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About the Study

In March 2003, the Society for the Arts in Healthcare (SAH) and the National Endowment for the Arts brought together 40 experts in medicine, the arts, social services, media, business, and government to develop a strategic plan for advancing cultural programming in healthcare across the United States. Participants agreed that a critical first step must be to determine the current level and characteristics of arts activities in healthcare, beginning with a focus on hospitals. An electronic survey was sent to the membership of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which includes approximately 90 percent of all hospitals in this country. More than 70 percent of JCAHO's membership responded, a surprising and encouraging response. A further random sampling of SAH health agency members indicated that many hospitals with arts programs did not respond, demonstrating that the survey findings are very conservative.

Cultures of Care: A Study of Arts Programs in U.S. Hospitals

By Naj Wikoff

Introduction

The ability to comfort, console, and sustain is one of the most enduring qualities of the arts. They can also give voice to our deepest fears, our feelings of loss, and our hopes for the future. Increasingly these qualities are being put to use in hospitals, hospices, and other health centers. Paintings decorate the corridors of rural and urban hospitals, musicians perform in lobbies, and banners hang from the ceilings. In care units, musicians travel from room to room with guitar, violin, flute, or harp in hand offering their time and talent. In some hospitals, nurses share their latest poetic creations over lunch. Medical students, working with a painter, bring drawing pads and watercolor paints to children in a pediatric unit. Patients meet in a solarium to work on a quilt or sit in a circle and use improvisation to tell a story. For people in high-stress situations—whether they are patients, families, or health care professionals—the arts provide an outlet for emotion that aids in healing and acceptance.

The use of the arts in health care is not limited to hospitals. Immediately after the September 11 terrorist attack, artists were deployed to New York City schools by ArtCares to help children express and address their emotions of having witnessed the horrific events on television and, for some, out their school windows. In Rochester, NY, jazz musician Gap Mangione and his trio often visit nursing homes and other elder care facilities to engage the residents in music. Each fall at a weekend retreat, storyteller Fran Yardley uses the art of storytelling to help

Olive's Story

When Olive* accepted my invitation to draw her first picture, it was as if she opened a window into her own world. She drew "mom" and "dad," a thin rendition of herself between the two, a lopsided view of her brown house, plus a peculiar red form, twice as big as the house and encircled in yellow crayon. "Olive, what is this?" I probed, pointing to the red shape. With neither hesitation nor sorrow, she matter-of-factly informed me that the dominating object was the hospital, an indelible aspect of the only world she has ever known.

Losing herself in her artwork, Olive is able to drown her pain as paint kisses page and a sweet sense of freedom surfaces from the fibers of the paper. She breathes this in fiercely and perseveres, as her hours-long chemo Thursdays fade into each other. With each session, this little girl unknowingly proceeds to brighten the entire room. There is a beautiful healing process in motion here.

— Kristen Belano, ArtCare volunteer
Children's Hospital at Dartmouth

* Name has been changed

women living with cancer learn how to express their anger, courage, and joy. This past spring more than 80 medical students spent their lunch hours creating tiles that will soon enhance the walls of the Dartmouth Medical School.

The arts are becoming an established part of the nation's health care system. Indeed, approximately 2,000 U.S. hospitals (slightly more than 50 percent) have arts programming, according to the survey organized by the Society for the Arts in Healthcare and Americans for the Arts in cooperation with the Joint Commission on Accreditation of Healthcare Organizations (see page 1).

While it was expected that paintings, prints, and other artworks displayed on the walls would make up the majority of hospital arts programs—and indeed more than 73 percent have permanent displays of art—nearly half of the hospitals surveyed (48 percent) present performances in lobbies and other public spaces, while 36 percent have bedside activities and 55 percent have arts activities geared for the health care staff.

An 8-year-old patient at Jacobi Medical Center in New York City illustrates why she needs surgery.



Focus on Patients

The primary purpose of hospital arts programming is to benefit patients (78.8 percent of programs), specifically to be a part of their mental and emotional recovery (72.8 percent). One of the consequences of our medical technology is that diseases once considered a death sentence, such as cancer or AIDS, instead may mean a long life—but a life that is different and poses many emotional challenges for the patient. The arts are an important means for a patient to come to terms with his or her new set of circumstances and help the healing process.

Arts programs in hospitals serve multiple audiences. Not surprisingly, the great majority of programs (more than 96 percent) are designed to serve patients directly. Fifty-six percent of these activities also include the patient's family members. In the Hematology Oncology Clinic waiting room of Massachusetts General Hospital in Boston, artist-in-residence Joan Drescher wheels in her "imagination station." Adorned with kites and bells, filled with all manner of arts and crafts supplies including feathers, dyes, and sparkles, Drescher gets everyone into the act of making creative hats and other projects designed to help young patients and their families cope with hair loss in a more positive way. She also takes the cart into the clinic and engages young patients in creating art while they receive treatment. The resulting artwork is displayed in the care unit along with a personal photo and an artist statement written on the spot. Monthly ice cream art openings are held, bringing together patients and their families to foster networking and build support systems.

In an atmosphere where the patient often feels out of control, the arts can help. Approximately 25 percent of patients in the hospitals surveyed can choose what art they want displayed in their hospital room, how they want to express themselves creatively, or what artists they want to visit their room. The visiting artists provide even more

choices—patients can elect to have a musician perform or not and choose from the list of songs in the musician's repertoire. They also serve to distract patients from pain, reduce loneliness, and provide opportunities for self-expression.

One of the clients was over 100 years old, a former suffragette who had had a stroke and was unable to speak. We would bring her to workshops so she had something to do. One day I saw her in the hall. "Are you coming to the poetry workshop?" I asked. "I certainly am!" she replied with alacrity. I mentioned to the staff that the woman was speaking. They denied that this was possible, but when I returned a week later they agreed, she was talking again.

— Betty Mark
Hospital Audiences, Inc.
New York, NY

Uplifting Environments

The arts are also used to create a more uplifting environment. More and more hospitals create a welcoming atmosphere and build community relations by commissioning and displaying local artists' work. Thirty-two percent of the hospitals that responded to the survey have rotating exhibits, many by local artists. At the Dartmouth Hitchcock Medical Center in Lebanon, NH, the hospital has a minimum of three rotating exhibits by community artists on display at any given time, as well as displays of art by hospital staff. The works are for sale with a modest commission by gallery standards, with proceeds used to help support the hospital's arts programming.



A three-dimensional ship decorates a wall at the Alaska Native Service Hospital in Anchorage, AK. Photo courtesy of the hospital.

Several hospitals, such as the Vanderbilt University Medical Center in Nashville, TN, and the University of Michigan Medical Center at Ann Arbor, have actual galleries to display art by local artists and to showcase traveling exhibits.

These installations have made an impact, particularly on long-term patients. A patient at Seattle's University of Washington Medical Center wrote of its art exhibits, "I've been to the hospital many times in recent years. When I come to the hospital for an appointment, I leave the doctor's office with nothing. I have no idea what the diagnosis will be, or when I know, if I will live. I'm not me. I'm nobody. I'm my illness. I'm nothing. Then I see the artwork and I walk down the gallery. I start to see things. I notice things. Then I walk past the artwork a second time, and I notice more. I start to feel again. I walk past the gallery a third time and then I am one. I am back. I am myself again. I have an identity. I have a life. That's what your galleries do for me. I want you to know what they have meant to me."

In many hospitals, patients' family members can take part in activities to help them relax, express their emotions, or take their mind off their concerns while they wait. Twenty-four percent of hospitals with arts programs regularly schedule events in the waiting rooms. These programs tend to focus more on the patient's family, but do include patients who are waiting for the results of an exam or to see a physician. Waiting rooms can

be places of heightened stress, particularly an emergency room where opposing sides of an accident or altercation may be forced to share a space while their loved ones are being treated.

They can also be a place of boredom. Many hospitals have interactive arts activities and artists in residence who engage with the people waiting. Poet Verandah Porche, who has worked with hospitals in Vermont and New Hampshire, pulls out her laptop and engages people in conversations. Simple leading questions ranging from "Have you ever written a poem?" to "Can you describe the smell of your favorite room?" often lead to time slipping by and a shared emotion expressed and printed out in poetic form.

Poems not only help make time slip away and provide a break from pain, but they can also provide insight and help us see reality differently:

The missing legs
of the amputee
are away somewhere
winning a secret race

—From *The Handicapped* by Philip Dacey

Poetry can be a valuable tool for examining and getting in touch with the true nature of one's psyche. There's power to words. They can build or destroy. They have to do with our thoughts and language and who we are. That's what's unique about poetry and writing: It's an invitation to stop time and reflect, give ourselves permission to look at ourselves, and invite others to see us not as they project us, but as what we really are.

— Diane Kaufman
Assistant Professor of Psychiatry
University of Medicine and
Dentistry of New Jersey

Caring for Caregivers

The primary purpose of a hospital's arts program is to serve and support patient healing, but 55 percent of the programs surveyed also focus on the hospital staff. The hospital atmosphere can be challenging to employees. Doctors and nurses are expected to see more patients in less time; stay current with rapid advances in health care; and work in an increasingly regulated atmosphere where death, disfigurement, and dealing with anxious patient families are part of the working environment. Staff turnover and burnout are high. To combat this, hospital arts managers are focusing activities on staff as well as patient well-being. Additionally, 36 percent of arts programs also target hospital volunteers, who are giving of their time in an environment where saving and rebuilding lives is a daily requirement.

Underscoring the importance of arts programming for caregivers, the Society for the Arts in Healthcare recently published *Caring for the Caregiver*, which examines programs in both the United States and Japan that are designed to create a more relaxing environment, help personalize hospital spaces, and provide health care workers an opportunity for creativity and self-expression that allows them to leave their emotions at work instead of carrying them home. The challenges of care giving are not confined to the hospital. The 1997 U.S. National Family Caregiver Survey found that nearly one in four households was involved in caring for a spouse, relative, or other person older than age 50. Cancer, Alzheimer's disease, diabetes, and end-of-life care are among the many challenges family members face as a result of reduced hospital stays, extended lives, and the prohibitive costs of nursing homes for many.

Excluding the design of the built environment, music is the leading tonic for staff at 75 percent of hospitals with arts programs. They might see and listen to a musician who performs in care units, hear recorded music during or after work, or participate in the creation of music themselves.

Excerpt from a presentation by Shanti Norris, executive director of the Smith Farm Center for the Healing Arts in Washington, DC, in *Caring for the Caregiver*.

In our retreats for doctors, they often speak of the deep caring they felt they could not show to their patients or speak of to other physicians. Such behavior is considered unprofessional. Doctors are alone with these emotions and isolated from other physicians and caregivers because of them... Doctors who come [to our caregiver retreats] often speak about their burnout in terms of not caring. They often don't even know they are burned out, but say that they have come to a place where they see so much happening in front of them, but they don't seem to care about anything anymore. Yet people who really don't care are rarely subject to burnout. Psychopaths don't burn out. Nor do tyrants or dictators. Only people who really do care can get to this place of numbness. Dr. Rachael Naomi Remen often says we burn out not because we don't care, but because we don't grieve. We burn out because we have allowed our hearts to become so filled with loss that we have no room left to care. And burnout only really begins to heal when people learn how to grieve. Creativity can help this process.

The Sound of Science

The Life Sciences Orchestra (LSO) at the University of Michigan Health System (UMHS) prides itself on breaking down boundaries—between nurses, students, scientists, and physicians—as well as the worlds of music and health care. While there are other orchestras made up of doctors, the LSO is only life sciences orchestra in the country, drawing members not just from medicine but also from pharmacy, dentistry, nursing, bioengineering, and the basic sciences. Now entering its fifth season, the LSO claims many distinctions. Last year's music director just won a prestigious conducting post; the orchestra released its first professional CD; and it found a new conductor, John Goodell. "One of my greatest passions is sharing music with others," Goodell said. The LSO post gives him a chance to do that and he praises the orchestra for "encouraging musicians and audiences alike to recognize that music is vital and relevant to everything we do."



Soloist Kent Rice with the Life Sciences Orchestra at Hill Auditorium, University of Michigan. Photo by Paul Jaronski.

The program started when a medical resident and students approached Gifts of Art Director Elaine Sims about forming a symphony orchestra made up of people in the life sciences field at the University of Michigan.

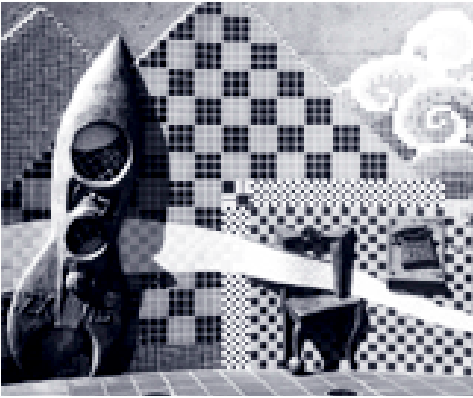
"When I first heard the idea, I said, 'This is crazy,'" said Robert Bartlett, professor in the Department of Surgery, director of the Surgical Intensive Care Unit, and chief of the Division of Critical Care. "All the medical people are so busy. It seemed like a pipe dream. But just getting together to play in a symphony orchestra sounded great." So, in 2000, Bartlett added one more to his long string of titles: bass violinist with the LSO.

Sims sees the orchestra as an important element in the Caring for the Caregiver movement. Doctors, nurses, and other health care professionals need a creative outlet to balance out the intense requirements of their jobs.

"If you play music or listen to music, you're resting the part of your brain that focuses on problem solving," she said. "When you come back to the task at hand, you perform better."

The orchestra also gives faculty, staff, and students a chance to play side by side, said Kara Gavin, media manager for UMHS Public Relations and a French horn player in the orchestra. "You get undergrad students who hope to be doctors one day, playing next to the chief of surgery."

Bartlett likes that. "For those of us who are the professors, it's a great leveling influence," he said. "Nobody cares what you do during the day; it just matters how well you can play your instrument."



Sculpture greets patients and visitors at the main entrance to Children's Hospital in San Diego, CA. Photo courtesy of Aesthetics, Inc., 1994.

Several hospitals are known for their orchestras, chamber groups, and vocal ensembles that feature medical personnel in their ranks. The Swamp Coolers, a bluegrass ensemble that includes two doctors, performs for patients at the University of New Mexico Hospital in Albuquerque. Indeed, many medical professionals participate at the hospital as members of “roving rejuvenators,” musicians who take their keyboards, harps, and other instruments into waiting rooms, doctor’s lounges, or care units and use their talents to uplift the spirits of staff and patients alike. The Sacred Heart Medical Center in Eugene, OR, has two harpists on staff who have been trained to help terminally ill patients and their families accept their situation. Jane Williams, a nurse at Sacred Heart, described what that music meant to her 87-year-old mother. “The music eased her tremendously. My mother’s whole being relaxed into the bed.” The music affected Williams profoundly as well. “It was like arms,” she said, “It was this wonderful thing that supported me and held me. I don’t have words to say how much it helped.”

At 70 percent of the hospitals surveyed, engaging medical staff in crafts projects is the second most popular means of giving them an emotional release, followed by visual arts activities (64 percent) and creative writing (38.5 percent). Not all arts activities for staff and patients take place in the hospital or use paint and music. Thirty-two percent of hospital arts programs include healing gardens. San Francisco-based landscape architect Topher Delany is a cancer survivor who felt that

gardens played a strong role in her own recovery. Delany has designed five healing gardens, the first at the Marin Cancer Institute in Greenbrae, CA. “No one really expected how positive an influence it would have on our patients and staff,” said radiation oncologist Francine Halberg. “It offers a visual solace, a connection to nature, and a sense of peace. The spirit of the garden is growth and renewal, where one can feel connected instead of isolated.”

At the San Diego Children’s Hospital, Delany designed the Leichtag Family Healing Garden, dominated by a 40-foot-long, towering tubular steel-framed dinosaur named Sam, after nine-year-old patient Sam Burt. The garden includes starfish benches, giant umbrellas, a blue-tiled sea horse fountain, a wall filled with more than 350 animal tiles, and flowering plants.

One of our receptionists told me that the music brought a feeling of peace to the waiting area. The musician also had a very healing effect on a man who was once a renowned artist in his home country, but now suffers from post-traumatic stress after being tortured before his escape to the U.S. Being able to listen to the music and then play with the instrument himself reawakened a joy he had not experienced in a long time.

— Abigail Halpern, MD, MPH
Harborview Medical Center
Seattle, WA

Hospital Arts Program Staff

Paid staff run 79 percent of hospital arts programs. Their challenge is to organize exhibits, recruit and train artists and arts volunteers, and fit their arts activities into the highly structured hospital environment. They have to be mindful that some art doesn't work in a hospital setting. Paintings that are challenging, confrontational, and emotionally charged may be ideal for a gallery, but a hospital needs art that is calming, meditative, and uplifting. Some art will be selected, in part, for practical purposes—major symbols that can be used as landmarks to help people navigate the maze of hospital corridors. Art in a hospital is often rotated to help freshen spaces for staff and long-term patients. It has to be installed carefully and made of materials that won't be damaged by gurneys, the cleaning staff, or hospital carts, and that meet fire safety codes. Artists working in care units must research materials to ensure that they contain no chemicals or other harmful ingredients, and that they can be



Based on the theme "The River of Life," the chapel at Scripps Mercy Hospital in San Diego incorporates local artwork, including this water-wall fountain, and provides a sacred and inviting haven for meditation, prayer, and healing. Photo courtesy of Aesthetics Inc., 2001.

easily cleaned up. Artists and arts volunteers need to be prepared to deal with issues of confidentiality and emotions of experiencing death and disfigurement. They need to give patients choices, letting them to decide if they want to listen to music, participate in a poetry project, or create a clay tile. Artists and volunteers also have to plan their activities around the rhythm of the hospital, which can include scheduling arts activities for staff during lunch and for patients where the need is greatest—one day it may be in pediatrics and the next in oncology.

Those working in hospitals are a mix: arts therapists (music, poetry, movement, and visual artists who have been trained to use their art to support measurable therapeutic results), and artists, volunteers, and others who either share their talents or help patients and staff express their own creativity without an intended therapeutic result. Eighty-one percent of hospital arts programs use arts therapists, 69 percent use volunteer artists, and 55 percent use paid artists. In many hospitals, arts therapists and artists work together. Artists work equally with health care staff and patients, while arts therapists are more focused on patients. Volunteer artists often are visiting musicians and choirs that perform in hospital waiting rooms, lobbies, care units, and cafeterias. It is common to find a musician—often a volunteer—playing the piano in a hospital lobby to create a welcoming and relaxing atmosphere while paid artists and arts therapists are working directly with the patients.

Hospital arts programs are largely funded by the hospital itself, with 66 percent of their budget coming out of the general fund. Twenty-six percent of programs receive support from an endowment fund and 16 percent from arts patrons. Underscoring the value of the arts in generating press, 12.4 percent receive funding from the hospital's public relations department. Volunteer service organizations, which can include gift shops run by the hospital auxiliary, support 40 percent of hospital arts activities. Hospital arts program funds are often extended

by developing partnerships with outside arts agencies. Half of the programs partner with community arts groups, including visual arts associations for rotating exhibits, college and community performance halls for visiting musicians, high schools for choirs, dance companies for movement artists, and writing centers for poets. Naturally, many local arts councils provide one-stop shopping for hospital arts programming.

“This level of arts activities is both a validation of our efforts to promote the value of the arts in health care and a call for greater service,” said Gay Hanna, executive director, Society for the

Arts in Healthcare. “When asked how many hospitals have arts programs, we can now answer with confidence.” SAH and Americans for the Arts will be working together to investigate the data and identify trends. Are there different funding patterns between urban and rural hospitals, differences in activities, or innovative new programs? These are important questions to the field. SAH is already modifying the content of its workshops and planning a broad array of regional meetings to help bring training, seminars on funding and research, and networking opportunities to hospitals and arts agencies throughout the United States.

The Picture of Health

When we first started bedside art at Sylvester Comprehensive Cancer Center of University of Miami, artist Carol Moore and I entered a dark room with three patients—a 30-year-old male with severe postoperative pain pushing his pain medicine impatiently; an alert elderly male with tubes in all orifices who appeared very depressed, sitting with two family members at his bedside not talking to him; and an 18-year-old male 24 hours after brain surgery.

I felt that the young man with severe pain needed the most help so I offered to paint his portrait and give it to him. He was reluctant but intrigued. I turned on the light and began talking to him, painting all the time. I noticed he did not push as much medication. Meanwhile the family members of the elderly patient began to watch. Carol asked if they would like to do some art. She suggested that each one paint a greeting card for the patient. They began to paint and talk to each other and the patient.

While I was doing the portrait the father of the 18 year old came in and asked if I might do that for his son. I finished the portrait sketch of the first patient and pinned it up on the wall for him to see. I left him smiling and went over to sketch the 18 year old. I turned on the light and proceeded and he began to smile. The father began to talk to the other patients and their families.

Upon finishing the portrait, I gave it to the young patient, pinning it on his wall for him to see. Carol and I left the room, which was at once bright and cheery with the people talking and interacting with each other. The process of doing art became the facilitator for interaction and life in that very dreary room. Art is a healer.

— Wilma Bulkin Siegel, M.D.

About the Author and the Society for the Arts in Healthcare

Naj Wikoff is the president of the Society for the Arts in Healthcare, the national clearinghouse, educational center, and advocate for the use of the arts in health care.

SAH was founded in 1991 by Janice Palmer, then director of the Cultural Services Program at Duke University Medical Center, along with colleagues from arts programs at other major medical centers. With support from the National Endowment for the Arts, she unearthed some remarkable programs—often unaware others were doing similar work—starting with one of the oldest in the country, Hospital Audiences, Inc., in New York City. The group realized they had much to learn from each other, and immediately decided to formally create a national organization.

SAH has approximately 900 members, including artists, arts therapists, arts administrators, hospital CEOs, doctors, nurses, therapists, architects, interior designers, medical and arts students, hospitals, and national associations representing the arts and/or health. Members come from the United States, Canada, Japan, Australia, New Zealand, and the United Kingdom. SAH will hold its first annual conference in Edmonton, Canada, in June 2005 in partnership with The Friends of the University Hospital.

SAH's programs fall into three areas:

Advocacy: Activities include presentations on Capitol Hill in cooperation with the Congressional Arts Caucus and at conferences by the American Hospital Association, American Medical Association, and Americans for the Arts; touring art exhibits presented at health institutions across the country and Canada; the annual Blair Sadler

Awards that celebrate excellence in the use of the arts in health care; partnerships with such leadership organizations as the Wye River Group on Healthcare and the Foundation for American Healthcare Leadership; and *Caring for the Caregiver* and other publications.

Research: SAH hosts symposia such as a retreat sponsored by the Agency for Healthcare Research and Quality on the arts and diabetes, presents workshops on how to conduct research and evaluation, and maintains a database of best practices and research.

Human Resources: SAH's annual conference and the Johnson & Johnson Foundation arts and health care grants are perhaps its best known human resources activities. SAH also makes available NEA-sponsored consultants to assist the arts and health care in organizing or enhancing existing programs; works with its members to present regional meetings; and presents workshops in partnership with the NEA's Accessibility Program. It also holds day-long intensives on development; creating a healing garden; arts, spirituality, and healing research; and starting an arts and healing program. The annual conferences are known for their infusion of the arts, creativity, and hands-on activities. It is nearly impossible to attend without learning a new song or dance step or expressing oneself through paint, poetry, or percussion.

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Sculpture as a Symbol of Hope

The sculpture of two children doing handstands on a globe in the main garden of the Monroe Carell, Jr., Children's Hospital at Vanderbilt (VCH) is much more than a work of art—it is a monument of hope that honors the lives of Alexander Martin and his mother, Mary Farris Martin.

Splishsplash by sculptor Maurice Blik can be enjoyed for its beauty, energy, and depiction of the joy of life, but the story of how it came to be shows how great beauty can arise from tragedy. "I hope this piece will be an inspiration to everyone at the hospital," said Phil Martin, husband of Mary Farris and Alexander's father.

The Martins' relationship with VCH grew with the birth of their first two sons, but it was their third son, Alexander, who brought them closer to the hospital. "In the middle of the night after his delivery the doctors told us he had a heart problem and transferred him to the PCCU," Phil said. "It was scary for us as new parents."

Over the next 10 years, Alexander's heart condition was monitored and the family remained active in supporting VCH. Then in 2000, 10-year-old Alexander collapsed in school. He had a heart attack and was in a coma when he was transferred to VCH. On January 17, 2000, Alexander died.

As the family dealt with the loss and the desire to memorialize their son, an idea came to them. "We wanted to do something special to honor Alexander," said Phil. "We set out to raise enough money to do a signature piece of art." Phil and Mary Farris met with Blik and described Alexander to help the artist create a sketch.

"We told him how Alexander was so full of life—he had the world wrapped around his finger. He could joke with my friends as easily as he could joke with his own. And he was always smiling and playing around," said Phil.

Work on the sculpture for Alexander was going forward when Mary Farris died suddenly of a heart attack at the age of 42. In his grief, Phil made a decision—the sculpture he and Mary Farris nurtured to honor Alexander would memorialize both mother and son.

"Everybody looks at a situation like this a little differently," Phil said. "My first instinct was, 'This is not the end, something good will come out of this.' And with this sculpture Alexander's and Mary Farris' lives have become very meaningful to many people—people who knew them and people who never met them."



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