

MINUTES OF THE FACULTY SENATE MEETING
THURSDAY, SEPTEMBER 25, 2003
LEAVEY PROGRAM ROOM
(Approved 10/21/03)

- PRESENT: Areen, Arend, Bates, D. Betz, P. Betz, Bloch, Bonnano, Clarke, Cleary, Cumby, Danielsen, Davis, Diamond, Dimolitsas, Fink, Friedman, Furth, Gale, Glazer, Haramati, Hauser, Hirsch, Hussey, Iglarsh, Joyner, Larsen, Lieber, Lightfoot, Linafelt, McFadden, S.J., Moran Cruz, Moscovitch, Murphy, J. O'Donnell, Owens, Pfeiffer, Rameh, Ronkainen, Sedmak, Salles-Reese, Sanz, Shad, Shedel, Sitterson, Taylor, Tilden, Verbalis, Vroman, J. Walsh, S.J., T. Walsh, Walters, Witek, S.J.
- ABSENT: Andrews, Douglas Brown, Byrne, Cohn, Connor-Linton, Dover, Ernst (sabb), Gallucci, Goldfrank (sabb), Haft, Keesling, Lachat, Lamiell, Little, Mastorovich, Mayo, McAuliffe, McCabe, Mujal-Leon, Oakley, A. O'Donnell, Pedrick, Richmond, Ross, Sandberg, Sistrunk, Stent, Walker, Weidenbruch, Weiss
- GUESTS: John DeGioia (University President), Joy Drass (Georgetown University Hospital President), Michael Lumpkin, Gloria Massaro, Michael Pentecost, Nina Scribanu, Virginia Steen

The meeting was called to order at 3:30 p.m. by Professor Wayne Davis.

The minutes of the 7/9/03 Senate meeting were approved unanimously.

Professor Davis presented the list of the appointments to the 2003-2004 Steering Committee for confirmation. He noted that the Senate Constitution specifies that the Senate Officers, the Provost, and a Presidential appointee serve on the Steering Committee and appoint the chairs of the standing committees and the rest of the Steering Committee, subject to Senate confirmation. The full Steering Committee with appointments to be confirmed was:

Wayne Davis - President; Chair of University Budget Committee
Tony Arend - VP for Main Campus; Chair, Committee on Governance
Adi Haramati - VP for Medical Center
Jack Murphy - VP for Law Center; Co-Chair, Committee on Academic Freedom
Rhonda Friedman - Secretary-Treasurer; Chair, Committee on Educational Affairs
Jim O'Donnell - Ex Officio: Provost
Spiros Dimolitsas - Ex Officio: Presidential Appointee
Doug Brown - Chair, Committee on Benefits
Dick Bates - Co-Chair, Committee on Academic Freedom
Peter Pfeiffer - Chair, Committee on Student Affairs; Co-Chair, Committee on Facilities
Mark Danielsen - Co-chair, Committee on Facilities
Daniel Sedmak - EVP Medical Center
Judy Areen - EVP Law Center
Sue Bloch - Law Center
Aziza Shad - Pediatrics, MedStar Health.

The full 2003-2004 Steering Committee was confirmed unanimously.

Professor Davis presented the nominations of Linda Clerch from Pediatrics to the Grievance Code Committee and Virginia Steen from the Department of Medicine as an alternate to the Grievance Code Committee. They were confirmed unanimously.

Professor Davis informed the Senate of some organizational changes in the Faculty Relations Subcommittee of the Board of Directors. Now included on the Committee are Board members Leslie Jacobson and Winston Churchill, Chairman of the Board Ed Villani, GU President Jack DeGioia, and the EVPs of the three campuses. This is good news for the faculty. The question was raised whether the senior administration should always be present at the meetings of this committee. Prof. Davis said the issue had been discussed at the first meeting, and it was decided that it would not be a problem, given the improved relationship between the faculty and the administration. We can always talk to a board member directly if necessary.

A discussion ensued as to whether there were two students being appointed to the Board, as had been reported in the student newspaper. The sense was that the student press misinterpreted the situation.

The appointment of Julie Cohen to the Digital Millennium Copyright Act Oversight Committee was unanimously approved.

The issue was raised about a problem in the Medical School regarding the GU Physicians Hospital Directory. In at least some departments, the directory lists both community-based physicians and University-based physicians as 'volunteer clinical faculty', while only Medstar faculty are listed as physicians. This is disturbing to many; University faculty should not be listed as volunteers. This error was picked up on the proofs, before publication, but it was not changed. One faculty member reported that she emailed Dr. Joy Drass, President of Georgetown Hospital, regarding this problem on September 9 and never heard back. Professor Haramati said he would follow up on why this occurred. Dr. Daniel Sedmak, Medical Center EVP, entered the Senate meeting during this discussion, and said he heard about the problem this morning. He reported that Dr. Drass promised to look into it.

The following motion was approved unanimously:

The Faculty Senate expresses distress that University faculty are listed as volunteer clinical faculty in the GUH Physician's Directory. We ask that this matter be investigated, and that appropriate action be taken so that our faculty are listed appropriately.

Dr. John DeGioia, Georgetown University President, addressed the Senate with an introduction to the issues of the 2003-2004 school year and an overview of the challenges occupying his time and the time of Georgetown's senior officers. He offered gratitude for a terrific September, with the most talented incoming freshman class ever, timely completion of the Southwest Quad project, and an excellent response by the University community to Hurricane Isabel.

Dr. DeGioia reported that the \$1 billion goal of the current fund-raising campaign should be reached in the next two weeks. It was noted that \$200 million were contributed by Board members, of whom there are forty. Construction of the new Performing Arts Center, for which fund-raising is already completed, will begin next Monday. Construction of the new international law building and new recreation center for the Law Center campus will be completed next June.

The next capital project will be the Mid Campus Project, to include a new home for the Business School and a new science building. The Business School has raised \$45 million out of \$80 million needed, and after planning and infrastructure work are completed, construction should begin in two years. There are significant challenges for a science building, as only \$12 million has been raised and all plans for a new science building are more expensive than the University can currently afford. After the current capital campaign ends, there will be a 2-year quiet phase during which our priorities for the future will be determined.

There are two ongoing job searches, one for the Dean of the School of Business, the other for the Dean of the Law School.

There are three dominant issues currently occupying Dr. DeGioia's time. The most significant is ensuring the success of the Medical Center. Georgetown University Hospital (GUH) lost \$28 million this year, the third year of Medstar's stewardship of the Hospital. We need the hospital to be successful. As for Georgetown University Medical Center (GUMC), though budget estimates have been met, we are still not breaking even. Grant funding has not met our goals, and fund-raising at the Medical School is not doing well. A second major concern is the lack of capital for new capital projects. Past projects have been funded through borrowing, but Georgetown is now near the borrowing ceiling of \$700 million. A final issue involves recruiting new members into the Big East Athletic Conference; there are now only six members, as Virginia Tech and Miami have been recruited away.

The floor was opened for questions.

There was a question about the possibility of a permanent traffic light on Canal Road. Dr. DeGioia said he was not sure of the prospects.

Discussion turned to capital projects and construction of a new science building. Dr. DeGioia explained that the difficulty is finding an affordable balance between space for teaching and research in the new building. Consideration is being given to making the science building an inter-campus building.

It was clarified that while Georgetown is approaching its fund-raising campaign goal, it is losing endowment funds due to a weak economy, despite the infusion of \$300 million from the recent Campaign.

Concerns were also raised that with a new dean search and construction of an expensive new facility, Georgetown might end up with a business school that it cannot afford. Dr. O'Donnell, the University Provost, replied that this would not be allowed to happen, as they will be cognizant of cost limits during negotiations with any new dean.

In response to a question about the state of the Medical Center Library, Dr. DeGioia said that this has been identified as a problem that needs to be addressed.

In response to a question about the role of corporate fund-raising, Dr. DeGioia said that corporate giving is less than most would expect, as most donations are through individuals and their foundations.

One senator suggested that professional programs are receiving more financial attention than academic departments, and this is a concern that needs to be addressed energetically. Dr. DeGioia agreed, noting that two markers of appropriate attention are compensation for faculty and student financial aid. In faculty compensation, Dr. DeGioia said that Georgetown has been achieved the targets of its long range plan to make salaries competitive with peers, and that student financial aid is competitive.

Another concern was raised over a potential vicious cycle in fund-raising attempts for the Medical Center, where low fund-raising hurts restaging which in turn makes potential donors leery of donating to a school that may not be strong. Dr. DeGioia said that the University's commitment to the Medical Center is strong and with the arrival of a new permanent EVP, the pieces of the puzzle are fitting together.

Dr. Sedmak, Medical Center EVP, spoke on issues confronting the Medical Center and

the recent closure of the cardiac unit at the hospital. He stated his optimism for the future and applauded stellar faculty, outstanding students, a committed staff and strong research programs like oncology and neuroscience. A major challenge is in research, which lacks adequate space. We need faster, more efficient renovations, and a better functioning research committee. He is working with the Provost on a joint space taskforce, even looking for off-campus space, though he was somewhat uncomfortable with that option. A significant challenge for GUMC is development, which has not been working well. There is a new interim head of development, Joe Kender, from the Main Campus development office.

Regarding concerns over the cardiac unit's closure, Dr. Sedmak suggested that communication was lacking throughout the situation. He now meets with Dr. Drass weekly. In addition, the Joint Strategy Committee focuses on joint research, space, and education initiatives between GUMC and Medstar.

While consequences of the cardiac unit's closure cannot be determined in specific dollar amounts, the impact has not been felt as strongly as first feared. The situation may have delayed some gifts, considering the prominent history of cardiovascular medicine at Georgetown University Hospital and alumni concerns about the closing; however, he believes those alumni will come back in time. He acknowledged that the closure has hurt morale and we are still recovering from that.

A question was raised about the process of the cardiac surgery unit's closure and why, in spite of an affiliation agreement, no one was aware of the change beforehand. Dr. Sedmak said that some conversations about closure occurred, but with three different EVPs in 12 months, communication was a problem. Clearly there should have been more thorough discussion. It was noted that John McDaniel (of Medstar) publicly apologized at the COMCA (The Board of Directors' Committee on Medical Center Affairs) for the manner in which the decision was made.

Dr. Drass spoke, reiterating what Dr. Sedmak had said about attempts to fix what clearly had been poor communication. She reaffirmed her belief that it is important for GUH to survive. Three years of losses and projections of the future of cardiac surgery led to painful decisions. Dr. Drass stated that in 2000, the cardiac surgery unit was closed and Medstar made a good faith effort in reopening it.

A question was raised about whether closure of the cardiac unit would result in fewer patients at GUH. Dr. Drass said that the hospital continues to offer all non-invasive cardiac procedures except angioplasty, which does require cardiac surgery back-up. There is a procedure in place to get GUH patients to Washington Hospital Center (WHC) within one half hour (standard acceptable time) when necessary. There is a Medstar ambulance on site, and a helicopter dedicated primarily to GUH. Primary care physicians are still sending patients to GUH, knowing that WHC is the backup.

A senator worried that the decision may be precedent-setting, and the closure opens the door to Georgetown University Hospital no longer being a full service hospital. He asked how decisions would be made about the closure of other programs. Dr. Drass said that at various intervals they review what programs have been successful. She won't say that there will never be another closure, but the discussions around such decisions will be more extensive and inclusive. Dr. DeGioia and Dr. Sedmak will attend the upcoming Hospital Board retreat, and there will be presentations about the marketplace, the hospital and the medical school.

As the Senate meeting concluded, congratulations were offered to Professor Davis for reinstating the University President's address to the Faculty Senate. The meeting adjourned at 5:10 p.m.