

Speak
March 27
Friday
UNIVERSITY OF OSTEOPATHIC MEDICINE AND HEALTH SCIENCES

3440 Grand Avenue / Des Moines, Iowa 50312 / 515-271-1400

[Signature]
January 28, 1987

Office of the President

Senator Robert Dole
141 Hart Building
Washington, D.C. 20510

Dear Senator Dole:

I am writing to tell you how pleased we are that you will be joining us at the dedication of the just completed University Tower Clinic, on Friday, March 27th at the dedication banquet.

The Clinic is a major step forward in health care delivery in this area of the country. It can best be described by saying that it is patterned after the prototype of the Mayo and Cleveland Clinics, which offer the most comprehensive medical services a patient can receive under one roof by a group of physicians working as a team.

We will forward further information about the occasion. It is the hope of the University community that you will use the occasion of the dedication of the clinic to announce the health care plank of your presidential platform; and how this institution, with its wholistic approach to health care delivery and the new health care delivery center, will interdigitate with your program.

Now that the State of the Union is behind you, and I hope the "storms" in Washington as well, it is my hope to be in your city in the near future. I would pray that we could meet for some time during that visit.

With warmest regards and many thanks, I look forward to your coming to Des Moines.

Very sincerely,

[Signature]
J. Leonard Azneer, Ph.D.
President

JLA/jj

— READING COPY —

DEDICATION OF THE MULTISPECIALTY CLINIC
AT THE UNIVERSITY OF OSTEOPATHIC MEDICINE
DES MOINES, IOWA
MARCH 27, 1987

THANK YOU VERY MUCH. I APPRECIATE THE
INVITATION TO HELP INAUGURATE WHAT PROMISES TO
BE ONE OF THE FINEST HEALTH CARE FACILITIES IN
IOWA. AND, IN FACT, COULD WELL BE A MODEL FOR
ALL OF RURAL AMERICA.

I UNDERSTAND THAT THE UNIVERSITY TOWER
CLINIC WAS PATTERNED AFTER THE MAYO AND
CLEVELAND CLINICS -- TWO PRETTY FAIR MODELS --



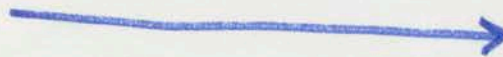
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Chin Bushland
Made Glavin
Foster

SO I SALUTE THE VISION AND THE DEDICATION IT
TOOK TO MAKE THIS WONDERFUL FACILITY A REALITY.

PUTTING OUR MONEY WHERE IT COUNTS


I'D LIKE TO BEGIN THIS EVENING BY FOCUSING
NOT SO MUCH ON CARE FOR THE SICK; BUT ON A MUCH
MORE FUNDAMENTAL TENET OF MODERN MEDICINE --
THE PREVENTION OF SICKNESS. IN MY VIEW, OUR



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NATION'S HEALTH CARE SYSTEM MUST BE JUDGED NOT
ONLY IN ITS ABILITY TO CURE US, BUT ALSO ON ITS
ABILITY TO KEEP US WELL.

THE EMPHASIS ON PREVENTION HAS BEEN THE
CORNERSTONE OF THIS INSTITUTION FROM THE DAY IT
FIRST OPENED ITS DOORS IN 1898; OSTEOPATHIC
PHYSICIANS HAVE ALWAYS BEEN AT THE VANGUARD OF
PREVENTIVE HEALTH CARE.



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BUT NOT LONG AGO A NEW STUDY TOLD US THAT
THE NATION STILL HAS A LONG WAY TO GO ON THE
PREVENTION FRONT.

FIRST, THE GOOD NEWS: BETWEEN 1965 AND
1980 WE REDUCED THE INFANT MORTALITY RATE IN
THE UNITED STATES BY MORE THAN 50-PERCENT.



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BUT THE OTHER SIDE OF THE COIN SAYS WE'VE
STILL NOT GIVING INFANTS THE FIGHTING CHANCE
THEY DESERVE TO BE BORN HEALTHY. AND THAT'S
WHERE THIS NATION'S RECORD IS NOT SO HOT.

AS YOU NOW, PRENATAL CARE IS THE KEY,
INCLUDING EVERYTHING FROM REGULAR EXAMS, TO
NUTRITION COUNSELING, TO EDUCATION ABOUT
PREGNANCY RISK FACTORS SUCH AS SMOKING. THESE



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ARE SOME CONCERNS THAT THIS INSTITUTION -- WITH
ITS COMPREHENSIVE APPROACH TO MEDICINE --
UNDERSTANDS ONLY TOO WELL.

LIKE OTHER PREVENTIVE MEASURES, PRENATAL
CARE SAVES LIVES -- IT CAN ALSO SAVE DOLLARS.
AND IN THE REAL WORLD, FILLED WITH GROWING
EXPENSES AND FINITE RESOURCES, SAVING MONEY --
YOUR TAX DOLLARS -- IS THE NAME OF THE GAME.



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THE SAD TRUTH IS, ONLY ONE PERCENT OF ALL
FEDERAL HEALTH DOLLARS ARE SPENT ON PREVENTION.

WHY NOT SPEND MORE MONEY UP FRONT TO REDUCE
THE NEED FOR HIGH COST CARE LATER ON. IN ORDER
TO ACHIEVE THESE GOALS WE BEGAN SOME YEARS AGO
TO TRY TO GET THE COST OF OUR EXISTING SYSTEM
UNDER CONTROL.

WE DON'T HAVE TO RATION CARE


THE SEARCH FOR COST-CUTTING HAS LED TO SOME
FAIRLY FRIGHTENING SPECULATION. SOME PEOPLE



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ARE NOW TALKING ABOUT THE NEED TO "RATION"
HEALTH CARE SERVICES -- IN OTHER WORDS, TO
DECIDE WHOSE LIFE WE SHOULD PROLONG WITH OUR
SCARCE DOLLARS, AND WHOSE WE SHOULD NOT.

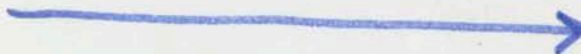
" RATIONING " MEANS MAKING DECISIONS ABOUT
WHETHER TO KEEP A VERY LOW BIRTHWEIGHT BABY
ALIVE, OR HOW LONG A FRAIL 85-YEAR-OLD SHOULD
BE MAINTAINED ON A LIFE SUPPORT SYSTEM. THAT'S
NOT MY IDEA OF HUMANE HEALTH CARE.



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RATIONING IS NOT THE SOLUTION, BUT
‘RATIONALIZING’ OUR HEALTH CARE DOLLARS IS.
LET'S SPEND EACH DOLLAR MORE WISELY SO WE DON'T
HAVE TO RATION. LET'S MAKE CERTAIN THESE “LIFE
AND DEATH QUESTIONS” ARE ANSWERED WITH
COMPASSION AND WISDOM, NOT WITH
FEDERALLY-MANDATED SOLUTIONS. THE BOTTOM LINE
IS, WE NEED TO REASSESS OUR PRIORITIES.

AGAIN, PREVENTION CAN BE A PART OF THE
KEY. THAT IS WHY I HAVE BEEN A LONG-TIME
ADVOCATE FOR NUTRITION PROGRAMS -- FOR THE



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POOR, THE UNBORN AND THE DISADVANTAGED. AS THE RANKING MEMBER OF THE NUTRITION SUBCOMMITTEE, I WILL CONTINUE TO SUPPORT NECESSARY FUNDING FOR THE WIC PROGRAM, AND THE OTHER NUTRITION PROGRAMS THAT ARE ABSOLUTELY ESSENTIAL FOR THE NATION'S HEALTH. I WILL ALSO CONTINUE TO SUPPORT EFFORTS TO ENCOURAGE THE STATES AND PRIVATE INSURERS TO MAKE A BIGGER INVESTMENT IN MATERNAL AND CHILD HEALTH CARE.



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IT'S A TOUGH CHORE TO FIND THE FUNDS FOR
ALL OF THIS, BUT I BELIEVE THESE DOLLARS WILL
PAY BIG DIVIDENDS DOWN THE ROAD.

POOR PEOPLE ARE BEING SQUEEZED OUT


STILL, THERE ARE MILLIONS OF AMERICANS WHO
CANNOT EVEN AFFORD HEALTH CARE -- PREVENTIVE OR
OTHERWISE!

THE SAD FACT IS ONE OUT OF EVERY FIVE
CHILDREN HAVE NO HEALTH INSURANCE OF ANY KIND,



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PUBLIC OR PRIVATE, AND NOT ALL OF THEM ARE
POOR. THEN THERE ARE SELF-EMPLOYED PEOPLE, OR
SEASONAL WORKERS, WHO AREN'T COVERED AND ARE **NOW**
EXPOSED TO MEDICAL AND FINANCIAL DISASTER. IN
A COUNTRY LIKE OURS, THIS IS UNACCEPTABLE. BUT
DON'T EXPECT UNCLE SAM TO PICK-UP THE ENTIRE
TAB. OUR OBLIGATION TO TAKE CARE OF THE
DISADVANTAGED MUST BE A SHARED RESPONSIBILITY
AT THE FEDERAL, STATE AND LOCAL LEVELS, WITH



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THE PRIVATE SECTOR SHARING THE LOAD, TOO. THE
DIFFICULT QUESTION IS HOW TO SHARE THAT
BURDEN. SO, HOW DO WE DO IT?


I CONTINUE TO FAVOR A METHOD OF SUBSIDIZING
THE PURCHASE OF PRIVATE INSURANCE FOR SOME OF
THE UNINSURED. THE CREATION OF "STATE POOLS"
WOULD GO A LONG WAY IN HELPING TO MAKE THIS
COVERAGE AVAILABLE. ADDITIONALLY, WE MAY NEED



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TO CREATE SOME ADDED INCENTIVES TO ENCOURAGE
SMALL EMPLOYERS TO PROVIDE COVERAGE FOR THEIR
EMPLOYEES AND THEIR FAMILIES.

I AM COMMITTED TO KEEPING AS MANY PEOPLE IN
THE PRIVATE INSURANCE SYSTEM AS POSSIBLE. BUT
I AM PREPARED TO SUPPORT NEEDED MODIFICATIONS
IN PROGRAMS LIKE MEDICARE AND MEDICAID, WHERE
NECESSARY, SO WE REALLY HAVE A SAFETY NET. OUR
CURRENT WORK ON CATASTROPHIC HEALTH INSURANCE
FOR THOSE OVER THE AGE OF 65 IS AN INDICATION



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OF THIS INTEREST, BUT ALSO AN ACKNOWLEDGEMENT
OF VERY REAL BUDGET CONSTRAINTS THAT WILL NOT
ALLOW US TO BROADEN THIS DEBATE TO INCLUDE
ISSUES LIKE LONG-TERM CARE. —

Dr. Ray

PRESERVING ACCESS IN RURAL AREAS


AND NOW I COME TO A SUBJECT THAT ALL OF YOU
HERE IN IOWA HAVE AN INTEREST IN -- HEALTH CARE
DELIVERY TO RURAL AMERICA.



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I REALIZE I'M PREACHING TO THE CHOIR WHEN I SAY THAT THE AVAILABILITY OF HEALTH SERVICES TO RURAL AREAS IS AN ABSOLUTE MUST IF WE ARE TO HAVE A TRULY COMPREHENSIVE, HEALTH CARE SYSTEM:


PEOPLE DESERVE ACCESS TO HIGH QUALITY PRIMARY HEALTH CARE; PEOPLE DESERVE ACCESS TO ACUTE EMERGENCY CARE, CLOSE ENOUGH TO HOME TO MAKE THE CRITICAL DIFFERENCE IN AN EMERGENCY SITUATION; AND THEY DESERVE ACCESS TO



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LONG-TERM CARE, CLOSE TO HOME AND TO FAMILY.
I'M WILLING TO BET THAT SOME STUDY SHOWS THAT
GRANDMA RECOVERS FASTER FROM HIP SURGERY IF
SHE'S VISITED REGULARLY BY HER GRANDCHILDREN.

BUT, THAT DOESN'T MEAN THAT EVERY FACILITY
WE NOW CALL "HOSPITAL" HAS TO BE THE BE-ALL,
END-ALL. NOR DOES EVERY "HOSPITAL" HAVE TO BE
A WONDERLAND OF EXPENSIVE TECHNOLOGY. LET'S
FACE IT, THERE'S NO REPLACEMENT I KNOW OF FOR
GOOD OLD FASHIONED HEALTH CARE -- FROM THE
FAMILY DOCTOR, TO THE HOSPITAL NURSE, TO THE



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DEDICATED VOLUNTEER. THERE'S NO REASON WE
CAN'T BUILD ON THAT TRADITION OF CARE TO KEEP
THE FOCUS ON PREVENTION AND "WELLNESS", ALONG
WITH CONTINUED ACCESS TO ACUTE SERVICES AND
DIAGNOSTIC TECHNOLOGY THAT CLINICS SUCH AS THIS
ONE HAVE. I STRONGLY BELIEVE THAT THE HOSPITAL
AS A COMMUNITY INSTITUTION WILL CONTINUE TO
PLAY A VITAL ROLE IN EVERY PART OF THIS
COUNTRY. THE FUNCTION OF ALL THESE HOSPITALS
-- INCLUDING -- RURAL HOSPITALS -- WILL HAVE TO



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EVOLVE DURING THE NEXT FEW YEARS, HOWEVER, TO MEET THE CHANGING HEALTH CARE NEEDS OF THE COMMUNITIES THEY SERVE.

THE NEW MEDICARE PAYMENT SYSTEM HAS INCREASED THE MOVEMENT OF MANY PATIENTS FROM SMALLER COMMUNITIES INTO REGIONAL CENTERS, LARGER URBAN HOSPITALS, AND MULTI-SPECIALTY CLINICS LIKE THE ONE WE ARE HELPING DEDICATE TODAY. THAT MOVEMENT MAKES A GREAT DEAL OF SENSE. CLINICS LIKE THE 'TOWER CLINIC' OFFER THE VERY BEST THAT SCIENCE HAS TO OFFER. BUT



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DURING THIS TIME OF TRANSITION, WE HAVE A
RESPONSIBILITY TO OUR RURAL COMMUNITIES TO
ASSIST THEM IN REBUILDING AND REORIENTING THEIR
SERVICES.


DURING THIS TRANSITION PERIOD, IT IS
CRITICAL THAT THE MEDICARE SYSTEM PLAYS AN
ACTIVE ROLE IN MAINTAINING ACCESS TO QUALITY
HEALTH SERVICES IN RURAL AREAS.



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I HAVE RECENTLY SPONSORED LEGISLATION THAT
WOULD PROVIDE SMALL RURAL HOSPITALS WITH GRANTS
TO HELP FINANCE SOME OF THE CHANGES THEY NEED
TO MAKE. WE MAY NEED TO FIND EVEN MORE WAYS TO
ASSIST THEM.


RURAL HOSPITALS WILL CONTINUE TO PLAY AN
ESSENTIAL ROLE IN DELIVERING HEALTH CARE
SERVICES IN PLACES LIKE IOWA AND KANSAS, BUT IN
ORDER TO STAY ALIVE, THEY'RE GOING TO HAVE TO
CHANGE; AND IT'S UP TO US TO HELP THEM.



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CHALLENGES AHEAD

RECENT PUBLIC AND PRIVATE SECTOR REFORMS —
INCLUDING THOSE THAT ARE CAUSING THE PROBLEMS
IN OUR RURAL AREAS—REPRESENT AN IMPORTANT
DEPARTURE FROM THE "MORE IS BETTER" MENTALITY
THAT HELPED DRIVE HEALTH COSTS UPWARD IN THE
PAST TWO DECADES; AND IT IS A TREND WE SHOULD
CONTINUE. AT THE SAME TIME, HOWEVER, WE MUST
ENSURE THAT OUR COST CONSCIOUSNESS DOESN'T LEAD
TO A LOWER STANDARD OF CARE.



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IN SCIENCE, OUR GENIUS FOR INVENTION IS
SERVING-UP INCREDIBLE DIAGNOSTIC, SURGICAL AND
BIOMEDICAL BREAKTHROUGHS THAT BLUR THE LINES
BETWEEN LIFE AND DEATH; AND HOLD THE PROMISE OF
REMARKABLE CURES, AND THE THREAT OF UNACCEPTABLE
COSTS, TOO.


THE "GRAYING" OF AMERICA PRESENTS ANOTHER
MAJOR CHALLENGE, AS A BURGEONING POPULATION OF
ELDERLY CITIZENS WHO CONSUME THE MOST EXPENSIVE
HIGH-TECH MEDICINE; AND WHO PUT A SEVERE STRAIN
ON OUR CAPACITY TO PROVIDE ADEQUATE MEDICAL,



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NURSING HOME, AND HOME HEALTH CARE. IN LAW AND RELIGION, OUR JUDGES, ETHICISTS, AND MORAL THEOLOGIANs ARE CONFOUNDED BY THE PANDORA'S BOX OF MEDICAL DISCOVERIES THAT INSISTS THEY REEXAMINE QUESTIONS AS FUNDAMENTAL AS WHEN LIFE BEGINS AND ENDS.


WITH SUCH POTENT SCIENTIFIC, DEMOGRAPHIC, POLITICAL AND ECONOMIC FORCES AFOOT, THE FERMENT AND TURMOIL THROUGHOUT THE HEALTH CARE INDUSTRY HAVE REACHED THE HIGH PITCH OF REVOLUTION. GUIDING THIS REVOLUTION IS A



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DELICATE BUSINESS BECAUSE THERE IS SO MUCH OF
VALUE TO PRESERVE: THE AMERICAN WAY OF HEALTH
HAS BEEN NOTHING SHORT OF MIRACULOUS.

HUBERT HUMPHREY ONCE SAID "THE MORAL TEST
OF GOVERNMENT IS HOW THAT GOVERNMENT TREATS
THOSE WHO ARE IN THE DAWN OF LIFE, THE
CHILDREN; THOSE WHO ARE IN THE TWILIGHT OF
LIFE, THE ELDERLY; AND THOSE WHO ARE IN THE
SHADOWS OF LIFE; THE SICK, THE NEEDY AND THE
HANDICAPPED".



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IN OUR THIRD CENTURY WE HAVE TO WONDER IF
WE CAN SUSTAIN THE COMMITMENT. WITH YOUR HELP,
I BELIEVE WE CAN.





University of Osteopathic Medicine and Health Sciences

Tower Medical Clinic

Smoked Trout, Caponata, Avocado
on Bibb Lettuce
with Raspberry Vinaigrette

Sutter Home
White Zinfandel '85

Cornish Game Hen
Stuffed with
Spinach and Duxelle of Mushroom

Julienne of Vegetables
Wild and Long Grain Rice

French Roast
Decaffeinated Coffee

Layered Chocolate Torte
Fresh Fruit Sauce

Dietary Laws Observed

Tower Clinic Celebration Program

Invocation Reverend William T. Hines
Minister, Unity Church

Welcome Patricia Yungclas
Chairperson, Board of Trustees

Greetings The Honorable Terry E. Branstad
Governor, State of Iowa

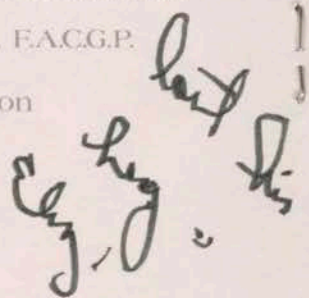
The Honorable Charles Grassley
United States Senate

The Honorable Neal Smith
United States House of Representatives

George J. Nahas
Mayor, City of Des Moines

Connie Wimer
President, Greater Des Moines
Chamber of Commerce Federation

Eugene L. Sikorski, D.O., F.A.C.G.P.
President, American
Osteopathic Association



Dinner

Presentation of Awards Patricia Yungclas
J.R. McNerney, D.O., F.A.C.O.I.
Michael Campaiola

Presentation of the S.S. Medal . . J. Leonard Azneer, Ph.D.
University President

Patricia M. Yungclas
The Honorable Terry E. Branstad
The Honorable Robert Dole

Address The Honorable
Robert Dole
United States Senate

Music provided by the Samuelson Trio

The concept of the Tower Medical Clinic was first announced by University President J. Leonard Azneer in September, 1981. He envisioned a regional referral center that would testify to the quality of osteopathic medicine. Groundbreaking for the \$15 million, ten-story Tower was held in December, 1984. In February, 1987, the doors of the just-completed Tower were opened to the public.

The Tower enables us to provide quality care while holding costs to a minimum. As President Azneer noted, "We are pioneering cost-effective ways of treating those patients who require intensive care in settings other than hospitals. The Tower serves as a hospital without beds."

The Tower's design is both attractive and functional. Its reinforced concrete structure is clad with warm, earth-toned brick and highlighted by curved, insulated blue glass across the front. Inside, the Tower's 102,000 square feet were designed for specific clinical suites, clinical and research laboratories and administrative and academic offices. A 1,500-seat auditorium, the Olsen Medical Education Center, is adjacent to the Tower and is linked to the new 313-car parking ramp.

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Wm. (Betty)
Jungfer

Wm. - Betty

Her a wife 24
Chin
Hubland