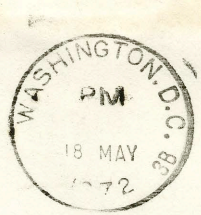

Annie Moore
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Clary
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Dear Annie

Not long after graduating from high school Mike Musolf, Joe Delwiche and I hiked into Desolation Valley from Fallen Leaf Lake, above Tahoe. I suppose we all had things to think out then, at the end of one part of our lives and the beginning of another, new, and unknown chapter. So we packed up a weeks food and a bottle of wine, went off into the quiet. It was fun too, not just serious, meditations upon the future and all that jazz. In fact, I don't think I've ever had more fun than that.

That was the kind of friend Mike Musolf was to me, probably the best kind, not the kind to hang around babble-ling — instead he was always ready to do stuff. Even if you just dropped by to talk to Mike he wouldn't show you some dopey poems or tell you about

some girl he was making cow eyes at. He would talk about interesting stuff instead, like how plants react to harsh words, or he'd give you a homemade-lie-detector test.

So much for my character references for Mike Musaf. Thank goodness boo-boo wasn't as discouraged by my girl friends as you are by his.

I started work at my new job today, and it is work, harder work than driving a forklift even. I'm a messenger in the House office buildings, all I do all day long (eight hours) is pick up and deliver books, papers, supplies, envelopes etc. It's good and healthy, relaxing after whacking my brains all year at school, and on my book. (It's title is More Time Than Life)

I gave the best copy of the book to Jimmy (Uncle James, I mean) and he gave it to a friend of his in the publishing business. I just talked to Jim on the phone; he said he liked the book and that we should hear something about publishing it in a month or so. I hope it will be published. This country seems to have gone crazy, my book is at least sane though it won't cure anything. When I was in Vietnam there was a common feeling in which I shared that Nixon was gambling with our lives for petty stakes - his role in history, the respect due him. We didn't put it that

way, we'd say something obscene, bitter, and horrible. What do you say when somebody is risking your life for his ~~sake~~ own sake? Beyond the words was a bitter anguish and a burning fear. I had thought that that was over with, Richard Nixon wouldn't have my life to risk anymore for his political reasons. But now I have the helpless feeling that he is doing it again, risking my life for nothing I want or believe in. I'm afraid, I have trouble sleeping while he's in the White House, there doesn't seem to be anything I can do. We're all pieces on his board now. I hope Wallace lives, this insanity doesn't play any favorites, does it? Love, Pat

The Washington Post STYLE People / Fashion / Leisure

SUNDAY, MARCH 19, 1972 L1

For Children: Narrowing the Operating Room-Playroom Gap

By Myra MacPherson

A child's trauma at being hospitalized can leave psychic scars long after the surgical scars have healed. Today, Baltimore's Johns Hopkins Hospital is a leader in a growing trend among hospitals to recognize and care for the psychological needs of young patients. Hopkins' Children's Center maintains a fulltime professional Child Life staff—nurses, teachers, pediatricians and others—whose task is to take away a child's fear and make his hospital stay an adventure. Washington's Children's Hospital, where space and annual deficits are major problems, has a less extensive, strictly volunteer, Child Life program. However, the hospital is impressively geared to making a child's stay more pleasant. The following article examines both hospitals' programs.

Most adults carry nightmare memories of what it was like to have their tonsils out.

There is this child, a helpless victim surrounded by masked and diabolical men. One of them holds a black rubber mask, with its evil-smelling ether, and moves it down, down, down to obliterate the victim—surely forever. . . .

"I remember trying to hide under the bed when they came for me to take my tonsils out," said Dr. Alexander Haller, Johns Hopkins chief pediatric surgeon. "When I talk to doctors in training I stress the psychological part, about being committed to the kids. I say, 'let me ask you, do you remember your stay as a child in a hospital as a pleasant one?' They always say 'no!' "

At Children's Hospital, where he had just finished holding and calming a child who was weeping at the thought of going into surgery, Dr. Judson Randolph chief of surgery, says his main emphasis is on a staff that understands children.

"All the shiny equipment in the world won't mean anything if you can't treat them right," says Randolph, and conversely, "you can surround a child with love in a prison camp."

Treating them right means being more adept than most adults at remembering how children think. "To a child, hospitalization is a threat to his security and an operation is basically an injury—and a planned one at that," says Haller. Worse, a child often sees his parents and physician in league—against him—in this "premeditated injury."

Children also have non-adult reactions to all the needles and operations and painful things done to them in a hospital. If not told in advance what to expect, they sometimes think all these things are punishments because they got sick. Studies show that children sometimes go into severe depression, feeling abandoned and betrayed.

Both Hopkins and Children's ease these problems with pre-admission tours, puppet shows that act out what the child will experience, playrooms that take a child out of his lonely hospital bed, living-in programs for parents, and a cosseting approach to anesthesia and the ultimate operation.

Children's is unique in the country in its anesthesia method—still highly controversial to many doctors. Children are not pre-sedated or medicated before getting anesthesia for operations and parents are allowed to accompany the child into the anesthesia room.

The other day, in the pre-operative nursery with its Raggedy Ann and Wizard of Oz murals, a 3-year-old slipped off her mother's lap, wandered to a rocker, then plunked a toy piano on the floor.

When a nurse came to get the child for a simple eye operation, she started to cry, but that changed to a whimper when she was given a toy to take with her to the operating room.

Her parents went with her to the anesthesiology room, and as she again began to cry, her father's fingers, crooked around her two small blue slippers, tightened slightly. Her mother stroked the child's hand over and over, while the anesthesiologist talked gently to her, all the time blowing soft "air" near the side of her face.

In seconds, her eyelids started to droop and soon she was under. Only then did that big black mask

Nurse Toni Heller of Hopkins' Children's Center reassures Billy Widner by showing him how to listen to his own heart with a stethoscope before his scheduled operation.

come over her face for a final whiff of anesthesia.

At Children's, where 6,000 operations are performed each year, anesthesiologists have to be experts in such things as the tooth fairy as well as how much anesthetic to use. Dr. Kamel Hassan, chief of the anesthesiology department, mesmerizes children with his distracting questions, "When did you lose your tooth? Did the tooth fairy bring you any money? Let's see, how many teeth do you have left?"—all the while inconspicuously blowing the anesthetic near the face.

Hassan knows of no other hospital that uses the same method.

"When I first came here as an intern, I thought it was a marvelous idea, so much so that my own kids went through it for operations. Occasionally you have a terrified child you have to sedate, or one that remembers previous operations and bad experiences, but we have 90 per cent success."

Hassan says when there is success, the rewards are great. A child not pre-sedated regains consciousness quicker. ("It's important to regain reflexes quickly and medication is a depressant to the brain and respiratory system.")

Randolph had to be convinced of Children's method —"I came from Children's Hospital in Boston where they just knocked them all out in their beds"—but he is now an enthusiastic convert.

On the other hand, at Hopkins' Children's Center where 3,000 operations are performed per year, children under 4 are put to sleep before surgery and are more lightly sedated if older.

"There are these two professional differences," said Dr. Haller, "and I don't know which approach is best. One thing we do differently than for adults is to have two calls for children. They get pre-medicated first and 45 minutes later there is a second call for the attendant to take them to the oper-

See HOSPITAL, L5, Col. 1

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Playrooms and Operating Rooms

HOSPITAL, From L1

ating room. They just don't get a needle and get thrown on a stretcher like adults often do."

Randolph says, "All children's hospitals offer a few things that just a pediatric ward in a general hospital cannot offer. For example too often there is only one intensive care unit and there's an 80-year-old man next to a 10-year-old child with open heart surgery. The labs in children's hospitals are geared to children. They are able to take less blood for analysis, for example. And children don't go to X-ray where old men and ladies are fainting on the floor, which they shouldn't be exposed to."

Studies show that often a child's only precious experience with a hospital is when an aged relative went in and never came out, and the and Hopkins emphasize to subconscious fear of death is ever present. Children's the child that his is not a one-way trip.

One way they get this across is pre-admission tours for children and parents, with an emphasis on returning home. Coloring books detail what will happen to a child.

For a complicated operation that requires a stay in the intensive care unit, both hospitals encourage the child and his parents to visit that unit before the operation, so the child doesn't wake up seeing weird-looking monitors, oscilloscopes and such instruments recording physiologic reactions.

Haller says one 7-year-old boy once confided that he was certain the "two-eyed" oscilloscope next to an isolette was a robot who had captured a baby and kept him there in the box where he had complete control over him.

Billy Widner gets a simplified but realistic and sympathetic explanation of his impending operation from Dr. Alex Haller Jr.

At Children's, brief nursery school tours are frequent. Doctors forget about white smocks and kneel on the floor to talk to 3-year-olds. Recently, the hospital also started more detailed tours for children who will be admitted for operations. During one visit, children were intrigued with the bed that "wiggles" as the nurse made the foot go up, and the buzzer to push for a nurse "when you want an extra dish of ice cream." The brother of one boy who was to be admitted for an operation said enviously, "I wish I was sick."

A puppet show after the tour details a girl puppet's trip to the hospital for a tonsilectomy, with realism throughout, including the sore throat after the operation.

At Hopkins, volunteers supplement the regular staff, putting on individual, specific puppet shows for children who will be having the most common operations —hernia repair, ear operations, tonsilectomy, eye muscle surgery.

Once, when one child crawled under a bed in terror, the "puppet lady" crawled under the adjoining bed and gave the show until the child got over his fears and crawled out.

The more serious operations and cases of children with chronic diseases are covered by extensive, individualized help from the staff. The other day, 10-year-old Billy Widner of Dover, Del., was being psychologically prepped by Toni Heller, nurse clinician for Hopkins Children's Center. She put on a mask, then stuck her face close to Billy's so that he will know what he will see in the operating room.

A wide grin spread over Billy's face wnen she gave him a doctor's operating cap and stethoscope. Soon Billy was walking all over the floor, listening to the heartbeat of doctors and nurses.

Haller came in later, put his hand on Billy's arm, and told him in simple terms about his operation, a colostomy, which necessitates bringing a part of the intestine outside the stomach for bowel movements. After the discussion, Haller said, "You'll be able to play ball and all the things you want to do now."

Haller said, "The only difference between children and adults is children like honesty. They don't like all this beating around the bush as do adults."

Like many hospitals, both Hopkins and Children's encourage mothers to sleep in. Dr. Randolph says it's worth sacrificing the sterile atmosphere of a hospital for the psychological effect of having the mother there.

At Hopkins, Mrs. Troy Bergessor, rooming in with her 4-year-old son, Troy Jr., said, "He had pneumonia in another hospital and they wouldn't let me stay. It was very hard on both of us to have to leave every night. He wasn't sure I'd be back. You know how it is if you're in a motel room and it's raining? That's what a hospital's like to them."

This is why Hopkins considers its playrooms such a valuable part of its program. "All the children eat there, not in their beds," says Haller. "If you feed them in bed, they think they're sick and will stay there."

One Hopkins nurse said, "I'll never forget a visit I had to a children's ward of a general hospital—all the children were alone, in their beds. I asked the nurse if they ever got out to play with other children and she was horrified. She said, 'No! They're sick'."

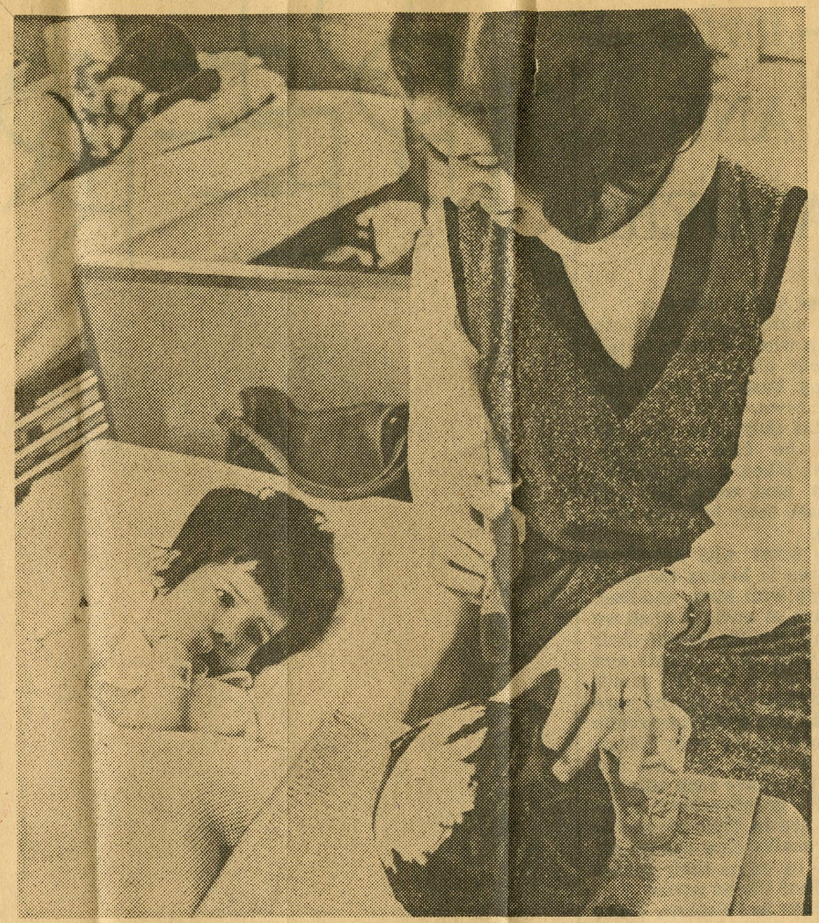
At Hopkins, many of the children come to the playroom slightly bent over from appendix or hernia operations, but they come eagerly.

The surgical floor playroom with its bright murals, and orange and yellow chairs, looks like a room in one of your better elementary schools. Oscar the rabbit hops across the floor; six kids dribble an foamy finger-paint mixture of soap and paint; another plays a record.

A girl painting a papier mache ball is in a cast to her waist, one 4-year-old boy spreading soap uses only one hand because his other is severely burned.

Another 4-year-old plays with a toy truck in his bed, lying on one side, his head held off the mattress by a circular steel "halo" cast. It defies any sense of comfort, but the boy is smiling, anyway, and calling out "hi" to anyone who passes.

The playroom is one of seven and is run by a full-time professional teacher. In addition to play and school work, children often act out fears, operate on each other, get a chance to vent their hostilities about what's been done to them.



Mrs. Stephen Nash colors a papier mache ball while her 3-year-old daughter Susan watches. Hopkins Children's Center allows mothers to stay in rooms with their children overnight for the psychological benefits to both.

There are 19 staff members for the Child-Life department which costs $166,000 annually for personnel, equipment and supplies. Teachers start at $7,500 a year.

Children's — which has 11,000 in-patients as compared to Hopkins 6,000— has only one playroom, and does not have the room for children to eat there. The hospital wants to start a similar program but lacks the funds. They have proposed a grant to the Junior League for $116,000 over a 5-year-old period, to add a professional corps to the volunteers who now entertain the children.