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Washington BUSINESS JOURNAL

074104 01
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 WASHINGTON

VOLUME 10, NUMBER 39

ONE DOLLAR

As customers pinch, hospitality trade sells harder, cuts deeper

By MOLLY D. RATH

The freeze in big conventions coming to town — coupled with travelers' recession-widened spending ways — has had an unwelcome effect on Washington's entire \$3.7 billion-a-year hospitality trade.

THIRD IN AN OCCASIONAL SERIES

Businesses everywhere are hurting. The \$700 that the average convention-goer once spent when in Washington, the bread and butter of hundreds of local businesses, is declining, forcing restaurateurs, commercial launderers and limousine services to rightsize and readjust to a climate of changing customer demand: more service for less money.

"It's called bottom-line shopping," said one restaurant supplier. "Cash flow is down and businesses are reducing over-

head. They're trimming staffs, improving customer service, cutting down on inventory and they're all marketing much harder, more intelligently."

Restaurants are luring visitors with 20 percent discounts and piling plates with larger portions; linen launderers are offering hotels fixed-rate, per-room prices; and cab companies are starting to stay closer to where the fares are.

In a recent foodservice industry forecast, the National Restaurant Association predicted an anemic recovery for the Capital region's eateries, food purveyors and tabletop suppliers. According to the NRA, Washington restaurant sales will be \$928 million in 1992, up 2 percent from 1991. Menu price inflation this year is expected to be 3.8 percent compared to last year's 3.4 percent, the lowest it's been since 1965. Projections for Maryland and Vir-

See HARD-HIT, page 25

Hospitals: A temporary job charted the 19-year career path for Dr. Constance U. Battle, chief executive of The Hospital for Sick Children in D.C.



Finance: The sale of Perpetual jewel — its profitable mortgage — is likely to occur before March, according to the Res Trust Corp, the agency spinning the spinoff.

Advertising & Marketing: Blockbuster Video franchisee to go it alone, leaving local at Needham Washington out an worth about \$750,000.

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JRNAL

WEEK OF FEBRUARY 24, 1992



Global bank group seeks huge block of space

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The largest
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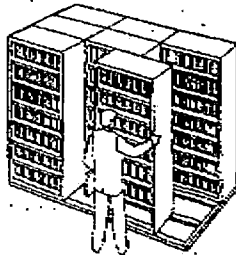
International Finance Corp., IMF boom in wake of world shifts

By MELANIE WELLS

The World Bank, bolstered and emboldened by business in Eastern Europe, is bursting at its downtown D.C. seams and is scrambling for upwards of 500,000 square feet of new space for divisions like the International Finance Corp., the Business Journal has learned.

"The World Bank and the IMF will be the biggest developers in Washington in the next five years," said Roger Anderson,

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IN THE NEWS



A career of care: Dr. Constance U. Battle, chief executive of The Hospital for Sick Children. Page 12.

ADVERTISING & MARKETING

The Washington area's biggest Blockbuster Video franchisee has broken away from corporate's regional advertising group, **DDB Needham Washington**, and hired its own in-house marketing guru.

Page 16

MANUFACTURING

Fairchild Corp. reported losing \$7.7 million for the quarter ended in December and cut 550 jobs in its aerospace-fastener sector in an effort to hold down costs.

Page 6

Mobil Corp.'s flat performance for 1991 is likely to continue this year because of stagnant oil prices and slow growth in the world economy, analysts say.

Page 10

FINANCE

John Morton III, the former president and chief executive officer of the now defunct **Perpetual Savings Bank**, says he will return to the Washington area one day, but probably not before he retires from the banking profession.

Page 4

TRANSPORTATION

The **Virginia Toll Road Corp.**, a private venture which plans to build a vital transportation route linking Fairfax and Loudoun counties, is negotiating to sell a stake in the project to Paris-based **Transroute Corp.**

002

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JOURNAL PROFILE

Healing the handicapped: Dr. Constance U. Battle, head of The Hospital for Sick Children, with Kimmi, an 18-month-old patient.



Constance Urciolo Battle Work with disabled children influenced her career path

By LOUISA SHEPARD ESCOBAR

Constance Urciolo Battle's resume runs 16 pages, but it was a temporary job that didn't even make the list that set the direction of her career.

In the late 1960s when her then-husband decided to finish his residency at the University of Illinois in Chicago, Battle took a job at the dental school's center for cranial facial anomalies. She ended up mediating meetings of 30 or more doctors to decide treatment for children with malformed faces.

"It turned out to be fantastic. I learned how to coordinate a big team of subspecialists to orchestrate the care of a child whose condition is incredibly complex," said Battle. "I had a taste of sitting at the core, sitting at the hub, and making it happen."

That led her ultimately to become chief executive officer and medical director of The Hospital for Sick Children, where for 19 years she has been orchestrating care of severely disabled children in transition from the hospital trauma unit to their parents' homes.

Dr. Robert Parrott, former director of Children's Hospital, National Medical Center, encouraged Battle to take over leadership of the struggling hospital when she came to him for advice in 1973. She had just returned to D.C. after a two-year fellowship in health administration at University of Chicago's business school.

"I was struck then by her intelligence, and her hard work, but particularly her dedication to children with disabilities," said Parrott, now director emeritus of Children's.

Battle has special insight into the struggles of the handicapped: Her eldest child, Ursula, is severely disabled by cerebral palsy, born breach 24 years ago when Battle was in the middle of her residency at the University of Rochester.

Battle said she never seriously considered pulling back her career, even though her mother said she should. "The only thought I had in my head was what would help Ursula. I felt I could become more knowledgeable," Battle said, showing a family picture of herself with Ursula and her two sons, 20-year-old Bill and 16-year-old Chris.

Battle, 51, is one of those women who has managed to do it all. Divorced in 1979, she has raised her three children in her Potomac home. One of the many seminars she conducts is titled: "The Professional Woman as Mother."

How did she manage? "I always say, and I'm not being silly, just barely."

Battle said she doesn't know if she missed out on anything, but she does always feel under pressure. "It's kind of a style of mine," she said. "I always liked it, being under fire."

Her position puts her in that line. The fact that Battle is both a physician and a hospital administrator is unusual, outside large teaching hospitals. For example, she is the only physician on the board of the D.C. Hospital Association, and is chairwoman-elect.

"There is a real tension between administrators and physicians, often vying for power, often distrusting one another's group. If you act as a CEO and as a physician, that confounds the whole scenario," Battle said. "I happen to be quite comfortable with the fact that it puts me in a unique

position and vantage point."

That Battle is a woman in her position puts her in an even smaller group. According to the American College of Healthcare Executives, last year 12 percent of the chief executives of U.S. hospitals not affiliated with a religious order were women.

Battle has been a leader of women in medicine, locally and nationally. She dedicates several mornings a week to tutor a female medical student through a mentor program set up by the American Women's Medical Association.

Not only the students look to her as a mentor. Dr. Lillian Gonzalez-Pardo, a pediatric neurologist at the University of Kansas, asked Battle to speak as a role model at her induction as association president last year.

In her letter Gonzalez-Pardo wrote: "You are a prime role model in your professional work, the compassion you have for the patients and families you deal with, as well as your personal strength in caring for your own daughter who has a major disability, but I know brings joy to you and your family."

"You had trust and confidence in my

work and abilities, even though I had my self-doubts; you encouraged me to be strong and believe in myself."

Battle herself has had role models, like the classmate, 20 years her senior, who encouraged Battle not to give up her career when Ursula was born. And the former head of George Washington University Medical Center, who gave her gentle encouragement and a great recommendation. And Parrott, who pointed her toward The Hospital for Sick Children.

"I saw the great opportunity here. It was in dire straits, it was in a mess, but it had such potential," she said.

Battle turned the ailing hospital around, bringing in a medical staff that is committed to transitional care, and boosting the hospital's ragged reputation.

"She's certainly a very efficient administrator. She's very skillful, and has a great sense of direction," said Dr. Roselyn Epps, member and former director of the non-profit hospital's board. "She is a very hard working person who is able to face challenges and move forward."

The hospital is only one of a couple dozen of its kind in the country, rehabilitating children who have gone through significant trauma — a premature birth, or an auto accident — and preparing them and their parents for life.

"We don't make heroic cures here, and we hardly ever diagnose things heroically here, but we do enable a child to become more functional, to reach his potential here," Battle said. "We do help a family adjust to him and take care of him and ready itself for him."

Under construction outside Battle's window is an 80-bed wing expected to admit patients by January. Six years in the works, it will be for the sickest children, and will have an array of new equipment and services, including a small apartment for families to live for several days, to learn to care for their disabled children. The existing building, constructed in 1926 and modeled after a French chateau, will be used for administrative offices, and 50 beds for children needing longer-term rehabilitation.

See HER OWN DISABLED, page 25

DOSSIER

Constance Urciolo Battle, M.D.
The Hospital for Sick Children

Title: Chief Executive Officer and Medical Director

Age: 51

Spouse: Divorced

Residence: Potomac

Notable Quote: "There is a real tension between administrators and physicians, often vying for power, often distrusting one another's group. If you act as a CEO and as a physician, that confounds the whole scenario. I happen to be quite comfortable with the fact that it puts me in a unique position and vantage point."

is risky. Underwriter Thomas James Associates of Rochester has consented to charges of market manipulation by the SEC.

Thomas James and its employees were forced to disgorge \$1.5 million in 1990 for making misrepresentations and omissions in four initial public offerings.

The size and reputation of underwriters are taken into account by potential investors.

No one at Network Imaging could be reached for comment.

cal-disk storage systems — which can hold thousands of times more data than electro-magnetic systems in common use today — can store backlogs of inventory orders, financial records or law briefs.

Sales of optical disk drives have grown 35 percent in the last year, said Jim Porter, president of Disk/Trend Inc. in Mountain View, Calif. Large information compilers, such as the federal government and American Express, are using the systems, he said.

"The major computer makers are offer-

"It's been a niche market until now," said Egil Juliusen, editor of the Computer Almanac. "It's still just at the early stages before it takes off."

Optical disk technology has existed for a decade, but the software pieces are still coming together, he said.

So Network Imaging is in the right field, if it can pull it all together. Though the firm is a start-up, it has added together the financial statements of its four potential acquirers to show earnings of \$88,000 on revenue of \$8 million for 1991.

The companies it plans to buy are:

- Symmetrical Technologies of Knoxville, Tenn., which makes optical storage systems. Each optical disk holds 650 megabytes of information — about 100,000 printed pages — and systems are built to hold scores of disks.

- PE-Systems of Alexandria, a government contractor. The firm provides engineering and encryption services to military and intelligence agencies.

Though the firm is a start-up, it has added together the financial statements of its four potential acquirers to show earnings of \$88,000 on revenue of \$8 million for 1991.

For the whole boatload, Network Imaging is paying \$870,000 and 285,000 of its shares. With these troops it plans to go after computer sales in the financial, federal government and legal markets.

The officers and shareholders of the company aren't selling any shares in the offering. But three officers will receive \$75,000 each that they are owed in back pay.

Her own disabled child fueled Dr. Battle's passion for the welfare of sick children

HER OWN DISABLED continued from page 12

"This is my fourth baby," Battle said of the expansion.

Fundraising is on target, with \$15 million borrowed and \$3 million donated so far, almost reaching the \$19 million needed, she said.

Battle led the charge to convince the city to approve the expansion, armed with studies of D.C.'s children, and the hospital's long waiting list.

Even though most of their care is paid by Medicaid, the hospital is financially healthy, partly because it is not drained by a trauma center. Battle said the hospital has a 2 percent to 3 percent positive operating margin.

Although she never dreamed of being an administrator, Battle knew she wanted to be a doctor when she was five years old and her parents brought her back a doctor's bag and nurse's cape from a trip to New York City.

"I was intrigued by what doctors did," she said. "I remember when I turned six and I reached the average weight for a per-

son of my age. I just found it all fascinating."

Battle grew up in D.C., her father a professor with a double doctorate in linguistics and philology. She attended George Washington University School of Medicine, graduating in 1967, went to Rochester for her internship and residency and then to Chicago where she was the only physician and only female awarded a fellowship from the U.S. Department of Health, Education and Welfare at the University of Chicago Business School.

Battle teaches at George Washington, Howard and Children's, and leads seminars at her hospital. She also writes papers, dozens of them. One landed her on national television — Prime Time Live, 48 Hours, 20/20 — about caring for disabled infants kept alive by high-technology medicine.

"We have the power to save babies," she said. "We have to keep trying, but we have to do it in a concerted way, and if it doesn't work for some, we have to take care of them throughout their lives."

SMALL COMPANIES

The following price quotations are for common stocks of Washington-area companies not generally available from automatic quotation services or other major publications. The list, supplied by Wachtel & Co. Inc. Brokers and Underwriters, represents approximate dealer prices on Wednesday, Feb. 19, at 4:00 p.m.

	BID	ASKED		BID	ASKED
Anadac Inc.	6-1/4	6-1/2	Industrial Training Corp.	7	8
Bowles Fluidics Inc.	.05	.15	Information Analysis Inc.	3-1/2	4-1/2
Bresler & Reiner	9	12	Integral Systems	8-1/4	9
Century Bancshares	2-1/4	4	Interference Control	1/32	1/16
DASI Inc.	1-1/4	1-1/2	Luskins Inc.	1/4	5/8
Data Measurement	1-3/8	1-5/8	Medical Advisory	7/32	3/8
Essex Corp.	3	3-1/2	Noxso Corp.	12-1/4	12-5/8
Exolech Inc.	3/16	1/2	Ross Industries	3/8	n/a
F&E Res Sys Tech	2-5/8	2-3/4	Security Storage	115	170
Hadron Inc.	3/8	7/16	SSE Telecom	5-3/8	5-3/4
Hallmark Bank & Trust	.6	.9	Sutron Corp.	7/16	3/4
System Tech Assoc.	.10	.25			



THE HOSPITAL
FOR SICK CHILDREN

August 29, 1991

We thought you would enjoy receiving our community newsletter, Small Talk, in which our Groundbreaking Celebration was featured prominently. The Celebration was a truly historic moment for everyone at the Hospital.

We hope that when you read the stories and see the pictures you remember our important goals. Without your support, and the support of many others in the Washington area, we would not be able to deliver the special care needed by so many children.

Our building project will be the key to the future for severely ill children. We are determined to keep delivering individualized, family-centered care designed to help each child reach the best level of development. We want to know how well each child can be.

Thank you once again for your interest in the Hospital for Sick Children.

Sincerely,

Sally J. Smith
Director
Development and Community Relations

Jed S. Nitzberg
Director
Public Relations

.....
1731 Bunker Hill Road, NE
Washington, DC 20017
202-832-4400

FACT-CHECK COPY

perk. Jeavons Staffed for 4pm, Tues. 6/11
→ immunization tie-in needed.

(Hinchliffe/Blymire)
June 7, 1991 11:30 p.m.
CHILDREN Draft Three

PRESIDENTIAL REMARKS: HOSPITAL FOR SICK CHILDREN 10am
Thursday, June 13, 1991 ~~1:30 pm~~
Washington, D.C.

Ack- Sullivan
Dr. Constance Battle
CED & Med. Dir.
Montgomery
Mr. Stephen
Ch. of the Board

I think Barbara's a little jealous. She heard that 62 years ago the First Lady laid the cornerstone for the main building; so she was hoping to do this job today. But I told her I wanted to. You see, Barbara's talked with me about her work here. She speaks with a grandmother's special love for those most in need.

I've met some of you kids ^{have been to} at my house, when you've come for Christmas ^{tours} parties. But I wanted to see this place for myself. And you know something -- even listening to Barbara's stories didn't prepare me. I expected to feel sadness, but I felt something more -- real hope.

As parents, we desperately want to protect our kids. We want to spare them pain or fear. That's why our hearts go out to families whose kids lie in the incubators and cribs and wheelchairs behind those walls. It's hard to face a world in which your children suffer. You ride an emotional rollercoaster. You struggle to make it from sunrise to sunset. [You must draw upon the tools of courage, faith, and love to withstand the bitterness, the self-pity, the pain -- and the haunting knowledge that other children are leading carefree and happy lives.

[[Barbara and I know. We've been there.]]

These marvelous kids have won their first great battle -- the battle for life. Now they're fighting the battle for recovery. And my money's on them.

re-work

Started for Jan 1982. 6/11

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Nursing home costs
do nothing for
Hosp.
helps making
costs



- needs extra TLC after medical procedure

This is the place where they start. It may be hard for some of us to walk into this hospital. But you can't help but get drawn into the drama that unfolds within its walls. You see notes at the end of the cribs -- "she smiles when tummy is rubbed" -- or "he reaches for panda when it's moved away." As you look through the thicket of ventilators, catheters, wires, cords and monitors, you catch glimpses of stuffed animals, photos of parents, little cards or drawings. Some tiny bodies bear the marks of what brought them here -- society's ailments -- abuse, accidents, drugs.

get new signs - these have been used before

But the staff's love and care cast a special light upon everything. I was reminded of a Bible verse that describes apostles who did their work because it was right -- and its rightness brought them joy. It says: "We were gentle among you -- like a nurse taking care of her children."

Gentle among us -- like the nurse in a rocking chair, cradling an infant swathed in tubes. Or the one who dressed a comatose girl in a new dress. The little girl, in her twilight world, may never pose for anyone, but she radiated a very special beauty. Gentle like the senior citizen volunteer ^(Noland Gump) sitting next to a window, feeding the blind toddler on his lap. The caregivers have created within a maze of machines and respirators a human world -- a community of hugs and kisses. A world where people talk not of how sick the kids are -- but of how well they can be. A world where a nurse, explaining why she does what she does, says without pausing to think it over: "They feel our love."

Jed

WTimes
12/16/88
Metro B

You know, we toss around the word "miracle" a lot. But this hospital reminds us of its true meaning. A real miracle is saving one child. It's watching ^{a baby} Job take the first unassisted breath of his ~~two-year~~ life. It's seeing ~~Lucy~~, paralyzed from the neck down ~~in a car crash~~, ~~learning to draw with her mouth~~. It's saying goodbye to ~~Pattie~~, who entered here 20 months ago, premature and weighing 24 ounces -- and who left here beaming, with mom and dad.

can do them in "5" like mags. do.

can't use names

get real stories (gen)

Stet - can also do computer

will leave here next mo.

14 mos. old been here

a yr. Paemie going home to a fam. of 5 children & great parents.

We care for these kids because every single life is precious. We feel for them because we feel deeply the right of all to realize their full potential as human beings -- and because we want them to live with dignity and with pride.

That's the legacy of the Hospital for Sick Children -- a legacy that must spread. I was amazed to hear that this is one of only about a dozen similar hospitals in the entire nation. We need more places like this -- transitional care facilities for kids who no longer require a hospital's acute care but who aren't well enough to go home yet. We need communities like this, where parents can apply the salve of love -- and can learn how to care for their kids in the years ahead.

Jed ~~20?~~

"a handful"

The staff here is developing a program that shows how to set up this kind of hospital. I hope health-care professionals across this country will enroll and develop more hospitals like this one. Remarkably, ~~facilities like this~~ ^{hospital about} charges half of what traditional hospitals charge. And they work: They stabilize children and give them the best possible chance to live -- and

Jed

recover. We will need more such centers, since the technologies that save lives also create more long-term care challenges.

Barbara's told me you always have a waiting list. She's also told me you never turn away children whose families can't pay. I look at your plans for expansion, and think of how many more lives you'll be able to touch. The Hospital for Sick Children is a hidden treasure. And it brings out the hidden treasure in kids who otherwise might have been forever forgotten.

No one who walks through your doors can leave without feeling a kind of sacred awe. You bring alive the prayer of St. Francis: "Where there is despair, [let me sow] hope. Where there is darkness, ~~X~~ light. And where there is sadness, ~~X~~ joy."

Thank you for the life-transforming love you show. I will never forget this place -- or any of you. May God bless you -- your inspiring work -- and the very special kids inside.

#

Volunteer Director
Karen King
832-4400
MWF

(703) 979-3711
Bernard

Jed @ home
202-223-6479

keeper

Thursday, June 13th

<u>Name</u>	<u>Organization</u>	<u>Phone</u>	<u>Fax</u>
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Sally Smith	HSC	202-526-8937 (o) 202-362-9214 (H)	529-279
Jon Nitzberg	HSC	202-526-8937 (o) 202-223-6479 (H) 202-526-8937 (w) 301-439-3318 (H)	529-279
Oleja Byll	HSC		
ROD MONTEITH	COMMUNICAIDS, Inc	703/549-4424	
JR RANDELS	HARGROVE, Inc.	301/459-1400	
Kevin McHale	WH Comm Agency	202/395-5206	
DALE W. ELLENBARGER	WHCA	202 395-4056	
James C. Rowh	WHCA/Audio Visual	202 395-4220	
Carol Blymire	WH Speech writing	202-456-7750	
Suzanne Faulk	Presidential Adv.	202/456-7565	
JIM KNOVELL	U.S. SECRET SERV.	202/395-4011	
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KATHY JEAUVONS	WH - Public Liaison	202-456-7845	
Paula Reano	WH Press Advance	202-586-202 FAX 586-998	
Robert Boswell	USSS/Washington FO.	202 634-5100	

Jed or Sally Smith

Walk-through
6/10/91 10am

Dan
Kendberg, lead

No tour.

20-25

15-20

~40 people

Will have children / therapists in a roped-off area for grip-n-grin.

5-7 minutes, no prompter

POTUS arrives 10am w/ FLOTUS
& Sullivan
~~_____~~

seating under tent - ²⁵⁰~~_____~~
still more possibly outside
(500-600 potential?)

"Building
for the future"

→ slogan on banner → ok unless they use a different banner

Mr. Stephen Montgomery, Ch. of the Board
Dr. Constance Battle, CEO & Medical Director

dais
POTUS
FLOTUS
Sullivan
Montgomery
Battle

Mr. Montgomery will introduce POTUS



NEWS FROM THE HOSPITAL FOR SICK CHILDREN

1731 Bunker Hill Road, NE · Washington, DC 20017 · 202 · 832 · 4400

For more information, contact:
Jed Nitzberg, (202) 526-8937
June 13, 1991

FOR IMMEDIATE RELEASE

WASHINGTON POST AMONG TOP DONORS BACKING HOSPITAL GROWTH

In response to the Washington metropolitan area's growing need for specialized pediatric medical services, The Washington Post has emerged as a significant donor to the Hospital for Sick Children's building and renovation project.

"When one thinks of news in Washington, the first organization which comes to mind is The Washington Post," said Sally Smith, the Hospital for Sick Children's Director of Development and Community Relations. "And when we were looking for supporters, one of our first actions was to turn to The Post. Its leadership recognized our need, and responded. They helped make the job of providing care to children a little easier."

The Post has, over the years, donated nearly \$200,000 towards the Hospital's medical and therapeutic programs for severely ill and disabled children. Of that, \$50,000 has been targeted for the construction of the new 80-bed wing, an underground garage, education and conference center, therapy suites, parent training center and needed renovations.

As part of the Groundbreaking Celebration marking the start of the project, representatives from the newspaper were acknowledged at a special luncheon honoring leading donors to the Hospital's Capital Campaign. (See "Major Donors Honored at Start of Project").

The newspaper's involvement with the Hospital for Sick Children has had a personal as well as corporate flavor. When she was a young woman, Kay Graham was an active volunteer on behalf of the Hospital. She participated in a variety of fund raising efforts with others similarly concerned about the health and welfare of Washington's children.

That personal concern, combined with The Post's interest in local issues due to its prominence in the Washington business community, has transformed the connection from one individual to the current, significant corporate support. But the personal touch has not been lost: Vincent Reed, Ph.D., The Post's Vice President of Communications is currently a member of the Hospital's Board of Directors.

###

June 4, 1991

Suggested Themes and Messages
About The Hospital for Sick Children

- I) The Hospital is a special place for President and Mrs. Bush
 - a) Mrs. Bush has visited at least twice
 - b) She has also starred in our presentation video and PSA
 - c) They have also referred dignitaries such as Queen Noor to us as a visitor
 - d) The Hospital's patients have visited the White House for the annual Christmas tour and Easter activities

- II) The Hospital holds a unique position in local healthcare
 - a) It is the only pediatric transitional care hospital in the Washington metropolitan area
 - b) It treats children who are well enough to leave the acute care hospitals but not well enough to go home
 - c) This frees up beds at the acute care facilities
 - d) The Hospital for Sick Children delivers services at 1/3 to 1/2 the cost of acute care facilities
 - e) We provide comprehensive services designed to bring each child and family to the best possible level of development and preparation before the discharge to home

- III) This expansion and renovation is meeting a growing need for transitional care services
 - a) The Hospital has been at capacity since 1986
 - b) There is currently a waiting list for admission
 - c) There are more children being saved by medical technology
 - d) But the children being saved have more ongoing problems which need to be treated over time but not necessarily in an acute care setting

- IV) The Hospital is a successful response to a critical medical need
 - a) It is efficient and cost-effective
 - b) With all of the societal and health problems which exist, HSC has become a wonderful answer for some of these problems by being in the right place at the right time with its brand of care
 - b) The Joint Commission on Accreditation of Healthcare Organizations recently awarded us a special commendation for achieving 96 out of 100 points on our most recent review
 - c) We have had visitors from all over the country and even places such as the Soviet Union and Canada who want to learn about what we do
 - d) We are also involved in projects such as a federal grant to produce a video and text about our developmental intervention program for national distribution

- V) The staff faces tough cases each day but they persevere with an attitude of hope and determination
 - a) There are many moments of joy when children who come to us with many severe, life-threatening conditions are able to go home to families who have been trained to take care of them

- VI) There are also plenty of volunteers and donors who make the Hospital's work possible day after day, month after month
 - a) That support comes in many ways --- work with the children, helping in the offices, making donations large and small
 - b) As the Hospital grows, that help is going to be even more crucial

- VII) The Hospital is a hidden treasure in the DC metro area, and is one of only a handful of such facilities across the country.

- VIII) The Hospital also brings out the hidden treasures in each of our children.

HOSPITAL SPECIAL:

H { --all needs -- medical, intellecuyal, emotional, social and psychological

H { --desperately ill children chance to live to fullest potential through therapy and care (dont' use whole phrase)

H { --unsettle your heart

H { --hard to look at a world where innocents suffer such sorrow

HC { --never discharge or turn down because of inability to pay

HC { --kisses, hugs, cuddling

HC { --notes on bottom of crib

HC { --not just how sick they are -- how WELL they can be

HC { --offers tenderness, friendship, best medical care possible

HC { --never so busy with intricacies of medical cre couldnt'

HC { give time, attention, affection

H { --transitional care facility for children from 2 weeks to 21

H { years who are no longer acutely ill, but are not yet well enough to go home

H { --successfully fills a niche in pediatric care

H { --very few in country (one of barely dozen) -- only one of kind in area, for area's most severely ill and disabled

H { --has received intensive care, still too sick to go home

H { --critical need for respiratory-dependent and

HC developmentally-disabled infant care -- overly taxes acute care hospitals -- a niche in specialty care

HC { --free us beds at acute care facilities

HC { --see in their eyes lessons of society -- the innocent victims of drugs, abuse, etc.

HC { --health care facility taht addresses the "whole child"

HC { --(60% of patients stay from one year to 18 months)

H { --type of care important for family too -- because teaches

H { how to care for child -- family involvement importnat here --

H { --developing a curriculum on how to implement this type of program elsewhere

HC { --call to create more facilities like this one --

HC { --cost-effective (1/2 the cost)

HC { --and medically-effective

HC { --a role model -- can cut health care costs

HC { --frees up beds at acute-care facilities

HC { --is responding to the need

H { --waiting list; more and more being saved by technology --

H { means more ongoing problems

H { --Joint Commission on Accreditation of Healthcare

H { organizations; special commendation for 96 out of 100 oints

H { --volunteers

H { --stabilize the condition and give the child the best

H { possible chance at a normal life

H { --is a home -- trying to release to lives of hope, but in meantime playrooms and outdoor playgrounds

? --visitors' book -- purpose -- "Love"

Y ("you will feel up for any challenge you may face after reading about these inspiring medical professionals and courageous young children.")

--defy the odds

--such joy

--smallest steps mean the world --

?B --(anecdotes: Washington Business Journal excerpt)

RENOVATIONS:

E (--ambitious expansion project -- increase total number of beds by 50

--to renovate and expand;

~~--four units~~

Q --"gurgles happily when tummy is gently rubbed" -- or "reaches for panda when moved by attending nurse."

Q --stuffed animals; photo of parents; world of ventilators, catheters, tubes, heart motors, emergency life support equipment (change order around, subtract and/or add)

Q --rocking chair with bottle

B C --parents -- "an emotional rollercoaster" -- family-centered care

--success story with scars

L --is a hidden treasure; brings out hidden treasures in our children

#M --miracles -- first breath without respirator; five-year-old first words; paralyzed teenager h.s. diploma -- health care workers are miracle workers -- daily miracles as well, like the constant patience and love that take months to be rewarded

Q --the love shown; positive feelings;

Q --"They feel our love" -- coma child who, in her twilight world, will never know wearing dress

H --this is reality after the drama of the life-saving treatments

Q --when we talk of the future, we often talk in large, sweeping generalizations. HCS brings us back to reality. Saving one child is a miracle.

European

P.P.

H₂O - hygiene
C = clean H₂O health care

L = learn

N = nurse

HOSPITAL FOR SICK CHILDREN

--Speech: Thursday, June 13, 1991, 10 a.m.

--DC Commissioner of Social Services; DC Commissioner of Public Health; Secretary Sullivan?; FLOTUS; children from hospital in front two or three rows

--backhoe breaking down a wall -- like breaking down barriers to care for sick children

--TO DO:

- get 1st Four Freedoms speech
- Sinead
- will GB go inside beforehand?

--HISTORY:

- 1929 wing, Mrs. Herbert Hoover laid the cornerston
- 1968 modern wing; 1984 new respiratory care unit

--parents need quiet, private place

--\$19 million expansion and renovation project

--ongoing education program (caring for sick children)

--next: parent training program partment situation, get used to caring for their child

--FLOTUS visited at least twice -- Queen Noor -- patients to WH for events like Christmas party for the handicapped -- Egg Roll?; Marilyn Quayle

CHILDREN:

--children are a gift from the Lord

--1 Thessalonians 2:7: "But we were gentle among you, like nurse taking care of her children." (in reference to apostles who preach for the sheer joy, seek no special pleasure or privilege, no special glory.)

--"These are our children/Don't let them slip away ... Show them a future free of sadness" (Take 6)

--courageous little spirits battling to hang onto life

--premature -- would have died ten years ago; and intensive rehabilitation and developmental programs to receo er from life-threatening a ccidents or diseases

--are survivors -- won bht ebattle for survival, now fighting battle for recovery

--lives transformed by small victories

--have extraordinary needs ... but ...

--many spent large part of small lives here

--children are our future

--life demands courage and determination

--the attention and afrirmation given these fragile little lives shows, show every single human life precious, at every stage, every moment, every condition -- must revere, and must make every life full potential as a human being

--vulnerable

--learn - life & word with small

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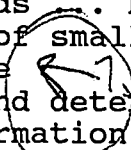
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June 3, 1991

MEMORANDUM FOR THE QUEEN OF SICK CHILDREN

FROM: THE DEPUTY QUEEN OF SICK CHILDREN TDQOSC

SUBJECT: HOSPITAL FOR SICK CHILDREN

Hi! I spoke to Jed Nitzberg, a communications guy for Constance Battle, this morning and here's what he had to say. The groundbreaking ceremony is on the 13th at 10 a.m. It will take place at a park across the street from the Hospital, since construction has already been started.

The Hospital is already in existence; it has a number of wings. The 1929 wing, of which they are tearing down a section to build this new wing; a 1968 section; and now this new wing. Something interesting about the 1929 wing -- Mrs. Herbert Hoover laid the cornerstone.

The new wing will house 80 beds, all new therapy areas, nursery areas, and most importantly, quiet areas. The hospital decided that parents needed a quiet, private place to confer with physicians, or even their children. The wing should be complete in 1995. This groundbreaking marks the start of a \$19 million expansion and renovation project.

After they've finished doing this expansion project, they have plans to renovate the remainder of the 1929 wing. They will build a conference area where they will continue their employee education programs. They have an on-going education program, dealing with such issues as how to work a new monitor to caring extensively for sick children.

Also after this expansion project, they plan to develop a parent training program apartment situation where they will have parents and their sick children living in an apartment situation to get them used to caring for their child without round-the-clock professional care. Again, this is not the wing we're talking about at the speech, I just thought it would be nice for you to know, and maybe make a reference to somewhere in the speech.

POTUS and FLOTUS have had prior involvement with this hospital. FLOTUS has visited at least two times. She appeared in their video and 60-second PSA. The Bushes have sent visiting dignitaries to visit, like Queen Noor. Some of the patients have come to the WH for events, like the Christmas party for the handicapped, and I think the Easter Egg Roll.

- continued -


I spoke with my minister about biblical quotes, and he suggested the following:

From Psalms 127:3

"Lo, sons are a heritage from the Lord, the fruit of the womb a reward."

This is nice, because we could say something like, "Psalms 127 says that ~~children are a gift from the Lord~~. We must leave a Godly heritage to our children -- we must leave the world a better place than we found it. This hospital is ensuring that these children are given a chance at life -- a chance at making their world a better place to live."

From 1 Thessalonians 2:7

"But we were gentle among you, like a nurse taking care of her children." 

This is in reference to those apostles who ~~preach for the sheer joy of preaching the word of God, that they seek no special pleasure or privilege, no special glory~~. They talk about the fact that they could have used the fact that they were apostles of Christ to their advantage, but they did not, as they "... were gentle among you..."

From All I Really Need to Know I Learned in Kindergarten

"Be aware of wonder, remember the little seeds in the styrofoam cup, the roots go down and the plant goes up and nobody really knows how or why, but we are all like that and it is still true, no matter how old you are when you go out unto the world it is best to hold hands and stick together."

From "Where will the Children Play?" by the musical group Take 6

"We look in the mirror every morning
Not realizing there's a warning
~~These are our children~~
~~Don't let them slip away~~
We've got to uplift them
Give them guidance
~~Show them a future free of sadness"~~

Singad

From State of the Union, 1990

"To the children out there tonight, with you rests our hope, all that America will mean in the years ahead. Fix your vision on a new century -- your century, on dreams you cannot see, on the destiny that is yours and yours alone."

June 3, 1991

MEMORANDUM FOR BETH-O-RAMA

FROM: CAROL-O-RAMA *CRama*

SUBJECT: FOLLOW-UP ON THE HOSPITAL-O-RAMA

There's a package being hand-delivered this afternoon that will go into detail on all of this, but I thought I'd familiarize you with the scoop. The walk-through for this is on the 7th, I think, but we should go tomorrow.

There will be some local dignitaries present: ~~DC Commissioner of Social Services~~, ~~DC commissioner of Public Health~~, etc. This event is supposed to tie-in somehow to the immunization event that precedes it in the Rose Garden. The President will probably be accompanied by ~~Secretary Sullivan~~, although they're not quite sure yet.

Dr. Battle will welcome everyone to the event, there will be an invocation, and then POTUS speaks. After his remarks, he will signal the groundbreaking to begin. They plan for him to sound an air horn, and the backhoe will start digging. Maybe this might work into a neat piece -- ~~the backhoe~~, or whatever large piece of equipment will be doing the damage, ~~will be breaking down a wall~~. Maybe you could work in one of your Bethisms about breaking down walls means breaking down barriers to caring for sick children, etc. You're better at this than I am, so I'll shut up now.

~~Mrs. Quayle~~ has been to this hospital, as well -- I forgot that in the last memo. ~~Also, FLOTUS~~ will be accompanying POTUS. There will be ~~children~~ from the hospital in the front two or three rows. They don't have an exact number, it depends on the kids' health. The new wing has no name, because they haven't found a major donor yet.

This hospital is so neat because it specializes in ~~transitional care~~. ~~Very few hospitals in the country do this, and this is the only one of its kind in the area~~. A clinical liaison nurse handles admissions and discharges. Patients only get in by referral, there is no emergency room or anything like that. Here's an example of the kind of patient: A premature infant born at a local hospital who has received intensive neonatal care, but who is ~~still too sick to go home~~. He would spend some time in this transition care before going home.

- continued -

This type of care is important for the family because it teaches them how to care for their child. Family involvement is important here, although some patients are wards of the state. The Hospital has been at capacity for years, and have a waiting list to get in. The hospital is working on developing a curriculum on how to implement this type of program elsewhere. They're still in the research phase, but it's a good idea.

I think this speech should be a call to creating more facilities like this one. It is cost-effective (1/3 to 1/2 the cost of regular hospital care), and is medically-effective. It's important to stress that this Hospital should be a role model for others to follow. This type of care can cut health care costs, I would imagine, because parents can learn how to take care of their children instead of taking them to the emergency room anytime anything small happens.

I asked him to be thinking about anecdotes. He said he sent some over in the package, and that if we wanted different ones, we should call. I did want to ask him one more thing -- about volunteer services at the Hospital. I bet POTUS would like to know about that. I'll ask him tomorrow, or whenever we can get up there.

I think this is going to be a great speech. I still haven't found out if we're announcing any policy -- I heard from Kathy Jeavons that it is supposed to tie in with the immunization event.

P.S. Run the word "Quayle" through SpellCheck. My favorite alternative is letter L.

Volunteer
programs?

to age 21

108 yrs. old
founded as a fresh air home
then convalescence - TB during TB breakout, etc.

also has & parents
& siblings support
groups.

avg length of stay 4 mos. - yr. - 18 mos.

Her. Hoover, Jr. did ribbon cutting in '56
for '29 building new area

less than 20 transitional care like this
Nat'l Assn of Children's Hospitals

swimming & horseback riding
therapeutic programs

Vol. 20 of them

Noland Gump - "I just want to help."
at least 3 hrs. / week

"planning on
staying a long time"
also getting day care
started in his church.

Weekly Compilation of
**Presidential
Documents**



Monday, June 25, 1990
Volume 26—Number 25
Pages 965-999

Children's Jan

June 21, 90

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all-in-d

the deficit through proposals requiring a balanced budget and a line-item veto. If the Congress can't make these cuts, give the President what 43 Governors have, and let him have a shot at it.

And finally, there's the issue of fighting crime. And last May I outlined our Violent Crime Act. And at its heart is the belief that for anyone killing a law enforcement officer, no legal penalty is too tough. Liberals oppose the death penalty. And where does Jesse stand? Where I do: We want to eliminate loopholes that allow these, the worst criminals, to escape just punishment. And what's more, we want to expand its coverage to include major drug traffickers. Not sometime, not someplace but right now all across America.

I'm told that Jesse's favorite movie is "Patton." And in closing, let me recite the words of Patton telling his troops that in coming months they would often wonder whether they'd retreat under fire. "Don't worry about it," he advised them. "I can assure you, you will all do your duty." For 18 years Jesse Helms has done his duty, acting as a United States Senator to protect what Mayberry's own Aunt Bee, of the beloved "Andy Griffith Show," called "home and people's feelings, and how they grew up." He continues to lead with the civility and conscience that is a metaphor for North Carolina and with a spirit that would make even General Patton proud.

Two years ago, after an operation, Jesse—typical of him—disobeyed the doctor's order by leaving his sickbed early to hit the campaign trail for me and Dan Quayle. And I'll never forget how he literally stood up to support me. And tonight, I came down here to pledge him my support. You know where Jesse stands: for a safe, strong, and moral America. And I need him in the United States Senate, so let's keep him there—for your sake, for North Carolina's sake, and for America's sake.

And thank you for this occasion. And let's reelect Jesse Helms. And God bless the United States of America. Thank you.

Note: The President spoke at 7:25 p.m. in Liberty Hall at the Merchandise Mart. In his remarks, he referred to Jack Hawk, chairman of the State Republican Party; Jack Laughery, president of Hardees; Roger

Milliken, president of Milliken Industries; Mike Krzyzewski, coach of the Duke University basketball team; and author Thomas Wolfe. Following his remarks, the President returned to Washington, DC.

Remarks at the Ribbon-Cutting Ceremony for the Children's Inn at the National Institutes of Health in Bethesda, Maryland

June 21, 1990

What a beautiful day! Thank you, Dr. Sullivan. And I love the music, too. I love to sing. We heard you when we were just getting ready to come out here. Thank you very much. I guess I needn't tell this group, infiltrated by so many doctors and friends from NIH, of my high regard for our Secretary of HHS, Dr. Sullivan. I'm just delighted he's with me and very proud to be introduced by him. I really want to single out those who have worked so hard, recognizing that I might, by omission, risk offending. But Bar and I've had this warm welcome here, and then we've been reading up on the hard work that's gone into it. Certainly, I want to single out Debbie Dingell for her commitment, Dr. Pizzo, Dr. Raub, Dr. Vagelos, Alan Kay, Carmala Walgren, Chris Downey, Kathy Russell, and—again, excuse me, I'll stop there—but everybody else as well.

It's good to see so many friends and believers from the Hill over here—from Capitol Hill, those who are giving this project a lot of heartfelt support—Congressmen Dingell and Downey and Walgren and Morella and Lowery. Welcome to all. And a special greeting to the kids, the parents, and the friends who have come down from NIH this morning.

I have been so impressed by what I've learned about the unique concept of Children's Inn. Barbara and I have talked about it, and she's told me of this wonderful concept. It's an extraordinarily sensitive idea to provide this place of refuge and renewal so that sick children and their families can live together during treatment. I am very moved to be here today to see how joyously your vision of caring has been realized. This

is a story of how dreams come true, and if you believe with all your heart and work with all your might, dreams do come true.

Yours is also an inspiring message of bravery, sacrifice, and hope that can bring together individuals, political parties, professionals, volunteers, private businesses, and then the Government itself. The Children's Inn, this extraordinary home for those who need it most, is a remarkable lesson in unity of purpose and caring. As brilliant Points of Light in the hard, dark world of battling illness, you've given this rare and loving gift, and you've shown your belief in the shining role which family support plays in the treatment of a sick child.

Carmala and Debbie and Chris and all of the congressional spouses, your vision and compassion and caring touch us all very deeply. Dr. Pizzo, your professional commitment to this dream has lasted a decade; the remarkable legacy that you've helped to create will last for generations. And, Dr. Vagelos, you and Merck & Co. have embodied in a most exemplary way the ideal of corporate responsibility, utilizing the unique talents and gifts that your company has to give. And then to NIH: Your generous gift of land and medical expertise has and will change the lives of many of the children and so many, many others. Your leadership and gifts, both spiritual and physical, have made this dream an astonishing reality.

The lesson of the Inn will show us all that the most important part of life is a very simple one: taking time to hold a hand, share a laugh, wipe away a tear. Many people will be doing exactly that to comfort the 36 families who will live at this Inn: people like resident manager Kate Higgins and her staff; people like the volunteer fundraisers and more than 4,000 donors who have raised over \$7 million for construction and who will continue to raise \$500,000 a year for operating expenses; people like those at the Clinical Center and the entire campus of NIH, who have been involved in caring for decades, in planning for years, and in construction since last August. I think it's wonderful that over 3,000 of you came to tour this place earlier this week. And Debbie said that—knowing her, I'm sure there were a few arms twisted—but nevertheless, she said that most of

you have volunteered to help, and I would encourage the others to listen to her message.

We can't forget those who simply care, like the eighth graders at Baker Intermediate School in Damascus, Maryland, who made a squadron of 35 toy airplanes for the Inn.

But above all, it will be the families themselves who will be providing the love. As your Children's Inn slogan says: "There is a closeness that can only come from the family."

Let me give you an example of the importance of the family bond in bringing new hope to a sick child. Today 10-year-old Breanne Schwantes can swim up to 54 laps a day, plays hard with her sisters and cousins, and is so concerned about the penguins in Antarctica that she even wrote a letter to me about them. But she could have spent these last 10 years in a world bounded by her hospital room walls, like others with her illness, for Breanne has osteogenesis imperfecta, brittle bone disease. But what is more important is that she also has her loving parents, Terry and Theresa, and sister, Elizabeth.

When Breanne's condition was diagnosed, Theresa gave up her Ph.D. work, saying nothing else mattered except devoting herself to the health of her daughter and the health of her family. And she says: "We decided that our gift to Breanne would be that she have a life that was full and joyous and that all of our lives would be truly lived." And now, whether at home in Wisconsin or in the Schwantes' second home here at NIH, those who know Breanne say it is her family's depth of support that has given this child her life.

There is nothing that hurts more than a child afraid of the darkness whose cries go unheard, a lonely child whose tiny spirit is wrapped up in a brave fight too big for its years. And that is what this splendid cause, your splendid cause, so eloquently recognizes.

As I thought about why I was so deeply touched by the sensitivity of your concept, I remembered Barbara's words a couple of weeks ago at Wellesley. To me they sum up the spirit of this place: that the family is the key to everything. She told the graduates

there, you may remember, "You will never regret not having passed one more test, not winning one more verdict, or not closing one more deal. You will regret, however, time not spent with a husband, a friend, a child, or a parent."

We share the belief that the family is the bright center of love and life itself. Quite simply: Family comes first.

Those of you who are parents of these special, gravely ill children share something. You learn to carve out your daily lives with the tools of courage, faith, and love.

Dr. Vagelos and Dr. Pizzo and the Friends of the Children's Inn are people of exceptional goodness, and we are very, very grateful to them. And I also want to thank the nurses, the nurses who hold these kids in their arms and take care of them, and all the other fine people here at NIH who help and care. And to the families of these kids—you live with a special grace. You who spend precious time with these kids, these intensely ill children, have learned the true meaning of the prayer of St. Francis:

"Where there is despair, let me sow hope; where there is darkness, light; and where there is sadness, joy."

You've had the extraordinary opportunity to bring joy and strength to each other, and that is the greatest strength of all.

Thank you, and God bless this wonderful work right here at this very special Inn. And now off to cut the ribbon.

Note: The President spoke at 10:14 a.m. outside of the Children's Inn. In his remarks, he referred to Secretary of Health and Human Services Louis W. Sullivan; Philip Pizzo, Chief of Pediatrics at the National Cancer Institute; William F. Raub, Deputy Director of the National Institutes of Health; P. Roy Vagelos, chairman and chief executive officer of Merck & Co., Inc.; Carmala Walgren, Debbie Dingell, Chris Downey, Alan Kay, Kathy Russell, and Katie Lowery, president, vice president, secretary, and members of the board of directors of Friends of the Children's Inn, respectively.

Proclamation 6149—National Sheriffs' Week, 1990

June 21, 1990

By the President of the United States of America

A Proclamation

This year, the National Sheriffs' Association marks half a century of service to law enforcement officials and to the American public. Incorporated on September 26, 1940, in the State of Ohio, the Association was established to form and perpetuate an efficient organization of the sheriffs of the United States and to raise the level of professionalism in the office of the sheriff, among sheriffs' deputies, and among other law enforcement personnel.

The National Sheriffs' Association educates the public on law enforcement issues and maintains training programs for its members. It also represents the interests of sheriffs and other law enforcement officials before the executive and legislative branches of the Federal Government, as well as at the State and local levels of government.

Today the organization represents more than 26,000 city and county law enforcement officials nationwide, including more than 1,700 sheriffs. It is a leader in the Nation's law enforcement community.

In recognition of the 50th anniversary of the National Sheriffs' Association and in honor of all those individuals who serve their fellow Americans as sheriffs, the Congress, by S.J. Res. 264, has designated the week of June 24 through June 30, 1990, as "National Sheriffs' Week" and has authorized and requested the President to issue a proclamation in observance of this event.

Now, Therefore, I, George Bush, President of the United States of America, do hereby proclaim the week of June 24 through June 30, 1990, as National Sheriffs' Week. I call upon the people of the United States to honor all sheriffs during the week for their courageous and dedicated efforts to preserve the rule of law and ensure domestic tranquility.

In Witness Whereof, I have hereunto set my hand this twenty-first day of June, in the year of our Lord nineteen hundred and



- US further considers delay
- phrase comments -
- any other aid

Washington BUSINESS JOURNAL™

Excerpted from Publisher's Letter -

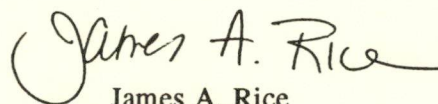
Dear Reader:

With this issue, we herald spring when, we hope, Washington business turns optimistic with the new season. In researching the market for 1990, we've found pockets of worry here and there, but overall, the area's business community appears to be feeling OK about the prospects for the remainder of the year.

After stepping back rather cautiously in the first quarter to have a look, most Washington businesses have discovered that our region now has a diverse enough economy to withstand a downturn in government spending. The further good news is that defense spending cuts will not . . .

. . . Lastly, please take a few minutes to read Susan Stocker's story on the Hospital for Sick Children, a unique and valuable institution that is too often overshadowed by the better-known Children's National Medical Center. ~~You will feel up for any challenge that you may face after reading about these inspiring medical professionals and courageous young children.~~

Sincerely,



James A. Rice
Publisher



D.C.'s *Other* Children's Hospital

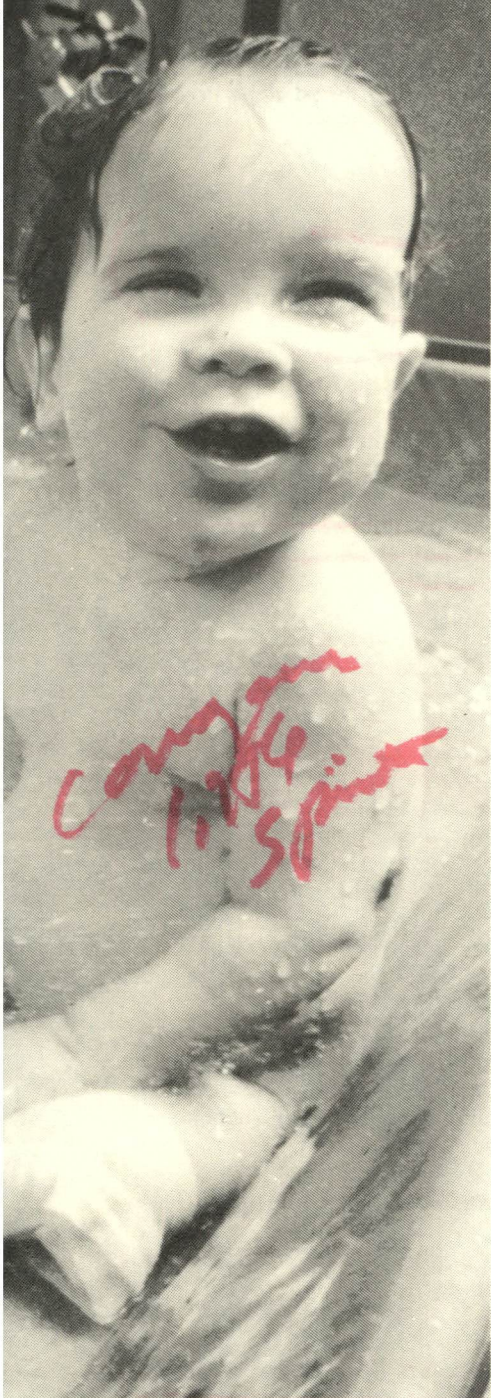
Despite its 106-Year History, Washington's Hospital for Sick Children Struggles to Find an Image

By SUSAN J. STOCKER

The Hospital for Sick Children, an 80-bed pediatric care facility in Northeast D.C., despite vast advances in its patient care throughout its 106-year history, still struggles with a persistent identity problem. Many Washington area residents don't even know it exists and others are still unclear about what exactly it does.

"To this day, when I ask people to donate, they say 'I already gave,'" says Dr. Constance U. Battle, chief executive and medical director of the hospital since 1973. "What they mean, of course, is that they gave to Children's [National Medical Center]. The confusion is still there and it's unfortunate."

One of barely a dozen pediatric specialty hospitals in the country, the Hos-



in their eyes - 1446 hrs of ... on ... days, along, etc. - will + B.Y. ...

FEATURE

Picking up a crayon with her mouth, her head shakes from the effort, but she delivers the biggest smile her therapist has seen yet.

Tiny preemie **Jamie**, born at 26 weeks to a young, drug-addicted mother, weighed just less than two pounds at birth. Weaned off a respirator after spending four months at a nearby acute care hospital, Jamie wasn't gaining weight and was again ventilator-dependent. She would not develop normally as other healthy babies do and would have to play catch-up for much of her infant life.

One day the staff can gather around to give a child a discharge party complete with balloons, punch and cake; the next, another can be lost to a malformed heart that could no longer hang onto life.

The hospital manages to do a little better than break even by successfully filling a niche in pediatric care, even though it relies on Medicaid for more than 80 percent of its income, competes for staff with the likes of Children's National Medical Center and must deal with the city's serious socio-medical problems that have, in some cases, caused its patients' illnesses.

"We're able to operate in the black through using all of our wits to recapture our daily costs," says David C. Corro, administrator.

Patient revenue and donations for the year ending Dec. 31, 1989, were expected to total \$12.5 million. Operating expenses will take about \$12 million of that. Yet daily costs per patient range from \$350 to \$475 — roughly half the cost of care in an acute care setting — primarily because physician fees are included in the daily rates and the hospital contracts lab and X-ray services to outside providers. It also doesn't have to support costly operating rooms or emergency rooms like acute care facilities do.

The hospital, however, does support salaries and benefits comparable to those of its primary competitor for staff — Children's National Medical Center.

"We try to track Children's salaries very closely," said Carolyn Harris, who manages the hospital's 92 direct caregivers (RNs, LPNs and patient care assistants) as director of nursing. "So salary is hardly an issue here."

Generally, degreed nurses with roughly eight years of experience will earn about \$16 an hour to start at either hospital. The major recruitment difference between the two pediatric facilities: Children's is a large, teaching hospital with substantial research dollars and educational opportunities; The Hospital for Sick Children is not.

Feeling the impact of the city's rise in low-birth weight babies (averaging about 1,300 a year), area acute care hospitals are being squeezed financially due to expensive, long-term infant care.

"There's a real critical need for respiratory-dependent and developmentally disabled infant care here," says Howard Jessamy, president of the D.C. Hospital Association. "It overly taxes acute care hospitals both staffwise and moneywise. It's a niche in specialty care that's not met very well by other segments of the community."

The Hospital for Sick Children sees that niche as one of the only true growth areas of clinical hospital care today. Its 80 beds are usually full and as many as 17 new cases can be awaiting admission during any one week. About 60 percent of the patients admitted will have to stay from one year to 18 months.

Those statistics — and a beefed-up effort at image-building — have led the hospital on an ambitious expansion project that will increase the total number of beds by 50. Despite local neighborhood opposition, it expects to start demolishing an existing building constructed in 1929 to make way for a new, \$13-million addition. Construction is planned to begin in June.

The project will be financed through planned District bond sales and an aggressive fundraising campaign. The work also includes renovation of the hospital's second existing gabled brick building off South Dakota Avenue N.E.

"Technology in itself has put us in a catch-22 situation," says chief executive Battle. "Advances in medical technology have increased the baby's chances of surviving conditions that would have meant death even 10 years ago. But with that comes the need for more money to provide that new level of care."

Under Battle's 16-year leadership, the hospital has evolved from a struggling institution providing basic convalescent care to a health care facility that addresses the "whole child" — both physical and mental care management issues.

In fact, through its long history, the hospital has changed its name four times as its patient care focus shifted along with its mission.

Originally a country home for children in 1883, it became The Children's Convalescent Home in 1951; The Children's Convalescent Hospital in 1956;

continued on next page

convalescent 1.250 pints

hospital for Sick Children acts as a transitional care facility for children from two weeks to 21 years who are no longer acutely ill, but are not yet well enough to go home.

It's a facility that's home to happy and sad stories alike. A year ago, two-and-a-half-year-old **Johnny** could not eat. He was fed through surgically implanted intravenous lines that corrected his congenital malabsorption — inability to digest food. Now, Johnny sits up in his own highchair and is starting to eat like any child his age would.

Lucy, a wide-eyed 11-year-old, is in the midst of her physical therapy session. Paralyzed from the neck down as a result of a serious car accident, she must learn how to live all over again — without the use of her hands and feet.



Soon to be demolished to make way for a new \$13-million addition, the old wing of the hospital dates back to the 1920s.

continued from previous page

and The Hospital for Sick Children in 1968.

"We try to optimize the full potential of every child," Battle says. "Bringing the hospital to a high level of medical competence and bringing in the developmental approach are the most important things we've accomplished here."

And the fruits of the work are evident throughout the four units of the hospital.

In Unit A, the ambulatory unit, the older children interact freely since most are more mobile than other patients. Most children in Unit A are members of what the hospital calls The Breakfast Club, where children eat together to learn table manners and social behavior, and go on field trips and tutoring sessions outside of the hospital.

Respiratory care Unit B, dedicated by former Surgeon General C. Everett Koop in 1984, is the most populated hospital unit — 20 children are treated here along with a customized developmental care plan for each child that is neatly tacked to the baby's crib.

"Gurgles happily when tummy is gently rubbed," notes one baby's descriptive page at the foot of his crib. "Reaches for panda when moved by attending nurse," reads another.

Each crib holds a myriad of toys and stuffed animals, each selected especially for the child's current level of development. In one doll-sized bassinet, for example, where a premature baby girl lies sleeping, several black and white stuffed toys sit close by to help the infant distinguish the contrasts of light and dark. Taped to the top left corner of the crib is a photo of the baby's

father, holding her as a newborn.

Against the walls stand the reminders of the real reasons these kids are here — ventilators, catheters, tubes, heart monitors and emergency life support equipment.

Unit C also handles congenital conditions, but of a less acute nature than those of Unit B. Unit D cares for children with serious congenital defects, degenerative conditions, brain damage and accident or abuse victims.

In 1989, the hospital had 84 discharges. Of those, 35 went home, three transferred to another facility, eight died and the remainder went back to an acute care hospital, perhaps to return later.

"The rewards aren't the same here as they are in a regular hospital," says Barbara Moore, assistant director of nursing clinical services and an eight-year veteran active duty nurse. "To see



Constance U. Battle, chief executive, has been leading the hospital for 16 years.

a child defy the odds by living beyond its life expectancy or see a child take its first steps at age three or four fills you with such a joy."

And even small steps can mean crucial improvements for the patients at the hospital.

"Other hospitals work to fix the patient and that may be the extent of it," Battle says. "We pick up from there — we look to stabilize the condition and give the child the best possible chance at a normal life."

But there are plenty of other obstacles to that as well. About 10 of the hospital's patients are wards of the District and increases in the numbers of cocaine-addicted and AIDS babies has added to the hospital's burden.

"Children here lately linger longer as a result of their unstable social backgrounds," says nursing director Harris. "It's become part of their regular baggage."

One child some time ago was in what doctors call a vigil coma, in which the patient's eyes may be open, but whether he sees or hears what is going on is unknown. The family was not overly involved with the child; visits were scarce, but they wouldn't allow the child to be placed on no-code status where no extraordinary emergency efforts are employed to save its life.

"We had to resuscitate that child several times," recalls nurse Moore. "And to see a child come back with even less each time is, well, it's just really tough."

During the long-term stays and ups and downs of a child's development, parents are often forced to ride an emotional rollercoaster.

"Sometimes they even try not to get too attached to someone they might not have for too long," she says. "It almost frightens them."

And the attempt at distancing the personal relationship between the health care provider from the patient in a special pediatric setting like the Hospital for Sick Children is, most find, just that — an attempt.

"After a while, you learn to try to pull yourself back and not get too involved with a child, but it's hard to let that happen," Moore says.

"In your heart, you get involved despite what you think you should or shouldn't do." ■

Susan J. Stocker is a Washington Business Journal reporter.

rockin's chin w/battle

PAYING THE PRICE

PRISONERS OF TECHNOLOGY

Modern science has rescued these children, but for what kind of life?

By CATHY TROST

THE TECHNOLOGY that gives life to premature and sick babies sometimes becomes their captor.

At the Hospital for Sick Children in Washington D.C., a seven-year-old girl lies motionless in bed, her legs cradling a stuffed rabbit. She wears a pretty green dress; yellow ribbons are tied carefully in her hair. On the wall are posters of a tropical island and a white kitten.

The child was born with a degenerative neuromuscular disease that has left her more helpless than a newborn.

At birth, "it was assumed she would die and she didn't," says a doctor. "She survived only because of technology." Tubes fastened to a ventilator pump force oxygen into her lungs and keep her trachea moist; a winking blue panel records her heart and respiratory rate. Another tube feeds

The child has been in hospitals since birth—in this one since 1984. "She is fully technology-dependent," says Olga Byll, a hospital official. "She may react to a specific staff member or recognize a person's voice, but we're not sure what she recognizes and doesn't recognize." What can she do? "Nothing," says Ms. Byll.

And probably never will. For the young girl is one of an increasing number of children who are "prisoners of technology"—patients who would have died at birth without life-salvaging technology but who can't stay alive without its continuing assistance.

Many are children who were born too soon and too small, or with grave diseases, or both. Modern science has rescued these children; now society has to decide whether that's a blessing or a curse.

The luckiest children eventually go home with their breathing and feeding tubes, nighttime breathing alarms, suction machines and other medical paraphernalia. But many are too damaged to ever go home. Others are de-

serted by parents who are unwilling or unable to cope. Foster homes and other facilities are in short supply already; in some cases, state or local regulations even make it impossible to place a child with a breathing or feeding tube in a group home. And few couples are willing to adopt and care for a child who may always be at the mercy of a machine.

And so they stay on. And on. "I walk through the halls every day and see the lives these children lead long after the drama and glamour of treatment decisions have been made," Constance Battle, the medical director at the Hospital for Sick Children, wrote two years ago in a medical journal. "I watch the children whose families have gone on, who have become emotionally distanced and moved on (with guilt and self-recrimination) to new chapters in their lives.

"And I witness and think of the long lonely Saturday afternoons when many of the nurses and therapists are gone and the children are slowly passing the time, minute by minute. It is at those moments that I berate the technology that has allowed us to create a new agony, an existence somewhere between life and death."

In this nether world one day, a three-year-old boy, who at birth weighed barely half a pound, leans on a special device to prop himself up. He is a case study of the ravages of extreme prematurity. He has upper respiratory problems and feeding tubes, and so little muscular tone that he needs help to stand. Emotionally, he is a 10-month-old, smiling and blowing bubbles at the nurses who nuzzle him as they pass by.

In the infant room, a 14-month-old girl born prematurely lies surrounded by the

machines and medicines that keep her alive. Breathing tubes run from the ventilator into her neck and a feeding tube cuts into her stomach above the tiny bear cartoons on her diapers. She gets nine different types of medications daily to treat her kidney and respiratory problems, including steroids that puff out her tiny cheeks, and drugs to keep her calm.

The daily schedule posted over her crib reads like Army maneuvers: "0001—aerosol [medicine spray], cpt [chest pats to loosen secretions], sx [suctioning], meds, vital signs." Doctors say she used to be so agitated by noises that if they stood by her bed talking, her heart rate would zoom and she would have a bronchial spasm. Work-shift changes would leave her so rattled it would take hours to get her to breathe normally again.

Though there's no evidence in her case, such behavior can indicate maternal drug abuse. To soothe her, lights are dimmed, soft music turned on, and screens placed around her bed to muffle noise. Her parents visit, and doctors hope she may be able to go home someday.

Next to her bed is a two-year-old boy whom nurses are carrying back from group therapy. They carry him, his portable oxygen unit and his stomach tube. A splint helps straighten his legs, and he cries out, pushing his glasses down, around his nose and twisting angrily in his bed. A nurse rubs his head sympathetically, saying he's probably angry because he doesn't want to come back to bed. Over his crib is posted a sign telling nurses about his developmental progress and needs. "Give him toys that rock or make music when they are

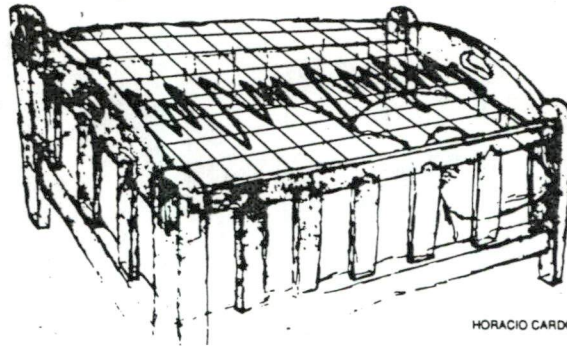
touched or pushed," it says.

Another boy has a rare intestinal disorder that requires pumping nutrients through the heart and bypassing the stomach. Almost two years old, he sits in a high chair, isolated in a special room, playing with a Mickey Mouse pop-up toy. At night, the doctors say, he plays with his tubes and punches the buttons on his feeding pump. They hope he will improve and go home to his parents. But the future is less bright for a girl nearby, born with the same disorder, whose family is unstable and probably incapable of caring for her.

The hospital has had many successes, rehabilitating and sending children home to families and lives of hope, and Dr. Battle makes a point that technology performs miracles, too. The medical staff tries hard to make the hospital a home. There are playrooms and outdoor playgrounds, a developmental program to help the children move forward and learn new skills, trips to fast-food restaurants and amusement parks, and weekly family-style dinners. Doctors give the children barrettes and new clothes, and volunteers come in to cut and perm their hair.

"There's not a child someone hasn't fallen in love with," says Margaretia Jackson, a senior attending physician. "But [the staff] still goes home after eight hours and takes vacations. It's not the same thing as having a mother."

And the children keep coming. The 80-patient hospital has plans to add 50 beds. Says Ms. Byll: "The projection is the numbers will just keep increasing." ■



HORACIO CARDO

THE HOSPITAL FOR SICK CHILDREN
BUILDING PROJECT FACT SHEET

Purpose: To renovate and expand our current facility in response to the growing number of children in the greater Washington area who require the specialized care only HSC provides.

Result: The new facility will increase our capacity by more than 60% -- from 80 beds to 130 beds.

Specialized Therapy Treatment Rooms in our New Facility: Respiratory Therapy
Physical Therapy
Speech and Hearing Therapy
Occupational Therapy
Recreational Therapy

The new, expanded and more modern facility will enable better coordination between therapies and improved patient services.

New and Expanded Services

Family Training Apartment where parents prepare for their child's return to home. Here, under medical supervision, parents will have an opportunity to practice caring for their child, which will give them greater confidence when they take their child home.

Laboratory and X-ray facilities to allow faster testing and results to take place on-site rather than using outside services.

A Conference and Training Center to provide educational and training seminars to our staff and the area's medical community, as well as ongoing health related programs of interest to the general community.

Two 25-bed Units to provide for children who need longer term rehabilitation. HSC is the only facility in the D.C. area providing this very specialized medical care to children.

80 beds for children requiring specialized rehabilitative transitional care.

Project Timetable:

Groundbreaking.....June 13, 1991

New wing construction...Sept. 1991-Dec. 1992

Move into new wing....January - March, 1993

Renovations..Jan. - June, 1993

Financing: Total cost of the project is estimated to be \$19 million. The majority of financing will be obtained through the sale of bonds.

The Capital Campaign has a goal of \$2.5 million. The current total raised for the project is \$1.3 million.

Campaign Committee Co-Chairmen: ~~Mr. and Mrs. Mitchell P. Rales~~

(3/91)

You may not have heard of the Hospital for Sick Children before. Because the miracles that happen here are not the kind that get written up in the newspapers.

Our miracles are the kind that no one ever hears about except for the nurses, therapists, and doctors who are actually present when they happen:

- A premature baby takes its first breath without the help of a respirator.
- A five-year-old boy who has never uttered a word in his life finally manages to squeak out his first "Hello."
- A teenager who is unable to move from the neck down earns her high school diploma.

The Hospital for Sick children is the Washington area's only pediatric specialty hospital. We treat kids with chronic illnesses and multiple disabilities whose conditions are no longer medically acute ... but who are not yet ready to go home.

...Timmy is three and one-half years old. He came to the Hospital for Sick Children with Fetal Alcohol Syndrome and Bronchopulmonary Dysplasia (BPD) and has progressed to the point where he could be discharged to his grandmother. Deeply concerned about the responsibility she will be assuming, Timmy's grandmother is working through her fears with one of our social workers and looking forward to the day when the boy can come to live with her.

...Susan is a twelve year old with cerebral palsy and malnutrition. She came to our hospital from Children's Hospital in order to receive extensive physical, occupational, speech and feeding therapy. Although Susan will soon be ready to be discharged, she will not be able to receive the care she needs at home. Our social workers are now looking for a foster home or for other options for Susan's placement.

In reading about these children, you can see that the Hospital for Sick Children treats patients requiring a wide variety of care and therapies.

Among the 80 young patients who are here today, for example, there are kids with chronic lung disease, cerebral palsy, leukemia -- and victims of child abuse. There are children who have been severely brain damaged in car accidents and kids who were born with such congenital diseases as cleft palate or cardiac defects. And, of course, we have many, many premature babies. (Tragically the Washington area has twice the national average in premature births.)



THE HOSPITAL
FOR SICK CHILDREN

As the surgeon steps out of the operating room, he removes his mask, wipes the sweat off his brow, and walks over to the worried parents. "It's going to be a long and difficult recovery," he says. "But your child is going to live."

The parents hug each other and collapse into joyful tears. The music swells. The credits roll. On the screen it says ...

"The End."

Dear Friend,

Although it may sound like something you'd expect to see in the movies, scenes like the one above happen in real life almost every day.

At acute-care facilities like Children's Hospital, Georgetown, and GW, the miracles of modern technology routinely save young lives that would have been lost just a few years ago.

So there's nothing exaggerated about the scene I just described to you. Nothing, that is, except for one little point:

You see, in the movies that's where the story ends. But in real life, it's only where the story begins.

In real life, there's another scene, a scene that involves real-life people at a real-life place -- a place called the Hospital for Sick Children.

An ambulance pulls up to the front door. Inside is a tiny premature baby, dwarfed by the medical equipment that surrounds her. There are tubes coming out of her nose, tubes coming out of her throat and wires are attached to her tiny arms and legs.

She is being transferred from the Washington Hospital Center where she was born nine weeks premature. The doctors there accomplished a miracle in keeping her alive. But now her condition is stable. And with the proper medical care she will probably live.

But what kind of life she'll live depends on what happens here, at the Hospital for Sick Children. And in a way, it also depends on you.

628-6661

.....
1731 Bunker Hill Road, NE
Washington, DC 20017
202-832-4400

Will you help our children achieve this special goal?

Earlier, I mentioned that at the Hospital for Sick Children we believe in a team approach. But while I talked about the respiratory therapist, the feeding therapist, and all the others, there was one critical member of our team I failed to mention:

You.

Your contribution to the Hospital for Sick Children of \$25, \$50, or \$100 is what enables these kids to stay on the road to recovery. We never turn down or discharge any patient because of inability to pay. But in order to maintain that policy, we must ask for help from generous people like you.

A little money goes a long way at a hospital like this. In fact, it costs only slightly more than half as much to care for a chronically ill child here than it would in an acute-care facility.

That means your contribution is not eaten up by thick layers of medical bureaucracy and overhead. Instead, it goes directly to the children who need it.

A gift of twenty dollars, for example, will buy a special mirror for an infant's crib. The Batacas -- a soft bat that's used as a tool -- can be purchased for \$37.95. A contribution of \$100 will buy a wheeled walker to help a disabled child learn to walk. And if you can give as much as \$1,000, you'll know that your gift is buying one of the extra-large cribs that we need for our pre-schoolers.

But whatever amount you give, what I'm really offering you is the chance to take part in one of our miracles.

Not the kind of miracle you see in the movies ... but the kind of miracle where the love and dedication of many caring people -- including yourself -- make it a life worth living.

You can be a miracle worker for a child. Please send a gift today.

Sincerely,

Constance U. Battle, M.D.

Constance U. Battle, MD
Chief Executive Officer
and Medical Director

P.S. I wish I could introduce you personally to some of our brave little patients and the many special people who work here. Instead, I've enclosed some photographs to give you an idea of our special needs and of what life is like here at our hospital.

The one thing all of our kids have in common is that they are survivors. They came to the Hospital for Sick Children from an acute-care facility where they bravely won the battle for survival. Now they are here to fight the battle for recovery.

Fortunately, it's one they don't have to fight alone.

In acute-care facilities, as in the movies, the emphasis is on the heroic efforts of a single individual -- the surgeon, for example. But at the Hospital for Sick Children, we emphasize the coordinated efforts of a team of health-care professionals.

One child may have as many as nine different therapists assigned to him -- ranging from a respiratory therapist who gradually weans him off his respirator ... to a feeding therapist who helps teach him how to eat without the help of a feeding pump ... to a recreational therapist who adds a measure of joy to his life.

Treating patients like ours is a long, difficult, and often frustrating process. We have learned to measure progress not in days or weeks, but in months and even years. Yet progress does occur.

And when it does, it's thrilling. Sometimes when I'm walking down the hall, I hear squeals of laughter and applause break out in one of the rooms ... and I know that a patient has had a breakthrough. A seven year old's first steps, perhaps, or first words.

These halls are filled with the sounds of love.

Despite all of the high-tech medical machinery we have here, we never lose sight of the fact that these are children and that they need kisses ... and hugs ... and cuddling. Such affection and nurturing are important parts of their recovery. Without it, long-term hospitalization at their age would be devastating.

Yet even though we develop lasting relationships with our patients, all of our efforts are geared toward sending them home. Discharge planning begins on the day of admission. And our social workers carefully prepare parents in both an emotional and a practical sense for the day when their child will come home.

The glorious "Goodbye Parties" we have here are an exquisite mixture of sadness ... and joy ... and deep professional and personal satisfaction.

We know we have met our goal not when a child has a complete medical recovery -- because in many cases that's impossible -- but when we have a child on the road to achieving his fullest potential as a human being. And which of us could ask more out of life than that?

To Carol

Date 4/12 Time 6:10 PM

WHILE YOU WERE OUT

M. Holly Williamson

of _____

Phone x 6630
Area Code Number Extension

Back draft of this 6:20 PM 4/12

TELEPHONED	PLEASE CALL	
CALLED TO SEE YOU	WILL CALL AGAIN	
WANTS TO SEE YOU	URGENT	

RETURNED YOUR CALL

Message Surg. Gen. Novello
will be w/POTUS & Sullivan
at the Hospital for sick
children tomorrow - should
be acknowledged in the speech

Operator _____



23-021 CARBONLESS

THE HOSPITAL
FOR SICK CHILDREN
CAPITAL CAMPAIGN



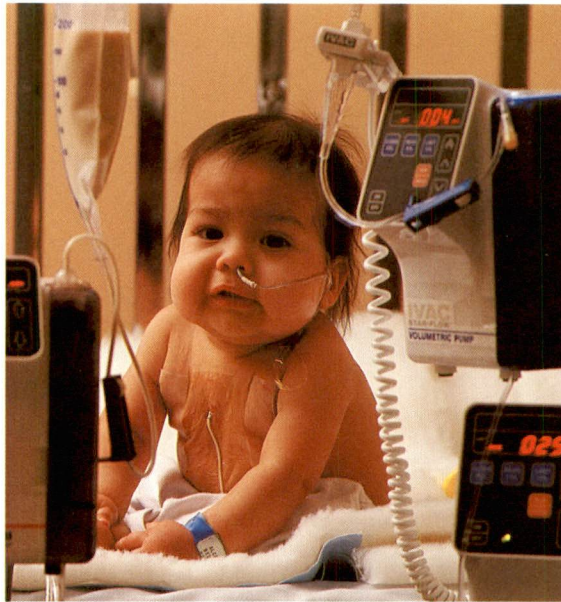
BUILDING FOR THEIR FUTURE

THE HOSPITAL FOR SICK CHILDREN



*D*espite the successes of today's medicines and surgery, many children cannot be quickly healed. For them, getting well takes time, patience and determination. For them, the Hospital for Sick Children is a place of loving care and hope.

THE LONG ROAD HOME



The Hospital for Sick Children is a transitional care hospital, the bridge between an acute care hospital and a child's home.

The Washington area benefits from many hospitals that handle emergencies and routine care for patients with acute illnesses. Of all the hospitals in our region, however, only the Hospital for Sick Children specializes in care, therapy and rehabilitation for children who need longer hospitalization before they can go home.

We are not an acute care hospital. We do no surgery. We have no emergency room. The Hospital for Sick Children is a transitional care hospital, the bridge between an acute care hospital and a child's

home.

Our patients come for many reasons: premature birth, congenital defects, illnesses and accidents. They need specialized medical care and therapy to acquire or re-acquire the skills they should have at their age.

Approximately half our patients are prematurely born infants, almost all of whom, if born ten years ago, would have died soon after birth. Despite medical breakthroughs, the infants who come to us arrive with serious problems. Many are dependent on ventilators, because their lungs are not yet ready to function on their own. They must be slowly weaned off the ventilators and helped to breathe on their own. They must be carefully monitored for infections which for them could be fatal.

Another group of children are here because they need intensive rehabilitation and developmental programs to recover from life-threatening accidents or disease. Their needs vary widely. Their ages range up to 21 years.

Finally, we have some young patients who have little or no hope of full recovery. Modern medicine has no miracle drugs or technology to cure them. But the Hospital for Sick Children is here, day in and day out, offering tenderness, friendship and the best medical care possible to help them develop to their best ability.

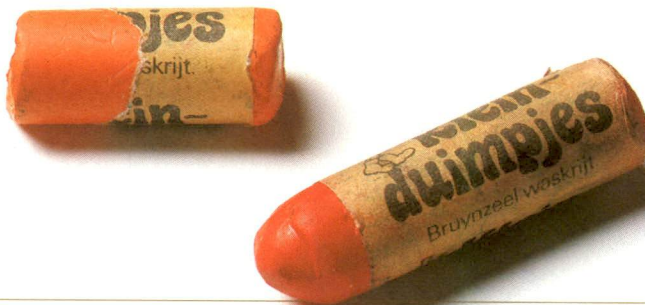
Of all the hospitals in the Washington metropolitan area, no other provides the kind of care children receive at the Hospital for Sick Children.

Our children are survivors. They need medically competent care and more. They need people standing by them, helping them down the difficult road that will take them home.

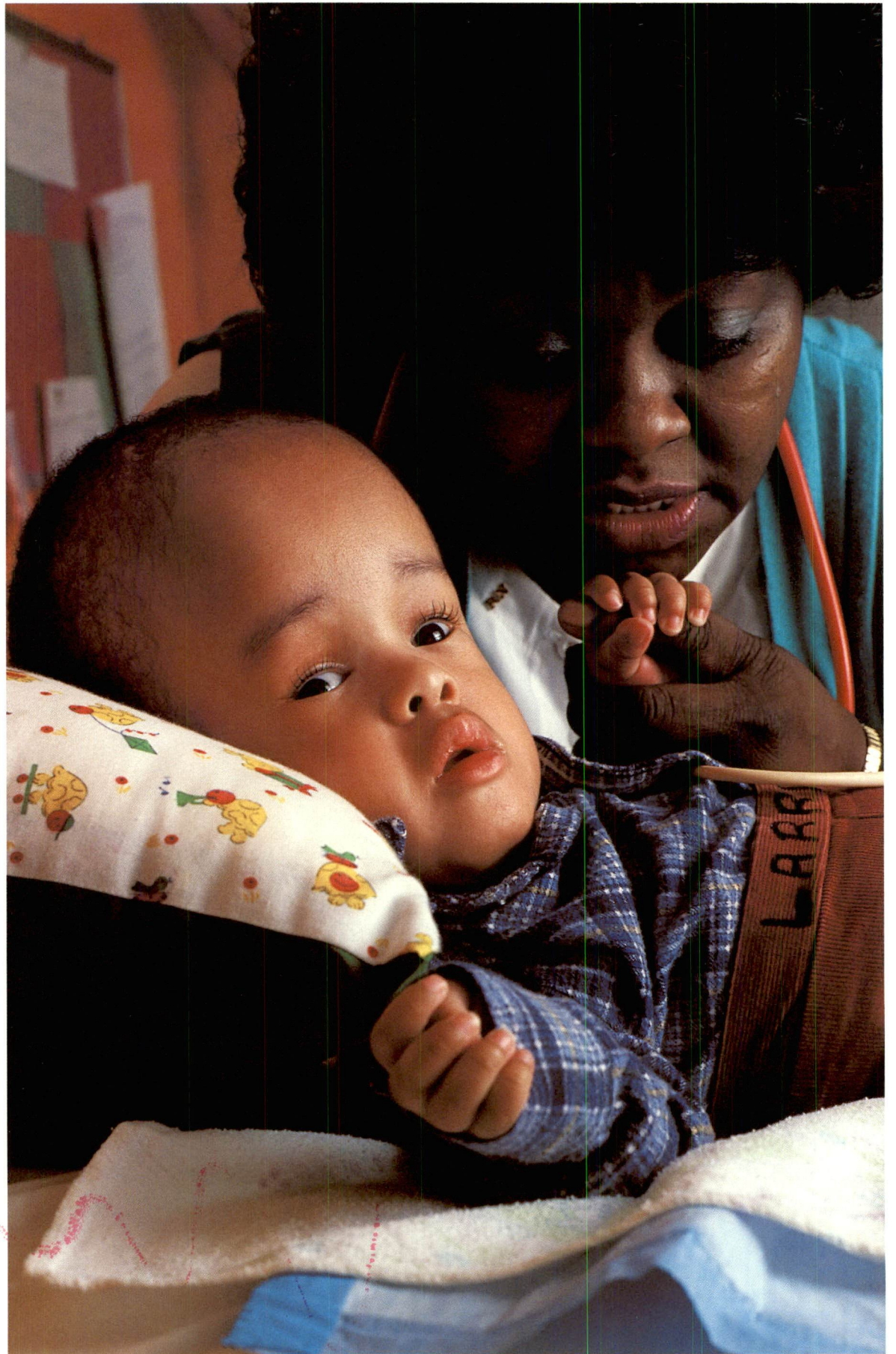




Of all the hospitals in the Washington metropolitan area, no other provides the kind of care children receive at the Hospital for Sick Children.



Through more than a hundred years of service, we have been known for our deep devotion to children.



BEHIND A SPECIALIZED MODERN HOSPITAL,
STANDS A CENTURY OF EXPERIENCE AND LOVING CARE.



With generous community support, the Hospital for Sick Children has evolved, providing new kinds of care to new groups of patients.

Even before the turn of the century, children in the Washington area had the benefit of specialized care from the Hospital for Sick Children. Through more than a hundred years of service, we have been known for our deep devotion to children.

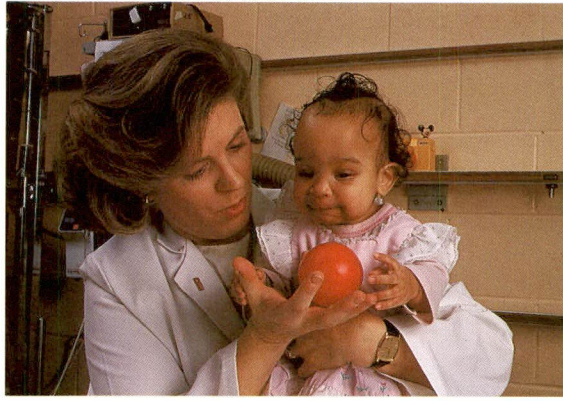
If a child who received our care many decades ago were to return, he would not recognize today's Hospital for Sick Children. The rheumatic fever patients who once filled so many beds are gone. So are the iron lungs for polio victims. But if that child, now an elderly gentleman, walked around he would recognize the same spirit of loving care amid the modern medical technology.

Over the course of our century of patient care, medical science has been transformed. With generous community support, the Hospital for Sick Children, also, has evolved, providing new kinds of care to new groups of patients. We have expanded our services in occupational and physical therapy, speech-language pathology and recreation therapy

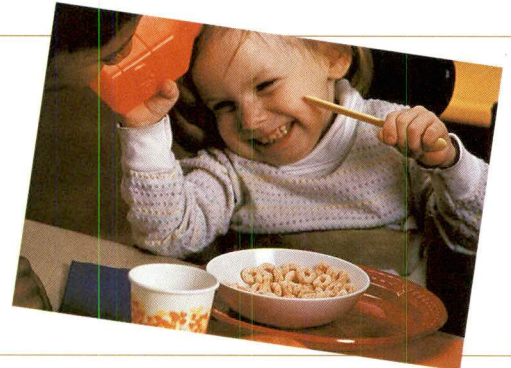


to become a leader in rehabilitation for children.

But we have never been so busy with the intricacies of medical care and therapy that we could not give our patients the time, the attention, the affection that every child needs.



We are concerned not just with how sick our children are, but with how well they can be.



THE CHALLENGE OF LONG-TERM PEDIATRIC CARE

Each week of a young child's life is unique and critical to development. Confinement and illness often cause young patients to lag behind other children of their age: in growth, in motor skills, in speech, in all areas of development. While we provide medical care, we also provide intensive therapy to help our patients regain skills they have lost, or to acquire skills they never had the chance to learn.

Each child is different. Each child has a potential to fulfill. We help each of our patients to reach that potential.

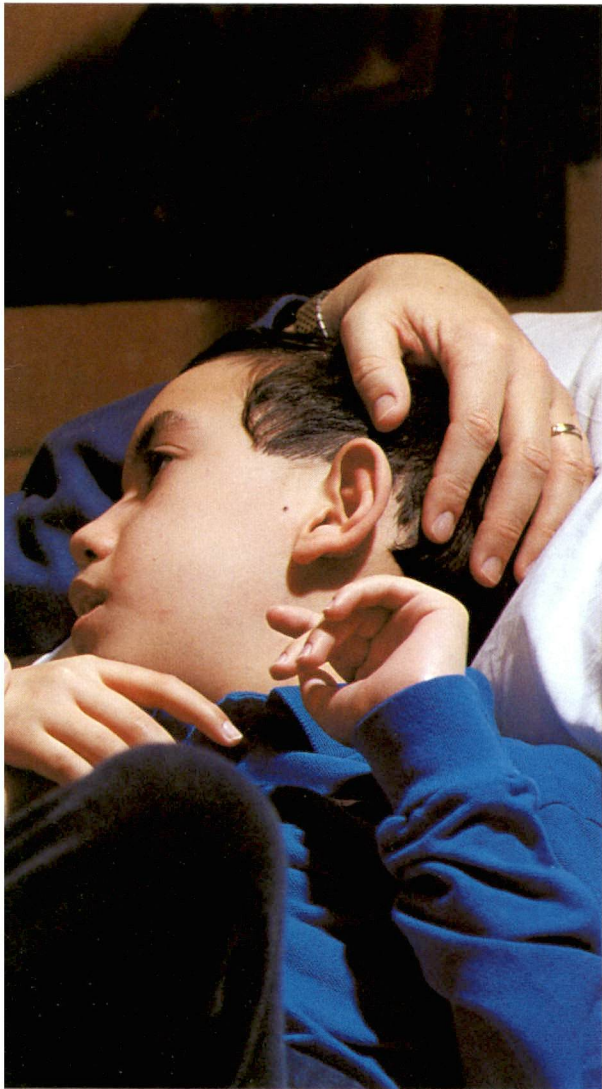
We are concerned not just with how sick our children are, but with how *well* they can be.

Our children see their lives transformed by small victories. When a multiply handicapped child learns to eat unaided, that small victory will change every day of her life and the lives of those who care for her. For a child who will never walk, learning to operate a motorized wheelchair carries with it an immeasurable gain in his dignity. Our therapists help children achieve these victories.

Even before a child is admitted to the Hospital for Sick Children, our interdisciplinary team of pediatricians, physical therapists, occupational therapists, speech-language pathologists and other specialists draw up an individualized treatment plan for each child. The goal of the plan is to send the child home, and our eyes are steadfast on that goal.

Our children have extraordinary needs. But there are ordinary needs that must be met as well. Play, friendship, celebration, privacy, adventure . . . the Hospital for Sick Children strives to meet these

Each child is different. Each child has a potential to fulfill. We help each of our patients to reach that potential.



ordinary needs, and that's one of the things that makes us extraordinary.

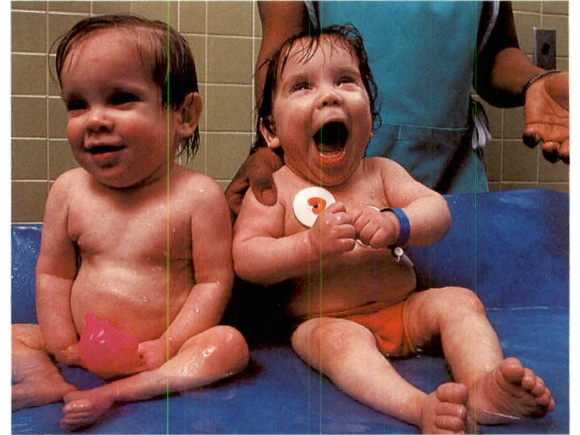
Most children who spend weeks or months in a hospital miss important social experiences and the rich influences of family life. Through family visits, field trips and special events, the Hospital makes a strong and continual effort to bring home life and the outside world inside the Hospital.

The Hospital for Sick Children is a leader in the highly specialized field of transitional pediatric care. Our leadership is built on more than our expertise with medical technology. Our greatest achievements are our innovations to make our Hospital meet the needs of both our patients and their families. The measure of our success is not what happens within the walls of the Hospital but what happens when our children go home.

We are intensely proud of our accomplishments at the Hospital for Sick Children. But progress demands flexibility from people, institutions and facilities. There are times in the life of an institution when dedicated and innovative people come up abruptly against the limitations of the physical facilities in which they work.

Medical care has changed dramatically since our Hospital was built. The limitations of our present building make it more difficult to accommodate essential equipment and provide recreational space and social experiences for our children.

Progress demands flexibility from people, institutions and facilities.





Studies have shown that the Washington area will need 200 long-term pediatric beds by the year 2000 . . . Unless we take action now, our waiting list will grow very long.

A TIME FOR CHANGE

At three times in the last 60 years, the Hospital for Sick Children has made major changes in our facilities, responding to changes in medical science and in community needs. In 1929, we moved to our present site to accommodate more children. In 1968, we constructed a modern hospital wing to meet the needs of more medically complex patients. In 1984, we opened our new respiratory care unit to accommodate the growing numbers of ventilator-dependent infants.

Today the mounting pressures of medical technology and health crises demand another major change. Unless we make that change, many children in our community will not receive the care they need.

The Hospital for Sick Children has been operating at capacity since 1987. For some time, we have had a waiting list. Unless we take action now, that waiting list will grow very long. Studies by regional health care authorities have shown that the Washington area will need 200 long-term pediatric beds by the year 2000. Today, the Hospital for Sick Children has

80 beds, and no other hospital in this region is licensed to provide this special care for children.

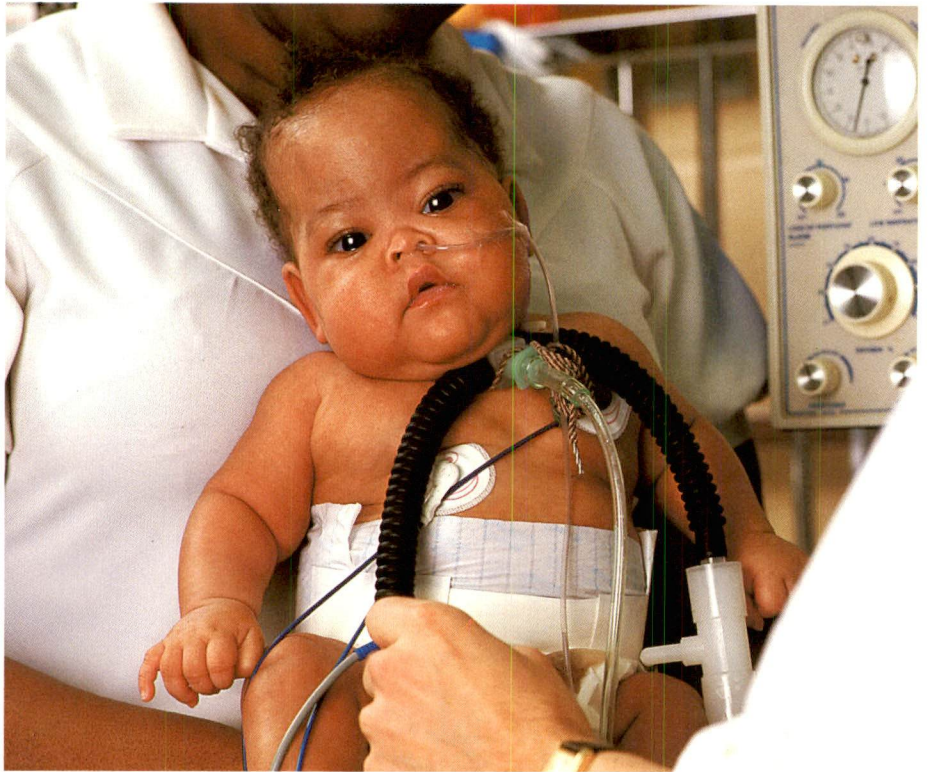
We also face the need to adapt our facilities to the demands of today's medical and therapeutic care.

The newer wing of our present building was designed more than 25 years ago. New equipment, never contemplated in that design, now crowds our patients' living space. Our occupational and physical therapists find that small and fragmented therapy spaces hinder them in working together on coordinated therapy; and there is insufficient space for play therapy, which experts agree is essential to children's normal development.

In addition, our older children need more normal living space — social space where they can relax, read, watch television, and eat meals with their friends and family. For children who have spent a large part of their short lives in a hospital, these everyday experiences are precious and make important contributions to their development.

We are ready to change. To meet the growing need, the Hospital for Sick Children has sought and received permission from local planning authorities

Children are the future. We all wish to see them enjoy the best that life can offer. You can ease their struggle, you can give their lives more promise.



to expand to 130 beds.

At the same time, we will modernize our present treatment facilities, allowing us to give more efficient care, and adding the kind of space that our children need.

Without this bold action, we would be trying to give 1990s care in a 1920s building. But with strong support from the Washington community, we will build the facilities that will take us into the next century.

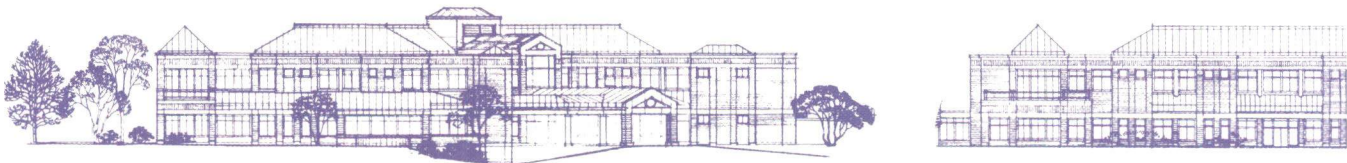
The Hospital for Sick Children is ready to take a giant step forward: offering our sophisticated medical care to more children, providing them with better living and playing space while they are here, and improving the quality of the therapy we give them.

Step with us for a moment into the future of pediatric care at the Hospital for Sick Children.

STEPPING FORWARD TO MEET THE NEED

*B*efore designing our new building, the Board and staff of the Hospital for Sick Children traveled to pediatric hospitals all across the country. We consulted with hundreds of pediatric care professionals, assessing advantages and shortcomings of each institution's physical plant. We have taken the best ideas from each of these hospitals and designed a new building to provide more efficient and effective service to our patients.

In our plans, the 1929 wing now used for administration will be replaced with a new 80-bed pediatric wing carefully designed for today's medical care, today's habilitative and rehabilitative techniques. It will



provide ample space for all the services we now provide and for the staff who provide them.

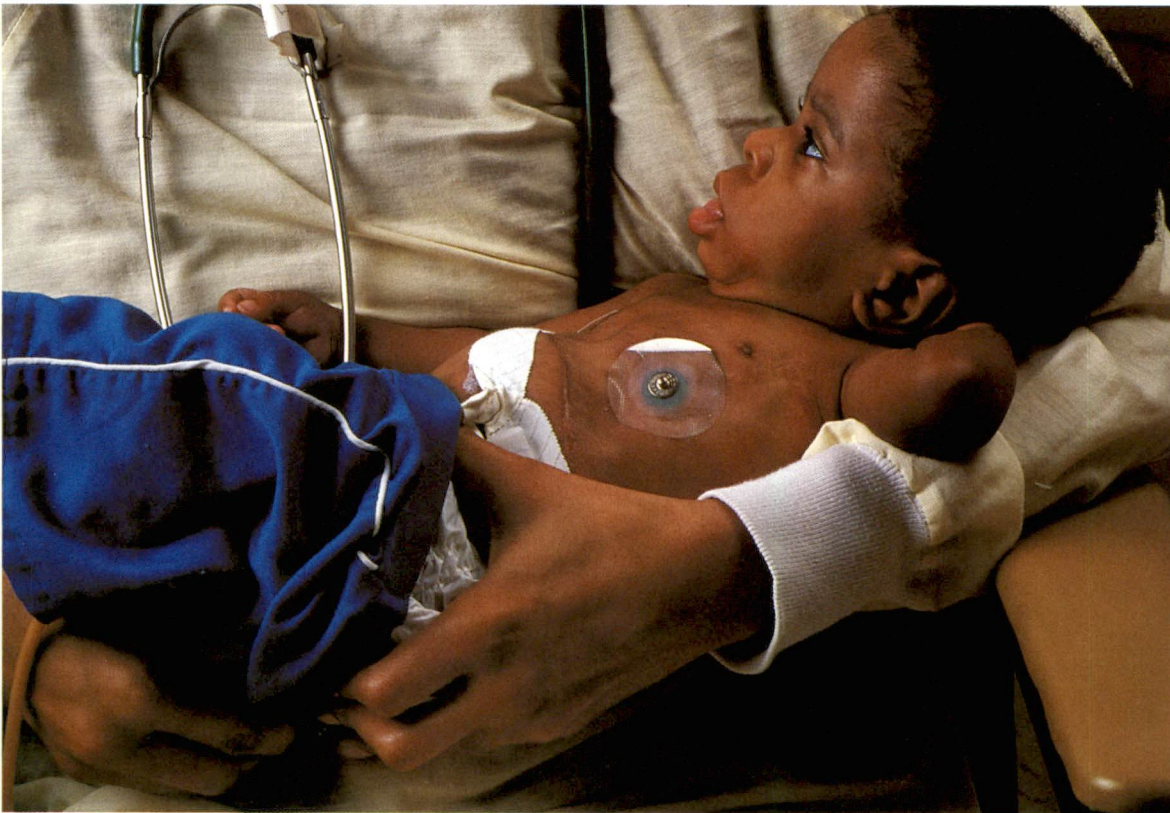
The plans include an apartment where parents can spend two or three days with their child in a natural home-like setting before the family returns to their own home. They can take on the new challenge of caring for their child with the confidence gained from first-hand experience and professional guidance.

When this wing is operating, the 1968 wing will be remodeled into a 50-bed facility, serving children who need less intense medical supervision. Its environment will be less medical, less institutional, and will provide still more natural experiences. Yet it will be a place dedicated to the intense therapeutic work that these children have before them.

In addition, our new facility will provide conference space where we can fulfill our educational responsibility as the Washington area's center for pediatric transitional care. We will use this space not only to train our own staff, but also to train parents and others who work with handicapped children in the schools, recreation departments, social service agencies, and other hospitals.

The fulfillment of these ambitious plans will help us achieve our ultimate goal: sending children home.

Our children are survivors. They need medically competent care and more. They need people standing by them, helping them...



AN INVITATION



*D*riven by the commitment of our Board to meet the needs of children, the Hospital for Sick Children has launched a capital fund raising campaign.

We invite individuals, foundations, and corporations to join in this campaign to make a tremendous difference in the lives of children.

For more than 100 years, the Hospital for Sick Children has been the beneficiary of generous support from Washington's leading citizens. They have felt the special satisfaction of helping the unfortunate and courageous children who come to us for care.

Today, to build a facility for our sophisticated care, the Hospital for Sick Children is calling on leaders who recognize our unique place in pediatric care and who share our commitment to caring for some of the area's most vulnerable children.

To fulfill our ambitious goal, the Hospital will need at least \$13 million for construction and equipment. We are committed to raising a minimum of \$1.5 mil-

lion in grants and contributions. The balance of the cost of the new facility will be financed.

The Hospital for Sick Children is seeking pledges for the capital campaign which can be paid immediately or spaced over a period of three years.

The new facility provides many opportunities for permanent recognition of major gifts, as well as opportunities for commemorative gifts. We will be happy to discuss these opportunities in detail.

Children are the future. We all wish to see them enjoy the best that life can offer.

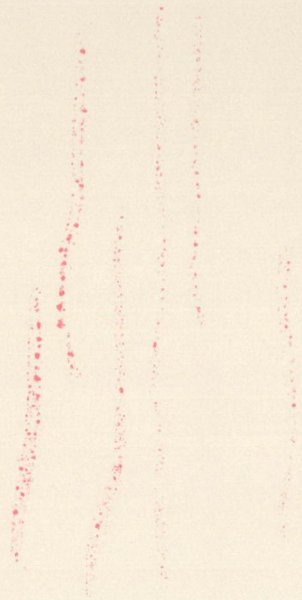
From our patients, life demands courage and determination. We stand by them as they take the difficult steps that will carry them home. You can take a step with them. You can ease their struggle, you can give their lives more promise.

We invite your generous support for the capital campaign of the Hospital for Sick Children. You will be helping this unique hospital extend a proud century-old tradition as we build for their future.

Design: LLOYD GREENBERG, STUDIO GROUP

Photography: RHODA BAER, DAVID HATHCOX, GREG PEASE, JEFFREY WILKES

Writer: PAUL BENNETT





THE HOSPITAL
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HEADS UP ON SUMMER HEAD INJURIES

Summer vacations are times of adventure for children. With another year of school behind them, and the next one barely a thought, the days are filled with sports and exploring or just simply relaxing. But good safety habits shouldn't take a vacation just because children do.

One summer danger is head injury. A serious head injury has the potential to change a life.

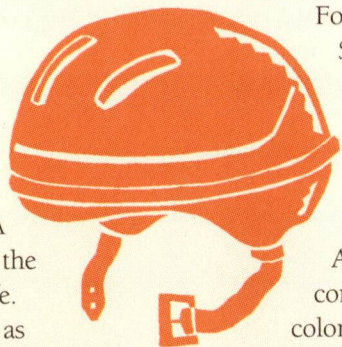
Head trauma can be as simple as cuts and small bumps, to severe injury to the brain itself. A serious injury can produce behavior changes such as irritability, aggression or withdrawal, loss of use in limbs or paralysis, eye problems, coordination problems and,

shown that wearing a helmet can cut a bike rider's serious head injury risk by 85 percent. The helmet should be approved by the American National Standards Institute (ANSI) or the Snell Memorial

Foundation. An ANSI or Snell sticker means the helmet's construction meets certain industry standards for impact resistance and strap strength.

And with helmets coming in the brightest colors and patterns, wearing one can be fashionable and sensible!

Appropriate helmets should also be used for sports such as baseball and lacrosse where rock-hard



mom and son
came a long way to

telethon



Brenda and Dennis Prince's appearance on the early June Children's Miracle Network Telethon was a triumph. It was far removed from her past drug use, and three-year-old Dennis' struggling start in life. The story of strength and recovery captivated the Telethon's hosts and, undoubtedly, the many local viewers.

Those viewers responded to the Princes' story, and the many other stories told over the weekend, by donating more than \$1.5 million. That was an all-time high for the event.

The annual Children's Miracle Network Telethon is a national broadcast seen on 190 stations, organized by the Osmond Foundation of Utah. Locally, the Hospital for Sick Children and Children's National Medical Center produce the 22-hour fund raiser with WDCA-TV Channel 20. In addition, scores of volunteers work throughout the year to raise money crucial to the hospitals' work.

Dennis was born with the odds against him. He was failing to thrive, primarily because he lacked the natural reflexes for sucking and swallowing properly. That meant he could not orally receive the nutrients he needed for survival. Only the slender lifeline of a feeding tube kept his small body functioning.

He also had neurological problems which interfered with his natural social, emotional and intellectual development.

Brenda came close to losing Dennis before he



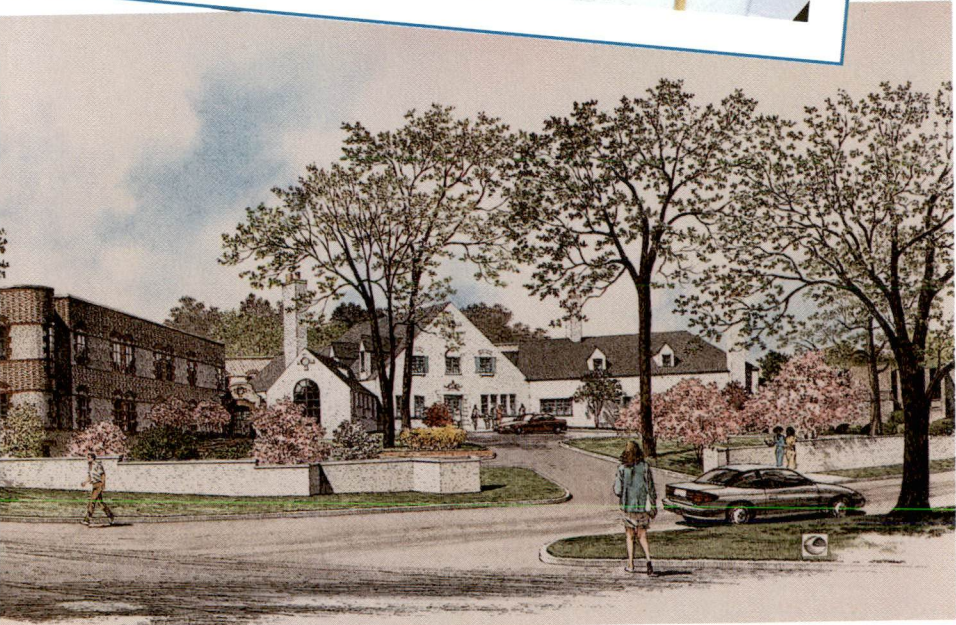
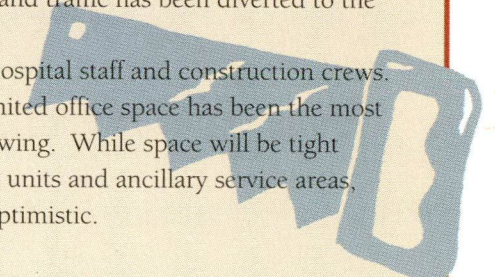


building off to a great project start!

With much hope and anticipation, the first signs of the Hospital's building and renovation program are being seen. Partial demolition of the 1929 wing is finished. Excavations and construction of the new 80-bed patient wing and the education/conference center are ready to begin.

This work has also created changes for visitors to the Hospital: the main entrance to the Hospital has been closed and an alternate one established. Signs direct visitors to the new entrance. The main driveway has also been closed (except for emergency vehicles) and traffic has been diverted to the smaller side parking lot.

Inside work has also occupied the Hospital staff and construction crews. Shifting personnel around to fit into limited office space has been the most taxing problem, especially in the 1929 wing. While space will be tight during construction of the new nursing units and ancillary service areas, employees are remaining flexible and optimistic.



KEY DONORS RECOGNIZED FOR SUPPORT

When the challenge to build a new Hospital for future generations of children was put to the community, it took conviction and commitment to step forward first. These leading donors made the first significant investments needed to get the momentum of the Capital Campaign under way.

The following individuals and organizations were acknowledged during the groundbreaking celebration activities:



READY... SET ... GO!!!

Groundbreaking Celebration!

JUNE 13, 1991

RECOGNIZED FOR THE SIGNIFICANT CONTRIBUTION TO THE CAPITAL CAMPAIGN, GROUP OF LEADING DONOR WERE HONORED AT A SPECIAL LUNCHEON AFTER THE GROUND BREAKING CEREMONY. SEE HERE ARE DR. CONSTANCY BATTLE, THE HOSPITAL'S CEO AND MEDICAL DIRECTOR, AND NATHAN WEINBERG AND BERNARD SIEGEL OF THE THE HARRY AND JEANETTE WEINBERG FOUNDATION.

With the grandeur of a Presidential visit and the festive atmosphere of balloons, a band, clowns, and nearly 500 dignitaries, healthcare professionals, Hospital employees, patients, neighbors and donors, the Hospital for Sick Children broke ground on

June 13 for its \$19 million expansion and renovation project.

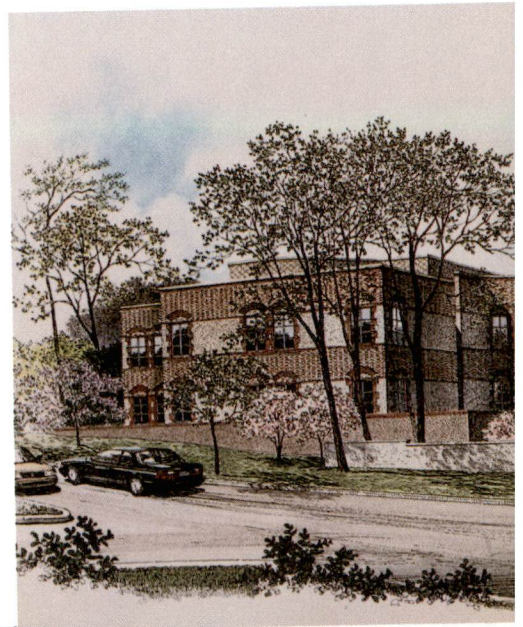
"You know, when you're dealing in medicine, whether you're a doctor or not, we toss around the word 'miracle' a lot. But this hospital reminds [me] of its true meaning," said President George Bush, the special guest of the day. Accompanying the President were First Lady Barbara Bush, Secretary of Health and Human Services Louis Sullivan, M.D., and U.S.

Surgeon General Antonia Novello, M.D.

"We've dreamed about this for a long time, and now it's becoming a reality," said Constance U. Battle, M.D., Chief Executive Officer/Medical Director of the Hospital. "The Washington area is about to see the growth of a special healthcare resource."

The expansion and renovation will bring the Hospital's total number of beds up to 130. It will also add needed facilities such as new therapy suites, private family consultation rooms, a lab, an x-ray room, a parent training

AN ARTIST'S RENDERING OF THE NEW HOSPITAL FOR SICK CHILDREN. WHEN COMPLETED IN 1993, THE HOSPITAL WILL HAVE A TOTAL OF 130 BEDS, NEW TREATMENT AREAS, AN UNDERGROUND GARAGE, A CONFERENCE CENTER, A PARENT TRAINING APARTMENT, AND OTHER CRUCIALLY NEEDED FACILITIES.



Summer



1991

THE HOSPITAL FOR SICK CHILDREN

S M A L L

**THERAPIST
EXCHANGE
SPARKS
IDEAS AND
INNOVATIONS**

A **NEW PROGRAM** started by the Hospital for Sick Children's rehabilitation therapists is giving them some new perspectives on their work.

INSIDE

2

**READY... SET ... GO!!!
GROUNDBREAKING CELEBRATION!
JUNE 13, 1991**

**SPECIAL PHOTO FEATURE:
THE HOSPITAL FOR SICK CHILDREN
CELEBRATES ITS GROWTH!**

3

**BUILDING PROJECT OFF
TO A GREAT START!**

**KEY DONORS RECOGNIZED
FOR SUPPORT**

4

talk

**EVENT
H O N O R S
VOLUNTEERS**

modeled on the idea of foreign exchange programs in high schools and colleges,” explained David Greenberg, the Hospital’s Chief of Clinical Operations. “Just as exchange students learn about another country’s culture, our therapists are learning about other hospitals’ treatment systems.”

Members of the Hospital for Sick Children’s Physical, Occupational, Speech and Hearing, and Recreation Therapy departments are involved in the program. Individuals make contact with therapists at other facilities in the Baltimore and Washington metropolitan areas and arrange for tours, meetings and observations of patient care.

According to Greenberg, the program is an opportunity for the Hospital’s therapists to pick up tips on new or improved patient care methods, while enhancing facility-to-facility communication. In addition, therapists from other hospitals are invited to visit the Hospital and see how the Hospital for Sick Children’s innovative, developmentally-oriented therapies are provided.

“It was a really great experience,” said Mary Beth Mulliken, one of the Hospital’s occupational therapists, who recently visited the Kennedy Institute in Baltimore. “I learned about important accreditation procedures, as well as some new equipment we should purchase. I really think it will help our overall patient care.”

HEADS UP ON
SUMMER HEAD INJURIES

MOM AND SON CAME
A LONG WAY TO TELETHON



APRIL 22 was an

evening of food, music and well-deserved thanks for the Hospital’s special helpers — its volunteers.

Over 80 people who donate their time, energy and skills to the Hospital gathered to be recognized for their selfless work. After being entertained by a string trio from the Duke Ellington School for the Performing Arts, the volunteers were addressed by Hospital officials.

Constance U. Battle, M.D., CEO/Medical Director, praised their work and told them how they helped the Hospital staff. She also reminded them of the role they play in the Hospital’s mission of helping children develop to their fullest potential.

The volunteers at the event play many parts at the Hospital.

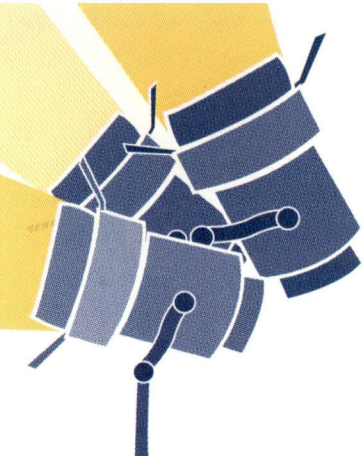
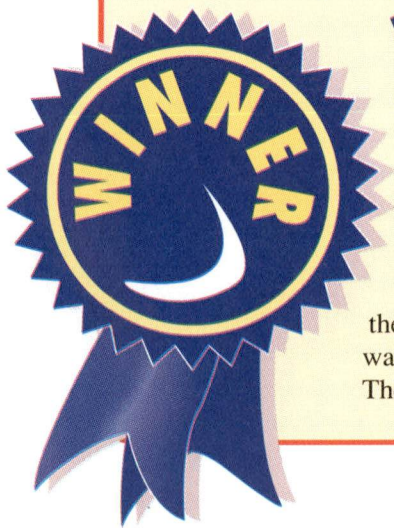
There were members of the June Fair Committee, organizers of the Children’s Miracle Network Telethon, Patient Service Volunteers, members of the Speakers Bureau, and civic and business group members who have found their own special ways to help the Hospital’s young patients. All of the volunteers share a devotion to the severely ill and disabled patients.

The ceremonies closed with presentations of plaques and small gifts to those present.

SMALL TALK WINS AWARD

small talk has received an award in the newsletter category of the Eighth Annual Healthcare Advertising Awards Competition sponsored by the publication *Healthcare Marketing Report*.

With over 3,300 entries in the entire contest from the United States and 10 foreign countries, *Small Talk* was among the seven award winners in its category. The publication received one of five merit awards.





**THE CONSTRUCTION SITE
TOURED BY THE HOSPITAL'S DONORS WILL SOON BE TRANSFORMED INTO
A SOPHISTICATED, MODERN FACILITY READY TO HELP MORE CHILDREN.**

other children suffering severe illnesses and injuries who are being saved by advancing technology.

It was also a day of recognition for the contributions of the donors who have helped finance the project, the employees who help the Hospital's fragile young patients, and the many members of the community who support the Hospital's efforts.

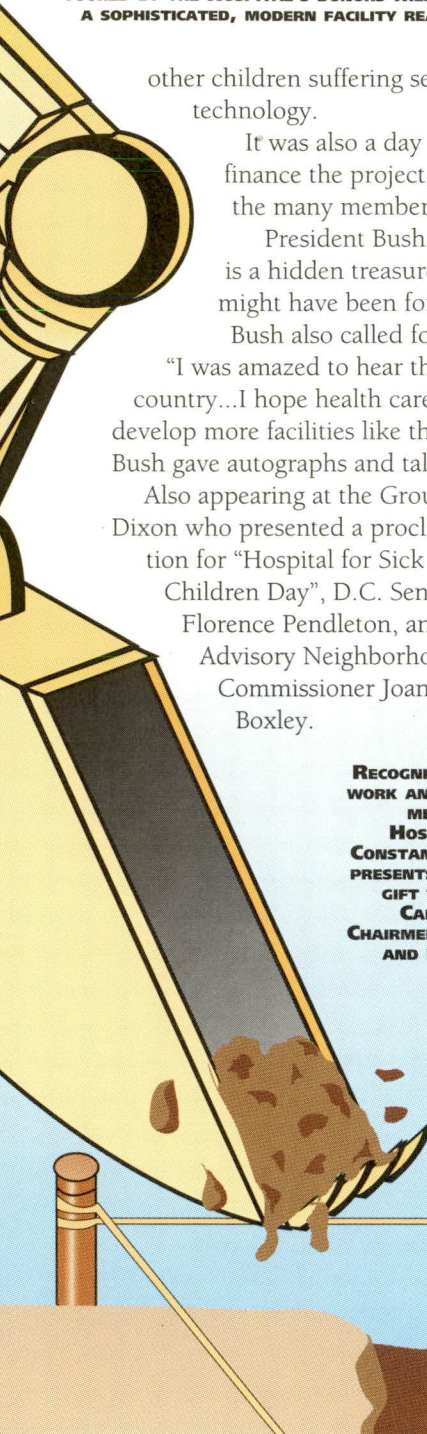
President Bush praised the results of those efforts. "The Hospital for Sick Children is a hidden treasure. And it brings out the hidden treasure in kids who otherwise might have been forever forgotten," he said.

Bush also called for the creation of other facilities like the Hospital for Sick Children.

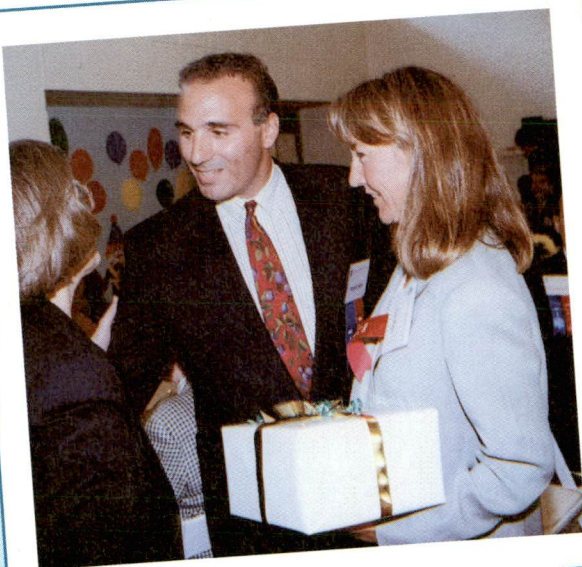
"I was amazed to hear that this is one of only a handful of similar hospitals in this country...I hope health care professionals across this country will learn from it and go on to develop more facilities like this one. They're cost-effective. They work." After his remarks, Bush gave autographs and talked with the Hospital patients who came out for the celebration.

Also appearing at the Groundbreaking were a representative of Mayor Sharon Pratt

Dixon who presented a proclamation for "Hospital for Sick Children Day", D.C. Senator Florence Pendleton, and Advisory Neighborhood Commissioner Joanne Boxley.



**RECOGNIZING THEIR
WORK AND COMMIT-
MENT TO THE
HOSPITAL, DR.
CONSTANCE BATTLE
PRESENTS A SPECIAL
GIFT TO CAPITAL
CAMPAIGN CO-
CHAIRMEN MITCHELL
AND LYN RALES.**



**PRESIDENT BUSH TAKES TIME
TO TALK WITH ONE OF THE
HOSPITAL'S PATIENTS.**





HOSPITAL EMPLOYEES AND PATIENTS CAME OUT TO ENJOY THE FUN AND FESTIVITIES. THE EMPLOYEES HAVE PLAYED A SPECIAL ROLE IN PLANNING, AND BY CONTRIBUTING MORE THAN \$42,000 TOWARD THE PROJECT.



MAKING THE CELEBRATION EVEN MORE SPECIAL WAS THE PRESENCE OF PRESIDENT AND MRS. BUSH, SEEN HERE GREETING DR. BATTLE. IN HIS REMARKS, THE PRESIDENT PRAISED THE WORK OF THE HOSPITAL, CALLING IT "A HIDDEN TREASURE". THE PRESIDENT ALSO STRESSED THE NEED FOR SUPPORTING THE HOSPITAL AND CREATING MORE FACILITIES LIKE IT.



HEALTHCARE PROFESSIONALS AND ADVOCATES TURNED OUT TO WISH THE HOSPITAL WELL AT THE START OF ITS PROJECT. SEEN HERE ARE (FROM LEFT): DR. DANIEL EIN, PRESIDENT OF THE MEDICAL SOCIETY OF D.C.; ROBERT SWEENEY, PRESIDENT OF THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS; DR. CONSTANCE BATTLE, CEO/MEDICAL DIRECTOR OF THE HOSPITAL FOR SICK CHILDREN; DR. CARLESSIA HUSSEIN, DEPUTY COMMISSIONER, D.C. COMMISSION ON PUBLIC HEALTH; AND STEPHEN MONTGOMERY, CHAIRMAN OF THE HOSPITAL'S BOARD OF DIRECTORS.

\$500,000 AND ABOVE

THE HARRY AND JEANETTE WEINBERG FOUNDATION

\$100,000 - \$499,999

ANONYMOUS

THE ARCANA FOUNDATION

THE WALTER BROWNLEY TRUST

THE ESTATE OF MARY McCONVILLE MR. & MRS.

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MISS RUTH U. PAUL

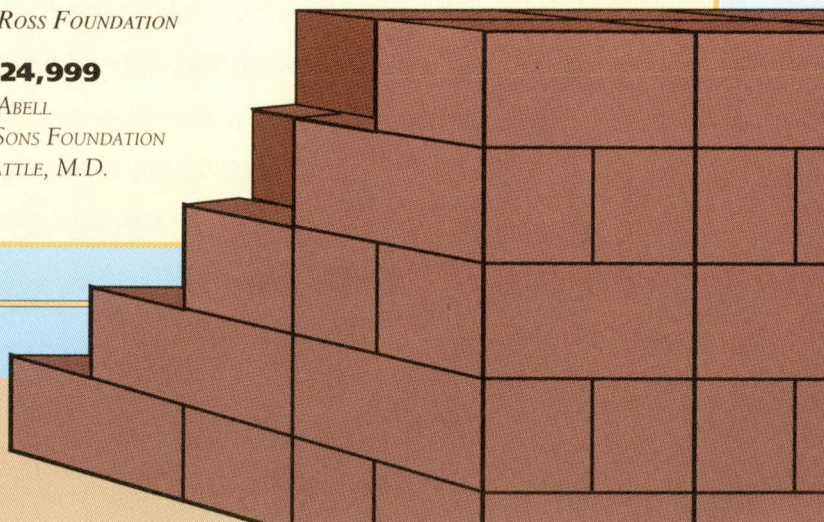
MR. MICHAEL G. RYAN

Ms. JULIA WALSH



"Our early gains give us great confidence that this

will be a successful Campaign," said Stephen Montgomery, Chairman of the Hospital's Board of Directors. "We have a committed Campaign Committee of community leaders, an unquestionable need and an institution that has an unparalleled ability to meet that need. Over the next year, we will be reaching out to the entire community to give everyone an opportunity to participate in this exciting project."

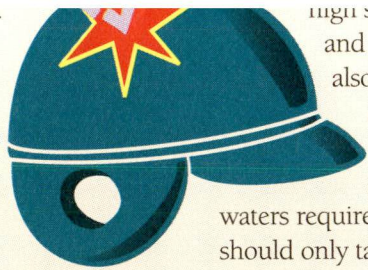


circumstances, death. Other symptoms of head injuries can include listlessness, vomiting, confusion and loss of consciousness.

A major cause of head injuries are falls. Precautions are as simple as making sure shoes are clean and dry, removing obstructions from floors, closing doors and drawers and keeping clothes from dragging on the ground. Please see the Winter 1991 issue of *Small Talk* for more information on preventing falls.

Other precautions can reduce the chance of serious injury from common summertime activities.

Studies have

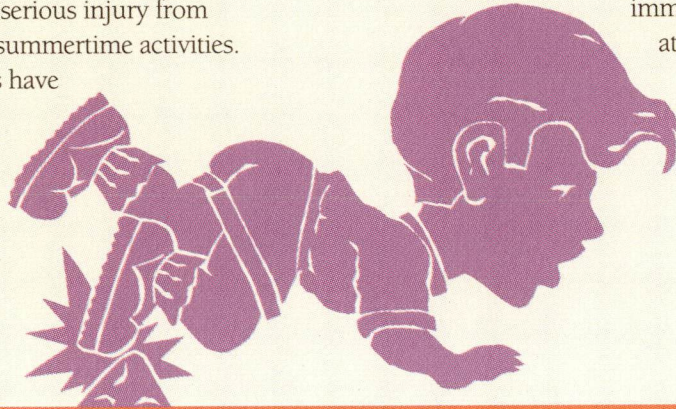


high speeds. Skateboarders and roller skaters should also have head protection.

Swimming and diving in unfamiliar waters requires caution. Diving should only take place in familiar waters where there are no underwater obstructions. Never dive in shallow water.

Everyone getting into the family car should be in a seatbelt, a proven safety precaution. Infants and children should also be placed in a secure car seat.

If your child suffers a head injury, please seek medical help immediately.



third month of pregnancy. Cocaine and PCP were also part of Brenda's life during the pregnancy.

But she rejected the relationship between her drug use and the problems Dennis was born with. "I had a problem trying to accept that drugs caused his problems," she said. Drugs, thankfully, are one burden lifted from her life: Brenda has been drug-free for about one year.

Flexibility on the part of the Hospital staff went a long way to Brenda and Dennis' success. For example, the Social Services staff was willing to rotate personnel until Brenda found someone with whom she connected. There was also training as to how to care for Dennis and his special needs. "The training went great. The staff supported me 100 percent," said Brenda.

Right now Brenda is looking forward to all of the good times she and Dennis can have together. "I want to do more with him. I always wanted a child to share things with. I want to show him a lot of things in the world."



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THE HOSPITAL FOR SICK CHILDREN
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Hundreds of donors help the Hospital during the year. They provide the financial support that enables the Hospital to maintain and improve its equipment and services.

NAMES WE'D LIKE YOU TO KNOW

Among the regular donors to the Hospital is a small segment of special donors — the foundations. Three local

foundations gained recognition by becoming the first major donors to the Hospital's current building campaign.

► The **EATON FOUNDATION**, named after Richard Eaton (now-deceased founder of the United Broadcasting Company), became aware of the Hospital through foundation president, Gerald Hroblak. Hroblak, who is also Chief Executive Officer of United Broadcasting (which owns WDJY-FM in the District), has been a long-time supporter of the Hospital's June Fair. Not only did the foundation give a very generous donation of \$40,000

THROUGHOUT HER CAREER IN MEDICINE and 16 years at the helm of the Hospital for Sick Children, Constance U. Battle, M.D., has seen technologies and techniques develop which once were only dreamed about. She has also seen problems created by these advances. With financial shortfalls plaguing the hospital industry and new health risks lurking, Dr. Battle has just one ongoing desire: ensuring that the Hospital for Sick Children keeps pace with the changing medical needs of children.

"I am now seeing children survive who, had they been born ten years ago, wouldn't have had a chance," said Dr.

Battle, the Hospital's Chief Executive Officer/Medical Director. "The limits are being tested by medical researchers at every turn, and I find that exciting." She recalls a time when the treatment for premature infants was to wait. If the infant was developed enough to stay alive, it lived. Today,

ventilators, monitors, medicines and other advanced technology let infants survive and thrive who are born weighing less than two pounds

care professionals] not only to give their children the best possible care but to also be honest about the potential outcomes. I have tried to create an environment at the Hospital for Sick Children where parents are an important part of their child's overall care. They should know what's happening every step of the way," said Dr. Battle. She refers to this as "family-centered care."

changes abundant
DURING
CEO'S
TENURE

Changing technology and patient needs over the years have also meant a changing Hospital staff. Today's care givers at the Hospital "are a team providing balanced

HOSPITAL
FACING

MORE PATIENTS, LESS SPACE

RESPONDING TO THE NEEDS OF THE community has always been part of the mission of the Hospital for Sick Children. The community is now facing new, complex needs which the Hospital is preparing to handle. And these needs are not expected to diminish soon.

Since 1986, admissions to the Hospital have increased by 39 percent. Currently, the Hospital is filled to capacity, and there is usually a waiting

Hospital for Sick Children has proven to be a crucial resource in caring for many of these children who are too sick to go home yet ready to leave the acute care setting.

"The problem we face is that we're

SIMPLE STEPS TO REMEMBER FOR YOUR CHILD'S CARE

Your child's health is a precious commodity. The Hospital for Sick Children has some tips to help you care for your child :



JUNE FAIR COMMITTEE REACHES ALL TIME HIGH

WITH SUNNY SKIES ABOVE AND SUNNY SMILES ALL around, the Hospital for Sick Children's June Fair completed its 18th year of successful fund raising. On June 22, the annual bazaar brought in more than \$31,000 — the highest total in the Fair's history.

"I was ecstatic. It was the biggest and best turnout we ever had," said Lily Williams, the Fair's 1990 chairperson. "There was a beautiful spirit from everyone working at the June Fair."

For the last 18 years, the Fair has brought together a variety of social clubs, civic and religious groups, and local businesses. By donating 100 percent of their day's earnings to the June Fair fund, the groups have managed over the years to raise more than \$160,000.

A special feature of this year's Fair was an appearance by Marilyn Quayle, wife of the Vice President of the United States. Mrs. Quayle declared the official opening of the Fair and then visited with the various participants. She also spent time with some of the Hospital's patients.

"Mrs. Quayle's interaction was fantastic. You could see her deep concern for these special children,"

said Ms. Williams. Ms. Williams also expressed her deep appreciation for the hard work of long-time Honorary Chairperson Tom Mack, President of Tourmobile Inc., and to Constance U. Battle, M.D., Hospital CEO/Medical Director, for devoting her entire day to the Fair.

BOARD OF DEVELOPMENT HELPS PURCHASE NEEDED EQUIPMENT

WITH OVER \$75,000 IN HAND FROM SEVERAL FUND RAISING

FUND RAISING GROUPS MAKE BIG IMPACT AT HOSPITAL



store: a much needed blood gas analyzer and patient bus for the Hospital.

"Every member of the board contributed their time and financial resources to raise this money," said Linda Fisk, the 1989 – 1990 chairperson of the group.

"These items were of the highest priority for the Hospital."

The Board of Development raised the money for the

The Board also raises money from the Washington Thrift Shop, which is run in cooperation with several other children's health organizations in the city.

"These gifts to the Hospital make all of our members feel closer to the children and staff. We look forward to reviewing the Hospital's needs for the upcoming years and continuing our tradition of giving," said Ms. Fisk.

The blood gas analyzer examines patient blood samples to determine the concentrations of oxygen and carbon dioxide, especially crucial when weaning a patient from a ventilator to track the effectiveness of the child's own respiratory system. Most importantly, having the tests done

in-house rather than at a distant lab cuts down on spoiled specimens while increasing the speed and accuracy of the results.

The new bus, built entirely to the Hospital's specifications, can accommodate up to six wheelchair-bound patients and 18 regular passengers. The bus has a wheelchair lift with manual back-up system, double air conditioning and heating units, and special inflatable shock absorbers for a safer, smoother ride.

Sally Smith, Director of Development and Community Relations, works closely

with the Board of Development. "Over the years the Board's fund raising activities have been essential to us. Without its



Fall 1990



THE HOSPITAL FOR SICK CHILDREN

S M A L L

talk

HAVE YOU HEARD THE NEWS?

Hospital expertise tapped by media

When it comes to treating children with special needs, the Hospital for Sick Children wasn't born yesterday. The expertise built up over the last 107 years has made the Hospital a valuable information source. The Hospital has been especially helpful to the news media, both locally and nationally. Reporters have learned that the Hospital for Sick Children has important stories to tell and that they can depend on the Hospital to provide information quickly and accurately.

INSIDE

2

FUND RAISING GROUPS MAKE BIG IMPACT AT HOSPITAL

Two groups of devoted volunteers have recently made significant contributions to the Hospital.

SMOOTH SAILING FOR YOUNG PATIENT

One child's happy story.

VOLUNTEERS FILL SPECIAL ROLES

Many people are giving their time and talents to the Hospital.



A SPECIAL

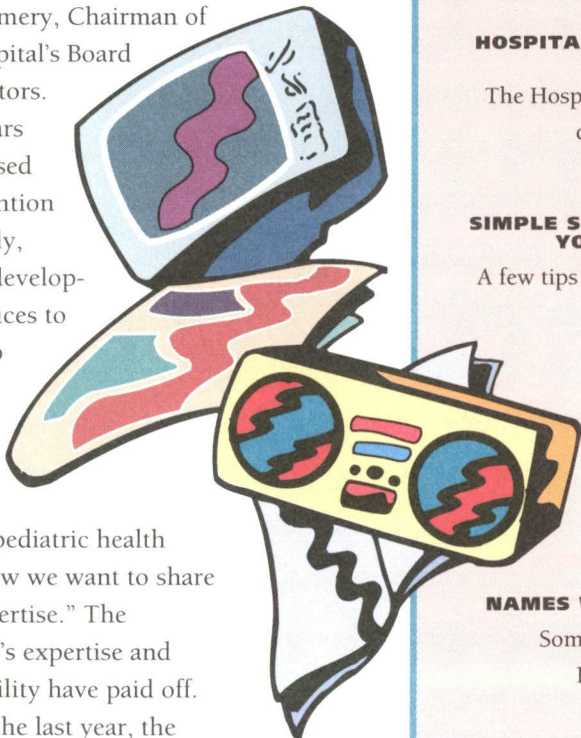
Volume

Over the last few years we have become very aggressive in getting our messages out. We've also become more accessible to the press. We know we can help them a lot," said Stephen Montgomery, Chairman of the Hospital's Board of Directors. "For years we focused our attention internally, always developing services to offer top

quality pediatric health care. Now we want to share that expertise." The Hospital's expertise and accessibility have paid off. During the last year, the Hospital has been in the news numerous times, including ABC's "PrimeTIME LIVE," "20/20," CBS "48 Hours," Channel 32's "Evening Exchange," and *The Wall Street Journal*. Health care industry journals, such as *Hospitals* magazine, have also sought out the Hospital for Sick Children's unique perspective on a variety of issues.

Advertising is another avenue of recognition that has become available to the hospital. Donations the Hospital received from organizations and foundations in the past allowed

(continued on page 2)



3

HOSPITAL FACING MORE PATIENTS, LESS SPACE

The Hospital is responding to increased demand with growth.

SIMPLE STEPS TO REMEMBER FOR YOUR CHILD'S CARE

A few tips to help you and your child.

4

NAMES WE'D LIKE YOU TO KNOW

Some early supporters of the Hospital's expansion.

CHANGES ABUNDANT DURING CEO'S TENURE

The Hospital's leader looks back over the old and the new.



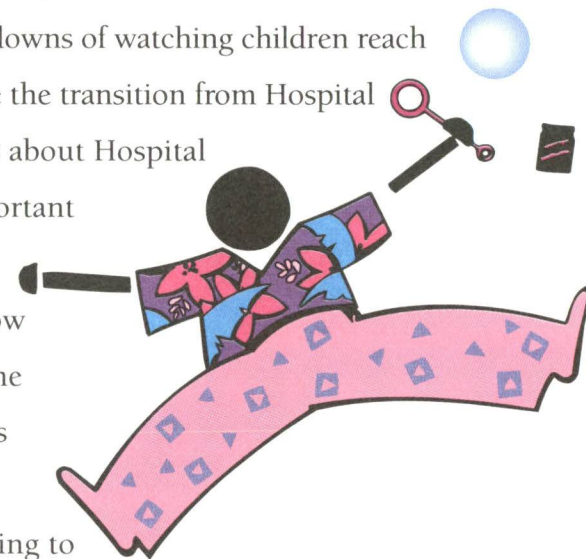
WELCOME TO THE FIRST ISSUE OF *SMALL TALK*. THIS

newsletter is our way of telling everyone about the exciting things happening at the Hospital for Sick Children. It is your chance to see some of the important work being done by the Hospital for the Washington area's most severely ill and disabled children.

In these pages you will read about our children as they work through the long, difficult recovery process. Staff members will share their own thoughts about the ups and downs of watching children reach the smallest of goals as they make the transition from Hospital to home. There will also be news about Hospital events and issues, as well as important health and safety information.

Small Talk will also let you know how you can get involved with the Hospital for Sick Children and its unique role in the spectrum of health services. Maybe volunteering to work with the children will spark your interest. Your donation of money or equipment will make a crucial difference in the life of one of our children.

And now, please begin your journey into the world of the Hospital for Sick Children with *Small Talk*. ▀



shopping. The results were better than anything found in a

Antiques Show and its 2nd Annual Flower and Garden Show.

Smith.

Smooth Sailing

FOR YOUNG PATIENT

One of the best ways to see the importance and effectiveness of the work of the Hospital for Sick Children is to meet our patients. In each issue of Small Talk, we'll present one of our children's cases.

While we are proud of our children's progress, we must also honor their right to privacy. Therefore, all patient names have been changed to preserve confidentiality.

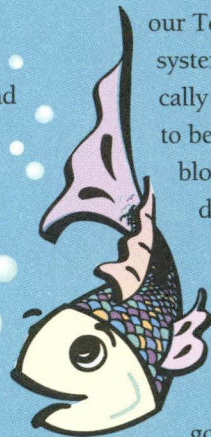
Samantha was born too small and too soon, delivered at about seven months gestation. Being born two months premature was a signal to Samantha's family and doctors that her life would not be easy.

Samantha was found to have "short gut syndrome" (a reduced amount of intestines), which ultimately led to intestinal failure (all food absorption and muscle activity stopped). She was failing to thrive, and her intestinal problems

ultimately could have been fatal.

In an attempt to correct the problems, surgeons at a Washington, D.C., hospital performed several operations on Samantha's digestive system. After that hospital stay, she came to the Hospital for Sick Children.

When she was admitted to the Hospital for Sick Children, Samantha was a frail baby. She was placed on our Total Parenteral Nutrition system. In TPN, a tube is surgically implanted, allowing nutrients to be pumped directly into the bloodstream while bypassing digestive system problems.



Despite an occasional setback, Samantha bounced back splendidly.

Today, three-year-old Samantha is walking, singing, going on field trips with other Hospital patients, and doing everything else a normal toddler should. Quite simply, according to one of her nurses, Samantha is "doing just fine." ■

Volunteers Fill Special Roles

Have you ever considered becoming a volunteer but couldn't find just the right place to do it? There are some cute little faces at the Hospital for Sick Children that may change your mind. One look and you are hooked.

Unsure of what you can do? There is something just right for every volunteer. Maybe it's being a Patient Support Volunteer, helping staff members provide our well-known warmth, companionship, and nurturing which make each child's stay in the Hospital less traumatic. After training, volunteers act as escorts on field trips, help children with homework, or give the extra hugs and cuddles our smallest patients need.

Becoming a non-patient care volunteer means being our version of the calvary: always ready to respond to a call

for help. Administrative volunteers help with small projects or special events. They also pick up new skills when they join the Speakers Bureau. The Bureau teaches volunteers the pain-free tricks to public speaking and then sends them out to various community groups to spread the Hospital's messages.

There are a few simple rules about becoming a Hospital for Sick Children volunteer. All volunteers must be at least 16 years old and in good health. In order to build a warm, productive relationship with our patients we also ask that Patient Support Volunteers serve a minimum of three hours a week.

For more information about volunteering at the Hospital for Sick Children, please contact Karen King, Volunteer Coordinator, at 832-4400, ext. 260. ■

MEDIA continued from page 1

magazine advertisements to be created and placed. The Hospital has now taken to the airwaves with its message by running ads on WKYS-FM, WGAY-FM, WWRC-AM, WGMS-AM/FM, and WMAL-AM.

With the momentum started, the Hospital plans to keep moving ahead.

"We're going to put our name in every reputable newsroom in the Washington area," said Montgomery. "While not every contact will produce a story, we want editors and reporters to know that we are available to give them all the help we can." ■



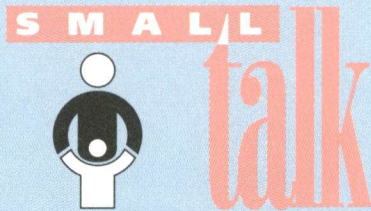
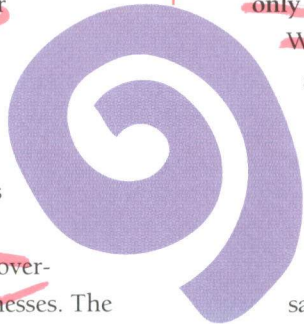
list of 12-15 patients. According to health care researchers, the number of patients who need the type of care offered by the Hospital for Sick Children is expected to increase. A recent study determined that the Washington, D.C., region will need at least 200 beds by the year 2000.

The increases are due to many factors; for example, more premature and low birthweight babies than ever before are being saved, and there are more pregnant women without proper prenatal care giving birth to extremely sick, fragile babies. There is also a need for low-cost alternatives to pediatric acute care facilities for children recovering from injuries and illnesses. The

these complex cases were ever imagined," said Constance U. Battle, CEO/Medical Director.

In response, the Hospital obtained a Certificate of Need (CON) from the District government. The CON gives permission for the addition of 50 beds and major renovations to the facility. These changes and expansions have been welcomed by the medical community as well as the Hospital's neighbors.

Dr. Battle is confident that the entire Washington metropolitan area will show its support for the Hospital. "This is the only facility of its type serving the Washington metropolitan area. I'm sure people will realize it's in their best interest to have a sophisticated facility with a full range of medical and rehabilitation services. Nobody knows when they may need our services," said Dr. Battle. ■



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THE HOSPITAL FOR SICK CHILDREN

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09905000 Sharing in the United Black Fund

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Board of Directors

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Chief Executive Officer/
Medical Director

SALLY J. SMITH
Director, Development and
Community Relations

JED S. NITZBERG
Director, Public Relations
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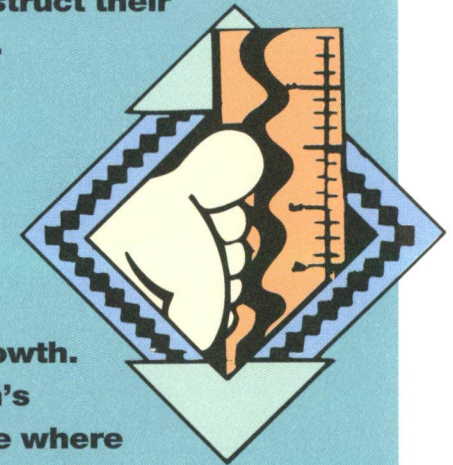
WICKHAM & ASSOCIATES, INC.
Design

Cleaning baby's teeth and gums can be done gently with a soft baby washcloth. When your child has gone beyond the teething stage, a small, soft toothbrush can be used.



Young babies should not sleep with a pillow. It might obstruct their breathing.

Have your children's feet measured regularly, making sure there is adequate room in the shoe's length and width for proper fit and allowance for growth. If possible, buy your children's shoes at a children's shoe store where the personnel are experienced in fitting small feet.



Make sure your hands are clean before disinfecting and dressing your child's cuts and scrapes.

For more information about your child's specific medical needs, please consult a physician. (Tips taken from Child Health, edited by Barry and Pamela Zuckerman. Hearst Books: New York, 1986)

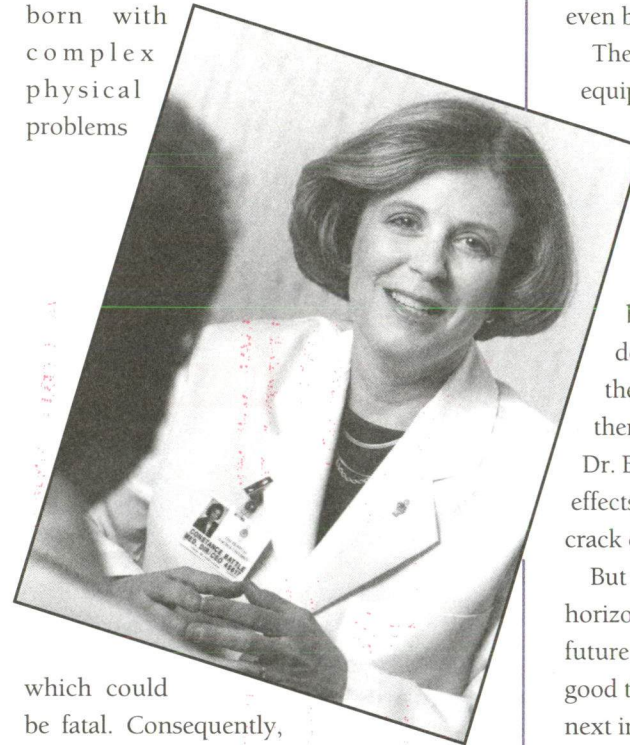
donation as well.

▶ While many voices call for action on children's health issues, often little action is taken. **THE GEORGE PRESTON MARSHALL FOUNDATION** demonstrated its commitment to children's health with a \$40,000 gift to the campaign. The foundation, named for the former owner of the Washington Redskins, has not simply written a check to the Hospital: foundation personnel have made it a habit to check in regularly for news of any Hospital changes.

▶ Just as the Hospital is committed to meeting changing health care needs, so is the **EUGENE AND AGNES E. MEYER FOUNDATION**. The foundation has made an initial grant of \$40,000 for beds dedicated to children with HIV- or AIDS-related conditions. As one of the most well-known local foundations, the Meyer Foundation and the Hospital have a natural partnership in the fight for better children's health.

These foundations are some of the hundreds of local donors who are steadfast and special supporters of the Hospital for Sick Children. As the building and Annual Fund campaigns progress through the year, many more people will be making a difference in the lives of our patients.

Dr. Battle has also seen the dark side of progress. As more premature and low birthweight infants are saved, the need for longer, ongoing care becomes more crucial. Often these children are born with complex physical problems



which could be fatal. Consequently, their families are in a fragile state, unsure whether the child will live or die, sometimes angry or depressed that their baby is the less than perfect child they expected.

"These families depend on us [health

comprehensive care. They are better trained to handle the complex cases we see and new treatments we use. Even our non-patient care employees do their best to find new ways to make the Hospital even better," said Dr. Battle.

The Hospital and its staff are now equipped to handle current and upcoming health crises. Substance abuse has created a new type of patient with new family problems. "We are adapting. Of course, it's not easy and never has been. But these children also deserve a chance, even though they've started off with strikes against them," said Dr. Battle. What troubles Dr. Battle most is that the long-term effects of some drugs on infants, such as crack cocaine, are not known.

But there are bright spots on the horizon. When it comes to discussing the future of the Hospital, Dr. Battle sees only good things. "We're ready to take our next important steps — major expansion and renovation. It's something we have to do if we are to keep meeting the health care needs of the Washington area's children. Some children will always need special hospital care. We'll be there to give it." ■



THE HOSPITAL FOR SICK CHILDREN

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