

**Committee Name:**  
**Joint Committee on Finance – Budget Hearings (JCF\_BH)**

**Appointments**

99hr\_JCF\_BH\_Appoint\_pt00

**Clearinghouse Rules**

99hr\_JCF\_BH\_CRule\_99-

**Committee Hearings**

99hr\_JCF\_BH\_CH\_pt00

**Committee Reports**

99hr\_JCF\_BH\_CR\_pt00

**Executive Sessions**

99hr\_JCF\_BH\_ES\_pt00

**Hearing Records**

99hr\_ab0000

99hr\_sb0000

**Misc.**

99hr\_JCF\_BH\_\_Misc\_Education\_pt04e

**Record of Committee Proceedings**

99hr\_JCF\_BH\_RCP\_pt00

**Higher Ed.**



UNIVERSITY OF  
WISCONSIN-MADISON  
MEDICAL SCHOOL

July 8, 1998

Dean Philip Farrell, MD, PhD  
UW Medical School  
1217C Medical Sciences Building

Dear Phil:

On January 22, 1998 I wrote you as Chair of the Medical School Strategic Planning Committee regarding gender pay equity issues and included statistical analyses which demonstrated by sixteen different statistical models that women PhDs in the Medical School as a group are underpaid (Attachment I). On April 22, 1998 I wrote again to indicate 1) I was dismayed the Strategic Planning Committee had not responded to my letter and 2) in the 'Draft of Preliminary Goals and Objectives for 1998-2000 Strategic Plan', there was only the phrase ". . . by addressing underlying issues of salary equity . . ." (Attachment II). I then received your letter dated June 17, 1998 (Attachment III). I am now writing in response to this letter.

- First and foremost, there are two very separate issues here. Paying women what they are owed versus monitoring that they continue to be paid appropriately. The statistical analyses I sent to the Strategic Planning Committee demonstrate that women are underpaid. Right here. Right now. The issue is not how long they should wait to be paid. What would be the rationale for asking them to do so? Just how many issues are more important than pay equity?
- Second, after the entire pay equity issue was covered in four words in the draft of the Strategic Plan (Attachment IV), I attended the April Medical School faculty meeting to express my disappointment (Attachment V, page 4). You indicated the Medical School Equity and Diversity Committee would address the issue. Having served on the Equity and Diversity Committee, I am well aware it does not have the staff to carry out a pay equity analysis in a timely manner (if at all), nor does the Committee have a budget. Nothing could happen soon.
- I wrote Associate Dean Leavitt about this issue (Attachment VI). My reading of her response indicates no one plans to do anything soon (Attachment VII). Maybe there will be a campus plan. The Medical School Administration plans to sit and wait to see if/how/when that develops. Then it will no doubt take an indeterminate amount of time to decide if/how to follow in those footsteps. And then - if history repeats itself - campus and/or the Medical School will decide to distribute an insufficient amount of money, rather than what is needed to achieve equity. Doesn't anyone else find it amazing that the Legislature appropriated X amount of money, the campus then had a Gender Equity Exercise, and, lo and behold, it turned out X was just the right amount. Well, this was simply not so. Please refer to the testimony of Dr.

Department of Obstetrics and Gynecology

Delores Buchler in *Duello vs. The Board of Regents*, who indicated that women considered by the Group V Gender Equity Pay Adjustment Committee were given pay increases on a percentage basis without identification of comparators (Attachment VIII; Excerpts, page 23, 28, 30).

Mr. Kasieta: *So the role of the committee was to get a lump sum amount of money from Bascom Hill?*

Dr. Buchler: *And do the best you could.*

- The lack of action is even more reprehensible given that Carla Raatz from the Human Resources Office testified that, yes, indeed, at any point in the past she could have calculated what the salaries of all employees should be (Attachment IX, Excerpts, page 17).

Mr. Kasieta: *And IADS, either by itself or in conjunction with other software, would have the ability to tell the University of Wisconsin essentially to push a big button or multiple buttons what the total compensation of all employees at the University should be?*

Ms. Raatz: *Yes*

Mr. Kasieta: *And IADS could tell the University of Wisconsin what the total compensation for men at the University of Wisconsin is?*

Ms. Raatz: *Yes*

Mr. Kasieta: *And could tell anyone in the budget office authorized to seek the information what the total compensation for women would be?*

Ms. Raatz: *Yes*

Mr. Kasieta: *And this has been the fact since 1990?*

Ms. Raatz: *Yes, it started in February of '89.*

I am sure that "big button" is still there. So why does your letter state that existing data on faculty salaries are incomplete and at least two years old (Attachment III)? I just updated my own analyses. Are you relying on me to do these calculations, rather than Carla Raatz? If so, why am I ignored? I hired the best statistician available, one the University itself has used as a consultant to a gender study.

- At the time of the trial, I said "If a white woman with a PhD can not get paid, what is any other woman to do?" Meaning anyone who is not a white male. It appears absolutely no one on campus understands there is a huge credibility issue here - and a leadership issue - that extends far beyond women. I doubt there is a single minority in the trenches on this campus (outside of Administration) who really thinks the University is going to 'get to' racial issues if it can not even see its way clear to pay white women. Those folks in the second tier. And, unfortunately, the data fits. Thirty five years after the Civil Rights Act we have maybe six minority faculty in the entire Medical School. We have not gotten anywhere on minority issues either. Nor will we.

Dean Philip Farrell  
Page 3

I tried for years to make headway on women's issues by proclaiming that we need to 'care'. In a Medical School, mind you. The folks who supposedly believe in preventive medicine. My plea was "How long would you ask your daughter to wait?" I then realized the only thing the bureaucracy values is the almighty dollar. But \$311,000 later I still do not have your attention as your letter indicates.

The first question the jury was asked was "Did the Board of Regents of the University of Wisconsin System pay Theresa Duello less than any comparator male employee, on the basis of her gender?" The answer was "Yes". Question 4 read "Was the conduct of the Board of Regents as found in your answer to question number 1 willful?" The answer was "Yes". The Judge concluded that 'willful' meant 'intentional'. The keyword was not 'enough'. It was not whether the UW has done 'enough'. The issue is whether it has done all it can and whether it has succeeded. (Attachment X)

Maybe I should not be surprised. After all, immediately after the verdict *The Badger Herald* quoted Executive Assistant to the Provost Casey Nagy as saying "To see this verdict as an indictment of the whole university would be unfortunate. The university is not going to change its views because a jury disagreed" (Attachment XI).

In December, 1997 I wrote President Katharine Lyall regarding my concern that in System Administration's efforts to address the issue of diversity, diversity was defined only as skin color. I stressed that in order to address diversity, one must address all issues of intolerance, i.e. all of the "-isms" (Attachment XII). President Lyall wrote "I understand that there are other kinds of diversity as well, and quite agree that the UW System should espouse a philosophy of "tolerance, acceptance, and appreciation" for all who come to teach and learn in our institutions. We will try to reflect this in our draft document. Regrettably the "other kinds of diversity" are not being addressed (Attachment XIII)

I then wrote the Board of Regents April 10, 1998, expressed my concerns about women of color, and asked that they communicate to me their plans to address gender issues (XIV). No response.

And now you tell me the Medical School has done nothing at all as "existing data on faculty salaries are incomplete and at least two years old". And Associate Dean Leavitt indicates the Medical School is waiting for a campus plan to decide how to proceed.

The reality is that the Medical School, the UW Administration, System Administration, nor The Regents have an agenda to address gender issues or gender pay equity. Not now. Not in a timely manner. How can I not question your 'intent'?

Sincerely,



Theresa M. Duello, PhD  
Associate Professor

Dean Farrell  
Page 4

xc: Strategic Plan Steering Committee members  
Associate Dean Judith Leavitt, Medical School Equity and Diversity Committee  
Professor Marguerite Barratt, Committee on Women  
Professor Diane Lindstrom, Commission on Faculty Compensation and Benefits  
Professor Brent McCown, University Committee  
Provost John Wiley, UW-Madison Administration  
Asst. Vice Chancellor Gregory Vincent, Director, Equity and Diversity Resource Center  
Chancellor David Ward, UW-Madison Administration  
President Katharine Lyall, UW System Administration  
Mr. Sheldon Lubar, Chair, The Board of Regents  
Attorney General James Doyle, State of Wisconsin  
Representative Robin Kreibich, Assembly Committee on Colleges and Universities  
Senator Charles Chvala  
Governor Tommy Thompson  
Senator Russ Feingold  
Senator Herbert Kohl

# Attachment I



UNIVERSITY OF  
WISCONSIN-MADISON  
MEDICAL SCHOOL

January 22, 1998

Dean Philip Farrell  
Medical School Administration  
1205 Medical Sciences Center

Dear Dean Farrell:

I have read and re-read your memo to the Medical School faculty dated December 15, 1997 regarding a request for proposals for strategic program priorities for the UW Medical School 1998-2000 Strategic Plan. I note the Committee consists of basic science department representatives, clinical science department representatives, and associate deans. I decided this was an appropriate opportunity for me to voice my concerns regarding where the Medical School is and where it is headed regarding paying women faculty and staff equitably.

I trust the Attorney General's office and our own Administrative Legal Services Office shared with you the study of gender equity pay in the Medical School I submitted with court documents. I would like to discuss briefly the evolution of events that prompted this study. I had tried to the best of my ability to have women's issues addressed both in the Medical School and on campus. I soon realized 'climate' proved to be too intangible an issue to convey to others the need for change. I asked myself what other avenues might be available to demonstrate the attitudes we have towards women. For this reason I undertook a gender equity pay study of PhD faculty in the Medical School. Clearly, I could track the salaries of women, but it would have no meaning unless I also tracked the salaries of their male counterparts. I therefore spent my 'vacations' constructing a history of salaries of PhDs at the Medical School from 1982 forward. The year 1982 was selected simply because this was the year I joined the faculty. Once this data was entered onto a spreadsheet, it could be sorted by salary, by gender, by department, or by year of hire. I then employed Professor Mary Gray to undertake statistical analyses of the data. Professor Gray's credentials were already well known to this campus inasmuch as she had served as a consultant to an earlier UW gender study. As you will see from the data attached, Professor Gray used sixteen different statistical models to evaluate pay in the Medical School by gender. Each of these analyses indicated women PhDs as a group are underpaid. They simply differed in the magnitude of the disparity. (Specific references to my salary have been omitted from the attached document as my salary is not the subject of this letter and that issue has already been addressed in court.)

Department of Obstetrics and Gynecology

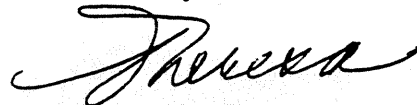
5240 Medical Sciences Center 1300 University Avenue Madison, WI 53706 608/262-7456 FAX 608/262-2327

Dean Farrell  
Page 2

It was once suggested to me institutions tend to become frozen in time at that point at which they achieve notoriety. It was also suggested that for the University of Wisconsin-Madison this was 1949-50 when the outstanding work of Dr. Steenbock was being hailed. (Clearly, the opinion of a biologist.) The individual relaying this opinion also said he would much rather be at an institution that felt it was still 'evolving' as opposed to an institution that felt it had 'arrived'. The University of Wisconsin-Madison is indeed great and it is indeed famous in many ways. When we decide to be great, we set our hearts to it. This greatness is dictated in large part by the leadership and the priorities leadership places on resources. In a letter to President Lyall I indicated I did not feel the UW-Madison campus had yet decided to be 'great' on the issue of diversity. A change in attitude is required before headway can be made. While I personally see gender inequity as an ethical and moral issue, it is indisputably a legal issue. And not paying women equitably is illegal. Therefore as the UW Medical 1998-2000 Strategic Plan Steering Committee addresses the mission and vision of the Medical School, prioritizes its needs, and allocates its resources, I would ask they carefully examine the gender inequity pay issue.

I write to either enlighten you or burden you with this information. It is simply a matter of perspective. As a scientist, I understand my data and my studies will need to be continually updated in order to assess whether the Medical School is making progress in paying women equitably. As I continue to accumulate this information, I will share it with the Strategic Plan Steering Committee. I trust each member of the Steering Committee will take his/her obligation to gender equity issues in the Medical School very seriously as the reputation of the Medical School lies clearly in their hands.

Sincerely,



Theresa M. Duello, PhD  
Associate Professor

encl.

xc: Strategic Plan Steering Committee members  
Associate Dean Judith Leavitt, Medical School Equity and Diversity Committee  
Professor Marguerite Barratt, Chair, Committee on Women  
Professor Brent McCown, Chair, University Committee  
Provost John Wiley, UW-Madison Administration  
Asst. Vice Chancellor Gregory Vincent, Director, Equity and Diversity Resource Center  
Chancellor David Ward, UW-Madison Administration  
President Katharine Lyall, UW System Administration  
Mr. Sheldon Lubar, Chair, The Board of Regents  
Assembly Committee on Colleges and Universities



## **Attachment II**



UNIVERSITY OF  
WISCONSIN-MADISON  
MEDICAL SCHOOL

April 22, 1998

Dean Philip Farrell  
Medical School Administration  
1217C Medical Sciences Center

Dear Phil:

I am dismayed the Medical School's Strategic Planning Committee did not respond to my letter of January 22, 1998. Even more so when I saw that the 'Draft of Preliminary Goals and Objectives for 1998-2000 Strategic Plan' only included the phrase ". . . by addressing underlying issues of salary equity . . .". I am writing to request a meeting with the full Committee to address my concerns. Alternatively, I would ask that you add my presentation to the agenda for the next faculty meeting when the Draft is discussed.

Also, in your memo of April 9, 1998, it stated "We would like to continue an open dialogue with faculty throughout this process, both through standing and ad-hoc meetings and electronically." I trust this did not mean this format would be used to the exclusion of full scale discussions at Medical School faculty meetings. While this may seem unwieldy in some ways, the flavor of the discussion would certainly be affected when there is cross talk between departments.

I would appreciate a timely response.

Sincerely,

Theresa M. Duello, PhD  
Associate Professor

Department of Obstetrics and Gynecology

**Attachment III**



UNIVERSITY OF  
WISCONSIN-MADISON  
MEDICAL SCHOOL

17 June 1998

Theresa M. Duello, Ph.D.  
Associate Professor, Obstetrics & Gynecology  
5240 MSC

Dear Theresa:

In response to your letters this semester regarding the Strategic Plan, we have had several discussions and a formal review at our Human Resources Development Council meeting on Monday, the 11th of May. During that meeting, Associate Dean Leavitt presented her preliminary analysis and perspective. We examined the data available from previous reviews and discussed options that might be incorporated into the 1998-2000 Strategic Plan. We also discussed the draft plan at today's APC meeting.

We all recognize that the existing data on faculty salaries are incomplete and at least two years old. A variety of possibilities were discussed for future monitoring of pay equity.

We are likely to implement prospective monitoring mechanisms in conjunction with the Madison Campus as part of the next Strategic Plan. More information will be provided at the Medical School faculty meeting on 22 June 1998.

Thank you for your suggestions.

Sincerely yours,

Philip M. Farrell, M.D., Ph.D.  
Alfred Dorrance Daniels Professor on Diseases of Children  
Dean, UW Medical School

Medical School Administration

**Attachment IV**

X-Authentication-Warning: centauri.biostat.wisc.edu: majordom set sender to owner-faculty-list@Biostat.Wisc.Edu using -f

Date: Thurs, 09 Apr 98

To: faculty-list@biostat.wisc.edu

From: "Dean's Office" <medschool.deansoffice@ccmail.adp.wisc.edu>

Subject line: Draft of 1998-2000 Strategic Plan

Sender: owner-faculty-list@Biostat.Wisc.Edu

Precedence: bulk

p.3

TO: All Medical School Faculty

FROM: Medical School 1998-2000 Strategic Plan Steering Committee and Subgroup on Goal & Objective Development

RE: Draft of Preliminary Goals & Objectives for 1998-2000 Strategic Plan

Attached is a first draft of the preliminary goals and objectives for the Medical School's 1998-2000 Strategic Plan. The Subgroup on Goal & Objective Development drafted this after a careful review of the School's 1995-97 Strategic Plan and a recent assessment of the internal and external environment facing the School (derived from the S.W.O.T. responses received from faculty in October 1997). This draft was then reviewed by the Strategic Plan Steering Committee at its meeting on Friday, March 20.

This process has taken place concurrently with the Steering Committee's work to develop a Mission Statement and Vision Statement (also attached), and to identify a limited number of strategic program priorities to be targeted for further development in the next Strategic Plan.

We would like to provide as many opportunities as possible for all faculty to participate in review and further development of this plan which is intended to guide us through the next 3-year period. We encourage you to review this plan carefully, to discuss it with your colleagues and your department chair, and to provide us with any feedback, comments and recommendations that you feel are important to be considered as we move through this planning process.

Please forward any comments/suggestions to Joan Bonazza, Dean's Office by e-mail (joan.bonazza@mail.admin.wisc.edu) or by fax (5-3286) by Friday, April 17, 1998, if possible. Also, please feel free to contact any member of the Steering Committee and/or the Subgroup.

We would like to continue an open dialogue with faculty throughout this process, both through standing and ad-hoc meetings and electronically. The Dean will present and discuss updated drafts of the 1998-2000 Plan at Medical School Faculty Meetings, we will report progress via e-mail in the Dean's Update and we will be available to discuss the Plan with individual departments if that is desired.

Thank you for taking time to read the attached draft and for any feedback you can give us.

Attachments: Draft of Preliminary Goals & Objectives for the 1998-2000 Strategic Plan  
1998-2000 Mission Statement/Vision Statement  
1998-2000 Strategic Plan Steering Committee Members  
Subgroup on Goal & Objective Development Members

\*\*\*\*\*  
DRAFT 4/9/98

Report of the Medical School 1998-2000 Strategic Plan Objectives Subgroup

Introduction:

The charge to our subgroup was: 1) to review the 1995-97 Strategic Plan and its accomplishments and uncompleted tasks; 2) to review the current internal and external environment facing the School; and 3) to propose revised objectives for the 1998-2000 period.

Appended to this report are the 1995-97 Plan, a table reporting on some of its accomplishments, and a summary of the environmental scan that kicked off this process. While the reporting of accomplishments is a valuable summary of the past three years, there are a number of items noted as accomplished that in our view still have significant work to be done.

Integration of Planning Processes:

Our first finding is that there is a clear need for the integration of planning processes of the School, the Foundation, and the Hospital, in the context of the University's strategic directions. We urge that the Chancellor devise a mechanism for such serious integration to be accomplished.

1998-2000 Objectives:

While we view the previous plan as an important first effort which guided many activities for this period, it is our consensus that too many objectives were listed as high priority, making tracking and implementation difficult. We are therefore limiting the objectives this year to 6, in the hope that the entire School can understand and relate to them, and that the School and its governance/management processes can really concentrate on these priorities with a realistic hope of accomplishing them in this time period. Pending faculty review, we intend to make the objectives more measurable (date, responsibility) and have a "fiscal note" wherever possible.

\*This is not a rank ordered list.

1. [CLINICAL] Achieve successful integration of "clinical" issues facing the School, including better integration of all faculty providing clinical service and more coordinated planning and management efforts of the Medical School, UW Hospital & Clinics and the UW Medical Foundation.

a. Devise a mechanism(s) for more integration of the Medical School, Hospital and UW Medical Foundation planning and management.

b. Successfully integrate PPMG into the care delivery system as well as the research and education programs of the Medical School.

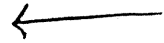
c. Resolve the integration of CHS Track and Salaried Clinical Track faculty into the fabric of Medical School management and governance.

2. Increase the DIVERSITY of faculty, staff and students (including residents) in order to enrich learning and better reflect our society.

a. Hire women and targeted minority faculty according to current Diversity Plan initiatives, actively working toward achieving campus work force goals to hire 38% women faculty and 26% minority faculty.

b. Actively continue to recruit women and minority staff and students, addressing campus goals.

c. Improve the climate of the Medical School to provide a supportive environment to help recruitment, retention, and promotion of faculty, staff and students by addressing underlying issues of salary equity, mentoring, child care, and participation in governance and by implementing and supporting the current Diversity Plan activities, including the ombuds office, women faculty breakfasts, faculty development lecture series, and the Faculty Connections newsletter.



d. Ensure that recruitment processes (including applicant pool and recruitment committee composition) for faculty, staff, medical students and graduate students are structured to be as diverse and representative as possible and appropriate. This includes establishment of student, faculty and staff diversity committees to monitor and support this process.

e. Facilitate development of individual diversity plans for each Medical School department and develop a mechanism to monitor progress toward plan goals.

3. [EDUCATION]

a. Develop comprehensive, integrated mechanisms to monitor quality and outcome of all educational programs.

b. Enhance medical education through improved central support, including:

1. Standards for course administrative support.

2. Reestablish peer review for educational quality.

3. Develop electronic instructional infrastructure for faculty and students.

c. Continue to support the development of strong, integrated, effective graduate education programs and graduate student recruitment including:

1. Move toward more aggressive graduate recruitment efforts, including development of a recruitment brochure.

2. Ensure graduate students are aware of the present clinical challenges and how their research bears upon them.

3. Interdepartmental postdoctoral training programs and clinical fellow experiences in basic science labs.

d. Continue to improve and enhance admissions processes to recruit the best possible candidates for the University of Wisconsin Medical School educational programs.

4. Continue to enhance MANAGERIAL and governance processes to facilitate the Medical School mission and vision.

a. Continue progress on space issues including MSC renovation and relocation to facilitate interdepartmental activities such as the new research modules, the Health Sciences Learning Center, and the WARF.

b. Update the Medical School Informatics Plan.

c. Within one year, develop a new approach to link Medical School financial allocations to missions of departments (instructional and research).



d. Review Medical School policies and structures to achieve more efficient operations. Examples would include:

- 1. Review standing and ad-hoc committees to see if streamlining can be achieved.
- 2. Review current federal funds reporting procedures.
- 3. Review and implement changes to ensure maximum efficiency of faculty and staff time in responding to management and governance issues in the School.

e. Successfully complete HealthStar, raising \$200 million by 2000 and begin to define fundraising needs and objectives for the period beyond HealthStar, with high priority emphasis on MSC renovations.

5. [RESEARCH]

a. Develop the research strength of the Medical School by strengthening/establishing connections between the clinical and basic sciences and by integration of intellectual and physical resources, including:

- 1. Make faculty hires in strategic areas.
- 2. Ensure adequate research and library facilities at CSC and MSC.
- 3. Develop a cross departmental research administrative infrastructure.
- 4. Consolidate shared research facilities.
- 5. Develop a yearly basic/clinical scientific symposium.
- 6. Ensure adequate research administrative support in each department.

b. Complete the current strategic program priority identification process and begin resource reallocation to those areas identified.

c. Develop the statewide clinical practice network into effective statewide research and teaching "laboratories."

6. Strengthen the STATEWIDE connections of the Medical School including:

- a. Enhanced communications and (informatics?) infrastructure.
- b. Strategically examine our external relationships and develop mechanism(s) for relating more effectively to legislators, corporations, delivery systems and consumer groups.
- c. Better focused marketing efforts to convey the value of the Medical School to the UW, and to local, statewide and national audiences/communities.

\*\*\*\*\*

UW Medical School 1998-2000 Strategic Plan

Mission Statement:

Meeting the health needs of Wisconsin and beyond through excellence in education, research, patient care and service.

Vision Statement:

The UW Medical School will be one of the nation's preeminent medical schools by excelling in the creation, integration and transfer of knowledge through a combination of basic, translational and clinical research; greater emphasis on facilitated learning; and outstanding patient care.

We will achieve this vision with/by the following:

- \_ developing and/or enhancing programs and facilities that focus on a limited number of strategic priorities.
- \_ strategic allocation decisions based primarily on our quest for academic excellence in research and education.
- \_ preserving our commitment to diversity.
- \_ addressing basic mechanisms of disease, determinants of population health, and how best to deliver cost effective, quality health care.
- \_ recruiting and developing students, faculty and staff of the highest quality to support our mission and to produce the physicians, researchers, and academic leaders to address health care challenges in the next century.

\*\*\*\*\*

UW Medical School 1998-2000 Strategic Plan Steering Committee

- Philip M. Farrell, M.D., Ph.D., Dean (Chair)
- Elizabeth Craig, Ph.D., Biomolecular Chemistry
- Robert Dempsey, M.D., Neurological Surgery
- Norman Drinkwater, Ph.D., Oncology
- Aaron Friedman, M.D., Pediatrics
- Janet Greger, Ph.D., Associate Dean - Research
- Jeffrey Grossman, M.D., Associate Dean - Clinical Affairs
- Michael Hart, M.D., Pathology & Laboratory Medicine
- Richard Moss, Ph.D., Physiology
- Gordon Ridley, Associate Dean - Administration
- Layton Rikkers, M.D., Surgery
- Susan Skochelak, M.D., M.P.H., Associate Dean - Academic Affairs
- Thomas Sutula, M.D., Ph.D., Neurology
- Joan Bonazza, Dean's Office (Staff)

\*\*\*\*\*

Subgroup on Goal & Objective Development

- David Kindig, Preventive Medicine (Chair)
- Daniel Albert, Ophthalmology & Visual Sciences
- Karen Dahlen, CHS Health Sciences Library
- Paul DeLuca, Medical Physics
- Peggy Farnham, Oncology
- John Frey, Family Medicine
- Aaron Friedman, Pediatrics
- Michael Hart, Pathology & Laboratory Medicine
- Patricia Kiley, Biomolecular Chemistry

Judith Leavitt, Associate Dean for Faculty  
Susan Skochelak, Associate Dean for Academic Affairs  
Joan Bonazza, Dean's Office (Staff)

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**Attachment V**

**Dean's Office, 5/29/98 12:00 AM, Medical School Faculty Meeting**

1

X-Authentication-Warning: centauri.biostat.wisc.edu: majordom set sender to owner-faculty-list@biostat.wisc.edu using -f  
Date: Fri, 29 May 98  
To: faculty-list@biostat.wisc.edu  
From: "Dean's Office" <medschool.deansoffice@ccmail.adp.wisc.edu>  
Subject: Medical School Faculty Meeting  
Sender: owner-faculty-list@biostat.wisc.edu  
Precedence: bulk

P.4

**MEDICAL SCHOOL FACULTY MEETING**

MONDAY, JUNE 22, 1998

4:00 PM, G5/119 CSC (please note the location) PRESIDING: Dean Philip M. Farrell

**PRELIMINARY AGENDA**

1. Minutes of the April 27, 1998 Meeting (attached)
2. Announcements:
  - Recruitments Update
  - Update on Activities of the Medical School Academic Planning Council - Academic Planning Council and Faculty Advisory Committee elections
  - Protected Time for Tenure Track Assistant Professors: Guidelines for Clinical Departments
  - Other Announcements
3. "Dean's Award for Excellence in Health Communication"
4. Draft 1998-2000 Medical School Strategic Plan (a draft Strategic Plan will be distributed by e-mail prior to the Faculty Meeting)
5. Policies on CHS Track Faculty Governance Rights and Privileges
6. HealthStar Update
7. Other Business
8. Adjournment

NEXT Medical School Faculty Meeting: MONDAY, JULY 20, 4:30 PM\*, G5/119 CSC  
Preliminary Schedule for future 1998 Meetings:  
August 24, 4:30 PM, G5/113 CSC  
September 28, 4:30 PM, VA Auditorium (1017) October 26, 4:30 PM, VA Auditorium (1017) November 23, 4:30 PM, VA Auditorium (1017) December 21, 4:30 PM, G5/119 CSC

\*Beginning July 20, meetings will begin at 4:30 PM

Please e-mail agenda items to: margie.martin@mail.admin.wisc.edu phone: 2-7705, or mail to 1205 MSC

**UNIVERSITY OF WISCONSIN MEDICAL SCHOOL FACULTY MEETING MINUTES MONDAY, APRIL 27, 1998**

4:00 PM, K6/115 CSC

Presiding: Dean Philip M. Farrell, M.D., Ph.D.

1. Minutes of the March 23, 1998 Meeting were approved with a correction and will be filed. Correction: Announcements, Medical School Ombuds Office: The University position title for the Medical School Ombudsperson is assistant dean, fifty-percent time.

2. Announcements

**Recruitments Update**

GCRC Director. Dr. William Busse, Professor of Medicine, has accepted the offer of Director of the General Clinical Research Center, beginning July 1, 1998.

The competitive renewal application process will begin soon, with a due

date of February 1, 1999 and anticipated site visit in April 1999. Special thanks are extended to the search and screen committee chaired by Dr. Donald Harkness.

Search for Associate Dean For Research and Graduate Studies. The search for a successor to Dr. Janet Greger, who will step down effective June 30, 1998, will begin immediately. The search committee will be led by Dr. Elizabeth Craig, Professor and Chair of Biomolecular Chemistry, as chair, and Dr. Michael Fleming, Professor of Family Medicine, as vice chair. The search will be conducted on a national basis, with a focus on internal candidates. Experience from the previous search for this position revealed that the qualifications of the internal candidates were superior to those of external candidates, particularly in the areas of administrative experience and familiarity with the campus. It is hoped that the search can be completed by fall with a projected start date of January 1, 1999 or earlier.

#### Academic Planning Council Update

Enhancing Federal Grant Salary Support. The APC approved, in principle, a proposal to enhance federal grant salary support for clinical faculty. The proposal would allow a researcher's total compensation (UW base salary and UWMF compensation) to be used in calculating NIH salary on grants. If approved by UW Madison, procedures could be put in place for grant applications submitted after July 1, 1998. The Medical School Clinical Chairs have endorsed the principles of this plan.

APC/FAC Election Process. Possible options for restructuring the APC membership have been discussed and will be reviewed with the Combined Chairs at their meeting May 26. The election of new members to the APC and the FAC will occur in May and/or June, for terms beginning July 1.

Policies on CHS Track Faculty. The APC unanimously approved a document which formalizes the rights and privileges of CHS Track faculty within the Medical School and pertains to all departments with CHS track faculty members. The document will be forwarded for discussion with the University Committee.

#### Introduction of Medical School Ombudsperson: Rosa Garner

Rosa Garner was introduced as the newly-appointed Ombudsperson for all faculty, staff and students of the Medical School. Ms. Garner's appointment officially began April 1 following an intensive national search. Her background includes legal training and practice and extensive experience as an ombudsperson. She also has experience as president of the US Ombudsman Association.

Ms. Garner said she views this position as an exciting opportunity to employ her skills and interest in ombuds service. Her office will provide confidentiality, neutrality and fairness in responding to questions and complaints of those who seek her assistance. All information received by the Ombuds office will be held in confidence unless express permission is granted by the individual seeking advice or assistance. An overview of the available services of the Ombuds office are attached to the minutes (hard copy). An office will be assigned and its location announced in the coming weeks. In the meantime, Ms. Garner can be reached at 265-9666.

#### Medical Student Admissions Process and Selection

Dr. Susan Skochelak, Senior Associate Dean for Academic Affairs, presented the report to the faculty. Last year the Admissions Task Force (Dr. Donald Harkness, chair) reported several recommendations which were accepted by the Faculty. The Academic Affairs Office is charged with implementation of those recommendations. Due to some complex legal challenges, part of the process is on hold at this time. In other areas, progress has been

achieved in: recruiting permanent staff support for the Admissions Office, which has helped to significantly improve the turnaround time for information processing to applicants and others; work has progressed in clarifying the charge and constitution of subcommittees of the Admissions Committee, and procedures reviewed and discussed. The Admissions Committee Chair will continue work with a committee over the summer to move forward on other areas identified by the Task Force.

In response to Dr. Harkness's inquiry, Dean Farrell indicated that two concerns were discussed with Campus leaders, one is the "Regents' Rule" of having 95% in-state students, and the other is legislation regarding offshore medical school transfer policies. It has been decided that movement on the latter issue will not be pursued, but request for formal action on the 95-percent rule is anticipated. An understanding was developed between former Dean Arnold Brown and Campus leadership that the 95% rule would not be binding. However, Dean Farrell said he would prefer a more formal response that could discourage potential legal challenges. Dr. Harkness noted that the Task Force recommended looking at the Medical Scholars Program as a potential avenue to achieving diversity goals for the student body. Dean Farrell and Associate Dean Skochelak agreed that this recommendation will receive attention beginning with the informal process this summer.

Dr. Theresa Duello reported interactions in a recent visit to Florida International University in Miami, where a very diverse faculty and student body are considering starting a new medical school. Dr. Duello suggested that a visit be made by UWMS officials to FIU to find out why they are considering starting another school, and to learn if FIU might be a potential source for recruitment of minority students.

Dr. William Scheckler asked if the "80/20" rule is common among medical schools nationally. Assistant Dean Gloria Hawkins noted that information from a recent AAMC meeting that included this subject, including data and legal perspectives, will be shared with colleagues this summer.

### 3. Vote to award degrees to May 1998 Graduates

Dean Farrell read the proposed motion: "That the faculty recommend to the Regents for their respective degrees those students certified by the Student Promotions Committee whose names are submitted by the dean as having completed the requirements for their respective degrees." The motion was made, seconded and passed by unanimous vote.

### 4. Nominations from the floor for the Academic Planning Council and the Faculty Advisory Committee

No nominations for the APC or the FAC were made from the floor. A call for written nominations for these two elected bodies will be forthcoming following the meeting of the Combined Chairs in May 26. The date for the close of nominations will be announced at that time. If more than one faculty member is nominated for each open position, primary elections will be held to reduce the number of candidates for each committee to two in each category of Basic Science and Clinical department representative. The primary election process will be followed by final elections, for membership terms that begin July 1.

### 5. Medical School Leadership Retreat Report and Strategic Planning Update

Dean Farrell provided an overview of the Retreat that was held at Promega April 24-25. The first day's agenda focused on Medical School strategic planning, with the central theme in the morning an overview and discussion of ratings and rankings for development of priority programs. The afternoon was devoted to work on goals and objectives and small group reports. The group concluded that more work is needed, particularly in development of goals and objectives. Saturday's program consisted primarily

of review and discussion of facilities development.

Dean Farrell reviewed the list of needs and challenges he identified in 1995, shortly after becoming Dean:

- Stable leadership and management
- Diversity in faculty and funding
- Academic facilities development
- Effective integration and collaborations

These have been addressed in various ways; for example, 15 department chair appointments were made over the intervening years, helping to provide stability. Counted among these recruitments is the new chair of Medicine, Dr. Jeffrey Glassroth, who will begin July 1.

A panel composed of Mr. Gordon Derzon and Drs. Jeffrey Grossman, Dennis Maki, and Venkat Rao led a lively discussion of the challenges of successfully integrating academic and clinical interests, a high priority goal of the Strategic Planning Committee.

Participants reviewed the current "State of the School" in conjunction with the 1995-1997 Strategic Plan and an overview of the 1998-2000 Strategic Planning Process which: 1) articulates a revised UW Medical School mission and new vision; 2) identifies strategic priorities for resource allocation, and 3) extends uncompleted goals and objectives from the 1995-1997 Strategic Plan. Mission/vision statements, proposed new goals and objectives, and criteria for selecting strategic priorities were developed through meetings with the chairs, APC and faculty, and responses to a "SWOT" (strengths, weaknesses, opportunities and threats) exercise.

Proposed Strategic Program Priorities: An ad hoc committee led by Drs. Janet Greger and Norman Drinkwater, developed detailed criteria to rank and rate proposals before they were submitted to the Strategic Planning Committee. Criteria included: relevance; program quality, impact, and leadership; feasibility; and potential success. Proposals were developed through a process consisting of a call for preliminary letters of intent, followed by integration of the forty letters received into ten areas of potential focus for strategic program priority. In the analysis of the Strategic Planning Steering Committee, three of the ten stood out clearly as highest priority, the next three were close in ranking, and the remainder were viewed as good proposals but based on the established criteria were not given as high priority; it was agreed however, that components of other areas are included in the highest program priorities. It was also noted that additional funding for human genetics will come from the State of Wisconsin.

The program areas were rated by the Strategic Planning Committee as follows:

- 1) Cancer, Cardiovascular and Respiratory, and Neuroscience
- 2) Women's Health, Aging and Geriatric Medicine, and Population and Community Health
- 3) Medical Physics and Biomedical Engineering, Infection and Immunity, Human Genetics, and Therapeutics and New Drug Discovery.

Dr. Mark Albanese explained the statistical reliability of the ratings, the correlation between the rankings and ratings and the significance of the difference between ratings given to the various proposals.

Proposal summaries are available on request from the Dean's Office. Proposers will be asked to identify primary objectives in their proposals for incorporation in the 1998-2000 Strategic Plan.

Dr. Theresa Duello noted that in January she provided the Strategic Planning Committee with a statistical analysis, using 16 different models,



which concluded that as a group women PhDs in the Medical School are underpaid. She expressed disappointment that there was only a short phrase in the draft and no mention of it in today's presentation. Associate Dean Leavitt reported that the Faculty Equity and Diversity Committee has responsibility for monitoring pay equity issues and will review Dr. Duello's proposal.

The Academic Facilities Plan was presented:

The \$260 million building program on the West campus includes the following instructional and research buildings with their completion dates:

- WARF Occupation, September 1998-Mid 2001 - CSC three-module project, by March 2000
- Waisman Annex (will connect to IRC), by July 2000 - Pharmacy Building, by July 2000
- Health Sciences Learning Center (HSLC) Fall/Winter 2002
- Components of the Interdisciplinary Research Complex (IRC) Fall/Winter 2002

Additional "probable" developments:

- Entire IRC completed, contingent on fundraising
- Space at the VA, and possibly Meriter Hospital, may become available. - Minor remodeling at MSC
- Demolition of Bradley Memorial Hospital in the next 15-20 years

Additional "possible" developments:

- Microbiology Science building, dependent on fundraising
- Henry Mall developments - there is uncertainty as to what will happen; a 1998 report on the campus master plan is available.

Dr. William Scheckler asked about the potential need for remodeling to prepare for occupancy at the WARF Building, and whether Forest Products Laboratory land may be available for construction. Dean Farrell reported that the federally owned Forest Products land will not be available in the foreseeable future. Only minor renovation of the WARF Building will be required for Preventive Medicine to take occupation of its space there. Over time additional changes may be needed as the entire building is occupied by Medical School programs. Dean Farrell highlighted the great value WARF Building provides for the Medical School; the location and layout provide valuable office and dry lab space. Occupation will begin in late summer, 1998, and will be completed in mid-2001.

More information on the 1998-2000 Strategic Plan will be forthcoming.

Dr. Mark Linzer offered congratulations on an excellent strategic planning process for the Medical School and appreciation to Associate Dean Leavitt for inviting Dr. Wendy Levinson to the Campus to speak on faculty mentoring, a presentation that has encouraged interest and planning to improve faculty mentoring in the Department of Medicine.

6. Adjournment

There was no further business, and the meeting adjourned at 5:15 PM.

NOTE: There will be no May meeting. The next meeting will be held Monday, June 22, 4:00 PM in G5/119 CSC.

Respectfully submitted,  
Margie Martin

**Attachment VI**

To: JWLEAVIT@FACSTAFF.WISC.EDU  
From: tmduello@facstaff.wisc.edu (Theresa Duello)  
Subject: Pay equity for women  
Cc: PHILIP.FARRELL@MAIL.ADMIN.WISC.EDU

Judy:

At the last Med School faculty meeting, I cited my statistical analysis which demonstrated that women PhDs in the Medical School are as a group paid less than their male counterparts. I expressed my regret that there was essentially nothing in the 1998-2000 Medical School Strategic Plan which addressed this very important issue. Dean Farrell indicated you would be the one to address the issue, presumably through the Equity and Diversity Committee. Thereafter you turned to me and added that this was the appropriate route.

I have many questions. Two follow:

- How can the Equity and Diversity Committee address this issue in a timely manner? I use to ask the question 'How long are women to wait?'. I stopped, because it is not productive to ask a question to which there is only one answer. Women should not wait at all. Not only is it inconceivable to expect them to wait, it's illegal.
- When I sat on the Equity and Diversity Committee, it had no budget. So how is this Committee to rectify the problems of disparate pay if there are not designated funds?

I do not pose these as rhetorical questions and would very much appreciate a response.

Thank you.

Theresa

**Attachment VII**

X-Sender: jwleavit@facstaff.wisc.edu  
Date: Wed, 17 Jun 1998 17:19:55 -0500  
To: tmduello@facstaff.wisc.edu (Theresa Duello)  
From: Judith Leavitt <jwleavit@facstaff.wisc.edu>  
Subject: Re: Pay equity for women  
Mime-Version: 1.0

Theresa,

Sorry it has taken me so long to get back to you. I certainly agree with your point about the importance of monitoring faculty salaries on a regular basis to watch for gender inequities. It is my understanding that the Strategic Plan, when finished, will carry a sentence of the necessity for periodic review.

How this will all be accomplished clearly will take longer to work out. Apparently the campus is beginning a process of reviewing salaries and the medical school will try to build on their work rather than start from scratch. Instead of Equity and Diversity Committee, the data will probably be analyzed through the auspices of the APC, which will have more authority to address any issues that arise.

I of course welcome your comments re the APC v. the EDC and any others, I hope you're having a good summer,  
Judy

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Judith W. Leavitt, Ph.D.  
Ruth Bleier Professor of the History of Medicine  
Associate Dean for Faculty  
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