

Indiana University
BLOOMINGTON FACULTY COUNCIL
December 7, 2010
IMU Georgian Room
3:30 P.M. - 5:30 P.M.

Attendance

MEMBERS: Randy Arnold, Robert Arrove, Jack Bielasiak, Elizabeth Boling, Maria Bucur-Deckard, Carolyn Calloway-Thomas, Angela Courtney, Nick D'Amico, Gregory Demas, Erika Dowell, Tony Fargo, Thomas Gieryn, Laura Ginger, Donald Gjerdingen, Mary Gray, Matthew Guterl, Karen Hanson, Diane Henshel, Brian Horne, Neil Kelty, Susan Kovacich, Patrice Madura, Rebecca Manring, Jane McLeod, Sherri Michaels, Robert Noel, Michael Ogden, Mary Popp, John Raglin, Diane Reilly, Eric Sandweiss, Debora Shaw, Richard Shockley, Geoff Sprinkle, Joey Tartell, Herb Terry, Maxine Watson, Sue Whiston, Tony White

MEMBERS ABSENT WITH ALTERNATES PRESENT: Jennifer Chaffin (Grant Simpson), Patricia Riesenman (Samuel Guskin), Sarita Soni (Geoff Conrad)

MEMBERS ABSENT: Arthur Bradley, Geoffrey Brown, Joyce Byrer, Andrea Ciccarelli, Michael Coleman, Mark Deuze, Frank Di Silvestro, Janice Duchene, David Estell, Lucas Fields, Lessie Jo Frazier, Edwin Jimenez, Pdraic Kenney, Eugene McGregor, Elizabeth Raff, Ranu Samantrai, Sima Setayeshgar, Sonya Stephens, H. Wayne Storey, Adam Szczepaniak, Neil Theobald, James Wimbush

GUESTS: Amanda Ciccarelli, Craig Dethloff (Faculty Council Office), Bruce Jacobs, Jocelyn Karlan (Faculty Council Office), Alice Robbin, Jim Sherman, Kosali Simon

Agenda

1. Approval of Minutes

November 16, 2010: <http://www.indiana.edu/~bfc/docs/minutes/10-11/11.16.10.pdf>

2. Memorial Resolutions for Bernard S. Morris and Charles Bixler Heiser Jr.

Bernard S. Morris: <http://www.indiana.edu/~bfc/docs/circulars/10-11/B22-2011.pdf>

Charles Bixler Heiser Jr.: <http://www.indiana.edu/~bfc/docs/circulars/10-11/B23-2011.pdf>

3. Agenda Committee Business (10 minutes)

(President pro Tempore Erika Dowell)

4. Presiding Officer's Report (10 minutes)

(Provost Karen Hanson)

5. Question / Comment Period* (10 minutes)

6. Constitution and Rules Committee Recommendations on Proposed Bloomington Faculty Council Reform (30 minutes)

(Professor Mary Gray, Chair of the Constitution and Rules Committee) [ACTION ITEM]

<http://www.indiana.edu/~bfc/docs/circulars/10-11/auxiliary/CRCproposals3.pdf>

<http://www.indiana.edu/~bfc/docs/circulars/10-11/auxiliary/ConstitutionMarkup3.pdf>

<http://www.indiana.edu/~bfc/docs/circulars/10-11/auxiliary/BylawRevisionCopy2.pdf>

7. Report of the Ad Hoc BFC Committee on the Health Engagement Program (30 minutes)

(Professor Jim Sherman) [FIRST READING]

<http://www.indiana.edu/~bfc/docs/circulars/10-11/B24-2011.pdf>

8. Creation of the Rank of Professor of practice (30 minutes)

(Professor Tom Gieryn, Vice Provost for Faculty and Academic Affairs) [FIRST READING]

Minutes

AGENDA ITEM 1: APPROVAL OF MINUTES

HANSON: Motion for the approval of the minutes of the November 16th meeting? You're burned by your approving the blank minutes, is that the problem? Do you want to postpone that until next time?

WHISTON: So moved.

HANSON: It's okay, so moved. That's a motion, is there a second?

KELTY: Second.

HANSON: Second. All in favor? [Aye]

HANSON: Thank you, minutes are approved. We do have two memorial resolutions today and so I will turn to Vice Provost Tom Gieryn.

AGENDA ITEM 2: MEMORIAL RESOLUTIONS FOR BERNARD S. MORRIS AND CHARLES BIXLER HEISER

GIERYN: Bernard S. Morris was born in New Haven Connecticut. He graduated from Clark University in 1939 with a B.A. in History and International Relations. He then went to Yale for graduate study in International Relations. After receiving his M.A. in 1944, Bernie was forced for financial reasons to leave Yale for employment in Washington

DC—we are speaking of a time prior to the munificent funding of graduate education. He joined the Bureau of Intelligence and Research, Department of State, in 1948, where he worked until coming to Indiana University as Associate Professor of Political Science in 1963. He was appointed to Full Professor in 1966, a position he held until his retirement in 1988.

Bernie's years at State warrant brief mention because they highlight two major aspects of his professional career: Intellectual rigor and accomplishment, and public commitment. On the former, Bernie, for example, was not only among the first to anticipate the Sino-Soviet split, he was the first to explain the reasons analytically. On the second, he never felt his professional position mandated prudential quiescence; on the contrary, for him it demanded taking strong, articulate public positions. Bernie suffered through the McCarthy era; our incipient military involvement in Vietnam finally convinced him that State was not a congenial professional home.

At Indiana Bernie's academic work continued his State Department interests. The first was what now seems quaintly called "International Communism." Bernie's argument in *International Communism and American Foreign Policy* (1966) and elsewhere was that the major issue involving "international communism" was not that it existed—it did not—, but that American foreign policy decision makers too often proceeded as if it did. As Bernie concluded, "American policy and attitudes have been molded by ideological anti-communism rather than by the pragmatism on which Americans pride themselves." The consequences were tragically apparent in the Vietnam war and in the strange idea of "counter insurgency," which Bernie trenchantly critiqued, but which continues under new names to frame policy in places like Afghanistan. Bernie's arguments remain important.

Second, Bernie explored the potentialities for radical change in the United States, with an emphasis on international relations. This effort to articulate a non communist, non social democratic position on the left was shared by Bernie's colleagues and friends at State, Otto Kirchheimer and Herbert Marcuse. (There is a good book to be written about this group.) Needless to say, the results were frustrating. What Bernie said about Marcuse in his book *Imperialism and Revolutikon: An Essay for Radicals*, could equally, or better, be applied to himself: "He is a philosopher of hope tinged with deep pessimism and at times despair."

Bernie also continued his role as a public intellectual, which for him meant taking action as well as giving talks and writing things he hoped some nonacademic people would read. Bernie's long time friend and colleague Leroy Rieselbach gives as example of his style: In the midst of the Vietnam war Hubert Humphrey was dispatched to the Annual Meeting of the American Political Science Association to use his membership, in Leroy's words, "as bona fides to justify support for the war. Bernie, a member of an on-stage panel, forcefully denied the relevance of such a credential to justify a war that Bernie passionately believed indefensible." It would have been easier and "nicer" to remain

silent and express dismay, for example, by rolling one's eyes. But Bernie was not a quiet, eye rolling type of guy.

The new, and for Bernie the most surprising and satisfying aspect of his I.U. career, was teaching. Bernie had been an adjunct professor at American University and had given occasional lectures at Princeton and elsewhere, but before joining our department he had not had the opportunity to be systematically involved in undergraduate instruction, nor had he worked regularly with graduate students. He found both activities challenging and immensely rewarding. And his impact on students was profound. I give only a few testimonials that highlight the nature of his influence: Richard Boris—"He was without peer as a guide, as a wordsmith who insisted on excellent writing and analysis. He believed in the commitment of the intellectual, and for his students there was no better model. His intellectual and political commitments culminated in his public opposition to the Vietnam war. For that he earned, in equal doses, the admiration of his students and the silence of his colleagues." Angela Heimbürger--"During my undergraduate years at IU, he was one of the best professors I had, and the only one I would call a true friend." Linda Lucia—"Among the many things Bernie taught me was the importance of being a good teacher and listening to students, making that connection, affecting their lives. He left us space to find our own way, with strong ethical guidelines and the courage to challenge conventional thinking. Even now, after 42 years of my own teaching, I still tell students about him and what I learned from his classes and from those long conversations at his home." As these comments suggest, the impact of his teaching was also seen in the large number of students with whom Bernie kept in touch long after they left I.U. These connections were especially valued after he retired.

Although this is an academic review, an understanding of Bernie's life would be fundamentally incomplete without noting the deep love and respect Bernie had for his wife Betty (who died in 2008), his children Sam and Tony, and his grandchildren.

Compassionate, irascible, courageous, opinionated, profoundly loyal, unable to suffer fools at all, with Bernie's death we have lost a brave hearted man.

Distinguished Professor Emeritus Charles B. Heiser Jr. died on June 11, 2010. Professor Heiser is survived by his wife, Dorothy Gaebler Heiser, their three children: Lynn Marie Monzo, Cynthia Ann Roberts-Hall, and Charles B. Heiser III; and their seven grandchildren. The Heisers were married for almost sixty-six years.

Charles Heiser was born in Cynthiana, Ind., in 1920. He earned his AB (1942) and MA (1943) from Washington University in St. Louis, and his PhD from the University of California, Berkeley, in 1947.

Professor Heiser joined the Indiana University faculty as an assistant professor of botany in the same year that he earned his doctorate, working his way up to Distinguished Professor in 1979, and retiring in 1986. A renowned ethnobotanist, Heiser was a leading authority on *Helianthus* (sunflowers). His early studies with sunflowers led to his interest in natural hybridization and its evolutionary significance, as well as an interest in the origin of domesticated plants and agriculture. Heiser went on to become an authority on several other plants of economic importance, including naranjillas, chili peppers, gourds, and totora.

Charles Heiser was very active after retirement, continuing to write and further his research. "Most days he could be found in the greenhouse attending to various bizarre looking plants. His work on hybridization in the sunflower genus inspired and informed subsequent work by Loren Rieseberg, who was recently honored for his work on sunflowers," said Roger Innes, chair. "Charley was also known for his disarming sense of humor and quick smile, and was much loved by his students, including twenty-nine doctoral students, many of whom went on to stellar careers. We will miss him very much."

One of Professor Heiser's doctoral students, Jeffrey Doyle, MA'77, PhD'81, now a professor of plant biology at Cornell University, remembers his mentor's passion. "It was never work for him — it was more like a full-time hobby," noted Doyle, who visited campus in October 2007, to give a seminar in honor of Heiser's sixty years of service to Indiana University. During the visit, Doyle recalls: "He took me out to the experimental field and showed me all the plants he was still working with; it reminded me of my first trip out there over thirty years earlier, when he showed his new students his rows of peppers, the hybrid honey locust trees, and his sunflowers. Same Charley! That's how I'll remember him, and I hope I convey to my own students even a fraction of his passion and joy. It is hard to imagine the world without him. But then, I think, whenever I see a sunflower or a honey locust, or eat a hot pepper, or recall any of the many cultivated plants of Andean origin . . . well, a part of Charley is there!"

Gregory Anderson, PhD'71, retired Vice-Provost of Research from the University of Connecticut, remembers Heiser's high scientific standards, his love of writing, and his pervasive dry sense of humor, which he often turned upon himself. "He did not mince words when talking about your, his, or anyone's quality of science, their logic or their work. This was sometimes hard to take, but always valuable, and eventually . . . valued," Anderson said. Most of all, Anderson appreciated Heiser's strong commitment and loyalty to "botany, to science, to his family, to his students, and to Indiana and especially to IU."

Another of Heiser's former students, W. Hardy Eshbaugh, MA'61, PhD'64, says that his mentor's influence on his professional career cannot be overstated. Eshbaugh came to IU planning to earn an MAT to become a high school teacher. Heiser convinced him instead to consider a career as a college professor and to continue his research on peppers. "This was very far beyond my horizon!" Eshbaugh recalled in a note to Heiser's

children. “Now these many years later I have spent the vast majority of my career as a professor at Miami University. Your father started me on one incredible journey, and I will be forever grateful for that. I was the first in my family to get a college degree and I really had no idea what a PhD entailed or what it would mean. I had struggled as an undergraduate at Cornell. However, graduate school was a different matter, and your father started me on a long love affair with learning that continues to this day.” Professor Heiser was president of several key organizations, including the American Society of Plant Taxonomists; the Society for the Study of Evolution; the Society for Economic Botany; and the Botanical Society of America. His honors include the Guggenheim Fellowship; the Gleason Award of the New York Botanical Garden; the Merit Award and Centennial Award of the Botanical Society of America; a recognition as Distinguished Economic Botanist from the Society of Economic Botany; the Pustovoit Award from the International Sunflower Association; the Asa Gray Award from the American Society of Plant Taxonomists; the Distinguished Scholar Award from the Indiana Academy of Science; and the Raven Award presented by the American Society of Plant Taxonomists. Professor Heiser was elected to the National Academy of Sciences in 1987.

Loren Rieseberg said of his colleague, “One of the most rewarding aspects of science is that often your heroes are also your friends. Charley Heiser was my first and foremost scientific hero and later became a friend and colleague. Indeed, his presence and collections were key to my decision to come to IU,” adding, “Isaac Newton famously wrote ‘If I have seen further it is only by standing on the shoulders of giants.’ Charley is one of the scientific giants on whose shoulders we stand today, although it is doubtful we see any further than he did.”

In recognition of Distinguished Professor Charles Heiser’s many contributions to the scientific and scholarly life of the Department of Biology and to the university at large, be it resolved that this memorial resolution become part of the permanent records of the proceedings of the Bloomington Faculty Council and that copies be sent to the following people: David Zaret, Interim Dean of the College of Arts and Sciences; Roger Innes, Chair of the Department of Biology; Dorothy G. Heiser; Lynn M. Monzo; and Cynthia A. Roberts-Hall.

HANSON: Please stand for a moment of silence for our colleagues.
Thank you. Thank you, Tom. The next order of business is Agenda Committee.

AGENDA ITEM 3: AGENDA COMMITTEE BUSINESS

DOWELL: Right. Not too much to report for Agenda Committee business, not that things aren’t happening, but the main thing to report back on is our consideration of the memo that Herb passed out at our last meeting, subject line: Verbal Commitments to Young Athletics Recruits. I consulted with both Bruce Jaffee, who’s our NCAA faculty athletics representative and Julia Lamber of the Athletics Committee and, based on their

recommendation, the Agenda Committee has decided not to take up any immediate action as recommended in Herb's memo regarding—and that immediate action would have meant a resolution endorsing NCAA legislation on oral agreements in athletics recruiting. From Bruce's consideration, it's probably dead on arrival, as far as legislation goes, and even people who are very seriously concerned about compliance issues and about this issue of making commitments to very young students believe that it's unenforceable and maybe not even a very good piece of legislation at this point. However, our decision not to pursue the action at this time doesn't mean that we're not unconcerned about the issue; we plan to bring Bruce and Julia here next semester to educate ourselves further on this issue and perhaps at that point in time there might be some kind of faculty action that we would want to take but for right now, we are not following up and I informed Herb of this a couple of days ago, and if anybody has questions about that I can explicate further, but I don't think I'll take the time right now because we have plenty to talk about on our agenda.

AGENDA ITEM 4: PRESIDING OFFICER'S REPORT

HANSON: Thank you, that sounds like a hint. And indeed, I don't have a long report either. I just want to note to the campus that we have one school search ongoing right now. We are in the midst of bringing the finalists in for the position of the Dean of the College of Arts and Sciences and the search for the Vice Provost for Enrollment Management is also nearing a conclusion, but if faculty have comments on any of the candidates who've been here so far, they should certainly send them to the email address that we've given in connection with each of these searches, and I encourage those of you who are particularly interested in this and that certainly includes all of the faculty in the College. but it may include other faculty as well, to continue to follow the search for the College Dean and attend the open forums if you have the time to do that. So, no questions came to us ahead of time. Are there any questions or comments now? Okay, well then we will turn to this very heavy agenda. The first is the Constitution and Rules Committee recommendations on proposed Faculty Council reform and Mary is moving to present it, thank you.

AGENDA ITEM 6: CONSTITUTION AND RULES COMMITTEE RECOMMENDATIONS ON PROPOSED BLOOMINGTON FACULTY COUNCIL REFORM

GRAY: Hello everybody, I'm sorry I missed the last meeting. My name is Mary Gray and I chair the Constitution and Rules Committee and Jane McLeod, my esteemed colleague, is going to really handle most of the talking because she has been involved in this conversation since the summer, but we and the rest of the committee members who are here are certainly available to continue fleshing out any of the details but our hope is to be able to pass this today and it would move to the faculty at large for a vote for changing the bylaws.

MCLEOD: Thank you. So we are here today to introduce the second reading of these recommendations. At the first reading, this group introduced both major and minor concerns about the recommendations. I would like to review the changes that we made in response to those concerns as well as comments that were made that did not result in any changes. And I do want to, at the outset, thank Craig once again for his help since without Craig nothing is possible.

GRAY: It would definitely not be documented.

MCLEOD: That's right. And so we can just work our way through the bylaws if you'd like to begin on page 10. One question was raised about what we would do in the event that there are co-chairs of one of the four committees that sends a representative to the Executive Committee and the question then that was raised was whether or not one of those co-chairs should be designated as the representative to the Executive Committee, and we propose that the Nominations Committee would do exactly that. A second comment that was raised was about the proposed term limits for members of the Executive Committee. We had proposed a term limit of three years which, as some of you pointed out, would prevent any chair who was on the Executive Committee from running for President, so we've extended that term limit to seven years, which would allow someone then to be a committee chair two two-year terms and still be elected as President, which should mean that we can draw on the expertise of some of those most committed members of the BFC for that position. There was a question raised about whether and why the President and President-elect should be part of a simple majority that approves decisions that are made by the Executive Committee on behalf of the BFC as a whole, and we did not propose any changes in that requirement. It seemed to us that based on the conversation that we had at this last meeting we were moving toward some consensus that that was a reasonable expectation. There are two other changes that we made that we didn't have extensive discussion of last time but that I wanted to point out to you here. One is the requirement that the minutes from the meetings of the major committees: Educational Policies Committee, Long-Range Planning, Budgetary Affairs, Faculty Affairs, would be made public within one week of their meetings, the goal being to make the work of those committees more open and transparent to the faculty. What is not currently reflected in the constitution is our thought that perhaps we should exempt the Budgetary Affairs Committee from that requirement in the event that their conversations involve confidential information. Another change that we introduced into the bylaws that we did not discuss was just spelling out the timeline for the election of the President-Elect, which would happen concurrent with the BFC elections and I think our ability to enact that timeline depends on a shift towards electronically voting which I think is something that we are hoping to do.

GRAY: And on that note I wanted to publically maybe put to the floor and perhaps to Provost Hanson some clarification on how we would make sure that we are funding the electronic voting, because to my knowledge when we were having this discussion we weren't exactly sure how that was going to be executed, but most of the changes that

we are recommending really hinge on being able to use an electronic voting system, so I don't know if you have some thoughts on that.

HANSON: Is there a detailed budget proposal on it?

GRAY: No.

DOWELL: We have a budget proposal from approximately two years ago that – my plan would be in January to have it be renewed – talk with the appropriate people who develop that in the first place from the UITS side and then we would have some real numbers that we could talk about.

GRAY: Something that wasn't – that I don't believe would have been a part of that plan but is online now – is the Faculty Annual Report and the structure of that in the Vice Provost's Office for Faculty and Academic Affairs might be another place to consider is that a cost-effective way to populate a database for electronic voting for the BFC, so I just wanted to put that out there that maybe there are some cost-effective ways to do this that wouldn't reproduce the numbers.

HANSON: Okay. Are we coming to need technological assistance? [laughter]

GIERYN: Our office certainly can provide the lists and keep them updated if that's the issue.

HANSON: Okay.

GIERYN: Free!

MCLEOD: Hey! Alright. And then there were a few additional comments from last time that did not result in any changes to the document. I think the question was raised about how we would handle the situation if one of the officers was not able to complete her or his term and that – my recollection is – the conversation converged on the notion that we could improvise in that unlikely event as we do in other similar situations. There were some errors in the list of administrators who are voting members of the BFC that were corrected. There was some discussion of whether there should be a formal statement about compensation for the President and/or President Elect and I think some consensus that that's something that would be handled on an individual basis. And some discussion of the desirability of electing the President Elect from among the currently elected members of the BFC, but I think also consensus at the end of that discussion that was a reasonable expectation. So I think we're ready to open the floor for additional comments or questions.

TERRY: I have a question about what exactly you did do with the minutes requirements on Budgetary Affairs. I look at page 10 of the bylaws that we've been distributed it does

not say that the Budgetary Affairs Committee is exempt or anything to a requirement in here that “minutes shall be prepared within one week of each meeting and posted.”

GRAY: We will clean that up, but our intent is to exempt the BAC from providing minutes. But we didn’t have a chance to put it in that document, but it will be written in, so...

TERRY: Is that the only thing you just discussed that is not in this document?

GRAY: Correct. Yeah.

SHAW: As one of the people who took part in the discussions over the summer, I’m very impressed with how well you managed to take some rather nebulous ideas and put them into the constitution and bylaws. Thank you very much for making use of more words that are more focused. [laughter]

MCLEOD: Thank you.

GRAY: Thank you, and I would say we had a very clear path to follow so the work of the summer committee, Jane’s work particularly, is a bridge between that committee and CRC, made this affair really painless and at times a pretty fun committee to be on. So, thank you.

HANSON: You both have nods of appreciation behind you too.

TERRY: I would like to see us adopt this. Do we still not have the report of the special group to study Budgetary Affairs?

DOWELL: We still do not have that.

TERRY: So. Okay.

GRAY: Can we call it? [laughter]

HANSON: Any additional comments? Or questions? Are you ready for a vote?

MCLEOD: It’s perfect.

HANSON: Comments? Yeah? Someone want to make a motion?

FARGO: So moved.

HANSON: Second? Many seconds. [laughter]

DOWELL: Thirds? [laughter]

HANSON: All in favor? [37 Aye] Opposed? [None] Abstentions? [2] It passes. Thank you very much.

DOWELL: All right! [clapping] Thank you.

HANSON: Congratulations. Next on the agenda is the report of the Ad Hoc BFC Committee on the Health Engagement Program. So is Jim Sherman in here? Yes, he is! There he is.

AGENDA ITEM 7: REPORT OF THE AD HOC BFC COMMITTEE ON THE HEALTH ENGAGEMENT PROGRAM

GIERYN: Here's the mic.

DOWELL: That microphone is for you.

SHERMAN: Okay, howdy y'all. It's been a while since I've been among this group. So as you know, when the health engagement program was put forth late summer/early fall there were reactions to it, questions about it, concerns that were raised and the BFC appointed a, I guess it was called a subcommittee, to look at the Health Engagement Program and come back to BFC with some recommendations and proposals by the end of the semester. And this is what we have done. So let me first say a big thank you to the committee. It's been really been one of the most efficient and effective and well-coordinated committees on which I have ever served and it isn't due to my chairing the committee, it was the people on the committee who did a lot of work in a short amount of time. I also want to thank Neil Theobald and Dan Rives they met with me at the very beginning when I was asked to be chair and we shared some of our thoughts about the program, the Engagement Program. And we talked about what our goals were and about what some our shared concerns were, and they've been very, very good throughout the process. For example, when people pointed out that the tobacco affidavit had language in it that was really not desirable or appropriate, they immediately changed the language. When it became clear that the survey was problematic in a lot of ways they removed the survey from consideration and they are also well-aware of some of the problems involving both reliability and validity as well as the usefulness of the biometric measures so it's not as though the folks who proposed the Engagement Program are oppositional or in conflict with anything that our subcommittee did or perhaps anything that you will do. Let me also say that what we sent to you, that's kind of labeled Executive Summary, whatever that means [laughter and some indistinct general comments] it's really a summary of the four recommendations that we are making. Next week sometime we should have a much bigger document, an addendum to this, that gives more rationale for what we were thinking, although the summary rationale is here, that evaluates carefully some of the

assumptions that the Engagement Program made with some data. People worked very hard at looking at whether programs are effective, what makes them effective, what kinds of things could be effective, and looked into a lot of reasons why the costs of healthcare at IU is going like this. I think that the assumption that you get, that's used from looking at the Engagement Program, is you know, 'hey we're paying more and more and it's all because you folks ain't as healthy as you ought to be,' and we all know that that's not the major or perhaps even one of the important reasons why we're getting this spike. So, you know, we agree that increased health and decreased cost are good things but what are the best ways to do it. So you should be able to get that next week I'm waiting for a couple of additions.

So to briefly summarize the recommendations and then be glad to answer any questions and there are several people who were on the subcommittee who are members of the Faculty Council and they're at least as able as I am to deal with your questions. Clearly we're all aware of the many issues that got raised and I don't think there is any sense in beating them into the ground. We are where we are and we want to move forward from here so to give a whole litany of the concerns and the adjectives and the finger pointing that was done, it ain't gonna do anyone any good. It's better to focus on what our recommendations are. And there are basically – even though there are four – I can divide them into five kinds of recommendations. Number one, the committee felt that if the costs are going like this and the current fees that we pay, staff and faculty, for healthcare aren't covering IU enough so that they would be unable to do other things like hire new faculty, to offer salary increases, then fine. If that's the reality then faculty and staff will pay more and we felt that to try to select people on the basis of bad numbers, whatever those may be, by picking out certain kinds of bad numbers, BMI, LDL, cholesterol, I mean you could go on and on, how about people who use tanning booths, who ride motorcycles, or who are, you know, kind of chronic runners as I was, we open ourselves to injury. I had back surgery last year. It's probably because I ran all those years. So maybe I should pay more because I'm doing things that are supposed to be good for my health, but [laughter] but they also have some risk with them. So we kinda felt that to pick out things that kinda penalize people was not good. We're a community, it's one of the great things about IU, we feel like a community and we felt that if that's what it takes, you know, we'll share it. But we also wanted it to be progressive in a real way. The numbers that the current proposal had were called 'progressive,' but if you look at it the highest paid among administration and faculty were actually paying a much smaller percentage than people who earned, you know, \$30,000 a year or in that kind of category. So we wanted it to be progressive. The second thing that we wanted to see done is we agreed that for people to know their health numbers, to know, you know, their levels of cholesterol, their blood pressure is generally a very good thing, but we felt that this should be done within the physician-patient relationship and anything that we could do to encourage people to have a stable relationship with a physician or with a healthcare provider was a good thing. And that any decisions about changing your numbers should not be made by some outside third source where they don't know you or have a relationship with you was not a sensible

thing to do. That if they want some verification that people have had their numbers measured by a healthcare provider and that they've been discussed, fine, we can all perhaps give some affidavit without giving anyone those numbers. That's the intent of a second proposal. Third, whatever is adopted in the way of trying to increase health and reduce costs, there should be in place before it's done some method of evaluation. You know, it's fine to say we're going to do this, this, and this, but is there some way to evaluate what you are doing in terms of either the health or the cost. And we would like that to be in place and I would add that, you know, it always surprises me with all the expertise that we have at IU, we tend to have this tendency to hire outside consultants. I mean, frankly, as someone who's done surveys, the survey that was used was not good. That's all I will say about it. [laughter] There are people here on campus who could have helped develop a much better and more useful survey that connects more to health outcomes and I would hope that whatever evaluation is done, we could do it within house with the expertise we have at IU. This weekend I was at a celebration of juniors in Hutton Honors who won, I don't remember the name of the award. Karen probably does...

HANSON: I wasn't there.

SHERMAN: No, but this has been an award in place every year juniors.

HANSON: Oh, yeah, the....

SHERMAN: Whatever. [laughter] Very sorry to put you on the spot. [laughter] It's very prestigious and one of the undergraduate women who won this scholarship award was working in the area of nutrition and dietetics. And I talked to her afterwards and said "Gee, do you think it would be possible or nice if you folks with some expertise in nutrition would make yourselves available for staff and faculty on a regular basis, you know, to talk about nutrition and what people did." And she said, "Sure." And, you know, I perceive something like that as being reasonably free with the expertise that we have, so I hope we can do it. Number four, I think a key aspect of the Health Engagement Program that created the most negative reaction was the fact that people perceived it as punishment, as using a stick rather than a carrot. It was framed as, 'Oh, we're rewarding people who have good numbers,' but the fact is that you were punishing everyone and then reducing the punishment if you could put things in. Well we are smart enough to know that this ain't reward or opportunity. One of the other recommendations is that we truly make more rewards and opportunities available and we made a list of suggestions, everything from better and cheaper uses of facilities like SRSC or HPER, perhaps making nutritionists available, perhaps including skin scans in things that would come as preventative. I don't think it is now. But there are lots of opportunities, reducing stress on campus, that seems to be an area of great concern to people both on staff and faculty. Maybe making flex time available for staff people, so that, you know, they could have more opportunity to use the facilities. You know it's easy for us faculty, you know, if I want to take an hour off at 11:30-12:30 I can do it.

Nobody's looking at my office. If you're staff that is much more difficult to find time to do it. And so we suggested a number of things that could be done in a positive way that could have a good impact on health. Finally, one of the recommendations is to have a joint committee that includes administration, faculty, staff, all campuses at IU and I believe that that's already being done and Bruce Jacobs is here. Bruce, do you want to say a couple of things about what your charge is or what's going to be going on? Because you know my view is that everyone is taking a step back and said 'let's start at square one,' but it's not really square one because I know our committee and others now have much more information than we did in August. And so I think this committee can get a running start. If you want to talk about what...

JACOBS: Good afternoon. My charge from Neil is to head up the Health Engagement Program across the university, all eight campuses. And then within that to then develop a system, and these are my words more than his, that will literally be built by the faculty and staff of Indiana University so that we have a program that I think has value for everyone. For all intent and purposes, the outline of the document that Jim's been talking about will serve as an outline for how we'll proceed. I'm very much in favor of a committee process. I believe that the more minds you get involved the better that process is going to be. I believe that it has to be induced behavior. People have to come into this and believe and actually know that this is in their best interest. It's not something that's being compelled upon them. There's lots of advantages, I think we all agree, to a healthy lifestyle but how do you get folks to buy into that, how do you get folks to live that, how do you get folks to internalize that. I think that becomes our charge. I very much believe in the idea that this is a triangle that there's the angles of the triangle are composed of faculty or staff member on one part, the university on another part in terms of there's a lot of fiduciary responsibility the university has, and the individuals private medical practitioner. And the decision making in this, within all of that, has got to rest with the individual. So how we put all that together obviously as was said to me many times by my dissertation advisor, "the devil's in the details." But we'll begin working on this first of the year and my intent is to put a committee together across all the campuses and to travel around as much as necessary to meet with people and talk to people and pull all of this together.

SHERMAN: Okay, so. You know I think that gives you the outline of where we've been and where we are and I'd be happy to, you know, take any questions, but I guess I would ask that, you know, kind of raising those same concerns about what the problems were with the HEPI when it was rolled out I think at this point in time just don't serve any positive function. I think we want to focus on the recommendations, what Bruce's committee might do in the future and how we can go on from here. I don't think that there's anyone among faculty, staff, administration who doesn't believe that better health and lower costs are good. If there are we can have that debate. [laughter] So.

ARNOVE: If I compare the Health Engagement Program Initiative with your proposals, I see a clash for example between bureaucratic authority and professional expertise. So

on page one, for example, it stands out in the Initiative a waiver may be requested by the employee's physician but Clarian has the final authority to grant the waiver. Then we go to page two, we see "no Clarian employee will have the authority to override the clinical judgment of an employee's chosen physician." So here we do have this clash between bureaucratic authority and professional expertise. So if such a clash does arise then what happens? How is it resolved?

SHERMAN: I would hope that one wouldn't. I think that in an conversation that the committee had with Dan or perhaps my meeting with Neil and Dan, they were perfectly happy to have the authority rest with the person and the person's physician. So you could avoid, there were hundreds of comments about how, 'I don't fall within the numbers but I got this good reason for not falling,' like 'I take a drug that causes me to gain weight so by lowering my blood pressure or keeping something under control I'm gonna have a high BMI and then what do I have to do write for a waiver and then wait Clarian to say yes or no?' And I think everyone agreed that that wasn't a good system. So you're right there are two approaches. One is have a bureaucratic control over it and the other is to put the control with the employee and their healthcare provider. And I think Bruce very clearly said that he thinks one of his important legs of the triangle is the person and their physician and that's where the decisions ought to be made. So I think it was a mistake to put the final authority with Clarian, but I don't think it's a mistake that will be repeated.

JACOBS: Bob, I've not been given any directive that it has to be one way or the other. It just that we, the basic directive is to come up with a Health Engagement Program that people will value and use and so that's my charge. And I very much believe in the committee process and, you know, the sort of collective wisdom of the faculty and staff of the university. I've gotten plenty of folks who are already volunteering to help and have gotten some extremely valuable documents already, in terms of research that some of our faculty have conducted. I've not even been doing this two weeks so I suspect as I start pushing around I will find more and we'll pull as much of that as possible into the final product.

ARNOVE: So if the relationship with Clarian is not satisfactory [remark indistinct] what alternatives are there to Clarian?

JACOBS: I don't know at this point but it is one we will explore. I just don't know.

HANSON: Could, just to a point of clarification, Jim. What you have on the second page of your proposal, you know it is in conflict with the first page right? It's a proposed alternative.

SHERMAN: Yes, our proposal is not Clarian-driven, it's person- and physician-driven and yes.

BUCUR-DECKARD: Implicitly, it's just changing the contract that we have right now with Clarian. There was a contract with Clarian –

HENSHEL: Yes, it would.

BUCUR-DECKARD: – to do all these things and includes what you're addressing, the waiver issue.

SHERMAN: Well, I think that the survey is no longer in play.

BUCUR-DECKARD: But the contract has other...

SHERMAN: Yeah.

BUCUR-DECKARD: ...parts.

SHERMAN: I know. I think they'll have to deal with that, because it's an existing contract and we'll see.

HANSON: Diane?

REILLY: Well, I have one statement and I have one question?

DOWELL: Diane? It's okay. [laughter] Oh, there are two Dianes. Sorry, go ahead.

REILLY: I have a statement and a question. The statement comes from the College Policy Committee of which I am a member. The College of Arts and Sciences Policy Committee reviewed the BFC report on the Ad Hoc BFC Committee on the Health Engagement Program. We are in strong support of its findings. The second is a question, at this point then I suspect your answer is going to be you don't know yet but what is going to happen to the biometric data and all the samples that were collected so far.

SHERMAN: It's a good question one of the big concerns had to do with privacy issues and we were assured all along that all really good steps for assuring anonymity and privacy had been taken although a lot of people on the committee questioned that and assuming that they don't go forward and say we're going to use the biometric data for any purposes like the amount that you pay or, you know, having to show that you are doing something, I think it won't be a problem. I mean we did have the problem – I mean, surely if you had "bad numbers" and they were using them for differential pay someone in university healthcare office would know, 'Oh, she's paying more than most people. I guess she's got a bad number.' So I don't know how you would ensure confidentiality under the system under which they were operating and I mean that will be one of the things that Bruce's committee is going to have to do because so many people were concerned about confidentiality and privacy to the extent that they

weren't even willing to do it and they said if I have to bear the cost I'll bear it. I don't want anyone to have access to my numbers other than my healthcare provider which seems like a perfectly reasonable thing to do. You can even get into the issue of 'Gee, won't your spouse know?' and you know, I think there are situations where spouses may want confidentiality from each other. I don't have a problem with that.

HENSHEL: One response to the survey we got an email that was sent from Dan, I think, Rives that the survey data was deleted. I don't know that that really happened but that was what we were told. My question or comment is for you Bruce, the health containment report or the health cost containment committee was actually explicitly told to try to weave Clarian into their result or what they recommend. My recommendation is that you take a clean slate and just discard that and try to make a decision separately from that invocation from McRobbie.

JACOBS: Right. My core message from Neil was to look at this whole thing and come up with something that people will have a buy into. That's why I agreed to take this on. I mean it's an interesting challenge, I acknowledge that, but I promise you I'll listen and I will work as hard as I can to make this work for everyone. I mean I value the whole concept of people being able to make their decisions on their health. And I think the university has a stake in that because I think a healthy workforce is to the good of all. So finding the way to blend all of that is going to be the challenge, but I'm looking forward to it and I said that to Neil the other day and he said, "Well, I hope you are still saying that in a couple of months," [laughter] but I suspect that I will.

FARGO: First, I just want to thank the committee for working so fast and to come here with such a clear proposal for a resolution. I just have one question on recommendation number three. Jim, I understand what you are saying about, you know, having people, using local expertise to do all of this work including the study that you suggest here, but the only concern I have is does that raise the possibility of a conflict of interest for people who would be covered by the health plan would essentially be studying the health plan. Is that maybe an argument for using maybe an outside consultant?

SHERMAN: Yeah, it's kind of a good question but if you know – if the value of... Well I don't know, it's a very good question... I don't know what the conflict would be, because there are no financial implications so it's not a financial conflict. Would you say their evaluation would be in conflict because they might come to conclusions that would do what? Make them seem healthier than they are or evaluate it as better? I just I understand what you are saying that usually you don't want the people, you know, you don't want me reviewing my own submissions to a journal although as an editor I've done that several times [laughter] where I've sent the paper out to one of the authors seemed like a good choice to me from their expertise. But yes, that kind of interest, so I think that's an important point and maybe it could be a mixture of people within the university and outside, but I'm just suggesting we have so much expertise at this place that sometimes I think it's a shame to let it go to waste.

HANSON: What about the privacy issues?

HENSHEL: Can I just add to what Jim's been saying on that point? Part of the issue is the efficacy of the different choices and so we're not going back, we're not talking about going back to individual data we're talking about going back to aggregated data to make better evaluations and to track the program as it goes through. So it's not like – it's looking at what's happening and what was effective, what was not effective, what was cost effective, what was not cost effective, what seems to be working in terms of health, what doesn't seem to be working in terms of health, and in terms of the possibility of biometrics that are being used to track. So I'm not quite sure that there's quite the same conflict of interest because we're not going back to change anything other than to try to help improve it moving forward. Is that clearer?

FARGO: Yeah, I guess what I was worried about is that Jim says there's no financial connection, but there actually is because I think, at least in the current system, there are premium increases so would that effect the recommendations they might make if you know that by making a certain recommendation might mean that we would go back to a system where your premium payments are attached in some ways to meeting some sort of measure.

HENSHEL: Well, let's put it this way, the way the Health Engagement Program came out?

FARGO: Yeah?

HENSHEL: There was no financial justification for it that we could see at all.

FARGO: Yeah.

HENSHEL: So we want some financial justification for anything that happens in the future, so I guess I don't fully know how to answer your question, because we're talking aggregated and not individual and there's not going to be a single person doing the analysis, it'll be a group. So I guess I don't know. And it will be based on the numbers not based on anybody's opinion.

SHERMAN: Yeah, I think there are two different aspects to the question and one is easier to answer than the other, the privacy/confidentiality. If there's one thing that many members of the faculty know it's Human Subjects IRB's. [laughter] And we know how to ensure anonymity and confidentiality. We're required to do it all the time, so one of the things that struck some of us on the committee was how much we are pushed to [laughter] in ways that, whoa, you know, that really make us meet IRB standards and this proposal, if something like this went to the IRB it would be laughed at in terms of its...so we do know how. So that question I have no problem with. The

confidentiality question is an interesting one and I think it would have to be carefully looked at if members of staff and faculty were involved in the evaluation of something that does affect their own payments of health premiums, etc...

BUCUR-DECKARD: I wanted to ask one question and also make a recommendation since this policy affects everybody at IU I was thinking about a friendly amendment towards the resolutions to signal that even though this is a BFC report then we are interested in engaging with colleagues in the UFC in general and in the long term in some fashion through whatever – the HEPI committee – so that could be, so for instance resolution two could say, “The BFC recommends the creation of this committee composed of faculty, staff, administrators with representatives from across the various campuses.”

SHERMAN: Yes.

BUCUR-DECKARD: As well as the resolution number four “BFC resolves positive initiatives to improve employee health across all campuses.” So that positives especially where, you know, then it comes down to the level of each Chancellor to engage with that.

SHERMAN: Yes, and it certainly as Bruce has indicated that his committee will be representative of the entire IU campuses and you’re right we should have made it broader. And, you know, my fault, my bad.

BUCUR-DECKARD: I didn’t say that.

SHERMAN: No, no, my bad for that, but also my bad because I didn’t quite honestly think about sending this proposal to other campuses, to the Councils of other campuses so they could look at it. Whether they agree with it or disagree they should be able to look at it and see what we have. So next week when we have the addendum as well as the proposal, I will make sure that it gets sent to all of the campuses. I’ve sent it to Bruce, I’ve sent it to Neil and to Dan to share with anyone else. There’s nothing secretive about what we are proposing and anyway.

BUCUR-DECKARD: My question was about the cost of the study, I mean, as we discussed the creation of putting together a study shouldn’t we have some language in there as to how this is going to be paid for? Or is that not something that is up to us.

SHERMAN: Well, I think it's probably not up to us. We weren’t privy, for example to, you know, Wellpoint didn’t do what they did for free.

BUCUR-DECKARD: Right.

SHERMAN: I mean there were costs involved in setting up what they did. I don’t think people who took your blood and measured your waist and, you know whatever you did

to have your biometric numbers, I don't think they did it for free. So there are costs involved in setting up the system. You know you just hope that in the long run that the benefits and the cost savings outweigh it. And you know, that's a question that a lot of people on the committee had, is there good data to show that programs like this end up costing less? You know if you have people measure all their numbers, if you give them more free things whether it's nutritionists or skin scans that's gonna somehow cost money and you know people questioned whether there really is a savings. I don't know. My feeling is that if you try to do something that has good goals and you put your head to it and you think about it then I'm not sure that the only good outcome measure is the financial cost. I mean I had this kinda of revelation my first year when I sat on City Council and I wanted to institute the trash tags and knowing that it would very likely increase the recycling and decrease the stuff that went to the landfill and people said, 'You know recycling costs money. It ain't like you can sell all the plastic and cans and stuff and we're gonna have a windfall of money and what if the cost of recycling is greater than the cost of just dumping it?' And you know my answer was that it's good to get people to think about reuse, about recycling, about what they do with their garbage that sooner or later it's going to save money but it's going to say things we want to be saved. And likewise if we get people thinking about health and how to preserve costs and how to make people healthier, the first attempt may not save money but at least you got people in the ballpark thinking about it and I think that's an important thing to do.

HANSON: Herb?

TERRY: On the issue of other campuses when this came out I did hear from folks at, I think, three regional campuses. I didn't hear from anybody else at IUPUI.

SHERMAN: Nor did we.

TERRY: The Trustees certainly think of this as a system-wide...

SHERMAN: Absolutely.

TERRY: ...system and that's why it would be a very good thing. The second thing I'd point out is only peripheral to this debate is that I think we rushed to get this in place to satisfy Trustees who are especially concerned about escalating healthcare costs and ultimately to satisfy the governor. A little over a year ago, Governor Daniels commissioned a study by a Chicago consulting firm if I remember right, that concluded that the state universities could save hundreds of millions of dollars if they would simply transfer their employees to the state's public healthcare process. And I think we were trying to get something in place where we could say we are acting on that and we are going to do something that is intended to bring down costs and this sort of thing and in the context of the General Assembly considering budgets next year I hope we can move very expeditiously on anything we do like this and hope to demonstrate that we're

aware of continuing escalating healthcare costs and we want to do something about it and the governor and his folks should hold off on trying to force us into the state healthcare plan.

SHERMAN: Yeah...

TERRY: Because this only arises because we have the discretion to do different things than other state employees. If we lose that, this is all irrelevant.

SHERMAN: I couldn't agree more. I think it is critical. I would think that if an initiative like that went forward – if you think the reaction to the Engagement Plan was strong and negative – I think that would... You know I'm not sure everyone, all the employees at all the IU campuses, recognize how lucky we are to be self-insured and to have some degree of control over it. I mean it is still true that Anthem can reject your claims and can do stuff that you don't want to see done and that it isn't always the right thing to do but we have much more control over our healthcare than any other system. Whoever instituted the idea that we would be self-insured, it was brilliant, you know, so what Herb says is right on. We want to more than anything maintain our ability to determine our own kind of healthcare issues and how it's done and so thanks.

ARNOVE: I'd like to go back to the point about conflict of interest and how objective, for example, cost-benefit analysis could be as part of [remark indistinct] discussion peer reviewed articles. What did you have in mind in terms of peer review, because it seems to me the objectivity of the goodness of your studies could be subjected to peer review without necessarily having publications?

SHERMAN: That's a good point.

HENSHEL: Can I point out where the wording came from? The wording came from the fact that they picked at least two biometrics that are highly controversial in the literature and that in order to justify whatever biometrics are chosen there needs to be evidence from the literature to support it. That's where the wording came from.

ARNOVE: Okay, that's taken from the research literature, right?

HENSHEL: Correct.

ARNOVE: Without submitting necessarily for publication?

HENSHEL: Correct.

ARNOVE: Because cost-benefit analyses really involve a lot of subjective judgments in terms of whether the benefits or the costs...

SHERMAN: Absolutely.

HENSHEL: There was like no – there was zero financial justification given to us and we asked for it. And there really – other than healthcare costs are spiraling up and we have this that's not related to our thing, and we have the Mercer assessment which was not really very applied, I – there was insufficient analysis being done and insufficient justification for what was done and we think it needs to be better justified in the way it's planned out in the future.

ARNOVE: Thank you.

SHERMAN: I think one of the main components of a cost-benefit analysis of a health program is the satisfaction of the IU employees. It's a critical measure and you know if they went forward with the plan that they had my sense is even if it saved dollars the reaction was so negative and so questioning that the impact on the community in terms of it being a community and the impact in terms of being able to retain or attract people to work here would far outweigh the monetary savings. So when you look at cost-benefit, I'm sure Bruce knows this and will take it into account, you've got to consider more than just dollars. You've got to consider the well-being of the community, the satisfaction of the community.

HENSHEL: You could also talk about the blood pressure for everyone that went up.
[laughter]

SHERMAN: Absolutely. Without a doubt! In fact that is probably a reason why many people who had their biometrics taken were like, 'I don't want to do this.'

HANSON: Maxine?

WATSON: Is there any information on the changing demographic structure of the faculty and the staff of IU and what role early retirement might have on the cost of healthcare?

SHERMAN: Early retirement or late retirement?

WATSON: Well, I'm just saying, if we're seeing – if one of the reasons we're seeing healthcare costs rise is because our population is aging – and I don't know if it is or not – then one way to help the situation is to get rid of the people who are costing you [laughter] by pushing them on to other insurance funds. I'm not suggesting it.

SHERMAN: I think you're right in general.

WATSON: I mean it's back to this issue of do these numbers – are they the primary drivers of health? Or is the primary driver cost, services and age structure?

SHERMAN: I think the age structure, I mean, older folks cost the system more in healthcare. I mean it's a fact of life. There'll be additional reasons, I mean, the fact that we are all now allowed to keep kids up to age 26 is going to add people. Dan Rives says, "IU employees means nothing I count everyone who is covered on the plan." They are his sample and no matter how healthy faculty and staff are, if their families aren't healthy, it doesn't help the system at all, you know? That's going to add costs. There are lots of things that add costs, but I think Dan showed us a chart the other day where the big driver of the increase aren't the health costs. Some of it is the physicians, some of it is – a lot of it is drugs – drugs are really expensive, you know? I was shocked because I'm on the HDHP plan and well last year we had to pay for prescriptions as part of the deductible and I was amazed what a three month supply of Lipitor cost. It was like, wow! [laughter] That is expensive stuff and for me and my back surgery, it used to be that you had an x-ray it didn't cost all that much money. Do you know what MRIs and CAT scans cost? Fph! It's a lot of money. So technology is good, but it is also expensive and, you know, I don't know what is going to be done to contain healthcare costs. There's a part of me that's like, you know, 'okay, fine just do it.' If you're going like this charge everyone as much as you can charge 'em and sooner or later when enough people are paying enough money they'll realize that universal care is the only way to go and they will do it. [laughter] Fine charge me more money [laughter] we'll all pay more money until we can't pay anymore. [laughter] Then we'll get a rational system, but I don't think that is going to happen.

HANSON: Randy?

ARNOLD: There was one more, I'll send it over there.

SHERMAN: Jack?

BIELASIAK: You know, I approve the sense of the substantive findings and recommendations here. I have a question about the procedure and the process here. You know, we don't want to look to the past but the fact is that the initial policy came out of the blue. There was no consultation or the use of expertise as we have been saying. And all of the sudden we are going to work in harmony and peace [laughter], a new love fest, and I'd like to believe that but at heart I am a skeptic so I am concerned and so, you know, I guess what would lead us to believe that there is a new sort of culture of using everybody and working together and in particular then what is the status of these recommendations? Are they recommendations to the administration? Or are do they have some binding resolutions to it or is it a sense of the body? I guess I just want to know how you see them.

SHERMAN: Two answers, one answer is I trust Bruce [laughter] okay? Call that silly. I think it's in good hands and we've talked and I think we share goals and I think Bruce's goals and values are very consistent with what staff and faculty would want to see. The

second answer is it really didn't come out of the blue although it did come out of the blue-ribbon committee, so it is out of the blue, I guess. [groaning and laughter] I mean, it's not as though that committee lacked expertise. It had faculty, it had medical people, it had people who understood insurance and healthcare the problem was that they looked at everything and a plan like this, the engagement plan, was only a part of what they did. They were considering things like an IU clinic, you know, all kinds of more grandiose ways to save money and this was one part of it. And I think they probably gave it less attention than it deserved and in a vague way it was like plans that they have at Ohio State, or Harvard, or Michigan and – it's really not the same as those – but it was close enough that they said, 'Oh, it kinda seems to work so we'll adopt it,' and that's usually not a good way to proceed. So yeah, it came quick and fast but it wasn't as though they were not communicative about it. I serve on the Fringe Benefits Committee and we were informed about the blue ribbon committee and who was on it and what they were doing. At several points during their discussions Dan Rives came to the Fringe Benefits Committee to report on what they were doing. So I think the outcome was a shock to a lot of people including people on the Fringe Benefits Committee. I never expected something like that, but I knew what they were doing. It wasn't like it was all behind closed doors. It's just that the product wasn't very good.

HANSON: Randy?

ARNOLD: Sorry, I just had one comment and I'm not a physician so I don't know exactly how valid my comments are, but it seems to me that any Health Engagement Program – especially if you think about financial benefits – really the financial benefits are going to be many years down the road. I mean, the amount that you can improve your health over a given amount of time is not going to take you off your prescription drugs, it's not going to solve any chronic conditions, in the end it will hopefully make you healthier but for the foreseeable future it probably doesn't lower costs, and I just think there might be some language that we could include in here that just sort of recognizes that the benefits are not financial to the Health Engagement Program – at least not immediately. You know, I don't know if there's a way to word that but as some sort of recognition that we realize the benefits are not primarily financial for the Health Engagement Program in terms of medical cost.

SHERMAN: Yeah, we certainly had that discussion and in fact at last Friday's meeting with Dan Rives this very point was made that, you know, whatever you put in place is going to benefits, if any, will be long term. So, you know, if you have pretty serious high blood pressure and don't know about it, it doesn't mean you are going to have a stroke tomorrow but it means ten years down the road you might have had a stroke except that now you know it and on proper medication you won't have it so that case saved money but it wasn't immediately obvious. But there are other things that are. You know colonoscopies can detect early stage colon cancer that if left for another year or two would not only cost health cost but financial costs as well. So, you know, some of the savings might be more immediate than others certainly in terms of absenteeism – things

of that sort, so... As I said I agree fully with you that I'm not sure when and if the costs will be saved but, you know, I like the idea that people are thinking about the cost of healthcare and thinking about their own health. I mean I wish people on the staff and faculty would give more attention to the healthcare options that we have. You know, let me say a lot of folks on staff and faculty make poor decisions when it comes to the plan that they choose. They say, 'Oh, I've got a \$900 deductible for years I don't want to take the time to look at other options just do the same thing you've been doing.' It may not be the right decision for you we have very different kinds of options now and I hope y'all take the time to look at them and think about your own individual circumstances because it used to be easy to compare the plans but it's no longer easy because the benefits are all on totally different dimensions. I would argue that the same thing should be done when it comes to your retirement plans. We're talking about potentially million dollars or more depending on how you invest your retirement money and people say, 'Well, I don't know put it 50/50 in TIAA-CREF, I ain't got time to think about this.' Think about it! You know people clip coupons for 50 cents [laughter] but for things that are hundreds of thousands of dollars, 'Oh, I don't know it's just too complicated.' We're smart enough to do it better than most people do it – so do it.

HANSON: Herb?

TERRY: I can't resist reacting to some of Jim's comments about the process that went from the blue ribbon committee to the implementation of this and just observe that I hope that is not what happens when the blue ribbon committee the present administration [indistinguishable comment] is subject to act for IUPUI and Bloomington. [laughter] Whatever that group recommends will require the kind of research that didn't get done when the blue ribbon committee reported on healthcare and the other thing I would share with the Council is – it's a little hyperbolic – but in many ways we are a university attached to a health system. Some very interesting data came out of the last trustees meeting. Among other things, they talked about doing a virtual budget incorporating IU system-wide and Clarian. We are Clarian. We own it 100%. Clarian's annual budget is about \$5 billion dollars. The annual budget for all of the activities of Indiana University is about \$2.7 billion. One billion of that \$2.7 billion is the medical budget – the medical school – so if you throw that into Clarian there is \$6 billion of activity in which we are involved that is healthcare-related and \$1.7 billion dollars of everything else. And Clarian [indistinguishable comment] the trustees they recognize that if national healthcare goes in certain directions, Clarian starts incurring risks and this sort of thing. This is not a trivial matter of our healthcare. This is important for the overall future of all our educational activities and I think that Bruce's committee – I hope you adopt a fairly neutral policy toward Clarian. Clarian is not bad. Obviously there is a national trend now starting from the University of Pittsburgh, now here to some extent, in Kentucky and the University of Louisville, of universities acquiring their large healthcare provider systems in their area, regional forces, monopolists almost for healthcare doing that in part to hold down their own healthcare costs by their own authority and a neutral approach for items. It's not necessarily bad, but there may be

some other relationships between us and Clarian that cause us to worry about privacy and that sort of thing, also [indistinguishable comment].

SHERMAN: You know I think what you said is true and to me it points out the beauty and the importance of faculty governance. On a day-to-day basis we don't have a lot of power. You know, we can spout things we can make resolutions we can pass things it's like the trustees and administration can go [throat-cutting gesture and sound] and they sometimes do, but if faculty get engaged enough, involved in something enough, it's a lot of power. Trust me, they listen when the noise is loud enough. They certainly heard it here with this Engagement Plan. They knew it. I mean it didn't take geniuses there to say, 'We got a real problem here when we got so many people.' When's the last time you saw so many staff and faculty start writing stuff and sending notes? It's, you know, maybe, probably when Adam Herbert and Swamy, that kind of scenario [laughter] engaged people a lot, you know. But once every ten years or so, you know, we find something to get engaged with, then we get power.

TERRY: Yeah.

HANSON: On that note do you want to take a short break. We have some fiber-filled low-fat, unsalted popcorn. [laughter]

BRIEF RECESS

HANSON: Jim has just asked, and has discussed with Erika and Mary and perhaps with some other members of the Agenda Committee as well, the issue of whether or not you would like simply to bring the resolutions that are here, or the recommendations in report of this ad hoc committee, to a vote because the procedures are going on in other quarters and so the thought was that there didn't seem to be suggestions for wordsmithing, there seemed to be some general agreement, so it is not the usual procedure but would anyone have an objection to bringing this to a vote right now? Would someone like to move that? [laughter] And would somebody second that? All right, all in favor? [35 Aye] Opposed? [None] Abstentions? [1]

DOWELL: Craig, I think there was one abstention, I don't know if you saw the hand.

HANSON: Okay, then we are right on track for the last agenda item, which is the creation of the rank of Professor of practice and that is Tom.

AGENDA ITEM 8: CREATION OF THE RANK OF PROFESSOR OF PRACTICE

GIERYN: Well, I should say that this is the proposal that you have in front of you on white paper is another consequence of shared governance. My office worked closely with the Faculty Affairs Committee, Alice Robbin is here as co-chair. Jonathan Plucker is

not able to attend and Randy Arnold is here as a member. Is there anyone else on FAC who is here? I don't believe so, it's just those two and Alice will speak shortly.

To be honest, the instigation for a new academic rank, called Professor of practice, came from the deans. Journalism, Law, Business, SPEA, in particular, see this as an opportunity to bring to IU teachers who have made a career and very successful exemplary careers in some field of public or professional practice, our students would benefit from those people at a certain point in their lives, when they decide that they may be good at teaching and could provide the kind of experiences that our students would benefit from. This proposal goes back several years. FAC actually had discussed it over time and it kind of drifted in and out of urgency. Most serious discussions among the deans took place in a network that I meet with of academic associate deans. Those deans which represent all of the schools on campus were unanimous in their support of this proposal. They would like to see it move forward. For them it's a matter of recruitment and retention of a group of faculty that now is more difficult to recruit and retain. The ranks that we have in the non-tenure track instructional ranks, as you know – lecturer and clinical professors – don't quite work. Lecturer does not have the caché of the professor status that is sometimes important to get NTTs of this caliber to Bloomington. Clinical Professors – although our use of that has become rather promiscuous – is often not appropriate for certain fields where clinics simply are irrelevant. So this is a proposal to create a new, non-tenure track rank. It adds to the menu of the academic appointments and I underscore, just following up on Jim Sherman's ringing endorsement of faculty governance, it is the faculty, it is us, who control the menu of academic appointments.

There are several features of the policy and of this rank that I want to point out, first it is an instructional rank. The expectations of those who hold the rank of professor of practice would mean that they would be teaching and engaged in activities that would be in support of teaching. That latter can be interpreted fairly broadly to include curricular work, curricular development, networking, connecting students to prospective employers, placement work, things like that. Secondly, the expectation is that people who would be considered for this appointment would be those who have achieved national and even international prominence for their work in a particular field of practice. We're not talking about run-of-the-mill. We are talking about the superstars in their field who would bring a certain name recognition as well as real teaching, pedagogic value, to the campus. Third, the appointees would need to have the terminal degree in their field of practice or their equivalents in experience. Again, most of these people are not spending their lives in academe. They're not going to have the terminal degrees that we would expect for tenure-track appointments, but they should have the terminal degree that is typical in their own field of practice. On the last page of the proposal is a grid that has become the most requested document from my office since we've prepared it from chairs and deans who want to know how to appoint people in NTT ranks. We've added in a dotted line the professor of practice, and if I can just highlight a couple of points. The initial appointment would be for three years, there

would be no promotion possibilities. There are no assistant or associate professors of practice, just professor of practice, that could be modified with “visiting,” if it was intended to be a short-term two year or less appointment, or with “adjunct,” so that you could be adjunct professor of practice if it were a part-time appointment. So we have an initial three-year contract, then sometime during the three years, probably at year two, there would be a substantial evaluation of the quality of teaching. If the quality was judged to be excellent, then that person could be moved on to a long-term contract, which is typical for NTTs of either a three-year rolling or a five-year term contract. During recruitment the appointees, their dossiers, would be reviewed at the campus level, either the Provost’s office or a designated office – which might be me – would consider the credentials as put forth by a school or department for this appointment. And finally, as I said, their responsibilities are limited to instruction.

I should say that the policy seems to be long, but most of it is, in fact, simply cribbed from our existing Academic Handbook. The section called “Rights and Privileges” and then the section called, “Protection of Academic Freedom” is lifted verbatim from the Handbook, those two sections, as they describe the lecturer rank. And I simply changed the name of the rank to professor of practice from lecturer, so if you have quibbles about those long sections, we can talk about whether or not we want to change the policies on NTTs generally, and the Faculty Affairs Committee is entertaining some of those possibilities. This proposal is for a very specific new NTT rank, the meat of it is in the above the line section, the first paragraph under “Use of the Appointment” and finally under the appointment, second on the second page. In order to come up with wording that we thought was best, we considered websites of universities all around, and we started with the CIC and found that four of our peer institutions: Chicago, Michigan State, Penn State, and Nebraska, have campus-wide professors of practice or something very similar to that, sometimes it’s “professor of the practice.” Six other universities have unit specific professors of practice, so it might be a school of this, and a school of that, and only two of the twelve CIC schools had no evidence that we could find of a professor of practice, that was Wisconsin and Northwestern. Other universities that we consider peers or better: Virginia, Berkeley, Columbia, Maryland, had descriptions of professors of practice that we found particularly useful when were crafting the policy. So the procedure is simply this is a first reading open for discussion, the revisions, the suggestions, that come out of this discussion or that you want to send to me or to Jonathan and Alice would then be reviewed by the Faculty Affairs Committee and they would revise a version that would come to you for a vote, we hope, at an early meeting in the Spring. It would then need to go to the UFC. This is a university-wide decision, we’re working on changing the Academic Handbook, which requires the UFC’s support and it would then need to go to the Board of Trustees as well. I should say in closing that the deans are eager. There is some urgency in their mind for this. They sort of thought it was already – since we started talking about it – they had a way of assuming that it already existed and they were wondering if we could offer somebody the professor...the answer is no, not yet. But that gives you a sense of how much they would like to see this proposal. Alice?

ROBBIN: The committee does support this title, and as an East Coast person I am used to hearing this title being used. Especially around Washington D.C. and New York City, where there's a lot of interaction. Journalists, for example, will become part, so titles may vary, as Thomas said, professor of practice, professor of *the* practice, professor of professional practice. And we did, as Tom said, a review, including the East Coast institutions, of the academic ranks and this is what is included and we do support it. Randy, want to add anything?

ARNOLD: Yeah, well, I don't have too much to add to that other than that it seemed in the committee that there was kind of a consensus that we liked professor of *the* practice, more than just professor of practice, but I don't know that that's a big deal, although professor of practice kind of sounds like you are practicing to be a professor [laughter] whereas it kind of lays it out more exactly when you say professor of *the* practice, for some reason, the way the title reads. Another issue that came up is the Faculty Affairs Committee wants to also review sort of all of the non-tenure track ranks and the question came up was does putting another title in there actually make that job harder and the consensus really was that it made the job easier because now it's in place, or potentially is in place, rather than speculating that it could be in place. So actually it's clear that this serves a different role than all the other ranks that are presently available so it would fill a need that we can't currently meet, and would actually clarify the situation in reviewing the other non-tenure track ranks.

GIERYN: Very specifically, it has to do with the promiscuous use of clinical professor. It seems to me if the BFC and the FAC in particular really does want to restrict the use of that rank, the new rank, professor of practice, allows, at least for some people, an alternative makes more sense. At least it did to the committee and to me.

HANSON: Thank you, Tom, and Alice, and Randy. Are there questions or comments? Ralf?

SHAW: I had a question. In the use of "professor of practice" it says that they should have unique practical experiences and talents, and I was wondering how one would demonstrate the uniqueness?

GIERYN: I can answer that by telling you why those words are in there. We consulted with a lot of people in putting this proposal together. We actually expect that most of these appointments would not be the result of an open search and screen procedure, in other words, they're going to be target of opportunity. In order to justify a target of opportunity and avoid the search and screen you have to demonstrate unique capabilities and talents. You know, this happens presently when we have target of opportunities for a variety of reasons and, you know, I know it when I see it. [laughter] Okay? It's unique.

ARNOVE: When you did the analysis of other universities, did you find sort of an average length of stay of a professor of practice?

GIERYN: Gee, that's a good question, Bob. No, we didn't look, didn't try, we were looking at the policy documents, trying to get a sense of how they defined the rank.

ARNOVE: The reason I'm asking this, I see a reference to sabbatical-like leaves. Assuming then that the person might be around five, six years, and then gets a leave and then comes back and stays on, then you have people who might be here ten, twelve years on the basis of teaching or practice. You may have outstanding teachers here, professors who never get full professor, even though they are outstanding in teaching but they're not doing research, and then you can look at people in the music school who are outstanding performers and teachers but not necessarily researchers. I'm beginning to see...I think it's important how long the people are going to stay here and what impact it has on these other ranks.

GIERYN: Just to clarify, there is no provision of a sabbatical leave. That's left up to the schools in the same way that we do with lecturers and clinicals, so your guess is as good as mine. I suppose we could say that because they are expected to have significant accomplishments in practice, that this is not something typically won over a short period of time. I think all of the deans are suggesting these are people that have made their name and made their reputations. They are looking to do something else and in the dean's judgment would bring value to the pedagogical mission. How long they last, I don't know, Bob. I'll say this, that we made certain that the initial appointment was long enough so that we would have a period during which we can have a thorough review of their abilities, and then not re-appoint them if those abilities were not demonstrated.

HANSON: Brian?

HORNE: Well, I just want a point of clarification. I'm all for this and there are people, several people in the School of Music, currently whom I believe, if this had been in practice – had been in place – over the last several years would have been hired at this, currently lecturer, something like that. But when it says instruction and that, I thought I saw something earlier that commented further on that—I can't seem to find it right now—but on the last page on the grid, when it says instruction this implies to me that we could bring in somebody like Joshua Bell, and say, 'You are going to teach only in the studio but, oh, no playing, because that's our creative activity.' Why on earth would we do that?

GIERYN: Again, we're not trying to restrict the contributions but really identify the contributions that would be the basis of evaluation.

HORNE: Okay.

GIERYN: So that when you did come for the re-appointment decision after the second year, whether to put them on another long term contract, it would be the instructional activities that mattered.

HORNE: Well, that's exactly what I was hoping to hear, that so it would be understood, it's a superstar – using Joshua Bell – superstar, we don't need to evaluate that, but is he bringing any instructional value to us, we do want to evaluate that, so that's exactly what I was hoping to hear.

GIERYN: Perfect.

HANSON: Jack?

RAGLIN: In terms of the appointment, when you say, "performance is judged satisfactory," that term has very specific meaning for when people go up for promotion so you don't mean "satisfactory..."

GIERYN: Yeah, we talked about this and whether or not the campus should define a level. Actually re-appointment decisions for non-tenure track faculty depend on policies that are written at the department and school level, and we assume that they would be, again, for this rank. It's going to vary, I think, in terms of how teaching is defined. Satisfactory seems like an awfully low bar, it always does, and in fact I use the word "excellent" when I introduce the policy, because I actually think that excellent is what we are shooting for rather than simply satisfactory.

RAGLIN: Because the terminology, once you go to the review process, becomes–

GIERYN: Yeah.

RAGLIN: –difficult to sort of disentangle.

ROBBIN: Tom has heard from me on this, you've heard from me, you know these little points that are being brought up now and these are really helpful for us, and we'll talk about these details in the next meeting. These are really important.

HANSON: Maxine?

WATSON: I had some questions, one is regarding this position. It seems to me the value of the appointment has to do, in part, with the individual's real world experience, and so I'm a little concerned about something that can go on and on if that person becomes increasingly detached from the real world. I guess that's a decision that a department can make [laughter] it think that may start verging on the [remark lost in background laughter] so I think if you've got somebody who's been in this position for fifteen years, they're no longer bringing the same expertise they were bringing when they started,

and I don't know if they're fulfilling the desire of the position, so it's just a caution, a cautionary...

GIERYN: The multiple ironies there are just too delicious... [laughter]

WATSON: And I have something that's really only tangentially related, but in seeing your matrix perhaps post-doctoral scholar should be added? And it might provide a way to disentangle the research associate post-doctoral scholar nametags that can identify people that way.

GIERYN: I ran out of room. You're right.

WHISTON: You need a smaller font.

TERRY: There's one thing I hoped you could clarify, either now or in the eventual document, and it's been discussed peripherally here. You've set a very high burden for appointing these people, because their credentials are going to be reviewed by the chancellor or designant, I rather assume that designant might you or your successors— it's not clear to me who conducts the major performance review and who decides whether the performance is satisfactory. Do you imagine that that's going to be at the school level? You should say that. If you imagine that that goes through some kind of campus review, you should say that. But neither in your table nor in the middle of the second page, do you clarify who does the review and before we approve it, I'd like to know who we have doing that.

GIERYN: It's by the unit.

TERRY: The second question I have is pending the review by Faculty Affairs, these appointees would count under all of our current policies, setting limits for NTT faculties and the school. That's correct? So this doesn't open the floodgate for something like an increase of NTT faculty. Do you contemplate – I need to choose my words carefully – that some of the promiscuously appointed clinical professors would move to this rank?

GIERYN: A few, and I really think it's a few because many of those clinicals, if they've been here a while, have moved up to the ranks from clinical assistant, associate, to full, and one suspects that if they're doing that within the academy they have not been developing the kind of career in practice that we're assuming. So it's going to be a place where clinicals move so much as an opportunity to avoid the use of clinical in preference to what we think is a better description.

TERRY: But historically I would welcome that, we created the lecturer and senior lecturer rank in order to reduce the improvident appointment of clinical professors, and because it didn't include the word "professor" the deans resisted doing it, and so I think this is a good answer to that practical problem.

HANSON: Did you hear also – Tom did answer your first question.

TERRY: He said it would be within the unit, we can debate that when it comes back on the second review.

GIERYN: For the record, within the unit.

BUCUR-DECKARD: I wanted to just mention a couple of things that seem to me implicit in this, and just to make them explicit. One, it seems to me that we want to acknowledge the fact that, as I understand it, this type of appointment would also allow the professor of practice to become eligible for being graduate faculty? Maxine, do you know?

WATSON: Pardon me?

BUCUR-DECKARD: Do you know in the policies where...

GIERYN: I don't know.

BUCUR-DECKARD: I mean, I just read the policy just now, so there was some room left in the policy as it stands now, the Graduate School, that units may nominate NTT faculty to be graduate faculty, and then there's also the question of leading dissertations. I think that's something we want to give some thought to. I have been involved in some rather contentious cases, somebody like that, for instance, leading an MA thesis and there was some serious questions of standards being or not being upheld. So, I just want to put that on the table because it's implicit, and maybe we want to make that explicit? Whether this person would be, or not, eligible?

WATSON: [Unintelligible] separated for professional degrees versus the PhDs, and the non-professional Masters' degrees. So I mean, because my sense is that these practitioners are going to be more important and perhaps have a right to fulfill that role, but that wouldn't be done under the University Graduate School.

BUCUR-DECKARD: Right, but I just think that's something to...

WATSON: –but I think you're right–

BUCUR-DECKARD: ...think about. And the other issue is, it seems to me they would be eligible for the faculty leave.

GIERYN: Yeah, they can – that's right, yes. It's under "Rights and Privileges."

WATSON: Yes.

BUCUR-DECKARD: Just putting that on the table.

GIERYN: Huh. Maxine, is it the case that there are lecturers who are members of the graduate school or graduate faculty, or is it just research scientists? It's a different— That's an important split. My understanding was that there were research scientists who were serving on doctoral committees and chairing —

BUCUR-DECKARD: Yes, there are, in gender studies there is one person I can think of.

GIERYN: But you're telling me that lecturers are serving as members of the graduate school — graduate faculty?

WATSON: I have — I can have it certified.

BUCUR-DECKARD: Yes, one of them was approved when I was chair of Gender Studies.

WATSON: And if that's an issue then that should be brought to the Graduate Council.

[Indistinguishable discussion]

BUCUR-DECKARD: — in that case.

HANSON: Any other comments? There are issues that are there obviously because those are not research appointments. I know that may not bear on this. That may be a question for another day. So any other questions or comments? Eric?

SANDWEISS: I'll try to make it real quick and with a question and a concern that may just reflect my inexperience with the issue. One is, I don't see explicitly written out here and so hopefully it's very clearly implicit the idea of the department itself approving the appointment of this position. I see, quite explicitly, the campus-wide review level but in the interest of clarifying that these aren't positions that are imposed from the dean level and above upon departments, unwilling or willing, it just seems like that would be appropriate, if that's the way it's understood.

GIERYN: Absolutely.

SANDWEISS: The second is in terms of the measurement, the criterion by which retention or renewal is measured, I think that teaching thing is extremely important and I think it's salutary, too, but I also think it does set up — and one needs to be prepared in some explicit way — for the tension that comes from people who are excellent for what they do out there in the real world and people who are excellent as teachers. So, in a sense, it seems that the impetus for creating this position is to reward people who have been doing something in professional practice at an outstanding level, whether or not

that person is interested in or able to be an effective classroom educator, is potentially quite another set of skills that comes with it.

GIERYN: That's in fact why we went with the language of "satisfactory," both for that reason and also to dodge the question that we really think belongs to the department or the school and that is to set what it is that would be an effective teacher. You're right that we are asking them to do something that typically they haven't done before and that's why we felt a review after the second year was really important. Ordinarily we would require excellence as we do across, you know, but we hesitated to put it there for that reason, so it's kind of interesting. I'm not quite decided on what word we should use. We certainly don't want to create the illusion that we are, you know – remember "satisfactory" is what you need to be promoted or tenured if you have excellence in something else – so the idea that we are going to re-appoint professors of practice who don't demonstrate excellence in any area, that seems a bit suspect. And yet at the same time we assume that they are – is it reasonable to assume that excellence means the same thing for somebody who has been teaching only for two years after a 30-year career as a practice of journalism?

SANDWEISS: I see those tensions being important and I see, potentially, the risk of the temptation of seeing somebody, who is, after all, such a big deal and has brought so much attention and prestige to us by his or her presence here –

GIERYN: – Bombing –

SANDWEISS: – Gee, yeah. Maybe they are bombing in the classroom, buuut, you know.

HANSON: Okay, we have thirty seconds.

TERRY: I would throw out that maybe they should certainly be excellent by the time by the time they get a contract, if they aren't excellent by then we have a problem.

HANSON: All right, any other questions or comments? I am sure the committee and or Tom would be happy to take them, so we are adjourned, thank you.

MEETING ADJOURNED 5:25PM