

5/7/83

REMARKS OF SENATOR DOLE  
AT DEDICATION CEREMONIES FOR  
THE WALTER E. OLSON CENTER FOR SUPPORTIVE SERVICES  
OF THE  
ILLINOIS MASONIC MEDICAL CENTER

IT IS A REAL PLEASURE TO BE HERE WITH ALL OF YOU THIS AFTERNOON FOR THE DEDICATION OF A NEW BUILDING IN THE HUB OF THE ILLINOIS MASONIC MEDICAL CENTER. OF COURSE, THE CONSTRUCTION OF THE WALTER E. OLSON CENTER FOR SUPPORTIVE SERVICES, COMPLETED JUST THIS PAST SUMMER, IS ONLY THE MOST RECENT ACHIEVEMENT OF THE MEDICAL CENTER, WHOSE STEADY EXPANSION DURING ITS 74-YEAR HISTORY IS REALLY QUITE REMARKABLE.

THE ADDITION OF THE WALTER E. OLSON CENTER TO THE ILLINOIS MASONIC COMPLEX IS REPRESENTATIVE OF THE GROWTH IN THE VOLUME OF HEALTH CARE SERVICES OFFERED HERE. WITH FACILITIES SUCH AS THE WARREN N. BARR PAVILION FOR SKILLED NURSING CARE FOR THE ELDERLY, THE RUTH M. SEAY (PRONOUNCED "SEE") CENTER FOR WOMEN AND INFANTS, THE LAKEVIEW CHILD CARE CENTER, AND THE DEVELOPMENTAL DISABILITIES CENTER, ILLINOIS MASONIC IS CLEARLY WELL-EQUIPPED TO MEET THE DIVERSE NEEDS OF ALL THOSE LIVING IN THIS COMMUNITY. THE MEDICAL CENTER'S COMMITMENT TO SUCH A COMPREHENSIVE HEALTH CARE DELIVERY COMPLEX IS ADMIRABLE.

THE SCOPE OF SERVICES OFFERED HERE AT ILLINOIS MASONIC IS VITAL IN THE SENSE THAT IT REPRESENTS A BREAK FROM THE HEALTH CARE SYSTEM'S TRADITIONAL PREOCCUPATION WITH SO-CALLED SICK CARE. IN THE INTERESTS OF BETTER PERSONAL HEALTH AND LOWER HEALTH

COSTS, I THINK WE NEED TO BECOME ORIENTED TOWARD LESS INTENSIVE METHODS OF HEALTH CARE THAT ADDRESS THE HEALTH CARE NEEDS OF PEOPLE, AND NOT SIMPLY THEIR SICK CARE NEEDS. THE VARIOUS PROGRESSIVE FACILITIES THAT COMPRISE ILLINOIS MASONIC ACKNOWLEDGE A WILLINGNESS TO MOVE IN THIS DIRECTION. IT IS MY HOPE THAT YOUNGER, LESS DEVELOPED INSTITUTIONS WILL USE THE MEDICAL CENTER AS A ROLE MODEL IN THIS SENSE.

THE CONTRIBUTION MADE BY THE MEDICAL CENTER OVER THE YEARS TO THE NORTHERN CHICAGO COMMUNITY THROUGH ITS GROWTH AND DIVERSIFICATION IS ESPECIALLY NOTEWORTHY. AS A COMPREHENSIVE HEALTH CARE FACILITY, ILLINOIS MASONIC OFFERS THE KIND OF COORDINATION OF SERVICES THAT THIS COUNTRY'S HEALTH CARE SYSTEM TOO OFTEN LACKS. THIS DEARTH OF COORDINATION IN HEALTH CARE DELIVERY HAS ITS STRONGEST AND MOST DETRIMENTAL IMPACT ON ONE PARTY: THE PATIENT.

THE PATIENT IS THE ONE WHO MUST FREQUENTLY UNDERGO DUPLICATIVE AND UNNECESSARY TESTS AND WHO, IN TURN, MUST PAY FOR THOSE SERVICES. A PATIENT'S LIFE CAN EVEN BE PLACED IN JEOPARDY OCCASIONALLY BECAUSE MEDICAL RECORDS ARE NOT COMPREHENSIVE, WITH ONE SPECIALIST UNAWARE OF CONDITIONS IN THE PATIENT KNOWN TO ANOTHER SPECIALIST. COORDINATION OF THE VARIOUS MEDICAL SPECIALITIES SERVES TO IMPROVE THE QUALITY OF CARE PATIENTS RECEIVE. IT IS A GOAL TOWARD WHICH OUR HEALTH CARE SYSTEM SHOULD



ACTIVELY STRIVE, AND A GOAL THAT IS PLAINLY ESPOUSED BY ILLINOIS MASONIC.

THIS IS NOT TO UNDERSTATE THE INCREDIBLE WASTE OF MONEY AND MANPOWER WHEN MEDICAL SERVICES ARE RENDERED IN A FRAGMENTED AND UNCOORDINATED FASHION. AS YOU KNOW, IN MY POSITION AS CHAIRMAN OF THE SENATE FINANCE COMMITTEE, I DEAL VERY CLOSELY WITH HEALTH CARE FINANCING ISSUES. FROM THE GOVERNMENT'S STANDPOINT, THERE IS A DESIRE TO ENSURE THAT THE LEGAL FRAMEWORK OF OUR HEALTH CARE DELIVERY SYSTEM OFFERS THE RIGHT INCENTIVES FOR EFFICIENCY AND ECONOMY ON THE PART OF PROVIDERS AND PHYSICIANS. FROM THE VANTAGE POINT OF THE INSTITUTIONAL PROVIDER, OR HOSPITAL, THERE MUST BE A DESIRE TO MAKE CERTAIN THAT HEALTH CARE SERVICES ARE EFFECTIVELY DELIVERED TO PATIENTS IN THE MOST COST EFFICIENT WAY. ILLINOIS MASONIC HAS MADE THIS DESIRE EVIDENT THROUGHOUT ITS EXISTENCE.

#### A MOVE TOWARD COST CONSTRAINT

IN READING A LITTLE BIT ABOUT ILLINOIS MASONIC, I WAS VERY ENCOURAGED TO LEARN THAT THE CENTER SHARES MY VIEW THAT A STRONG HEALTH CARE SYSTEM IS ONE COMMITTED TO DELIVERING HEALTH CARE IN THE LEAST EXPENSIVE AND MOST COST EFFECTIVE MANNER POSSIBLE. ANY HOSPITAL THAT WISHES TO SURVIVE DURING THESE TIMES WOULD BE WISE TO ADOPT THIS SAME ATTITUDE.

HOSPITALS, OF COURSE, ARE BEARING THE LARGEST BURDEN OF THE MEDICARE CUTS MADE IN THE LAST TWO YEARS. THIS SHOULD NOT BE VIEWED AS UNUSUAL GIVEN THAT OVER TWO-THIRDS OF ALL MEDICARE DOLLARS ARE SPENT ON HOSPITAL SERVICES (\$37 BILLION IN 1983).

MEDICARE, AS YOU KNOW, IS A PROGRAM WHICH HAS GROWN AT AN ALARMING RATE SINCE ITS CREATION 17 YEARS AGO. THE ORIGINAL PROGRAM COST ESTIMATES DONE IN 1965 SHOWED A PROJECTED COST IN 1990 OF \$8.8 BILLION. THE CURRENT PROJECTED COST FOR 1990 IS IN EXCESS OF \$100 BILLION, MORE THAN 11 TIMES THE ORIGINAL ESTIMATE.

THE MEDICARE TRUST FUND IS RAPIDLY APPROACHING A PERIOD OF TIME IN WHICH IT WILL NO LONGER HAVE SUFFICIENT FUNDS TO FINANCE PROGRAM EXPENDITURES. IN FACT, THE CURRENT ASSUMPTION IS THAT MEDICARE MAY REACH THIS POINT AS EARLY AS 1987 OR 1988.

OUR VERY RECENT APPROVAL OF A MEDICARE HOSPITAL PROSPECTIVE PAYMENT PROPOSAL WAS THE FIRST STEP TOWARD REFORM OF THE SYSTEM. WE STILL HAVE A LONG WAY YET TO GO, AND YOUR ASSISTANCE WILL BE CRITICAL TO US.

MEDICARE IS A PROGRAM THAT HAS DONE A GREAT DEAL FOR A GREAT MANY. WE NEED TO PRESERVE IT FOR THE GENERATIONS TO COME. BUT TO DO SO WE MUST BE WILLING TO MAKE CHANGES, TO LOOK BEYOND THE PRESENT TO THE FUTURE.

THERE ARE THOSE WHO WOULD HAVE US WAIT UNTIL WE REACH THE CRISIS STAGE BEFORE PROCEEDING WITH ANY CHANGES. I WANT TO AVOID THAT SITUATION.

#### ALTERNATIVE DELIVERY SYSTEMS

CENTERS LIKE ILLINOIS MASONIC ARE AT THE FOREFRONT OF THE HEALTH CARE FIELD, WILLING TO EXPERIMENT WITH ALTERNATIVE DELIVERY SYSTEMS IN AN EFFORT TO GIVE PATIENTS THE MOST APPROPRIATE CARE IN THE MOST COST EFFICIENT SETTING. HEALTH POLICY OFFICIALS IN THE GOVERNMENT LOOK TO INSTITUTIONS SUCH AS YOURS FOR BETTER WAYS TO PROVIDE CARE. YOU, AND NOT THE GOVERNMENT, ARE IN THE BEST POSITION TO KNOW WHAT METHODS OF TREATMENT AND WHAT TREATMENT SETTINGS ARE MOST APPROPRIATE. WE NEED YOUR EXPERTISE AND GUIDANCE TO DEVISE A STATUTORY FRAMEWORK THAT IS RESPONSIVE TO IMPROVEMENTS AND INNOVATIONS IN HEALTH CARE DELIVERY. I FEEL CERTAIN WE CAN CONTINUE TO COUNT ON ILLINOIS MASONIC TO PLAY A MAJOR ROLE IN THIS RESPECT.

I WAS PARTICULARLY PLEASED TO SEE THAT THE MEDICAL CENTER HAS A HOSPICE CARE PROGRAM IN CONJUNCTION WITH THE WARREN BARR PAVILION. HOSPICE, ALTHOUGH A RELATIVELY NEW CONCEPT HERE IN THE UNITED STATES, HAS THE POTENTIAL TO OFFER TREMENDOUS SAVINGS TO BOTH HOSPITALS AND PATIENTS IN CARING FOR THE TERMINALLY ILL. IN MANY PARTS OF THE COUNTRY WHERE HOSPICE CARE IS NOT YET AVAILABLE, DYING PATIENTS ARE HOUSED IN HIGH-COST, ACUTE CARE



HOSPITALS WHEN ALL THEY REALLY NEED IS PALLIATIVE CARE IN A SAFE, COMFORTABLE SETTING. I INTRODUCED LEGISLATION IN LATE 1981, WHICH RESULTED IN A LAW ENACTED LAST SUMMER, TO BOOST THE AVAILABILITY OF HOSPICE CARE BY ALLOWING MEDICARE COVERAGE FOR THESE SERVICES. I WOULD HOPE THAT AS A RESULT OF THIS NEW LAW, MANY MORE TERMINALLY ILL PERSONS IN THE CHICAGO AREA WILL BE ABLE TO SPEND THEIR LAST MONTHS UNDER THE CARE OF THE MEDICAL CENTER'S HOSPICE PROGRAM. OUR SOCIETY OWES ITS DYING NO LESS THAN THE COMFORT AND FLEXIBILITY THAT HOSPICES CAN AFFORD.

#### THE RESPONSIBILITIES OF A TEACHING HOSPITAL

AS A TEACHING INSTITUTION, ILLINOIS MASONIC IS DEVOTED TO EDUCATING ITS STUDENTS IN THE TECHNICAL AND PHYSICAL ASPECTS OF CARE. BUT I WOULD HOPE THE STUDENTS WHO RECEIVE TRAINING HERE ALSO LEARN THE COGNITIVE ASPECTS OF CARE, WHICH ARE NO LESS IMPORTANT. THE HEALTH CARE FIELD HAS REACHED A POINT IN ITS HISTORICAL DEVELOPMENT WHERE VAST AMOUNTS OF SOPHISTICATED PROCEDURES ARE AVAILABLE TO THE MEDICAL AND NURSING PROFESSIONS. AND YET WE SEEM TO HAVE LARGELY IGNORED THE COGNITIVE SIDE OF CARE. MAYBE THIS IS BECAUSE SIMPLY TALKING TO PATIENTS AND CONSOLING THEM IS SOMETIMES FAR MORE DIFFICULT THAN LEARNING FACTS, FIGURES, AND FORMULAS. WHATEVER THE REASON, PROVIDERS CAN NO LONGER AFFORD TO OVERLOOK THIS ASPECT OF THEIR PROFESSIONAL RESPONSIBILITY. BOTH THE MEDICAL AND NURSING PROFESSIONS MUST COME TO GRIPS WITH THE DIFFICULT DECISIONS ASSOCIATED WITH

PROVIDING PATIENTS CARE THAT CANNOT BE LEARNED IN A TEXTBOOK. THESE PROFESSIONALS CAN BE PREPARED TO LOOK BEYOND THE NUTS AND BOLTS TO THE HUMAN SIDE OF HEALTH CARE. A MODERN TEACHING INSTITUTION IS RESPONSIBLE FOR OFFERING THIS KIND OF PREPARATION TO TODAY'S STUDENTS. IT WOULD APPEAR THAT ILLINOIS MASONIC IS WILLING TO MEET THIS RESPONSIBILITY.

#### HEALTH BENEFITS FOR THE UNEMPLOYED

WE, THE COUNTRY, NEED TO CALL UPON YOU TO VOLUNTEER TO HELP US SOLVE A PROBLEM THAT HAS BEEN WITH US FOR A LONG TIME, BUT HAS BECOME MUCH WORSE IN RECENT MONTHS. THAT PROBLEM IS THE LOSS OF HEALTH CARE COVERAGE FOR THOSE WHO BECOME UNEMPLOYED.

HERE IN ILLINOIS, THERE ARE APPROXIMATELY 368,000 UNEMPLOYED WORKERS RECEIVING UNEMPLOYMENT COMPENSATION. MANY OF THESE INDIVIDUALS HAVE LOST THEIR EMPLOYER-RELATED HEALTH CARE COVERAGE, OR WILL VERY SOON.

AS I NOTED, THE LOSS OF GROUP HEALTH COVERAGE FOR THOSE WHO HAVE LOST THEIR JOBS IS NOT A NEW PROBLEM, BUT THE NUMBER OF WORKERS WHO HAVE LOST THEIR JOBS AND THE DURATION OF SUCH UNEMPLOYMENT IS UNPRECEDENTED IN MODERN TIMES, AND MAKES THE MATTER OF PARTICULAR NATIONAL CONCERN.

PROVIDING HEALTH BENEFITS FOR THE UNEMPLOYED MEANS REPLACING COVERAGE WORKERS LOST DUE TO THEIR INVOLUNTARY UNEMPLOYMENT. AT A TIME WHEN THEY CAN LEAST AFFORD IT, LAID OFF WORKERS MUST TURN TO NONGROUP COVERAGE WHICH IS MORE EXPENSIVE AND OFTEN LESS COMPREHENSIVE THAN THAT WHICH WAS PROVIDED THROUGH THEIR EMPLOYMENT. THE SIMPLE FACT IS THAT THEY CANNOT AFFORD SUCH COVERAGE AND THEY CERTAINLY CAN'T AFFORD THE COST OF CARE WHEN IT IS NEEDED--PARTICULARLY WHEN THAT CARE REQUIRES A HOSPITAL ADMISSION.

CLEARLY WE MUST TAKE A CONSERVATIVE APPROACH TO PROVIDING HEALTH BENEFITS FOR UNEMPLOYED WORKERS. OUR APPROACH SHOULD TARGET THE GREATEST NUMBER OF THOSE WORKERS WHO HAVE LOST COVERAGE WITHOUT CREATING A COMPLICATED OUTREACH AND DELIVERY SYSTEM. WE NEED TO ACHIEVE THE GREATEST IMPACT WITH LIMITED FUNDS.

ON THURSDAY OF THIS PAST WEEK THE SENATE AGREED OVERWHELMINGLY (90-9) TO MY AMENDMENT TO INCLUDE IN THE BUDGET FUNDS FOR SUCH A PROGRAM. IN ADDITION, WE INDICATED AT THE SAME TIME A WILLINGNESS TO RAISE THE REVENUES NECESSARY TO FINANCE SUCH A PROGRAM.

THE PROPOSAL I ENVISION IS A CONSERVATIVE ONE. I DO NOT BELIEVE WE CAN AFFORD HEALTH BENEFITS FOR EVERYONE. SOME MONEY MUST COME FROM THE STATES, SOME COVERAGE MUST AND WILL BE



AVAILABLE UNDER MEDICAID, SOME COVERAGE WILL BE PROVIDED BY PRIVATE INSURANCE, AND SOME CARE MUST AND WILL CONTINUE TO BE PROVIDED FREE THROUGH PUBLIC AND PRIVATE SOURCES.

IT IS IN THIS LAST AREA WHERE YOU CAN CONTINUE TO BE OF ASSISTANCE TO US. THE WILLINGNESS OF INSTITUTIONS SUCH AS THIS ONE TO REDUCE THE COST OF SERVICES FOR THOSE WHO ARE UNEMPLOYED, OR TO PROVIDE FOR A DELAYED PAYMENT SCHEDULE, CAN MAKE A DIFFERENCE BETWEEN SOMEONE RECEIVING CARE EARLY ON IN AN ILLNESS OR DELAYING UNTIL THEY ARE MUCH SICKER AND OFTEN MUCH MORE COSTLY TO CARE FOR. BUT PERHAPS THE MOST UNFORTUNATE SITUATION IS THE ONE WHEN A PREGNANT WOMAN IS UNABLE TO OBTAIN PRENATAL CARE, AND AS A RESULT DELIVERS A LOW BIRTH WEIGHT BABY, OR A BABY WITH OTHER SERIOUS PROBLEMS THAT COULD HAVE BEEN AVOIDED OR MODERATED.

COMMUNITY SERVICE IS AT THE HEART OF ANY HOSPITAL'S RESPONSIBILITY. I KNOW THAT ILLINOIS MASONIC WILL CONTINUE TO DO ITS PART.

#### VOLUNTARISM

FINALLY, I WOULD LIKE TO TAKE A MOMENT TO CONGRATULATE ILLINOIS MASONIC FOR ITS IMPRESSIVE CAMPAIGN TO RAISE MONEY FOR THE CONSTRUCTION OF THE WALTER E. OLSON CENTER. RAISING \$11 MILLION IN CONTRIBUTIONS OVER THE SHORT SPAN OF THREE YEARS IS QUITE AN IMPRESSIVE RECORD. I THINK THE CENTER'S ABILITY TO

MUSTER UP SUCH A SIZEABLE AMOUNT OF MONEY IN SO SHORT A TIME SPEAKS TO ITS SUPPORT THROUGHOUT THE COMMUNITY. THE SPIRIT OF VOLUNTARISM WHICH THE CENTER'S SUCCESSFUL FUND-RAISING DRIVE REPRESENTS IS VERY SIGNIFICANT. VOLUNTARY CONTRIBUTIONS ARE ABSOLUTELY VITAL TO THE CONTINUED EXISTENCE OF LARGE TERTIARY INSTITUTIONS LIKE MEDICAL CENTERS IN AN ERA OF TIGHT GOVERNMENT BUDGETS. WE MUST RELY ON THE PRIVATE SECTOR TO HELP US SUPPORT MANY INSTITUTIONS. IN CHOOSING WHICH ORGANIZATIONS TO SUPPORT, THE PRIVATE SECTOR MAY PROVE TO BE A FAR BETTER JUDGE OF THE WORTH OF AN INSTITUTION THAN THE GOVERNMENT EVER HAS BEEN. THE PRIVATE SECTOR HAS MADE ITS JUDGMENT VERY CLEARLY IN SUPPORT OF ILLINOIS MASONIC. THIS IS SOMETHING FOR WHICH I'M SURE YOU ARE VERY PROUD.

#### CONCLUSION

AS WE ARE GATHERED HERE TODAY TO DEDICATE THE OLSON CENTER, WE ACKNOWLEDGE AND APPLAUD ILLINOIS MASONIC'S MOST RECENT STEP IN ITS DEVELOPMENT AS AN INNOVATIVE AND FORWARD-LOOKING HEALTH CARE INSTITUTION. I THINK WE ALL LOOK FORWARD TO SIMILAR STEPS BY THIS INSTITUTION AND OTHERS IN THE FUTURE.



## ILLINOIS MASONIC MEDICAL CENTER

### BACKGROUND INFORMATION

"A not-for-profit hospital facility and medical center . . . where qualified physicians and health care specialists can practice their professions and engage in research pertaining to the health sciences; to provide an educational program for nursing; to make a contribution to the general public by providing a service to all mankind without regard to race, creed or color, of which Masons may be justly proud . . . and to engage in the education of health care specialists."

### Articles of Incorporation

### HISTORY OF THE MEDICAL CENTER

Illinois Masonic Medical Center is a 566-bed general community teaching hospital located on Chicago's North Side. It began in 1909 as an association to fund medical care for indigent Masons and shortly afterward became known as the Illinois Masonic Hospital Association.

In 1921 the Association purchased the Chicago Union Hospital and its nursing school, which were located on the site of the present Medical Center campus. The 60-bed, four-story structure was renamed Illinois Masonic Hospital and by the 1930's had broadened its original purpose and was serving the entire community and educating medical students. It was during this period that an internship program was established; then in the 1940's a medical residency was initiated.

Illinois Masonic has grown in response to both the diverse needs of the urban community it serves and the rapid advances in the medical field. In recognition of its enlarged scope of operations and educational programs, the hospital was renamed Illinois Masonic Medical Center (IMMC) in 1969. In 1970, the Medical Center affiliated with the University of Illinois' Abraham Lincoln School of Medicine and College of Dentistry and is now one of the teaching bases for the University's medical education program. Many IMMC staff members also hold professorial appointments within the University. IMMC has continued to operate its own diploma School of Nursing since its founding and is involved in training other allied health care professionals as well.




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In 1976 IMMC was designated the North Side Resource Hospital for Chicago's Mobile Intensive Care Program, one of only three authorized trauma centers in the city providing a paramedic program in cooperation with the Chicago Fire Department.

During that same year, the Medical Center also expanded its services to care for the elderly and chronically ill by purchasing a skilled nursing facility at 66 West Oak Street. Restaffed and renovated to meet IMMC's high standards, the Warren N. Barr Pavilion provides the warm environment and personal activities so essential to patients' emotional and social well being. Moreover, patients at the Pavilion have access to all of the medical and technological resources of IMMC. At Barr Pavilion, Chicago's only nursing-home-based Clinical Gerontology Program trains young physicians in the treatment and care of the older patient. A four-bed Hospice Unit in conjunction with a home-care Hospice Program is available to provide special supportive services for the terminally ill patients and their families.

In 1980 Illinois Masonic opened its first satellite group practice office at the Barr Pavilion. Patients benefit from having within the same building those specialists most often required by the elderly for consultation and treatment - dentist, ophthalmologists, podiatrists.

In 1981 IMMC established a second satellite office at Diversey and Narragansett avenues on Chicago's far West Side - the Center for Family Medicine, which focuses on primary care and community health education.



In the summer of 1982, the Medical Center opened the Walter E. Olson Center. This \$11 million supportive services building was an unusual achievement for it was funded solely from contributions raised during a 3-year campaign. The 5-story Olson Center was constructed in a court area within the middle of the main hospital structure. Its central position draws the hospital into a cohesive unit and makes movement from one area to another more convenient for patients, staff and visitors. In addition to providing space for the overcrowded Dietary/Cafeteria and Physical Medicine/Rehabilitation departments, the new center houses an auditorium, the Pharmacy, and additional administrative, clinic and medical education offices.

Future projects anticipated for Illinois Masonic are expansion and renovation of the Obstetrics Department as The Ruth M. Seay Center for Women & Infants and construction of a parking garage.

#### THE MEDICAL CENTER COMMUNITY

Illinois Masonic Medical Center is located on the North Side of Chicago in the Lakeview community. The residents of the Medical Center's immediate service area come from diverse backgrounds. On the east - along Lake Michigan - the population mix is upper income, middle class and young singles. Various European ethnic groups live on the community's western boundaries. The southern, central and northern areas of the Lakeview community include a large proportion of minority groups - Blacks, Native Americans, Latinos and Appalachian Whites. Lakeview also contains one of the highest concentrations of elderly and pre-school children in the Chicago area.



IMMC History  
page 3

Of the minority groups in this area, many are transient, unfamiliar with urban surroundings, and also have communication difficulties. Coping with the life-styles of a large metropolitan area, they may not be aware of, or respond to, the health services available to them. Illinois Masonic is meeting the special needs of this community with a broad scope of clinical and educational programs which are often bilingual and structured to accommodate the various cultural differences and financial needs.

#### MEDICAL CENTER STAFF AND USAGE

With 566 acute care beds and another 305 skilled nursing beds located on two campuses, Illinois Masonic Medical Center is one of the largest urban medical centers in Northern Illinois.

Approximately 18,000 inpatients and 100,000 outpatients are treated at IMMC each year. Providing these patient services is a medical staff of 300 physicians representing both general practice and 20 medical specialties. They work with a house staff of 120 doctors at various stages of post-graduate training and are supported by more than 2,300 employees.

Each year, more than 2,200 babies are born at IMMC and more than 7,000 surgical procedures are performed, as well as 71,000 radiological exams, 1.2 million laboratory tests, and over 24,400 emergency room visits.

#### GOVERNMENT

Illinois Masonic Medical Center is governed by a 21-member Board of Trustees who are Master Masons belonging to a Masonic Lodge within Cook County. Although guided by the Masonic ideals of brotherhood and philanthropy, the Medical Center is an independent, Illinois not-for-profit Corporation which serves all religions, races and economic groups without discrimination.

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*Speak*  
United States Senate

COMMITTEE ON FINANCE  
WASHINGTON, D.C. 20510

ROBERT E. LIGHTHIZER, CHIEF COUNSEL  
MICHAEL STERN, MINORITY STAFF DIRECTOR

January 21, 1983

*Sheila*  
TO: BETTY MEYER  
FROM: ROD DeARMENT  
SUBJECT: ILLINOIS MASONIC MEDICAL CENTER

Attached is a packet of information given to Senator Dole by Warren N. Barr of the Illinois Masonic Medical Center, a philanthropic project that W. Clement Stone is associated with. Mr. Barr is going to be in touch with Senator Dole about attending the May 7th dedication of the new hospital. Senator Dole told both Mr. Barr and Mr. Stone that he would try to attend if possible.

RD:ms

Attachment

1:00 E mento

3:00 SPEAK-

5:00 Cocktails  
6:00 Dinner

2/18 *Advised Warren Henderson would be some time before we could give decision. He will advise Barr.*

4/13 *Sent his photo to Mr. Warren N. Barr, Ill.*

*May 7 Sat. Del*  
*Vincent Demicelli*  
*(312) 845-5770 - ofc.*  
*(312) 525-3485 - home*  
*unlisted*





Illinois masonic medical center

836 WELLINGTON AVENUE / CHICAGO, ILLINOIS 60657 / (312) 975-1600

AFFILIATED WITH THE UNIVERSITY OF ILLINOIS  
COLLEGES OF MEDICINE, DENTISTRY, NURSING  
AND ASSOCIATED HEALTH PROFESSIONS

*betw. airport & downtown*

January 24, 1983

The Hon. Robert J. Dole  
United States Senate  
2213 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Senator Dole:

I was so very pleased to meet you at the dinner which Clement Stone hosted last Tuesday evening at the Mid-America Club in Chicago. I was especially pleased to have the opportunity to chat with you about a very important forthcoming event for the Illinois Masonic Medical Center; namely, the dedication of a new building that marks completion of our hospital's long-range development plan.

With completion of this new 5-story facility, which was funded solely through charitable gifts, Illinois Masonic confirms its position as one of the major medical centers of Metropolitan Chicago. Towards this effort, Clem Stone contributed \$1,000,000 after the hospital had met his challenge and raised \$9.5 million. Clem has been a motivating force behind Illinois Masonic for almost 20 years, not only through his generous financial assistance, but through his continuing interest, encouragement and counsel as a friend and trustee.

Illinois Masonic Medical Center is the largest Fraternal hospital in the world. It is governed by a 21-member Board of Trustees, all of whom are members in good standing in the Fraternity. In keeping with the Masonic philosophy of concern for one's fellowman--and with the hospital's own motto, "Dedicated to the Service of Mankind"--our doors are open to people of all races, ethnic backgrounds, economic levels and religious beliefs. The enclosed literature will give you an idea of the scope of IMMC's work here in the Midwest.

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The Hon. Robert J. Dole  
United States Senate

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January 24, 1983

The dedication of our new Center for Supportive Services building will be a sizable affair involving perhaps 2,000 guests. The actual ceremonies will take place in our new auditorium at 3:00 p.m. on Saturday, May 7th of this year. Through closed circuit T.V. we will have an audience not only in the 250-seat auditorium, but throughout the Medical Center as well.

*between airport & downtown*  
Senator Dole, I was just delighted when you expressed an interest in attending Illinois Masonic's dedication. I do hope you will be able to join us as guest speaker; your presence will truly add to the importance of the occasion. If you would confirm this with me as soon as you can, we will then proceed with our plans, invitations and publicity announcements.

With kindest regards,

Sincerely and fraternally,

*Warren N. Barr, Sr.*  
Warren N. Barr, Sr.  
President

WNB/m

Enclosures

P.S. When you arrived at the Mid-America Club, you mentioned that you were late because you had been visiting Dr. Kelikian of Northwestern Memorial, and I meant to tell you that I have known him for many years since he treated one of my daughters when she was a child.

ILLINOIS MASONIC MEDICAL CENTER  
836 WEST WELLINGTON AVENUE  
CHICAGO, ILLINOIS 60657





# *Combined International Corporation*

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W. CLEMENT STONE - CHAIRMAN

January 25, 1983

Miss Betty Meyer  
c/o The Honorable Robert J. Dole  
United States Senate  
Washington, D.C. 20510

Dear Betty:

While we haven't talked since the dinner Mr. Stone hosted for the Senator at the Mid-America Club on Tuesday evening, January 18th, we have received many calls and letters from those in attendance. Without exception, it was an opportunity no one would have missed and for those who were not available at the last minute, I know there are regrets. I hope the Senator was as pleased.

At the conclusion of the dinner, Warren Barr, President of the Illinois Masonic Medical Center, extended an invitation for the Senator to be the guest of honor at the dedication ceremonies for a new building at Illinois Masonic on Saturday, March 7, 1983. I understand that the Senator indicated his interest in attending if the arrangements could be worked out. Accordingly, I am pleased to enclose a personal letter from Mr. Barr formally extending that invitation.

May I suggest that you respond directly to Mr. Barr, but if there is any way I may be of any assistance, please don't hesitate to call.

I look forward to seeing you again soon.

Sincerely,

A handwritten signature in dark ink, appearing to read "Warren", followed by a long horizontal flourish line.

Warren K. Hendriks, Jr.  
Vice President - Assistant to the Chairman

/emp



February 8, 1983

Mr. Warren N. Barr, Sr.  
President  
Illinois Masonic Medical Center  
836 Wellington Avenue  
Chicago, Illinois 60657

Dear Mr. Barr:

Thanks so much for your recent letter regarding your invitation for me to be guest speaker at the dedication ceremonies for a new building at the Illinois Masonic Medical Center. This event will be on May 7th in Chicago, as you advised me at our recent meeting in Chicago.

It is still a little early to project what my Senate and committee responsibilities will be for May, but please be assured that I will get back in touch with you just as soon as my schedule for the desired date becomes clear.

It was good talking with you on my recent trip to Illinois, and again, thank you for the kind invitation.

Best regards.

Sincerely,

BOB DOLE  
United States Senate

BD:kd