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**Minutes of the Regular Meeting
of the
Academic Council**

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December 2, 1999.

The Academic Council met in regular monthly session on December 2, 1999 from 3:45 - 5:15 p.m. in 139 Social Science Building with Professor Robert **Mosteller** (Law) presiding.

The **Chair** noted that this was the last meeting of the year, that the minutes of the last meeting weren't available at this point, but that they would be approved in the January meeting, that he had no new announcements and that, therefore, he was moving to the business part of this session.

VOTES ON OMBUDSMAN, REVISION OF APPENDIX C, AND PROGRAM IN
ECOLOGY

Let me give you a bit of a preview. There are three items that we will vote on, [or] that we expect to vote on. One is the appointment of the ombudsman. Second is the proposed revision of Appendix C, and third is the approval of the PhD program in Ecology. So, those will be our three voting items. We will begin discussion with a vote in the January meeting on the proposal for a new degree, Masters of Health Sciences in Clinical Leadership. That's listed 8th on your agenda, I'm going to move that up to the sixth spot. Then we will go into the discussion of the report of the Recreational Faculty Advisory Committee. Finally, we will deal with the draft campus master plan. So, three voting items, three discussion items. I think we have a full agenda and an interesting one, I hope. So, let me start with the first of the voting items, which is reappointment of the ombudsman. This position is established under Appendix M, and it is a part of the grievance process; most often [it] reaches publicity when there is a contested tenure case that goes through some kind of adjudication. The Appendix M says that every two years we are supposed to reappoint this person for a two year period. Carl Anderson has held the position for the last 10 years. This fall, Carl recommended that we abolish the position, he said that in the past, and when it was started, there was a great backlog, a large number of cases and over the last few

years, there have been precious few cases, and his view is that the office ought to disappear. I have had some conversations with Tom Rowe, who is chair of the Faculty Hearing Committee, and there may be some merit in that, but we aren't yet ready to make that decision and if we were to make that decision, we'd have to make some changes in Appendix M first, because Appendix M assumes the starting of the process through the ombudsman. So, what I talked to Carl about was a reappointment. He wishes not to serve another two-year term. He's willing to serve up to another year and it may be that we resolve that there should not be such a position before that year passes, and so it may take us a semester, it may take us into the fall, or it may take us another year, and we may decide to keep the position and to appoint someone else to a two-year term, but the proposal coming from ECAC today is that we reappoint Carl Anderson for a term lasting up to one year, and so that's our proposal.

[The **Chair** asked for and received a motion and a second to adopt the proposal. It **passed** by acclamation without dissent].

OK, our second item is the proposed revision to Appendix C. We have a handout that was sent to you with the cover, dated November 23rd; it's a memo and it deals with modifications. We discussed this proposal at last session, and there were two issues raised. One on page 2, Ed Shaughnessy caught a problem, and if you turn to page 2 of the Draft [Faculty Participation in the Appointment and Retention of Administrators, Nov. 22, 1999], it says "these individuals" and it needs to say "the faculty representatives". So, that's a minor correction. The second proposed change that came out of last meeting is item number 6 on page 4. It had read before "the review process should develop information, not judgments." That was seen as too narrow and not really capturing what had been going on in the past. It caught the gist of it, but it was a little too narrow and so what was proposed by Sunny Ladd was the language that's incorporated here with a slight modification: "the review process should develop and evaluate information, not make specific recommendations regarding reappointment," and so that's what the proposal is now. We can discuss any other matters or we can proceed to a vote, depending on what is the pleasure of the group.

[The **Chair** asked if there were any other issues to be taken up regarding the revision of Appendix C and in the absence of such he requested and received a motion and second for its adoption. The revisions of Appendix C were then **approved** by voice vote, without opposition].

I'm very happy that we've done this, I think we have moved this part of our faculty governance into a new era, and I think it's been a very good project and I also appreciate the hard work of the administration in bringing this to fruition.

The third item for a vote is the Ph.D. program in Ecology. Bill Schlesinger is here. He presented it at the last meeting. We had a draft resolution that I handed out last time, and it was included in your packet ["Resolution supporting creation of Program in Ecology"]. I will not read through the whole resolution unless anybody wants me to. I would read the final two lines. "Be it resolved that the Academic Council endorses the establishment of a University program in Ecology, authorized to offer a Ph.D. degree in Ecology." Would anyone like for me to read the rest of the resolution? So are there any further questions that anyone would like to raise on this degree?

[The **Chair** then requested the formal adoption of the Resolution. It was **approved** without further discussion and without dissent by voice vote].

Thank you, we've handled the three matters for voting. We're now ready to start the discussion on the proposal for a new degree, 'Master of Health Sciences in Clinical Leadership.' I'm going to pass out 4 documents. This is not for voting today. We will vote in January. This is for the initial discussion. I would call on Joe Corless who is Vice-Dean for Faculty and Academic Affairs in the Medical School. He will introduce another speaker and two others whom he will introduce and who are here to answer questions.

Dean Joseph **Cor less**: I'm here on behalf of the Medical School today and also Ed Holmes to introduce this proposal for Master of Health Sciences in Clinical Leadership. I'd like to introduce the three individuals who have accompanied me. Dean Mary Champagne of the School of Nursing, Lloyd Michener who is the Chair of the Department of Community and Family Medicine, and Dr. Duncan Yaggy, who is Chief Planning Officer for the Duke University Health System.

[There is] a very compelling statement in the Leadership and Management literature, and it says the primary function of a leader is to produce other leaders. Certainly this has been the position of the University and the School of Medicine, and we've taken special pride in our training of our students, our graduate students and our recruitment of outstanding faculty who are able to provide this leadership in the traditional academic setting. But we have had some changes in the School of Medicine and the Medical Center, so that now we have moved from the position of a traditional

academic institution, certainly in a traditional academic medical school and medical center, to a very broad health system structure that has created an awful lot of new challenges, especially in the area of leadership within the HMO environment, so that our physicians while adept in their practice and in the care of their patients are encountering new challenges in the integration of information related to business, advanced planning, and integration, cutting through paperwork, and a number of other things that leaders traditionally do. They are very good in their clinical areas, but I would say a lot of them have experienced challenges with regard to these other aspects of the new environment; and so, one of our responses to that has been to create for our [executive] positions, especially our division chiefs, an executive leadership program to help address some of these areas. This did not pop out of the blue, it evolved against a background of annual faculty development workshops which the Department of Community and Family Medicine has delivered for about ten years, I believe. So, this [executive leadership] program doesn't have a Masters of Health Science in Clinical Leadership, [and it] is introduced as a degree program against the previous executive leadership program which is a non-degree [program], in part, because the people who have experienced and taken that have asked, 'When are you going to offer a degree program in that?' So, this is part of what's coming through, but in addition to having this training, which is primarily focused on our positions, we want to be able to drill down and provide additional leadership in other areas that are evolving in the health management system, and that is training to involve physician's assistants, nurse practitioners, and other types of clinicians that are now playing very visible roles. So, I'd like to ask Duncan Yaggy to provide a review and summary of this and then he, Mary Champagne, and Lloyd Michener will be available for additional questions on that.

Assoc. Vice President Duncan **Yaggy**: Thank you Joe. You've all received a proposal and also, I believe, [he] just passed out a summary of its main points ["Proposal for a Master of Health Science in Clinical Leadership"]. As Joe suggested, let me review those briefly, because I think they're integral to understanding the program. The first point, really the purpose that we're driving at, is to give successful clinicians the opportunity to prepare for leadership roles in the health care system. This is something that we've been in the business of doing for a long time, preparing clinicians, physician scientists, and scientists for roles as leaders within academic medicine. What we are now in the business of doing, is preparing leaders for the management roles that are growing up within the health system, as we grow, expand, and diversify, as we

develop a comprehensive system, providing services ranging from prevention to hospice, and then try to integrate those services to make them seamless for patients, and at the same time to make them cost effective and affordable. Those are challenges which physicians and scientists are not prepared [for] in their training or even in their experience, frequently. And as Joe nicely suggested, more than one clinician has come a cropper trying to provide leadership for clinical enterprises, particularly for other positions. We want to start small with it. We want to start with as few as five students, five clinicians, who have demonstrated already their capacity for successful practice, who have attracted the respect and regard of their colleagues, and to give them the opportunity to develop the skills that they will need in an academic structure to be division chiefs in a system, to be managers of clinical business units, which is how increasingly the business of the health system is organized, and to play leadership roles for their colleagues as they face the challenges posed not only by the integration of a large system, but by the economic pressures in which we operate. To give us a wide choice of potential students and to make it possible for students other than those who are independently wealthy to participate in the program, we are proposing that this be a half-time program, spread over two years, in the hope that what that would allow us to do is to recruit clinicians for training who simply cannot afford to give up their patients, give up their practice, and give up their incomes, let alone give up family and come to the campus, and in that way, really be able to choose from a very wide pool of, we think, a substantial number of clinicians who will want this training and want the opportunities that will be open to them. The curriculum, as you will see from the proposal, builds and uses courses that are already being taught on the campus. The primary financial mechanisms set up in the program is a transfer [of grants and tuition?]. So, you transfer tuition dollars to the existing programs that teach the courses that are going to be part of the curriculum that is going to be offered. In time, that may change as the program grows, as it attracts more students, if it is successful and does grow up. We may begin to offer courses other than those already taught in the curriculum. But the lynchpin, the feature that will be new, the feature that is not now part of the curriculum of any of the programs, will be a mentorship, a preceptor ship for students that will give them an opportunity to work in groups, to lead groups, to learn the leadership skills, the people skills that enable people really to provide effective leadership, to provide strong management. Some people come by that naturally, precious few, and we need to expand the number and that's really what this is about, and it's that mentorship which is modeled on the 'Masters Memo' exercise in Public Policy, where I have

my appointment. I think, [it] should prove an effective organizing experience for the clinicians. The faculty, as noted, will be the members of faculty teaching the courses that are going to be part of the curriculum. The rationale, as Joe has suggested, is really straightforward. We need now in this environment to develop clinicians who can lead, who can manage, who can work effectively in groups. This is an effort to develop that cadre of leaders, both for the health system and, we hope, for a wider environment as well. Lloyd, Mary and I would be happy to respond to your questions as best we can.

Prof. Mary **Boatwright** (Classical Studies): I'm a little fuzzy about the leadership that is needed, can you give an example, just one?

Prof. Lloyd **Michener** (Community & Family Medicine): [laughing] The reason I was laughing is trying to think of which one to give. Perhaps the classic example would be a pediatrician on the Academic Council, who is currently running a unit effectively, so that the patients are cared for, but many of the patients we care for aren't funded. So how do you balance the need to provide the clinical care, provide the training that somehow rises up and is economically solvent, or at least doesn't bankrupt the rest of the institution? It requires trade-offs across the [board?] simultaneously in dealing with faculty who have a strong sense of attachments to their patients and their academic mission. That requires the financial skill of a Wall Street wizard [and the wisdom] of Solomon with leadership skills that most of us don't have. I make it sound like it's impossible, it's merely difficult, but very few of us who are trained as clinicians have really much experience in doing that and this program is designed to provide that level of training.

Mary **Boatwright**: Could one also see what you're doing as an attempt to make sure that the management in patient care does not go exclusively to managers, but there still is an active participation of [clinicians]?

Lloyd **Michener**: Absolutely, and we should have been clearer about that. Part of the problem with American medicine is so few doctors have training in management that we have of necessity abdicated the role of running our systems through those who have a financial experience and the leadership ability to oversee these complex enterprises in which we practice. That cannot continue. I think we have seen the price we've all paid for that. This is an attempt to deal with a national dilemma. We intend to start small not because the need is small, but because doing this well is so important and it has to be learned how to do it well. We do

have to increase it, there's an incredible need for it; I just had a doctor come to my office today, because he heard we might be doing something like this; he wanted to know how to apply, because he wanted to figure out how to do health care better.

Mary **Boatwright**: Thank you very much.

Duncan **Yaggy**: Let me extend that just for a moment. I spoke with the physician that Lloyd just mentioned. He has an MBA already. He already has acquired presumably the business skills that he might require as a physician and is a family physician. He wants now to get into a position where he can provide leadership in a different kind of clinical enterprise, and let me give you one example. It's one that we're going to go down and visit next week. Columbia, South Carolina is one of two dozen programs around the country who sign up frail, elderly poor people to participate in programs where they're provided extensive adult activity programs and health programs, and intensive services in their homes as a way of helping them avoid having to go into nursing homes and having to spend as much time as they otherwise would in the offices of specialists and in the hospitals. The programs have been enormously successful. Academic medical centers have not had much to do with it up until now. We need to look at that experience, because it is turning out that it is possible if you really learn how to integrate the services of the position, namely the assistant and the nurse practitioner and the physical therapist and the social worker and the bus driver who brings the person to the clinic. If you put the team together, with the consultative help of the physician, you can provide that intensive care and it provides a better life for people who don't want to go into a nursing home. But you need somehow to provide the nurse practitioner running that team with the opportunity to learn how to work in groups and lead groups and not simply work one on one with clinicians. And it is that phenomenon, the group health phenomenon that we are preparing people for, and we're going to have to, because it turns out to be a better way to take care of a lot of folks.

Prof. Linda **Franzoni** (Engineering): We are adding this on to a degree that already exists, the Master of Health Sciences degree, and you said that this is a two year, half-time [program]. Is the Master of Health Sciences degree also available as two year half-time, or is it only the Clinical Leadership?

Joe **Cor less**: Let me just back off one level. The Medical School College of Allied Health sponsors a series of Masters of Health Sciences degrees. So it's one degree that has

different areas, so we have a Master of Health Sciences for Physician Assistants, and we have another Master of Health Sciences in Clinical Research. It used to be our biometry program. And so this is a parallel product, the Masters of Health Sciences in Leadership, so it may have some sort of similarities.

Prof. Arie **Lewin** (Fuqua): I don't want to second guess the long process taking place here, but I have to say that it's not clear to me what is meant by the word leadership in this title. You know, normally when we talk about training for leadership, we have a sort of [didactic? theoretical?] knowledge in mind. Looking at this program, I don't exactly see [that], maybe it's [different for?] preceptorships? Maybe I didn't understand the introduction, but maybe you could address this a little more.

Duncan **Yaggy**: Let me speak to it, but let me add Mary and Lloyd to speak to it as well. I think our experience generally has been that didactic training and leadership already in practice has proved less successful than experiences where they had the opportunity to work in groups on projects that have an outcome that is important and have value and is the opportunity to work in that setting over a period of time with real clients that in fact enables them to understand how to work in groups and how to lead groups, and I think it's analogous to the kind of experience that you can frequently provide in teams that you put together for students in the business school, and it's exactly that setting in which you take turns being a leader, being a follower or being a member of a team, being a captain of a team, that enables clinicians who really have been trained for one-on-one interactions, not for group interactions, not to work in teams, and when they do work in teams, to work hierarchically. The doctor gives the orders, the nurse follows the orders. I mean, when I came here, it was explained to me that the role of the nurse was to be the handmaiden of the physician. That was the term; and that time is gone. But the attitudes aren't gone and learning new ways of behaving, new ways of working together is really critical. So it is thought that preceptorship rather than [something] didactic in structure is more likely to be effective. Certainly, if it turns out we need to supplement it, we will, there's really no question about that. That's one of the reasons we're starting small, the opportunity really to try different alternatives here. Mary, do you want to add to that?

Dean **Champagne**: No, I think you captured it well. A number of the courses have management in the title and that may be one of the things that has kind of sparked the question. I think that preceptorship will provide opportunity for

leadership experiences and will [be] guided [?] carefully after the first year.

Arie **Lewin**: Will the students be assessed or observed in some way in these preceptorships and given feedback about how they're doing?

Lloyd **Michener**: Otherwise, it wouldn't be an effective preceptorship. What we're trying to do is take a group of folks who already have the clinical skills from working with patients who are going to be in situations where they have to be effective leaders, and have enough experience to already realize [that] they need to learn the difference and learn what that shift is and put them in situations where they can practice and get the feedback and continue to hone those skills, so they can be effective. I think it will work, but I think we all share your concern. We've talked about it in the steering committee. If that method itself isn't effective, then we'll need [to change?] it, and [if] there's a lack of knowledge, that we'll need to add that in and we will do so. Do you have a question?

Prof. Rhett **George** (Engineering): Mine has been answered in the previous discussion. I think, you mentioned people skills as one of the items. It's not a course listed as such. Where do the people skills evolve?

Duncan **Yaggy**: I think, you're right, I was trying to address it in my response to the prior question. It will be in the interaction of working together and the nurse being able to tell the physician to back-off, i.e. in a real-work environment, not in a classroom, working on a project where teamwork matters, where they need to relate to each other effectively and not as perhaps they have done in the past.

Lloyd **Michener**: Just to be a tad more provocative in the response on that, this is going to be a mixed audience of folks. [There are] some who have the skills that I think you're describing and have the communication skills and some who don't. And [there is the] stereotype [?] [that] the physician may need it a little bit more than some of the others, so rather than put in a course for all, we perhaps ought to deal with it on a case-by-case basis.

Prof. John **Board** (Engineering): Are there any other national models you're patterning this after or failed experiments you're trying to avoid?

Duncan **Yaggy**: We certainly have looked at a bunch of programs in the context of developing this. One of the things that we're finding is that specialized training and management for health administrators or hospital

administrators or clinical administrators is really a vanishing kind of breed. There were, in decades gone by, business schools that had health specializations that carved out programs specifically designed to develop people for management roles for health systems or in hospitals. Those programs increasingly have either diminished in scope and in importance, or actually been eliminated in a number of schools in favor of a more generic approach to business training with a little focus on the health care, and part of what we're responding to is really a focus on clinicians, because most training programs, that have been designed to prepare people for management roles in health administration or in hospitals or other clinical settings, have intentionally chosen or ended up choosing people who weren't clinicians, by and large. What we have found, as a consequence of that, is that when we turned to the pool of clinicians to try and identify people to provide the leadership we need, particularly as discussed earlier in an environment where we need it, that we realized the need for programs that are really aimed at clinicians and clinicians in practice who do not have to give up their practice simply to get this training. There are people who are willing to give up their [livelihoods?] or have the income to give up their livelihoods, but I think what we prefer to do is open it up more to train a wider group of people. I look at some of the people who participated successfully in the Physicians Executive Leadership Program—I was one of the folks who participated as faculty in the Program—we had most of the Duke University Medical Center physicians but we also had family practitioners in practice in the countryside who are also part of the Duke University health system coming for that opportunity to grow. They are providing leadership within their own practices and within their own communities, taking large responsibilities. But this is the opportunity really to get the management skills to the next level. If you want to see the examples in practice of the need for this, you have only to look at the debacles in the physician practice management organization and the difficulties that the physicians have encountered in trying to come to terms with the new practice reality, and many of them didn't choose to get into this. They kind of got backed into it, because they realized that unless they were parts of larger organizations, they couldn't negotiate the kind of contracts they needed to negotiate. This is not something they're taught in medical school and yet when it came time to organize, when it came time to build effective organizations and to manage them, they frequently came [a cropper]. You don't have to go further than that.

Prof. Gabriel **Katul** (NSOE): [Should the] degree perhaps more appropriately [be] called Master of Health Management?

Duncan **Yaggy**: Well, the degree in the Medical School, as Joe would tell you, is Master of Health Sciences. It's in clinical leadership rather than management. [This is] because really what we see is the focus on leadership. It's on the ability to provide leadership, not necessarily business management as traditionally [conceived], and I think leadership perhaps opens it up and makes it sound more acceptable to people who are for example mid-career nurse practitioners than what might otherwise sound like a business training program.

The **Chair**: Thank you for the presentation. A draft resolution was passed around. We won't be voting on that today. We'll be voting in January on that. We're now going to turn to the discussion of the Recreational Facility Advisory Committee and I'll be asking Rich Burton to come up in a second. Just to remind you of where we are in this. In the summer, a fee of \$200 was announced for use of the recreational facilities that were then [being] revamped and there was a substantial amount of controversy created about that fee. I had discussions with a number of people and the more I discussed the issue the more I understood there were lots of perspectives and lots of valid perspectives. And so what the Executive Committee in cooperation with Tallman Trask did was to put together a new committee to look at this issue, to basically go back and think about those different perspectives, and I was very pleased that I was able to convince Rich Burton, who has been chair of this organization, to chair that committee; and Rich, I think, has done a magnificent job of pulling together the recommendation that you are receiving at this point. I do not intend to ask for a vote on this matter today. This is a committee that we helped form that is advisory to Joe Alleva and to Tallman Trask. If we were voting today, it would be the strong recommendation of the Executive Committee that this be endorsed. But it seems to me that what our appropriate posture is [is] to receive this report and to comment and if people strongly disagree, then anybody can make a motion, but that would not be my proposal, and I would at this time call Rich Burton forward.

Prof. Richard **Burton** (Fuqua): Thank you Mr. Chair, members of the Council, faculty, and ladies and gentlemen. This is both a very simple issue and a very complex one. It is one that both had elements of agreement and elements of disagreement and what I'd like to do, before I talk about the proposed fee structure that you have in front of you, is to talk a little bit about the background and the process that we went through. I'd like to begin with some of the issues in terms of the agreements, lest we forget that we are indeed very fortunate to have two fine facilities on this campus. The East Campus facility, the Brodie Center

and the West Campus center, the Wilson Center. So, we have two facilities that we can be very proud of and, in fact, again, we're very fortunate to have. They have been both a long time in coming and a number of you have served on committees seeming like for years in terms of getting to where we are today. The other thing on which there was very quick agreement is that these facilities should be a Duke University community resource and that we want to encourage broad use by the university community. I should say also that the word, the Recreation Center, is purposely chosen. It is not to be a general health club and it is not our anticipation that the hours would be 7 days a week, 24 hours a day, but, in general, the schedule would follow much closer to that of the academic year, namely the calendars of the undergraduate and graduate students. Certainly, faculty and others are encouraged to use it whenever they can. A third thing on which there was general agreement was that, if there is to be a fee, it should not be a major burden to individuals or families within the Duke community. So, with those remarks on [matters on] which we agreed, I'd like to turn for just a second to a few background facts that have to do with the cost of operation and some of the sources for funds to support these facilities. The operating budget for both east and west for next year is about \$ 2 M. This is broken down in terms of maintenance and operations, programmatic issues and debt service, the sources for these funds to make up the \$ 2 M. There is the Duke University Athletic Association. Its contribution of \$ 500,000 is based upon an agreement that was made a couple of years ago in PACOR and other places to have the Athletic Association support the rec. center and its operation. The undergraduate and graduate fees make up about \$1,130,000 of the \$ 2 M and, as you may know, that is also part of those earlier agreements that undergraduate and graduate students have been paying mandatory fees in anticipation and in use of these facilities. The undergraduate fee is \$ 75 a semester and the graduate professional school fee is \$ 25 a semester. That leaves— ignoring what fees may be assigned to faculty, staff, and community in general, a shortfall of some \$ 380,000 against next year's budget. If there were to be no fees, then those funds would be paid out of the general funds of the university and in some sense would be paid by all of us.

So, one of the main questions we spent probably a number of meetings talking about, was background in various ways and finally, I guess, it became obvious that the main issue that we had to deal with was whether to fee or not, and lots of complicated points of view, very strongly held, and diverse points of view you've heard about them. Many of you may hold them and so what I'd like to [do?], at [the] risk of great simplification— I'm at the Business School, we get

paid for that — [is to talk about?] the view of what is fair, [a] small word with lots of ramifications. Essentially, [there were] two points of view. One was that as a community we should share in the cost for these facilities with the students, and that would be fair, [i.e.] our rightful obligation in this particular process. There are others who reject that and suggest that has nothing to do with fairness, and I think in some sense along a different dimension they would argue that fees change the qualitative nature of the community, and to coin a phrase— that probably is not a word— are reluctant to move toward the 'market-ization' of the university. There were some examples, that came up, of library fees and others. We don't charge to visit the Gardens, but I'm using that hypothetically, we're not proposing that. Essentially, we had to move ahead in some way on this issue, i.e. essentially, 'are you opposed in principle to charging a fee?' And a substantial majority of the committee was not opposed, and there are a few who were and are opposed, and I'm sure they could articulate those positions better than I. But I think in general that does have to do with the notion of what it is that we define as the nature of the community that we all live in and cherish.

If I may, then, with these background comments, turn to the fee schedule itself that you have in front of you and try to relate some of the discussion that we went through in coming up with this. Every word here in terms of definition of the community was debated, like 'others,' and 'accompanied' and what is a 'parent' and what is a 'family' and so on. I would propose that we do not do that at great length today. We then tried, as it were, in terms of item 1 to make, shall we say, the facilities generally available and not to a great burden. So, the first group is essentially for the Duke community individuals. For \$ 2 [one] can go on a per use basis to either facility. That includes faculty, staff, bi-weekly, and other Duke employees, and Duke retirees. We just put that in there because we didn't know who else might be involved. And I think that probably should be a semicolon 'and their families' also on a \$2 basis. The family applies to everybody. And then for guests, if you like, certain members of the Duke community, but a little more removed, \$ 5 as a fee. For the semester fees and, again, it's the judgment at least of the committee that this should not be burdensome. We also make great comparisons of what you can buy for \$ 2. Then, in terms of the more general use, [that] is, having to do with the semester fee schedule for the same group, we came up with two categories, West Campus and East Campus, \$ 75 for both and \$ 25 for the East. Again, the East Campus is a wonderful facility and we thought that \$ 25 should not be considered a great burden for members of the community even with modest income. It

takes time to come up with something that is relatively simple. Initially, we had fee schedules and discounts. We looked at the Day-Care Center and how they do it. When you overlay these things you get combinations and permutations that are really weird. Sort of like you can't sort out what is going on. And we had a real desire to make this more understandable than your phone bill. So, we chose to err on the side of simplicity. Hopefully, you can understand the one-page [summary] and what is to be the fee structure. Out of all the complications that have to do with means test and so on we decided that we would go with this particular recommendation and that it should be again not insignificant perhaps for all but certainly a moderate fee for every member of the community. Summers are really a mess. There are people in - they're out - they're here for short times. So, again, to keep it simple, we decided we'd do that free. And these are continuing undergraduates and all members of the Duke University community. We've been told by the administration that this can be implemented rather easily. We live in the age of the swipe and so if you have a Duke card when you check in, you would be swiped in and either if you've already paid that would be noted or if you were to pay, you could then use a flexicard or deductions off some card to make the appropriate payment.

I might ask the chair, if there are other members of the committee who would like to speak before you open it up to questions. On the bottom [of the Recommendation on Rec Center Fees], I'd like to recognize the committee and just go through the individuals: Clarence Birkhead, Chief of the Duke Police, Jan Ewald is professor in History, Scott Keane is a graduate student in the Fuqua School and representative of the Graduate and Professional Students, Deb Kinney is staff librarian at the Law School, Carol Meyers is professor of Religion, Tom Spragens is professor of Political Science, Sue Wasiolek is Dean Sue [laughter], Patrick Wolf is professor in Engineering and Lisa Zeidner is chair of the Undergraduate Association.

The **Chair**: Any committee member who wishes to speak to this? Then we would open it to questions.

Prof. Greg **Lawler** (Mathematics): The fee seems to have dropped even from [the earlier reduced fee]. Is this [the rec. fee] projected to make up the entire shortfall?

Rich **Burton**: One of the things we were not burdened with was to try to make up all of the shortfall. The president had agreed that that was not part of our charge. That the idea was to deal with this not as a revenue- shall we say- closing gap but that, certainly, it would be acceptable to the administration if [there] was still some shortfall. It

also makes our job technically a lot easier, because we don't have to do projections on demand and try to estimate price elasticities of demand. So our best guess is: that would probably make up about half of it.

Prof. Philip **Cook** (Soc. Sciences) : At the risk of revisiting the many discussions you had about definitions and so forth, I am interested in the word 'family' and particularly if it suggests that children will be admitted to the facility.

Rich **Burton**: Yes, children are part of the family. We had sort of a loose definition of whoever is in your household. But there are rules that have to do with children being accompanied, and I think that if you are less than 18 years old, you have to be accompanied by a guardian or parent. Certainly, there is no intent that this would become in some sense a child center for unaccompanied children to spend the day.

Prof. Peter **Burian** (Classical Studies): I appreciate your desire to keep this simple, but there is a consequence of one bit that I want to make sure I understand. [The recommendation summary] specifies continuing undergraduate and continuing graduate and professional students [as being exempt from a fee during the summer semester]. This presumably excludes some students, and it worries me a little bit, that is, for example, we have a pre-college program, we have other students who might come here for summer school. Are we going to be in a position of making this certain small number of students pay while all others enter free and if so, is that a wise thing to do? Or does 'continuing' mean something else here?

Rich **Burton**: Well, to be honest with you, I thought we had discussed everything, but this comes up as new.

Peter **Burian**: I thought there must be some reason you put 'continuing' [there].

Rich **Burton**: Well, 'continuing' in the sense that we wanted to make sure that it was our own students and also that students who are registered in some sense, and when you come from other universities. . . .

Peter **Burian**: As long as we're not making some invidious distinction

Rich **Burton**: If they're here as a student for the summer, for whatever reason, they would be included in this.

Prof. Jan **Ewald** (Soc. Sciences): current and continuing.

Prof. John **Staddon** (Natural Sciences): A couple of points. Fees like this which are also, of course, applied to that other non-controversial subject - parking [have] two functions. One is to raise money and the other is to ration access to a limited resource. That's one. The other aspect is, of course, the tax aspect. These are after-tax dollars and my question, therefore, is, did you consider the possibility of some other form of rationing that would not use after-tax dollars?

Rich **Burton**: No, but some of us are hopeful that if we did a good job here, we might be appointed to the Parking Committee. [laughter]

John **Staddon**: Seriously, there [are] organizations who provide these kinds of things free.

Rich **Burton**: I think, in some sense, we didn't go into the tax ramifications of this for the individuals involved. Again, the total, we thought, was not a burden and that it was not going to be a major issue whether you spent \$ 75 after tax or before tax on this particular issue.

John **Staddon**: I don't want to take too much time on this, but, obviously, one possibility would be to give members of the community some kind of grant - facilities grant- which they could then spend on parking, athletics or whatever and then that would perhaps solve the tax problem. But you didn't talk about that?

Rich **Burton**: **We** did not.

Jan **Ewald**: I just can't help putting my two cents in and I'm not going to address the broader issue, because I've done that before. I guess, I'm a little bit troubled with the way community is being used, and I think the reason I'm troubled about it is, because it is one of my favorite words. So, of course, when it's used towards an end that I don't wholeheartedly support, I get very concerned. I think, there is a real difference in the university community between people who work at a place and people who pay to come here. And I just wanted to plant that notion into all of our minds, so when we talk about community we can also think of the distinctions that exist within community, and that is, something that might be fair for one group of people in the community might not be fair for another. Thank you.

The **Chair**: I'd like to again thank the committee. They worked very hard. They had an extremely tough issue to deal with and while no solution is perfect, I think there is elegance in the simplicity of this solution and I really do

appreciate the group being willing to take it on and to do it so well. [Clapping].

We would now turn to our final item and that's the discussion of the Master Plan and I'll introduce Tallman Trask to introduce the speaker. I passed out more material today than I typically do and part of the reason is that up until right now they weren't available at the time the mailing went out. The item I'm going to pass out now is the action plan and implementation plan [Duke University Action Plan 2000; Draft, Nov. 1999]. I have this view that if you pass too many pieces of paper, none of them get read and so I didn't want to give too many, but this is a set of proposals, and I thought that it probably was best, if it was passed out at the same time caveats and explanations were given to those items.

EVP Tallman **Trask**: Thank you Bob. Before I do this piece, I also want to thank Rich Burton and his committee. We managed to step in the rec. fee issue quite awkwardly this summer and I think it's been a good process to work through and show that even on a controversial issue like this, shared governance can work around here and I want to take a last look at the numbers, but I think the solution is here.

The master plan issue has an interesting context that I want to give a little bit of background to and try to tell you where we're headed. Over the last couple of years, as we have gone into new construction projects and asked the Board of Trustees in the Buildings and Grounds Committee to approve new construction, they have taken to asking how does this fit into the larger plan? And then they asked 'is there a larger plan?' And the fact of the matter is that there is no formally approved plan for the future development of Duke's physical campus. There was one in the 1920's that the Trumbauer firm did. I think a lot of people would argue that it was one of the best master plans that had been done by anyone. And in the intervening years there had been work done by the Olmsted brothers, and CRS and Dober. More recently Laurie Olin has done some landscape work which led to, among other things, some of the signage you now see on campus. Alex Cooper has been doing a lot of work on the Medical Center. Cesar Pelli has been doing a lot of work on the athletic areas but there has been no overall plan to pull all those pieces together. So, at the request of Building and Grounds, we're trying to take what we've done before, not start over, but integrate what exists and create a roadmap for the potential development of the campus in the years and more likely decades ahead. With Buildings and Grounds' advice, we hired Bill Porter, former Dean of Architecture of MIT, to help think through how the process ought to work and with his help we interviewed

several groups of architects and planners who do this kind of work and ended up hiring a team headed by Lee Copeland who is here today. Lee is a former Dean of Fine Arts and Architecture at Penn. Before that, he spent a decade as Dean of Architecture at the University of Washington and he has done this on several campuses including Indiana, Penn and Washington where he is currently engaged in a similar, but more, I hope, contentious process than we have here. We have been working for six months and now have a document we would like share with people. In addition to this group, it is going to go to the deans. It's been to APC at least in early form. It's going to CFE. It's going to PACOR and we'd like to generate a fair amount of discussion in conversation about where this plan would lead us with the expectation that we might be able to complete that and take it to the Board for their hopeful approval in May of 2000. So, we have about a six-month window here where we're trying to generate comments and discussion. I want to be clear that the plan is intended to be illustrative not prescriptive. It is not a plan to decide what it is we're going to [do]. It's a plan to think through, if we decide to do something, how might we best do it, so that in the end it looks like we thought about it beforehand rather than simply plot down a series of ad hoc decisions. [The purpose of the Plan] is not at all determining which of those things will happen. That will all continue to get decided through the normal academic process and approvals. I've asked Lee to talk today some about the basic principles that are identified and the underlying themes of the plan. We've got some potential action items at this point. Those are all hypothetical. We'll be back here and elsewhere over the next several months as we have more details, try to refine it and improve it. We welcome comments that you may have, big or small. If you can send them either to me or John Pearce, University Architect, we'd much appreciate it.

Lee **Copeland**: Thank you very much. I think an illustration of what one of our goals are is that, if you look at the curriculum that the 5 students that will be enrolling in the Masters of Health Sciences in Clinical Leadership, they'll be going back and forth between about four different schools on this campus and one of our goals is to make that walk pleasant, safe, enjoyable. One of the qualities that most successful campuses, in fact, do embrace is the pedestrian environment of the campus [which] is a very important part of the quality of the environment. I would like to briefly go through what our foundation is for the plan and not get into any of the specifics. The Action Plan illustrates some specific actions and is illustrative of some of the policies and of the goals that I'm going to be briefly describing. To begin with, we really started with the essential mission of Duke University with the intention, I think, as we would

with any master plan, saying that the primary purpose of a campus environment is really to support the mission of the university, i.e. to support the teaching and the research and the sense of community that makes up the life of the university. We've, for example, identified potential building sites on the campus [for] the support of facilities for teaching and research. We've identified open spaces and circulation systems that we think support essentially the basic or primary mission of the university. The intent of the Plan is to really record and state in [such] a way that people can refer to [it] when they are considering planning, designing, implementing specific projects; they can look to that plan and understand how those projects should fit into the context of the larger campus. Therefore, the Plan sets forth agreed upon goals and strategies, and one of the issues here is whether these goals are agreeable to the campus community. It also sets forth some regulations or policies that we feel should perhaps be enforced if, in fact, you want to particularly conserve the natural environment of this campus as well as the historic structure of the original campuses (the east and west campuses) . It also attempts to provide a framework for the future, to look at the potential of new development and conservation, see how it can, in fact, conserve and build on the essential or primary qualities of the existing campus. We also think [that] rather than just shelving this document after it's all done, it's important to recommend a decision making process that will continue to put, I think, a responsibility on this community to look at the Plan and to refer to it, as I said before, as various projects are identified and implemented. Along with that implementation program which we have drafted as part of the Draft Plan, we are also recommending that the long range plan include action plans that would be prepared, say, approximately every two years; they would include the various actions and various projects that might be considered in the near future and they would show how they, in fact, do reinforce or help implement the basic policies and goals of the Plan. The elements of the Plan then include the goals and the various zones of the campus, particularly conservation zones. They include various strategies and applications and that includes the illustrative plan, and we really mean it purely in an illustrative sense, that tries to show how the issues of open space, of the forest, of conservation are integrated with development and with circulation.

One of the kind of difficult issues that architects and planners are always engaged in is [that] , on the one hand, we want to save things that are relatively general, that fall in the realm of [such] criteria, but on the other hand, we want to take what might be a very abstract vision and give you some illustrations of how, in fact, those more

abstract [visions] might be realized, and then propose ongoing action plans. Now, the goals that we have identified after a fair amount of discussion, but these are still issues which, I think, are on the table and we would very much appreciate your responses to [them], is first the recognition that one of the really unique aspects of this campus is, and most of you would probably agree, that Duke is a university in the forest. The juxtaposition of the natural environment and of the forest environment with the built environment, with the structures and the circulation systems within the campus, is something which should be kept very visible and should be conserved. Therefore, in the Plan we have identified conservation areas and we have described in the Draft Plan various levels of conservation ranging from do nothing, don't touch, water course, steep slope, stay away from it, or don't touch this forested area other than to preserve it, to other instances suggesting that there are levels of development that could occur or improvements within the conservation area. Secondly, we also are saying that Duke is a historic and a dynamic campus, [so] that projects, designs, plans, and landscape work that is done here should continue to support that environment, but also recognize that it is evolving, and this a really tricky area. To what extent do you really look to the future and allow for expressions of contemporary times and perhaps of the future within the historic context of the campus? It seems obvious, i.e. [it's] most of these goals; but another goal is that Duke is a premier institution and its architecture and its spaces and its landscape should reflect that, [namely] that the quality of the work that is done here should be up to the quality of the institution. That seems pretty simple, but I think you've all experienced bad architecture or architecture [where] perhaps there has not been enough money spent or maybe too much money in some instances. But I think that the judgment of that quality is an important component. Another goal that we think is important here, that is very clear, is that Duke University is a community of communities. On one level it is one university. It's a community and we want to encourage a greater cohesiveness, a greater interaction and connection between the various components of the campus while at the same time recognizing the unique identity of some of those components of some of those schools and to help strengthen their individual identity as well as create greater and better interactions between those elements of the campus. We think, frankly, that in the past some of the new developments have tended to be relatively isolated one from another and from the historic campus and that those need to be better connected, and as they are added to and developed, they should create also within themselves a greater sense of place, places not necessarily focused or organized around parking lots, but more around spaces where people will

interact between development of buildings. We also think that there should be, and this follows from what I just said, a network of memorable places. That new development on the campus should be directed towards the creation of human scale, open spaces with distinct character. This sounds fairly simple, but I can give you a number of examples on the campus of where buildings were built without any relationship to another building or to any space. Whereas we know that what you value on most campuses, including here at Duke University, are those areas in which the buildings are formed not as complete entities in themselves, but as fragments of greater wholes that include building complexes along with open spaces, along with circulation, along with accessibility. We felt that that was an important goal to develop, and as you can see in the Action Plan, some of the proposals clearly address that issue.

The last goal (I mentioned this at the very beginning) is that we feel that the campus should be a walkable, understandable campus, and that, in many ways, it is unusually confusing to access this campus from outside. I think most of you will agree with that and that once you are here, it is not a particularly easily walkable campus, and it happens to be very large, and there are some difficulties about the relationships between the East and the West Campus. But even within precincts, the pedestrian and open space systems are really not well developed, and in many instances some of the major pedestrian walkways are really walking right through parking lots. We feel that there are some streets that, in fact, could be closed and turned into pedestrian and bicycle paths, and that there are some parking lots perhaps that should be removed and turned into open spaces and replaced perhaps elsewhere, and that there should be greater reorganization of some aspects of the campus in order to make it a more walkable, understandable campus. That walking part, we think and I think you would agree, contributes very much to the whole intellectual climate and mission of the campus. In most instances or many instances, when people are walking together before or after classes, you know they are talking about ideas and about what had happened in that class or what was about to come up. It's an important part of this environment, and we think that that aspect could be strengthened on this campus. The only other point I wanted to mention, and I did in the beginning, is that we have included in the Draft Plan an implementation program that recommends a structure of committees that would essentially become the guardians of the Plan and follow it through and that would link the overall long term general kind of Master Plan to the Action Plan, that would be a two-year or five-year plan, and to specific projects. So, those can begin to be viewed in the

context of one to be added, and then, as I said, you've received an Action Plan that is an illustration of what might happen in the next few years.

Prof. Ken **Knoerr** (NSOE): My question is addressed to Tallman [Trask]; this is the 4th plan in the last four years that I'm aware of, and it's probably the most thoughtful. I'm familiar with all of them, because I was on CFE for 15 years and because of interest, I went back and read them all, so I'm familiar with all of them. I was involved in the process during the Dober report [on] development, and I find it probably the most thoughtful and to the credit of Buildings and Grounds Committee of the Board of Trustees that Tallman now chairs. It appears, that this one actually is going to be used. All the others were drawn and basically in one way or another, if someone wanted to force some [thing] through, they'd wave it in the air and say it's mandated in this and if they wanted to avoid that, they'd just ignore it and say that was never approved. But what's important now is that it looks like this one is really going to be implemented; there's going to be supervision that insures that it's going to get implemented and, therefore, I think it's very important that the university community have adequate opportunity to review it. That means you've got lots of time; my sense is until sometime in May, so I'm just encouraging Tallman to work with the Executive Committee of the Academic Council and [to find] some thoughtful ways of getting the university community involved to give you feedback. As you know, the devil is in the details and you want to give the university an opportunity to look at the details.

Tallman **Trask**: And at this point, we've simply arranged [to go] through the more traditional committee structure which may not be the right one. We're ready and willing to go to anybody almost any time.

John **Staddon**: I want to underline what Ken said in one sense. I think, it's a wonderful thing that we're going to have an opportunity to talk about these which are very important. But I do have a general comment about this document that was handed out here. It stands, I think, in unfortunate contrast to the other two documents that we saw for the health sciences and for the fees. When I read this, I thought that it had been written by a graduate of the Dwight Eisenhower School of Expository Writing. I found it full of boilerplate and almost incomprehensible and much too long. Fifty or sixty people are going to be reading this, but the essentials of it could be put on one page. And I would urge the Executive Committee of the Academic Council to ask people, when there are to be documents like this to

be circulated, that everyone is expected to read, that they be condensed and rendered into English which avoids terms like "functional and readable hierarchy" which sounds to me immediately like something to do with the state or the government, but, apparently, it has something to do with the way that highways will be arranged on the campus. So, the ideas, I think, I have no problems with, but the exposition really was pretty awful, and I do hope in the future [for a] simple one-page summary. I understand, Winston Churchill said that major battle plans had to be submitted to him on one page. I think we can manage maybe a one page statement.

The **Chair**: I was hoping, what you say may, in fact, dovetail into what I think will happen in May here, namely that if there is anything to be adopted by the Academic Council, it must be on something like one or two pages, because you can't really vote for 50 pages. One of the things that I hope we can accomplish in that period of time is to figure out what it is we are endorsing and what we aren't. So, I think, in some ways, the process of trying to endorse something, of getting it to a resolution, is to get it down to a limited number of words that are comprehensible. So, I think that will be part of the natural process that we do it right.

Prof. Barbara **Shaw** (Natural Sciences): I also think it's important to have a master plan. With regard to the last statement, like you read lots of words, I tried to read the diagram. I love diagrams. I love pictures, but I need documentation, I need orientation. I need to know which is north, which is south, what street names are, what building names are. I've been here for 25 years almost and I find it very difficult to figure out from what looked like very pretty pictures exactly where on the campus these buildings or streets are. You know a picture is worth a thousand words, and I urge you to try to make it clear what you have in mind. The second comment I have is, I noticed you emphasize having a walkable, understandable campus that encourages connections between elements. First, not everybody can walk, and we've seen it on campus, more and more individuals who do not have the ability to get around very easily, and I think, that as we have older populations, we will have more individuals this way, and so perhaps it's in here, but it's not clear to me that your plan is going to make it easier when you [want to walk to?] Science and Research Drives [and then] you put a building right there; or when you have a one-lane road on Campus Drive, which means that either everybody goes into campus or everybody goes out of campus or you have half the time people are going one way - half the time people are going the other way. To me this doesn't seem to encourage, but discourage ability for people on the campus to move around -

particularly on Campus Drive. There is enough room, I think, to expand Campus Drive, I think on either side that could accommodate the walkers and the bikers and those who need to drive.

Lee **Copeland**: I think it's a good comment. We did include accessibility in the body of the draft, but I hear your comment.

Prof. Russell **Richey** (Divinity): I have two concerns. One of which touches on the point just made and it's prompted by the document handed out which I understand [represents?] the illustrative placement of things. It does seem to me that it effectively dooms the Chapel for either services or weddings which happens to be the number one site on campus, as I understand it. It makes folks going to the library with heavy loads very difficult. It doesn't seem to be thought through with respect to the buildings and offices that are now using the Divinity lot. That's one concern, [i.e.] just how [and] to what extent this plan and planning process thinks about Page and Divinity and the library and access to those. The second thing, though, has to do with who is thought to be the student population or the members of this community and who are being served by a plan that features walkways. I would suggest you add another goal to page II-1 [Campus Master Plan] which fleshes out nicely what seems to be implied here. [Read from a typewritten statement prepared by the speaker titled "Goals for the Duke Campus"]: I give it the heading: Duke will be AN INSTITUTION OF PRIVILEGE:

Plan with West Campus undergraduates in mind, under the directives of administration and trustees who park on the quad, and by outsider architects and planners who ease their way onto the campus:

- by presuming the West Campus norm of dorm, class, food, and exercise all conveniently within an easy walk;
- by ignoring the lower level employees, junior faculty, and professional and graduate students who must park on the extremities of the campus and hope that slow buses and inclement weather do not prevent their getting to work or to class on time;
- by overlooking the heavy backpacks and, in winter, the heavy clothing that commuters must bear in getting into campus for the day;
- by further slowing traffic between parking lots and schools/offices so that staff and students with early and late obligations can go and come even more in the dark;

- by presenting the attractive new plans **oblivious** to the other half of the student body and the great majority of employees who must access campus via automobile rather than a leisurely walk.

And I'll be happy to give you a copy for the minutes.

Ken **Knoerr**: This is just illustrative of the feedback you're going to get when you have a broader review by the university community; but [as to what] John [Staddon] said, that is— I can understand his desire for an Executive Committee summary— the devil is in the details and unless you get a reasonable number of people to read the whole document, you're not going to have the input that they really need.

John **Staddon**: No, Ken, I have to add, I was not objecting to having the full document to read, it's probably going to come down to it, but to these materials that were circulated to everybody; in fact, the substance could have been reduced to one page.

Prof. Lawrence **Evans** (Natural Sciences): I am confused about what we are doing. We have a discussion here today at 5 o'clock and then are we going to have another discussion before something goes to the Trustees or what is the plan?

The **Chair**: I don't know how many other discussions we will have. The one today was the introduction. I just wanted to get the ball in play and I couldn't predict exactly how quick the other things would go. We would have had a slide show if we would have had 15 more minutes before we started, and I asked Lee [Copeland] to basically have presentation A and presentation B, depending on how much time we had today. And then we will figure out when we come back and it may be that we schedule a session in which we can have a very long discussion which it wasn't at this time, but might be to a larger group, and so the things can be worked through. It won't happen right before May. It will happen at an earlier stage. I wanted to get this ball in play, because there is going to be a discussion at the Trustees and Lee was going to be around at this time and then we'll have several others, I believe, and I've got to figure out how best to do that. But it won't be happening at the last minute.

Larry **Evans**: One tiny point of information for the speaker. You've offended two groups of people by calling Old Red the Physics Building, [laughter]

Lee Copeland: We were calling it Old Red and then we were told to call it ['the Old Red brick Physics Building'].

Prof. Bruce **Kohorn** (Natural Sciences): How much attention is being given to electric rail or buses on campus? There seems to be a bit of a contradiction with the administration's view on the recent rail system to be proposed to the Triangle and that that shouldn't be close to campus.

Lee **Copeland**: We're including the alternative sites that are being considered for the rail system access and proposing that the bus system then link to that, to pick up people, and circulate them from the rail system through the campus.

Prof. James **Cox** (Law): You've observed quite accurately that this is a community within communities and it would seem to me that, when you are trying to sponsor some dialogue and reaction to this, it would be good to get the representatives from the various subcommunities; not just have town meetings, but having individuals whose duty it is to go and represent their respective units. I mean, whether that would be communities such as the Law School/Policy Sciences/Fuqua which is one appendage of this campus, or maybe just the Law School. But I think it ought to be given a lot of thought and having people who are faculty members, students, graduate students take care of the needs of a wide group not just the undergraduates.

Prof. Richard **Heitzenrater** (Divinity): I'm all in favor of beautification and walking and exercise and so forth, but I also wonder about safety, particularly about health and fire safety, and I was just wondering if fire marshals and so forth are involved in the process. When I look at the map on p. 12 [Action Plan 2000], it shows a new Divinity Building back there, but it isn't within reach of any street. If there is a fire, how does the fire truck get there?

Lee **Copeland**: I thought we had access. I have to look on the map. I think we have service and fire exits along there.

Dick **Heitzenrater**: It's not evident on the map.

Lee **Copeland**: We did look at that in a fair amount of detail, but I would agree and this sounds like an excuse, but every project needs to address specifically particular questions of emergency access, let alone service access. Oftentimes those are mixed with pedestrian access on university campuses, as you probably know.

The **Chair**: We'll figure out how to conduct other conversations. I appreciate that this is late, but I think

you saw both last meeting and this meeting that we added more items than we really had time to handle. If anybody wants the fuller version they are in the box here. Thank you for coming today and see you in the next millennium.

With this, the assembly stood adjourned.

Submitted for consideration by the Academic Council,

A. Tilo Alt, Faculty Secretary