photograph or duplication of the photograph should generate revenue beyond the original cost of the photograph plus the cost of production of the duplication, Mr. Deneen will receive 15% of that excess revenue.

Doug Deneen Date
1207 Alabama Avenue
Durham, NC 27705

Patricia Dieter Date

Lovest Alexander Date

(B)

CONTRACT

NAME: _____

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY NO: _____

Cultural Services Program
Box 3017
Duke University Medical Center
Durham, NC 27710

ARTS PROJECT _____

The Cultural Services Program of Duke University Medical Center hereby enters into an agreement with _____ to perform the following services during the following period of time:

In consideration of the above statements, Cultural Services shall pay to

_____ an amount not to exceed the sum of

\$_____ on the following conditions:

I acknowledge that my services in this connection shall be as an independent contractor and that nothing contained herein shall be construed to constitute me as an employee of Duke University Medical Center.

Signed: Participant

Signed: Cultural Services

Date

Date

AGREEMENT ON LOAN OF ARTWORK

This agreement is between _____, designated below as “the owner” and Duke University Hospital, designated as “the hospital.” The agreement concerns a sculpture, Ongoing Event, carved in wood by the late _____, husband of _____.

- 1. Terms of Loan. Duke University Hospital agrees to keep Ongoing Event on loan for a period of one year, renewable for additional periods by mutual consent of the owner and the hospital. During the original period of the loan, the hospital shall have the right of first refusal on the purchase of Ongoing Event. However, the owner retains the right to sell and remove the sculpture after one year of exhibition, if he/she finds a buyer and the hospital is not able to match the offer.
- 2. Insurance. The hospital shall keep Ongoing Event fully insured in the amount of \$5,000 against theft, vandalism, and other damage or loss until the work is either sold or returned to the owner.
- 3. Conditions of Sale. Ongoing Event is for sale at the price of \$5,000.

SIGNED _____
owner

DATE _____

SIGNED _____
for
Duke University Hospital

DATE _____

LOCATION LOG

Artist	Inventory Number	Room Number	Artist	Inventory Number	Room Number

ORIGINAL ART PURCHASE LOG

Purchase Date	Inventory Number	Artist, Title/Medium, Source	Cost	Code
FY80: 8/16	S213	Friedel Dzubas, "Community Holiday Festival," print, Lincoln Center	\$650	399-0559-6669
"	S214	Alan Shields, "Community Holiday Festival," print, Lincoln Center	\$497	399-0559-6669
"	S215	Gene David, "Mostly Mozart '75," print, Lincoln Center	\$524	399-0599-6669
"	S216	Allen D'Arcangelo, "14th N.Y. Film Festival," print, Lincoln Center	\$550	399-0599-6669
"	S223	John Moore, "Community Holiday Festival," print, Lincoln Center	\$495	399-0599-6669
"	S224	Gene Davis, "Alice Tully Hall Sampler," print, Lincoln Center	\$1008	399-0599-6669
"	S225	John McCracken, Mostly Mozart '72," print, Lincoln Center	\$1005	399-0599-6669
"	S233 S234	Lindner, "The Rise of Arturo Ui," posters, Lincoln Center	\$60	399-0599-6669
8/10	S226 S227	James Rosenquist, "Area Code," serigraph, Vera List	\$1200	393-7003-6669
3/19	S281	Aubrey Adams, stained glass, artist	<u>\$83</u>	399-0563-6445
FY Total			\$6072	
FY81: 9/30	S139	Ruth Lang, "Moving Red Stripe," tapestry, artist	\$900	399-0564-6220
12/17	S909	Butch Usery, "Ice #1," photograph, artist	<u>\$85</u>	170-1113-6956
FY Total			\$985	
FY83: 11/16	S931	Catherine Phillips Fels, "Ghost Ranch Cliffs," serigraph, artist	\$72.42	399-1531-6771
6/08	S1441	Jacqueline Heer, 2 fabric panels, artist	<u>\$6,000</u>	399-1531-6771 399-0564-6771
FY Total			\$6072.42	

DONATION LOG

Date	Inventory No.	Medium	Artist	Donor	Contact	Value
FY81 Sept.	S1438	lizard-soft sculpture	Judith Bradford	Artist-for-pediatrics	CSP	\$100
Nov.	S1356	oil painting	Lucy Gant	Alyse Cooper	Wayne Rundles	\$100
Dec.	S451	mola	Cuna Indians/Mulatas Islands	Mrs. Joan Keylous	Wayne Rundles	\$700
Dec.	S456, S457	2 sculptures	Don Murphy	Drs. Rundles/Laszlo/Silberman	CSP	\$1,100 total
Dec.	S484-502	21 batiks	Vipula	Wayne Rundles	CSP	\$1,050
Dec.	N61	oil painting	James Hendricks	Edward Benenson	CSP	\$7,500
Jan.	N539	watercolor	Janet DeWitt	Artist	William Anlyan	\$100
Jun.	S1440	frog-soft sculpture	Judith Bradford	Artist-for-pediatrics	Design One	\$100
Jun.	S452-454	3 pastels	Beverly Dixon	Mrs. Alice Davis	CSP	\$150 est. total
					TOTAL VALUE	\$10,900.00
FY82 Aug.	S121	watercolor	Stephanie Carleton	Artist	CSP	\$150
Dec.	S618 ml-m5	5 molas	Cuna Indians/Mulatas Islands	Mrs. A. C. Schmidt	Wayne Rundles	\$175 est. total
Jan.	S1352	sculpture	Mrs. Frances Woodhall	Dr. Barnes Woodhall	Dick Peck	\$500
Feb.	S460	sculpture	Peggy Burke	Texasgulf and Evelyn Crutchfield	CSP	\$800

**CULTURAL SERVICES
VISUAL ARTS PROGRAM
DUKE UNIVERSITY MEDICAL CENTER**

EXHIBITOR'S AGREEMENT

EXHIBITOR _____ DATE _____

ADDRESS _____ PHONE _____

Please keep in mind that many of the people who are viewing your artwork in the Hospital are under severe stress. Your work can be ambiguous, but it should not be threatening or disturbing. If you have questions about appropriateness, please discuss them with us in advance.

Preparation of Work

Put your name and the title of the work on the back or the bottom of each piece. All 2-dimensional work should be ready to hang with wire or other hanging device on back. Oil and acrylic paintings should be framed. Works on paper should be either framed or braquettted under glass or plexiglass, but shrinkwrapped or matted works on paper which have been mounted on rigid backing board will also be acceptable.

Itemized List

Please fill out the enclosed itemized list including title, medium, size, and price of each piece of work. Items not for sale should be indicated, but please include the price for insurance purposes.

Sales

The Cultural Services office will handle sales or will refer purchasers to the artist, whichever the exhibitor prefers.

All checks will be made payable to the exhibitor; any subsequent risk must be assumed by the exhibitor.

Cultural Services does not charge a commission, but we will be happy to accept a donation of money, or preferable a work of art, to the Hospital acquisition program.

Insurance

Art works exhibited on loan are insured through Duke University's fine arts insurance policy which covers fire, vandalism, and theft. The policy has a \$100 deductible clause and a maximum coverage of \$2,500 on any item. Additional insurance coverage can be arranged at exhibitor's expense if requested in advance.

In order for the works to be insured, this agreement, signed by the artist, and the itemized list must be received by a Cultural Services staff member on or before the day the art works are delivered to Duke University Hospital.

SIGNED _____ DATE _____

CSP Staff Member DATE _____

Cultural Services Program
Box 3017
Duke University Medical Center
Durham, North Carolina 27710

919-684-2027

(J)

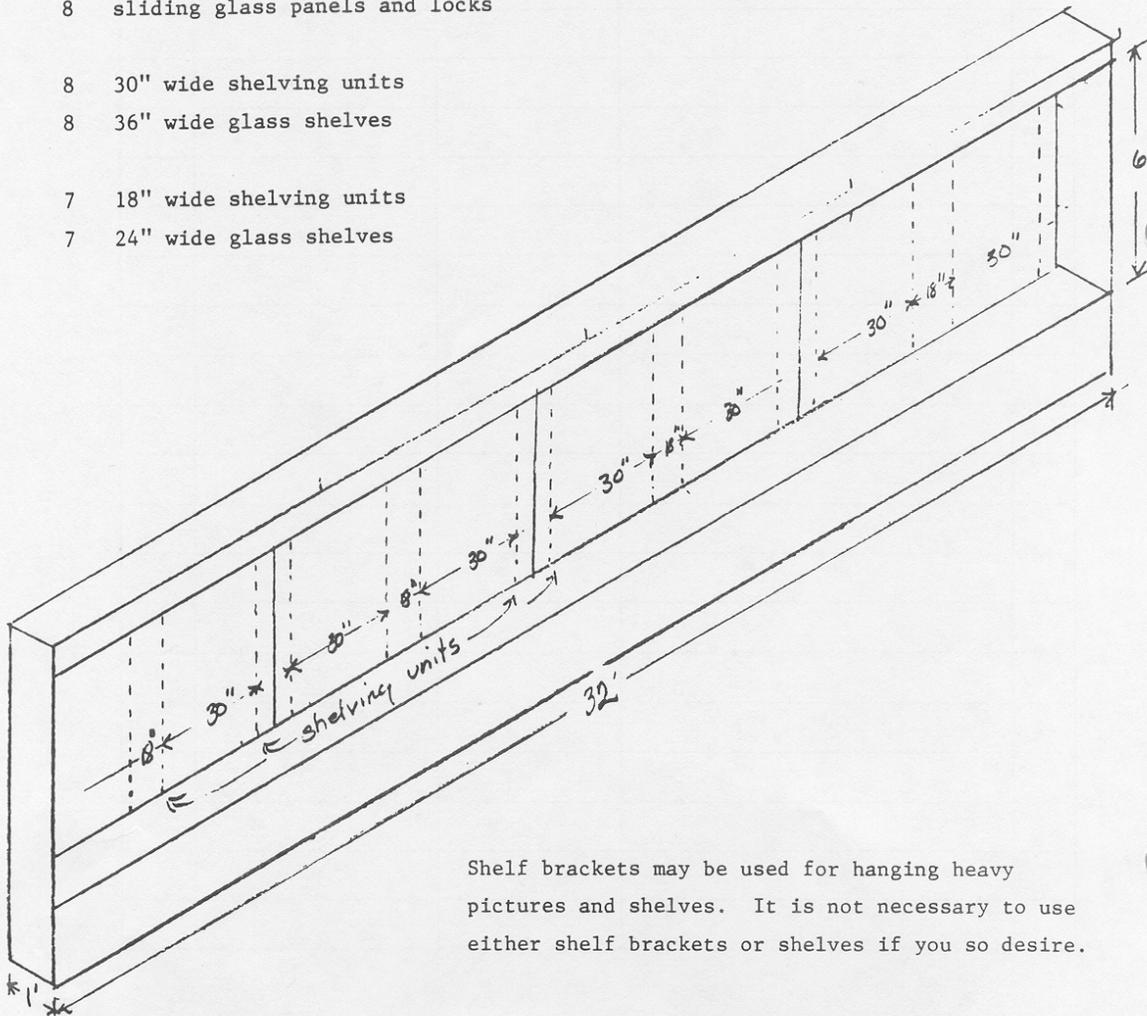
MARS DISPLAY CASE
FIRST FLOOR
DUKE HOSPITAL NORTH

- 32' long
- 6' high viewing area
- 1' depth

- 8 sliding glass panels and locks

- 8 30" wide shelving units
- 8 36" wide glass shelves

- 7 18" wide shelving units
- 7 24" wide glass shelves



Shelf brackets may be used for hanging heavy pictures and shelves. It is not necessary to use either shelf brackets or shelves if you so desire.

(K)

MARS CASE EXHIBIT RECORD

<u>1987</u>	1/5	to	1/30	Works from the Durham Art Guild Juried Show
	1/30	to	2/13	Black Contributions to Medicine
	2/13	to	4/3	N.C. Quilt Project
	4/3	to	5/1	Chad Hughes -- drawings
	5/1	to	5/8	Nurse Appreciation Week
	5/8	to	6/8	Van Hinnant -- paintings
	6/8	to	7/3	Cosi Long -- sculpture
	7/3	to	8/3	Susan Stickney – sculpture
	8/3	to	8/31	Triangle Weavers Guild
	8/31	to	9/18	National Physical Therapy Week
	9/18	to	10/2	National Respiratory Care exhibit
	10/2	to	10/30	Ken Hall -- photographs
	10/30	to	11/20	Carolina Designer Craftsmen
	11/20	to	1/4	Clayworks – potters
<u>1988</u>	1/4	to	1/22	Occupational Therapy
	1/22	to	2/5	Martin Luther King chronology
	2/5	to	3/4	Black Contributions to Medicine
	3/4	to	4/4	Brenda Joysmith – pastels
	4/4	to	4/29	On Line: Computer Graphics
	4/29	to	5/6	Nurse Appreciation Week
	5/6	to	6/3	Gooche Vann Stricklin – paintings
	6/3	to	7/1	Cedar Creek Gallery – pottery
	7/1	to	9/10	George Pyne – photographs
	9/10	to	9/30	Durham Arts Council—building renovation celebration
	9/30	to	10/21	Pharmacy
	10/21	to	10/31	Speech and Audiology
	10/31	to	11/14	Radiological Technology
	11/14	to	1/6	Piedmont Craftsmen, Inc.
<u>1989</u>	1/6	to	2/1	DUMC Audiovisual Annual show
	2/1	to	3/3	Durham Art Guild Juried Show
	3/3	to	3/31	Eleanor Johnson – paper collages & constructions
	3/31	to	4/10	National Med Lab Week
	4/10	to	4/21	Joe Holston – SNMA exhibit
	4/21	to	5/1	General Services
	5/1	to	5/8	Nurse Appreciation Week
	5/8	to	6/5	Westmoore Pottery
	6/5	to	7/17	The New American public Art
	7/19	to	8/14	Triangle Weavers Guild
	9/			Bruce Archer – Mandalas
	10/2	to	10/30	Chinaberry Crafts
	10/30	to	11/27	New Horizon Quilters
	11/27	to	1/5	Clayworks Potters

RECORD OF ART ON LOAN (EXHIBITS)

Date, Inventory #, Artist, Medium/Title FY90	Location	LOANED			SOLD		
		#	Value	#	Value	#	Value
7/3-8/1 Keith Rose, watercolors	South Case	10	\$ 3,430	1	\$	85	
7/19-8/14 Triangle Weavers Guild	Mars case	50	4,713	7		270	
7/31-8/31 John and Ann Patterson, baskets and brooms	Rauch Case	15	397				
8/1-8/14 Seagrass Baskets of South Carolina Low Country	South Case	20	1,910				
8/21-9/22 David Loren Bass, paintings	South Case	13	7,550				
10/2-11/13 Anne Royal Watson, paintings	Rauch Case	7	550				
10/2-10/30 Chinaberry Crafts	Mars Case	252	10,440	30		659	
10/30-11/27 New Horizon Quilters	Mars Case	14	4,100				
11/13-12/30 Claire Cudak, dolls	Rauch Case	13	2,475				
11/17-1/8 Womancraft	South Case	66	1,829				
1/8-2/2 Hiram Hilliard – photography Lawrence Lloyd	Mars Case	20 17	560 345				
1/31-2/28 Faye Smith, handcrafted items	Rauch Case						
2/28-4/13 Mary Wade, ceramics	Rauch Case	34	327.60	10		53.50	
3/2-4/2 Jeff Hankins, oil paintings	South Case	10	4,200	1		200	
3/19-4/16 Sarah A.R. Kimbrough, paintings	North Case			1		250	
5/7-6/4 Nancy Walter photograph Bryan Haislip	Mars Case	23 19	800 1,870				
6/11-7/6 Janis Applewhite, tapestry	North Case						
FY 90 TOTALS		583	\$ 45,497	50	\$	1,517	

Making Brackets

Preliminary

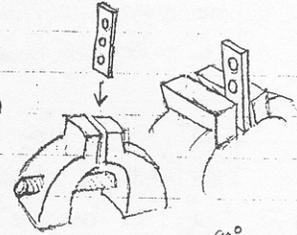
Get Strapping Iron
Wire cutters
Vise
Maze Plate
Hammer.

Cut Strapping iron into little strips, 3 holes  to a cut

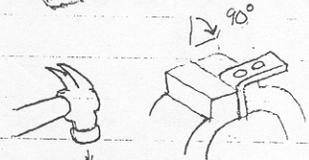
In the vice, press several strips flat at once

Bending Strips

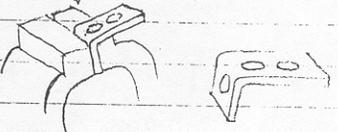
Insert one hole of a cut piece of strapping iron into the slightly open vise, line up the side of the strapping iron with the side of the vise so all bends will be even,



close the vise tightly and bend the iron 90° with a maze plate,

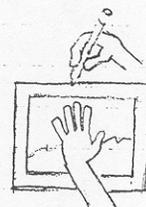
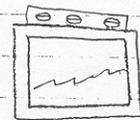


crease the iron by lightly tapping across the bend with a hammer

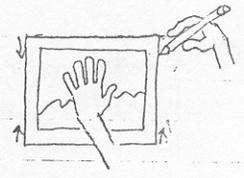


Re Hanging Art

Place level on top of frame and level the frame,
Hold the picture level & remove the level
Draw a line on the wall along the top and bottom borders of the frame (exact registration is a must)

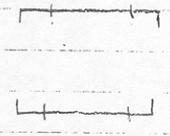


From the top line draw a line down both sides of the frame about 1" long. Do the same for the bottom line only. draw up the side of the frame about one inch.

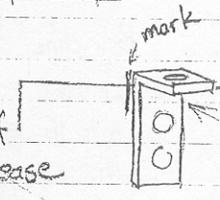


Remove the picture from the wall, then remove the maze plate and hardware.

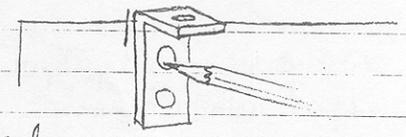
On the bottom and top outline on the wall. Measure inward and mark an equal distance from each corner (distance in will vary according to size of frame).



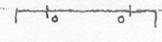
at each mark place the long side of the bracket vertically against the wall and the inside crease of the bracket in line with the horizontal pencil line.



Holding the bracket in place - draw a circle on the wall within the second hole.



Place brackets on the awl in the order they were placed and traced on the wall.



With the awl and hammer, punch a hole in the center of each circle on the wall. Should you hit a steel beam, move the bracket and hole over in any direction until you can punch through the wall.



With the cordless drill and 5/16 masonry bit drill through the awl holes in the wall.

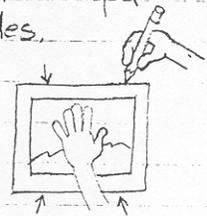
Hammer the plastic toggles through the $\frac{5}{16}$ holes

Change the bit in the cordless drill to phillips head bit.

With the cordless screwdriver and 1x8 flathead woodscrews, screw the brackets into the plastic toggles in the order they were placed and traced on the wall.

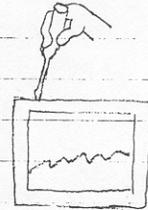
Place the picture inside the brackets using the one inch lines you drew up and down both sides as positioning guides.

Once the picture is in place trace the hole in each bracket on to the frame



Remove picture from brackets. With the electric drill and $\frac{1}{8}$ " bit, drill the four holes into the frame. With metal frames, drill through the metal. With wood frames, drill only $\frac{1}{4}$ " (Put tape on the bit to gauge the depth)

Place picture back on the wall and line up the holes in the brackets with the holes in the frame. The one inch side guide lines should help.



With the tamper proof screwdriver and four tamper proof screws, fasten the brackets to the frame

Tamperproof Screw Co. Inc
30 Laurel St.
Hicksville, NY 11801
516-931-1616
FAX 516-931-1654

Materials

Strapping iron
Plastic Taggler screw anchors
1x8 flathead wood screws (philip's)
1/2 Tamper proof screws

Tools

Hammer
Vice
Wire cutters
Phillip's screw driver
Tamper proof screwdriver
Slot screw driver
Electric Drill
1/8" drill bit
5/16 masonry drill bit
Level
Awl
Pencil
Eraser

EMPLOYEE ARTS AND CRAFTS FAIR TAST LIST

Organize registration process; revise entry form. Set up entry log. Revise and print entry form receipt acknowledgement letter.

Organize volunteer plan: revise and print volunteer instruction letter and job description cards. Meet with volunteer procurers.

Revise prize letters, print them, and have them signed.

Revise and print winners' exhibition information note to be enclosed in prize envelopes.

Revise and print entrant checkout information sheets.

Print ballot cards. Make ballot counting sheet.

Order balloons and helium.

Process an imprest cash form to get check for prize money and lunch money for jurors, drinks for student laborers.

Order materials and make ribbons.

Contact Public Safety about parking for entrants.

Make name tags.

Make signs.

Guy supplies.

Organize rain call procedures.

Check on condition of display structures and repair if necessary.

Line up judges. Send letter with articles, entrant acknowledgement letter, and map.

(O)

REGISTRATION INSTRUCTIONS: Cut out and fill in the registration form and return it to CULTURAL SERVICES, Box 3017, before May 24. Save the three labels to attach to your artwork when you bring it to the show. When we receive your entry blank, we will send you information about where and when to bring your work. Call us if you do not receive our letter.

DETACH AND RETURN TO CULTURAL SERVICES, BOX 3017, DUMC, BY MAY 24.

REGISTRATION FORM:

Artist's Name _____ Are you a Duke employee? Yes _____ No _____

Duke Department _____ Address _____ Box No. (Med. Ctr.) Rm. No. & Bldg. (Campus) _____

Duke Phone No. _____ Home Phone No. _____ Shift _____

FOR JURIED AWARDS

Are you a first time entrant? Yes _____ No _____

In the "materials" or "medium" blank tell us what your entry is and what it's made of, for example, wood carving, silk embroidery, cotton cross-stitch, oil painting.

Entry No. 1 _____ size _____ original design? _____ pattern design? _____
(Title or description of work) (materials or medium)

Entry No. 2 _____ size _____ original design? _____ pattern design? _____
(Title or description of work) (materials or medium)

Entry No. 3 _____ size _____ original design? _____ pattern design? _____
(Title or description of work) (materials or medium)

FOR SALES AREA

Only works that are made by an employee or his or her family can be sold in this area. Describe the work you will have for sale and how much table space you would like to have.

1. Identification label: Attach securely to entry.

Artist's Name _____ Duke Phone No. _____

Duke Department & Address _____ Home Phone No. _____

Title or description of work _____

Materials or Medium _____

2. Identification label: Attach securely to entry.

Artist's Name _____ Duke Phone No. _____

Duke Department & Address _____ Home Phone No. _____

Title or description of work _____

Materials or Medium _____

3. Identification label: Attach securely to entry.

Artist's Name _____ Duke Phone No. _____

Duke Department & Address _____ Home Phone No. _____

Title or description of work _____

Materials or Medium _____

THE PERFORMING ARTS

Start-Up Questions

- What is the primary purpose of the performing arts program?
- Who are your target audiences?
- How will they be served?
- What kinds of performances are appropriate for your hospital?
- How and where will you find performers?
- Will you pay them, and if so, how much?
- What is involved in setting up an event?
- What does the performer need?
- What are your space options and constraints?
- Does furniture have to be moved?
- Who will move it?
- Is a sound system needed?
- How will amplified sound affect patients or employees in the performance area?
- Who needs to be consulted, who needs to know, who will be affected by the performances, and who can help you?

Objectives

Early objectives for the performing arts were to build on the HAI/Durham Arts Council project which had brought in a variety of performers, to encourage direct communication between performers and audience, and to give medical center employees opportunities to display and develop their own talents. As with the visual arts, a secondary goal was to support the

performing artists, both through direct funding and by helping them become better known to the community at large.

For the first two years, the performing arts were the most visible program activity. CSP spent some months in intensive planning, consulting with nursing services about when, where, and for which patients the program would work best; with hospital housekeeping and operations to coordinate physical facilities; with public relations for publicity; and with technical support services to arrange for audio equipment, etc. Procedures were written for all activities. Policy questions were debated, such as who would be paid, under what circumstances, and how much.

Initial support came from our NEA start-up grant, and in March 1979 we inaugurated a regular Wednesday evening performance series. By January 1980, with funds from the NC Arts Council, we expanded to include a Friday noon series so that the program would be accessible to the medical center's large work force. The Ciompi Quartet residency began later that year.

At the end of our first year, CSP was given responsibility for producing the employee performances for the university's two annual employee awards banquets. These were major undertakings, involving not only artistic aspects but also the necessary background work to accommodate the needs of the institution, for example, informing supervisors well in advance about the rehearsal schedule so that employees who were in the cast could be allowed time off without disrupting the work of the department.

SITES

Sites for large audiences must be easily accessible to patients, available on a regular basis, and relatively unobtrusive in terms of ongoing hospital functions. Convenient electrical outlets for IVACs, wide aisles for wheelchairs, and good emergency exits are needed. From the performers' standpoint, site requirements can vary widely: will they need space or wood flooring for dancers? dressing facilities or "wings?" If they require amplification, is the site equipped for it and at the same time located where others will not be disturbed? Locating the volume control for the hospital's paging or Muzak system is an important task.

At Duke, some performances (gospel choirs, for example) predictably drew larger audiences and thus required more space than others. The primary sites selected were the main lobby of the hospital, where a donated grand piano was housed and a small raised stage was built (and used for several years until the lobby was renovated and reduced in size), and the hospital cafeteria, where tables and chairs could be rearranged. In later expansion of the performing arts program, additional sites were the Eye Center, the hospital chapel, the medical school amphitheater, research buildings, patient

lounges, pediatric playrooms, and outdoor courtyards (for which rain sites were also planned).

SCHEDULING Scheduling can be an elaborate procedure, if you have an on-going program. Set up a detailed time-line and make yourself a step-by-step checklist right at the outset. A clear picture of your commitments will also enable you to take advantage of unexpected opportunities at short notice.

CONTENT The program is publicized to the performing arts community, and artists are contacted through local performance groups, the community and state arts councils, the American Dance Festival, schools and local universities, as well as within the medical center. Our objective is to locate good performers offering programs appropriate to the hospital. In the process we have had a couple of painful learning experiences. From one we learned just how loud a jazz saxophone can sound in a lobby; from another, we learned never to assume that the artist knows what's going on with the audience. A fine mime unexpectedly ended his act with a vivid parody of open heart surgery in front of an audience that included family members waiting to hear the results of their loved one's surgery. He thought that the nurses and doctors would find it funny, and he was right, but he didn't think, and we didn't tell him, who else might be in the audience.

PUBLICITY Publicity, which is fundamental to the success of a performance program, is difficult in a tertiary care hospital. When the patient population turns over every 8.9 days, there isn't much opportunity for audience building. Our first effort for lobby and cafeteria performances was to produce invitations on folding cards to be placed on patient meal trays. The cards were delivered to dietary services the day before a performance, in presorted packets according to the number of patients in those units targeted by the nursing staff. Best response was obtained by announcing noon programs on breakfast trays the morning of the performance, and evening programs on dinner trays just prior to performance. On the day of a performance, CSP staff or volunteers visited patient units to remind patients and staff of the event and encourage attendance, signs were displayed on easels in the performing areas, and several announcements were made over the hospital intercom system at half-hour intervals preceding performances.

Programs were announced through flyers, house newspapers, and monthly calendars to the nursing supervisors, unit coordinators, and recreation therapists. The monthly calendar was also distributed to housekeeping administration, dietary services, hospital administration, and other offices whose cooperation was so important to our success. Maintaining good communication with all affected departments is crucial because the success of such a program depends on the willingness of many people to make an extra effort. This requires first of all that everyone involved understand

what you are trying to do. Even more important, the pride of ownership that results from genuinely shared effort and responsibility is a potent form of quality assurance!

**RECORD
KEEPING**

Performance programs require a substantial amount of record keeping: ongoing calendar updates, letters of confirmation to artists, their promotional forms, thank you letters, and expense records. In addition, we kept a performance log **(P)**, recording for each event the date, location, number of performers, size of audience, and costs incurred. Circulating and tallying audience evaluation forms **(Q)** at performances were helpful for grant and status reports. As for audience response, that is best judged by being there.

PAYMENT

We firmly believe in full compensation of artists for their services, and we pay whenever we can. We do not ask for a performance to be contributed unless the artist volunteers first, or unless there is a compelling reason. However, compelled as we are by scarce funds, we do believe in leaving performing artists room to offer their services, just like any volunteer wheelchair pushers, baby rockers or gift shop staff.

Occasionally music promoters call, offering performances for a fee, and CSP has negotiated within the constraints of its fee ceiling. (As a rule of thumb in those early days, when there was money available, we paid \$25 per person up to \$100 for a group of four or more.) The Ciompi Quartet residency program was supported by outside grants, and by a gala performance benefit, which netted funds to support 14 hospital performances.

TICKETS

Through the generosity of various performing arts organizations, discount and sometimes free tickets are frequently made available to patients and employees. When it is seen that seats are going unsold, CSP is notified, and we put out last minute calls to recreation therapists, medical students and staff, nurses, chaplains, and social workers.

**ROOM
SERVICE**

In 1988, when we geared up performing arts programming after a lapse of several years, we used Devra Breslow's "Strolling Musicians" model (developed at the Jonsson Cancer Center at UCLA) for room-to-room performances. The procedure for our "Room Service" program involves consulting with unit coordinators and nurses for information on which patients should be visited. The CSP coordinator accompanies the visiting artist on an evening tour of patient units. They knock on patient doors and offer the patient a song, or a guitar or flute piece, or a short story. The coordinator also checks with patients in adjacent rooms, to explain what is happening and invite them to listen (or ask if they mind; only one patient has ever asked to have his door closed). Each visit lasts from two to ten minutes, and in one or two hours, the wandering performer may visit 30

rooms, in addition to picking up an audience that trails along behind. One lovely version of Room Service this year was "Babysong," where a jazz vocalist did mini-workshops for mothers and babies together. Response to Room Service is excellent, from families of patients, doctors, and nurses as well as patients themselves.

**EMPLOYEE
SHOWS**

In the first five years, CSP produced eleven major employee stage productions, along with many smaller events, such as day-long entertainment for the medical center's holiday celebration. The shift in staff energies toward developing the video system moved us out of that activity, until just this year, when we were asked to produce an employee show to celebrate the medical center's sixtieth anniversary. The production was warmly received and it looks as if we may be getting back into show biz. A scanty outline of the game plan **(R)** is attached.

PERFORMANCE LOG

Date Gifts FY 89	Name & Mode	Location	Numbers		Donated	Hospital Funds Grants &
			Audience	Performers		
10/13	Michael Arichea & Laurie Brudner flute duet – Duke Students	Room Service 5800/7100/6100	75	2	\$100	
11/17	Jane Hawkins' Duke music students trio viola, clarinet piano	South Lobby	50	3	\$150	
12/15	Karen Havighurst harp – Scottish long kilt Xmas tree	North Lobby	350	1	\$50	
12/23	Wolf Beerel piano	McDowell 3 rd East CSU South Lobby	250	1	\$50	
12/27	Carles Pettee mandolin & harmonica	Room Service	70	1	\$50	
12/28	Niki Baker singer & piano	South Lobby	45	1	\$50	
1/26	Florence Nash piano	South Lobby	50	1	\$50	

(Q)

Oct. 22
Nas. Martin

DUMC Cultural Services Program
Performing Arts Series
Patient-Visitor Questionnaire

(33)

If you are a patient or visitor at the Duke University Medical Center, the Cultural Services Program would like to know what you thought of tonight's performance. We would appreciate it if you would take a minute to fill out this brief questionnaire.

Are you a patient , visitor ?

How did you learn about the performance?

invitation on tray flyer nursing staff
other _____

Was 7:30 pm a good time for you to come to the performance? yes no . If no, what would be a better time? _____

Did you come to the performance by yourself? yes no
if no, who accompanied you? a nurse

What other kinds of performances would you like to see offered? classical + rock (semi)

Was tonight's performance: too long too short
just right - a little loud, though

Please comment on tonight's performance: Very good + talented. loved the singing + piano playing.

Do you think a performing arts series in a hospital is a good idea? Why or why not: yes - gives the patient to experience a new environment.

Which ward or floor did you come from? 3rd EAST

Please place the completed questionnaire in the box by the stage area. Thank you.

BULLETIN

DUKE UNIVERSITY EMPLOYEE PERFORMING ARTS GROUP

PRELIMINARY TASK LIST FOR THE STAFF AND EMPLOYEE PERFORMANCE

SPRING 1991

Secure director

Set up planning committee (former performers, administrators, et al)

Establish participation policy and plan for communicating with participating employees and their supervisors

Set performance date(s) and reserve space

Line up technical support (lighting, sound, piano, etc)

Set up production committee to structure the show and create the script

Set audition dates and reserve space for auditions

Provide audition information to media and distribute to red line memo and departmental newsletters

Set rehearsal schedule

Confirm cast and communicate with supervisors

Plan costume and set design construction schedule

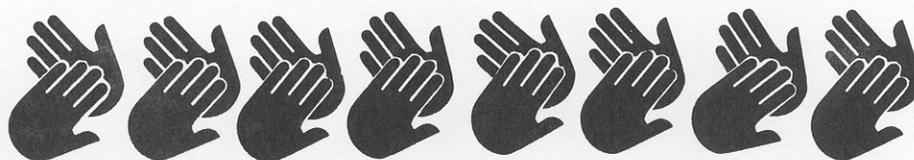
Design promotional materials

Plan ticket distribution

Plan documentation (photos, video)

Plan cast party

Plan set striking and follow-up



THE LITERARY ARTS

Start-Up Questions

- What access do patients have, if any, to printed or audiotaped books?
- Is there a library cart service offered by the Auxiliary?
- Who might be interested in helping you start or expand a book program?
- Is there an educational program at the public library, college, etc. that might serve in a resource or advisory capacity?
- Where do the local poets congregate?
- How might you find out if there is interest in establishing a literary group for staff inside the hospital?

Objectives

"The poet's voice need not merely be the record of man; it can be one of the props, the pillars to help him endure and prevail." -- William Faulkner, from his 1950 Nobel Prize acceptance speech. Writing has been called "everyone's art" because the use of language is almost universal. Our goal is to make the consoling and strengthening power of literature available to people when they need it most--in times of personal crisis. Our first objective was to find ways to make that power available in an acute care hospital where the patient stay may be brief and where the program must adapt to the treatment schedule. Other objectives have emerged in time--to support an open and on-going dialogue between writers and readers, to promote our region's fine writers, and to help incorporate the reading and writing of poetry and journals into the medical center's literacy program.

Literature in a hospital setting encounters some interesting challenges not faced by other programs: The presence of visual arts in the hospital is predominantly, though not exclusively, static and passive; the performing arts are experienced in the moment. In literary projects, by contrast, interactions between the participants are subtle, diverse, difficult to measure, and they tend to bear their fruit over time. And of all the arts, literature -- expressing the universal by describing the particular -- may be the most basic tool for helping patients and caregivers break through barriers to their own feelings and to each other.

The Poetry Project

In 1986, a pilot poetry project was organized in collaboration with the oncology therapeutic recreation program. The consoling and strengthening power of poetry has been demonstrated in many residential hospitals and hospices. The question for us was whether "one-shot" poetry encounters could be worthwhile. A project advisory board comprised a writer and teacher, a psychiatrist, a physician, and a hospital administrator. A six-month pilot project was funded with gift and grant monies to try it out.

The poet met with patients and their families on a one-to-one basis and in small groups. At group sessions held in patient lounges, she led participants, often including floor nurses and staff, in conversations about poetry and expression. By introducing an evocative topic, such as childhood food memories, she helped elicit emotional and personal experiences. Having introduced the topic, she might read some poetry on that subject, get more conversation going, and then write down people's comments. When she read back what she had recorded, the group would recognize that they had written a poem. Her arena was expanded to include poetry and journal writing activities in collaboration with the recreational therapy programs on the psychiatry, rehabilitation, pediatrics, and research units.

Visiting Poets

A 1988 grant from the NC Arts Council funded one-day visits from six of the state's best-known poets. Each poet gave a public reading in the medical center which was publicized in local media as well as in the campus newspaper and on the hospital's patient television channel. The visiting poets also accompanied the poet in residence onto patient units for the day, where they met with and read to patients and staff, making connections with a cross-section of people of all ages and conditions. This project extended the poets' voices -- not to mention their eyes and ears -- to a new audience including people who might otherwise rarely come in contact with living writers and the world of literature.

The Chapbook

To acknowledge and honor the regional artists supporting the medical center's literary program, CSP produced a 30-page chapbook of poems contributed by two poets in residence and six poets of the Visiting Poets series. Primarily for interested patients, families and staff, the book has been placed in patients' waiting rooms, lounges and on the chaplain's cart. It has also been distributed to the local hospice organization, the NC Writers Network, and the poets themselves.

The Poet/Scholar in Residence

In 1989, the emphasis shifted from writing to reading. Thanks to funding from the NC Humanities Council, the original poetry project was expanded to include "bibliotherapy," the use of existing literature as a forum for helping patients and their families cope with complex challenges and changes. As of this writing, hospital funds support the poet's work in the hospital one day a week. She visits patients in their rooms and leads group sessions to read and discuss poems and essays with patients, their families, and medical staff. Where small group meetings are possible, such as on the psychiatry and oncology units, she has met with as many as twenty patients at a time, reading, answering questions, and leading discussion.

For non-ambulatory patients, she brings her program to the bedside. Traveling room to room in the afternoon and evening, she might visit five or six rooms an hour, reading from a selection of twentieth century poets and sharing in the conversations they provoke. Care is taken to select poets whose style is clear and accessible, and who represent a cross-section of experience -- rural and urban, white and black. (Among the most successful have been Robert Frost, Langston Hughes, and Maxine Kumin.) As in the earlier project in which writing was the focus, we have found reading poetry also to be an excellent ice-breaker. Often, listening to a few poems read aloud will lead patients into conversations in which they will express their feelings about their illness and hospitalization..

I Want to Read You a Poem

"I Want to Read You a Poem," (IWTRYAP, or "I-wah-tree-ap," as it is fondly known by its regulars) was born out of the advisory committee in 1987. These Friday noon sessions, which are open to the entire university community, are publicized in the university's weekly cultural events calendar. Also, a quarterly calendar of scheduled events is distributed to approximately 100 names on the CSP literary mailing list. The lunches include both readings by a guest poet, with discussion following, and open readings where participants are encouraged to bring in poetry -- their own or others' -- to share with the group. At these open readings the poet/scholar may also lead discussion on the works of a pre-designated poet or poetic form. This seminar brings together physicians, students, administrators, volunteers, and the occasional patient in an informal roundtable setting. Here they are able to communicate on a very basic level across the normal boundaries of a hierarchical environment.

To protect the informality, and at times intimacy, of these exchanges, the readings have stayed in a conference room instead of moving to a lecture hall, even when a popular guest's appearance threatens to draw an over-capacity crowd. Normal weekly attendance at the poetry lunches is approximately 15 to 20 people. Suggestions have been made to record the sessions on video or

audiotape for patient use, but a camera or microphone can be a very intrusive presence, and we don't want to risk damaging the rich rapport this group can achieve.

Stellar Stories

One of the poetry regulars, a member of the General Internal Medicine faculty with a particular interest in medicine and literature, had the idea to build on the success of these biweekly poetry lunches with a similar program for short fiction. Participants could suggest stories, which the group would read in advance and discuss when we met. We decided to try filling in the alternate Fridays, which has worked well, and we now have literature for lunch every Friday. The "Stellar Stories" schedule is publicized in the quarterly calendar, and the Cultural Services office will furnish copies, on request, a week or two in advance of the lunch.

There was an early notion that the stories should perhaps focus on issues specific to medicine. Our sessions soon made it clear that, one way or another, medicine encompasses nearly all human experience, so the distinction was quietly dropped. Now the range of subject material is unlimited, and the discussions, which tend to be animated and democratic, cover a spectrum from literary criticism to sexual ethics. Every suggestion for an author is accepted; there is no screening or jury. As in the poetry lunches, the group comprises a cross-sample of the medical center population.

In the past year, the Stellar Stories have also begun to include invited readings by regional authors. Writers who have come express their delight at this challenging exchange with an involved and appreciative audience in an informal setting. The format is attractive enough so that both poets (other than the six Visiting Poets in 1989) and fiction writers have generously donated their time. However, the Cultural Services office continues to seek funds to offer honoraria for their contributions. We are committed to the principle that artists should be as fully compensated for their work as anybody else.

Words of Power

In 1990, Duke University Hospital began an in-house educational program in literacy and basic skills for selected employees in the Dietary and Environmental Services departments. In an effort to include these employees in Cultural Services programs, the poet in residence collaborated with the director of dietary training to plan a poetry component. The result, Words of Power, offers eight weeks of introductory classes in twentieth century American poetry, with an emphasis on the work of Black Americans, followed

by a poetry-writing workshop. Supported by a grant from the NC Humanities Council, the first Words of Power series enrolled forty students and culminated in a reading and reception in which visiting Black poets shared the podium with student poets in a moving program. An attractive booklet of student writings and a display of the poems publicized the program.

Talking Books and North Carolina Writers on Tape

Making books on tape available for patients was one of our earliest ambitions. There are audiotape machines and cassettes available from Reading for the Blind programs in every state. We inquired about participation but found that the record keeping would be too much for us to handle, so we eventually started our own lending library **(S)**. Information about their free service is available from the National Library Service for the Blind and Physically Handicapped, The Library of Congress, Washington, DC 20542.

For the NC Writers on Tape project, the university's technical services records, edits, and duplicates tapes. A small honorarium is given to each author. 1991 authors are novelist and short story writer Frances Gray Patton and C. Eric Lincoln, a poet and professor of religion. With permission from our authors, we plan to use these tapes also to support our fundraising efforts, by offering them as gifts in appreciation for a specified minimum donation to CSP.

Books on tape can be a wonderful boon to hospital patients, especially those who are here for long periods of time.

Building a Library

The variety of tapes available from commercial sources is growing daily. Mystery, drama, humor, short story, religious and inspirational, and adventure tapes can be found in most bookstores. There are also major distributors that sell tapes by mail order. These include:

National Public Radio
2025 M Street, N.W.
Washington, D.C. 20036
1-800-253-0808

Adventures in Cassettes
Dept T-320
1401-B W. River Road North
Minneapolis, MN 55411
1-800-253-0808

Spoken Arts Inc.
Dept T, P.O. Box 289
New Rochelle, NY 10802
914-636-5482

Folkway Records
632 Broadway
New York, NY 10012

The Caedmon Catalogue
1995 Broadway
New York, NY 14092
1-800-223-0420

Newman Communications Corp.
2700 Broadbent Parkway N.E.
Albuquerque, NM 87107
1-800-545-6260

Sound Ideas Limited
417 Center Street
Lewiston, NY 14092
1-800-421-0286

It is possible to solicit gifts of tapes and cassette players from private donors, including patients and visitors to the hospital. You might publicize the program as a gift opportunity in community and in-house newspapers and among hospital staff. Local bookstores may provide the names of

TALKING BOOKS

books on tape distributors who might be willing to make donations. Retail record stores are possible sources for donations of both tapes and players.

The state library for the blind will provide both tapes and players for patients under some circumstances. In North Carolina, contact:

Library for the Blind
and Physically Handicapped
1811 Capital Boulevard
Raleigh, NC 27635
1-800-662-7726

Promotion and Distribution

Information on the service should be included in the hospital's patient handbook. If you have a patient channel on the hospital television system, have an announcement run there.

Hospital volunteers may be willing to distribute tapes on their traveling carts. Staff members that have direct contact with patients can help with communication about the service and with distribution. You may want to provide them with a list of tapes that includes the title, author, a brief description, and information about access. We send mailings to head nurses, social workers, unit coordinators, recreational therapists, and chaplains telling them about the program and suggesting that they contact us directly or tell the patients how to reach us.

When we get a call from a patient room, we deliver the tapes and player ourselves. Recreational therapists and social workers sometimes come into our office and pick up tapes (as we have assured them that they are welcome to do). They know to jot down the names of the tapes they are taking, their own names, and the date, on the blackboard in our office.

Maintaining a Check-Out Log

The information on the blackboard is transferred to our check-out log, which serves as a permanent record. Attached is a copy of the log form. Try to get an idea of approximately how long the patient may wish to keep the tapes and player so that you will be alerted about when to check up on missing tapes or equipment.

Labeling the Tapes and Players

Labels that are just the right size for a cassette tape box are available from office supply stores. We make labels for both the cassette boxes and the players with our department name and phone number on them. The tape labels also include inventory numbers and the name of the donor, if that is appropriate. Inside each cassette box is a donation solicitation card.

Keeping Track of Inventory

Our inventory is maintained on a computer database. We include the inventory number, the title, the author, the purchase price, the vendor or donor, and the date received.

North Carolina Writers on Tape

The Lee Smith tape of "The Interpretation of Dreams" that you have received with this guide was funded by grants from the North Carolina Arts Council and Record Bar, Inc. We have received another grant from the North Carolina Arts Council to produce two more tapes. For these new tapes, there will be a small charge to help us match the Arts Council grant. We will send out a mailing when the new tapes are ready. They will include authors C. Eric Lincoln and Francis Grey Patton.

THE HUMANITIES

Many medical centers in the US have created distinguished programs in the humanities. That is, through lectures, films, readings, and seminars, they have set up a series of inquiries into human, as distinct from natural scientific, concerns and processes. Some programs focus on humanistic issues in the context of medical care; others, notably at the Johns Hopkins Medical Institutions, are "medical humanities" only insofar as they are sponsored by and take place in a medical institution.

Cultural Services' humanities effort has taken the form of responding to diverse and isolated opportunities as they arise. Although there is no intentional, clearly defined humanities program at Duke University Medical Center, many of our activities over the years have targeted historical and social issues, and we have sometimes applied the fine and performing arts to explore these issues. This persistent thread is acknowledged even in the name "Cultural Services, an acknowledgement of an operational arena that extends the arts to encompass medical history, ethics, and societal issues.

Within our exhibits program, especially, there is a strong humanistic element. CSP has produced exhibits on subjects as diverse as the history of Black Mountain College (a Southern Athens of arts innovation in the 40s and 50s) and stained glass making and the windows of Duke Chapel. Other exhibits have included such topics as the history of pharmaceutical tools, the 400th anniversary of the state of North Carolina, the Year of the Disabled, quiltmaking in North Carolina, the Year of Women in the Arts, and Duke Hospital's MASH unit in World War II.

Other CSP initiatives and collaborations have applied the arts in the investigation of medical and social issues. Many of these projects are discussed elsewhere in the Handbook. Three such programs were supported by the NC Humanities Council. The medical students' staged readings project ("Doctors' Dilemmas") was created to generate dialogues on medical ethics between medical professionals-in-training and the community. In our literary arts program, the Freshwater Project took the consolation of great literature to the patient's bedside, and Words of Power uses poetry writing classes to stimulate excitement about language in a remedial literacy program for Duke Hospital employees.

CSP has assisted the Brody Committee for the History of the Neurosciences with technical and publicity/promotion support in several projects using drama to elucidate medical and social issues. Panel discussions between

clinicians and theater professionals were held in conjunction with local drama productions or selected scenes presented in the medical center. These discussions used the empathic power of drama to probe the inner experience of patients. The most memorable events were built around "Children of a Lesser God," which dealt with deafness, "Wings," about the loss of self and the isolation related to stroke aphasia, and "Elephant Man," a sensitive treatment of the experience of gross disfigurement.

VIDEO

The medical center's CCTV system offers twelve channels to patients, including the major commercial networks, several cable channels, a classical music radio station, the Duke student channel, and DUMC-TV, the patient channel. The patient channel began in 1987 with an information program, called "Cablegram," produced on a computer graphics system. The content and the script for the first Cablegram program were developed by a committee comprising several hospital employees, a video technician, and a librarian. Various patient service organizations provided information about the messages they wished to convey to patients. Content includes such items as information about housing available to families of patients, how to contact chaplain services, information about the discharge procedure, where to buy stamps and mail letters, how to get a newspaper, and how to get books on tape. CSP staff produced the computer graphic art for the first program, and a hospital employee narrated the script over a background of music by North Carolina performers and composers.

The second Cablegram program expanded the information service to include arts and humanities events in the medical center and on campus. In the fall of 1987, a cooperative project with the Durham Art Guild brought local artists in to produce art for the second Cablegram program. This new visual art medium is naturally of great interest to artists, and they are responding enthusiastically to this bartering arrangement. After the artists have produced their assigned posters, they are given free rein to paint pictures for our video art gallery program. We plan eventually to produce a videotape about computer graphics as an art medium and about how these specific pictures have been created.

The television bulletin board project started out as a problem solving exercise to find an efficient and interesting way to communicate with our transient population. The solution we found offers more than we anticipated by taking us back to the essential purpose of CSP -- to bring the arts into the hospital. Computer graphics transforms the project from a simple message board function to an opportunity to open the door to the artist's studio and invite our patients in to watch the blossoming of a new art form before their very eyes.

Programming on the patient channel now includes a few arts programs and a variety of patient education tapes. Medical staff submit health tapes to our preview committee for critique. The committee assesses the technical quality and content, and when a videotape is approved, we add it to the schedule and a new TV guide flyer is distributed to the nursing staff. Also showing now on the patient channel are programs about Duke University and about the Triangle area, a tour of Duke Chapel, a sequence about Harvey Littleton whose glass sculpture graces the entry of Duke North, and a program on the Brummer Collection of Medieval Art which was a collaborative video production with the Duke Museum of Art. Program additions this year include videotapes of Southern folk artists, which were acquired as part of a larger project carried out with the help of a folklorist. This project also involved performances for patients and workshops for recreation therapists to help them initiate folklore projects on their units.

The potential for video remains mostly untapped. Lack of money is the primary obstacle. As the university has no academic telecommunications department, we also lack a context of activity and information. Nevertheless, as the possibilities for video reveal themselves, our wish list grows: A Duke channel focusing on the arts and humanities would be a great benefit to patients, giving them a real sense of the campus and the community. We would like to produce a program about Cultural Services with a changeable segment at the end where we could insert, for example, a brief interview with an artist whose work is going on exhibit. We'd also like to produce tapes on our environmental art projects, the Roof Garden and the Courtyard. We have discussed a collaboration with the physical therapy department to produce a tape of exercises for bedridden patients. A color ink jet printer would make it possible for our Cablegram artists to produce "originals" of their computer graphics to carry home. However, staffing and budget cuts make the future of the CCTV program uncertain.

THE ARTS AND HUMANITIES IN MEDICAL EDUCATION

The fact that Duke's medical school is centrally located in the main University campus means that it has relatively easy access to intellectual and cultural resources for its students. This is an advantage not enjoyed by many other institutions, where medical students may be isolated both geographically and by their intense schedules.

In 1987, the medical school began planning a major curriculum change, with new emphasis on the role of ethics and human values -- and thus humanities and arts -- in medical education. The CSP director met with the dean to discuss possibilities for collaboration between CSP and the Office of Medical Education. Out of those meetings a natural and mutually beneficial alliance was formed, and CSP's theater of operations was extended for the first time into medical education. In this area, four categories of CSP efforts can be defined:

- to develop student awareness of and access to University cultural activities;
- to encourage student interaction with patients and medical staff through participation in ongoing CSP hospital projects;
- to create special cultural opportunities for students which accommodate their high-stress schedules;
- overall, to help reinforce the crucial message that the arts are not an indulgence to be put aside in favor of "serious" medical studies, but rather contribute to the making of a whole physician through cultivation of the intellect and spirit.

A number of projects, some ongoing and some single events, have been promoted by Cultural Services with the cooperation of the Office of Medical Education to serve the above objectives. The project descriptions are grouped below according to these four areas.

University Cultural Resources

- **Conversation with the Artist:** The Duke Institute of the Arts Artist in Residence Program sponsors short-term artist residencies, from one or two days to several weeks. Both visual and performing artists, when their schedules allow, have been invited to the medical center to talk with students about their work, in structured panel discussions or (more popularly) in early evening pizza and soda roundtable chats. The Institute of the Arts welcomes this extension of the artists' exposure on campus and has been very cooperative in trying to fit these sessions into the artists' schedules. Institute of the Arts artists who have come to the medical center include dancer Jacques d'Amboise, pianist Lorin Hollander, filmmaker Thom Mount, and performance artist Murray Schaffer.
- **Art Lunch/Lectures:** Medical students have been invited by the director of the university art museum to special viewings or previews of major shows. The director gives a walk-around lecture, which is followed by lunch in the museum. (This is informal, usually in the form of platters of subs and soda. The authors think it worth remarking that food is not to be underestimated as a factor in the success of projects involving medical students.)
- **Discount Drama:** Cultural Services has negotiated discounted tickets (or sometimes free, on short notice when theaters are not filling) to drama productions on campus. This benefit has extended to include touring Broadway productions and pre-Broadway tryouts with major stars, as well as productions of the Duke Drama Program. In some cases, ticket subsidies have been made available by the dean's office or outside donors. Following a performance of "A Walk in the Woods," a Broadway-bound drama on nuclear disarmament, students attended a panel discussion which brought together director, dramaturge, students, medical school administrators and faculty, and members of Physicians for Social Responsibility. The encounter provoked wide-ranging and stimulating discussion on medicine's role and obligations in a global nuclear age, and participants were enthusiastic in their praise of the event.
- **Cultural Calendar:** A regular calendar of concerts, exhibitions, and other cultural events around campus and the community is compiled and posted throughout the medical center. Also, a calendar of cultural events as well as information about special medical center activities is included in first year students' orientation packets, to introduce them

from the beginning to the idea of integrating the arts into their medical education. Each issue of the medical student newsletter contains cultural calendar notes, as well as articles written by the students about arts events and programs.

Special Programs for Medical Students

- **Literary Seminars:** We have made a particular effort to attract medical students to "Stellar Stories" and "I Want to Read You a Poem," the Friday brown-bag sessions described in detail under Literary Arts. Not only are the free-wheeling discussions good medicine, but the quality and range of personal communication can help overcome the hierarchical boundaries that traditionally exist between students and faculty physicians. The "Stellar Stories" component, added at the suggestion of an Internal Medicine faculty member, was specifically aimed at students, and it has been the genesis of a required reading seminar for first year medical students.
- **Doctors' Dilemmas:** In collaboration with two other area medical schools, Duke is engaged in a medical student theater project. Using such literature as the short stories of William Carlos Williams, students present short dramas about medical and social issues to medical community audiences. Following the dramas, players and audience discuss the issues presented, moderated by a humanities scholar. Audiences have ranged from women's prison inmates to regional medical societies. Direction and production of these theater pieces has been through the services of a professional drama coach. Cultural Services staff has served the role of producer, with responsibility for scheduling auditions, rehearsals, and performances; securing rehearsal space and props; and managing publicity (both on campus and in public media), programs, etc.
- **Performers Registry:** By means of a questionnaire, a registry has been compiled of performing artists in the medical center. This is to assist in the formation of chamber ensembles, play-reading groups, etc. The annual student-faculty show has found this a useful resource in assembling its production.

Participation in CSP Hospital Activities

- **Room Service:** This program (described in the Performing Arts section) sends performers room to room to offer patients brief diversions in the form of a song, instrumental solo or duet, story, mime, or magic. Students are encouraged to participate both because

of what they can contribute and because of this opportunity to interact with patients on a non-clinical basis.

- Music in the Cafeteria: Musicians are encouraged to use the hospital's grand piano, now located in a corner of the dining hall, to provide lunchtime and evening concerts for patients, staff, and visitors. A good percentage of those who come to perform are medical students.

ARTS MEDICINE

Arts medicine has developed as a distinct category of medical care through recognition of two premises: First, artists of different kinds may be unusually vulnerable to particular injuries and disorders in the practice of their art. Second, their diagnosis and treatment is best handled by health professionals who are familiar with the health problems of artists and, especially, who are aware that a given injury or illness may have far different significance to an artist than to the general population.

Painters, printmakers, and sculptors may routinely handle or inhale potentially dangerous substances. Dancers, singers, instrumentalists, and actors, like athletes, depend for their livelihoods on the highly specialized, repetitive, and abnormally demanding use of their bodies. They may also be susceptible to varieties of incapacitating performance anxiety, or stage fright.

While the primary function of arts medicine is to provide timely and informed therapy to artists' disorders, it can serve a significant preventive role as well. Performers who are properly educated about how their bodies work can build basic techniques less likely to damage them over time and can avoid some of the common risks in training and practice.

In the area served by Duke University Medical Center there are the normal activities of Duke's and neighboring universities' music, drama, and dance programs; there are also numerous performing artist series, including Broadway touring shows and pre-Broadway trial runs. In addition, Durham is home of the annual American Dance Festival for several weeks every summer, and the region is becoming increasingly popular as a filming location for the motion picture industry.

Duke's involvement in arts medicine dates from the early days of the Duke Dance Program in the 1950s. When the American Dance Festival moved to Durham in 1978, members of the Duke medical faculty began the development of both preventive education and clinical care programs in dance medicine. In 1982 a formal contractual agreement provided for medical and emergency care to American Dance Festival performers by members of the Orthopaedic Surgery and Family Medicine divisions. In 1987 the producers of the movie "Bull Durham" made similar arrangements for the care of actors on location, as have subsequent film projects.

In spring of 1987, several participating Duke physicians with a particular interest in treating performers' problems offered a series of lectures in arts medicine through Duke's Continuing Education office. Their topics included musculoskeletal problems of dancers, neurological and voice problems, and biofeedback and other stress control techniques for the treatment of performance anxiety. The series concluded with a question and answer session between artists and doctors on individual medical problems. This series, which was created in collaboration with Cultural Services and the Durham Arts Council, was enthusiastically attended by a range of local performing artists and teachers.

Building on this success, interested physicians investigated setting up an arts medicine referral service. An advisory committee was formed, including CSP personnel, the director of the Duke Institute of the Arts, performing arts faculty, outpatient clinic administrators, and physicians from relevant services (orthopedics, otolaryngology, physical and occupational therapy, and family medicine). Their work has focused on education (developing public and professional awareness), on identifying and documenting resources, and on setting up appropriate administration and procedures.

In early advisory committee meetings, concern was voiced by arts administrators about the need for a performers' emergency service. Despite the best precautions, a performer preparing to go on stage may occasionally develop a cramp, sore throat, or dizziness. If he or she decides to ignore these symptoms because the show must go on, and the decision is wrong, a career may be ruined. But if, for fear of doing irreparable damage, the performer cancels at the last minute, an event is sabotaged which may involve many people, long-term planning, and a heavy investment. In the crucial interval when the decision has to be made (typically between 5:00 and 8:00 p.m.), the possibility of waiting two hours in the emergency room is out of the question. In the Duke program, a designated medical professional answers callers identifying themselves as arts medicine cases. The professional leads callers through an initial screening or "triage" to determine the sort of attention needed and makes the appropriate referral. (Naturally, in cases of serious emergency, the artists go directly to the Emergency Room.)

The advisory committee responded to two clear needs expressed by the arts community. The first was for a system allowing prompt response to cases requiring immediate attention; second was for a means of informing the community that specialized services were available and facilitating access to them.

FINANCES Sometimes reimbursement for medical services can be tricky, particularly in dealing with professional or travelling groups whose insurance information is not always easy to come by. For this reason, the subject of billing should be

raised early, and it may be helpful, when possible, to speak with the manager as well as the artist. Many visiting artists are covered by unions such as Actors' Equity. University students are covered in most instances by student health, and most faculty and staff are covered by the university-sponsored health insurance.

PROMOTION Our primary means of publicizing the program is a brochure (**T**) which targets performing arts organizations both on and off campus, faculty and students, and university counseling organizations such as Counseling and Psychological Services (for students) and Personal Assistance Service (for faculty and staff). Cultural Services has also created a small card, easily reproduced and distributed, with numbers and names to call for help at Duke.

The wider community of potential users and health care professionals also must be educated about what arts medicine is and how it works. In fall of 1989, the Duke arts medicine program was represented on a popular public radio call-in show by three arts medicine physicians (an otolaryngologist, a family medicine practitioner, and an orthopedist), and CSP's coordinator for special projects (a professional dancer and choreographer). While taking specific questions from listeners, the participants also had the opportunity to describe plans for implementing an ongoing service at Duke and to encourage its use.

In October 1990, arts medicine was the featured topic at the annual meeting of the Davison Club, the medical center's major donor organization. Physicians, artists, and the CSP director discussed various relationships between the arts and medicine in general, and programs at Duke. This presentation was so successful that another is scheduled for the 1991 Duke Medical Alumni Reunion.

The CSP office is compiling a library and database of arts medicine resources. These include

- information on the location of arts medicine clinics in the US, what kind of medical personnel they have and what services they offer;
- an annotated bibliography of arts medicine publications (including a number of professional articles by Duke medical faculty);
- information on individual pioneers in the field.

In the development of this program there is excellent potential for a range of workshops on such topics as care of the feet and back for dancers, care of the

hands for instrumentalists, etc. As one of our physicians pointed out, arts medicine is one branch of medicine in which the patient may have more expertise than the doctor, and each has much to learn from the other.

History

Arts Medicine had its beginning at Duke University Medical Center in the early days of the Duke Dance Program in the 1950's. When the American Dance Festival moved to Durham in 1978, members of the Duke medical faculty, including Ara Tourian M.D., Robert Bartlett, P.T., and Emmy Villanueva, P.T., began the development of both preventive education and clinical care programs in Dance Medicine. Since that time William Hardaker, M.D. and William Garrett, M.D. of Duke's Division of Orthopaedic Surgery, as well as members of Duke's Division of Family Medicine have also worked with the American Dance Festival, treating the dance injuries of ADF students, guest performers, and teachers.

Beginning with a lecture series in 1986, Patrick Kenan, M.D., Associate Professor, Division of Otolaryngology, Department of Surgery, has been collaborating with the Cultural Services Program to develop a program to give the arts community better access to Duke's educational and clinical resources. The 1986 lecture series, organized in cooperation with Continuing Education, included:

- the care of the singing and speaking voice
- anatomy and physiology for dancers
- neurological issues
- biofeedback and other approaches to stress control

At the end of the lecture series, in an open dialogue between physicians and artists, several needs were identified. These included an arts medicine clinic with associated research, teaching, and consultations programs; incorporation of arts medicine instruction into medical student education; publication of a newsletter for artists and arts groups; and use of local media for disseminating information about arts medicine issues. The service is now being offered by the Duke Family Medicine Center.

The Cultural Services Program
Box 3017
Duke University Medical Center
Durham, North Carolina
27710

Duke University Medical Center Arts Medicine Information

Arts Medicine is medical care devoted to the special demands and health needs of musicians, dancers, actors, sculptors, painters, and other artists.

Arts Medicine Providers

In response to requests from the performing arts community, a new medical service for artists is now available. In addition to routine care, this service will arrange for rapid medical attention for illness or injury preceding a performance. An actor who becomes ill at 6:30 p.m. prior to an 8:00 p.m. curtain needs timely medical attention to determine if it is possible or safe for him/her to perform that evening.

The primary contact for both routine and emergency arts medicine treatment is the *Division of Family Medicine* at the Duke Family Medicine Center. The medical staff will provide appropriate medical care and arrange consultation if necessary.

If other specialty consultation is necessary, the medical staff will make arrangements with one of the following consultants:

Behavioral Medicine:

Hand Disorders: Francis Keele, Ph.D.
James R. Urbaniack, M.D.
Richard D. Godner, M.D.

Medical Psychology: Richard Surwit, Ph.D.

Neurology: Ara Touran, M.D.
Allen Roses, M.D.

Ophthalmology: M. Bruce Shields, M.D.

Orthopedics: William Garrett, M.D.
William Hardaker, M.D.

John Lohnes, P.A.

Otolaryngology ☞

Voice Disorders: Patrick Kean, M.D.
Jay Riski, Ph.D.

Plastic ☞

Reconstructive Surgery: William Barwick, M.D.

Psychosomatic Medicine: Elizabeth King, M.D.

Physical Therapy: Robert C. Bartlett, P.T.
Amy Villanueva, P.T.

Toxicology: Woodhall Stopford, M.D.

Medical Service for Artists

Emergency Service

For Life-Threatening Emergencies call 911

Duke Hospital Emergency Department:
919-684-2413

Poison Control: 1-800-672-1697

General Care

For all routine, after hours and/or specialty care call:

Division of Family Medicine

Duke Family Medicine Center

Marshall Pickens Building

919-684-6721

Victoria Kapravian Johnson, M.D. ☞ Associates

Identify your call as "Arts Medicine." If the Center is closed, the after-hours recording will give instructions for reaching the physician on call.

Office Hours by Appointment

Monday – Friday: 7:00 a.m. – 8:00 p.m.

Saturday: 10:00 a.m. – 2:00 p.m.

Sunday: 2:00 p.m. – 5:00 p.m.

The division of Family Medicine, located in the Duke Family Medicine Center (Marshall Pickens Building) at the corner of Erwin Road and Trent Drive, offers a comprehensive service including on-site laboratory, x-ray, pharmacy, and a health education center.

Payment for Services

Payment for services will be the responsibility of the individual artist, except in those cases where a financial arrangement has been made between Duke and a performing group. Assistance with obtaining insurance reimbursement will be provided to the patients.

The arts medicine provider will need the following information about the artist receiving medical care:

Name
Social Security Number
Duke History Number (if known)
Date of Birth
Permanent Address
Permanent Telephone Number
Artist's Insurance Carrier(s),
with Policy Number(s), and Address(es)

For further information about the Arts Medicine program, contact :



The Cultural Services Program

Box 3017

Duke University Medical Center
Durham, North Carolina 27710

919-684-2027

SYSTEMS AND RECORDS

Logs and written procedures help us organize and keep track of a diversified program where many different kinds of projects are going on simultaneously and at different stages of development. Written procedures strengthen volunteer programs, help staff members fill in for each other, and are useful when you train new people. Job descriptions (**U**) can be good long range planning guides, in addition to their function of clarifying areas of responsibility.

Procedures

One of the most important documents in our office is the Procedures Notebook. It is a compilation of instructions with samples explaining how Duke University systems operate. For example, there are several ways to generate payments, each with specific constraints and directions. In the notebook, we keep sample forms with notes about how to use them and whom to call if we have problems.

The notebook contains other kinds of information also, such as the procedure for putting event announcements on patient meals trays and a section about how to advertise for student helpers, what questions to ask them, how to get them on payroll. (We no longer waste time interviewing students -- the university has already done that. We take the first batch whose schedules fit our needs.) Also in the student section are task instructions and orientation materials about CSP and the medical center. Because we have many student helpers, who each work only a few hours weekly, having all this information in one place has saved much staff time. The notebook is used constantly by our students, and they, in fact, have helped us compile it: when we ask them to do something that isn't in the notebook, they write instructions for the next person after the job is finished.

For projects such as the annual arts and crafts fair, we have developed a game plan of written procedures for every aspect, and we revise them each year. Those procedures are layered: there is a simple, overall outline with a set of tasks and responsibilities for , each item in the outline. The game plan is tied into a calendar so that each year, if we stay on schedule, our small staff can bring forth a complex one-day event. (It's a little like when the circus comes to town and puts up a tent overnight.)

Logs

These are running records, similar to a ship's log, for projects or program areas. As an example, the CCTV coordinator has a notebook in which she jots down such things as a conversation with a nurse who calls to inquire about how to get a cardiac catheter tape onto the patient channel, a visit from a vendor who wants to provide a movie channel for patients, or a problem with the satellite signal for a teleconference. Telephone calls and conversations in the halls are noted, including the name of the person, the date, and the subject discussed. The log has many times been an invaluable source for planning and reports.

We keep three separate logs on requests for artwork: one for patient areas, a second for offices and treatment areas where patients and visitors may go, and a third for offices and other private areas where patients never go. We use this to prioritize jobs and allocate effort. The system is described to requestors in the third priority to explain why it may be months before we can respond.

Telephone logs for long distance calls are coded so that when charges are entered into our computer ledger, costs can be allocated to the appropriate project or program area.

Files

A starter list for file headings might be

- arts resources
- institutional network
- projects
- great ideas
- status reports (notes about your activities from which you can write periodic reports for your bosses and supporters)
- funding sources
- financial records
- personnel matters, and
- mailing lists.

We have an Arts Encyclopedia file which contains materials such as copyright information, articles about ethics and aesthetics, and cartoons about art and medicine.

Financial records

In setting up your financial records system, ask yourself, "Who will need financial information from this program, and what will they need to know?" In our case:

- The hospital budget committee needs to know how much money the hospital puts into the program and for what purpose, and how much outside money and services or goods come in each year, from whom and for what purpose.
- The CSP director needs a running record of expenditures -- where are we now in our budget projection?
- Granting agencies need to know, for grant applications, the total income and sources and project budget breakdown and, for grant reports, how the money was spent and what other funds supported the project.

If your funding goes through hospital books, ask the hospital comptroller to arrange a meeting for you with someone in the budget office who can explain the institution's system, understand the requirements of outside funders, and help you set up a ledger system from which you can extract different kinds of information for different needs. Also ask for explanations of the institution's purchasing and payment systems, such as speed orders, purchase requisitions, payment to performing artists, any special requirements for paying a performer who is an employee. Then try to set up a system that will serve all needs.

If your funds are handled outside, for example, by a volunteer agency, you might want to meet with the hospital comptroller anyway to get an overview of their system. It might be worthwhile to set up your system to complement the hospital's in case there should be interaction at some point.

Duke University uses an object code accounting system which does not work well for us, for example, office supplies and art supplies are lumped together under one code number. Therefore, we have worked out an activity and function coding system of our own that interconnects with Duke's. For each transaction, we assign two additional codes so that the computer can sort our ledger in a number of ways. For example, when we have a batch of short stories copied for Stellar Stories, the copy department charge is coded "LA" and "COP" on the computer ledger. At the end of the year, we can sort on "LA" to get a record of all costs for literary arts for the year and on "COP" to

get a report on how much money we spent on copies for all program areas. The sorts can, of course, be done at any time to get a financial status report on any project or activity.

If you are not computerized, you may want to keep a separate log for each major project. That will involve entering costs in two records, but this method might pay off in the end because it will allow you to have information readily available for reports.

We process payment for bills as we need to and make ledger entries weekly. We reconcile our ledger against the Duke financial statement monthly, both to see how we're doing and to catch errors as early as possible. One can never assume that the payment process has been completed as one hopes. Instructions which seem clear and simple to the initiator can be misunderstood and mishandled.

For depositing gifts, find out if there is an investment account where you may put your money. It is usually not permitted to put grants from government agencies into investment accounts, but there are no such restrictions (that we know of) on foundation grants. Every little bit of interest money helps.

Reports

The two major events in our budget year occur at the end of the fiscal year on June 30 and in February with budget preparation and presentation. After the end of the fiscal year, we do a final reconciliation between our ledger and the Duke financial statement. Then we use our function coding system to pull out reports on projects and program areas. We put together a financial report in chart format **(V)** for administration which shows where the hospital revenue has gone, as well as what other funds have come in for the program and how they have been used. We write a narrative report which is keyed into the chart, and we include reports on the program statistics for the budget presentation **(W)** **(X)**. From the chart, we also make a one-page summary which is ready for use in grant applications.

Evaluation

On several occasions, at the request of administration, we have done time/effort studies to determine payroll distribution **(Y)** for various program areas and projects. We keep track of numbers of participants as well as we can, and we produce financial reports for every project. Quantitative information is pretty much under control. Qualitative evaluation is another matter. At this time anecdotal responses from patients, families, and staff are all we have. We have searched for effective models and have found none as yet.

Malcolm Miles at the British Health Care Arts Centre is particularly interested in the subject of evaluative studies. Crystal Parmele at NIH Hospitals has a volunteer doing a literature search. Gary Smith at the University of Michigan Hospital is gathering publications on psychoneuroimmunological research, which may have some bearing on the effect of the arts. The arts therapies are beginning to compile some impressive data. (A music therapist at Duke has a study under way now to determine whether music helps calm infants faster after nasal and throat suctioning.)

The lack of hard data is, of course, particularly noticeable in a research center. Fortunately for us, at Duke an enlightened leadership has continued to support the program because they can see the results, even if there is presently no qualitative way to measure them.

**POSITION DESCRIPTION
CULTURAL SERVICES DIRECTOR**

Spring 1987

The director has overall responsibility for developing and implementing programs in the arts and humanities in the Medical Center for the benefit of patients, visitors, staff, and employees.

The director

fosters contact with arts and humanities resources in the university, community, state, and beyond to incorporate those resources in program development,

designs and plans programs and delineates costs,

sets and/or recommends policy,

secures and allocates resources,

prepares budget projections and reports,

hires and supervises staff, allocates responsibilities, and fosters training,

analyzes and evaluates programs and projects.

**POSITION DESCRIPTION
COORDINATOR OF PROJECT DEVELOPMENT
CULTURAL SERVICES**

Primary responsibilities include organization of new projects and coordination of on-going projects in the performing and literary arts and humanities.

Develop joint programming with Duke Institute of the Arts, Drama Program, Student Affairs, and humanities departments and with community arts groups.

(Examples of projects include coordination of Institute of the Arts' Nancy Hanks Artist Residency activities in the Medical Center; development with the Drama program of a series of medicine-related plays for the general public but with special showings and festivities for DUMC audiences, including both patients and staff; working with the English department to record on audiotape NC writers reading their own works for our Talking Books project; working with the Office of the Dean of medicine and the Brody Committee of Neurological Science to organize special events with the casts and crews of the Broadway bound productions at Duke; coordinating box office service and distribution of free tickets to patients for performing arts events.)

Work with appropriate DUMC divisions to develop projects for patients and staff.

(Work with oncology recreation therapists to develop further the poetry residency; work with CCTV coordinator and medical staff to develop video programs for patients.)

Develop Arts Medicine program in collaboration with clinical departments.

(Organize a clearinghouse of information for artists about medical services at DUMC; work with medical staff to present lectures and workshops for artists and for medical personnel on special medical problems of artists).

Work with CSP Director on fundraising and development.

Organize special projects as needed.

(Work with CSP Director to organize site specific art projects, including presentations by artists and consultants, and events such as dedications and festivities.)

June 1988

POSITION DESCRIPTION
CULTURAL SERVICES VISUAL ARTS COORDINATOR

May 1991

The visual arts coordinator works with the Cultural Services Director to develop visual arts programming in the Medical Center by fostering contact across the university and within the community to bring arts resources into the hospital.

Exhibition – Cultivates a working relationship with the arts, humanities, and sciences communities to generate a lively exhibits program; oversees schedule, design and installation, promotion and publicity, sales, and records.

Acquisition – Assists with purchase of works of art for patient rooms and public areas; oversees accessions, installation, maintenance, insurance, security, financial transactions, and records.

Special Events – Coordinates Employee Arts and Crafts Festival; oversees game preparation and technical arrangements, prepares graphics for promotion and publicity, coordinates display arrangements.

Participates in evaluation of programs and in long range planning.

DUKE UNIVERSITY MEDICAL CENTER CCTV PROGRAM COORDINATOR

Job Description

Primary responsibility for overall coordination of programming Medical Center Closed Circuit Television System (CCTV)

Coordinate program menu

Monitor Cablevision programs and satellite program development
Research and oversee equipment additions

Develop Patient Channel

Coordinate scheduling of patient education programs
Research cultural programming

Develop Cablegram – Computer graphics/video information service

Set up artists' access program, including writing handbook

Organize information network

Coordinate teleconferences

Coordinate "Talking Books" program – books on audiocassette tape for patients

Liaison with Duke and community video interests groups (TelCom, Cable 13, Cablevision, etc.)

Monitor video and computer graphics literature and maintain resource files on equipment, program providers, funding sources, and public policy

Prepare financial reports and grant applications and oversee record-keeping

Qualifications

Good organizational and communication skills and experience essential. Knowledge of design principles preferred. Experience with computer graphics and/or video production preferred. Grant application preparation experience preferred.

**NAME OF PROGRAM
FINANCIAL REPORT FY 1992**

EXPENDITURES

INCOME

Name of fund Name of fund Totals %

Salaries and fringe benefits					Hospital funds \$ _____
Program component					Gifts \$ _____
Program component					Total Income \$ _____
Program component					Total expenditures \$ _____
Program component					Balance forward \$ _____
Program component					
Project					
Project					
Administrative expense					
Totals					
Percentages					

(v)

CULTURAL SERVICES PROGRAM VISUAL ART STATISTICS

	Number of Pieces on Loan	Value	Number of Exhibits	Number of Pieces Donated	Value	Number of Pieces Sold for Artists	Value
FY 79	91	\$ 28,657	12	13	\$ 643.45	1	\$ 5,000
FY 80	339	\$ 85,599	27	11	\$ 1,890	14	\$ 2,667
FY 81	150	\$ 31,998	14	32	\$ 10,900	5	\$ 344
FY 82	208	\$ 39,787	16	12	\$ 9,700	17	\$ 2,297
FY 83	358	\$ 72,938	20	15	\$ 2,775	7	\$ 685
FY 84	491	\$ 88,764	23	79	\$ 33,940	48	\$ 12,031
FY 85	579	\$ 78,454	20	22	\$ 32,080	44	\$ 3,984
FY 86	414	\$ 91,647	24	8	\$ 498	8	\$ 1,645
FY 87	460	\$ 66,799	22	18	\$ 6,743.52	24	\$ 1,512
FY 88	583	\$ 92,986	21	2	\$ 5,000	124	\$ 4,137
FY 89	476	\$ 39,783	13	24	\$ 8,310	97	\$ 2,466

(3)

CULTURAL SERVICES PROGRAM PERFORMING ARTS STATISTICS

	NUMBER OF PERFORMANCES				VALUE (calculated \$25/person up to \$100/group of 4 or more)		
	Total	Donated	Paid	Total	Donated	Paid	
FY 79	18	16 (89%)	2 (11%)	\$1,175	\$1,050 (89%)	\$125 (11%) All grants and gifts	
FY 80	65	37 (57%)	28 (43%)	\$4,100	\$2,250 (55%)	\$1,8950 (45%) Hospital Funds \$950 (51%) Grants & Gifts \$900 (49%)	
FY 81	75	37 (50%)	38 (50%)	\$13,975	\$2,625 (19%)	\$11,350 (81%) Hospital Funds \$1,125 (10%) Grants & Gifts \$10,225 (90%)	
FY 82	117	99 (85%)	18 (15%)	\$11,304	\$6,945 (61%)	\$359 (39%) Hospital Funds \$520 (12%) Grants & Gifts \$3,839 (88%)	
FY 83	124	107 (86%)	17 (14%)	\$8,230	\$7,300 (83%)	\$930 (11%) Hospital Funds \$700 (75%) Grants & Gifts \$250 (25%)	

⊗

PAYROLL DISTRIBUTION – FY88

	North Art	Visual Arts	Arts Med Perf Arts Lit Arts	Cablegram	CCTV	Teleconference	Arts & Crafts Fair	Admin
Director	1%	35%	36%		1%	1%	1%	25%
Staff Specialist		5%	35%		4%		1%	55%
CCTV Coordinator				75%	15%	10%		
Visual Arts Coordinator	10%	75%		5%			10%	
TOTAL	3%	29%	18%	20%	5%	2%	3%	20%

(8)

THE SEARCH FOR FUNDING

by Sharon Larkins
Associate Director of Development
Duke University Medical Center

Francis Bacon wrote that "Men must know that in the theatre of man's life it is reserved only for God and angels to be lookers on." While we might like to think the value of our programs is so obvious that the dollars will float in unasked for, it is not for us, alas, to be "lookers on!"

So, where to start? First of all, look in the mirror: do you enjoy asking for money? If not, then give someone else on your staff this responsibility. If you don't have sufficient staff, find a volunteer to take the task on. In reality, however, you are likely to be *it!* Our aim is thus to help guide you through the labyrinth and to make the job, if not enjoyable, at least a little easier.

Fund raising is an around-the-clock job. No matter where you are, or to whom you are talking, there are potential resources for helping you raise the money you need to accomplish your goals. And, unless you're a walking computer, you need to have a system for compiling and sorting through the bits and pieces of information you find, hear, clip, jot down, etc. We suggest you purchase four fat notebooks and use them as follows:

Notebook I: Sources

This notebook will be designed to help you identify appropriate funding sources handily when a new need arises. Divide it into these categories:

- **Government (Federal, State, County, City):** Include information on NEA, NEH, arts councils and agencies, etc. Keep up-to-date lists of elected officials, appointed decision-makers, and members of advisory boards. Distribute these lists to your volunteers, staff, and colleagues in the hospital and ask them to keep you posted on any ones they know who could help your programs.
- **Corporations (Large, Medium, Small):** There are generally a few large corporations that are the traditional "angels" for the arts community. Keep abreast of the names of the CEO and fund distribution officer of each. If you can afford to, add them to your mailing list if you produce a newsletter. Keep copies of news clippings and ads about arts-oriented activities they have underwritten or sponsored. Encourage your staff and volunteers to keep you posted on relationships they might have with any corporations that might be helpful.
- **Foundations:** Researching foundation resources is an excellent job for one or more volunteers, who should be able to find good up-to-date directories in your library reference section. The largest caveat here is not to overdo it by including

foundations that are not really a match for your programs. Ask your volunteer to create an 'A' list of strong possibilities and then a 'B' list of foundations whose connection to hospital arts might be a bit of a stretch. (Careful study of these foundations' interests might yield prospects for other areas of hospital funding, which could make you a "hero" amongst your peers, e.g. organizational development, nursing scholarships, continuing education, etc.). Don't overlook local and area foundations, which can be invaluable sources for small, one-shot grants for special programs. Again, keep the officers and directors lists up to date so you can circulate them for input from staff and friends. For those foundations that you think might be perfect matches for your programs, ask to be put on their annual report list.

- **Individuals:** This section will probably consist largely of clippings about prominent people in the community who are involved as volunteers in other arts and cultural organizations. You need to be aware of who the "movers and shakers" are, and it can only help if you are also aware of their individual accomplishments. For small projects requiring \$1,000 or less, individual donors may sometimes be found in this group.
- **Recognition:** Protestations of modesty notwithstanding, *everyone* likes to be "stroked" when they do good deeds. Start keeping notes from news accounts of different ways of showing recognition in your community (plaques, dinners, pins, certificates, etc.), as well as types of acknowledgements for gifts. Remember the rule of thanking a person at least five times! Be sure you have a process in place to do this: a letter -- perhaps a call as well -- from you; a letter from your chief volunteer (if applicable), a letter from the CEO of your hospital, and, perhaps most important of all, a letter from someone who directly benefited from the program.

Notebook II: Strategies and Resources

This notebook will house a potpourri of information that may not seem important at the time but which may surface two years later as key to a grant application or function in planning. A few examples:

- copies of articles on grantsmanship
- information about training programs and workshops, including those in local community colleges and universities
- resource books and articles, such as

Managing the Nonprofit Organization by Peter Drucker

Born to Raise by Jerold Panas

Mega Gifts by Jerold Panas

Daring Goals for a Caring Society by The Independent Sector

- ideas for special events (e.g. arts auctions, poster contests, holiday cards by kids, employee/patient arts shows)

- your own support network list of people who might be able to help you. Be creative about this: include electricians, truck owners, proof readers, desk top publishers, competition judges, etc.
- lists of sales/rental galleries
- the "wild and crazy" list: ideas that probably might not work but you never know!

(Note: Stay in touch with your hospital development officer who can provide a variety of information including that available from the Association of Healthcare Philanthropy.)

Notebook III: Proposal and Grant Preparation

The hardest part of preparing a grant or proposal is getting started! Having certain basic information readily at hand can make the process a lot easier.

- **Background:** This section should include data you need for every proposal or grant you prepare, as well as any information that you anticipate needing. *Be sure this information is regularly updated and ready to send out at a moment's notice!* Here is a preliminary list:
 - your mission statement (which doesn't have to be the next *Ulysses*; the more direct and to the point, the better. But you *do* need one; if you don't know where you're going, how can you convince anyone to help you get there? Remember that one of the largest not-for-profit organizations in the country, United Way, has a twelve-word mission statement: "To increase the organized capacity of people to care for one another.")
 - your organizational chart (Note: even if you are the only one working in the arts, make a chart to show where you fit in the overall plan.)
 - a list of your affiliations (e.g. memberships in any arts organizations, chamber of commerce, boards on which you personally serve, etc.)
 - a list of your board/advisory committee members along with their addresses, phone numbers and brief description (e.g., community volunteer, CEO of IBM, member of city council, etc.)
 - a copy of your tax exempt status letter from the state and IRS
 - the most recent financial statement for your hospital
 - your most recent program budget
 - letters of endorsement (keep updated!)

Try very hard to have originals of all of these, not copies of copies of copies. Remember, you are an arts organization, so look like one . . . even on paper!

- Components: (a) *Cover Letter* As this may be the only document the foundation/corporation or individual reads, it needs to be essentially a letter of intent. The funder wants to know:
 - What is the issue/problem?
 - What do you propose to do about it?
 - Why is yours the best program for me to invest in to address this issue/problem?
 - How will it be implemented to affect the targeted audience?
 - Will it affect the broad population and, if so, how?
 - How do you plan to evaluate outcome(s)?
 - What is it going to cost me?
 - When do you need the money?
 - What provisions are being made for future funding (if needed)?
 - How am I going to benefit (recognition)?

These ten questions should be answered in a maximum of two pages. Don't be afraid to ask someone in your development office to read and edit what you've prepared. You know your program better than anyone, but it is often easy to overlook the obvious or to belabor points. Getting an outsider's perspective on your proposal is very important. Equally important is having someone proofread for spelling and punctuation errors. Simple matters like this can make a big difference in how the funder views your overall effort. Above all, be sure you have the name and title of the funder absolutely correct. It is worth the price of the long distance phone call!

(b) *Supporting Documentation*: It is here that you want to include all of the necessary materials to back up what you've outlined in your letter of intent. *Be sure to follow the order you established in your letter so the funder does not have to flip hither and yon to seek out the appropriate documentation!* Here are a few items you may need to include:

- letter of endorsement from your CEO. It is wise to submit a suggested draft for your CEO, to make sure that important points are covered as well as to speed up the process.
- a fleshed out version of the proposal that includes the fundamentals:
 - a clear statement of the problems or issues to be addressed

- the solution for same expressed in dynamic and action-oriented language
 - reasons why your program can best furnish the solutions
- details of implementing the program: *how* it will work; *who* will administer, implement, and evaluate; and *where* it will be 'housed'
- a detailed explanation of how the funds being asked for will be spent (a budget, in other words)
 - a calendar for program implementation
 - a marketing/communications plan
 - articles, statistics, resources that back up your rationale
- a statement of expected outcome(s) including a specific plan for evaluation of same
- last of all, without being too terribly obvious about it, a brief statement about how the funder will benefit, including specifics about recognition.

Once you have everything all together and ready to go, have your package looked over one last time by someone outside your department to see if there are any glaring errors of commission or omission.

Remember: You are an arts organization so be sure that your package makes an attractive, not ostentatious, impression. Send it in a well-constructed outer envelope to forestall the rigors of whatever carrier you use!

Notebook IV: Follow Through

This notebook should contain a full and final copy of the finished proposal and copies of any correspondence resulting from the proposal. Put a note in your tickler file to remind you when you need to check on the results of your efforts. Have the proposal in hand when you make your "just checking to see where we stand" call, in case there are any questions. No major foundations and corporations like to be "bugged," but acceptable approaches vary widely from one to another. You would do well to make sure to follow the guidelines and rules for each.

If you have connections to your funder, ask them to call or write and lobby for you. Ask them to report back to you what they accomplished or copy you on letters. And *do* write thank you notes to those who call on your behalf, whether the funding request is successful or not.

If your request is not successful, ask the funder please to let you know why not so you can file the information for future use. A denied request may be as simple as a missed deadline, unclear intentions, too large a request, incompatibility with current priorities, etc. No matter what it is, it is wise to keep this information at hand.

Never be hesitant about making proposals! Just as in sales, if you keep making "the ask," finally statistics, if nothing else, will make you successful! Be creative -- you never know when an "off the wall" connection might work. And remember the words of a great philanthropist and fund raiser, John R. Mott: "Blessed are the money raisers, for in heaven they shall stand on the right hand of the martyrs."

Sharon C. Larkins
Associate Director of Development
Duke University Hospital

RESOURCES

Following is a listing, by no means definitive, of organizations, publishers, and publications that have caught our attention, been recommended, or had something to contribute to our efforts. We've included the latest information we have, but cannot guarantee accuracy of addresses and telephone numbers. And prices, since they can change so fast, are not included. You will no doubt have additions to this list. Please let us know about them.

Organizations

American Council for the Arts (ACA), 1285 Avenue of the Americas, New York, NY 10019
Tel: (212) 245-4510 or 1 (800) 321-4510
(also, ACA Books, Dept. 240, 570 7th Ave., New York, NY 10018)

arts advocacy membership organization; studies, analyses, and practical guides

Arts Extension Service (AES), Division of Continuing Education, Goodell Building,
University of Massachusetts, Amherst, MA 01003

arts management and community cultural development; workshops,
consulting services, publications

Association of Performing Arts Presenters, 1112 16th St. NW, Washington, DC 20036 Tel:
(202) 833-2787

annual conference, publications on all facets of presenting and managing
performing arts

Center for Safety in the Arts, 5 Beekman St., New York, NY 10038 Tel: (212) 227-6220

national clearing house for research and education on hazards in the visual arts;
newsletter, workshops, consultations

FEDAPT, 165 West 46th Street, Suite 310, New York, NY 10036 Tel: (212) 869-9690

seminars, conferences, planning, marketing, and managing consultancies for
arts groups

International Arts Medicine Association, 19 So. 22nd St., Philadelphia, PA 19103

newsletter covering interfaces between the arts and medicine

National Assembly of Local Arts Agencies (NALAA), 1420 K Street, NW, Suite 204,
Washington, DC 20005-2508 Tel: (202) 371-2830

provides many services, including leadership and training opportunities

National Council on Aging, Inc. (600 Maryland Ave., SW, West Wing 100, Washington, DC 20024 Tel: 202-479-1200)

books, directories, bibliographies, and rental films about aging and the arts

National Endowment for the Arts (NEA), Nancy Hanks Center, 1100 Pennsylvania Ave. NW, Washington, DC 20506 Tel: (202) 682-5400; TDD (202) 682-5496

National Endowment for the Humanities (NEH), Nancy Hanks Center, 1100 Pennsylvania Ave. NW, Washington, DC 20506 Tel: (202) 786-0438; TDD (202) 786-0282

The Voice Foundation, 157 E. 61st Street, New York, NY 10021 Tel: (212) 688-1897

annual national arts medicine conference

Volunteer Lawyers for the Arts, 1560 Broadway, Suite 711, New York, NY 10036 Tel: (212) 575-1150

legal consultations in all arts disciplines; conferences and seminars; journal

Also contact your local, regional, and state arts and humanities councils.

Publishers

Art In Form (2237 2nd Ave., Seattle, WA 98121 Tel: 206-441-0867)

bookstore; their annotated catalog is excellent resource of writings on diverse contemporary arts

MMB Music, Inc. (10370 Page Industrial Blvd., St. Louis, MO 63132)

educational books and tapes

Volunteer Readership (Box 1807, Boulder, CO 80306 Tel: 303-447-0492)

catalog published by National Center for Citizen Involvement

WESTAF Publications (236 Montezuma Ave., Santa Fe, NM 87501 Tel: 505-988-1166; FAX: 505-982-9307)

technical assistance publications from the Western States Art Federation, a regional alliance of 12 western state arts agencies; resources, opportunities, and professional development for arts organizations; job bank

Publications

Anatomy of an Illness as Perceived by the Patient: Reflections on Healing and Regeneration, by Norman Cousins (W.W. Norton & Co., Inc., New York, NY 1979)

vivid and moving account of an illness and avenues to healing in addition to medical technology

Art and Health Care (Dept. of Health and Social Security, Health Building Directorate, Room 540, Euston Tower, 286 Euston Rd., London NW1 3DN England)

reference book and survey of hospital arts programs in Britain

Artery: The Journal of Arts for Health (Available from Arts for Health Centre, Manchester Polytechnic, All Saints, Manchester M15 6BY England)

quarterly journal on health care and the arts

The Artist's Complete Health and Safety Guide: Everything you need to know about art materials to make your workplace safe and compliant with U.S. and Canadian right-to-know laws, by Monona Rossol (Allworth Press, 10 E. 23rd St., New York, NY 10010, 1990)

Arts Management (408 West 57th St., New York, NY 10019 Tel: 212-245-3850)

national newsletter on fundraising, public policy, political developments, reports from specific arts programs

The Biology of Music Making: Proceedings of 1984 Denver Conference, by Franz Roehmann & Frank R. Wilson (MMB Music, Inc., 10370 Page Industrial Blvd., St. Louis, MO 63132)

produced by Biology of Music Making, Inc., non-profit educational corporation which organizes and conducts symposia about physical process of music making

Caring for Art: A Guide for Artists, Collectors, Galleries, and Art Institutes, by Jill Snyder (Allworth Press, 10 E. 23rd St., New York, NY 10010, 1990)

"best methods to store, handle, present, document, photograph, pack, transport, insure and secure your art"

Chronicle of Philanthropy (1255 23rd St. NW, Washington, DC 20037 Tel. 202-466-1000)

The Creative Tree (c/o Michael Russell, Ltd., The Chantry, Wilton, Salisbury, Wiltshire ST2 0JU England)

source for international connections in hospital arts; from the book cover: ". . . how to structure a link service; how to set up puppetry, dance, drama, visual art, video, creative art and music programs; how to begin a hospital arts centre; arts in hospices. . . addresses and brief analyses of nearly 1000 projects worldwide . . ."

Creativity and the Close of Life, by Sally Bailey et al. (Available from Connecticut Hospice, Inc., 61 Burban Drive, Branford, CT 06405

role of the arts in the hospice movement; sections include fabric arts, visual arts, literature, music, movement and dance, gardening and nature, and metalsmithing

Foundation News (1828 L St., NW, Washington, DC 20036 Tel: 202-466-6512)

International Journal of Arts Medicine, Rosalie Rebollo Pratt, ed. (10370 Page Industrial Blvd., St. Louis, MO 63132 Tel: 314-427-5660)

first issue due fall 1991; official journal of International Arts Medicine Association and International Society for Music in Medicine

Kaleidoscope (UCPSH, 326 Locust, Akron, OH 44302)

arts medicine publication from United Cerebral Palsy and Services for the Handicapped; prints unsolicited manuscripts and poetry by the handicapped; pays on acceptance

Live the Good Life! Creating a Human Community through the Arts, by Wolf von Eckardt: (ACA, 570 7th Ave., New York, NY 10018)

enthusiastic "sermon" on cultural planning: working with public institutions to integrate arts and humanities into communities

Medical Problems of Performing Artists (210 South 13th St., Philadelphia, PA 19107)

journal aimed at medical professionals and artists with health problems

Museum Ethics (American Association of Museums, 1055 Thomas Jefferson St. NW, Washington, DC 20007 Tel: 202-338-5300)

publication of the Committee on Ethics of the AAM; inquiry into existence of code of ethics for museum governance in the face of expansive changes in profession and technology of museum management and curatorship

New Works: A Public Art Project Planning Guide, by Patricia Fuller and *Public Art Dialogue: Southeast Conference Documentation* (Available from Margaret DeMott, Durham Arts Council, 120 Morris Street, Durham, NC 27701 Tel: 919-560-2720)

These and the following are excellent sources on environmental art process.

Going Public: A field guide to developments in art in public places, by Jeffrey L. Cruikshank & Pam Korza (AES & Visual Arts Program of NEA (Continuing Education, U. Massachusetts, Amherst, MA 01003, 1988)

Sutured Words: Contemporary Poetry about Medicine, Jon Mukand, ed. (Aviva Press, Box 1357, Brookline, MA 02146, 1987)

Voices in the Gallery, by Dannie & Joan Abse (Tate Gallery Publications, Millbank, London SW1P 4RG, 1986)

paintings and the poems they have inspired; color reproductions, handsome book; useful for helping people with visual impairment see paintings ;Dannie Abse is a physician and president of the Poetry Society of Great Britain, Joan Abse is an art historian

ART THAT HEALS

Former Director: **Devra M. Breslow**

This program functioned at the **Jonsson Comprehensive Cancer Center** from 1982 to 1989. Questions about the program or its publications should be addressed to Devra Breslow at 1100 Glendon Avenue, Suite 711, Los Angeles, CA 90024

The Jonsson Comprehensive Cancer Center is affiliated with the UCLA Medical Center, a 700-bed teaching hospital.

Art That Heals began with a \$50,000 grant from the Robert Ellis Simon Foundation (Beverly Hills, CA) to determine if visual art therapy was of value with hospitalized and ambulatory persons with cancer. This was a springboard to establish other concepts to reach all patients within the UCLA Medical Center.

The staff consisted of a partially-paid professional director, a part-time secretary, a cadre of volunteers, and a paid student exhibit installer.

Funding was a blend of Cancer Center support, fundraising by the JCCC Arts Council (1982-85), grants to support Art-as-Therapy, and a great deal of volunteer staffing. The operational budget in years 1986-88 was in excess of \$100,000 per year.

Programming included:

Art-as-Therapy, in which paid professional visual art therapists used art therapy as a specific adjunctive intervention with hospitalized cancer patients;

Changing exhibits of works by artists with cancer in the Bowyer Oncology Clinic; fifty-one person exhibitions and nine group shows held over six and one-half years;

The UCLA Art Cart, staffed by volunteers; all art donated by 150 galleries, museums, and dealers in the US and Europe;

Strolling musicians, involving individual volunteer musicians playing mini-recitals at the bedsides of Medical Center patients;

Confronting Cancer Through Art, 1987, the first *national* exhibition by artists with cancer, held off campus in a community gallery for one month;

Permanent art acquisitions installed in JCCC quarters.

Publications available include the "Confronting Cancer Through Art" book and poster, "The UCLA Art Cart," "Changing Exhibitions by a Special Constituency," "Strolling Musicians," and "How to Stage a Regional Exhibition by a Special Constituency."

BREAD & ROSES

78 Throckmorton Ave.
Mill Valley, CA 94941

Executive Director: **Mimi Farina**

Associate Director: **Lana Severn**

Phone: (415) 381-0320

Bread & Roses is a nonprofit organization serving the San Francisco Bay Area. It was founded in 1974 by singer Mimi Farina to alleviate some of the sense of isolation experienced by people confined in institutions by bringing them free, live, quality entertainment and to offer performing artists a unique opportunity for community service.

Bread & Roses produces nearly 500 shows a year in Marin County, San Francisco, and other cities in Northern California. Each month over 1200 residents attend these productions in hospitals, convalescent homes, AIDS facilities, centers for developmentally disabled, rehabilitation programs, senior care centers, homeless shelters and psychiatric and correctional facilities.

Program staff conducts extensive outreach to Bay Area artists, who are auditioned and carefully chosen for specific audiences. All performers, including a host of celebrities, freely donate their time and talents. Every type of live programming is sought, from classical violinists to comedians, magicians to rock and roll bands, puppeteers to theatre companies.

Paid staff includes five full-time and three part-time paid employees. In addition to an active pool of 300 volunteer performers, over 100 other volunteers are utilized in various projects and events throughout the year.

Bread & Roses does not charge a fee for any of its shows in institutions and relies solely on donations, grants and fundraising events. Publicity is achieved primarily through its newsletter which reaches over 5300 subscribers. Also available is the Bread & Roses Handbook which serves as a guide on how to start a similar organization.

(This program is separate and distinct from Bread & Roses Cultural Project, Inc., based in New York City.)

Los Angeles County/University of Southern California Medical Center

Box 2065 General Hospital

LAC-USC Medical Center

1200 North State Street

Los Angeles, CA 90033

HUMANITIES SERIES/INDIAN CHILDREN'S ART SHOW

Phone: (213) 226-6951

The LAC-USC Medical Center is a 2,105-bed county teaching facility.

The Humanities Series, started in 1978 through fund raising by the Hospital Auxiliary, is coordinated by a staff committee with assistance from Volunteer Services staff and a public relations consultant.

Programming includes:

A monthly free noon program held in the hospital and medical school auditoriums which includes lectures, films, information on current local topics, and performances by touring groups; honoraria are usually provided for guest speakers and performers;

An annual, federally funded, Indian Children's Arts and Crafts Show, cooperatively organized by the Hospital Auxiliary, Volunteer Services, and the Indian Education Office of the school district;

An informal library cart;

In-house video programs for children, operated by staff and volunteers and supported through donations.

Publicity is achieved through the house organ, flyers, and public address announcements.

Mount Zion Hospital and Medical Center/Medical Center of UC San Francisco
P.O. Box 7921 505 Parnassus Street
5-East/Oncology San Francisco, CA 94143
San Francisco, CA 94120

ART FOR RECOVERY

Program Director: **Cynthia D. Perlis**
Phone: (415) 885-7552 or (415) 567-6600 ext. 5387

Mount Zion Hospital and Medical Center is an acute care, 439-bed teaching hospital that includes a 19-bed oncology unit, a 15-bed HIV unit, and a 15-bed Pediatric Rehabilitation unit.

The Medical Center of UCSF is an acute care teaching hospital with a six-bed Bone Marrow Transplant unit. Approximately 30 children go through the Pediatric Oncology Clinic on Tuesdays.

Art for Recovery is free of charge and open to all hospital patients, outpatients, family members, visitors, and staff. Art for Recovery was established by Dr. Ernest Rosenbaum in 1988. Seeking something to counter what he called "hospitalitis", he chose art as a diversion to focus people on life as they fought life-threatening illnesses.

This program gives patients and their families the opportunity to creatively express their fears, hopes, and methods of coping with their diseases and treatments. Art is used as a means of creative expression to promote and enhance recovery. Patients are individually assessed as to their interest and ability to express their feelings creatively. Inpatients are seen on a daily basis, outpatients are seen by appointment, and Clinic children are seen in small groups or individually, as time permits. Materials such as marking pens, watercolors, colored pencils, and collages are introduced and self-expression is determined by the patient from suggested themes. Exhibition of art is encouraged within the hospital setting to allow communication and sharing among patients and staff. This also serves as a touching tribute and memory to those who have died.

There is also an Art Cart available. Museum quality mounted posters are offered to newly admitted oncology patients at Mount Zion. The patients choose which prints they would like to have in their rooms and they may change prints at any time. The Art Cart is managed by volunteers who visit patients twice a week.

Funding is provided through various grants, private donations, the Mount Zion Medical Center Auxiliary, Cancer Care, Better Health Foundation, the University of California, and several Memorial Funds.

The Art for Recovery handbook is available to all patients at Mount Zion Hospital. The handbook offers creative activities and simple art lessons which are geared to the hospitalized patient.

Stanford University Hospital
Community and Patient Relations
Room H1514
Stanford, CA 94305-5224

ART PROGRAM

Contact: **Cynthia S. Miller**, Community Outreach Coordinator
Phone: (415) 723-8395

Stanford University Hospital is a 663-bed teaching hospital which opened in 1959. It celebrated its 30th Anniversary with a \$153 million new wing. Stanford University Hospital draws patients from nearby communities as well as from around the world.

The Art Program was initiated in three stages. First, in the early 1980's, the Hospital administration approved a sum for the purchase of a collection of ethnic art from countries around the world. These 74 pieces are displayed in the corridors of the older parts of the Hospital. Second, the Hospital Art Commission was created in 1986 to formalize the interest of Hospital board members and other Hospital leaders. This group devised a master plan for the Hospital's art and oversaw the assembly of the collection. Third, in 1989 a collection of twentieth-century art was donated by major benefactors to the Hospital for a new wing. In addition to the permanent collection and long-term loaned art, there is a rotating display which features artwork by physicians on the Hospital staff. This display is opened with a reception for the artist/physician and is rotated every three months.

The selection and installation of art for most patient and public areas is the responsibility of the Interior Design Coordinator, under the direction of the Director of Community Relations. A subcommittee of the Development and Planning Committee of the Board of Hospital Directors, staffed by the Director of Community Relations, has jurisdiction over the acquisition of major pieces of art.

At present, Stanford's Art Program is limited to the acquisition of art. Donated, purchased, or loaned art must be approved either by the Art Sub-Committee of the Board or by the Interior Design Coordinator. The Office of Medical Development must be involved in all situations concerning prospective or actual donors. Exterior art, as well as other changes to the exterior areas of the Medical Center, must be approved by the appropriate Medical Center committees as well as by the University Land and Buildings Committee. The Medical Center has an insurance policy with a \$25,000 deductible which covers the Center's buildings and contents.

An expanded art program is being considered to include such programming as art in patient rooms; staff orientation/education; self-guided tours for visitors and family members; closed circuit video tours on patient televisions; and a link with the University's art department.

Publicity for rotating exhibits is achieved through the Hospital bulletin and the University-wide "Campus Report."

SPECIAL AUDIENCES

P.O. Box 40

Miami, FL 33168-0040

Director: **Linda Williams**

Phone: (305) 681-1470

Special Audiences is a program division of PACE (Performing Arts for Community and Education) and was originally called H.O.P.E.-Life (Helping Other People Enjoy Life). Since 1974, the H.O.P.E.-Life staff has assisted in the development and production of hundreds of live performing arts events in rehabilitation institutions throughout South Florida, including hospitals, convalescent homes, clinics, senior centers, and others.

Performances include local professionals in music, theater, mime, dance, and puppetry.

PACE and Special Audiences are funded by Music Performance Trust Funds and corporate and private donors.

THE FOUNDATION FOR HOSPITAL ART, INC.

230 Hillswick Court
Atlanta, GA 30328

Executive Director: **John Feight**

Phone: (404) 393-2931

The Foundation for Hospital Art, Inc. is a nonprofit organization whose mission is to support and further the use and development of artwork, including paintings, murals, sculpture, and other art forms, in charitable hospitals for the comfort, healing, and well-being of patients and to aid and assist charitable hospitals in acquiring such artwork at no cost to these hospitals.

The Foundation was established in 1984 by John Feight. The Foundation, which is governed by a Board of Trustees and is assisted by 20,000 volunteers, has brought artwork to over 250 hospitals in 87 countries, including Africa, China, and the Soviet Union.

Funding for the Foundation comes from Hospital auxiliaries, corporations, local foundations, banks, church groups, civic groups, clubs, and associations and individuals.

SPECIAL AUDIENCES, INC.

1904 Monroe Drive
Suite 110
Atlanta, GA 30324

Executive Director: **Deborah B. James**

Phone: (404) 892-1123

Special Audiences, Inc. is a statewide nonprofit organization started in 1974 to help make arts and community events available to Georgia's disabled, disadvantaged, and institutionalized citizens. Originally affiliated with HAI (Hospital Audiences, Inc.), the program became independent in 1977. The organization initiates and coordinates arts programming which is performed within social service agencies and institutions by professional artists. They also provide tickets to cultural activities in Atlanta and throughout the state for clients of the agencies they serve. Special Audiences' philosophy is that these individuals should have access to the arts because the arts enhance the quality of life.

Special Audiences annually serves over 80,000 clients from 859 social service agencies and rehabilitation programs throughout Georgia. Agencies served by Special Audiences include those working with mental health patients; mentally retarded citizens; physically disabled individuals; children in foster care settings; persons in correctional institutions; people in alcohol and drug abuse programs; and economically disadvantaged citizens of all ages.

Special Audiences works with over 200 professional artists and arts organizations annually. Through Special Audiences' programs, arts organizations reach and develop untapped audiences. By working with special populations, artists have the opportunity to broaden their artistic capabilities.

Special Audiences serves only nonprofit agencies and institutions whose clients are in need of cultural programming. The only exception to this is private nursing homes in which a majority of the clients are medicaid eligible. Social service agencies must apply to Special Audiences' Agency Review Committee.

Special Audiences is composed of a board of directors, an advisory board, and six staff members.

Funding for Special Audiences' programs is made possible by the Georgia Department of Human Resources, the Georgia Council for the Arts and Humanities, Friends of Special Audiences, Fulton County Arts Council, City of Atlanta Bureau of Cultural Affairs, private corporations, foundations, ticket donors, performing artists and arts groups, and volunteers.

The Children's Memorial Hospital

2300 Children's Plaza
Chicago, IL 60614

COMMITTEE FOR THE ARTS

Phone: (312) 880-4000

The Children's Memorial Hospital is a 265-bed regional pediatric health care and teaching hospital in the McGaw Medical Center of Northwestern University.

In 1981 the Child Life Department initiated the Committee for the Arts as an outgrowth of a children's entertainment program started in the 1930's. The Child Life staff use outside resources (visiting artists, exhibits, etc.) to extend their own creative arts therapy program. Volunteers assist the program directors and the Child Life staff, and other hospital departments provide support services. Programs are formally evaluated by the Child Life therapy staff.

Funding is furnished in part by the hospital but is raised mainly from outside sources. A hospital auxiliary was established in 1984 to consolidate fund-raising efforts for the Visiting Artists Program.

Programming includes:

Weekly scheduled performances (paid and donated), including chamber music sponsored by the Chicago Symphony, dance, mime, magic, music, theatre, and demonstrations of visual arts;

Regular exhibits of children's artwork;

An annual "Children's Art and Health Fair" open to the community;

An Art Cart and Book Cart, for bedside art activities and reading material;

A children's and parents' library, with story-telling programs;

An educational program for patients on opera, in cooperation with the Lyric Opera of Chicago;

Display of art acquisitions and donations in public areas of the hospital;

Studio art and art appreciation classes for employees, sponsored by the Art Institute of Chicago;

Programming for children on CCTV, coordinated by the Audio Visual Department.

Monthly entertainment calendars and posters are distributed throughout the hospital.

Memorial Hospital
615 N. Michigan Street
South Bend, IN 46601

Cultural Arts Program
Coordinator: **Carl Ellison**
Phone: (219) 282-8616

Memorial Hospital is a 526-bed private nonprofit community hospital.

The Cultural Arts Program was initiated in 1980 by the hospital administration as a multidisciplinary enrichment program for patients, visitors, staff, and employees. A part-time coordinator was funded by the hospital. Programming included monthly art exhibits, weekly evening performances in the staff cafeteria, and ongoing acquisitions for the hospital's permanent art collection, funded in part with commissions from works sold.

In 1988 the part-time coordinator's position was eliminated and program delivery arrangements were revised. Since that time the hospital has contracted with a nonprofit community based art cooperative to arrange, hang, and publicize monthly art exhibits in the Hospital's Lobby gallery and its new Main Street gallery. Commissions from works sold continue to permit acquisition of permanent art. Staff art exhibits and exhibits in honor of events such as Black History Month are included among the monthly exhibits provided under this arrangement.

The University of Iowa College of Medicine
Office of Continuing Medical Education
Iowa City, IA 52242

LEARNING AT LUNCH

Director: **Richard M. Caplan, MD**
Phone: (319) 335-8598

The University of Iowa College of Medicine is associated with the University of Iowa Hospitals and Clinics.

Learning at Lunch was initiated in 1980 with a grant from the Association of American Colleges and continued under grants from the Iowa Humanities Board, the National Endowment for the Humanities, and private sources. The only current support is from private sources.

The goal of Learning at Lunch is to bridge the gap between the humanities and the sciences, primarily by drawing upon university faculty who can bring the humanities into the hospital for patients, visitors, staff, and students. This program is distinct from the medically related programs which the Office of Continuing Education offers to health personnel.

The program is carried out by the director and coordinator with guidance from an advisory committee. Various hospital departments provide support services, especially housekeeping assistance.

Programming includes:

Lectures by University of Iowa faculty members on a broad spectrum of topics: religion, psychology, political science, literature, history, dance, law, astronomy, music, etc. The series is presented in the hospital lobby during the noon hour, with discussion following the lecture. Speakers receive honoraria.

Humanities exhibits in the Health Sciences Library, senior staff dining room, and the main hospital lobby.

Flyers are sent to hospital faculty, departments, and students. Posters are displayed throughout the hospital complex.

The University of Iowa Hospitals and Clinics
Iowa City, IA 52242

PATIENTS' LIBRARY AND HEALTH INFORMATION CENTER

Patients' Librarian: **Robin Chambers**

Phone: (319) 356-2468

The Patients' Library is located on the eighth floor of the John Colloton Pavilion of the University of Iowa Hospitals and Clinics. The basic function of the library is to contribute to the recovery and rehabilitation of patients by meeting their needs for reading, listening, and viewing as recreation, as education, and as therapy.

The Health Information Center was added to the Patients' Library in 1988 for the following purposes: to provide information to help patients and their families and friends cope with an illness, condition, or injury; to promote good health through materials about diet and nutrition, exercise, and good mental health practices; and to allow access to organizations which provide information, resources, and support for patients who have specific diseases, conditions, or injuries and their families.

The Center began with Hospital funds designated for start-up and materials acquisition. Staff includes one full-time professional librarian and over thirty volunteers.

Programming includes:

A library of books, music and video tapes, and magazines; open Monday-Friday 9 a.m.-4 p.m. and weekends from 1-4 p.m.;

Co-sponsorship of children's programming.

The University of Iowa Hospitals and Clinics

E173 General Hospital

Iowa City, IA 52242

PROJECT ART

Director: **Deborah Burger**

Phone: (319) 353-6417

The University of Iowa Hospitals and Clinics is the largest of the nation's university-owned teaching hospitals. Located in Iowa City, Iowa, it is a 902-bed comprehensive tertiary-level health care center, serving 480,000 patients annually.

Project Art, an extensive hospital arts program, was initiated in 1978, following a feasibility study. The program's goals include: setting and maintaining aesthetic standards for works of art placed in the UIHC, promoting the visual and performing arts of Iowa, and encouraging individual expression and creativity.

Project Art is staffed by one full-time professional director, four half-time students, and 20+ trained volunteers. The volunteers work with the Art Cart service, the performance escort service, and sing with the UIHC staff choir, "The Heartbeats."

Funding comes from a variety of sources. Maintenance and expansion of Project Art's programs are funded in part by gifts and donations from individuals, corporations, service clubs, grants, and memorial gifts. Works of art are solicited and gratefully received from artists, art groups, and individuals as supplements to the permanent collection. All gifts and donations are tax-deductible contributions made through the University of Iowa Foundation. All Project Art events are free of charge and open to the public.

The UIHC participates in Iowa's Art in State Buildings Program (AiSB), which mandates that one-half of one percent of the cost of major state construction projects will be devoted to the acquisition of fine art. The focus of the collection has been on the decorative arts -- including contemporary glass, fiber art, ceramics, Native American art -- although the collection also includes many fine paintings, drawings, prints, and sculptures. Selections are made by The University of Iowa Art on Campus Committee under the auspices of the Iowa Arts Council. Additional support comes from an in-house Art Advisory Committee, which includes representatives from Project Art, Patient and Guest Relations, Administration, and the hospital interior design program, with ex officio members from the project user group and the project architect.

Performances have included: swing choirs, classical and popular music, barbershop music, brass and string quartets, gospel and folk singing, jazz bands, community theater, university theater, puppetry, mime, magic shows, dance groups, children's artists, poetry readings, and piano performances. With few exceptions, performers contribute their services for no charge. If any fees are required, monies are raised before the event through grants, gifts, and fundraisers. Thanks to the Volunteer Program, the UIHC has two grand pianos available for performers, patients, visitors, and staff.

Programming includes:

Monthly art exhibitions (both individual and group shows in varying media) in three areas of the hospitals, with coordinated lectures and demonstrations;

A permanent collection of 3,000 works of art, including outdoor sculpture.

An Art Cart which offers 700 framed prints for patient rooms;

Art supplies and instruction for individual patients;

Student sculpture exhibition;

Annual staff art show;

Annual two week folk arts festival of daily concerts, coordinated with lectures and exhibits;

Weekly performances of dance, drama, and music in public and patient areas;

Arts information clearinghouse, providing information about art activities in the university, the community, and the state to patients, visitors, and staff;

Poetry readings;

A patient and visitors activity center with rotating exhibits;

Occupational therapy with long-term patients.

The Project Art staff has developed performance evaluation forms and has carried out an art impact survey.

A printed brochure about the exhibits, performances, and other special events is distributed quarterly throughout the hospitals and to organizations and individuals throughout the state. Publicity is also achieved through the university's public information office, university and medical center publications, patient tray announcements, bulletin boards, and press releases to local newspapers and radio and television stations.

A Project Art booklet is available. It includes information about the origins, arts programming, performing arts, art cart, art instruction/supplies, art education/information, art rental, art inventory, the Art in State Buildings Program, the Patient and Visitor Activities Center, funding, and organization/administration.

The Johns Hopkins Medical Institutions

1620 McElderry Street
Baltimore, MD 21205

OFFICE OF CULTURAL AFFAIRS

Program Coordinator: **Christin Goodell**
Phone: (301) 955-3363

Activities by the Committee on Cultural and Social Affairs are based in the medical school for the benefit of students, staff, and employees.

The committee is comprised of a chairman, the program coordinator, and representatives from the university, the medical institutions, and area arts organizations. Various hospital and university departments, staff committees, and associations are also involved in project planning.

Through a grant from the Women's Board, the hospital CCTV system brings the Sunday Concert Series and selected mid-day performances to patient rooms. Other programs receive support from the William G. Baker Fund and the Maryland Committee for the Humanities.

Programming includes:

Regularly scheduled afternoon "Conversation Series" on varying topics;

Mid-day performances and presentations of magic, dance, music, and lectures;

Humanities seminars and symposia;

A Sunday Concert Series;

One person and group exhibits (occasionally juried) by local artists, faculty and students;

Performances by faculty and students;

A video library;

The William Henry Welch Lecture Series.

The National Institutes of Health

Building 10, Room 1C-369
Bethesda, MD 20850

Art Director: **Crystal Parmele**

Phone: (301) 496-8113

The Warren Grant Magnuson Clinical Center is the hospital for the National Institutes of Health, the Federal Government's primary facility for biomedical research. The fourteen-story building houses 500 patient beds, approximately 50 clinics, and more than 2,000 laboratories.

The Clinical Center art program began operations unofficially in 1984 to bring vitality to the bare walls of the outpatient clinics. The former Art Director, Helen Orem*, then an artist in the Medical Arts and Photography Branch of NIH, suggested that original art be purchased instead of photo-murals, with special emphasis on local artists to increase NIH's involvement within the community. Her suggestion was accepted, and she was asked to acquire art for the outpatient clinics and the inpatient units of the hospital.

The art program and the position of art director were officially established in 1987 as part of the Office of Clinical Center Communications. Program staff includes a director, an art specialist/gallery coordinator, an interior design coordinator, and a public affairs specialist.

The program runs six galleries with rotating shows. Every piece of art is approved by a jury before being included in a show. Each gallery has a different emphasis based on where it is located within the hospital setting. When a work is sold, the artist receives 80 percent of the selling price and the other 20 percent goes to a fund used to help financially strained patients and their families meet emergency expenses.

The Clinical Center also owns a permanent art collection of modern sculpture, imported folk art, heirloom quilts from the Depression era, and mural art from the New Deal era. In four years, the program has acquired more than 500 pieces of art representing every medium from oils to wood carvings.

Publicity for the art program consists of press kits, press releases, and gallery listings sent to local and national media and in-house publications. The art program also hosts cultural events within the hospital and schedules receptions for artists who request them. The changing art shows, receptions, and cultural events are publicized to patients, NIH employees, area residents, and local art patrons. Publicity includes invitations, flyers, tent cards, bookmarks, PA announcements, and listings in the computerized hospital events calendar.

*If you would like to contact Helen, she can be reached at 7 Leland Court, Chevy Chase, MD 20615.

The Children's Hospital

300 Longwood Avenue
Boston, MA 02115

MOBILE CARTS AND PATIENT ENTERTAINMENT PROGRAM

Program Coordinator: **Kathie O'Kane**, Director of Volunteer Services and
Barbara Feeney, Assistant Director of Volunteer Services
Phone: (617) 735-7885

The Children's Hospital is a 339-bed nonprofit comprehensive pediatric health care, research, and teaching center.

In 1975 the Volunteer Services Department (through private donations) initiated Mobile Carts and the Entertainment Program. It evolved as a means of reducing patient stress and was designed to become an integral support system within the therapeutic context. Programming is aimed at the pediatric patients but is open to parents and staff. Equipment, materials, and expenses for carts and entertainment are funded entirely through donations.

The program is coordinated by three full-time members of the Volunteer Services Department, who draw upon the 800 volunteers who work in the hospital for participation and assistance as needed. Professionals and amateur performers provide the entertainment.

Programming includes:

Five or six evening performances (donated or small stipend) each week in the Patient Entertainment Center representing a wide range of events: music, puppets, plays, magic, dance, and craft activity;

Art Carts containing hands-on bedside projects offered by trained art educators, studio artists, and graduate interns in art and expressive therapy;

Mobile storytelling carts, greenhouse carts, and Nintendo carts.

An entertainment calendar is published for each month and is circulated to the staff. Special signs are posted in the hospital. Volunteers tell patients about performances and serve as escorts.

A new patient entertainment center with a stage, juke box, permanent art work, aquarium, and state of the art audio visual equipment was dedicated in November 1987. Performances are now on live broadcast to patient rooms through the hospital cable television.

The Jordan Hospital
(managed by Quoram Inc.)
Sandwich Street
Plymouth, MA 02360

VOLUNTEER SERVICES

Director: **Suzanne G. Miller**
Coordinator: Lyn Chamberlain
Phone: (617) 746-2000 ext. 2075

The Jordan Hospital is a 182-bed private nonprofit community acute care hospital.

The Hospital's social services and volunteer services departments began this arts and entertainment program in 1979 to help keep elderly patients in touch with their surroundings. A coordinator was hired with federal funding through the local Elderly Services Program. The scope has since been expanded to include all patients.

At present the coordinator works in a half-time position funded by the Hospital. The Volunteer Services director and the coordinator work with trained volunteers, and support services are provided by various hospital departments.

Operating funds are provided by the Jordan Hospital Auxiliary, the local American Association for Retired Persons, and donations from employees and former patients.

Programming includes:

Weekly music performances in the hospital's solarium, with occasional performances in patient rooms;

Paintings and prints displayed in patient rooms and public areas;

Craft Cart visits to patient rooms three days a week with craft kits;

The nursing and volunteer staff provides the main communication with patients; the hospital newsletter also promotes programming events.

MUSIC SERVING THE ELDERLY IN NURSING HOMES, (MUSE)

14 Collins Rd.
Waban, MA 02168

President: **Paul W. Wiggin**
Phone: (617) 969-6873

MUSE was started in 1973, and today, its artists dedicate their talents to bringing the gift of song to residents of 240 nursing homes in Boston's inner-city and in eastern Massachusetts.

MUSE is a nonprofit organization locally supported by contributions from foundations, corporations, community groups, and individuals. Contributions are requested from each nursing home hosting a performance.

MUSE provides over 1500 concerts yearly for institutionalized elderly in nursing homes and adult health care centers in 100 towns and cities. Four hundred of those concerts were given for financially needy audiences, with no or low funding for arts programming, in chronic hospitals, hospice and adult day care centers, mental health clinics, and homeless centers.

MUSE has a permanent office, an executive director, an administrative assistant, and a staff of nine professional artists (five full-time and four part-time).

Publicity is achieved through the mailing of a quarterly publication, MUSEletter, to donors, individuals, churches, temples, corporations, and foundations.

University of Massachusetts Medical Center

55 Lake Avenue, North
Worcester, MA 01605

THE UMMC ARTS AND HUMANITIES COMMITTEE

Director of Volunteers and Coordinator of UMMC Gallery: **Margaret G. Cope**
Phone: (508) 856-2558

The University of Massachusetts Medical Center consists of a medical school, a 375-bed teaching hospital, a graduate school of biomedical sciences, and a graduate school of nursing.

Gallery programming began in 1978 when the Director of Volunteers asked five local artists to hang their works in the Medical School Lobby. Because the Medical Center campus is sixty miles away from the main university campus (located in Amherst), a need for cultural activities resulted in performing arts programming as well. The lunchtime programs are directed at staff and students, as well as patients and visitors.

The Arts and Humanities Committee is made up of medical center staff members. The Director of Volunteer Services serves as the executive director/administrator and gallery coordinator. Subcommittees (gallery, publicity, humanities, music, etc.) are chaired by members of the Committee.

Operating funds are raised by the Committee through special fundraising activities, solicited donations, an annual crafts fair, and a fifteen percent commission from exhibited works sold.

Programming includes:

Monthly exhibits of visual arts in the medical school lobby;

Monthly performing arts programs at noon;

Outdoor musical performances during the summer months;

Occasional humanities lectures at noon;

An activity cart for patients (through Volunteer Services).

The Gallery is regularly publicized through the Medical Center Office of Public Affairs with notices to area newspapers, TV, and radio stations. Other events are publicized in the medical center newspaper and by posters to all departments.

**Detroit Receiving Hospital and
University Health Center**

4201 St. Antoine
Detroit, MI 48201

Contact person: **Irene Walt**, Art Advisor
Phone: (313) 545-7353

Detroit Receiving Hospital is a 340-bed trauma hospital which replaced the old City Hospital. It is attached to Wayne State University and the four other hospitals of the Detroit Medical Center.

In 1976, Wayne State University and Detroit Receiving Hospital appointed a Joint Art Commission of eight members to oversee the incorporation of art in the new facility they were jointly constructing within the Detroit Medical Center. The express purpose of the Commission was to select appropriate artists whose work would be responsive to the goals of the project and to assist in funding major pieces. Eight major works were commissioned and installed by 1983. Compatibility with the architecture of the buildings and with the purposes they serve were the criteria for the selections.

The staff consists of a part-time art consultant with appropriate office and storage space and secretarial assistance. A permanent position for an art curator will eventually be established.

Additional painting and prints were purchased from other funds, were donated, or were in the collections of the Hospital and the University. The collection is now valued at more than \$500,000.

Programming includes:

Seven major works, two tapestries, and 500 prints, paintings, and drawings;

Art tours;

A twenty minute film of the installations;

The commissioning of a sculptor to make a large work of art for an empty courtyard.

Maintenance of and acquisition management for the permanent art collection totaling over 480 pieces valued at more than \$480,000.

Publicity includes:

A four month exhibit schedule which is printed and distributed throughout the hospitals, Medical Center, main campus, and community;

A monthly special events flyer which is printed and distributed on patient floors, mailed to Medical Center and Hospital departments, and posted in Hospital showcases;

Patient tray card invitations placed on meal trays the night before and the day of an event;

Announcements made Hospital wide on the PA system an hour before each performance;

Program information carried on the Hospital's closed circuit TV information channel;

Announcements in University and Medical Center publications;

Announcements sent to the local daily newspaper and city monthly magazine which list arts events and exhibits.

Bethesda Lutheran Medical Center

559 Capital Boulevard
St. Paul, MN 55103

VISUAL ARTS PROGRAM

Director: **Richard L. Hillstrom**

Phone: (612) 221-2200

Bethesda Lutheran Medical Center is a 298-bed private, church operated metropolitan hospital.

Visual arts programming started in 1970 with a one-time gift of \$2,000 from hospital volunteers which provided about 100 art reproductions for patient rooms. The objectives of the program are to provide a pleasant atmosphere for patients, staff, and visitors, to improve appreciation of art, and to offer community artists an opportunity to gain exposure.

The program is coordinated by one volunteer who contacts and screens community artists and installs exhibits.

Programming includes:

Two-dimensional works, such as paintings, drawings, prints, and photos, are displayed for sale in the hospital dining area. The exhibit area is open to patients, staff, and visitors but is locked during off-hours. A rider on the hospital insurance policy covers losses up to \$3,000 with a deductible;

Original artwork is purchased for public areas of the hospital through funds accrued from a ten percent commission on works sold from the exhibits.

The schedule of exhibits is sent to the local newspaper via the hospital communication department.

Mayo Art Program Committee

200 First Street SW
Mayo Foundation
Rochester, MN 55905

MAYO ART PROGRAM COMMITTEE

Chairman: **Jim Hodge**
Phone: (507) 284-3610

The Mayo Art Program began in the 1950's with the planning of the Mayo Building. It is intended to enhance the environment and complement the efforts of all Mayo people as they strive to serve patients and visitors effectively in a warm, compassionate, and human way.

The program is directed by an institutional committee and supported by a part-time art consultant funded by an annual institutional budget.

The budget for acquisitions is limited, so the clinic relies on friends, patients, and alumni for gifts of artworks.

Programming includes:

A permanent art collection housed in various buildings throughout the clinic;

Tours of the complex;

Art brochures to assist those on self-guided tours of the collection;

Rotating exhibits on a monthly basis by area artists in the employee cafeteria.

Memorial Hospital of Burlington County

175 Madison Avenue
Mount Holly, NJ 08060

PAVILION GALLERY - WOMEN'S AUXILIARY BOARD

Gallery Directors: **Pat Stefanini** and **Bette Johnson**

Phone: (609) 267-0700, ext. 3250

Memorial Hospital is a 402-bed private nonprofit community hospital.

The Women's Auxiliary initiated the Pavilion Gallery in 1980 to provide a stimulating and uplifting environment for patients and staff and to generate funds for program expansion. The gallery serves as a major display and sales opportunity for regional artists and as a community art center.

The two part-time directors, an office assistant, volunteers, and local artists (who donate up to one day per week) operate the gallery, which consists of a 1,600-square-foot indoor display space and a large open-air enclosed courtyard sculpture garden. The hospital also provides administrative and public relations assistance, security services, and other support services.

The Auxiliary received a seed grant from the New Jersey State Council on the Arts, with the hospital providing space, insurance, and various support services. Staff salaries and program operating expenses are covered by the Women's Board, grants, fund raising projects, and a 35 percent commission on works sold from exhibits.

Programming includes:

Rotating art shows, juried competitions, and invitational exhibits;

Coordinated "walk-talks," such as gallery tours, lectures, and craft demonstrations;

Weekly portrait painting demonstrations;

Art in patients' rooms, executive offices, and alternative spaces;

Support of the psychiatric art therapy program;

An annual arts/humanities symposium, supported by the New Jersey Committee for the Humanities;

An annual arts competition supported by the New Jersey State Council on the Arts.

Publicity for each exhibit is handled through local media as well as publications that serve the art community in the Delaware Valley.

Bellevue Hospital Center
First Avenue and 27th Street
Room 713 C&D Building
New York, NY 10016

ENVIRONMENTAL DESIGN PROGRAM

Art Program Director: **Denise J. Levy**
Phone: (212) 561-4391

Public Affairs Assistant: **Lorinda A. Klein**
Phone: (212) 561-4516

Bellevue Hospital is a 1200-bed acute general care and psychiatric facility.

In 1980, the administration initiated an Environmental Design and Art Program to improve the physical plant. Hospital spaces were redesigned by the city's finest interior designers. A committee of museum curators and university art professors selected art for purchase and commissioned young emerging artists for the renovated spaces. An environmental psychologist was on staff to assess through careful pre and post research the design needs of the staff, patients, and visitors.

Approximately 1500 paintings, sculptures, and works on paper are permanently installed, many of them donated by galleries, artists, and private donors. In some instances, banks and corporations donated funds for site specific art works. The art program is closely linked to the New York City Health and Hospitals Corporation and the Art Commission, who help reframe damaged pieces.

Funding comes from gifts, and the Art Program Director's salary is funded by the Bellevue Association, Inc., a nonprofit auxiliary.

Programming is largely devoted to the restoration and conservation of the art collection, and it includes:

Requests made for poster art from museums, which are distributed to the staff and framed for patient areas when there are funds for frames;

Sculpture displayed in the garden which faces First Avenue and which is viewed by thousands of people each day;

Art lectures offered in conjunction with New York City museum exhibitions;

Speakers who visit Bellevue and give free lunch-time slide talks to patients and staff in a casual setting.

Publicity is achieved through the art critic in the New York *Times*, and various articles which have appeared in *The Post*, *Photographic News*, *New York Magazine*, *Corporate Art News*, and other publications.

BREAD AND ROSES CULTURAL PROJECT, INC.

330 West 42 Street
Suite 1905
New York, NY 10036

Executive Director: **Moe Foner**

Phone: (212) 947-1944

Bread and Roses is an arts program developed by Local 1199 and National Union of Hospital and Health Care Employees, AFL-CIO, which brings cultural events directly to workers in their work places.

Bread and Roses has received support from the National Endowment for the Humanities, the National Endowment for the Arts, city and state arts councils, private foundations, and "in-kind" union services.

Programming includes:

Lunchtime performances of choral and theater groups in hospitals for employees and patients, featuring original musical revues based on materials developed at workshops with Union members;

Evening concerts;

Art exhibitions that have toured museums around the country and abroad;

Videotapes and films;

Publication of posters, books, etc.

(This program is separate and distinct from Bread & Roses based in Mill Valley, CA.)

CHANGE INC.
Box 705
Cooper Station
New York, NY 10003
Phone: (212) 473-3742

CHANGE INC., WEST
Box 480027
Los Angeles, CA 90048

Change Inc. is a nonprofit tax exempt foundation whose main function is to provide emergency financial and medical assistance to indigent artists of all disciplines in physical or economic crisis.

Robert Rauschenberg founded Change Inc. in 1970, and since that time the foundation has assisted hundreds of artists, including visual, dancers, sculptors, musicians, choreographers, etc. In 1979, a second branch, Change Inc., West, was founded in Los Angeles to assist West Coast artists. Emergency grants to individual artists usually vary from \$100 to \$500. In the first ten years, over \$500,000 in funds have been distributed to artists throughout the U.S., including medical care expenses.

In order for artists to receive funds from Change Inc., they must prove they are professionals in their field; that there is a medical or other emergency need for funds; and that they are unable to pay for the treatment or receive help elsewhere. In addition, a doctor's letter stating the specific care and treatment is required to qualify. A committee made up of artists, dealers, and other prominent people in the art world screens applicants and determines eligibility and amount of the funds to be given.

In the case of medical treatment offered as assistance, Change Inc. has developed a unique plan involving several hospitals in Metropolitan New York and Massachusetts. The hospitals involved in the project have agreed to provide free medical assistance to needy artists. Because of this, various collectors who have become aware of the program donate their art work to the hospital in recognition of the services rendered to needy artists.

A Board of Directors consisting of outstanding members of the arts community oversees the operations of Change Inc. The Board has developed expeditious ways to arrange for the quick reimbursement of funds since all eligible applicants are in an emergency or crisis situation.

The cost of administrative services are contributed by volunteers. Financial administrative costs are covered by donations from individual officers and members of the board and private individuals. All proceeds from sales and from special exhibitions where art work has been donated by individual artists are used exclusively to assist artists. Grants have also been received from the National Endowment for the Arts and from the New York State Council on the Arts, as well as individual and corporate patrons.

THE CIRCULATING ART PROGRAM

11 Creston Avenue
Tenafly, NJ 07670

Project Coordinator: **Lynn P. Thompson, M.D.**

Phone: (201) 894-0928

The Circulating Art Program was begun in the 1970s by Lynn Thompson at New York Hospital's Cornell Medical Center when a collection of 100 graphics was made available for use with patients by the accounting firm of Touche-Ross and Company. In 1987, a collaboration was worked out with Hospital Audiences, Inc. of New York. Dr. Thompson now provides information on a personal consultation basis.

The purpose of the program is to offer to patients art works or photographic enlargements that will be hung in their rooms to make them feel more comfortable and relaxed. Emphasis is on interaction between the patients and the trained volunteers.

In hospitals and nursing homes a mobile art cart is used to rotate the pictures to the patients. A light weight portfolio is used to carry artwork to individual homes in a hospice program.

Funds are obtained from service clubs and organizations, religious groups, auxiliaries, individuals, foundations, businesses, corporation grants, residents, families, memorials, as well as staff and administration. Donations of artwork are also accepted.

HOSPITAL AUDIENCES, INC. (HAI)

220 West Forty-Second Street

New York, NY 10036

Executive Director: **Michael Jon Spencer**

Phone: (212) 575-7676

HAI is a private nonprofit arts/social service agency providing cultural services for people in rehabilitative and institutional settings. Incorporated in 1969 by Michael Jon Spencer, HAI initially was funded through a series of foundation seed grants.

Programming originally focused on facilitating New York City hospital patients' access to cultural events both in and out of the hospital. Until recently HAI also provided technical and advisory assistance nationwide to individuals and organizations interested in setting up affiliated HAI programs.

Currently, through funds from city and state contracts and in-kind donations, HAI provides cultural services to NYC programs for the mentally and physically handicapped, psychiatric hospitals and clinics, drug treatment and prevention programs, nursing homes, and municipal, county, state, and federal correctional institutions.

HAI is coordinated by a board of directors, operated by a salaried staff of thirty, and incorporates the services of several hundred volunteers.

Programming includes:

Community Events Program - donated and discounted tickets to cultural and spectator events for individuals from institutions and treatment programs;

In-Facility Program - workshops and performing arts events in institutions where individuals are confined;

Summer Program - arrangements for handicapped and frail elderly to attend summer outdoor concerts in NYC;

Art for Healing - loans and donations of art works to rehabilitative institutions;

Advocacy Program - joint effort with Rockefeller Foundation to bring to public view various issues emerging from utilizing the arts in health and rehabilitative settings.

Hospital for Joint Diseases Orthopaedic Institute

Bernard Aronson Plaza
301 East 17th Street
New York, NY 10003

ART FOR HEALTH

Executive Vice President/Chief Operating Officer: **Reuven Savitz**
Phone: (212) 598-6000

The Hospital for Joint Diseases Orthopaedic Institute is a 200-bed nonprofit teaching hospital for orthopaedic surgery and rheumatology.

The Art for Health program was developed in 1977 by the hospital administration in response to the medical problem of returning patients to full ambulation following serious surgical procedures. The art gallery in the halls lures patients out of their beds and helps them to regain mobility after surgery.

The construction of a new facility in 1979 included provisions for placement of contemporary art. Through Change, Inc., the hospital receives artwork in exchange for free treatment of eligible artists.

The C.O.O. describes the program as "one of the largest medical facility art 'museums' in the United States," which includes works by Kadishman, Rosenquist, Dali, Picasso, Rauschenberg, Chryssa, and others, hanging along four miles of corridors on 20 floors of the hospital.

Programming includes:

Projectors installed in the corners of patient corridors which project museum slides and light shows onto screens built into the walls;

An art library cart which offers incoming patients a choice of works to hang in their rooms for the duration of their stay;

Art shows for the public in which distinguished artists are invited to mount their works at the hospital and display them for purchase in various areas of the hospital which are converted into art galleries for a limited period of time.

Publicity includes periodic television coverage of the hospital as an "art museum."

Duke University Medical Center

Box 3017
Durham, NC 27710

CULTURAL SERVICES PROGRAM

Director: **Janice Palmer**

Phone: (919) 684-2027

Duke University Medical Center is a teaching, research, and patient care complex with a 1,125-bed hospital.

Cultural Services was set up in 1978 by a group of physicians who wanted to use the power of the arts to encourage and console. Grants from the National Endowment for the Arts and the Mary Duke Biddle Foundation helped start the program to bring the arts resources of the community into the Hospital.

Staff consists of two full-time and one part-time paid positions. A number of students and volunteers work with the program throughout the year.

Programming includes:

Monthly one-person and group exhibits in specially designed display cases;

A permanent collection of paintings, prints, drawings, photographs, sculpture, fiber arts, and pottery displayed in patient rooms, public areas, and conference rooms;

Temporary site specific public art installations in an outdoor courtyard, that incorporate aesthetics and function;

Weekly literary lunchtime seminars, alternating between poetry and short stories, often with guest readers, open to the entire University population;

Cassette players and books on audiocassette tape available on loan to patients; the tape library emphasizes NC writers, some of whom have been recorded by Cultural Services with grants from the N.C. Arts Council;

An annual arts and crafts festival open to all University and Hospital employees;

Performing arts productions by and for employees;

"Room Service," where musicians perform occasionally on patient units;

A grand piano in the cafeteria played by music students and Duke personnel from time to time;

Improvisational drama on medical topics acted by Duke medical students, a project in collaboration with two other medical schools in North Carolina and funded by the North Carolina Humanities Council;

Projects with a neurosciences society dealing with creativity and the brain;

A special patient channel on the closed circuit television system which includes art programming and a computer graphics generated bulletin board of events and services in the Hospital and on campus;

Arts bulletin boards located in public areas around the hospital to provide information about events on campus and in the community;

Free tickets to performances for patients and their families, as well as for staff and medical students;

An Arts Medicine program that addresses the medical problems of artists, including clinical services, education, and research.

North Carolina Baptist Hospitals, Inc.
300 South Hawthorne Road
Winston-Salem, NC 27103

ART CART VOLUNTEER PROGRAM
Director of Volunteers: **Carolyn Connor**
Phone: (919) 748-4850

North Carolina Baptist is an 805-bed teaching medical center.

The Art Cart was begun in 1985 with a grant from the James G. Hanes Memorial Fund Foundation in Winston-Salem.

The Art Cart Program is designed to bring reproductions of famous art works into the rooms of hospital patients. A team of two trained volunteers on each floor takes a cart filled with a wide variety of prints to each patient on a weekly basis. The patient selects a print which is then inserted into a permanent frame mounted on the wall. Written information about the picture and the artist is offered to the patient. Upon request, the patient may change prints more frequently than once a week.

The Art Cart Program allows patients to have some control over the aesthetics of the hospital environment and is a factor in "humanizing" the patients' hospital experience. It also provides educational opportunities for patients. Lastly, visits by volunteers seem to send a message to patients that people really do care about them.

North Carolina Memorial Hospital

Manning Drive
Chapel Hill, NC 27514

Director, Recreation Therapy Services: **Dick Hatfield**

Phone: (919) 966-2301

North Carolina Memorial Hospital is a 600-bed university teaching facility and campus of the University of North Carolina School of Medicine at Chapel Hill. Patients are referred to the hospital from all over the United States, with referrals of foreign nationals not uncommon.

The General Recreation Program was initiated in 1988 under a grant from the Triangle Community Foundation. Costs are also underwritten by the House Staff Wives Organization and the Department of Recreational Therapy of NCMH.

The General Recreation Program is available to all patients, visitors, and guests and includes a monthly production called "The Arts Center Live at NCMH." During this event, performances of local artists are scheduled in the hospital. Performers include musicians, visual and graphic artists, dance/movement artists, story tellers, craftsmen, magicians, singing groups, humorists, dramatic artists, and art educators.

Other programming is decentralized, with activities and events scheduled by staff for the individual patient units they serve.

Pitt County Memorial Hospital, Inc.

P.O. Box 6028

Greenville, NC 27835-6028

PCMH AUXILIARY ART PROGRAM - ART BECAUSE WE CARE

Director of Volunteer Services: **Etsil S. Mason**

Phone: (919) 551-4491

Pitt County Memorial Hospital, Inc. is a 732-bed teaching hospital for East Carolina University School of Medicine and four schools of nursing. The hospital encompasses the Regional Rehabilitation Center, Children's Hospital of Eastern North Carolina, and Eastern North Carolina Psychiatric Hospital.

The PCMH Auxiliary Art Program was started in 1984 as an inexpensive way to show art, develop a permanent collection, and decorate the antiseptic hospital corridors.

Staff for the Art Program involves the cooperation of the Hospital Auxiliary, the Volunteer Services Department, and the Administration. The full-time Director of Volunteer Services oversees the Art Program and gets additional assistance from volunteers.

Funding for the Art Program comes from the hospital and the PCMH Volunteer Auxiliary.

Programming includes:

An Art Cart;

Monthly art shows from which a private collection is built and used for the Art Cart. Special shows have featured Black artists of North Carolina, student artwork from area schools, and employee artwork celebrating National Hospital Month. Each show represents one or more artists and contains 50 to 75 pieces. Most work is for sale. Artists may pay a 20 percent commission or donate work(s) to the private collection. The Auxiliary also purchases and/or commissions work for the collection.

Publicity includes news releases sent to the local media and photodocumentation of the openings of artist shows.

Metro Health Medical Center

3395 Scranton Road
Cleveland, OH 44109

ART STUDIO, INC.

Director: **Mickie McGraw**

Phone: (216) 459-5756

The Metro Health Medical Center, formerly Cuyahoga County Hospital, is a comprehensive acute care/rehabilitation facility of 775 beds, affiliated with Western Reserve University. MHMC provides a wide range of inpatient and outpatient services to a diverse socioeconomic patient population.

Art Studio, Inc., was founded in 1967 by George Streeter, MD, Chief of Psychiatry at Highland Rehabilitation Hospital and by Mickie McGraw, ATR. From the outset the Art Studio has been cooperatively administered and supported by the hospital and an independent Board of Trustees. Beginning with a specialty in physical rehabilitation and care of chronic medically ill patients, the studio expanded its services in 1978 to provide art therapy to a more diverse patient population, including oncology, dialysis, neurology, psychiatry, and substance abuse patients.

The focus of the program is on helping the individual express his or her feelings and adapt to medical problems, hospitalization, and disability through the art process. Patients are encouraged to make use of the facility, but participation is voluntary and instruction is given only on request.

Patient art work is matted and framed by the staff and exhibited in patient rooms, hospital display cases, and community galleries. Patients have donated works to a permanent collection. Other works have been "rented" for a year at a time to hospital departments as a fund raising event.

After several pilot programs, Art Studio's community program was developed in 1988. The Art Studio established a community based administrative office and studio at Fairhill Institute for the Elderly. Both individual art therapy and group sessions are held, with fees for services on a sliding scale.

The studio's art therapy programs are staffed by credentialed art therapists (ATR) assisted by volunteers and student interns. Currently three full-time and three part-time art therapists work under the MHMC and Fairhill programs. Each program's support is jointly shared by MHMC and the Art Studio Board of Trustees.

The Art Studio's Board sponsors a variety of self-help fund raising efforts throughout the year, including direct mail solicitations, an annual benefit, and sale of products created in the Art Studio's creative programs. Additional support for special projects comes from foundation and corporate grants.

York Hospital

1001 S. George St.
York, PA 17405

Musical productions - employee performances
Coordinator of Special Functions: **Bernie Buckler**
Phone: (717) 771-2321

York Hospital is a 592-bed public nonprofit regional teaching facility.

The employee performing arts program was conceived by the assistant director of the radiology department. It was given approval by hospital administration following a feasibility study by a committee and positive response from the staff. The purposes are to enhance congeniality among the staff and to raise funds to support special projects.

Employees audition for parts in these annual productions of selections from Broadway shows. The productions are coordinated by a professional salaried musical director and choreographer with assistance from hospital support services. The director, who is also Coordinator of Special Functions for the Food Services division, receives no additional salary.

Free performances are held in the hospital auditorium and clinical areas for patients, staff, and employees. Paid performances are given for the general public.

The performances are publicized in the hospital and community via posters and videotapes.

Le Bonheur Children's Medical Center

848 Adams Avenue
Memphis, TN 38103

KALEIDOSCOPE ARTS PROGRAM

Directors: **Janet Phillips**, Director of Marketing
Bebe Betz Pinkley, Art Therapist
Phone: (901) 522-3190

Le Bonheur Children's Medical Center is a private nonprofit 225-bed pediatric teaching hospital affiliated with the University of Tennessee, Memphis. Patients come to Le Bonheur Children's Medical Center from a 75 county, six state area. Over 96,000 patients are treated annually.

Established in 1985, the Kaleidoscope Arts Program brings the visual, literary and performing arts into the hands of its young patients. The program is an extension of Le Bonheur's commitment to excellence as it attends to the whole child, their needs and concerns along with the best pediatric health care available. Kaleidoscope endeavors to strengthen the child's sense of choice, enjoyment, communication, and self-worth through the benefits of Creative Therapies. This approach generates a positive effect on the child's journey toward health and wellness as it provides a safe, normal, child-oriented environment.

Kaleidoscope's function is to bring the Fine Arts, performances and exhibits, closed-circuit television programming and other creative outlets into the hospital for patients, their families and staff. The Program constantly seeks to build a network of performers, artists, and creative writers with special understanding and techniques for communicating with children. Activities are on individual nursing units, in playrooms, on the patio when weather permits, and even in the hallway when appropriate. Patients who have experienced the Arts through the Program often take with them the adapting and communicating skills inherent in the creative processes.

Le Bonheur patients are provided an opportunity to communicate and express themselves through individualized therapeutic sessions, spontaneous and formal group activities, and hospital-wide events. Therapists and college interns specializing in the creative fields work with other health caregivers throughout the growing facility. The visual arts, music, drama, creative writing, and dance compose the dimensions of this unique approach to health care which helps make Le Bonheur Children's Medical Center a very special place for children.

Vanderbilt University Medical Center

408 Oxford House
Nashville, TN 37232-4200

CULTURAL ENRICHMENT PROGRAM

Director: **Bunny Burson**

Phone: (615) 322-6636

Vanderbilt University Medical Center includes a 661-bed regional teaching hospital.

The Cultural Enrichment Program was initiated in 1983 with a \$10,000 grant from Aetna Life Insurance Company plus a \$20,000 donation to purchase art for the medical center. The program is designed to create a more comfortable and enjoyable atmosphere to reduce the stress felt daily by all members of the Medical Center community.

The program currently has a staff of one paid part-time worker and receives the assistance of volunteers and other medical center departments.

Funding for the Cultural Enrichment Program is through grants and private donations. Administrative costs are covered by Vanderbilt University Medical Center.

Programming includes:

Art in public areas, waiting rooms, patient rooms, and Medical Center departments;

Monthly exhibits in the mezzanine;

An art cart;

Demonstrations for the staff, visitors, and patients.

The University insures acquisitions with a \$25,000 deductible. Exhibits are covered under a separate plan.

Security frames locked to the wall are used for art in public areas.

Medical College of Virginia Hospitals

Box 510 M.C.V. Station
Richmond, VA 23298

ARTS IN THE HOSPITALS

Director: **Wayne Fitzgerald**
Phone: (804) 225-4706

Arts in the Hospitals, established in November, 1986, extends the Medical College of Virginia Hospitals' commitment to health care excellence and caring. Its goals are to offer the arts (visual and performing) as a source of cultural enrichment, to promote the visual and performing arts of the Commonwealth of Virginia, and to encourage individual expression and creativity.

The staff consists of two full-time employees including the director. Other help includes professional arts volunteers to teach individual patients and an occasional intern/volunteer from the psychology, museum studies, or art education department at Virginia Commonwealth University.

Programming includes:

Rotating art exhibitions (painting, sculpture, crafts, photography, drawing, printmaking) featuring artists from around the Commonwealth;

Regularly scheduled musical and dramatic performances;

An Art Cart or art print library for long term and non-ambulatory patients;

Free professional art instruction and materials for patients on an individual basis upon request and/or referral, and classroom art classes scheduled five times per week for patients and staff .

Arts in the Hospitals has also facilitated several projects including the "Mural" project for the Children's Medical Center and a School of the Arts mural project for the Emergency Room of the Main Hospital. A newly implemented "Music Activities" program has expanded the program's efforts into the Children's Medical Center and other pediatric treatment areas of the hospitals. A certified music therapist, through the Community School of Performing Arts, V.C.U., conducts special classes throughout the hospitals. This program receives special funding from the Children's Memorial Foundation.

Arts in the Hospitals also maintains a permanent collection located throughout the hospitals and the Massey Cancer Center.

Maintenance and expansion of Arts in the Hospitals is reliant upon gifts from corporations, foundations, service clubs, arts organizations, and individual and collective artists' groups.

Harborview Medical Center

325 Ninth Avenue
Seattle, WA 98104

HARBORVIEW ONE PERCENT FOR ART PROGRAM

Directors: **Lahar Goldberg** and **Tina Mankowski**

Phone: (206) 223-3000

Harborview Medical Center, owned by King County and affiliated with the University of Washington, is a 330-bed regional comprehensive medical care, teaching, and research facility.

In 1978, when King County residents approved a bond issue for capital improvement at Harborview, the One Percent for Art Program made available a substantial amount of money for the purchase of art for the Hospital. (King County's One Percent for Art Program designates one percent of capital funds for the purchase of art.) Subsequent projects have continued to generate money for art. The collection presently includes 154 pieces of artwork. The hospital contracts with a commercial company to install these works of art, protect them with a security system when necessary, and provide periodic maintenance. Some of the artwork in the collection has been commissioned for or donated to particular departments and is displayed permanently. Other pieces are part of a portable works collection and are loaned to departments and rotated periodically.

There is no dedicated staff for the art program at Harborview. It is managed by the Community Relations Department.

Also in 1978, a grant from the King County Art Commission funded the creation of a Performing Arts Program at Harborview, which presents free entertainment to patients, staff, and members of the surrounding (low-income) community. Initially the program, which is managed by the Recreation Therapy Department with assistance from Community Relations, depended on occasional donated performances. In 1984, another King County Arts Commission grant made it possible for Harborview to provide regular programming. Additional funding is now provided by the Firland Sheltered Workshop Fund and other donations.

The One Percent for Art program was used for the recently completed parking garage project where designs of tire treads cast in cement are used to decorate outside walls of the parking garage. A \$75 million building project is about to begin and once again, the One Percent for Art program will be available. A committee has been formed to establish philosophy and purpose, goals and objectives for the new project. In the next few months artists will come on board to work on this project.

Publicity for the Performing Arts Program is achieved through the King County Arts Commission's monthly newsletter and the general media.

University of Washington Medical Center

Art Program RC-34
1959 N.E. Pacific
Seattle, WA 98195

UWMC ART PROGRAM

Director: **Lynn Basa**
Phone: (206) 548-6308

University of Washington Medical Center is the teaching facility for the University of Washington Medical School. It is also a tertiary care hospital for Washington, Alaska, Montana, and Idaho. There are currently 450 beds.

In 1986, UWMC launched a comprehensive art program encompassing the performing and visual arts. The hospital views art as an integral part of the healing environment. The ability of art to reach the human spirit is what guides the development of the art program in all its aspects.

The staff consists of one art director and two half-time artists-in-residence. Volunteers circulate a book and poster cart among patient rooms. Pieces are selected for the art collection by an art committee, which is composed of rotating hospital staff members, and a UWMC Service League Board volunteer.

Funding for the art collection is through donations from the UWMC Service League and through individual contributions. The books, magazines, and posters for the cart are collected from businesses and individuals all over Seattle. The cart was specially designed by a University of Washington industrial design student.

Programming includes:

A permanent art collection, currently numbering over 170 pieces, with an emphasis on site specific and viewer-interactive art work;

An artist-designed Quiet Room;

An artist-in-residence program;

Performances by a Health Sciences staff chorus;

Musical performing arts events throughout the Hospital which feature jazz, classical, folk, and nostalgic music;

A poster and book cart; and

Loaned exhibits from sources both inside and outside of the hospital.

Publicity is achieved through tours, word-of-mouth, and local media, and there is a brochure about the program.

University of Wisconsin Hospital and Clinics

600 Highland Avenue
Madison, WI 53792

ART PROGRAM

Art Coordinator: **Joyce Gloeckler**

Phone: (608) 263-5992

The University of Wisconsin Hospital and Clinics is part of the Clinical Science Center, which encompasses five major facilities: the Main Hospital, Children's Hospital, the Medical School, the Nursing School, and the Clinical Cancer Center. The Hospital has approximately 90 specialty clinics in the main complex and in six area clinics. There are 18 acute patient care units in the hospital as well as five intensive care units. This 488-bed hospital provides medical treatment for more than 17,000 inpatients and 350,000 outpatients annually.

The University of Wisconsin Hospital and Clinics' Art Program has been in existence since 1978. The intent of the art program is to be an extension of University Hospitals and Clinics' commitment to provide a comforting, soothing, and restful environment for patients, visitors, and staff. Artistically aesthetic and emotionally uplifting art works are displayed throughout patient areas in the main complex as well as in outlying clinics. Disturbing and controversial art works are avoided. The rehabilitative role of hands-on art experiences and of music and dance presentations is being studied and considered for possible incorporation into the Art Program to further humanize the experience of medical treatment.

An Art Director and assistant with degrees in the arts manage the Art Program. All art works purchased for the hospital's permanent collection as well as all art works chosen for exhibition in the three gallery areas in the hospital are selected by the Director or assistant, with Hospital Administration willing and available to serve in an advisory capacity if invited.

Funding does not permit the exclusive purchase of original art, so a part of the collection includes posters, with all pieces being professionally matted and framed. The Art Program is funded through gifts and donations, a percentage from the sale of art works exhibited in gallery areas, and a general maintenance and acquisition budget.

Programming includes:

A permanent collection of over 1,775 art works with a long-term goal to build a collection of art works by respected Wisconsin artists;

Month-long exhibitions in two areas designated for rotating exhibits which are hung on a special security system;

An Annual Art and Antiques Auction featuring items from local galleries and artists, for the purpose of raising funds for the University Hospital and Clinics' Scholar Program, sponsored by the Friends of UWHC;

A new Inventory program on Database IV, designed by the Hospital's Informational Systems, to categorize the permanent collection, not only by artist, medium, inventory number and location, but also by style, content, size, and color, to allow for the grouping of art. This helps in the selection of art for different areas of the hospital and clinics and allows some mobility of art works throughout the hospital to freshen appearances of different Waiting Lounges.

Future Programming Plans:

Hands-on art experiences for patients, visitors, and employees through art instruction and demonstrations given by staff and regional artists and performers;

Music and Drama performances;

More educational, instructional, and historical art exhibits to be featured in the rotating exhibits in gallery areas;

More control over the interior design of the hospital, to promote a more unified and professional look to the environment and to provide more spaces for art.

Announcements of exhibits are provided by the artist to be featured in gallery areas and are sent to all local and University-related newspapers. Information for educational displays is researched and put together for display by members of the Art Program staff or by the sponsoring museum/exhibitor.

The British Health Care Arts Centre
Perth Road, Dundee
DD14HT Tayside
Scotland

Director: **Malcolm Miles**
Phone: 0382 23261

The British Health Care Arts Centre is the official national organization for research and development of the arts in health buildings. Government policy states that "Health buildings should be attractive visually...beautiful as well as functional." The Centre aims to see this policy implemented.

The specific goals of the Centre are to:

Improve the environment in all health care buildings by encouraging the development of art projects within them;

Initiate research towards a broad and sound theoretical base for the arts in health care environments;

Contribute to a climate of collaboration between all the professions involved in making environments for health care, for the greater well-being of all who use those environments.

In order to achieve its goals, the Centre's policy is to:

1. Provide advice, information, and consultancy to health authorities, and to arts organizations and projects working with health care;
2. Collect, collate, and evaluate information on existing practices of art within health care facilities, gathering and producing suitable documentation;
3. Publish material to advocate its aims through good examples;
4. Organize seminars, short courses, and conferences on the arts in healthcare;
5. Initiate a variety of research programs, in some cases in collaboration with other institutions or organizations in the UK or abroad;
6. Seek ways to bring together, in common projects and programs of research, members of the various professions involved in making the environment of health care, such as artists, designers, architects, planners, landscapers, and members of the health care professions;
7. Encourage and support (through information and consultancy) initiatives in education, mainly at tertiary level, which will assist the achievement of the Centre's goals;
8. Offer a channel for liaison and co-operation between other interested organizations, leading to a national centre for information and a means of sharing such information through a network of contacts.

The British Health Care Arts Centre is funded by the Gulbenkian Foundation, the Nuffield Provincial Hospitals Trust, The King Edward's Hospital Fund for London, the Chase Charity, the Scottish Health Boards, and English Regional Health Authorities.

St. Mary's Hospital
Hathersage Road
Manchester M13 0JH
United Kingdom

MANCHESTER HOSPITALS ARTS PROJECT

Manager: **Christine Bull**
Phone: 061-276-1234 ext. 6350

St. Mary's Hospital is part of a vast hospital complex, including the Manchester Royal Infirmary.

The Manchester Hospitals Arts Project began in 1973 when Peter Senior volunteered his service as an artist and a teacher to St. Mary's Hospital. The project now covers all the health service buildings of the Manchester area. His aims and those of the team of young artists which he later recruited are to improve the visual and social environment of hospitals, health centres, and clinics. The project's emphasis is on involving people within the hospitals by encouraging and developing their talents and creative impulses. The program abides by the conviction that the arts have a vital complementary role to play in the healing process.

Peter Senior left Hospital Arts in 1987 in order to set up a National Resource Centre, "Arts for Health." Hospital Arts is now jointly managed by an Artistic Coordinator and a Manager. Currently, nine people are employed on health authority contracts with the project, and several volunteers and students may be attached at any one time. The project's base is the Hospital Arts Centre at St. Mary's Hospital, which is open to staff, patients, and visitors for recreational use.

The nucleus of the team was formed in 1976 when four artists were employed by the Manpower Services Commission's Job Creation Programme, replaced by a team of five the following year. In 1978 no further M.S.C. money was available. During the initial years of the program, modest sums of money were made available to support the work, but the health authority was unwilling to commit itself contractually to a team of five artists and only very short-term contracts were issued at that time. The situation changed in 1980 when Hospital Arts received the first year of what was to be seven years' funding from Manchester/Salford Urban Aid Programme. This, together with the financial support of the Regional Arts Association and the health authorities, meant that for the first time there was sufficient financial stability and the team were given health authority contracts. An Advisory Committee was also established at this time.

In the health service reorganization of 1982, the Manchester Health Authority was divided into three districts. It was recognized that Hospital Arts had a role to play in all three districts, and fees from these districts were negotiated to replace the funding from the single Manchester Health Authority.

Funding for the project has come from a variety of sources including the Gulbenkian Foundation, the Granada Foundation, and the Greater Manchester Council. The project receives substantial funding from the Department of Environment Inner City Partnership Scheme. An annual grant is also received from the Regional Arts Association and a financial contribution is made by the three Manchester Health Authorities who also house the Project and cover all overheads.

Programming includes:

Visual artwork in a variety of media--murals, paintings, glass painting, textile pieces, mosaic, exhibitions, photography--which are circulated around wards, corridors, and waiting areas;

Arts workshops for staff and patient groups;

Kinetic playboards that stimulate and keep children occupied;

Live performances and demonstrations including poetry readings, musical concerts, theatre groups, mime, puppetry, magic, and textiles and fabric work;

Music and performance workshops for patients suffering or recovering from mental illness;

Patient visits to art galleries;

Residencies for artists and craftsmen;

Slide-tape shows presented in waiting areas which contain simple messages for parents and children to help improve standards of hygiene, safety, and common sense;

An arts centre with a painting and sculpture area, a comprehensive darkroom, and a slide-tape viewing room.

Graphic artwork, design, and layout is done for internal publicity and promotion. Photography is used for purposes of documentation and for public relations.

THE ARTS THERAPIES

The arts therapies deal with the psychosomatic side of illness. The purpose of all arts therapies is healing through non-surgical, non-chemical methods. By combining the arts and psychology, arts therapies present patients with alternative approaches to probing the causes of illness and courses for healing.

Arts therapies have gradually been transformed from simply diversions for sick patients to full-fledged medical methods of treatment conducted by trained arts therapists. All the arts therapies have certified training programs, some affiliated with schools of medicine and others in independent institutes.

The following is a list of national art therapy associations:

American Art Therapy Association, Inc.
1202 Allanson Road
Mundelein, IL 60060
(708) 949-6064

American Association for Music Therapy
P.O. Box 80012
Valley Forge, PA 19484
(215) 265-4006

American Dance Therapy Association
2000 Century Plaza, Suite 108
Columbia, MD 21044
(301) 997-4040

American Expressive Therapy Association
516 Fifth Avenue, Suite 507
New York, New York 10036
(212) 575-1234

American Society of Group Psychotherapy and Psychodrama
6728 Old McLean Village Drive
McLean, VA 22101
(703) 556-9222

International Association of Artist-Therapists, Inc.
Two Pennsylvania Plaza, Suite 1500
New York, NY 10121
(212) 575-1234

National Association for Drama Therapy
19 Edwards Street
New Haven, CT 06511
(203) 498-1515

National Association for Poetry Therapy
c/o George L. Bell
First Presbyterian Church
225 Williams Street
Huron, Ohio 44839
(419) 433-5018

National Association for Music Therapy
505 Eleventh Street, S.E.
Washington, D.C. 20003
(202) 543-6864

National Coalition of Arts Therapy Associations
19 Edwards Street
New Haven, CT 06511
(203) 453-0876

ACKNOWLEDGEMENTS

Our deep gratitude goes to James H. Semans, MD, Wayne Rundles, MD, Roscoe Robinson, MD, and William Anlyan, MD, for bringing the Cultural Services Program into being; to Andrew Wallace, MD, Duncan Yaggy, Bill Donelan for keeping it going; and now to Ralph Snyderman, MD, for encouraging it onward.

And to Mary D. B. T. Semans, Albert Heyman, MD, Frank Neelon, MD, and Patrick Kenan, MD, thanks for their generosity, imagination, and loyalty.

To Cultural Services staff members Renee Robison, Colleen Carrigan, Carolyn Shafer, and Karen Bowers, thanks especially for their work on the survey of hospital arts programs.

To other staff members and consultants, past and present, Jere Farrah, Lorraine Hill, Cedar Koons, Vic Lukas, Oren Marsh, Sam Morrison, Kate Murphy, Ruth Roberson, Joy Javits Stewart, and Delores Taylor, thanks for their talents and energy.

To all the student helpers who have enlivened the CSP office over the years and to the volunteers who make CSP truly a community effort, warm thanks (especially to volunteers Judith Snyderman, Martha Bellamy, and Leslie Webb for helping to get the Handbook over the finish line).

Scott Byrd, Sharon Larkins, and Doug Zinn have given us ongoing encouragement and right-on-target suggestions. Arts administration colleagues Margaret DeMott, Michael Marsicano, Jean McLaughlin, and Ella Fountain Pratt have generously shared their expertise. And Wes Aiken, Donna Fischer, Gloria McAuley, Andy Puckett, and John Robinette have contributed more than they know.

Of course we are forever beholden to the Mary Duke Biddle Foundation (for the Handbook as well as the program) and to the National Endowment for the Arts, the North Carolina Arts Council, the North Carolina Humanities Council, the Duke Endowment, and the Duke-Semans Fine Arts Foundation.

Without the artists, there could be no program. And there would be no Handbook without the cooperation of our colleagues in other health care institutions.

Thanks to Patricia Turlington for permission to use her painting "Landscape" for the Handbook jacket, to Dev Palmer and Candace Tucker for patiently leading us through the mysteries of the computer, to the Consortium to Establish a Registry for Alzheimer's Disease (CERAD) for the use of their Macintosh, to Tony Hayes and Dot Stephenson of Duke Publication Services, and to Smithfield Printing Co.

And to our loving and supportive families, the lion's share of our thanks, because in recent weeks they've put up with the leftovers of our attention.