

**UNIVERSITY OF MASSACHUSETTS AT AMHERST
OFFICE OF THE FACULTY SENATE**

MINUTES: Presiding Officer Frank Hugus called the 597th meeting of the Faculty Senate to order November 1, 2001 at 3:30 p.m. in Herter Hall 227.

**A. ADDRESS BY REPRESENTATIVE ELLEN STORY
"LEGISLATIVE UPDATES"**

Representative Story opined that there should be a budget by November 10th, and that contract negotiations have been "proceeding in an orderly fashion." She then mentioned that the ratio state employees pay of health insurance premiums could be changing from 15% to 20 or 25% in an effort to save the state a significant amount of money.

B. NEW COURSES

MOVED: That the Faculty Senate approve the courses CLSICS 330, FRENCH 345, LEGAL 04-02 350, 375, 465, 480 and 485, PLSOIL 240 and RESEC 141, as recommended by the Academic Matters Council.

This motion was seconded and adopted.

MOVED: That the Faculty Senate approve the courses EDUC 815, ENT 666, FDSCI 710 and 05-02 PUB P&A 621, as recommended by the Graduate Council.

This motion was seconded and adopted.

**C. ADDRESS BY DR. JOHN WALSH
(AAUP CHAPTER, UNIVERSITY OF MASSACHUSETTS AT WORCESTER)
"PROPOSED MODIFICATIONS TO TENURE AT THE UNIVERSITY OF
MASSACHUSETTS MEDICAL SCHOOL"**

Dr. Walsh: Thank you for having me here. I quickly put together a lot of materials that you should have before you. The main materials are the large document which says Faculty Council version with Executive Council edits 10/10/01, and the UMMS-AAUP tenure proposal. There's a graph in there which displays graphically some of what's been happening at our medical school.

My name is John Walsh. I'm a professor of Physiology at the University of Massachusetts Medical School. I don't have a Ph.D.; I have an MD--but I have never practiced medicine. I don't have a license. Since the day I graduated medical school, I've been a scientist and a teacher, and I was actually one of the founding members of the University of Massachusetts Medical School. I came there as a post-doctoral fellow from Harvard, after getting my M.D. degree there, because the school was opening up. At that time we had 12 students in the first class 30 years ago. I took time out from my post-doc to help Mo Goodman, who was the chairman of my department, to get the department started, and we talked until we were blue in the face because there were only 4 of us to teach this whole curriculum!

So I guess one thing I want to do before I start is to talk about what a medical school is, because I've always found that there's a wide-spread misunderstanding. The nature of a medical school is that it really has 2 different cultures. A medical school begins with two-year components, much like the University academic classes, in the classroom. There are a few labs, but they've disappeared by and large. They're taught by faculty scientists like me. Mostly Ph.D.s, but you find the errant M.D. among them. It's fairly academic. In recent years, with the advent of managed care, there's been a tremendous attempt to dilute this down. When I was in Medical School, if you had this education, it was enough to prepare you for a career in science. That's becoming less and less true. The next two years are really not in the classroom. They're essentially an apprenticeship taught by the physicians. All of us together make up the faculty. These are M.D.s who have a different outlook on the world, who have a different source of income than do the scientists. And the physicians survive mainly on patient care and the revenues from that. We survive mainly on NIH grants, with typically half or less of our salary coming from the University. Beyond that, I should say, there's a residency program. So all of this goes on in classrooms and that goes on in the hospital.

So notice, if you're going to have a full four-year medical school, you have to have control of a hospital. You have to have an academic medical center. And at the turn of the 19th century, a man named Abraham Flexner, supported by the Rockefellers, engaged in what turned out to be a far-reaching reform of American medical schools. At that time, the hospitals were so-called proprietary hospitals, for-profit hospitals run by private physicians with no academic flavor to them at all. What Flexner insisted was that the medical schools be part of the University, at the same caliber of scientific discourse as in the University, and that there be some control over the hospital, so it would be an academic hospital. So, it's important for a medical school by tradition, as at Harvard, or by outright ownership, to have control of a hospital so that you have an academic medical center. We no longer have an academic medical center at the University of Massachusetts Medical School.

We graduate about 100 students each year. The students in our medical school train with the rest of us in the hospital, so they know what the hospital is like. They see the morale, the academic quality. We usually had about 1/3 of our class graduate from our school and go into our own residency program. Since the so-called merger, which happened some years ago between our hospital and the local community hospital, the percentage of our students going into our residency program has declined drastically. I have down at the bottom St. Vincent's, which is a local for-profit hospital, where none of our students used to go. They're even going there now in a small number, rather than going to our medical school hospital. I'll come back to that. We have very good students, because we have a very good school, and because the tuition is quite low, and we attract people who are very competitive, and sometimes who want to pay low tuition. Sometimes people in unusual circumstances, who have been out of school, come back, and they need the low tuition. We've had a wonderful variety of students over the years. So I should say, there's a different flavor; the faculty you see is very diverse.

So, you have over on one hand the scientists, and these can be tenure-track scientists; but we also have a large group of non-tenure-track scientists who have one-year contracts. That's all. They either work in the labs of tenure-track scientists, or most often they fund or have their own grants. Some non-tenure-track scientists have been there over 30 years, bringing income into the institution for all this time. They have a one-year contract, no protection.

Then there are the tenure-track scientists like myself. Until now, once you were tenured, we thought we had our salaries guaranteed. We were free to take risks in various different kinds of research. Spend a lot of time on teaching. We'll go into whether that's true or not any longer. Over here we have the physicians, some of whom are basically practitioners. They, as I said before, make their income through patient care. Some are pure practitioners, and in between we have what I call academic physicians. They are what I would call clinical scholars. They too make their living mainly through patient care. These people are crucial. Then there are the physician scientists who spend a lot of time doing research, and they can be tenure-track. So, tenure track is separated from the non-tenure track by whether you do research. I hope I've given you some flavor for what the culture is like.

We also run a small graduate school, which we finance out of the overhead from our grants. That is, for every dollar that I bring in in grant money, 67 cents comes in additional funds to go to the University. Out of that, we finance a graduate school. So we also teach Ph.D.s. Those Ph.D.s come to work in labs; that's wonderful, everybody likes that. So there's a bias among the scientists who teach those Ph.D.s not to teach these medical students. One other thing I should say about the difference in cultures is that the culture of medicine is inherently a bit more conservative than the culture of academia. The physicians, until recently, tended to be small entrepreneurs. They were fiercely independent, despite the depredations of the HMO's. They're more practical, less theoretical. They're two quite different cultures, and I would say by and large, *not very sympathetic to tenure*.

The other thing that distinguishes the Medical School from this campus is that we live in a very paternalistic environment. Our Chairs are Chairs for life. There are no rotating Chairs, and especially among the clinicians, the Chairs are tremendously powerful, or at least that has been the case until recently. So that's some background.

What has happened at UMass Medical Center with regard to tenure, is something that has been happening at medical schools all over the country. It's driven by money. What's been happening is the hospital portion has become less and less lucrative because of the HMOs. Meanwhile, the NIH budget has been growing. This has produced a crisis at our Medical Center, and the basis for that crisis is actually right here in the state. If you look, and these figures are rough, the reimbursement that our hospital gets from Medicare is about 98% of what it costs to treat a patient. The HMO's pay about 92% in MA, which is better than most places. And the state Medicaid pays at 70% of cost. Between the HMOs and Medicaid coverage, hospitals are tending more and more to operate in the red. So, some years ago, the Trustees of the University were very nervous about our hospital center and said

they were afraid we'd go so deeply into the red, that it would bankrupt the whole University. They said, 'we've got to get rid of the hospital.' Of course, if you get rid of the hospital, you lose control of the second two years of the Medical School.

We're told by the Lazare administration that the Trustees demanded that the Hospital be spun off, and it was called a merger. It was really not a merger, it was a privatization, or a sell-off, or a giveaway. I don't know really what it was, but the hospital was put into private hands and was out of control of the University. That meant that the clinical faculty members were no longer state employees. Nothing was done to protect them. Now they're all abruptly overnight employees of a private hospital, not a for-profit, but still a private hospital that's a merger between what was once a state institution and what was really a pretty good community hospital, but a community hospital nevertheless.

A community hospital is different from an academic hospital. An academic hospital is a teaching environment. It has to have a lot of physician time to teach, not only the students, but also the residents. So there are two different things in those cultures that never meshed. Not only that, but the financial difficulties that this merger was supposed to solve was never solved. As a matter of fact, the situation has grown worse and worse until today, when the CEO of the hospital was fired. He resigned, under pressure. Of course, the idea that the Lazare administration puts forward is not that this was a bad idea. Or, if it was a bad idea, it was not the administration's idea, it was the Trustees' idea, but that it was handled badly. Although there's a record of such mergers before ours, none of them ended well. So, when the merger was done, someone didn't do the homework.

That brings us to what happened to the clinical faculty. First I would say this has resulted in the destruction of morale of the clinical faculty. The only piece of evidence for that is, well you can see that graph: the reason the students aren't applying to our residency programs is they see the loss of morale. But at our Faculty Council, which was held a few weeks ago, the clinicians arranged sort of a testimony in which the Chancellor was there and others in the administration, and people from various departments came to say what had been happening to them since the merger. I presented that graph, at which the administration professed to be surprised at, how they could not know the numbers for their own students, I don't know. One of our star academic radiologists, who has been there 17 years, got up and said, "I've resigned as of yesterday.' I've been here 17 years. I came here because it was an academic center and I was proud to be a pioneer. That flavor has been lost and I'm returning to Boston, where at least there's a vestige of that flavor." It went on like this, from department after department after department, the most striking testimony was from a former student of mine who's been on the faculty for about 14 years, who is now an anesthesiologist. She had been asked to do a promotional video to get residents to come to our residency program. They put her on the camera, and they asked her why she thought UMass was the best place to come to, and she testified. After, she said 'You know, when I walked away I felt terrible because I felt I was lying.' So, the reason is, when this merger occurred, we stopped paying any attention to the clinical faculty and the clinical enterprise. It was written off, and instead the administration turned its attention to where the money is. This is my interpretation, you can go and look at the facts or get other interpretations.

They started to build up a huge research institute, which, given the cult of personality which surrounds our chancellor, that research building went up with the idea of hiring 100 new scientists, because the NIH budget is expanding. That building was built, really, and is being staffed, I think, by using almost every last penny that the state gives to the campus for this enterprise, and really nothing much for the clinical enterprise which is part of the educational enterprise. And the way that this new research enterprise was put on track was: our faculty does about 100 million dollars a year in grants, so that means there's a lot of money that comes in from overhead too. When the merger occurred, I don't know how many millions of dollars were also offered to build this research building. So, with the monies that were drawn into the university from the merger, although the actual finances are somewhat murky, but mainly, with the overhead monies we've raised, a new research building was built. Twenty million was brought in by private donors, which I'm sure you've heard a lot about, but that's really only a drop in the bucket. *So, the idea was that this would be leverage into a huge research institute with 100 new scientists hired over a very short period of time.* Very ambitious. Whether it will work out or not, I hope for our sake it does, it's very ambitious. The idea is that the scientists would be hired, and they would be self-financing because the NIH budget was growing, and we'd just bring in more money so each hire would be a piece of leverage that would bring in more finances.

However, at about the same time, the administration put forward a proposal to change the tenure arrangements. Basically, the bottom line is they proposed a series of salary reductions. Those salary reductions have taken many forms. In the early days, when they first put this out, they did a poll. They asked whether the tenured faculty and tenure-track faculty would be amenable to a schedule of

salary reductions, under certain circumstances, which I'll describe to you in a second. We said, at that point, since we had discussed this with the administration for a long time, that we did not like the idea of these salary reductions. It essentially destroyed the very idea of tenure, and I should say the reductions would be for a lack of *productivity*. Read: Dollars. Read: Bringing in enough grant money per square foot of what you occupy in terms of research space.

The poll was taken. We formed a chapter of the American Association of University Professors. The National AAUP says it's the fastest growing chapter they have ever seen. In the space of a few weeks we now have about 70 members. Our core constituency is about 300 members. We never even had a formal organizing drive. The core recommended that people say they vote no, 'none of the above,' that they didn't like any of the salary reduction proposals. And overwhelmingly, by a large majority, those who voted voted 'none of the above.' The administration ignored that. I think there were five votes, out of 70 or something, that did vote for one of the reduction proposals. The administration said that since people said 'none of the above,' they would only look at votes that were for one of the above, and they said they would put forward the salary reduction proposal. I think it had 2 votes of basic science faculty. They then engaged in their own phone polling of 70 other people and they still couldn't get a majority to endorse their proposal.

So what is this proposal that has distressed us so much? It has taken various forms, but basically what it says right now is the following: If, for a period of three years, you are judged to be insufficiently productive by your department chair, and you're warned for each of those three years, in the fourth year there'll be a set of salary reductions which will bring you down in the period of three subsequent years to 75% of your salary. However, over that seven-year period, there will also be no cost of living or merit increases, so we estimate that over that period of time you could lose half your salary. Who defines productivity? The Chairs do. But the Chairs of the departments are now under tremendous pressure from the central administration, because every department is supposed to live on its own budget. So, in a department of 15 or 20 principle investigators raising grants, if one goes without money for a year or two it can be very stressful. On the other hand, if that was spread among all the departments, and the Central Administration was to take some responsibility, then it wouldn't be so distressing. The Chairs, though, are being told more and more by this administration that they're on their own. They've been forced to consider and to look more and more favorably on this proposal. They need this proposal because they feel they're over-extended in terms of the new research expansion. Basically they need to be sure that anybody who is not making maximal dollars, (although say that's not true, it could be teaching, it could be lots of different things, but I think it's evident what it is), the Vice Chancellor for Administration has told me personally, although they're reluctant to say this in public, that *the reason for this is that, with the increase in faculty, they can no longer afford to make the same tenure commitments they once did to the faculty.*

So, this proposal has been debated over the whole summer before the Faculty Council. We tried, we put our own AAUP tenure proposal forward, which you have before you there. There were supposed to be certain safeguards built in. One was that not only the Chair would recommend the salary proposal, but it would have to be agreed to by a committee of tenured faculty in the department, and the same committee that awards tenure university-wide would also have to approve of any salary decreases. So, those are the safeguards we've built in. But, those are all only advisory. The Chancellor and Vice Chancellor for Administration will make the final decision. Not only that, but I've given you the recent proposed schedule of pay cuts in the event of inadequate productivity. Those numbers and that schedule can be changed without vote of the faculty. The document in which this is contained will soon go to a vote of the faculty, but we haven't seen the final document. It went from our Faculty Council, which is something like your Senate, except the administration presides over it. We never meet alone. We always meet with the Chancellor and the Vice Chancellor for Administration overseeing the meeting. As I said, the kind word would be paternalistic. It went from there to the Executive Council. Because of clinical votes, we were not able to win there, to throw the proposal out. It went to the Executive Council, which is the council of chairs. They changed it further, ridding it of many of the faculty protections we had in it. Technically, when there is disagreement between the Executive Council and the Faculty Council, as we read the governance documents, it's supposed to come back to the Faculty Council. It is not coming back to the Faculty Council. The faculty will not even see it, as far as we can tell, until it appears in its final form, which we haven't seen, and not even the Executive Council has seen, until it appears before us in a ballot where the faculty will vote. But, it's not just the tenure track faculty who will vote, it's not just the basic scientists who will vote, it will be the whole faculty. Including all those physicians who are not even salaried any longer by the University of Massachusetts. So, they got rid of them in terms of state benefits, and

they got rid of them in terms of faculty protections, but they didn't get rid of them in terms of their votes.

So, that's where we stand. I have many more details, many more things I can tell you about this, but that's basically where we stand. I think, because the tenure-track and tenured faculty members will have their vote embedded in the overall vote, we will be able to tell how the tenure-track faculty voted, but the administration says that's not going to have any effect. It should be the vote of the whole faculty. I think that's a warning for all the campuses in terms of part-time faculty, that it's unwise to neglect the part-time faculty. I think it's unwise to allow splits to occur in the academic culture. And I think for those of you who are lucky enough to be unionized, it's unwise to turn your backs on those who are part-time faculty, because those votes could eventually be used against everybody. I come here because I think any shrewd administrator would use this precedent--if they get it through at the Medical School--as a lever to weaken tenure throughout the whole University System. Maybe not, maybe that's paranoid. It's the way I read it.

And I should say another thing that worries me about all of this: Somehow I see creeping into the University System some kind of politicization of it. When our new research building opened, President Bulger was there, the keynote speaker though, of all people, was Thomas 'clean elections' Finneran. I found it quite distressing to see these people. I find it distressing to see that two of our top administrators, who are calling a lot of the financial shots, also come from Beacon Hill.

QUESTIONS:

Secretary of the Faculty Senate, Ernest May: The cultures *are* different and this is a very complicated situation. We have a sheet of paper here which the Worcester Administration sent, which outlines the proposal. But suppose this was all pulled back to the *status quo ante*: What would be the status of tenured professors such as yourself? What protections do you have?

Dr. Walsh: Well, up until April 2nd we had all assumed that tenure meant salary, full salary until retirement. In early April, in the midst of this, the Chancellor sent out a memo saying that the University had always 'operationally' defined tenure as the so-called state max of many years ago. That is 60,000. That's all we really owe you. If you don't want to vote for a change, and to redefine tenure, then the definition of tenure is \$60,000 salary. But, he also said in that document, we also have the right to reduce that. So the state max actually became the max. They still insist that that is the meaning of tenure. Although no one ever heard of it until a year or so ago.

The AAUP sent out a questionnaire to all tenured faculty in the basic sciences, because there are these 2 cultures, and the administration has said that the clinicians and the basic scientists have had differing definitions. The basic scientists are in more of a position like you are at UMass Amherst. We sent out a questionnaire saying, 'Did anyone ever tell you that tenure meant \$60,000?' We got a 67% response rate and with 2 exceptions, everybody said 'no, we never heard that.' The 2 exceptions came in the last year, when the Vice Chancellor for Administration told 2 faculty members, after they got tenure, 'oh by the way, it's only worth \$60,000.' So this is a new, recent redefinition of tenure. If you think about a faculty vote, why would anybody vote to get rid of tenure, when our governance document defines tenure as 'continuous employment,' not appointment by the way, but employment. Period. So why would you agree to a schedule of salary reductions? Well, you'd agree to that if you were presented with something worse. So, the threat that is being used is this \$60,000 definition of tenure. Whether that would ever hold up in court, we don't know. What the administration is saying is test it! Test us, we'll go to court. You can test it. (Which, of course, is not a very appetizing prospect.)

Senator Jane Giacobbe-Miller: Ron Story and I attended your meeting last spring. You were in the process of formulating the AAUP Chapter, and I'm happy to hear that it's growing dramatically. But one of the issues that we talked about was getting bargaining rights which gives you some protection from this kind of unilateral change. I want to know what your status is now in terms of getting some interest. I know you have problems with the clinicians, but, if you went to the labor commission, they would probably not find them to be part of your bargaining unit. So, I'm just curious where you stand now with the tenure-track faculty.

Dr. Walsh: Well, since then, we've begun talking about a union effort, and the key to that is making sure we represent these non-tenure track faculty as well as tenure-track; the AAUP chapter has put forward a proposal for non-tenure track faculty of rolling contracts. The longer you're there bringing in money, the more commitment the University would have to you. It isn't tenure, but it's something. As you approach retirement age, it would be enough to get you through. We could self-finance that from the overhead monies that come in on the grants that the non-tenure-track people have. Just the portion of the overhead that corresponds with their salary. Not the whole overhead. The University could have most of it. Just one small portion.

So, the effort depends on unity between groups. We're trying to forge that kind of unity. If we achieve nothing else but giving more security, if tenure got weakened, and we provided some more security to the non-tenure-track faculty members, I would go to bed feeling I had done something worthwhile. So, that's the key thing. On the other hand, since this has been in the wind, the administration has been saying, 'Well, maybe we can take these clinicians that we spun off and maybe we can make them UMass employees again.' So, I think they understand quite well that clinicians are a barrier to that, and there are plans to, in some technical sense, bring them back. In that case, I don't know where we would stand. It's really a big question mark. People in medicine have been treated so badly by the managed care system that they're completely infuriated, completely alienated, trying to retire, trying to quit, talking about unionization themselves, so who knows. But it won't be an easy job. It'll be a big job. But I think it's what we need. I agree, we've had two tracks. We've pursued the AAUP track, which could be a parallel to unionization. And, we've gone through the Faculty Council trying, so that's a question of power and politics, we've tried to go through the Faculty Council to discuss this in a rational way. To show that these changes were not needed, and we've gotten nowhere with that. I think we're trying to do that, it's going slowly, and we think the first thing we have to do is have 2/3 of our target, 300 members of the faculty, in the AAUP chapter. If we can't do that, I don't think we can do more.

Senator Giacobbe-Miller: If I could just have a follow-up question then: I think there are a lot of parallels between what's happening on your campus and what's happening system-wide. In the desire to privatize, to focus on things like online education, to substitute for state monies, there's a lot of different ways that that's occurring. I still feel that we need to not only be aware of, but concerned about what's happening on your campus. And so, my question to you is how can we help you?

Dr. Walsh: A statement of support. You can read this document. We can send you the final document whenever we see it. They won't even let us look at it as they're finishing it up. Not even representatives of the Faculty Council, not even the Vice President of the Faculty Council is allowed to see it. He's being allowed to sit in the administration office and look at it as they're drawing it up, but he's not being allowed to take it out, he's not being allowed to show it to anybody else. Certainly not being allowed an electronic copy of it. They're going to spring it on us. As soon as we get a copy of that, we will do a critique. But I think the outlines are there. There's a salary reduction regimen in place. I should say something else about the salary regimen. They go back and forth on this. On the one hand, if you speak to them, they'll say this is because they're overextended and they can no longer afford to make guarantees to the faculty of the type they used to. On the other hand, they'll say that these salary reduction proposals are not meant to be implemented widely. If they're not implemented widely, then it's hard to see how they could have an effect on the financial health of the institution, except in one way. You could apply it in a few cases and create a climate of fear, and a climate in which people saw themselves primarily as grant-getters. Sort of like working in the pharmaceutical industry to make money, rather than scholars. You could apply it to one or two or three people and create a whole different climate. You don't have to kill millions of people with anthrax to scare millions of people. You only have to do it to a handful. So, I think there's also that mentality. By applying it just in a few cases you could actually create a whole different climate. That's not hard to understand. So, the apparent contradiction is that this could help with the financial health of the university but it might not be applied in a large number of cases. That could actually be true.

I should say another thing about the governance of our institution. We have a Faculty Council and an Executive Council. Those are bodies that are subject to open meeting laws and all the rest, but the decisions in our institution are no longer made in those bodies. Now there's a Research Advisory Council. It's all men, and it meets behind closed doors. One of our chairs, the chairs and certain other people are allowed to meet there, it happens that his wife is in his department. She's the associate chair, but when he's away she's no longer able to go. They say no substitutes. Only the people who are members of the Research Advisory Council are allowed. So, public governance is also gone. The

truth is gone, public governance is gone, we're being turned into science drones. That's the plan for the future!

You asked how this compares to other medical schools. I can't remember the figures exactly, but I think the largest percentage of medical schools explicitly guarantees full salary to the faculty. There may be bonuses, there may be other things, but they guarantee a full salary. Some are more vague about it. Our personnel document says that tenure means full employment. Period. Continuous employment. It doesn't specify salary levels. But between the medical schools that are vague and the medical schools that explicitly guarantee full salary, that's 85% of the medical schools. The other 15%, when you're hired, say, 'Well, you have to raise 50% of your salary.' But you know that from the beginning. That's part of the recruitment, nothing is hidden. So, yes, some guarantee 60 or 50% of your salary. Although, most pay you your full salary when you're not raising sufficient grant money. In practice, that's what usually happens. *There is not a single precedent for a schedule of salary reductions like this in all of US academia.* We've asked the administration to show us one. There are places where there's 2% or 5% reductions--usually places where there are unions--but there is not a single precedent like this. And we've asked. We've said, 'Well, this is completely outside the mainstream.' You can ask them. They can't show us where this occurs anywhere else in the entire United States. Nowhere.

Senator Roland Chilton: First of all, I want to thank you for a very informative presentation. I know nothing about the cultures of the medical school. But I did look at the document that the administration at Worcester sent over, and I was wondering if you would comment on the last item. There's a part that talks about how salary reductions may be recommended. And there are phrases like 'substantial contributions to the institution.' So I had two questions. One was, in the early plans you've seen, is there any indication of what they mean by 'substantial contributions to the institution?' Do they spell it out at all?

Dr. Walsh: No.

Senator Chilton: So, in other words, it could be teaching, it could be research, and it could be research which was not funded--just research you're doing?

Dr. Walsh answered, "That's right, but we have no doubts what this means." He then read from section 1C: "To succeed as a research institution, we need to increase the number of tenured/tenure-track research faculty. We recognize that this expansion would not be funded by new state dollars."

Dr. Walsh continued, "Well, why examine tenure now? Why change the tenure commitment? It's to make this expansion possible. Well, if you're going to be teaching more, or if you're going to be doing un-funded research, that's not going to help this expansion. So, right in their own document, they're kind of 'fessing up. And the Vice Chancellor for Academic Research, although very careful about how she says this in public, said to me privately, 'We need this money. If we can have a hundred new scientists, we cannot continue to make the same commitment.' So, is it possible in some cases that people who didn't have grant funding would be allowed to do something other than that? Yes. But that would be entirely at the discretion of the department Chairs and the administration. You've earned tenure and, with it, the right to do the kind of research you want to do. It's the kind of research that either pleases the administration or makes money for the university. Those are the only two."

Senator Chilton: But that is what really makes an attack on tenure!

Dr. Walsh: That's right.

Senator Chilton: Because they're saying to you, you're not doing the kind of research we want you to do if you don't bring in money. We convert to a soft-money operation.

Dr. Walsh: I wouldn't say that would be entirely it, but I don't think that an outspoken critic of the HMOs, on whom they depend, like myself, or an outspoken critic of the administration, like myself, would be provided with one of these sinecures. I think it's fairly easy to imagine who would get them.

Senator Chilton: Let me just ask for one other comment on another part of this. Then I'll quit. But, I wouldn't be true to the memory of Claude Pepper, if I didn't comment on the last paragraph of this, which says, "current faculty would also be allowed to select an option that ensures full salary without productivity review (productivity undefined, I suppose) for a term of 25 years. After that period, the salary can be renegotiated, and so on. It seems to me that if you agree to this, you are accepting their assumption that you become unproductive after 25 years, and it's obvious age discrimination.

Dr. Walsh: Yes, that's not for new faculty. That's only for existing faculty. But, if you look at how this works out, for example, if I were to accept such a thing, I would be forced into early retirement. I would be forced to admitting that tenure ends before you even reach 65. The other thing is that we tried to write into the document a clause saying that if you chose this option, it would not affect your raises, cost of living, and merit. They took that out. They did not want that in there. The AAUP felt that was very dangerous because it went to the heart of the meaning of tenure and even one of the lawyers the administration brought in--formerly an AAUP lawyer, now for the Pew trust--when he saw this option, he was appalled. He said, this *really* undermines tenure. He said, when the time came, when the term was up, I wouldn't want to be a lawyer around trying to represent the University because it will be an unholy mess. But, in some sense, I think they're trying to grandfather in some of the senior faculty to get them to vote for this. I think it's a terrible option, and I think and it's a betrayal of the younger faculty. By the way, I should say, you have to read the proposal very carefully, because we originally thought the nonproductive years would be three consecutive years. They said, "three years" and we just assumed three consecutive years. So, at the Faculty Council, we said, "Let's put in the word consecutive." They said, "No, we can't have consecutive." Well, this means if there was an unproductive year anywhere along the line, you could go back and put them together. Eventually we came to a compromise that I think you can read in the document. We don't even know whether this is the way it's going to come out--that four out of six years unproductive would qualify you for the salary reductions. So, if you've had a bad year, you've got to get six years away from it before it stops. It can still count against you. So it's a strange proposal. People routinely have bad years, and if you decide to change your research field, you could go un-funded for a year. I changed my field about three years ago, and I did not go un-funded. Currently, I bring in, in direct cost to the University, about \$330,000 a year, and I've done that through my whole career. But, in this proposal, it's only 'what have you done for me lately?' that counts.

Dean Lee Edwards: Does the introduction of the new research building represent a change in the mission or function of the Medical School?

Dr. Walsh: Yes it does. And a junior faculty member who was hired recently, and was very upset by what he heard from the AAUP, was told 'Why are you complaining?' He's very well connected to certain people high in the hierarchy. Obviously the administration has changed the mission of the school and has given us this new research building. That's, in fact, true, because if you look at the monies that are going into the clinical system, the new heads of clinical departments that have been hired are interested only in research. So they're not hiring clinicians. For example, the new Chair of medicine hired a head of infectious disease, and he's just interested in his molecular biology laboratory, which is fine; but my understanding is his clinical duty is a half day a week, to run the travel clinic. I could run the travel clinic. You could run the travel clinic. That's not high academic medical functioning. (Nurses run the travel clinic.) So there is a change in mission, and I'm not sure that's understood clearly by the Trustees or by the Legislature.

D. ANNOUNCEMENTS

1. Principal Administrative Officers

Interim Chancellor Marcellette Williams thanked the faculty, and particularly Deans Edwards and Gordon for their ongoing participation and support of the seminars and forums now in motion. She then mentioned that Parents' Weekend was November 2nd-4th, and she feels that parent participation in this event has risen since last year due to the attention that the parents feel the faculty have been giving to their sons and daughters.

Interim Provost Charlena Seymour mentioned that, as a result of an initiative by professor Craig Moore, Dr. Selma Botman would be on campus November 8th to moderate a forum. She then thanked the faculty for their attendance at and support of the forums.

2. The Secretary of the Faculty Senate

Secretary May read excerpts from an SGA student resolution endorsing Faculty Senate motion 01-02 having to do with re-balancing the expenditure patterns on the campus, adopted at the October 4th meeting of the Faculty Senate:

Be it resolved that the Undergraduate Student Senate support the spirit of faculty motion 01-02; Be it further resolved that the undergraduate student senate urges the university and campus administration to protect funding for student affairs when seeking funding for academic affairs.

Secretary May then commented on the search for the new chancellor, urging everyone to read the New Chancellor Profile and to suggest names to associate with the qualities being sought. Because obviously the qualities don't mean anything unless we have real names to put with them!

Secretary May then presented several slides from the last meeting of the Trustee Committee on Administration and Finance, reporting on the financial condition of the University, the relative stability of the Boston, Lowell, and Amherst campuses, and the rapidly accelerating revenues and expenditures at the Medical School.

3. The President of the Student Government Association

Dan Saunders, SGA representative stated that the SGA is trying to bring more student voices to the table to renegotiate the types of student activities available on campus, because they feel that currently there aren't enough choices for students outside of the "drinking culture."

4. The Representative of the Massachusetts Society of Professors

Senator Jane Giacobbe-Miller explained that MSP president, Ron Story, isn't able to give the announcements at Faculty Senate meetings due to a time conflict with a class he teaches. In his place, Senator Giacobbe-Miller noted that the MSP remains cautiously optimistic that there will be funding for the new contract. She then mentioned that the MTA has mailed small postcards to members that should, in turn, be sent to the Governor's Office to keep some pressure on in the atmosphere of budget cuts.

The 597th meeting of the Faculty Senate stood adjourned at 5:15 p.m. November 1, 2001.

**Respectfully submitted by Ernest May, Secretary of the Faculty Senate
The proceedings of this meeting are available on audiotape at the Faculty Senate Office
dated November 1, 2001.**