



Representing Wayne State Faculty and Academic Staff

NEWSBRIEFS

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“Freedom to Speak Without Reprisal”

School of Medicine Faculty Express Concerns in Survey for Academic Freedom, Job Security, and Academic Mission

The results of the AAUP-AFT survey of the School of Medicine (SOM) indicates the deep-seated concern of many faculty members regarding the academic mission of Michigan’s largest medical school.

We mailed 688 surveys to SOM faculty (nine undelivered) and 236 sent their returns to the American Arbitration Association, which managed the survey process for us. The return rate of 35% compares favorably with the 211 returns for last year’s faculty survey by the Provost’s Five-Year Review Committee.

We actually never saw the returns, which were sent directly to the American Arbitration Association for tabulation. AAA compiled the results and sent us the summary data and written remarks with no names. Quotes drawn from respondents’ comments are identified by the number AAA assigned to each return.

Some of the survey’s preliminary results are presented in the following pages. The questions highlighted here focus on, among other things, the issues related to fractional tenure that have been contested by the faculty union and the administration in recent arbitration proceedings. As reported in previous issues of *Newsbriefs*, the AAUP-AFT challenged the Administration’s practice of granting 25% tenure to basic scientists working in clinical

departments, charging that this was a violation of language in the collective bargaining agreement that only permits 25% fractional tenure for clinicians. The neutral arbitrator who heard the case agreed with the union, but the Administration has refused to

accept this binding decision and has forced us to seek a court order compelling their compliance.

As indicated on page two, survey respondents overwhelmingly supported the union’s position, with 82% describing

protection of 100% tenure as “important” or “very important.”

Results are also reported for questions concerning early retirement benefits, term renewals, bridge funding, and pressures on clinicians to curtail academic activities in favor of work demands related to the Practice Plan. A box describing “Who Responded” is on page 4. (Note: percentages don’t always total to 100 because of rounding.)

As negotiations for a new contract approach, we plan to survey academic staff and faculty outside of the SOM for feedback on their bargaining priorities. Anyone with ideas for the kinds of questions we should be asking is invited to contact our office: 577-1750, or aaupaft@wayne.edu. We hope to hear from you!

Inside:

*** Survey Results, pgs. 2 - 4**

*** Who Responded ?, pg. 4**

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1) How important is it to you that tenure for basic scientists should be defined solely in terms of 100% protection of their faculty salary, as opposed to fractional tenure at less than 100%? [Asked of basic scientists only]

		<u>Cumulative</u>
a) Very important	63%	
b) Important	19%	82%
c) Somewhat important	13%	95%
d) Not important	6%	100%

Comments: Respondents stressed that fractional tenure is “meaningless” (#65) for Ph.Ds who lack the earning power of MDs: “PhD income is so small that a loss of even a small percent is serious” (#1); “No PhD could afford a 10-50% pay cut!” (#55); “Have to have 50% for benefits” (#162); “Fractional tenure is an insult to our profession” (#131); “This is a critical issue for recruitment” (#156).

2) What is the importance to you of tenure in protecting income?

		<u>Cumulative</u>
a) Very important	53%	
b) Important	27%	80%
c) Somewhat important	10%	90%
d) Not important	10%	100%

Comments: Questions concerning the importance of tenure drew an especially large number of written comments. Many focused on issues of academic freedom: “Freedom to speak out without reprisal” (#36); “Without tenure, ALL faculty would be released with every change in the Administration!” (#55); “Freedom to chose scholarly work of own choice without fear of retaliation” (#60); “Faculty appointments without tenure, or being on tenure track, are more than akin to indentured ‘high-tech’ servitude.... Unfortunately, a plethora of such ad-hoc positions have been devised...” (#108). Several also commented that tenure “too often is a refuge for people who don’t want to work” (#179).

3) To what degree would improved retirement benefits (pension, health) affect your decision to retire?

		<u>Cumulative</u>
a) completely	10%	
b) a great deal	37%	47%
c) somewhat	22%	69%
d) a little	13%	82%
e) not at all	18%	100%

Comments: Among the high proportion of respondents who indicated that improved retirement benefits would strongly influence their decision to retire were many whose written comments put a special emphasis on medical benefits: “Terrible that there isn’t health insurance” (#128); “Very dissatisfied with retirement health option” (#95); “There is a need for better health coverage for retirees” (#38). Not surprisingly, younger faculty were less concerned: “I’m not thinking of retirement at 44,” as one (#219) put it.

**4) To what degree have you felt compelled to reduce your commitment to academic activities (teaching and/or research) by pressures to maximize revenues for the Practice Plan?
[Asked of clinicians only]**

		<u>Cumulative</u>
a) always	24%	
b) often	30%	54%
c) sometimes	22%	76%
d) occasionally	7%	83%
e) rarely	5%	88%
f) never	11%	100%

Comments: “This has gotten so bad that the academic mission of the clinical departments is decimated” (#32); “This is all we are judged by” (#58); “They are making it hard on us—nearing private practices/salary” (#89); “What choice do we have!” (#9). Some, however, had a different take on the issue: “Have the reverse problem. Resent there is no administrative support to get revenue to our clinic for my clinical work” (#99); “It is more complicated than this. I am often compelled to reduce academic activities to do clinical work—it is not to maximize revenues, but rather to provide service to DMC facilities” (#179); “Enjoyment outweighs remuneration considerations” (#193).

5) In terms of your job satisfaction, how important is protected time for research?

		<u>Cumulative</u>
a) Very important	60%	
b) Important	24%	84%
c) Somewhat important	9%	93%
d) Not important	7%	100%

Comments: Respondents indicated that this was “very needed” (#129) and “extremely important” (#65). One (#193) added that “Clinical time is filled with teaching/patient care. Most research activities are done as overtime now.” Another respondent (#104) felt that “Protected time can be overrated—there are plenty of people with protected time who produce nothing.”

6) Should non-tenured researchers with significant years of service be given a contractual commitment to “bridge funding” for a specified period of time to cover salaries and minimum expenses between grants/contracts?

a) No:	9%	
b) Yes:	91%	
after service of: 10 years		34%
6 years		42%
3 years		24%

Comments: The considerable support for bridge funding came with numerous proposals for how it should be awarded: “...pending a review akin to tenure review” (#3); “...decided by an appropriate committee” (#31); “Depends completely on productivity during years of service” (#74); “But only with record of outside funding” (#181).

7) Should non-tenured faculty clinicians with significant years of service eventually be given a contractual commitment to renewals of more than two years?

- a) No: 26%
- b) Yes: 74% after service of: 10 years 34%
6 years 42%
3 years 24%

Comments: “With contingencies—they have to demonstrate they are productive” (#15); “Only if the faculty clinicians provide significant teaching of medical students, residents and fellows” (#201); “You won’t hire anyone excellent with the current approach—I would not be here except to work with current team” (#99).

Who Responded?

One out of three SOM faculty responded to the survey, which drew from a representative mix of academics. The respondents were almost evenly divided between M.D.s and Ph.D.s, with a slight edge to the latter and, therefore, roughly the same breakdown between clinicians and basic scientists. There was a near-even split between tenured/tenure-track and non-tenured, though tenure-track faculty appear to be underrepresented. Conversely, senior faculty with ten or more years at Wayne State make up nearly two-thirds of the respondents.

Current Position

Professor	42%
Associate Professor	22%
Assistant Professor	37%

Current Degrees

M.D.	44%
Ph.D.	52%
Other	4%

Current Status

Tenured	42%
Tenure-track	7%
Non-tenured	51%

Years at WSU

<1	3%
1-3	9%
4-6	17%
7-9	10%
10+	61%

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