

The bill needs to be scheduled on the Finance Committee's agenda for a committee hearing by February 20 or it is killed.

FINANCE COMMITTEE: Scott Bundgaard (R); VICE-CHAIR: Tom Patterson (R)

MEMBERS: Marc Spitzer (R), Carol Springer (R), John Kaites (R),
George Cunningham (D), Jack Brown (D), Chris Cummiskey (D)

Note: Cunningham, Brown, and Cummiskey have signed on bill.

RETIREMENT COMMITTEE CHAIR: Carol Springer (R)
SENATE PRESIDENT: Brenda Burns (R)
MAJORITY LEADER: Marc Spitzer (R)
MAJORITY WHIP: Gary Richardson (R)
REPUBLICAN SENATORS AND REPRESENTATIVES (SEE ATTACHED LIST)

CALL 1-800-352-8404 AND ASK FOR A SENATOR'S OFFICE. GIVE SENATOR KEY FACTS AND ASK FOR THEIR SUPPORT OF THE BILL.

BILL REFERENCE TITLE: LTD PROGRAM; RETIREMENT ACCRUAL (NO NUMBER YET)

KEY FACTS:

Disability program pays income until earliest retirement age - .62 or 80 points. Only a total of 25 years can be accrued toward retirement during disability.

Employees who began working for the state over age 30 need only 25 years to retire with 80 points so their retirement benefits remain the same when these employees are capped at 25 years during disability for retirement.

Employees who began working under age 30 need 30 years to retire with 80 points so their retirement benefits are reduced when these employees are capped at 25 years during disability for retirement. Their disability period is extended by up to 5 years because their retirement age is increased by up to 5 years (changed from age 50 to age 55).

Largest state employee group affected by current law are schoolteachers who begin working at ages 22 or 24.

The current law discriminates in favor of employees starting at older ages (30+) and serving the fewest years against employees starting at the youngest ages (20-29) and serving the longest years.

The bill will restore equity for the payment of retirement benefits during disability by changing the limit for accrued years from 25 to 30 which would guarantee equal retirements benefits for all disabled state employees.

The bill will cost only \$500,000 which will be funded entirely from state retirement funds, not general state funds, and will increase the individual retirement contribution by only .01%.

BILL INFORMATION

PRIME SPONSORS: Senators Victor Soltero (D), Joe Eddie Lopez (D),
Pete Rios (D) Representative Ramon Valadez (D)

CO-SPONSORS: Senators John Wettaw (R), Edward Cirillo (R), James
Henderson (D), Jack Brown (D) Gus Arzberger (D), George
Cunningham (D), Ruth Solomon (D), Chris Cummiskey (D), Mary
Hartley (D), Sandra Kennedy (D)

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PERCENT OF RETIREMENT INCOME CUT UNDER CURRENT
STATE LAW FOR LONG TERM DISABILITY

START AGE	YEARS WORKED PRIOR TO DISABILITY						NORMAL 80 PTS AGE
	<25	26	27	28	29	30	
20	16.6	13.3	10.0	6.7	3.3	0.0	50
21	15.25	11.9	8.5	5.8	1.7	0.0	50.5
22	13.8	10.3	6.9	3.45	0.0	0.0	51
23	12.3	8.8	5.25	1.75	0.0	0.0	51.5
24	10.7	7.15	3.6	0.0	0.0	0.0	52
25	9.1	5.5	1.8	0.0	0.0	0.0	52.5
26	7.4	3.7	0.0	0.0	0.0	0.0	53
27	5.65	1.9	0.0	0.0	0.0	0.0	53.5
28	3.85	0.0	0.0	0.0	0.0	0.0	54
29	2.0	0.0	0.0	0.0	0.0	0.0	54.5
30	0.0	0.0	0.0	0.0	0.0	0.0	55
AGE 80 PTS WITH LTD*	55	54	53	52	51	50	

EXAMPLE 1: START WORK ON 20th BIRTHDAY, BECOME DISABLED ON 42nd BIRTHDAY, YOU RECEIVE A 16.6% REDUCTION IN RETIREMENT INCOME AND RETIREMENT DATE CHANGES FROM AGE 50 TO AGE 55.

THE CHANGED RETIREMENT DATE ALSO EXTENDS THE DISABILITY PERIOD BY 5 YEARS BECAUSE THE RETIREMENT AGE HAS BEEN CHANGED FROM AGE 50 TO AGE 55.

EXAMPLE 2: START WORK ON 30th BIRTHDAY, AND BECOME DISABLED AT ANY TIME, YOU RECEIVE NO LOSS IN RETIREMENT PAY OR EXTENSION OF RETIREMENT DATE.

NO CHANGE IN THE DISABILITY PERIOD OCCURS BECAUSE THE RETIREMENT DATE IS UNCHANGED.

*LTD = LONG TERM DISABILITY

**UNIVERSITY OF ARIZONA
FY 1999 BUDGET REQUEST
MAIN CAMPUS, SIERRA VISTA & A.I.C.**

	FY 1999 University of Arizona Request	FY 1999 Governor's Recommendation	FY 1999 Legislative Recommendation
FY 1998 Budget Base	\$ 308,737,700	\$ 308,737,700	\$ 308,737,700
Continuation Request:			
Annualize FY98 General Adj./Merit Increases	2,683,900	2,645,600	2,682,300
Annualize FY98 Classification Salary Adj. (CSA)	176,900	175,900	176,800
FY99 Merit Pre-Approp. (2.5% eff. 1/99)	3,056,500	3,044,300	3,093,700
FY99 CSA Pre-Approp. (1.5% eff. 10/98)	2,750,900	2,505,100	2,505,100
H.B. 2331 Sick Leave Payout	124,600	124,600	0
Enrollment 22:1 Funding Formula	764,900	634,200	607,200
New Facilities Occupancy Costs	321,100	0	325,700
Library Acquisitions	896,300	0	0
Risk Management	0	355,200	355,200
ERE Rate Adjustment	0	0	(332,400)
<i>Subtotal - Continuation Request</i>	<u>10,775,100</u>	<u>9,484,900</u>	<u>9,413,600</u>
Decision Packages:			
Enhancing Academic Excellence	2,000,000	0	0
Pathways to Student Success	3,400,000	0	0
Pathways to a Stronger Economy	2,000,000	0	0
Advanced Information Technology	3,800,000	0	0
Expanded Distance Education (S.V.)	343,500	0	0
Fund FY98 Carryforward (A.I.C.)	545,900	0	0
Consolidate A.I.C. with Main Campus	0	(1,276,300)	0
Reduce A.I.C. Lease Operating Expense	0	0	(545,900)
<i>Subtotal - Decision Packages</i>	<u>12,089,400</u>	<u>(1,276,300)</u>	<u>(545,900)</u>
Total FY 1999 Request	<u><u>\$ 331,602,200</u></u>	<u><u>\$ 316,946,300</u></u>	<u><u>\$ 317,605,400</u></u>
% Increase Over FY 1998 Base	7.4%	2.7%	2.9%

Note:

The FY 1999 Executive Budget Recommendation included a \$5.0 million decision package in the Board of Regents' recommendation for "University System initiatives" to be "distributed to the campuses according to the Board of Regents' priorities." As well, the FY99 Executive Recommendation included a proposal for an additional 1% merit increase pool for state agencies that would have yielded the University approximately \$1.2 million. Both of these proposals were rejected in the JLBC Recommendation.

Board Meeting
 Agenda Item #4
 January 8 & 9, 1998
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FACULTY TEACHING LOADS – FALL 1997 and SALARY ADJUSTMENTS

	ASU	NAU	UA
TIP-Qualified Faculty Teaching 6 or More Credits in Regularly Scheduled Classes, Fall 1997	939 <i>\$1913/yr</i>	448 <i>\$1913/yr</i>	573 <i>\$1913/yr</i>
TIP Allocation	\$1,796,600	\$857,100	\$1,096,300
TIP-Qualified Faculty Teaching 6 or More Credits in Regularly Scheduled and Other Classes, Fall 1997	1,104 <i>\$1628/yr</i>	471 <i>\$1820/yr</i>	761 <i>\$1440/yr</i>
TIP-Eligible Non-Qualifying Faculty, Fall 1997	178	47	305
Average Raises for Qualifiers	5.6%	6.4%	4.3%
Average Raises for Non-Qualifiers	3.6%	2.2%	2.3%
Percentage Point Difference Qualifiers Minus Non-Qualifiers	2.0	4.2	2.0

Note: The table does not include faculty who are new hires, administrators, or those on sabbatical or on leave during the Fall 1997 semester (see Implementation Criteria, page 5 of 12). At the University of Arizona, 64 such additional faculty teaching six or more credits in regularly scheduled and other classes in Fall 1997 received salary adjustments.

In no case did faculty with unsatisfactory teaching evaluations receive TIP raises.

Business and Professionalism in Medicine at the American Medical Association

Context

On December 7, 1997, in Dallas, Tex, the American Medical Association (AMA) House of Delegates convened for its regular Interim meeting in a highly charged environment. Many delegates were hot for revenge for the Sunbeam affair from which so many American physicians experienced continuing severe embarrassment.* Five high-level AMA staff members had departed as a direct or indirect result of the August 12, 1997 announcement of the Sunbeam endorsement agreement. In an unprecedented action, the immediate past Editor of the *New England Journal of Medicine* and the current Editor of the *Journal of the American Medical Association* sequentially addressed Reference Committee F before several hundred delegates, alternate delegates, and assorted others, initiating a 2¼-hour hearing on reports and resolutions relating to Sunbeam. Their remarks follow.

Statement on Professional Ethics and AMA Business Activities

Arnold S. Reiman, MD

I am Dr Arnold S. Reiman, former Editor-in-Chief of the *New England Journal of Medicine* and an emeritus Professor of Medicine and Social Medicine at the Harvard Medical School. I have been a member of the AMA for almost half a century and am an active member of the Massachusetts Medical Society, but I am not one of its delegates to this meeting. I speak purely for myself, and I thank the Chair for the privilege of the floor.

In my view, it is essential that this Association purge itself of all commercial deals that involve endorsement of, or joint marketing ventures with, particular health-related products or services sold to the public. These deals are a very recent initiative by AMA management, and in my opinion they should be stopped. Unfortunately, the policies and guidelines proposed in Report 19 don't do the job. Let me explain my position very briefly.

The recent trend towards the commercialization of the US health care system and the growing threat by corporatized managed care to the autonomy of doctors make it essential that physicians preserve their traditional ethical commitments to patients. If doctors do not preserve their identity as ethical professionals they will be swallowed up by the health care corporations. Without an ethical compass, physicians will end up simply as part of the labor force employed by, or under contract with, these corporations, or they will become profit-

driven entrepreneurs themselves, competing with the corporations. In any case, the relationship between physicians and patients will have been fundamentally changed. Equally important, a medical profession lacking ethical standards that set it apart from business will inevitably lose the public trust and the ability to influence public policy.

As the largest and most influential medical professional association in this country, the AMA ought to assume leadership by upholding standards that other medical professional associations and all practicing physicians will want to follow. It should advocate limits on the business activities of doctors to ensure that our profession does not fail the public's trust. The AMA's behavior, and not simply its rhetoric, must reflect the values that it espouses for physicians. It should not enter into any commercial deals that do not meet ethical professional standards, regardless of what beneficent purposes the profits might be used for, because it cannot convincingly advocate for professionalism while making business deals that its members ought not to make for themselves. In short, the AMA is an association of physicians, not a trade association, and its actions should reflect the ethical implications of that crucial distinction.

I therefore strongly support any resolution from the delegates that forbids endorsement of commercial products and prevents all direct involvement of the AMA name in the marketing or advertising of particular products, services, or brand names to the public. It is one thing impartially to sell advertising space in AMA journals or on the AMA's Web site, but it is quite another to enter into deals with companies that tie the AMA name to a particular product or company brand. No matter what their announced public purpose, these deals are inevitably perceived as intended for the private gain of the parties involved. They lower public and professional respect for the AMA and they undermine its credibility.

Allowable exceptions may be some types of deals between businesses and the AMA for the purpose of providing membership services. To be ethically acceptable, such arrangements should be simple, arms-length business deals that do not involve endorsements or kickbacks and do not generate direct or indirect gain for AMA officers or staff. They should have membership approval and be on the public record.

Given these views, you will understand why I have serious misgivings about some aspects of Report 19 from the Board of Trustees. Unlike the Board, I interpret the results of the recent Harris poll to indicate general approval of the Board's forthright response to the Sunbeam mistake, not blanket endorsement of any future business deals the Board might decide to make. The 14 guidelines in Report 19 are troubling because they suggest the Board may not really understand the meaning of the public response to the Sunbeam deal and may still be interested in selling the AMA name. Guideline 10 should

*Lundberg GD. The business and professionalism of medicine. *JAMA*. 1997;278:1703-1705.

Dr Reiman is Editor-in-Chief Emeritus of the *New England Journal of Medicine*.

simply say that "the AMA does not endorse health or medical products or services produced by other companies and marketed to consumers." *Period.* The added phrase "unless approved by the Board of Trustees" is a dangerous loophole and should be deleted. Guideline 11 is also evasive, because it implies that *after new rules are developed* the AMA might certify, or place its logo on, certain commercially marketed products. As they stand, these 2 guidelines risk future Sunbeam-type disasters and invite further damage to the AMA's credibility. They should be rejected. The good name and the integrity of the AMA are far more important than any contribution to nondues income such deals might provide. As I read your budget, the total contribution of all current business activities, exclusive of income ethically generated by your publications, is only slightly less than your total dues income. Even if all these nonpublishing business activities were eliminated, the impact would not be catastrophic, particularly if there were also some judicious reductions in expenses.

I conclude by reminding you that the professional standing of medicine is in greater jeopardy than at any time in the past century. More than ever, physicians need to be represented by associations that promote professional values over commercial interests. If the AMA wants to lead in this effort, it must take forthright action against commercialism in its own house. Thank you.

Statement Presented to Reference Committee F (I-97)

George D. Lundberg, MD

Mr Chairman, members of Reference Committee F, I am George Lundberg, Editor-in-Chief, American Medical Association Scientific Information and Multimedia, and Editor of *JAMA*. I speak today as an individual—as a 30-year AMA member—and as one who has been a high-level employee with substantial knowledge of the internal workings of the AMA for more than one half of those 30 years. I very rarely address any elements of the House of Delegates, relying over the years on our publications and the public media as my communication venue. But this is an extraordinary time, so I choose to make an exception and I appreciate the privilege.

Patients must trust their physicians. Physicians and the public need to trust the AMA. They really don't have anyone else. Can they trust the insurance companies, the managed care companies, the increasingly for-profit hospitals and medical institutions, the government? No—not really. The public needs and wants to trust us and our professionalism. It was the stress placed on that trust relationship that was the calamity of Sunbeam.

Unfortunately, Sunbeam was not an isolated event. Sunbeam was a cliff at the top edge of an ascending mountain of commercialization that our AMA built over decades—initially to assure solvency—a good thing. Successive Boards of Trustees and Houses of Delegates were not unaware of the general tenor of these events. Later, when insolvency was not a threat, such commercialization was used to support a raft of diverse activities, all rationalized by people of good will and good intent as being proper for the organization, and for which they were rewarded. In modern, commercialized America, with a Michael Jordan endorsing Nike, NBC-TV contracting with or

cobranding Notre Dame football, and certain universities contracting with or cobranding Columbia/HCA or the like, it really wasn't such a leap for AMA to endorse 151 Sunbeam products. This gradual ascent into commercialization suddenly went over the Sunbeam cliff and crashed on August 12, 1997. Soon thereafter 5 well-intentioned, hard-working senior staff departed. Countless others are confused, demoralized, looking for direction and leadership—ready to work hard.

Much of this whole commercialization bent, when seen through the retrospectroscope, was a grievous error. We are a professional association. We are not a football team, a Wal-Mart, or even a consumer special interest health advocacy group. We are a professional association of the world's greatest learned profession. We are better than those businesses and we must not descend to join them—no matter how much money they may offer.

Now, for practicality, I offer 2 recommendations for the Reference Committee. First, regarding Board of Trustees Report 19 and Resolutions 602, 603, 615, 616, 624, and 629, I suggest the following language: "Our AMA does not and will not endorse or cobrand commercial products or services for consumers." Second, I believe that a transitional Executive Vice President, whoever that may be, should welcome the assistance and wise counsel of an investigation by a committee of the House of Delegates to help the organization get it right in the eyes of the House of Delegates—which constitutes the stewards of the ultimate owners of the AMA—all of our members. Further, this can help us to get it right in the eyes of the public.

Finally, I hope that our AMA will emerge from this current mess stabilized and with much better focus. The most successful organizations have limited specific missions and do things they are really good at and they do them with predictable excellence. I believe AMA's focus should be limited to:

1. Standard setting in a wide range of areas.
2. Representation, lobbying, and advocacy.
3. Media-neutral communication of health information.
4. Services for our members.

With such focus, we truly can achieve excellence in all we do, and once again be a proud, respected, and trusted professional association.

Epilogue

Of the many important actions taken by the House of Delegates at this meeting, 3 relevant to this issue stand out. Reference Committee F recommended a major revision of one principle of Board of Trustees Report 19 that was then passed unanimously by the House of Delegates: "The AMA does not endorse health or medical products or services that are marketed to consumers and which the AMA does not design, produce, or control." In another apparently unprecedented action, the Chairman of the Board of Trustees announced at the first session of the House that, in contrast to tradition, no current officer or member of the Board of Trustees would be a candidate for either the interim or definitive Executive Vice President position, a post that was vacated 3 days earlier. In addition, in response to a specific resolution, the Speaker of the House of Delegates appointed an independent investigative committee of members of the House to perform yet another investigation of the Sunbeam affair and to report back to the House of Delegates at its Annual Meeting in June 1998 in Chicago.

Dr Lundberg is the Editor of *JAMA*.

CHAPTER 3
PROMOTION AND TENURE STATISTICS
ACTIONS TAKEN IN 1996-97 TO BE EFFECTIVE 1997-98

<u>Action Requested</u>	<u>Decision</u>		<u>Male</u>	<u>Female</u>	<u>Minority</u>	<u>Non-Minority</u>
Promotion to Associate Professor with Tenure	yes	51	28	23	11	40
	no	7	5	2	1	6
	pending	0	0	0	0	0
	withdrawn	0	0	0	0	0
	no action	1	1	0	0	1
Promotion to Professor with Tenure	yes	2	2	0	1	1
	no	0	0	0	0	0
Promotion to Professor	yes	29	24	5	5	24
	no	1	1	0	0	1
	pending	0	0	0	0	0
	withdrawn	0	0	0	0	0
Tenure	yes	2	2	0	0	2
	no	1	1	0	0	1
	withdrawn	0	0	0	0	0
Retention for 5th/6th year	yes	0	0	0	0	0
	no	0	0	0	0	0
Promotion to Associate Professor w/out tenure	yes	0	0	0	0	0
	no	0	0	0	0	0

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PROMOTION AND TENURE STATISTICS
SUMMARY OF OUTCOMES 1986-87 THROUGH 1994-95*

	Total Decisions	Male	Female	Minority	Non-Minority
1986-87					
yes	62	49	13	8	54
no	<u>23</u>	<u>18</u>	<u>5</u>	<u>1</u>	<u>22</u>
	85	67	18	9	76
% Positive decision		73.1%	72.2%	88.9%	71.1%
1987-88					
yes	60	50	10	5	55
no	<u>19</u>	<u>15</u>	<u>4</u>	<u>1</u>	<u>18</u>
	79	65	14	6	73
% Positive decision		76.9%	71.4%	83.3%	75.3%
1988-89					
yes	58	51	7	5	53
no	<u>24</u>	<u>22</u>	2	<u>3</u>	<u>21</u>
	82	73	9	8	74
% Positive decision		69.9%	77.8%	62.5%	71.6%
1989-90					
yes	75	61	14	14	61
no	<u>12</u>	<u>11</u>	<u>1</u>	<u>0</u>	<u>12</u>
	87	72	15	14	73
% Positive decision		84.7%	93.3%	100%	83.6%
1990-91**					
yes	75	50	25	7	68
no	<u>19</u>	<u>15</u>	<u>4</u>	<u>1</u>	<u>18</u>
	94	65	29	8	86
% Positive decision		76.9%	86.2%	87.5%	79.0%
1991-92					
yes	73	51	22	7	66
no	<u>23</u>	<u>18</u>	<u>5</u>	<u>2</u>	<u>21</u>
	96	69	27	9	87
% Positive decision		73.9%	81.5%	77.8%	75.9%

	Total Decisions	Male	Female	Minority	Non-Minority
1992-93					
yes	88	58	30	10	78
no	<u>15</u>	<u>12</u>	<u>3</u>	<u>2</u>	<u>13</u>
	103	70	33	12	91
% Positive Decision		82.8%	90.9%	83.3%	85.7%
1993-94					
yes	82	58	24	12	70
no	<u>20</u>	<u>15</u>	<u>5</u>	<u>2</u>	<u>18</u>
	102	73	29	14	88
% Positive Decision		79.4%	82.7%	85.7%	79.5%
1994-95					
yes	92	70	22	11	81
no	<u>20</u>	<u>17</u>	<u>3</u>	<u>4</u>	<u>16</u>
	112	87	25	15	97
% Positive decision		80.4%	88.0%	73.3%	83.5%
1995-96***					
yes	73	49	24	9	64
no	<u>8</u>	<u>5</u>	<u>3</u>	<u>5</u>	<u>3</u>
	81	54	27	14	67
% Positive decision		90.7%	88.9%	64.3%	95.5%
1996-97****					
yes	92	57	35	15	78
no	<u>14</u>	<u>9</u>	<u>5</u>	<u>3</u>	<u>10</u>
	106	66	40	18	88
% Positive decision		86.3%	87.5%	83.3%	78.0%
1997-98*****					
yes	83	55	28	17	67
no	<u>9</u>	<u>7</u>	<u>2</u>	<u>1</u>	<u>7</u>
	92	62	30	18	74
% Positive decision		88.7%	93.3%	89.5%	90.5%

Total Decisions	Male	Female	Minority	Non-Minority
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Combined Rates (1986-87 through 1997-98)

yes	913	659	254	120	805
no	<u>206</u>	<u>164</u>	<u>44</u>	<u>25</u>	<u>179</u>
	1,119	823	298	145	179
% Positive decision		80.0%	85.2%	82.7%	81.8%

*Data are given for: promotion to professor, professor with tenure, associate professor with tenure, tenure decisions, and retention for 5/6th years.

**Data are not provided for 2 pending cases, 2 withdrawals

***Data is provided for 1 withdrawal

****Data are not provided for 3 cases to associate professor with tenure. These 3 cases were given an extension of 2 more years and will be reviewed in 96-97.

*****Data is provided for 1 withdrawal (another position assigned)

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PROMOTION & TENURE STATISTICS
ACTIONS TAKEN IN 1996-97 TO BE EFFECTIVE IN 1997-98

COLLEGE	DEPT COMM		DEPT HEAD		COLLEGE		DEAN		UNIV COMM		PROVOST		APPEALS		FINAL ACT				
	Pro	Con	Pro	Con	Pro	Con	Split	Pro	Con	Pro	Con	Split	Pro	Con	Yes	No	Approve	Deny	
AGRICULTURE	10	2	0	0	10	2	0	0	0	8	4	0	0	9	3	2	10	9	3
Minorities	2	0	0	0	2	0	0	0	0	2	0	0	0	2	0	0	2	2	0
Males	6	2	0	0	6	2	0	0	0	5	3	0	0	5	3	2	6	5	3
Females	4	0	0	0	4	0	0	0	0	3	1	0	0	4	0	0	4	4	0
BPA *	2	3	0	0	2	3	0	0	0	1	4	0	0	3	1	1	4	3	1
Minorities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Males	1	3	0	0	1	3	0	0	0	1	3	0	0	2	1	1	3	2	1
Females	1	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	1	1	0
EDUCATION	5	0	0	0	5	0	0	0	0	4	1	0	0	4	1	1	4	5	0
Minorities	1	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	1	1	0
Males	2	0	0	0	2	0	0	0	0	2	0	0	0	2	0	0	2	2	0
Females	3	0	0	0	3	0	0	0	0	2	1	0	0	2	1	1	2	3	0
ENGINEERING	13	0	0	0	12	1	0	0	0	10	1	0	2	12	1	1	12	12	1
Minorities	2	0	0	0	2	0	0	0	0	1	0	0	1	2	0	0	2	2	0
Males	12	0	0	0	11	1	0	0	0	9	1	0	2	11	1	1	11	11	1
Females	1	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	1	1	0
FINE ARTS	10	1	0	0	11	0	0	0	0	10	1	0	0	11	0	0	11	11	0
Minorities	2	0	0	0	2	0	0	0	0	2	0	0	0	2	0	0	2	2	0
Males	5	1	0	0	6	0	0	0	0	6	0	0	0	6	0	0	6	6	0
Females	5	0	0	0	5	0	0	0	0	4	1	0	0	5	0	0	5	5	0
HUMANITIES	1	1	0	0	1	1	0	0	0	1	1	0	0	1	1	1	1	1	1
Minorities	1	1	0	0	1	1	0	0	0	1	1	0	0	1	1	1	1	1	1
Males	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Females	1	1	0	0	1	1	0	0	0	1	1	0	0	1	1	1	1	1	1

* Data is provided for one candidate who withdrew from process before final decision was made

CHAPTER 3
PROMOTION & TENURE STATISTICS
ACTIONS TAKEN IN 1996-97 TO BE EFFECTIVE IN 1997-98

COLLEGE	DEPT COMM		DEPT HEAD		COLLEGE		DEAN		UNIV COMM		PROVOST		APPEALS		FINAL ACT			
	Pro	Con	Pro	Con	Pro	Con	Split	Pro	Con	Pro	Con	Split	Pro	Con	Yes	No	Approve	Deny
MEDICINE	19	1	0	0	20	0	0	20	0	20	0	0	0	20	0	0	20	0
Minorities	4	0	0	0	4	0	0	4	0	4	0	0	0	4	0	0	4	0
Males	16	1	0	0	17	0	0	17	0	17	0	0	0	17	0	0	17	0
Females	3	0	0	0	3	0	0	3	0	3	0	0	0	3	0	0	3	0
NURSING	0	0	0	0	2	0	0	2	0	2	0	0	0	2	0	0	2	0
Minorities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Males	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Females	0	0	0	0	2	0	0	2	0	2	0	0	0	2	0	0	2	0
OPTICAL SCI	0	0	0	0	2	0	0	2	0	2	0	0	0	2	0	0	2	0
Minorities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Males	0	0	0	0	1	0	0	1	0	1	0	0	0	1	0	0	1	0
Females	0	0	0	0	1	0	0	1	0	1	0	0	0	1	0	0	1	0
SBS	8	2	0	0	7	3	1	7	3	7	3	0	0	7	3	2	8	7
Minorities	1	0	0	0	1	0	0	1	0	1	0	0	0	1	0	0	1	0
Males	3	2	0	0	3	2	0	3	2	3	2	0	0	3	2	1	4	3
Females	5	0	0	0	4	1	1	4	1	4	1	0	0	4	1	1	4	4
SCIENCE	11	0	0	0	11	0	0	11	0	11	0	0	0	11	0	0	11	0
Minorities	4	0	0	0	4	0	0	4	0	4	0	0	0	4	0	0	4	0
Males	8	0	0	0	8	0	0	8	0	8	0	0	0	8	0	0	8	0
Females	3	0	0	0	3	0	0	3	0	3	0	0	0	3	0	0	3	0
Totals	79	10	0	0	82	10	1	83	10	76	15	0	2	82	10	8	85	83
Minorities	17	1	0	0	17	1	0	17	1	16	1	0	1	17	1	1	17	1
Males	53	9	0	0	55	7	0	56	7	52	9	0	2	55	7	5	27	55
Females	26	1	0	0	27	2	1	27	3	24	6	0	0	27	3	3	58	28

**CONTINUING STATUS AND PROMOTION
ACTIONS TAKEN IN 1996-97 TO BE EFFECTIVE 1997-98**

<u>Action Requested</u>	<u>Decision</u>	<u>Male</u>	<u>Female</u>	<u>Minority</u>	<u>Non-Minority</u>	
Promotion only	yes	3	3	0	1	2
	no	1	1	0	0	1
Cont. Status & Prom.	yes	10	5	5	9	1
	no	2	1	1	0	2

10/97

CHAPTER 4
CONTINUING STATUS & PROMOTION STATISTICS
ACTIONS TAKEN IN 1996-97 TO BE EFFECTIVE IN 1997-98

COLLEGE	DEPT COMM		DEPT HEAD		COLLEGE		DEAN		UNIV COMM		PROVOST		APPEALS		FINAL ACT		
	Pro	Con	Pro	Con	Pro	Con	Pro	Con	Pro	Con	Pro	Con	Yes	No	Approve	Deny	
AGRICULTURE	7	1	0	0	7	1	0	8	0	8	0	0	0	0	8	0	
Minorities	1	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	
Males	6	1	0	0	6	1	0	7	0	7	0	0	0	0	7	0	
Females	1	0	0	0	1	0	0	1	0	1	0	0	0	0	7	0	
GRAD COLLEGE	1	0	0	0	1	0	0	1	0	1	0	0	0	0	1	0	
Minorities	1	0	0	0	1	0	0	1	0	0	1	0	0	0	1	0	
Males	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	
Females	1	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	
LIBRARY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Minorities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Males	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Females	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ORG RES	1	0	0	0	1	0	0	3	1	3	1	0	1	1	3	1	
Minorities	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	
Males	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
Females	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	
Totals	9	1	0	0	15	1	0	13	3	14	2	0	13	3	2	14	3
Minorities	2	0	0	0	2	0	0	2	0	1	1	0	0	0	0	2	0
Males	7	1	0	0	9	1	0	8	2	10	0	0	8	2	1	5	8
Females	2	0	0	0	3	0	0	5	1	4	2	0	0	2	1	9	5