UNIVERSITY SENATE
Second Meeting, Monday, 21 October 2002, 2:30 p.m.
Room 302, Stewart Center

AGENDA

1. Call to order

2. Approval of Minutes of 9 September 2002

3. Acceptance of Agenda

4. Remarks by the President

5. Report of the Chairperson

6. Resume of Items Under Consideration by Various Standing Committees

7. Question Time

8. Purdue and the Future of Health Care

9. New Business

10. Memorial Resolutions

11. Adjournment
UNIVERSITY SENATE
Second Meeting, 21 October 2002, 2:30 p.m.
Room 302, Stewart Center


Guests: Jim Almond, John Beelke, Brent Bowditch, Kevin Dittman, Kirt Esposito, Marc Geller, Kevin Hunsperger, Daniel J. Lynch, and Amy Raley.

1. The meeting was called to order by the chairperson of the senate, Professor Terry S. Stewart, at 2:30 p.m.

2. The minutes of the meeting of 9 September 2002 were considered.

   It was noted that Professor Robert E. Montgomery should have been listed as being present and Professor Thomas L. Morin should have been listed as being absent. With this correction the minutes were approved.

3. Professor Terry S. Stewart reported that President Martin C. Jischke could not be at the meeting today.

   He then presented the report of chairperson (see Appendix A).

   Following his presentation, Professor Stewart invited Vice President John Sautter to briefly address the senate. Vice President Sautter rose and called attention to the orange flier at
each senator’s place regarding a special presentation to be made by Dr. Richard Light on 1
November in Fowler Hall.

4. Professor Joseph W. Camp, Jr., Chairperson of the Steering Committee, presented the
Resume of Items Under Consideration by Various Standing Committees. He then invited
Professor Vicki J. Killion, chairperson of the Resources Policy Committee, to describe some
of the activities of her committee.

In response, Professor Killion presented a report of her committee’s activities as follows:
The University Resources Policy Committee (URPC) at this time is composed of 13
senators, 2 advisors, and 2 student representatives. Provost Mason and Vice
President Gary Isom are the committee advisors; Vice President Ken Burns is also a
committee member.

The duties and responsibilities of URPC include consideration of the following:
planning optimal utilization of the physical facilities of the University; studies of staff
needs, utilization, and planning; interdepartmental cooperation of improved facilities
and staff utilization; and nonacademic planning.

The six committees that report to URPC naturally mirror many of the responsibilities
as outlined in the bylaws: Academic Computing Policy, Architectural and Landscape
Design and Planning, Library, Parking and Traffic, Staff Appeal Board for Traffic
Regulations, and Visual Arts.

The URPC follows the progress of various pertinent University programs through
reports and presentations made by the relevant committee chairs or liaisons. Although much of last year seemed to be devoted to the detailed and informative
reports by VP Burns on the consequences of the slowly eroding state economy on
the University’s financial situation, we also turned our attention to the issue of child
care services for the Purdue community. I would like to take a few minutes to
summarize the Committee’s actions on this important issue.

The concern of the lack of adequate child care and the potential detrimental effect
this could have on recruitment and retention was brought to URPC in the spring of
2000. The following fall semester, committee members began an investigation of
child care services among the Big Ten universities. At that time we discovered that
the Council of Women was also preparing a report. After meeting with the chair of
the Council’s subcommittee, Lorraine Kisselburgh, and agreeing to support the
efforts of the Council, VP Burns and several other URPC members began
investigating possible sites in the community.

The first, and rather obvious, location was Burtsfield School on the corner of
Lindbergh and Salisbury. However, the West Lafayette School Corporation revealed
they have plans for a possible pre-school facility there. Other locations, such as the
empty Osco/Jewel store on Sagamore Parkway, were also investigated, but the
renovation costs required to bring these facilities up to code exceeded new
construction costs.

VP Burns also met with a private child care company that specializes in providing
qualified personnel and administrative services to large corporations. Clients provide
space and utilities with parents paying a competitive local rate for day care.
The result of all these investigations: there is no campus space available and we have not been able to identify any non-University space that can be purchased or leased for day care.

The minimum cost for the first facility is estimated to be $3 million. It is likely that more than one facility will eventually be needed, or that the first building will need to be planned to allow efficient expansion at a later date. VP Burns and his staff continue to seek viable space. This also is seen as a potential project for private fundraising. So, despite the recent Exponent article, child care remains an item under serious consideration for the University.

In the next few months, the Resources Policy Committee will bring forward a document originating from the Parking and Traffic Committee regarding permit fee increases. Also, the Academic Computing Policy Committee is being activated this fall under the leadership of VP Jim Bottum. Concerns regarding recent changes in the computing labs and other instructional computing issues will be the focal point of discussion with the URPC.

As always, we welcome your questions and suggestions. Thank you.

5. At question time, the chair reported that there was a carry-over question from the last meeting directed to Provost Sally Mason, regarding how the 300 new faculty positions under the strategic plan would be allocated among the various units of the University. Provost Sally F. Mason rose and addressed the Senate on this issue (see Appendix B).

Following her presentation, the Provost responded to a question from the floor.

6. The chair invited Professor Joseph W. Camp, Jr., to introduce Brent Bowditch, Assistant Director of Human Resources, who addressed the senate on Purdue and the Future of Health Care (see Appendix C).

Following his presentation he responded to numerous questions from the floor. At the chair’s request, Director Bowditch agreed to make himself available after the meeting to respond to any additional questions that might be of concern.

7. There was no new business and the chair reported that no memorial resolutions had been received.

8. The meeting adjourned at 3:50 p.m.
REPORT TO THE UNIVERSITY SENATE – PROFESSOR TERRY S. STEWART

This month marks the 200th anniversary of John Purdue’s birth. If you have not seen Bob Kreibel’s Biography of John Purdue published by the Purdue Press, I recommend it as interesting reading and quite educational. In his foreword Bob characterizes an anonymous retired Purdue Vice President as confessing to not knowing much about John Purdue. I was guilty of the same deficiency but thanks to Bob’s book, I am rectifying that shortcoming.

Marking another noteworthy event, Sol Gartenhaus has announced his plans to step down as Secretary of Faculties after 22 years of service. We are about to become even more aware of all the things Sol does behind scenes to keep the Senate running smoothly (Applause). A search committee is being formed to recommend a slate of candidates to the President for our next Secretary of Faculties.

I met with Purdue student government at their October 9 meeting. An item that came up during the discussion worthy of mentioning here is a concern among students that not all courses listed in our catalogs are being offered. I ask each of you to encourage your departments to review their course offerings. If courses are obsolete, delete them from the catalogs. If resources are needed to offer courses, that will be good ammunition to take to the administration to justify new positions. Faculty should be proactive in this process and not reactive to administrative review. I have asked the Educational Policy committee to review our course offerings across schools and see if we have “truth in advertising” relative to course offerings.

The response to the Faculty scholarships for staff and students from the donor community has been less than stellar. The response from Staff applying for scholarships has been strong! There were 29 applications for the spring semester. Unfortunately, we will only be able to fund about one-half of the requests. However, it’s not too late to contribute. It only costs about 50 cents a day to pay the tuition costs for a fellow employee to attend a 3 credit class.

I look forward to the presentation today on future issues related to the Purdue Health Benefits program. Faculty are involved in the planning of our future health benefits. Professor Charlene Sullivan is Co-Chair of the Health Plan Advisory Committee that is central in designing our program. I encourage you to communicate your ideas on how our program can be improved to Professor Sullivan.

A subcommittee of Faculty affairs is continuing to study post tenure review. Recall that in the Faculty survey, 75% of the faculty favored post tenure review. A public forum was held last spring to help understand the many forms post tenure review can take. This fall, a random sample of 125 of our 722 full professors have been invited to participate in small focus groups to better define what post tenure review means for Purdue. A similar sample of Associate professors will be invited to participate during the spring semester. If you are included in the sample group, I encourage you to participate. Also engage your departmental faculty in discussions of post tenure review and encourage any of those that are invited to participate as well.

President Jischke has created a new award to recognize those at Purdue that go above and beyond the call of duty to make Purdue a better place for Students, Faculty and Staff: the One Brick Higher Award. The inaugural recipient is Walter J Colburn who has served Purdue for 28
years in the building services department making Purdue a better place to learn and work and for 27 of those years he has served the United Way Champaign at Purdue. We all know those “can do” people like Walter Colburn that make our problems disappear or do those extra things that make Purdue a great place. I encourage you to nominate people you know that fit this description. Nominations can be submitted through the web site www.purdue.edu/onebrickhigher at any time. Only a short narrative, describing how the nominee has contributed to raising Purdue to that higher level, is required.
RESPONSE OF PROVOST SALLY FROST MASON TO THE QUESTION REGARDING THE ALLOCATION OF THE 300 NEW FACULTY POSITIONS

There are all kinds of interesting rumors out there that I hear about the 300 faculty positions that are part of the strategic plan. Let me try, and at least begin, to put into perspective for you what are our working principles here.

First of all, there will not be 300 new faculty on this campus next fall! I have actually heard someone speculate that we are busy out there recruiting all 300 of them right away. No! As you recall, our strategic plan is a five-year strategic plan and I believe that in order to be able to do our normal work and recruit 300 additional new faculty over the next 5 years it will probably take on the order of 5, 6, or 7 years; I think that is much more realistic. For one thing, it takes a lot of energy and a lot of work to recruit good faculty, so you don’t want to do a shoddy job of this and it sometimes takes longer than one year to recruit a faculty member. So it will take at least five years to do all 300 additional faculty. Let me also say that there are criteria by which deans, department heads, directors, and other campus leaders who have an interest in these faculty positions, can propose to the provost’s office new faculty positions.

The criteria are true to our strategic plan and they are quite simple. What I told everyone thus far -- and I will be repeating this over and over again over the next few years -- is that there are four broad criteria that we look immediately at when we are allocating these new resources. First, is the need to reduce our reliance on graduate teaching assistants in the classroom. As Purdue got bigger we came to use graduate teaching assistants far more frequently than we should have for teaching in the classroom; so that's number one and that’s stated in our strategic plan. Number two, is to increase or enhance our ability to do interdisciplinary work. Number three, is to increase or enhance our diversity, and number four is to enhance program quality. Those four broad criteria are what we look at in the provost’s office when someone makes a request to us for a new faculty position under the strategic plan guidelines. To the extent that a position fulfills more than one of these criteria, you might imagine that we get very interested in those opportunities.

There are lots of ways in which you can do this. I know that there are a number of center directors who have approached our office with proposals for cluster hires. There are deans who are interested in cluster hires. There are department heads who are interested in cluster hires. What I am trying to do is to get groups talking to each other, so that when we are done with this we will have 300 new faculty. As units look at the number of new faculty that they have gotten from this particular initiative, the sum total across the entire campus may in fact look larger than 300 because there will be joint appointments, there will be split appointments, and there will be ways in which units have leveraged or pooled resources to be able to bring in additional faculty. On top of that I know some of the deans are looking to extend their numbers even beyond what the 300 was initially, by reallocating internal resources.

Now if you remember the strategic plan, part of the funding for these new faculty lines comes from the new $1000 student fee. That is part of the money. The other part comes from leveraging internally, or internal reallocation. Some of that is done by leveraging graduate teaching assistant positions. Where units have the flexibility to do that, some of it is done by leveraging other kinds of monies that they might have to use for hiring new faculty; perhaps they
had a staff person and that staff person is no longer needed when they retire and they use that staff money to reallocate to a faculty line.

Are there faculty that have been hired already under the strategic plan? Yes, there are! When the announcement first went out last spring, there were several units that were in the process of recruiting for existing positions and had very, very, strong pools of candidates. Those units actually traded G.T.A. positions in for the opportunity to hire additional faculty right off the bat. So there are some faculty that are already out there. There are some diversity hires that we made last year that the deans asked for help with the financing, and even though we didn't have the money in the bank, I loaned it to them with the idea being that if we get these good people on board now it makes much more sense than if we wait and lose the opportunity 9 months or 12 months down the road. So at this point in time, the deans know that there are a number of positions that have been allocated this year. In fact, we have about 80 positions out there that are either filled or being searched for or will be searched for this year that are being funded by the monies from the strategic plan from the new student fee increase.

The positions that are out there right now cut across every school on campus with one exception, and that is the School of the Education. I have asked the School of Education not to make a request for funding for strategic hires until we get a dean on board. They are not thrilled with that idea, but they are going along with it for now because we hope obviously to be able to attract a good dean to come in and help us with our School of Education and one of the things that we can use in recruiting that new dean is to tell them that there are some resources available for new hires for the school. So at this point in time every school will be searching this year for some strategic plan hires. I don’t know that they have all been set in stone, at this point in time, but the deans have at least shared plans for the types of hires that they would like to make and at this point all fulfill one or more of the four criteria that I mentioned.
Good afternoon. It is a pleasure to be here. It is a pleasure because it’s an opportunity for discussion and understanding not only I hope for you but also for me. The more I can get out and discuss what we are doing and who we are doing it with regarding the Purdue Health Plans, the better it is.

Before I get into our topic on the future of Healthcare at Purdue, I’d like to mention something I feel really good about but I also feel really frustrated about too. What that is, is the changes the University makes to our health plans at Purdue each year. Last January President Jischke created the new Health Plan Advisory Committee. It is represented by six faculty members as well as representatives from the administrative and clerical/service ranks. It has representation from all of the four Purdue campuses. It has representation from the Senate. This Health Plan Advisory Committee has proven a really good group to work with. We were meeting every other week during the summer. They were able to give us a lot of direction as we tried to deal with complex issues. I personally felt the process worked very effectively. And I think the committee would agree. That’s the good part. The bad part is that I would love to be able to communicate with everybody. However that is impossible. I hear concerns from faculty and staff that the University is making decisions about the medical plans without any input from others. That is what frustrates me because I know it is not true - but the perception is still out there. I’m very open to your ideas to try to improve this communication process. You have a standing invitation from me at any time. I would be more than happy to meet with the Senate or committee meetings in the future to try to answer any questions or resolve any concerns you might have.

The topic of my talk this afternoon is “The Future of Healthcare at Purdue” and I will talk about that but I think we need to understand the present to be able to understand what we need for the future.

This first slide illustrates how medical and prescription drug claims costs have increased since 1990 through a 2003 estimate. As you can see during the first part of the 1990’s through 1997 medical costs were pretty stable near $30 million. However, starting in 1997, medical costs have shot up at an alarming rate. In fact, during the last five years, medical costs have increased at an average annual rate of 17% increasing a total $28 million during this time. In 2002 the University will pay out almost $60 million to medical providers for the healthcare of faculty and staff.

This $60 million is larger than the total budgets (both restricted and unrestricted) of 7 out of the 10 schools here at Purdue. Only Ag, Science, and Engineering’s budgets are larger than the medical claims Purdue pays out. However, consultants do not see any let up in sight to the double digit increases in medical costs for the next several years. The problem we have is illustrated by this slide. If medical costs rise at a rate of 15% and Engineering’s budget continues to rise at a rate of 5% which is consistent with what it has done recently, the medical budget will be the same as the total budget of the Schools of Engineering in five years.

As I mentioned to you earlier, the medical claims for 2002 are expected to be almost $60 million. With medical claims costs rising at a rate of 15% the University will need an additional $8.8 million in 2003 to keep our medical plans the same as they are today. When a 1% salary increase for ALL faculty and staff costs the University around $3.7 million, you can see that this
$8.8 million is robbing the University of being able to give employees over a 2% salary increase. Combine this with the fact that the Indiana Commission for Higher Education has recommended a $7.4 million increase for next year for ALL salaries and compensation (including health insurance) from the State of Indiana. Combine this also with the fact of the State budget problems and that the State Legislature usually approves a funding amount less than what the Indiana Commission for Higher Education recommends, you can see the problems we have. The University and you cannot afford to have to spend an additional $8.8 million next year for healthcare, $10 million the following year, etc. We have to do something to contain costs.

The bulk of last year we spent analyzing the information we had on our health plans. My background is in Institutional Research and Budgeting. I love data because you can base decisions on facts that are hard to argue with instead of perceptions and gut feelings.

We found a number of very interesting things which we must change to contain medical costs. The main thing we found is that Lafayette, Indiana is a unique medical community located between Chicago and Indianapolis. The thing that amazed us the most is how high the costs are that we all are paying for medical services in this community as compared to other locations in Indiana as well as across the country. Costs are often two to three times the costs than for the same medical procedures in locations like Chicago and Indianapolis.

This problem is a situation that will impact all of us probably for the next several years. Why? Because when we now ask who shares in the medical dilemma we are in, it is NOT going to be only Purdue and you and me. It is going to have to be the other partners in the medical arena. It is going to have to be the medical providers (the doctors, hospitals, and pharmacists) and the medical administrators we work with. We are implementing some new changes for 2003 including the new Incentive PPO medical plan which relies on a new national network of medical providers called PHCS, mail order prescription drugs, and free lab services at all Purdue campuses at designated labs. All of these new programs share the expenses between all of the partners in the medical dilemma circle instead of just the University and you.

The cornerstone of making this work is the national network of medical providers called PHCS (Private HealthCare Systems) which we have contracted with beginning January 1, 2003. Networks contract with medical providers like doctors. Doctors agree to set fees for medical procedures that are typically lower than they would normally receive. Unfortunately when we looked at networks in the spring, none of them had a good presence here in the Greater Lafayette area and/or did not have good financial arrangements. The medical community here has been very successful at keeping networks out of Lafayette. The number of doctors in the PHCS network is limited in Lafayette. Once you get out of Lafayette in Indianapolis, Chicago, and across the country, there are thousands of doctors. Networks mean lower revenues to the doctors. We have asked all the local doctors to join the PHCS network. What we are saying to the doctors is we'll pay you a fair reimbursement for your services. We have asked PHCS to design a fee schedule just for Greater Lafayette in consultation with major doctors in this area. The resulting fee schedule is higher than what is paid to doctors and hospitals in Indianapolis and Chicago, but still quite a bit lower than what medical providers have been paid in the past. Quite frankly, the doctors are reluctant to sign on. They are sitting watching. They are watching to see what you and your peers are going to do.

Will we be successful? A lot depends. When we talk about the future of healthcare at Purdue, a LOT is riding on what happens over the next year. If all the doctors in Lafayette joined PHCS the University would cut its medical costs by over $10 million on a recurring basis. When Lafayette Home Hospital and St. Elizabeth agreed to allow Purdue to access them through
PHCS the University instantly saved hundreds of thousand of dollars in 2003 over 2002. You also saved because you will only be paying 15% of the costs at these hospitals if you join the Incentive PPO plan. We have a number of strategies involved with trying to get the medical community to join PHCS. Probably the most important is to communicate and educate all of us about this situation. I think when you show people the facts, our faculty and staff will be willing to work with the Purdue administration to say “enough is enough” and put pressure on their medical providers to play fair. We will continue to take the recommendations of the Health Plan Advisory Committee, APSAC, CSSAC, and the University Senate into consideration. We will be using a number of communication media to try to be successful in this effort. We have also begun to work with other employers in town. They are all under the same pressures when it comes to medical costs. An employer coalition could be very influential. We also want to keep the communication channels open with the medical community also. Our plans are not to conquer. We want to work together. We want a fair deal for everybody. But so far the University and you have been the ones getting treated unfairly. We are also working with medical providers outside this area. I had a call from a well known group of medical providers outside of this area that are very interested in what is going on here and would be willing to accept PHCS rates.

The important thing is that Purdue is influential, but we cannot alone make this work. We are going to need the help of others. Most importantly is the help of faculty and staff. Filling in the PHCS Purdue Provider Nomination Form and sending it in, asking your doctor to join PHCS, considering other medical providers both here and outside the Greater Lafayette area. All of these things will have much more impact on a doctor joining PHCS than me asking a doctor to join.

What happens over the next two years is going to be very influential in whether we can contain health care costs. Whether we succeed or not will have a huge bearing on what the future of healthcare will be at Purdue University.

Let me peer into the crystal ball and take some stabs at what I think will be up for consideration when we look at the future of healthcare here.

First of all, I think medical plans like the Purdue 300, Purdue 800, and the new Purdue 500 plan, that will be introduced in 2003, will be a thing of the past. Why do I say this? Because they are very expensive plans to operate. They provide a choice of all doctors with NO accountability on your part. The University pays you 30% of the claim cost whether you go to a low cost doctor or high cost doctor or whether the doctor has good outcomes or bad. What you will see in the future I predict is plans that provide a choice of all doctors but with accountability. If you choose doctors with proven outcomes and lower fees, you will be rewarded by having to pay less money for your medical care. If you choose otherwise, you will pay more. Your behavior will become increasingly important.

A beginning point in this idea is the new Incentive PPO plan starting next year. If you go to PHCS doctors and medical providers who agree to charge lower fees you will pay 10% to 15% of the costs of those services. If you don’t you may have to pay 40% of the costs.

Today we have a number of aspects of our health plans that manage your care, and I do not think they will go away. However, the accountability for managing your care will increasingly shift to you.
Another example of accountability you might have heard about is the consumer driven health care model that a lot of people are talking about these days. This type of plan is a high deductible plan. The employee is typically given a spending account of $1,000 which she or he can use for medical costs during the year. If the employee doesn’t use all of the $1,000 he or she can carry that amount forward into the following year to use at a later date including for medical costs during retirement. If the employee uses up the $1,000, the employee has a $2,000 deductible which he or she must satisfy before the plan would pay for medical costs at 100%. The plan would be very inexpensive if not free to the employee. The idea behind this model is that because the employee is assuming more of the risks for her or his healthcare costs, they will be better medical consumers and use the dollars wisely.

For many of these ideas to be successful, information becomes critical. One of the things we are working towards is greater information so you can make good intelligent decisions. We need you to be an informed consumer. The quality of care provided will become increasingly important. We want to provide information to you so you can steer away from ineffective medical care. We want to get access to provider fee information. You need access to accurate medical information sites and nurse lines. The internet is full of health information. A lot of it is very good, but a lot is junk. We need to sort that out for you so you know where to look. I think another important aspect is compliance with therapeutic regimens. There is a lot of wasted money on going to the doctor and then not completely following through on the advice which leads to additional costs.

Another area that should be very helpful in containing medical costs in the future is the area of Health Promotion and Disease Prevention. A research study was done that showed the main factors leading to premature and unnecessary deaths. As you can see 54% of these deaths were due to personal lifestyle factors like smoking, diet, exercise, and not wearing seat belts (20% environment; 16% genetics; 10% Health Care system). These deaths account for 70% of the medical care spending we have. If Purdue can provide programming that will incent employees to live healthier lives, the cost savings can be tremendous. A recent study showed that for every dollar spent on health promotion and disease prevention, $3.35 was saved in medical care costs. This same study projected that there was less absenteeism from work that resulted in productivity savings of $4.87 for every dollar spent. This area of Health promotion and Disease Prevention is one that we have started to explore with promising results. Roger Seehafer is a professor in Health Kinesiology and Leisure Studies that is on the Health Plan Advisory Committee. I would like this committee to start exploring how we can best invest our resources to get the most out of a program of this type. Purdue is in a unique position. We not only have academic departments with faculty expertise in these areas, but we have student personnel who can assist through internships and experiential learning opportunities, as well as a wealth of on-campus fitness and education centers and programs. One of the questions we need to make sure we have answered is “Is Purdue ready for this?” It is an interdisciplinary effort that requires partnership and a commitment at the highest levels of the University.

Of course, the other major player in healthcare is the government. There is continued legislative involvement and continued concerns with privacy of medical records. Much of what the government does can have a big impact on what we can and cannot do. You may have heard of the federal law HIPAA (Health Insurance, Portability, and Accountability Act). It has been around for several years and deals with many health issues. Recently it has been revised to protect privacy of medical records. It is such a hard law to comply with administratively we have questions if we can even provide assistance in answering employees medical claims questions. These laws will directly impact all of us.
To summarize, medical costs at Purdue are a big concern. They continue to rise. I believe we can contain them and we have some very good opportunities to do this. The local medical community is a challenge with their high costs and I ask for your support, because we will need it to be successful. We must partner together. I see more plans like the new Incentive PPO that allows you to see any medical doctor in the world but tries to change your behavior to encourage you to use proven quality and cost-effective care. Information will become increasingly available so you can make wise choices. I also see encouraging a healthy lifestyle to prevent diseases from occurring becoming increasingly important for you and a way to keep costs down.

I thank you for your attention and I would be happy to try to answer any questions you might have.
Appendix D  
21 October 2002

TO:        University Senate
FROM:      Joseph W. Camp, Jr., Chairperson, Steering Committee
SUBJECT:   Resume of Items Under Consideration by the Various Standing Committees

STEERING COMMITTEE

Joseph W. Camp, Jr., Chairperson
dirus@purduenc.edu

The primary responsibility of the Steering Committee is the organization and distribution of the agenda for each meeting of the University Senate. This committee also receives communications from any faculty member or group of members and directs such communications to appropriate committees or officers for attention.

ADVISORY COMMITTEE

Terry S. Stewart, Chairperson of the Senate
tstewart@purdue.edu

The responsibility of the University Senate Advisory Committee is to advise the President and/or Board of Trustees on any matter of concern to the faculty.

NOMINATING COMMITTEE

Charles E. Kline, Chairperson
chuck@purdue.edu

The major task of the Nominating Committee comes in the spring in making nominations for senate and University committees. Nominations are made at other times to fill vacancies as they occur.

EDUCATIONAL POLICY COMMITTEE

Steven E. Widmer, Chairperson
sewidmer@tech.purdue.edu

1. Impact of TRAX on educational policy issues
2. Merger of the University Division with Undergraduate Student Programs

FACULTY AFFAIRS COMMITTEE

Wallace B. Morrison, Chairperson
wbm@purdue.edu

1. Grade Appeals Process
2. Committee on Informetrics
3. Follow-up on post tenure review

STUDENT AFFAIRS COMMITTEE

Olivia Bennett Wood, Chairperson
woodo@cfs.purdue.edu

1. Academic Integrity
2. Student organization revisions

UNIVERSITY RESOURCES POLICY COMMITTEE

Vicki J. Killion, Chairperson
vkillion@purdue.edu

1. Childcare for Purdue employees
2. Faculty input into the budget process
3. Monitor space and facilities in light of increasing enrollment
4. Computing policy issues

Vice Chair of the Senate, Dan E. Schendel; schendel@purdue.edu
Secretary of the Senate, Solomon Gartenhaus; garten@physics.purdue.edu
University Senate Minutes; http://www.purdue.edu/usenate
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* Approved