

# McGREGOR & LEGERE

ATTORNEYS AT LAW, P.C.

15 COURT SQUARE - SUITE 500  
BOSTON, MASSACHUSETTS 02108  
(617) 338-6464  
FAX (617) 338-0737

MICHAEL J. O'NEILL, ESQ.  
E-mail: moneill@mcgregorlaw.com  
(617) 338-6464 ext. 125

August 28, 2015

Dierdre Buckley, Director  
MEPA  
Executive Office of Energy and Environmental Affairs  
Commonwealth of Massachusetts  
100 Cambridge Street  
Suite 900  
Boston, MA 02114

**RE: Boston Children's Hospital  
EEA # 14964**

Dear Ms. Buckley:

Enclosed for filing in the above matter is a Notice of Project Change, filed on behalf of the Friends of Prouty Garden.

A copy of this Notice of Project Change is being sent to Boston Children's Hospital and to its attorney, Marilyn L. Sticklor.

Sincerely,



Michael J. O'Neill

Cc: Boston Children's Hospital  
Marilyn L. Sticklor, Esq.

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**Commonwealth of Massachusetts**  
**Executive Office of Energy and Environmental Affairs ■ MEPA Office**

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**Executive Office of Environmental Affairs**

MEPA Analyst:

Phone: 617-626-

## Notice of Project Change

The information requested on this form must be completed to begin MEPA Review of a NPC in accordance with the provisions of the Massachusetts Environmental Policy Act and its implementing regulations (see 301 CMR 11.10(1)).

EEA # 14964		
Project Name: Boston Children's Hospital IMP Amendment		
Street Address: 300 Longwood Avenue and 819 Beacon Street		
Municipality: Boston	Watershed: Charles	
Universal Transverse Mercator Coordinates:	Latitude: 42.3364 Longitude: 71.1056	
Estimated commencement date:	Estimated completion date:	
Project Type:	Status of project design:	%complete
Proponent: The Children's Hospital Corporation and Related Entities		
Street Address: 300 Longwood Avenue		
Municipality: Boston	State: MA	Zip Code: 02115
Name of Contact Person: Corinne Snowden		
Firm/Agency: Epsilon Associates, Inc.	Street Address: 3 Clock Tower Place	
Municipality: Maynard	State: MA	Zip Code: 01754
Phone:	Fax:	E-mail:

With this Notice of Project Change, are you requesting:

- |  |   |
|--|---|
| a Single EIR? (see 301 CMR 11.06(8))           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a Special Review Procedure? (see 301CMR 11.09) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a Waiver of mandatory EIR? (see 301 CMR 11.11) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a Phase I Waiver? (see 301 CMR 11.11)          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Which MEPA review threshold(s) does the project meet or exceed (see 301 CMR 11.03)?

Numerous; See DEIR Certificate, dated August 2, 2013

Which State Agency Permits will the project require?

Numerous; See DEIR Certificate, dated August 2, 2013

Identify any financial assistance or land transfer from an Agency of the Commonwealth, including the Agency name and the amount of funding or land area in acres: Project may include State

Financial Assistance from the Commonwealth, consisting of Bonds issued by Mass Development.

## PROJECT INFORMATION

In 25 words or less, what is the project change? The project change involves ...  
Proponent failed to disclose project violates terms of gift, that Garden be maintained perpetually in present location. Fragmented green and gathering  
See full project change description beginning on page 3. spaces are not equivalent.

Date of publication of availability of the ENF in the Environmental Monitor: (Date: 10/22/12)

Was an EIR required? ☒ Yes ☐ No; if yes,  
was a Draft EIR filed? ☒ Yes (Date: 6/26/13 ) ☐ No  
was a Final EIR filed? ☒ Yes (Date: 11/17/14) ☐ No  
was a Single EIR filed? ☐ Yes (Date: ) ☒ No

Have other NPCs been filed? ☐ Yes (Date(s): ) ☒ No

If this is a NPC solely for lapse of time (see 301 CMR 11.10(2)) proceed directly to

### ATTACHMENTS & SIGNATURES

### PERMITS / FINANCIAL ASSISTANCE / LAND TRANSFER

List or describe all new or modified state permits, financial assistance, or land transfers not previously reviewed: dd w/ list of State Agency Actions (e.g., Agency Project, Financial Assistance, Land Transfer, List of Permits)

Are you requesting a finding that this project change is insignificant? A change in a Project is ordinarily insignificant if it results solely in an increase in square footage, linear footage, height, depth or other relevant measures of the physical dimensions of the Project of less than 10% over estimates previously reviewed, provided the increase does not meet or exceed any review thresholds. A change in a Project is also ordinarily insignificant if it results solely in an increase in impacts of less than 25% of the level specified in any review threshold, provided that cumulative impacts of the Project do not meet or exceed any review thresholds that were not previously met or exceeded. (see 301 CMR 11.10(6)) ☐ Yes ☒ No; if yes, provide an explanation of this request in the Project Change Description below.

### FOR PROJECTS SUBJECT TO AN EIR

If the project requires the submission of an EIR, are you requesting that a Scope in a previously issued Certificate be rescinded?

☐ Yes ☒ No; if yes, provide an explanation of this request \_\_\_\_\_.

If the project requires the submission of an EIR, are you requesting a change to a Scope in a previously issued Certificate?

☒ Yes ☐ No; if yes, provide an explanation of this request see attached .

# SUMMARY OF PROJECT CHANGE PARAMETERS AND IMPACTS

Summary of Project Size & Environmental Impacts	Previously reviewed	Net Change	Currently Proposed
<b>LAND</b>			
Total site acreage	See DEIR Certificate dated	August 7, 2013	
Acres of land altered	"	"	"
Acres of impervious area	"	"	"
Square feet of bordering vegetated wetlands alteration	"	"	"
Square feet of other wetland alteration	"	"	"
Acres of non-water dependent use of tidelands or waterways	"	"	"
<b>STRUCTURES</b>			
Gross square footage	"	"	"
Number of housing units	"	"	"
Maximum height (in feet)	"	"	"
<b>TRANSPORTATION</b>			
Vehicle trips per day	"	"	"
Parking spaces	"	"	"
<b>WATER/WASTEWATER</b>			
Gallons/day (GPD) of water use	"	"	"
GPD water withdrawal	"	"	"
GPD wastewater generation/ treatment	"	"	"
Length of water/sewer mains (in miles)	"	"	"

Does the project change involve any new or modified:

1. conversion of public parkland or other Article 97 public natural resources to any purpose not in accordance with Article 97? ☐Yes ☒No

2. release of any conservation restriction, preservation restriction, agricultural preservation restriction, or watershed preservation restriction? ☐Yes ☒No

3. impacts on Rare Species? ☐Yes ☒No

4. demolition of all or part of any structure, site or district listed in the State Register of Historic Place or the inventory of Historic and Archaeological Assets of the Commonwealth?  
☐Yes ☒No

5. impact upon an Area of Critical Environmental Concern? ☐Yes ☒No

If you answered 'Yes' to any of these 5 questions, explain below:

**PROJECT CHANGE DESCRIPTION** (attach additional pages as necessary). The project change description should include:

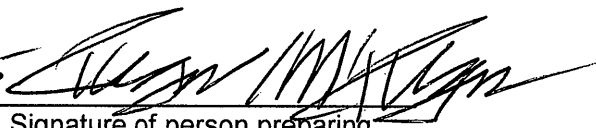
- (a) a brief description of the project as most recently reviewed
- (b) a description of material changes to the project as previously reviewed,
- (c) if applicable, the significance of the proposed changes, with specific reference to the factors listed 301 CMR 11.10(6), and
- (d) measures that the project is taking to avoid damage to the environment or to minimize and mitigate unavoidable environmental impacts. If the change will involve modification of any previously issued Section 61 Finding, include a draft of the modified Section 61 Finding (or it will be required in a Supplemental EIR).

## ATTACHMENTS & SIGNATURES

### Attachments:

1. Secretary's most recent Certificate on this project
2. Plan showing most recent previously-reviewed proposed build condition
3. Plan showing currently proposed build condition
4. Original U.S.G.S. map or good quality color copy (8-1/2 x 11 inches or larger) indicating the project location and boundaries
5. List of all agencies and persons to whom the proponent circulated the NPC, in accordance with 301 CMR 11.10(7)

### Signatures:

Date	Signature of Responsible Officer or Proponent	Date	Signature of person preparing NPC (if different from above)
	Gregor I. McGregor, Attorney For The Friends of Prouty Garden	8/28/15	
Name (print or type)		Name (print or type)	
McGregor & Legere			
Firm/Agency		Firm/Agency	
15 Court Square, Suite 500			
Street		Street	
Boston, MA 02108			
Municipality/State/Zip		Municipality/State/Zip	
(617) 338-6464 Ext. 123			
Phone		Phone	

## **I. Brief Description of Project as Most Recently Reviewed:**

Boston Children's Hospital ("BCH") Institutional Master Plan Amendments include three projects: construction of the Children's Clinical Building ("CCB") with a combined heat and power plant; an addition to the Patient and Family Parking Garage; and construction of a building at 819 Beacon Street. All were reviewed by MEPA under MEPA Number 14964.

The CCB would include a 161-foot tall building that would provide 445,000 square feet of gross floor area of clinical and clinical support space. It would require demolition or partial demolition of existing buildings within the BCH campus and would eliminate the Prouty Garden.

"[Prouty Garden] is a cherished place that has provided comfort and healing to many people in their deepest time of need." Certificate of the Secretary on the Draft Environmental Impact Report ("DEIR"), dated August 2, 2013.

As purported mitigation for the loss of Prouty Garden, the project includes "creating or enhancing approximately 33,800 square feet of accessible green and gathering spaces within the building and the Core Campus." Final Environmental Impact Report ("FEIR"), p. 1-30.

## **II. Project Change**

Based on our investigation, we believe that it is fair to conclude that there was at least inadvertent concealment of material facts by BCH during MEPA review, to wit, the terms of the gift by Olive Prouty (1887-1974) establishing Prouty Garden and the terms of the endowment in Mrs. Prouty's Will. In our opinion, the facts establish an impressed charitable trust to maintain the Garden forever.

BCH failed to disclose during MEPA review that one of the terms of the gift in the 1950's establishing Prouty Garden was that Prouty Garden would be perpetually maintained in its present location.

Mrs. Prouty provided the funding to build the Garden and it was opened in the mid-1950s. BCH had solicited the original gift for the Garden.

In addition, based on our investigation, we believe the project has changed since the Secretary's DEIR Certificate, dated August 2, 2013.

In the FEIR, in response to a comment, BCH said that it would try to keep the "spirit" of Prouty Garden alive. FEIR, p. 5-42.

The fragmented "green and gathering spaces" proposed by BCH as purported mitigation are not nearly equivalent to Prouty Garden and are insufficient to keep the "spirit" of Prouty Garden alive. Whether indoor or outside, "gathering spaces" are nothing more than places where people congregate.

The Secretary's Certificate on the DEIR noted that many of the comments received objected to the destruction of the Prouty Garden. Countless people have submitted powerful comments describing how the Prouty Garden has been the one place at BCH where their young children have been able to find peace and enjoy themselves. Many families have chosen Prouty Garden to be the place where their terminally ill children pass away.

The value and importance of Prouty Garden as a healing garden is unquestionable and is admitted by BCH. "The Prouty Garden has had an important place in the overall healing environment of Boston Children's Hospital." FEIR, p. 5-38.

BCH's insensitivity with respect to the destruction of Prouty Garden is directly contrary to its mission statement and statement of values: "Sensitivity: We believe that sensitivity means a compassionate awareness of the stress experienced by families with ill and injured children, and an understanding of the impact it can have on the emotions and behavior of the children and families in our care." (Copy attached as Exhibit A).

In a February 27, 2015 email to all BCH employees, staff, volunteers, and associated personnel, BCH announced that it was launching the most expansive patient family experience survey, which it describes as "a significant step towards ensuring that we are hearing—and responding to the voices of our families...This is an opportunity for us to build upon our efforts to be the leader in patient family experience." (Copy attached as Exhibit B).

More than 11,500 people have signed an on-line petition to save Prouty Garden; their on-line comments provide powerful testimony to the importance of Prouty Garden. The on-line petition and more information about the purpose and activities of the Friends of Prouty Garden may be viewed at [www.SaveProuty.org](http://www.SaveProuty.org). New stories and letters arrive all the time, showing the controversy is raging. If BCH really wants to ensure that it is hearing and responding to the voices of its families, it will not destroy Prouty Garden.

**A. BCH Failed To Disclose During MEPA Review Its Legally Binding Promise to Maintain Prouty Garden in its Present Location Perpetually**

BCH did not disclose during MEPA review that one of the terms of the gift by Olive Prouty establishing and then endowing Prouty Garden was that the Garden would be perpetually maintained in its present location. In our opinion as counsel to the Friends of Prouty Garden, based on the review of the available evidence, the demolition of Prouty Garden would be a violation of the terms of Mrs. Prouty's gift.<sup>1</sup>

BCH'S failure to disclose this important legal obligation and impediment to the project in its MEPA filings is, in our opinion, at least the inadvertent concealment of a material fact within the meaning of 301 CMR 11.10(5) and that is a ground for the Secretary to determine that this Notice of Project Change is required.

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<sup>1</sup> On August 7, 2015, counsel for the Friends of Prouty Garden submitted a written request to the Massachusetts Attorney General to take whatever action is necessary to prevent the destruction of Prouty Garden.



Prouty Garden was established and dedicated on October 5, 1956 on the grounds of BCH by a gift from Olive Higgins Prouty. BCH has publicly admitted that the terms of the gift were that the Garden was to be maintained in its present location in perpetuity; BCH erected a plaque in the Garden that says: "Mrs. Prouty insisted on perpetually maintaining this location as a haven for patients, parents, and staff...Because of Mrs. Prouty's vision, this Garden will exist as long as Children's Hospital has patients, families, and staff to enjoy it." This plaque remains prominently displayed in the Garden to this day. (Copy of photograph of plaque attached as Exhibit C).

The intent to maintain the Garden forever is also revealed in an excerpt from a publication about the Prouty Garden issued by the Public Relations Department of BCH: "Ensured perpetuity on Hospital grounds, the Prouty Garden will exist as long as the Hospital has children to enjoy it." (Copy attached as Exhibit D).

Mrs. Prouty left \$150,000.00 in her Will to the Olive Higgins Prouty Foundation, Inc. (the "Foundation") for the benefit of BCH for the care and upkeep of that portion of the BCH property known as the "Prouty Terrace and Garden." She did not give the Foundation discretion to agree to the destruction of the Garden. (Copy of relevant portion of her Will attached as Exhibit E).

#### **B. History of Prouty Garden Demonstrates it was a Gift Requested By BCH**

Olive Higgins Prouty and her husband, Lewis Prouty, had four children. The two youngest, Anne and Olivia, died in infancy and early childhood. In 1925, after the death of Olivia, Mrs. Prouty was contemplating adopting a child. At the suggestion of Dr. Richard Smith of BCH, she instead donated funds for the rehabilitation of Ward One at BCH in memory of her daughters, which was renamed the Prouty Ward. "It [Prouty Garden] became *my* ward. I adopted it instead of adopting a child as I'd wanted to do." (Mrs. Prouty's autobiography, *Pencil Shavings*, p. 203-205, emphasis in original, copy attached as Exhibit F)

Mrs. Prouty continued to donate funds after 1925 for the upkeep of the Prouty Ward, and a year or two later, again at the suggestion of Dr. Smith, donated funds for a second ward to be incorporated into the Prouty Ward. "It was like adopting a second child." *Id.*

In a letter dated December 27, 1949 to J.W. Farley, then-President of BCH, Mrs. Prouty reflected on what would become of the Prouty Ward after it was torn down to make way for a new building then planned (Copy attached hereto as Exhibit G):

Shall I have anything to say about the disposition of the Prouty Ward fund now that the Prouty Ward is to be obliterated? These are questions I would like to talk over with you. My mind has been dwelling on them for some time now. I feel sorry to have the identity of the Prouty Ward and the memorial to my children wiped out.

Mrs. Prouty was saddened by the destruction of the Prouty Ward to make way for the new building.

In 1953, the wards were torn down for the construction of the Farley Building. The then-BCH Director, Dr. Guy Brugler, showed her the space where the Garden now stands, which was planned to be a parking lot, and suggested she fund a garden terrace there instead. *Pencil Shavings*, Exhibit F.

In light of Mrs. Prouty's sadness over the destruction of the Prouty Ward and the memorial to her children, it is understandable that she would insist on perpetuity for the Garden. A letter dated May 23, 1955 from Mrs. Prouty's attorney to BCH shows that Mrs. Prouty was concerned about the permanence of the Garden: "She questioned the permanence of such a terrace in case the hospital required enlarging." (Copy attached as Exhibit H). The plaque (Exhibit C) shows that BCH satisfied Mrs. Prouty that the Prouty Garden would be maintained in its present location in perpetuity.

Mrs. Prouty was instrumental in all aspects of planning the Garden. She arranged to have the noted landscape architectural firm Olmsted Bros. design the Garden. The Program for the dedication of the Garden and the Farley Building acknowledges that the Garden was donated by Mrs. Prouty, "whose generous gift provides a fitting complement to the adjoining buildings, to be enjoyed by patients, visitors, and the Hospital family." (Copy attached as Exhibit I).

The Massachusetts Horticultural Society awarded the Prouty Garden the Gold Medal of the Society on December 12, 1959. (Copy of letter attached as Exhibit J).

A letter dated December 23, 1957 from William Wolbach, then-President of BCH, to Mrs. Prouty (copy attached as Exhibit K) described the importance of the Garden to the young pediatric patients and assured her that there should never be a problem with future maintenance of it:

Now a few words about the Garden,--still in a preliminary way. To begin with, I cannot imagine anyone having any opinion other than that the Garden is a great asset. Of course, we can run the Hospital without it—just as we could without paint on the walls, if necessary. However, as you well know a Hospital can be a pretty bleak place, and staying there can be an uncomfortable and unhappy experience for young children, most of whom have never been away from home before.

Your Garden represents beauty, serenity and nature itself and is a wonderful and I believe almost necessary contrast to the institutionalized impersonality of the Hospital bricks and mortar, and the stress of pain and uncertainty. We are most fortunate to have such an attractive complement to our new building, and I hear reports on all sides concerning

how much it is appreciated by patients, their parents, and the Staff...

The truth of the matter is, because your garden is so generally appreciated, there should never be any problem in working out the mechanics of its future care.

Carroll B. McNeill, whose father, Dr. Guy W. Brugler, was Director of BCH during the late 1950s and early 1960s, wrote to the BCH Board of Trustees on January 15, 2015. She told the Board that she fondly remembers Olive Prouty as a family friend and said: "The possibility that her bequest, which has clearly benefitted many thousands of people by now, might be destroyed is unthinkable...An on-line commenter who observed that this garden is the 'soul of the hospital' had it right!" (Copy attached hereto as Exhibit L).

**C. The Prouty Will Does Not Give the Prouty Foundation or BCH Discretion to Terminate the Garden**

Prouty Garden was dedicated in 1956. The Garden was in existence for twenty years before Mrs. Prouty died in 1976.

Mrs. Prouty's Will left \$150,000 to the Foundation for the benefit of The Children's Hospital Medical Center to be held, managed, invested and reinvested as a separate fund, under the title "The Prouty Terrace and Garden Fund of The Children's Hospital Medical Center," with the income to be used for care and upkeep of that portion of Children's Hospital known as "Prouty Terrace and Garden." Exhibit E.

According to the Will, any income not currently used was to be accumulated and added to the fund. The "Prouty Fund" then existing "with" the Hospital was to be added to this fund. If accumulated income exceeded the amount reasonably needed for future needs, said accumulated income could be withdrawn and used as unrestricted funds of said Foundation, but in no event should any principal that does not consist of said accumulated income be withdrawn.

The Will includes a provision that, "notwithstanding anything to the contrary, in the event that said 'Prouty Terrace and Garden,' including the real estate and tangible personal property hereinbefore specified, shall for any reason whatsoever cease to exist as a unit or be maintained in a manner substantially comparable to, and not less extensive than the manner in which the same is being managed at the time of my death, then and in such event the 'Prouty Terrace and Garden Fund of the Children's Hospital Medical Center,' including any accumulated income, shall no longer be managed as aforesaid but, in lieu thereof, shall be dealt with as an unrestricted gift to said Foundation for its general purposes."

It appears that the present President of the Foundation may be mistaken as to the duties of the Foundation. Enclosed as Exhibit M is a copy of BCH's response in the FEIR to one of the comments submitted. FEIR, p. 5-42. It says that "the Foundation has expressed a willingness to work with the Hospital's planners and designers to incorporate the artifacts and memorabilia

now within the garden, into one or more locations within the proposed BCCB [Boston Children's Clinical Building], in an effort to keep the 'spirit' of the garden alive in its new environment." This implies that the President of the Foundation and BCH believe the President of the Foundation has discretion to accede to a request from BCH to discontinue Prouty Garden.

The "notwithstanding ..." clause in the Will does not give the Foundation discretion or authority to elect to discontinue the Garden or to accede to BCH's requests to discontinue it. Rather, it contemplates an event in the nature of a "force majeure" occurrence, completely outside of the control of the Foundation and BCH.

Nor does the Will authorize BCH to violate the terms of Mrs. Prouty's gift. "One may make a conveyance or devise to a charitable corporation and, if accepted, the latter would be bound to use the property for the purpose in accordance with the terms of the trust...[In that case], the property is held by the corporation not as its own but in its capacity as a trustee and as an instrumentality of the settlor or testator in carrying out his directions in its use of the property." *Animal Rescue League v. Assessors of Bourne*, 310 Mass. 330, 334 (1941).

Mrs. Prouty's gift creating Prouty Garden was impressed with a charitable trust limited to a specific charitable purpose; it was not a gift with a general charitable intent. See *Hillman v. Roman Catholic Bishop of Fall River*, 24 Mass. App. Ct. 241, 241-243 (1987). Mrs. Prouty's gift to BCH was for the specific purpose of creating and maintaining Prouty Garden in its present location. It was not a gift to BCH with a general charitable intent for BCH to decide how it sees fit to use.

#### **D. Project Mitigation by BCH for Loss of Prouty Garden Was Vague and Remains Vague**

Prouty Garden is approximately one-half acre, outdoors, with an expanse of grass and other natural vegetation, a rare 65-foot Dawn Redwood Tree, flowers and other plantings, walks and pathways, a fountain, and statues. As noted above, the powerful testimony from hundreds of families shows the important therapeutic and healing function that Prouty Garden provides, and BCH agrees. "There is no doubt that the quiet respite provided by the green space has been part of the Hospital's pioneering approach in pediatrics of 'healing the entire family.'" FEIR, 5-86.

The FEIR contained only a brief and general description of the planned mitigation for the loss of Prouty Garden. On page 1-30, it said that the public benefits of the Children's Clinical Building ("CCB") include the following:

Creating or enhancing green and gathering spaces within the building and the Core Campus, including at-grade gardens, interior gardens, sanctuary space and roof-terrace gardens that will provide all-season, easily accessible spaces for patients, families and staff allowing a wide range of activity to occur in support of the healing process.

In response to a comment, BCH stated in the FEIR at p. 5-86:

The proposed green and gathering spaces will be designed to accommodate the patient population by providing protected areas that are connected visually to the outdoor open spaces, as well as spaces that can be accessed from patient floors. The green and gathering spaces also act as a wayfinding system for the campus.

As noted above, BCH in the FEIR expressed the intent to work with the Foundation to incorporate the artifacts and memorabilia now within the Garden into one or more locations within the CCB in an effort to keep the spirit of Prouty Garden alive in its new environment. Exhibit M.

The proposed “green and gathering spaces” are scattered throughout the Hospital. Some appear to be patient lounges, plants along hallways, or plants shielding ventilation ducts. These are not healing gardens. They do not retain the spirit of Prouty Garden.

According to Wikipedia, a “gathering space” is any place where people congregate. According to Thesaurus.com, synonyms for “gathering place” include “hangout,” “meeting place,” “headquarters,” and similar terms. “Gathering space” is not equivalent to “garden.”

According to Wikipedia, “wayfinding” refers to orientation and navigation from place to place. Directional signs, even identifiable plants or greenery along routes on a large campus, are no substitute for Prouty Garden.

“Green space” is a modern term that may refer to protected areas of undeveloped landscape, according to Wikipedia. The connotation is “natural.” It is land that is partly or completely covered with grass, trees, shrubs, and other vegetation. It refers to places partly or completely covered with vegetation, growing in soil. Placement of plants in waiting rooms, meeting rooms, or other “gathering spaces” does not constitute “green space.”

Prouty Garden is recognized as a therapeutic, healing garden. It is the lead example cited in the article, “How Hospital Gardens Help Patients Heal,” *Scientific American*, March 2012. (Copy attached as Exhibit N). Prouty Garden is “one of the most successful hospital gardens in the country,” according to Clare Cooper Marcus, emeritus professor in landscape architecture at the University of California, Berkeley, quoted in the article.

Professor Marcus further described the Prouty Garden in Clare Cooper Marcus and Marni Barnes (Eds.), *Healing Gardens for Children: Therapeutic Benefits and Design Recommendations*, New York, John Wiley and Sons, 1999 (copy of relevant section attached as Exhibit O). She described, among other things, the many small sculptures set into the plantings and on the lawns, including sculptures of a nurse and child and small figures of a goose, a cat, an owl, a boy holding a cat, a bear, a squirrel,

two frogs, and a fox, half-hidden in the shrubbery, and small life-size figures of a rabbit and birds set on the lawn. She noted that children taken into the Garden take great delight in finding and naming these figures, more so because they are half-hidden.

Naomi Sachs, ASLA, EDAC, Founding Director, Therapeutic Landscapes Network, in a comment submitted to MEPA during EIR review, stated:

[Prouty Garden] is one of the best healing gardens in the country, and it serves an important population in a critical metropolitan area. The hospital will be doing itself and the community a HUGE disservice by destroying it. No "replacement" garden will replace what has been created here.

(Copy attached as Exhibit P, emphasis in original).

Hallmarks of therapeutic healing gardens are that they are large enough to accommodate a variety of activities (walking, strolling, playing, conversing and congregating, dining), offer precious privacy when needed, and provide a sense of having "been away" from the sometimes harsh and painful realities of hospital life. Fragmented green and gathering spaces and way finding systems do not constitute an immersive therapeutic healing garden on the real earth of the caliber and value of Prouty Garden. When children are ill and seek the succor of nature, the ability to feel the real earth underfoot is especially vital, healing, and life affirming. Fundamentally, no busy paved green promenade with raised beds or rooftop garden can come close to matching the beauty and therapeutic healing value of the Prouty Garden with its expanse of green, mature trees and vegetation, birds and wildlife. It is a beloved and timeless garden that has served generations.

Enclosed at Exhibit Q is a rendering by the BCH architect, showing the proposed "greenspaces." The scattered "green and gathering spaces" planned by BCH, even if they add up in square feet, do not constitute a therapeutic and healing garden. They do not capture the spirit of Prouty Garden. The BCH project does not include a new Prouty Garden. The spirit of Prouty garden would be gone.

According to the DEIR, one of the proposed "greenspaces" will be the "Bader Garden," which is intended for active use by staff and for Hospital gatherings, to "allow the staff to rejuvenate and enjoy the contributions they make in the care of children the world over." In other words, it is intended as a place for staff to hoist a glass at celebratory functions, such as promotions or retirements, not as a therapeutic or healing garden. BCH should get no credit for it as a replacement for Prouty Garden.

Green plants are not gardens and are not healing spaces. BCH should get no credit for hallway plants, plants behind glass, waiting room plants, statuary behind glass, Prouty Garden photo exhibits, elevated gardens that one cannot enter, multi-use areas for gym play or social occasions, any indoor space, plants along streets, driveways, and sidewalks, cafeteria and waiting room plants, or plants shielding ventilation intake or exhaust structures and vents.

Here is something from the landscape architect's website, which demonstrates our points. At best, there are only three small patient green spaces shown, and they are indoors at upper levels. All the rest are public spaces, street level, mixed-use, or next to building mechanicals. <http://myk-d.com/projects/boston-childrens-hospital-green-masterplan/>

### **III. Conclusion**

The Secretary should determine pursuant to 301 CMR 11.10 (5) that the proponent has at least inadvertently concealed a material fact and that said determination constitutes a Notice of Project Change. The project must be reconfigured so as to preserve Prouty Garden. The Secretary's DEIR Certificate, dated August 2, 2013, should be withdrawn, and the proponent should be required to undergo further MEPA review, once the project is reconfigured.

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A





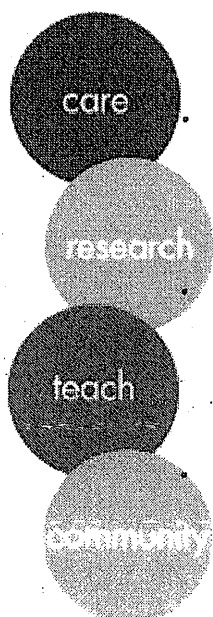
[bostonchildrens.org](http://bostonchildrens.org)

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## Mission & Values

### Our mission



**care** • Provide the highest quality health care

**research** • Be the leading source of research and discovery

**teach** • Educate the next generation of leaders in child health

• Enhance the health and well-being of the children and families in our local community

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### Our Values

**Excellence:** We are committed to achieving and maintaining a standard of excellence in all we do. First and foremost, we consistently strive to make the patient experience a model of quality care through advanced treatment, compassionate support and full family participation and communication.

**Sensitivity:** We believe that sensitivity means a compassionate awareness of the stress experienced by families with ill and injured children, and an understanding of the impact it can have on the emotions and



behavior of the children and families in our care.

We strive both to anticipate and respond to issues arising from complex personal and family situations, and to provide the support that can contribute to the best possible outcome for the child and family. We also believe that sensitivity means a recognition of and respect for the diverse backgrounds of both the patients and families we serve and of our coworkers throughout the hospital.

**Leadership:** As an academic medical center devoted to the practice of pediatrics, Boston Children's Hospital fosters an environment of innovation and discovery, and of individual and team contributions to advancing pediatrics in all areas of our mission.

#### Community:

We are dedicated to fostering community, both within the hospital and in the neighborhoods around us. Toward that end, we welcome and treat many children whose families can't afford health care.

The Boston Children's Hospital community also includes thousands of dedicated supporters who give generously to the hospital in many different ways.

Boston Children's Hospital 300 Longwood Avenue, Boston, MA 02115 617-355-6000 | 800-355-7944

B

**From:** Kevin Churchwell, MD, EVP of Health Affairs and COO

**Sent:** Friday, February 27, 2015 7:05 AM

**To:** netusers-dl

**Subject:** A renewed focus on hearing the voices of Boston Children's Hospital's families

**To:** All Boston Children's Hospital employees, staff, volunteers and associated personnel

**From:** Kevin Churchwell, MD, EVP of Health Affairs and COO

Laura Wood, DNP, MS, RN, SVP of Patient Care Services and CNO

**Date:** February 27, 2015

**Re:** A renewed focus on hearing the voices of Boston Children's Hospital's families

As a critical part of Boston Children's Hospital's commitment to providing patients and families with an experience equal to the care we deliver, we're pleased to announce that we are taking a significant step towards ensuring that we are hearing—and responding to—the voices of our families. We are launching the most expansive patient family experience survey strategy in our history, and the first ever to address all of our core competencies across both inpatient and ambulatory care.

The surveys, coordinated by Press Ganey, will collect data to be used by providers and staff to enhance the Boston Children's experience, expand the national benchmarks against which we measure our performance—and our improvement—and also to inspire and lead the way with our work.

Our Inpatient Services survey (also known as the Consumer Assessment of Healthcare Providers and Systems Hospital Survey – Child Version, or Child HCAHPS) was developed here at Boston Children's by researchers in the Center of Excellence for Pediatric Quality Measurement, and is now being used throughout the country. We are already the leader in pediatric care, research and innovation—this is an opportunity for us to build upon our efforts to be the leader in patient family experience.

We will be sending surveys to a sample of all parents of children under the age of 18, whose children have received care from:

- Inpatient Services
- Emergency Department
- Ambulatory Clinics
- Ambulatory Surgery
- Procedure Areas/Outpatient Services

The Inpatient Services and ED surveys have already been distributed, with the remaining three surveys scheduled to go out in the next few weeks. Please note that some select areas have been excluded from this first round of surveys while confidentiality issues are resolved. Our ultimate goal, however, is for all areas to be surveyed on an ongoing basis. The surveys are structured, but also offer opportunities for open-ended comments should families want to share other details about their experience at Boston Children's.

We expect to see preliminary data for the Inpatient Services and ED surveys by March, and will provide leadership dashboards reporting on patient experience at the specialty level across both the Longwood campus and our Community of Care satellites shortly thereafter. Departments will have direct access to the survey results, which they will use to support action-planning and improvement efforts. A workgroup is being formed to coordinate

training for all those who will have access to the enterprise data warehouse where results will be stored, and to offer support for Departments in developing their improvement plans.

This is an exciting opportunity to apply a consistent methodology to how we see ourselves—and the care we provide—through the eyes of our families. We look forward to sharing the results—and the recurring themes and areas we need to focus on in order to succeed—as we strive together as one enterprise to provide the kind of experience our patients and families deserve...until every child is well.

C

## The Prouty Garden



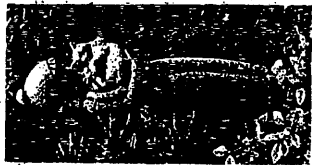
The Prouty Garden is one of the most endearing areas at Children's Hospital and in the Longwood Medical and Academic Area.

Named in memory of the daughters of author Olive Higgins Prouty, the Garden is supported by an endowment originally funded by Mrs. Prouty to rehabilitate two old hospital wards. When the wards were demolished during construction of the Farley Building, consideration was given to turning this area into a parking lot. However, Mrs. Prouty insisted on perpetually maintaining this location as "a haven for patients, parents, and staff."

The Prouty Garden opened in 1956 in the space between the hospital's then separate ward buildings. This area was used for many activities such as Circus Day shown here (c. 1920's). Designed by the famous landscape architectural firm, Olmsted Brothers, which was instrumental in planning New York's Central Park and Boston's "Emerald Necklace," the Garden was awarded a gold medal by the Massachusetts Horticultural Society in 1960. Because of Mrs. Prouty's vision, this Garden will exist as long as Children's Hospital has patients, families, and staff to enjoy it.

D





Boy with cat



St. Francis

The wall of the garden, made of light brick, is tall, thick, and solid. On the garden side, it is shrouded in espaliered climbing hydrangea, pyracantha, and wisteria. The high wall is one of the charms of the garden, seeming to shut out the world outside.

To many an anxious parent, the garden is a merciful refuge at times, and to many more parents, a pleasant place to wheel a recuperating child on a hunt for the various sculptured animals. None of these animals is on pedestals, but on the ground under the trees or half hidden by shrubs. The meandering child is often pleasantly surprised by his discoveries.

#### The Sculpture

In the pool, squirting streams of water at each other through their noses, are three bronze seals, the work of sculptor Sylvia Shaw Judson. Miss Amelia Peabody, a Hospital trustee and well-known artist, created the stone rabbit crouching on the grass near the pool, and also the life-sized little boy holding a cat, located in a shady nook among the rhododendrons. Seated nearby, beneath one of the shaggy cryptomerias, is another cat done by George Cerney.

A lead owl, an 18th century antique from England, is perched on the sawed-off trunk of a tree, while a frog, made of metal, sits on the edge of a small bird-bath. Running to shelter under the pine tree is a pair of wooden sandpipers. American antique decoys.



Wooden sandpipers

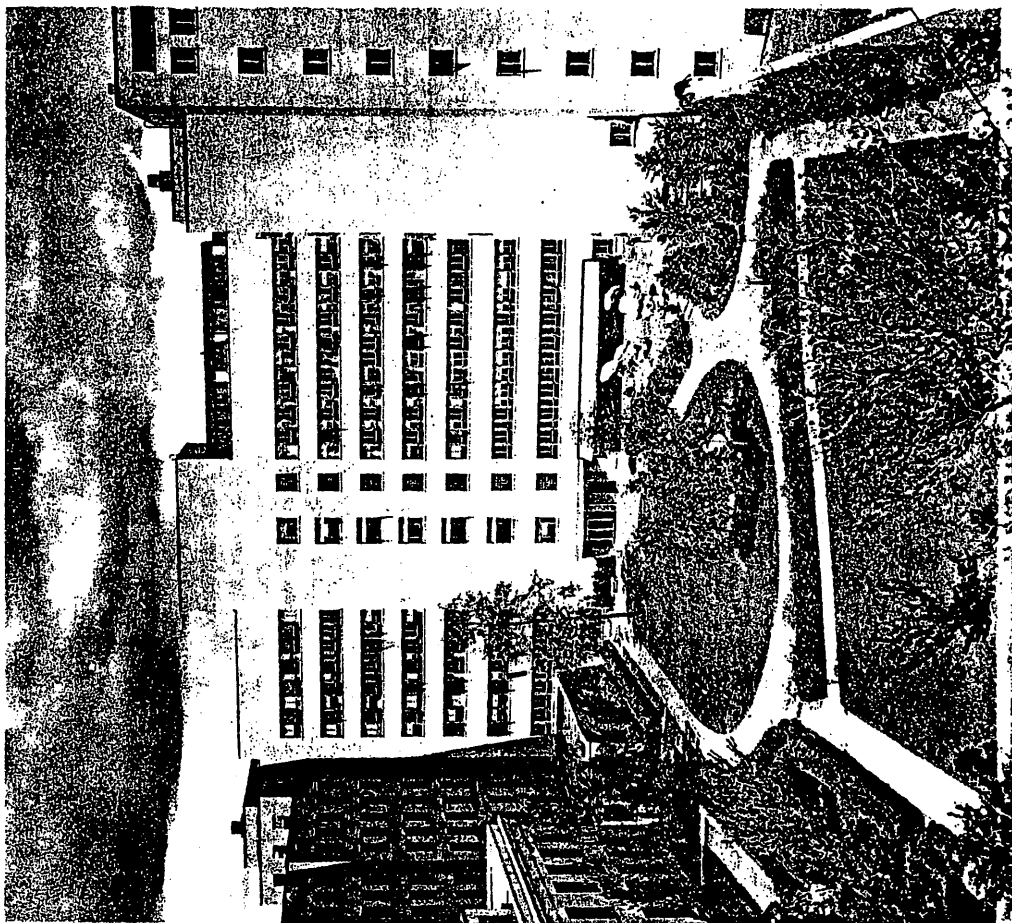
One of the most recent sculptures is a bear cub by Leslie Burden of Washington, D.C. It is seated on a rock and can be seen from the Farley Building entrance to the garden. Last but not least is Anne Ladd's bronze statue of St. Francis on loan from Boston's Museum of Fine Arts. The sculptures, as well as several of the rare trees, were given to the Hospital.

Since its opening, the Prouty Garden has been the scene of many special events. Sponsored by the Hospital's Department of Education and Recreation, groups of musicians and magicians, traveling zoos and circuses, and community actors have played to the children against a backdrop of vibrant greenery. In addition, a tree-lighting ceremony, held in the garden every Christmas, is watched through Hospital windows by children and staff alike.

Ensured perpetuity on Hospital grounds, the Prouty Garden will exist as long as the Hospital has children to enjoy it.



# The Prouty Garden



The Children's Hospital Medical Center, Boston, Mass.

Public Relations Department

E

t

ARTICLE THIRTEENTH: I give and bequeath to or for the benefit of each of the following hospitals which is in existence at the time of my death the sum or sums hereinafter specified as to it, to wit:

1. For the benefit of The Children's Hospital Medical Center, of said Boston, the sum of one hundred fifty thousand (150,000) dollars to the Olive Higgins Prouty Foundation, Inc., a Massachusetts corporation, of said Boston, to be held, managed, invested and reinvested as a separate fund, under the title of "The Prouty Terrace and Garden Fund of The Children's Hospital Medical Center", the income thereof to be used in such manner as the duly authorized representatives of said Foundation shall from time to time determine for the maintenance, care, upkeep, preservation and improvement of that portion of the property of said The Children's Hospital Medical Center which is known as the "Prouty Terrace and Garden" (including the real estate consist-

ing of the pool, walls, terrace, walks and plantings, and also including tangible personal property consisting of garden or terrace furniture, embellishments and equipment and such therapeutic and other medical or hospital equipment or other property which may be appropriately used in connection with such real estate), any income not currently required for said purposes to be accumulated and added to the principal of said Fund, but such accumulated income shall be subject to withdrawal and use, at any time or from time to time, in whole or in part, as current income for the purposes aforesaid, PROVIDED, HOWEVER, that principal of said Fund may be used for the purpose of defraying costs and expenses occasioned by or incident to the replacement of plantings in said property, but only to the extent, if any, to which available current and accumulated income shall not be sufficient therefor and in no event to an extent which shall reduce the principal of said Fund below an amount which, in the reasonable judgment of the duly authorized representatives of said Foundation, shall be sufficient to produce income thereafter adequate for the purposes aforesaid. I hereby direct, to the fullest extent to which I may legally do so, that any sums, credits and other property at the time of my death comprised in the so-called "Prouty Fund" now established with said Hospital be added to, and thereafter administered as a portion of, the principal of said "The Prouty Terrace and Garden Fund of The Children's Hospital Medical Center".

Notwithstanding anything to the contrary hereinbefore

contained, if and whenever any portion, including the whole, of any accumulated income of said "The Prouty Terrace and Garden Fund of The Children's Hospital Medical Center", as and to the extent determined by the duly authorized representatives of said Foundation in their reasonable judgment, will not be required for any future needs, reasonably to be anticipated, for the purposes of said Fund as hereinbefore specified, said portion of accumulated income, but in no event any principal which does not consist of accumulated income, may be withdrawn and used as unrestricted funds of said Foundation for such of its general purposes as its duly authorized representatives shall in their uncontrolled judgment deem desirable.

Notwithstanding anything to the contrary hereinbefore contained, in the event that said "Prouty Terrace and Garden", including the real estate and tangible personal property hereinbefore specified, shall for any reason whatsoever cease to exist as a unit or be maintained in a manner substantially comparable to, and not less extensive than, the manner in which the same is being maintained at the time of my death, then and in such event "The Prouty Terrace and Garden Fund of The Children's Hospital Medical Center", including any accumulated income, shall no longer be administered as aforesaid but, in lieu thereof, shall be dealt with as an unrestricted gift to said Foundation for its general purposes.

**F**

ONE OF THE STOCK questions asked by an interviewer is "What are your hobbies?" That has been an easy question for me to answer. My chief hobby is writing. On printed questionnaires to be filled out when travelling I always replied after Occupation — "Housewife." Of course I have other hobbies, several of which can be listed under the heading — "restoration and remodelling." I liked restoring the dilapidated antiques I acquired. I found it fascinating to remodel out-moded houses — Wishingham and Greyshingles. Probably it was a form of compensation. I suffered because Two Twenty-eight was so plain and ugly and I so helpless to do anything about it. I think a psychoanalyst might say that rehabilitating a shabby hospital ward and making a garden out of a rubble heap were both examples of compensation.

One day not long after the death of Olivia, Dr. Smith (Dr. Richard Smith, Head of Pediatrics at the Children's Hospital in Brookline) took me to see the shabby ward. Dr. Smith had been Olivia's doctor from the day of her birth till the end. It was a ward of twelve beds, located in a one-storied wooden building, with a glassed-in sunroom at one end. As we stood looking down the aisle of the ward with its six beds on each side, occupied by a small child, he remarked that it had occurred to him that I might be interested in improving its appearance.

The suggestion proved to be inspired. It became *my* ward. I adopted it instead of adopting a child as I'd wanted to do after Olivia's death but Lewis had been skeptical. He heartily approved of the ward and in time it became *our* ward. We furnished it and refurbished it. Dr. Smith ordered a dozen new beds. I had them painted pale yellow and the walls pale green. There were new bed-curtains dyed pale green, new yellow and green linoleum on the floor, gay chintz in the sunroom and willow furniture with chintz cushions, a few growing plants, a bird-cage with a bird in it (stuffed, requiring no care), new toy-chests, new toys. Every Christmas there was a tree and a present for each child. Over the door there was a bronze plaque with the names of our two deceased children — Anne and Olivia. Strange, I used to think, how just the combination of a few letters was like a portrait. That ward had a healing effect every time I visited it.

There was another ward immediately opposite the one we had adopted, and a year or two later Dr. Smith asked me what I would think of making the two wards into a unit. It was like adopting a second child. Although in time the entire row of the wooden wards was torn down, to make room for a new nine-storied building, my interest in the hospital continued.

The question arose what to do with the ward's nest-egg, which had been gradually increasing with each publication of a book and its by-product sales. I was told there were to be no large wards in the new wing. To what department in the hospital would I like the fund to be contributed? Suggestions were made by Mr. Farley, the hospital's inspiring President, by Mr. Howe who followed as President, by others too, but none had the appeal of the ward nor the opportunities for a personal relationship.

One day Dr. Brugler, the Director, took me on a tour-of-inspection of the unfinished new building. We were on an upper floor looking out at the construction still in progress

when he motioned to the ground below covered with rubble. "When we get that cleared up down there," he said, "we are planning to make it a parking space." He paused a moment, then added, "But why not a garden?"

As soon as I reached my own telephone I called up Olmstead Bros., Landscape Gardeners and asked for Mr. Whiting who had designed the rehabilitation of Wishington's garden. The next day we met at the rubble heap and I asked him if he would be interested in making a garden out of it — a garden with a pool and birch trees beside it, and a terrace off the nurses' dining-room. "Something like The Museum of Modern Art's terrace and garden in New York," I said. Several weeks later I held in my hands the colored plan that is now a reality.

It is a walled garden. The paths are hard-topped and gentle-sloped for the wheeled chairs and wheeled beds. There is a flag-stoned terrace off the nurses' dining-room with umbrella-ed tables. There's a pool, a fountain, a bronze statue of St. Francis lent by Boston's Museum of Art, and a bird-bath. There are birds. There are trees. There are flowers. There are children. Perpetual children.

I enjoy another similar rehabilitating occupation, but of a homelier variety. The similarity lies in the fact that its object is to improve a shabby condition, and in this case also shaggy. I refer to grooming a dog. It is not an easy job. It requires two hours of patient labor with various tools — electric clippers, scissors, nail cutters, brushes and combs. But if I'm in a disturbed frame-of-mind it is as beneficial as two hours working in one's garden, and with as satisfying a result when my dog — Taupe finally emerges in his smart sporting cut, his saddle as short, thick and velvety as a freshly mown plot of Bent grass and scrupulously edged. This odd source of pleasure of mine (I have no friend who

shares it) is due I think simply to my fondness for dogs. I like working on their bodies as garden-lovers like working on the soil. Taupe is a medium-sized poodle — a gift to me from Jane when he was a three months old puppy. Taupe is taupe-colored or more accurately *café au lait*, the ripe age of ten now and my constant companion, lying at this moment stretched out on the floor on his side, his exposed eye open and looking at me. "Hi, Taupe," I say and he thumps the floor with his pom-pom.

Taupe is the last on the list of the "First-Friend-of-Man" in my life. My memoirs would not be complete if their names were omitted. Prince, a huge, solemn mastiff, was the first. Jet, the second, followed a few weeks after his tragic death by Duke, another King Charles Spaniel and a replica of Jet except for his white vest. Next came Father's gift-dog to me after college — a Russian Wolfhound. Vega was a thoroughbred but with all the lovable qualities. After marriage and our children arrived, of course there must be a dog in the house, and Larry — a Welsh terrier — was our choice. Larry was gay and elfish, but an incorrigible scrapper, and so protective of his new home that he nipped the paper-boy, the postman and finally the policeman, and it seemed wise for Larry to return to his kennels. Then came Vic, followed by Kim. Both lived to the ripe age of thirteen. Both were Airedales — intelligent, courageous, devoted. For twenty-six years Vic, then Kim, were members of our family, summering with us at Greyslingles, wintering with us at Wishington. They both now lie beneath the needles of the pines which we planted at Wishington when Vic was a puppy. The pines are now higher than the roof of the house where our children and our dogs grew up.

I wish I knew enough about psychiatry to trace to the cause or causes my extreme fondness for animals. It might seem that the death of our little dog Jet was responsible but I was ten or eleven when that tragedy occurred and my animal fondness anteceded it by years. I can't remember



G

C O P Y

395 Walnut Street  
Brookline 46, Mass.  
December 27, 1949

Mr. J. W. Farley  
45 Milk Street  
Boston 9, Massachusetts

Dear Mike:

I received a letter from you last July suggesting I make another contribution to the Children's Hospital. And here is my response - a pledge of two thousand dollars - a check for a thousand of which I enclose in this letter. The next thousand I will send next year. This will make my contribution to the Medical Center Campaign twenty thousand dollars in all.

In your July letter you said you hoped we might meet and talk things over. I replied that I hoped so too, sometime in the fall when I returned to town, for I had something I wanted to speak to you about before making another contribution. But perhaps I can write you about it just as well.

It is in regard to the so-called Prouty Ward in the present hospital. I am wondering what it will amount to as a memorial in the new Medical Center. I doubt if you know it as the Prouty Ward. I do not remember that we have ever referred to it in conversation.

Its history is this. In 1928 and 1929 my husband and I made a gift of \$20,000- to the Children's Hospital in memory of our two children. This was done at Dr. Richard Smith's suggestion, and was given as a fund to Ward One, which at that time badly needed repainting, refinishing and redecorating. A bronze tablet was placed over the door and the ward was named the Prouty Ward. From time to time I added to the fund from the earnings from my writing and the donations now total \$33,428. This fund was to be used solely for the benefit of the Prouty Ward and was to be kept by the hospital as a separate account. The interest that accrued was to be added to the principal unless used on improvements in the ward.

I took much personal interest in the ward, visiting it frequently, installing new beds, curtains, partitions, new furniture and hangings in the sunporch, etc. as required. Miss Smith, who I came to know well and admired and Dr. Richard Smith told me what was needed and also the head nurse of the ward and the director of the hospital gave me their ideas on how the ward could be made more efficient and more attractive for the children. I gradually came to feel much personal pride in the ward and a sense of personal responsibility for its appearance.

Several years ago, at Dr. Smith's suggestion, Ward Two (just across the hall from Ward One) was combined with the Prouty Ward and the Metabolism Department occupied it, and still does. Both wards were painted alike, furnished alike as nearly as possible, and both sunporches were redecorated with gay chintzes. The personal interest I took in the refurnishing and rehabilitating fostered and steadily increased my interest in the Children's Hospital.

But my interest in the ward has lagged of late. I haven't visited it since I received the impression that it was against the present principle of the hospital that any one ward should excel another in appearance, even though a special fund had been donated for its appearance. I agree heartily that the efficiency and the care given patients should be uniform, but I regret discouraging expressions of personal interest

in an endowed ward by way of making it more attractive, though of course any suggested improvement by the donor should first be approved by the hospital authorities. However, this is a minor point and is not the reason for this already too long letter.

My donations to the hospital, including the fund for the Prouty Ward and to the Campaign, now amount to approximately \$53,000. Is this enough to justify a similar Prouty Ward in the new Medical Center? Probably not. What will become of the Prouty Ward fund that remains? It is still considerable, for the expense of the refurnishing and moving of the Metabolism Department was not great. The estimated cost was told me, but I do not recall the exact figure. Shall I have anything to say about the disposition of the Prouty Ward fund now that the Prouty Ward is to be obliterated? These are questions I would like to talk over with you. My mind has been dwelling on them for some time now. I feel sorry to have the identity of the Prouty Ward and the memorial to my children wiped out.

I haven't been an active trustee of late. But I have tried to attend the few meetings to which the whole board is asked. I am still deeply interested in the Campaign, as my pledge will tell you. I hope and believe the "Letter Campaign" for another million, now in full swing, will be crowned with success.

My best wishes to you personally for a happy and healthy nineteen fifty and kindest regards to both you and Mrs. Farley.

Sincerely,

Olive Higgins Prouty

(Mrs. Lewis I. Prouty)

H

**NUTTER, McCLENNEN & FISH**

TELEPHONE HANCOCK 6-7800

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THE EIGHTH FLOOR  
75 FEDERAL STREET  
BOSTON 10, MASS.

May 23, 1955  
HTD/R

Mr. Parkman D. Howe  
The Children's Hospital  
45 Milk Street  
Boston, Massachusetts

Dear Mr. Howe:

I reported to Mrs. Prouty the two suggestions which you made regarding use of the Fund now designated as held for the use of the Prouty Ward and sent her the architect's plan.

She replied with enthusiasm about the suggested "Prouty Terrace", but had a number of questions regarding it, such as - would the Hospital authorities think that such a terrace would fill a real need, as distinct from being merely an afterthought to provide a substitute for the discontinued Prouty Ward? She studied the plan and wondered if the space allotted for the terrace provided opportunity for sunshine and for a certain amount of landscape gardening. Also, she questioned the permanence of such a terrace in case the hospital required enlarging. I suggest that we can best make progress if she sees the space suggested for the terrace and if you or someone in authority at the Hos-

*PAT*  
*telephoned*  
*May 26 -*  
*will see Mrs. Prouty*  
*next week -*

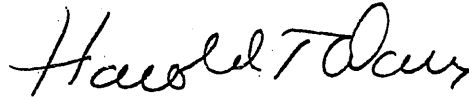
NUTTER, McCLENNEN & FISH

Mr. Parkman D. Howe

- 2 -

pital and enthusiastic for such a terrace talks with her personally about it.

Cordially yours,

A handwritten signature in cursive script, reading "Harold T. Davis". The signature is fluid and elegant, with the first name "Harold" being more prominent than the last name "Davis".

Harold T. Davis

Copy to Mrs. Prouty

I

DEDICATION

*of*

THE NEW BUILDING

*of*

*The Children's Hospital*

*and*

*Infants' Hospital*



THE CHILDREN'S MEDICAL CENTER  
BOSTON, MASSACHUSETTS

FRIDAY, OCTOBER 5, 1956  
AT 2:30 P. M.



# PROGRAM FOR THE DEDICATION

JOSEPH A. ERICKSON  
*Chairman of the Dedication Committee,  
Children's and Infants' Hospitals*

THE NATIONAL ANTHEM

## INVOCATION

THE VERY REVEREND JOSEPH R. N. MAXWELL, S.J.  
*President, Boston College*

J. W. FARLEY  
*President, The Children's Medical Center*  
SIDNEY FARBER, M.D.  
*Chairman, Staff Executive Committee, The Children's Hospital*

## ADDRESSES

NATHAN MARSH PUSEY, PH.D., LL.D., L.H.D.  
*President, Harvard University*  
"EDUCATION IN MEDICINE"

JAMES RHYNE KILLIAN, JR., Sc.D., LL.D., D. ENG.  
*President, Massachusetts Institute of Technology*  
"SCIENCE IN MEDICINE"

REVEREND THEODORE PARKER FERRIS, D.D.  
*Rector, Trinity Church*  
"THE HUMAN SIDE OF MEDICINE"

## BENEDICTION

DR. JUDAH NADICH  
*Rabbi of Congregation Kehillath Israel*

TOURS, EXHIBITS, AND REFRESHMENTS

*The Prouty Terrace and Garden,  
which is the site of the dedication,  
has been donated by*

MRS. LEWIS I. PROUTY

*whose generous gift provides a fitting complement  
to the adjoining buildings, to be enjoyed and  
appreciated by patients, visitors,  
and the Hospital family.*

*Music by courtesy of the Music Performance Trust Fund of the Recording Industry  
through the cooperation of Local #9 of the American Federation of Musicians.*

J

# MASSACHUSETTS HORTICULTURAL SOCIETY

HORTICULTURAL HALL, 300 MASSACHUSETTS AVENUE

BOSTON, MASSACHUSETTS

January 8, 1959

Mr. William Wolbach, President  
Children's Medical Center  
45 Milk Street  
Boston, Massachusetts

Dear Mr. Wolbach:

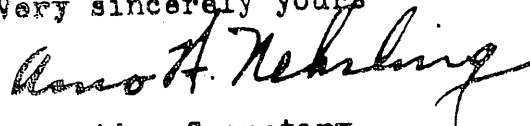
It becomes my pleasure and privilege, as Secretary of the Massachusetts Horticultural Society, to inform you of an unusual honor that has come to the Children's Medical Center. At a meeting of the Board of Trustees held on Friday, December 12, the Gold Medal of this Society was awarded for your interesting court garden.

The report of the Committee on Gardens recommending the award reads as follows:

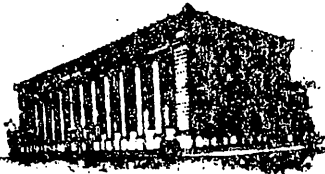
Children's Medical Center, Boston  
A beautifully-conceived and well-executed court garden. Completely surrounded by brick walls, this is a restful and intimately interesting, ever-changing place for the young children who are wheeled about or walk about the asphalt paths. The standard geraniums, espaliered wall shrubs, beautiful bulbs and ground covers as well as its ever-busy fountain and rustling trees, can easily serve as a visual promise to youngsters that Nature has not forgotten them during their period of confinement.

May I extend to you the very best wishes of all the Officers and Trustees of the Society for the well deserved recognition that has come to you.

Very sincerely yours



Executive Secretary



AHN/AW

K

Mrs. Lewis L. Prouty

- 2 -

December 23, 1957

The truth of the matter is, because your Garden is so generally appreciated, there should never be any problem in working out the mechanics of its future care.

December 23, 1957

Finally, I want to thank you for the remarks in the last paragraph of your letter. It is the interest and devotion of people, like yourself, that makes being President Mrs. Lewis L. Prouty a rewarding experience. I do hope that when our house is completed and we have moved in, that we can persuade you to pay us a visit. We would be very glad to receive your advice on the very obvious problems of landscaping.

Dear Mrs. Prouty:

Sincerely,

On behalf of the Trustees and Staff I would like to express our tremendous gratitude for your magnificent gift of \$10,000--\$9,000 of which we have credited to your Garden and \$1,000 for our Clinic and Research Wing. We are also appreciatively indebted to you for your previous gift of \$5,892.00 to cover reimbursement of various charges by Stone and Webster.

William W. Woldash  
President

Now a few words about the Garden,--still in a preliminary way. To begin with, I cannot imagine anyone having any opinion other than that the Garden is a great asset. Of course, we can run the Hospital without it,--just as we could without paint on the walls, if necessary. However, as you well know a Hospital can be a pretty bleak place, and staying there can be an uncomfortable and unhappy experience for young children, most of whom have never been away from home before.

Your Garden represents beauty, serenity and nature itself and is a wonderful and I believe almost necessary contrast to the institutionalized impersonality of the Hospital bricks and mortar, and the stress of pain and uncertainty. We are most fortunate to have such an attractive complement to our new building, and I hear reports on all sides concerning how much it is appreciated by patients, their parents, and the Staff.

Now as to its future maintenance. This is no problem for the present. However, I know that you are concerned with the time when you no longer wish to give it so much personal attention yourself. I am sure it would be possible to get an estimate of what it will cost to operate the Garden once it has been completed, and we wouldn't have to contend with much more than the normal planning and replacements. Needless to say, it would be most helpful to have as much as possible of this expense covered by special income from endowment. I would think that general supervision for the proper maintenance of the Garden could be given to the Women's Committee, who would appoint a special committee of their best qualified members for this purpose.

As far as the actual work is concerned, Mrs. Hovey, with whom I have compared notes briefly, suggests that it is not reasonable for the Hospital to have a gardener or two among its employees and that the work could be done under contract by a landscape firm.

The truth of the matter is, because your Garden is so generally appreciated, there should never be any problem in working out the mechanics of its future care.

Mrs. Lewis I. Prouty

- 2 -

December 23, 1957

The truth of the matter is, because your Garden is so generally appreciated, there should never be any problem in working out the mechanics of its future care.

Finally, I want to thank you for the remarks in the last paragraph of your letter. It is the interest and devotion of people, like yourself, that makes being President of the Hospital such a rewarding experience. I do hope that when our house is completed and we are moved in, that we can persuade you to pay us a visit. We would greatly welcome your advice on the very obvious problems of landscaping.

Sincerely,

William W. Wolbach  
President

WWW:w

**L**

January 15, 2015

Board of Trustees

Boston Children's Hospital

300 Longwood Avenue

Boston, MA 02215

/ Ladies and Gentlemen of the Board,

My father, Dr. Guy W. Brugler, was Director of the Children's Medical Center during the late '50s, and early '60's. Although I was just a child at the time, I fondly remember Mrs. Olive Prouty who became a family friend. The possibility that her bequest, which has clearly benefitted many thousands of people by now, might be destroyed is unthinkable. I so hope that the decision-makers who are currently dealing with the (indisputably beneficial) planned expansion which would eliminate the Prouty Garden will reconsider. Surely a balance between finance-based expansion and humanitarian understanding of "the right thing to do" can be achieved through creative re-design. An on-line commenter who observed that this garden is "the soul of the hospital" had it right!

Sincerely Yours,

Carroll B. McNeill

22355 Regnart Road

Cupertino, CA 95014



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Prouty Garden

The Prouty Garden has had an important place in the overall healing environment of Boston Children's Hospital. Although a recent survey indicates that the predominant user of the garden is the Hospital staff (for lunches and small gatherings), there is no doubt that the quiet respite provided by the green space has been a part of the Hospital's pioneering approach in pediatrics of 'healing the entire family'. However, the primary mission of the Hospital is to deliver excellent clinical care to those in need and in order to continue to be faithful to this Mission, the Hospital now finds it necessary to create: (i) an all-private room environment (thereby reducing the possibility of mistake and infection and further reducing the 'average length of stay' for the patients), (ii) programmatic space for Centers of Excellence, (iii) space capacity for up to 180 inpatient beds and additional interventional radiology or other clinical needs. After exhaustive operational studies, the Hospital has concluded that the optimal location (both in terms of co-located services and reducing overall costs) is the currently proposed site for the Boston Children's Clinical Building.

The Prouty Garden was originally established as a gift to the Hospital in the 1950s and its operation and upkeep has been maintained by a separate endowment under the control of the Prouty Garden Foundation. The Hospital has met with the leadership of that Board on several occasions over the past few years in an effort to update them, with particular regard to the proposed construction on the site. The President of the Prouty Garden Foundation has been briefed on the Hospital's strategic need to further its single bed inpatient philosophy and has reviewed all of the site options that the Hospital studied, prior to concluding that the Garden location was the optimal building site. The Foundation has expressed a willingness to work with the Hospital's planners and designers to incorporate the artifacts and memorabilia now within the garden, into one or more locations within the proposed BCCB, in an effort to keep the 'spirit' of the garden alive in its new environment.

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How Hospital Gardens Help  
Patients Heal

Hospital gardens turn out to have medical benefits

See Inside By Deborah Franklin | March 19, 2012 | 4

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To get an inkling of what a well-designed hospital garden can do for a child, watch the home video posted on YouTube of a three-year-old heart-transplant recipient. The toddler, Aidan, wanders the meandering paths, sun-dappled lawn and gnarled trees of the Prouty Garden at Children's Hospital Boston. "He loves to be in the garden feeding the birds and squirrels," wrote Aidan's grandmother. "They will all weigh 30 lbs. each by the time we leave here!"

The garden that Aidan loves—with its vibrant greenery, shaded places to sit and walk, and small, half-hidden animal sculptures that fascinate visitors of all ages—is "one of the most successful hospital gardens in the country," says Clare Cooper Marcus, an emeritus professor in landscape architecture at the University of California, Berkeley.

Dismissed as peripheral to medical treatment for much of the 20th century, gardens are back in style, now featured in the design of most new hospitals, according to the American Society of Landscape Architects. In a recent survey of 100 directors and architects of assisted-living residences, 82 percent agreed that "the design of outdoor space should be one of the most important considerations in the design." But can gardens, in fact, promote healing? It turns out that they often can. Scientists around the world are now digging

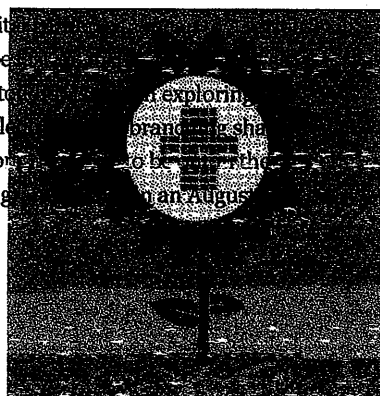


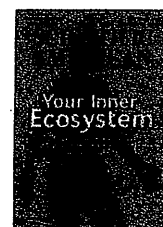
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into the data to find out which features of gardens account for the effect.

### Common Sense Put to the Test

The notion that the fresh breezes, dappled sunlight and fragrant greenery of a garden can be good for what ails us has its roots in ancient tradition and common sense. But a much cited study, published in 1984 in the journal *Science* by environmental psychologist Roger Ulrich, now at Texas A&M University, was the first to use the standards of modern medical research—strict experimental controls and quantified health outcomes—to demonstrate that gazing at a garden can sometimes speed healing from surgery, infections and other ailments.

Ulrich and his team reviewed the medical records of people recovering from gallbladder surgery at a suburban Pennsylvania hospital. All other things being equal, patients with bedside windows looking out on leafy trees healed, on average, a day faster, needed significantly less pain medication and had fewer postsurgical complications than patients who instead saw a brick wall.

Esther Sternberg, a physician and neuroimmunologist at the National Institute of Mental Health, calls Ulrich's work "groundbreaking." At the time, studies showing that loud sounds, disrupted sleep and other chronic stressors can have serious physical consequences were only just beginning. "In 1984 we all took it for granted that hospitals were noisy, smelly, disorienting mazes," says Sternberg, who details the history in her book *Healing Spaces: The Science of Place and Well-Being*. "But it hadn't occurred to us that stress could affect a patient's healing—or that we could do anything about that."

Fortunately, as the evidence implicating hospitals as major engines of stress builds, the stack of data suggesting that gardens and planted alcoves can encourage healing has grown, too. Just three to five minutes spent looking at views dominated by trees, flowers or water can begin to reduce anger, anxiety and pain and to induce relaxation, according to various studies of healthy people that measured physiological changes in blood pressure, muscle tension, or heart and brain electrical activity.

Indeed, the benefits of seeing and being in nature are so powerful that even pictures of landscapes can soothe. In 1993 Ulrich and his colleagues at Uppsala University Hospital in Sweden randomly assigned 160 heart surgery patients in the intensive care unit to one of six conditions: simulated "window views" of a large nature photograph (an open, tree-lined stream or a shadowy forest scene); one of two abstract paintings; a white panel; or a blank wall. Surveys afterward confirmed that patients assigned the water and tree scene were less anxious and needed fewer doses of strong pain medicine than those who looked at the darker forest photograph, abstract art or no pictures at all.

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- "Bluestone" paving looks beautiful but does not work well with IV poles (they are on their own carriage and must be pushed alongside a child using a wheelchair or transporter). The surface is not sufficiently smooth. The paving will be replaced with a synthetic safety surface (not native rubber as some children have severe rubber allergies.)
- Lack of at-grade entrance. Existing ramp segregates wheelchair users. Planned renovations include a new at-grade entrance from the Volunteer's Services area.

### The Prouty Terrace and Garden, Children's Hospital, Boston, Massachusetts

Children's Hospital, Boston, is one of the premier hospitals for children in the United States. It is located in the Longwood medical and academic section of Boston, along with several other large urban medical facilities.

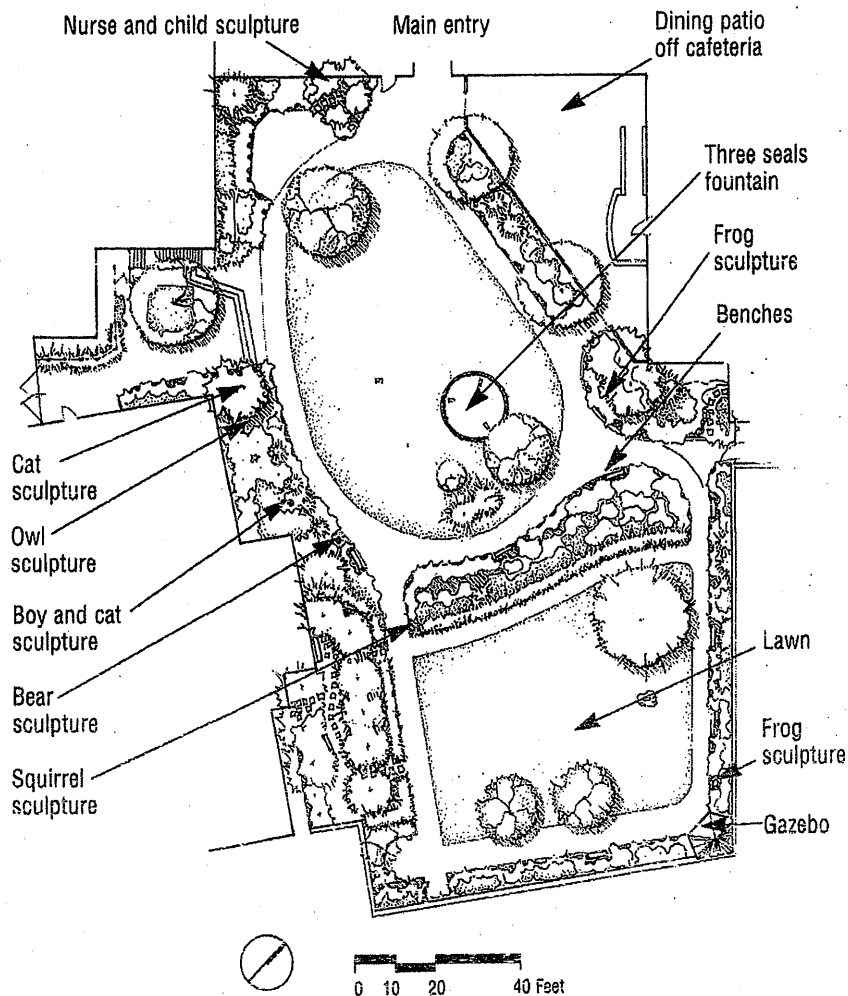


Figure 7-18 Site plan of the Prouty Garden, Children's Hospital, Boston, MA.

*"It gives you some peacefulness. You can go there and sit, get away from it all; there is more hope in the garden. It's different from a chapel, where you go to pray, to try to find some acceptance. When a person is so sick, critically ill, or is dying, people go to the chapel. The garden is for healing. You feel closer, you feel more hope, more uplifted. It is a place of hope."*

(STAFF MEMBER)

### ***History of the Garden***

The garden was opened in 1956 and completed in 1987, but the origin goes back to the 1920s, with Mrs. Prouty's interest in two old hospital wards. She had lost a second child and was contemplating adoption when Dr. Richard Smith, her pediatrician and Chief of Pediatrics at Children's, took her to see a twelve-bed ward in need of rehabilitation. He suggested that instead of a child, she "adopt" the shabby ward and try to improve its appearance. Success in this led her to take on a second twelve-bed ward and dedicate both to her two deceased children. When the wooden ward building was torn down in 1953 and replaced with the present building, Mrs. Prouty was asked if she would like to sponsor a garden.

Mrs. Prouty liked the idea and contacted Olmstead Brothers, the Boston landscape architecture firm, to design the garden. At her request, they modeled it after the walled garden and terrace of the Museum of Modern Art in New York. The final design was executed by Boston landscape architects Shurcliff and Merrill. The garden opened on October 4, 1956, and four years later was awarded a gold medal by the Massachusetts Horticultural Society for a "well executed court garden." As you enter the garden from the Farley Building, a simple bronze plaque to the right reads: "This Terrace and Garden in Memory of Anne and Olivia Prouty." The trust fund that was established by Mrs. Prouty still supports the equivalent of a full-time gardener. Credit for the garden's successful early planting is due to the efforts of late Colonel William Smith, former Director of Resources at Children's, who donated many valuable plants from his own garden.

### ***Description***

The garden is accessed from a corridor on the first floor of the hospital (one level above the main entrance). Unfortunately there are no specific signs indicating its existence, only a few small signs to "Garden Elevator" and a small sign naming the garden at the entrance. The half-acre, roughly rectangular (190 × 120 feet) garden is enclosed by hospital buildings ranging from three to six stories on the north, south, and west, and by the single-story hospital library and a garden wall flanked by an adjacent six-story building to the east. While the strong sense of enclosure offered by largely high-rise buildings might have created a pit-like space, the relatively large extent of the garden, plus the presence of several large trees screening the buildings, ensures that the garden feels like a quiet, well-kept urban oasis. The tall, solid, light brick garden wall, shrouded in espaliered climbing hydrangea, pyracantha, and wisteria, charms the visitor and seems to shut out the world beyond.



The garden comprises three large, and several small, subspaces. Large areas are an oval lawn with a fountain-pool set off-center; a paved cafeteria terrace looking over the oval lawn; and a square lawn to the rear separated from the oval lawn by a perennial border and low yew hedge. The smaller subspaces consist of a number of seating clusters set around the edge of the garden, looking out over the lawns. The straightforward circulation system provides enough choices that a staff member out for a stroll, or a parent pushing a child in a wheelchair, has a variety of visual experiences. A gray asphalt path circles the oval lawn, another runs around the square lawn. The two paths link together, forming a broad figure-eight with views on one side onto open lawns, and on the other onto richly textured shrub and perennial planting.

The many small sculptures set into the planting beside the pathways and on the lawns are an especially attractive feature of the garden. Circulating around the garden counterclockwise from the main entrance, one encounters sculptures of a nurse and child, small figures of a goose, a cat, an owl, a boy holding a cat, a bear, a squirrel, two frogs, and a fox, half-hidden in the shrubbery, and small life-size figures of a rabbit and birds set on the lawn. Children taken out into the garden take great delight in finding and naming these figures, more so because they are half-hidden. On one day in mid-November, yellow chrysanthemum flowers picked from the snowbound, fading perennial border had been placed (most likely by a child) in the mouths of the bear and the fox, and in the arms of the boy.



*Figure 7-19 View across main lawn toward fountain and birch grove at the Prouty Garden. Hospital ward building to the right. (Photo courtesy of Boston Children's Hospital.)*

*"I think for the parents with the chronic kids, having the garden is a real plus. They are here a lot and the hospital is more like a second home to them, so the space here is that much more important, especially when you consider the amount of stress they must be feeling."*

(STAFF MEMBER)



Figure 7-20 "Boy and Cat" sculpture peeking out from a Prouty Garden shrub border, welcoming children and parents, adding a point of interest, a subject of conversation, and a sense of identity for the users. (Photo by Clare Cooper Marcus.)

There are plenty of places to sit, including nine concrete backless benches set just to the side of the peripheral walkway; several clusters of movable garden chairs and tables set in more private, tree-screened corners; fixed wooden seating in a corner gazebo; many attractive green-painted metal chairs and tables on the cafeteria terrace. In the summer, the lawns are also used for sitting or sprawling in the sun. Whether one is part of a group of workmates sharing a picnic lunch, a visitor sitting alone, or two stressed parents needing a place for privacy, the garden offers many varied options.

The planting in the garden adds immeasurably to its charm and oasislike milieu during all seasons. Several very large trees—a ginkgo, a white pine, a dawn redwood, several cryptomeria, and white birches—seem to scale down the height of the multi-story buildings around. Complementing these at a lower height are a great variety of smaller trees, including flowering dogwood, Japanese maple, carnelian cherry, magnolia, hemlock, and flowering cherry. Deciduous and evergreen shrubs, including rhododendron, azalea, hydrangea, juniper, holly, lavender, mountain andromeda, and mountain laurel form an understory beneath the peripheral trees, their colors changing with the seasons. Among the larger trees are several rare specimens, including one of the most unusual, the metasequoia or dawn redwood. In addition, there are seven cryptomerias (evergreens seldom found as far north as Boston), Japanese katzuras; and a tall, stately tulip tree. At least one of every variety of tree, shrub, and plant bears an identifying tag giving both its common and Latin names. A glass framed plan of the garden with every plant identified is an interesting feature of the cafeteria patio that overlooks the garden.

The garden's colors are at their brightest in the spring with the early blossoming of crocuses, daffodils, and lavender Mongolian azaleas. Later come the tulips, the pink clusters of Carolina rhododendrons, and the reds, whites, and yellows of the late-blooming azaleas. In May, pansies, marigolds, petunias, and dahlias appear, as well as various unpretentious little flowers with common names especially appealing to children: Johnny jump-ups, Jacob's ladders, Dutchman's breeches. By mid-May the garden is filled with flowering trees: dogwood, both pink and white, cherries, crab apples, and silverbell.

The garden is managed by the Office of Facility Planning and Space Planning through a Garden Committee which oversees the condition of the planting, requests replacements, and manages the garden horticulturally. They also define appropriate uses and establish rules. The resident hospital architect is a member of the committee and is personally involved on a daily basis.

### Use

The garden is intended to serve the children at the hospital, their siblings, parents, relations, and hospital employees. From early spring to late fall, the grounds are populated not only with children but also with visitors, lured into sitting a while on the stone benches and garden chairs placed in both sunny and shady spots. The garden is well-used on warm days by staff on breaks and during lunch hours, and by parents taking a break from a sick child's bedside. On a warm spring day, up to 150 people may use the garden. Spring, summer, and fall are obviously the peak seasons, but even in winter (and under snow) staff take walks in the garden or pass through it when moving from one building to another. On-site observations indicated hospital staff as the most frequent users—eating a brown bag lunch, taking a break or a walk. Because the garden can be viewed from the attractive cafeteria terrace and the hospital library, the staff know of its existence and are drawn to it in warm weather.

The next most numerous group observed were parents waiting for a child undergoing surgery or treatment. With a few hours to spend and probably in a tense mood, the garden-as-green-oasis provides a welcome respite from the hospital environment. To anxious parents and patients alike, the garden is a merciful refuge, as well as a pleasant place to wheel recuperating children. Parents with siblings of a hospitalized child find the garden a welcome place to let well children explore and let off steam.

In terms of raw numbers, inpatient children may be the least frequently observed users because hospital stays are so brief these days, and because a child who is in for a longer stay is likely to be too sick to go to the garden. However, the garden is used by many children at some point during their stay in the hospital, including postoperative, oncology, psychiatric, general medical, and general surgical patients.

There are no special staff assigned to the garden. It can be used by any resident patient or outpatient accompanied by a child life specialist, parent, or volunteer (Child Life runs a training program for volunteers). The garden is also used for patient parties and has been the scene of many special events. A tree lighting ceremony, held in the garden every Christmas, is watched through hospital windows by children and staff. Summer programs have included gardening, "arts in the garden," groups of musicians, magicians, traveling zoos, circuses, and community actors playing to the children. At the time of writing, these programs had been discontinued due to potentially harmful particulates into the air caused by construction activity.

*"I feel like I am not in the hospital anymore when I am in the garden. I feel more relaxed. It is an escape. It is so nonhospital; nothing in there is like the hospital; it feels so open, so bright and colorful—the fresh air, the breezes—it's great to get out of the sterile cave."*

(STAFF MEMBER)

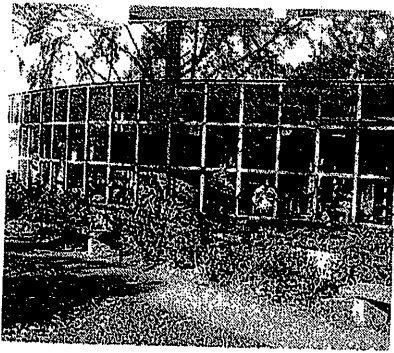


Figure 7-21 Users of the cafeteria and hospital medical library have a view out into the Prouty Garden. (Photo by Clare Cooper Marcus.)

Children can interact physically with the landscape to a limited degree. They can smell and pick the flowers, but there are no facilities for them to plant flowers or vegetables. As children move around, they discover different secret corners where they can explore and hide. The animal statues add to the sense of discovery—some are placed on pedestals so that children being wheeled on the meandering paths in beds or wheelchairs can more easily see them. The raised deck of the gazebo provides a lookout that is accessible by a ramp.

The garden has southern exposure and an excellent microclimate; its winter temperature can be ten degrees warmer than the streets surrounding the hospital. "Even in winter on a nice sunny, calm day it can be very comfortable out there," reported Charles Smith, hospital architect. For that reason, children use the garden in the winter and sometimes even come out to make snow people there.

The garden is very secure, as one must enter through the hospital; there is plenty of cross-traffic between the surrounding hospital buildings that also overlook the space. Many eyes watch over it. It is well lit at night. The formal pool is about twelve inches deep and without a guardrail. "Although some safety experts may regard this as hazardous, there have been no incidents with the pond as far as I am aware in all the years I have been here," commented Charles Smith.

The only use conflict that occasionally arises is when the psychiatry patients try to use the garden for recreational activities such as football. This is an appropriate activity for the participating patients, but the garden is too small, and other users are disturbed. Occasionally children climb the trees, which is sometimes seen as problematic by the staff because it damages the trees. It would be nice if a specific climbing tree with low-slung branches could be designated. The worst maintenance issue seen by the staff is the daily cleanup after lunch on the cafeteria terrace when all the napkins and paper plates blow around in the wind.

#### ADVANTAGES

- Southern exposure provides excellent microclimate.
- Endowment fund provides for appropriate maintenance.
- Flat terrain is easily accessible.
- Animal sculptures.
- Fountain and pool.
- Diversity of plantings.
- Overlooked by cafeteria and medical library.

- Many different exploratory subspaces for discovery, contemplation, and privacy.
- Used by whole hospital community.

#### DISADVANTAGES

- Child Life-sponsored programs have been discontinued.
- Little hands-on engagement of the children, no planting activity.
- Occasional conflicts between active recreational uses and passive users.
- No directional signs to the garden in the hospital building.

### Gardens at Lucas Gardens School, Canada Bay, New South Wales, Australia

#### *History and Philosophy of the Garden*

Lucas is a special education facility located in a suburban community outside Sydney, administered by the Department of Education of New South Wales, and linked to a nearby residential pediatric hospital. The original school dates from 1938. Because of falling enrollment it closed in 1985, was renovated and opened as a school for children with multiple disabilities in 1987. The single-story school buildings enclose a series of courtyards where the gardens (opened in 1989) have been developed over several years. The original layout of the gardens was provided by Good Manors, Landscape Architects. The facility is managed by school principal Jeanne Stratford, who came up with the idea of creating gardens in the existing cracked and pot-holed asphalt courtyards. Unusable because they were very hot in summer and full of puddles in winter, thus inhibiting mobility, the courtyards were renovated with the help of the local Rotary Club. At first, some of the staff wanted to use the funds to buy a minibus, but Jeanne argued that the children could not go somewhere every day. She wanted to create a "somewhere" right on the school site, "to bring nature into our midst," as she put it. A design was developed and implementation continued over several years.

About 50 percent of the children are transported to the school each day from the nearby hospital where they are permanent residents because of the severity of their disabilities. Most of these children use wheelchairs or cots. The other half of the children, also with severe, multiple disabilities, live with their families in the community.

*"We had something really stressful happen just prior to coming here; we came here to debrief. It is a good setting to get away from the hospital stress, to feel more peaceful."*

(STAFF MEMBER)

P

*The most important reason—the soul-soothing serenity of the garden for our patients, families and staff—is already so well stated. I'm sure this is valuable real estate, but some things are priceless and irreplaceable...and we have promises to keep.*

*I have visited and studied many hospital gardens and this is one of the most beautiful, the most successful, and the most therapeutic for staff, visitors, and child patients. It was featured as an exemplary case study in a book I co-edited (C. Cooper Marcus and M. Barnes, "Healing Gardens: Therapeutic Benefits and Design Recommendations" New York: John Wiley, 1999). I am shocked and dismayed that the hospital is considering demolishing this important garden space at a time when healthcare organizations all over the country are recognizing the healing and stress-reducing power of nature, and adding garden spaces to new and renovated facilities. Please do the right thing and select an architectural alternative that preserves this healing oasis.*

*I worked at Payette Associates when we designed the Medical Library which overlooks the Prouty Garden. We took extreme care to not take away from the garden and instead considered it as a valuable amenity for the library and BCH. It would be a great loss to lose this garden to development. Thank you for starting this petition, and let me know if I can do anything else to help. - Jerry Smith, FASLA*

*This is one of the best healing gardens in the country, and it serves an important population in a critical metropolitan area. The hospital will be doing itself and the community a HUGE disservice by destroying it. No "replacement" garden will replace what has been created here. - Naomi Sachs, ASLA, EDAC; Founding Director, Therapeutic Landscapes Network*

*I graduated from the Children's Hospital School of Nursing in the Prouty Garden. My husband is a patient at Dana-Farber and on occasion we visit the garden for comfort and a break in between visits on a long day. I remember patients and their families enjoying the garden when I was a Nursing Student at CHB and as a RN working there for 4 years after I graduated. It would be such a loss if it was bulldozed. Why would anyone ever donate anything to CHB if total disregard is shown at a later date and the gift is destroyed. Newer is not always better and tradition should have some value in our culture.*

Q



