

## VOLUNTEERS

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In recent years, the responsibility for recruiting, training and placing volunteers has passed from the hospital auxiliary to the Department of Volunteer Services, leaving the auxiliary free to run the hospital gift shop and hold fundraising events.

The type of person volunteering for hospital duty also has changed.

"We're seeing a greater number of students and night and weekend volunteers," says Jane Bell Russo, the center's director of volunteer services. "We're also getting people who want to see and do more in the hospital. There's a lot more of a career focus coming into play."

In response, her department has tried to find new ways to use volunteer skills. In addition to the traditional tasks of delivering flowers and working in the gift shop, volunteers now run bingo games, assist with audio-visual presentations and act as liaisons between patients and physicians at the 777-bed medical center.

In her four months as a hospital volunteer, Janice Marvin has learned how to give comfort with small gestures.

During her weekly stint in the cardiac catheterization lab, she offers heart patients magazines, extra pillows and a sympathetic ear as they wait for various tests.

Unlike many volunteers who come to the hospital wanting to work with children, Marvin requested a position helping adults.

"My child had gone back to school, so I had a lot of time on my hands," she says. "I wanted a job with some dignity and I thought hospital work would have that."

Among her favorite patients are the heart transplant recipients who come to the lab for tests on their new organs.

"They are the most incredible people to deal with," Marvin says. "It's like they have a new lease on life."

Although it was hard at first to

tell whether she was making a difference, she has found that her presence is often enough to calm an anxious patient.

"Sometimes the patients will tell me things they won't tell a doctor or nurse," Marvin says. "When you're dealing with hearts, it's life and death. I've learned how to listen and how to read the person to see what they need."

Down on the first floor, Jack Williams is three-quarters of the way through his volunteer shift in the one-day surgical waiting room.

Dressed in a neat red jacket and tie, he cuts a dignified, slightly formal figure as he ushers patients into the waiting room and checks on the status of family members in surgery.

Williams began volunteering at the medical center more than five years ago, after he retired from his job as a sales representative for National Cash Register.

After four years in the heart unit, he asked to be transferred to the surgical waiting room, becoming one of the first volunteers to fill a gap created by the elimination of a full-time paid staff position there.

As the waiting room begins to fill

up, Williams directs a surgeon in pale green scrubs to a group of family members huddled by the entrance.

He watches as their tense faces relax, hearing good news about their loved one.

The phone jangles and Williams picks it up after only one ring.

He checks his list carefully for the name of a patient, then gives the correct pronunciation to the doctor on the other end of the line.

Williams' weekly shift begins at 7:30 a.m. and ends at 1:30 p.m.

"I don't sit down much," he says. "When I leave here, I'm tired."

But even a bout with heart surgery earlier this year didn't keep him away for long.

"I get a lot of self-gratification out of this," Williams says. "I enjoy being around people and being of help. I just try to have a calm, reassuring manner."

Judy Biber knows she has one of the most popular volunteer jobs in the hospital.

One morning a week, she scrubs her hands and dons a long-sleeved sterile gown for a two-hour shift cuddling babies in the Neonatal Intensive Care Nursery.

"Studies have shown that babies who don't get touched, don't thrive," says Biber, who has four children of her own. "Most of the babies we work with start as preemies. Once they get stabilized, they need to be held."

At first, the beeping monitors attached to the sealed incubators and tiny cribs frightened her. But after she discovered the signals were rarely life-threatening, she relaxed.

"Doing this is so satisfying," says Biber, as she plays a game of patty-cake with a dimpled, blonde baby wearing braces on her legs. "But you have to know in advance that your task is very small. You can't change a baby's whole life."

Like many of the volunteers who work at the medical center, Helen Barclay has been on both sides of the admitting desk.

More than two decades ago, she spent several long months at the center, recovering from Rocky Mountain Spotted Fever.

Her job as receptionist in the main surgical waiting room is a way to both acknowledge the past and prepare for the future.

"I owe my life to this hospital and this is my way of giving something

back," says Barclay, who has been a medical center volunteer since 1978. "Being here is getting me ready to go back into the work world."

On this particular morning, almost every chair in the waiting room is filled. From her post near the door, Barclay answers phone calls and helps keep track of patients moving through the process of surgery.

Does it take a special person to be a hospital volunteer?

"Yes," says Barclay, as she checks another name off her list. "You have to have real empathy for the patients and not be clipped. When I leave here, I feel like I've done something for somebody."

Continuing changes in the health care industry will only increase the need for hospital volunteers, says Bell Russo, the volunteer director.

"It can be shown that they save money. They are also very important from the standpoint of involving the community in health care."

As the non-technical elements of a highly technical system, volunteers help patients make their way through the maze of the modern hospital, she says.

"They are the ones who can take the time that a staff member can't. It's that extra TLC."

At the end of her shift, after completing visits to her assigned patients at Children's Hospital, Lee, the pediatric unit volunteer, decides to check up on a young boy from her church who is recovering from being run over by a car.

She finds him slumped in his wheelchair, struggling with the task of eating his breakfast.

"Kevin, don't you want to eat this nice food?" she asks him, positioning herself in front of the tray.

"No ma'am," the boy says, wrinkling his nose in disgust.

"Now Kevin, you want to play basketball don't you?" Lee coaxes him, holding out a forkful of scrambled eggs. "Well, man! You got to eat if you want to do that."

And after a minute, Kevin begins his breakfast.



Hospital volunteer Helen Barclay, left, talks with Susan Cox in the surgical waiting room at Carolinas Medical Center in Charlotte.

Photo by Robert Miller

## GIFT

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two sides communicated only through their lawyers. Courts filed a lawsuit demanding that the hospital return the gift. The hospital fought back to protect its windfall.

In July, the N.C. Court of Appeals sided with the hospital. The ruling

boiled down to a simple proposition: One can't attach strings to a gift after it's given.

But writing in a 3-0 decision, Judge James Wynn Jr. lamented the hospital's treatment of its benefactor.

"Essentially, it appears that the Hospital and its administration, though initially appreciative of the gift, became insensitive to the fact that the elderly Courts had unselfish-

ly donated her life's savings to the Hospital," Judge Wynn wrote. "We do not wish to encourage such callousness, as it will act only to discourage the generosity of private citizens necessary to serve the public good."

Julia Courts has lived in Winston-Salem since 1927, but her family is from the Reidsville area. Throughout her life, Courts invested her earnings as a newspaper librarian in the common stock of R.J. Reynolds Tobacco Co., later RJR Nabisco.

According to court papers, Courts had planned on leaving the stock to the hospital in her will.

But events on Wall Street near the end of 1988 changed her mind. RJR Nabisco was on the verge of a leveraged buyout. On Dec. 6, 1988, Courts removed 7,954 shares of stock from her safe deposit box, obtained the hospital's identification number and transferred the stock to the hospital.

She left a message for the hospital president, James Knight. When Knight returned the call that afternoon, Courts simply told him she was sending a gift to the hospital.

On Dec. 15, Knight called to thank Courts for the shares, which were trading at \$89.75 that day, making the gift worth \$712,076.50. Knight asked the reason for the gift, and Courts explained she wanted to honor her family, and in particular the memory of her grandfather.

The following week, Courts lunched with Knight and Craig Cardwell, then chairman of the hospital's board of trustees. Courts told them of her family ties to Reidsville, and apparently suggested using the money to help poor people pay their hospital bills. Knight and Cardwell, in turn, explained some of the hospital's projects, apparently to get Courts' opinion on how best to recognize her

and her family.

Testifying at deposition about the lunch, Courts said she had not voiced a preference for any project. When asked if she had wanted to leave the decision up to the hospital, she replied, "That's right."

Sometime after the lunch, Courts learned of the hospital's plan to establish a charitable foundation through which donations could be raised for the hospital - a plan that predated her stock donation.

Courts warmed to this idea, and wanted the foundation established in her family's name. Believing that would happen, she occasionally called the hospital to check on the progress of the Courts Foundation, and sent Knight a list of people she wished to sit on the foundation's board.

The falling out came on April 5, 1990, when the hospital established the foundation - the Annie Penn Memorial Hospital Foundation. The hospital said it followed the tradition of naming the charity for the organization it supported.

Hospital administrators informed Courts of their decision in a March 30 letter. The hospital suggested that a Courts Family Endowment be established within the Foundation.

Disappointed by the decision, Courts cut off all communication with

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**N.C. COURT OF APPEALS**

the hospital and filed a lawsuit claiming that her gift was conditioned on the foundation being named for her grandfather.

She sued in Superior Court in Forsyth County and lost, a ruling upheld by the Court of Appeals. Her attorney, Melvin Wright of Winston-Salem, did not return repeated phone calls.

People have the right to attach conditions when giving their property away, Wynn wrote, and the gift fails if the conditions aren't met. But an unconditional gift, once given, is irrevocable.

And the record shows that Courts' gift was unconditional.

Before signing over the stock certificates, Courts did not consult her attorney, friends or anyone at the hospital. She did not condition the gift on the creation of a Courts family foundation; indeed, plans for the foundation were incomplete and in doubt in December 1988. And when filling out IRS Form 8283 for non-cash charitable contributions, which has a section that had to be completed if any conditions were to be placed on the gift, Courts did not indicate that she had placed any conditions on the gift.

Courts hit upon the idea of naming the foundation for her grandfather after making the gift, when she learned of the hospital's plans.

But no one at the hospital corrected her misconception or explained in detail to her the nature of the foundation and how a name would be selected.

And even Knight, the hospital president, did not respond when Courts referred to the "Courts Foundation" in his presence, Wynn wrote.

"Neither he nor anybody else at the hospital corrected her misconception."

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