

Hospital Clown Newsletter

A Publication for Clowns In Community and World Service

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Albert Alter a.k.a. "Clem"

Clem has been visiting children in the hospitals since the early 1980's. He works as a solo clown in children's hospitals in the Portland Oregon area.

"In the early 80's when I left Ringling Bros and Barnum and Bailey Circus, I went to work at Doernbecher Children's Hospital. There was a new Child Life Worker hired as part of the Oregon Health & Sciences University for critically ill children with cancer and major illness in the state. She wanted me to come in to clown, so finally I said, "I'll come up as long as long as we can do water fights with syringes." I've always hated shots, so I figured it would be a great way to break the ice. She finally gave in and gave all the kids irrigation syringes - that's 100 ccs, and gave me a small 1 cc syringe. We did this in the play room and all the kids just blasted me. That was my introduction as a clown!

"After the initial water fight I will say 'I'm not feeling so good,' and the kids will play at operating on me, and bandage me up. I become the patient and that really gets the kids involved"

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A Very Special Place

... "I arrived at Camp Winnarainbow a very sad, scared, confused and angry eleven-year old child. I had been separated from my siblings and placed into foster care . . . a home absent of love - no kisses, no hugs, and no reassurance.

"I will never forget my first day at camp...my two sisters and I were reunited not just for a couple of hours, but a time where we would spend a whole month together - day and night."

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Camp Winnarainbow

A Circus and Performing Arts Camp

..... Albert Alter a.k.a. Clem, the Fool



Why do I call myself a fool?

I think of the role of the fool in ancient times. The fool was the entertainer in the court, and kingdom. But another role was to tell the king or queen if they were about to make a big mistake. It was a risky business and might cost the fool his head, but many others in the royal court were too afraid to even try.

So I hope I am a good entertainer and performer, but I also try to bring laughter to all I meet – waiters, cashiers in the grocery stores, at the post office, or people I meet and work with daily, or even strangers. By building a relationship, if only for a minute, it lets us both know we are humans and have Life in common.

I serve on several boards and committees and I try to make the meetings more enjoyable and productive by the use of humor. I also am not afraid to ask a "foolish" question or make an observation I think will get the group to re-evaluate a decision they made or are about to make. Often just asking, "Why are we doing this?" can be enough to shift the focus of the conversation? Often the most important question is the one you did not ask! What would have happened if President Nixon had a fool in his court who asked, "But what if they get caught breaking in and why are we doing this?" Would history be different? I think in our world today we need more "fools." People willing to do the foolish thing of saying: "Why are we doing this?" "We need to change what we are doing," or "We all have so much more in common with each other than we have differences."

..... Clem, The Fool

..... Albert/Clem continues from Page 1

There were some fun things that happened at Doernbecher Children's Hospital. There was this one little kid who had surgery on one eye. He just didn't want to stop the water fight. I was lying on these small tables and he filled up his syringe and then walked up and squirted me in the eye – the same eye that he had surgery on. Then he walked all the way around the table, filled up the syringe, walked back around the table to squirt me in the same eye again! That is all he wanted to do. I just had to keep one eye on him to make sure I closed the other eye when he squirted. Fortunately they had given him a small syringe.

At the end of my water fight session at Doernbecher Children's Hospital, the kids would play doctor and I'd end up being wrapped in bandages almost like a mummy. Finally someone would bring over a wheelchair, and I would flop in it – usually upside down so my head was on the foot rests. And the kids would wheel me to the elevator and I'd go down to the next floor where someone would hopefully untie me.

One day I was going down the hallway and a doctor said, "What's up with you?" and I said, "Oh, I'm sick and I came here for some help." He said, "Well you've come to the wrong place." This really upset me. When I got downstairs, I asked the staff about it. They explained that for the doctors who work pediatrics, the children really become their kids, so they are really upset when they cannot save a child. That particular doctor had lost three of "his kids" in the last two weeks. I thought "OK, it's great he had a chance to kick the clown." That has always been one of the roles of the clown fool.

The teenagers are always standoffish. There was this one teenage girl in a wheel chair and I said, "Take a syringe and try to hit me in the mouth with the water." She wasn't too interested, but her father who was the epitome of a biker -- the leather vest, no shirt, and a big beard – really got into it. I just thought, "This is just great." This got me thinking that it is really the whole unit - the whole group of people that we are dealing with – parents, siblings, and staff -- not just the child. The girl died two weeks later from leukemia. The father probably needed the opportunity to play and vent, trying to cope with the pending loss of his daughter.

When that child-life worker left Doernbecher, her replacement just wasn't interested in having me in, so I went to another local hospital -- Legacy Emanuel Hospital. They received a grant from the Regional Arts and Cultural Council in Portland for an artist-in-health care program. I called the people and said, "You need a clown!" This was in the year 2000. So I sent a video and worked my way into that group. There were 15-20 artists so we only went in five or so times a year.

At first I started doing shows in the play room which was hooked up to closed circuit TV, so everyone had a chance to see my show. Then I would go from room to room. After a while the staff said, "Why don't we forget the show and just have you go room to room?" That is exactly what I wanted to do. I felt my impact was better one-on-one.

When the grant ran out, the hospital kept six of the artists – I was one of them. I've been there ever since. I go twice a month and work through the art therapy department on just the pediatric floor. Here is the way my hospital clown visit works today. The art therapy department wants someone to accompany me. They knock on the door and ask the child if they would like to see the clown. It is the child's choice whether I come in or not. If there is hesitation, they will sometimes explain what the clown does.

This also gives them a reason to go into that room and introduce themselves as from the Art Therapy Department. If the child says, "No," or if they are too ill, the art therapist can say, "Would you like me to come back and do some art with you?" This enables them to make an appointment.

While I am in the room, the staff member often goes down the hallway to do other things. I've been there enough time now that the doctors and nurses will ask me to see certain patients.

Reading the Audience in a Room

I work alone a lot performing, so over the years, I've had a lot of experience reading the audience. When clowns go in and just perform, in my opinion, they are not doing hospital clowning. They are doing a show, and the focus is on themselves and their "performance," not the patient.

My philosophy has always been that I'm not there to entertain; I'm there to give the patients, family and staff an experience outside themselves - to get them away from their pain and concerns. I want to change the energy in the room to get it to "shimmer." Yes, I use magic, but that's just one way or means, as are the funny or silly lines which allow me to change the energy in the room. Guessing the patient's name like I am a *mentalist*. Once I guess their name, I tell them how I did it - that it is written on the white board in their room. Then maybe I'll say, "I am not that good, otherwise I would not be doing this job!"

I do have many clown routines and magic tricks and I know how they work with different Children. That is the automatic part. It is not about what trick I am doing or what clown routine I'm doing; it's about building that relationship. By having routines I already know, it allows me to focus on the relationship.

I have gone into rooms and the kid will shriek out, then in a second they change their minds. I might stay for a long time. You can see it happening in their face. I was with this little kid and just finished doing a magic trick and was about to do another when she just said, "Bye, bye." I said laughingly, "Well, I guess it's about time to go." Kids are just so in the moment. Remember it is about them, not me and my clown.

So it's about playing with what is happening there. They make the choice. Sometimes I'll say, "Do you want to learn that card trick?" They will just say, "Nope." It is their choice. If they say, "Yes," which is most of the time, then I show them how to do the trick.

Peacock Feathers

I also give out peacock feathers and show the patient how to balance it. It's amazing, even a five-year-old can balance a peacock feather. It is almost instant success. When they do it, I complain that I am out of a job.

For some really young or severely disabled children, I show them how pretty it is and how soft the feather is or they might want to do peacock feather fights. I tell the child if they break the feather ask the nurse for tape to bandage it. Then I add, "They got lots of tape in this joint, they buy it by the train car load." I always offer the parents a feather, and make sure all the siblings in the room get their own feathers. The patient always gets to pick and keep their peacock feather.

Once a Mother came up to me at one of the hospital's holiday reunion parties and said, "You taught my daughter how to balance a peacock feather when she was in the ICU. I want you to know

that when she got better and went back to school, she took the peacock feather with her. She showed the other kids saying, 'I learned this when I was in ICU.'"

The Peacock Feathers are 2.5 to 3 feet in length. I get them by the thousands and carry a bunch with me stuffed into the side of my tote bag.

If it is a small child or they are frightened, I use a bubble bear at a distance to blow bubbles. I eventually give them their own bubbles - the small bottles of bubbles, like the half ounce size "wedding bubbles." I make a big production out of checking the bottles to make sure they work. I say, "I just want to check to see if there are bubbles in this bottle, not just some stinking soap." And I might add, "I am sure you don't need any more soap. You look very clean."

When I enter a room where the kid is playing a video game sometimes I'll say, "Wow, this must be the control center for the hospital isn't it." Or, "Wow what is this," and they get to tell me about the game they are playing. Of course Clem doesn't know anything about the game and can't play very well. So I ask silly questions and the kids love that.

Nose Transplants

Before I leave, I do a nose transplant. I have two sizes of foam noses and I also carry a few plastic noses with strings for those children that have a very flat nose that will not accommodate a foam nose. The patient gets to pick the size nose for everyone in the room. Sometimes the child says to give someone a really big nose. I have a giant 6 inch diameter sponge balls in my bag. I just put it in front of their face to show them. "Well, maybe this is too big." (As it covers their face) and then I give them a regular two inches noses.

I've attached a squeaker on the backside of a mirror. When I let the patient look at themselves in the mirror, I press the squeaker on the mirror as I touch their nose to make sure it "works." If the kid keeps pushing the nose, I push the squeaker in time with them, but then I stop, show them the squeaker and say, "I'm sorry; it's a cheap nose - just a cheap nose." And add, "You see it has no batteries"

Magic Tricks

I like tricks where they get to help or a trick I can show them to share with others. Again these tricks get them thinking, "outside" themselves as they have to participate.

Depending on how old they are, I pick out the card trick. I like simple shorter tricks for younger children. Teenagers like the "Traveling Aces" described in the box. I always ask older patients if they know any card tricks and sometimes they do and they get to show the clown a new trick.

Sometimes you can't tell the age of the child, so I have worked asking their age into my routine. I'll say, "You want me to do a magic trick?" They almost always say, "Yes." I then say, "OK, you want me to do a good trick or a bad trick." Usually they will say, "A good trick." Then I can ask them their age. When they tell me I say, "Right you always want the good stuff at your age."

I then follow up with a good card trick and show them how it is done and leave the regular card deck with them to practice and show the staff or friends. Also since the patient has touched the deck of cards, I cannot use them with any other patient.

If they say, "Bad trick," Then I take out a new deck of cards, let them select one and then turn my back and switch the regular deck of cards with a smaller size deck. Then they put the card they picked into the small deck. With the regular card in the smaller deck of cards the trick is obvious. I make a big production about trying to find their card failing twice before turning the deck over and shuffling through the deck until I find the little card that matches the big one.

It is funny because I am seriously trying to do the card trick - like they put a large card back in the deck and I can't find it. Kids love it when the clown screws up. My magic is almost always that kind. You can find both size decks at the Dollar Tree chain stores.

Traveling Aces Card Trick

My set up is while I am finding the four aces I ask the patient where they have traveled and had the most fun. (Again getting them to think of good times, and I might make a comment on whatever they say – thus adding to our relationship) I then put all four aces on top of a deck of cards. I ask them how many times they want me to shuffle the deck. The main trick is to always keep the four aces on top. When you shuffle the deck, you keep the aces on top every time. Then you let them cut the deck in four piles, but keep your eye on the pile with aces on top. IF you want to really impress them, you can do the magician's force. This is where you ask them to point to a deck. (You do not say why, you only ask them to point to one of the decks.) If they point to the deck with the four aces you say, "That is the last deck I will use" If they point to any of the other three decks then you say, "I will start with that deck."

I try to get them to deal the cards but if they want me to then I will. You/they pick up a the first deck and deal three cards face down where the deck was and then deal one card face down onto the top of each of the other three decks and then place the remaining cards on top of the three cards they first dealt. Then pick up a second deck, deal three cards down and one card on each of the other decks and place the deck back where it was. Then do the same with the third deck.

The last deck you deal from is the deck with the four aces. You pick up that deck deal three cards off (I call them "trash cards" – the cards from the other decks put on top of the 4 aces). You now have a deck in your hand with four aces on top and most magicians deal them face up for a big finish. However, I deal them face down and make a bet with the patient. If all four cards are aces will they give me two thumbs up and say something crazy like, "You da man" three times. I then take a peek at the first card on a deck and look embarrassed and ask the patient what will they do if only three of the four were aces? I repeat this bantering with the patient until I come to the last deck. I then cross my fingers and ask them to turn the card over. It is of course an ace. Then I ask them to turn each of the other cards over. On the last one I collect my pay off – two thumbs up and some silly saying. I then show them how to do the trick and leave the cards with them so they can practice.

Ball to Rabbit

Another trick I use with younger children uses a foam sponge clown nose and the sponge prop Magic by Gosh, "ball to rabbit." This is a sponge rabbit that can be turned in on itself to form a ball. I place the "rabbit" already made into a ball in my right pocket. I then start the trick by taking a foam clown nose like I give to the kids and I say, "I'm going to put this ball in my hand tap my hand three time and the ball will fly around three times very fast and go into my pocket." I then make a loose fist with my left hand so there is a hole formed by my thumb and first finger. I push the ball through the hole, into my hand and then while pushing it deep into my left hand, I "steal" the ball with my right hand by grabbing it through the side of my left hand. I then spin my right hand (that is holding and hiding the nose) in three big circles and put my right hand in my right pocket. I leave the ball in my pocket and open both hands to show the patient that the ball has disappeared.

I ask if it was too fast and say I will show it again is slow motion. I then reach into my right pocket taking out the rabbit ball, leaving the clown nose in my right pocket. I do the trick exactly the same, and if you push the ball into your left hand correctly you can "unwrap" the rabbit. I make sure there is a bit of red sponge showing in my left hand and I tell them to keep their eye on it. This time I go in slow motion including my voice. I do NOT steal the ball from my left hand. I again pull my right hand out of my pocket and show it empty. When the kids point to my left hand, I act very embarrassed and then slowly open my left hand to show not a ball but a rabbit. I reach into my right pocket and produce the nose placing it on the rabbit I say,

. **"Silly rabbit, tricks are for clowns."**



Being Valued as Part of the Team

The arts and activities are always posted on the floor, so staff and patients know I'm coming. It will say, "Clem will be visiting rooms." The staff really like what I do and they value me as part of the team. That makes me feel good. I've had doctors arrive at a room the same time as I do and they say, "Oh, I'll come back" or a doctor will walk into a room when I'm in there and will say, "Oh you can stay around." The nurses and physical therapist consider me part of the team and will often tell me what room to visit.

At Emanuel there was a thirteen-year-old girl who was in and out of the hospital for cancer treatments. She was there so much I got to know her really well. I loved her, "spunk" and her love of magic. Each time I visited her I showed her at least one new trick. I was always prepared in case she was there. I'd even buy magic tricks for her. You know the vanishing coin box and simple magic kits you can get at toy stores.

The treatments were often rough on her body, so one day I finally decided I'd teach her the "Professor's nightmare." That's the magic trick where the three different sized ropes become the same size. It is a great trick and one of my favorites and out of respect for magicians I rarely show the technique to others. She loved it!

One day I was showing her a magic trick the "cut and restore" rope trick, and her doctor walked into the room. She started shouting at the doctor, "Get out of here! I'm learning magic!" The Doctor just looked at me and then he looked at her and said, "I'll be back." I saw the doctor later in the hall and I started to apologize, but he stopped me and said, "No, No, you are exactly what she needs." So I kept teaching her magic.

One time I was there and she was so sick she didn't want to see me. I thought, "Oh, oh that is not good." I found out later that she had a stroke and died. This is one patient that I really got to know, so her death was hard to take.

How do I process that?

I came home and talked about it to my wife. Sometimes I journal. I don't have a formal method, but I know that there are people I can talk to in my own faith-based community, as well as at the hospital. There are opportunities to share if I need to share. The important thing for hospital clowns and in life in general is to remember the airplane message: "In case of a loss in cabin pressure...put the mask on yourself first before assisting those traveling with you..." So if you aren't in good shape it is hard to help others.

What keeps me going? ~ Moments of Grace

I consider myself an instrument. As I enter the hospital, I'm singing; "*Zip-A-Dee-Do-Dah, Zip-A-Dee-Day, My Oh My What A Wonderful Day, Plenty of Sunshine Comin' My Way, Zip A Dee Do Dah, Zip A De Day.*" And then I ask for those "moments of grace" – that I help to bring them, and to be aware when I receive them and to acknowledge them.

What is a "moment of grace? That was a phrase that Bud Frimoth, another hospital clown in Portland taught me. He started his hospital clowning with his wife Lenore after Clem visited him in the hospital following his open-heart surgery. "Zyppur" his hospital clown was born. His clown name Zyppur honors his clown origin because that is what open-heart patients call their chest scar – a "zipper." Bud and Lenore worked at another hospital and worked with the open-heart surgery patients, and with medically fragile children. Lots of "moments of grace" shared with hundreds from

just one simple visit by a simple clown. At the time I did not know what my visit would produce.

Now when I go to the hospital, I think, "Where is the moment of grace today?" Lots of times you don't know where the moment is. It may not be today. It may be something you did one day that develops months later -- as with Bud or that mother telling me months later about my visit with her child in the ICU and teaching her how to balance a peacock feather. If she had not told me, I would not have known. Sometimes you know them right away. Maybe after you leave a room where the patient was very reluctant to let you come in and yet you can still hear their laughter as you go down the hallway to another room!

One time there were just a few kids and I get to talk to the staff and I'm almost thinking, "Why am I here today?" and something will happen and I think, "Ah that is why I'm here today" The right time. We are really guided. There are no accidents.

It's remarkable – the power of the clown and how it spreads. Often I see the spread of playfulness. Once a group of interns were coming down the hall with their teaching staff. The teacher came up and said to me, "Hey I need a nose." So I gave him a clown nose. Then I turned to the interns, "Do you all need noses too?" They stammered a bit and then said, "Oh yeah, we do." If "big doc" needs one, they need one too. It's great to see the young doctors willing to go along.

"You need to clown for yourself, and let others be the recipients of your clowning."

Sure, there are days when I don't feel like clowning at the hospital, but I will go because I know I will come out so energized. It's a wonderful experience. I once heard a clown say, "You need to clown for yourself and let others be the recipients of your clowning." His example was if you see someone coming down the street and try to make them laugh and they just lost their job, or had a death in their family and do not laugh or want to play with you, then you have failed at the task YOU set for yourself. But if you clown for yourself and they see you, then you have given them the opportunity for laughter or happiness, if they choose to enter into your world of play then you have succeeded. If they walk by you still have succeeded as you did your part and they made a choice they needed to make.

It is the same in the hospital it is NOT about me but the patient. It is their choice if I come in or not, and that may be the only choice they can freely make that day. If I am asked in that is wonderful.

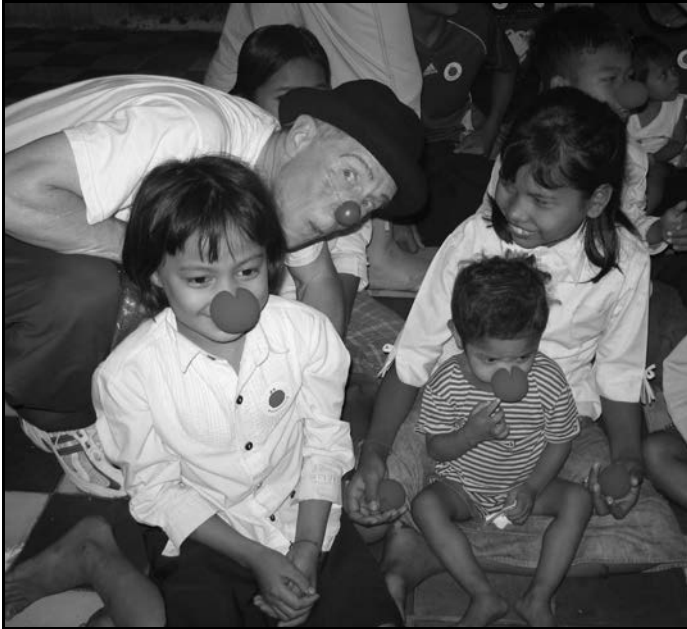
My hospital and caring clowning, I maintain, is the best clowning I do for myself and I believe for others as well. I love it!

Cambodia Trip

I have an interest in landmine removal. In late January and early February 2006 I went to Cambodia with ten people. We visited rehabilitation centers for people who had lost limbs or been injured by land mines. We also took money and supplies to children's hospitals, and orphanages.

One of the women on this trip had a son killed in Iraq by a US cluster bomb. She worked with "Adopt -a Minefield" and she had raised enough money to clear a landmine field near an elementary school cleared of all land mines. The conditions were that if the minefield was cleared the Japanese government would build a new

school for the village children. She wanted to visit the new school and to dedicate a monument to her son.



Another gentleman on the trip had "adopted" an Orphanage in Siem Riep, making sure it had enough money and supplies for the children and trying to resolve some Cambodian government problems concerning the operation of the orphanage. He also helps get the orphans money for school supplies and for college education. I performed at the orphanage and at each of the hospitals or centers we visited, spreading magic, joy, stickers, laughs, and lots of red noses! I also made a side trip on my own to Vietnam to deliver some toys and money to a center there.

Albert Alter a.k.a. Clem is a clown, actor, physical comedian, mime, and Professional Fool. He has toured internationally performing and teaching physical comedy, clown and mime in the United States, Japan, Canada, Cambodia, Cuba, England and Vietnam. He toured as a clown with Ringling Bros. and Barnum and Bailey Circus and was the Assistant Director of the first Ringling Bros. and Barnum & Bailey Clown College in Japan.

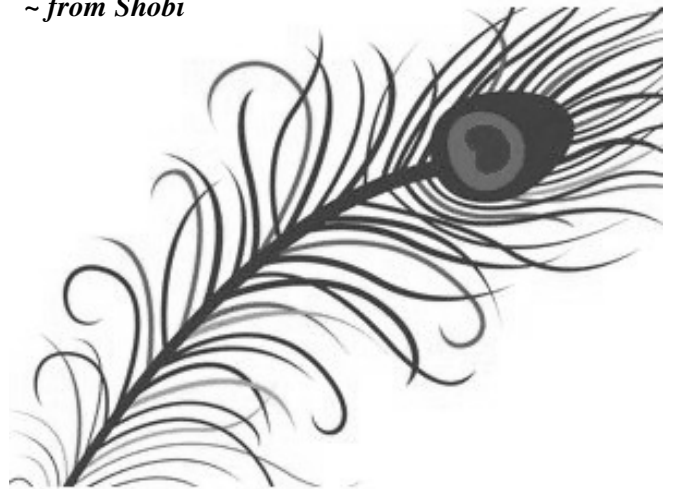
He has opened for the Smothers Brothers, and has performed in concert with the Oregon Symphony. He also has performed in concert with the Washington-Idaho Symphony, Oregon Repertory Singers and in films and on television. He is a producer of "The Physical Comedy Video Library," a series of educational videotapes for teaching physical comedy to performers. He performs solo clown and mime shows, and also tours other shows with partners – and on top of all that, **he is a hospital clown!**

Let us be grateful to people who make us happy; they are the charming gardeners who make our souls blossom.

- Marcel Proust

Peacock Feathers

~ from Shobi



Shobi lives in Northern California (Berkeley is right down the street). Children here are often very worldly conscious. A child once asked me "Where do the feathers come from?" I answered, "A bird called a Peacock." Then she asked, "Do they kill the Peacock to get the feathers?" I said, "No," but I wasn't sure so I asked that very question on the Internet. The best answer was from a zoo keeper: . "We have peacocks. They lose their feathers all the time. We collect armfuls of them every year. There is certainly no need to kill them for their feathers when they give them to you freely." I liked that answer and so did the young patient.

On the same search, however, I came across superstitions associated with Peacock feathers. Shobi works in a hospital that has to accommodate something like 72 different languages. The ethnic mix here is spectacular in the SF Bay Area. The superstition associated the peacock feather has to do with the beautiful, eye-shaped markings on the peacock feathers. Many cultures associate them with the "evil eye," and to bring the "evil eye" into your home (or just indoors) is to invite trouble and sorrow.

I like to give many lonely adult patients *a little something* to "watch over them"– like smiley face stickers put on foam flowers and attached to a side of the bed with pipe cleaners -- It's my way of getting around the outlawed balloon and sticker. So, I love the idea of the feather just because it is beautiful and has that big beautiful eye to watch over a patient especially on the long hospital nights.

With children this is very magical, but when traveling in some countries it might be a good idea to check out the local customs and with older hospital patients it might be a good idea to watch their eyes for signs of fear.

Albert buys his feathers from S.A. Feather Company in Fort Meyers, FL. info@safathercompany.com. They sell only wholesale. On the Internet I found a retailer www.continentalfeathers.com. They sell 12 for \$6.00 or 100 for \$35. Shipping is \$7 for everything.

If you want to buy a large quantity please contact The Hospital Clown Newsletter. We have a resale license.