

AAUP Chapter Questions: Corrections and Sources, January 31, 2016

[This document was provided to Senate Executive Committee and the Provost on 1/31/2016]

I checked the data provided in the questions on IPEDS (the National Center for Education Statistics). The data are for Oxford, not all three campuses, which may explain some discrepancies but not all; I can get hold of the other data if you like. Please see [MU employment spreadsheet](#) for the data I gathered for the questions below. To see sources, go to <https://nces.ed.gov/ipeds/datacenter/>, "Look Up an Institution," put in Miami (you will need to choose between campuses), and click Continue. When you get to the page with all the blue bars, click Reported Data just under our school's name. Then you can choose the data year you want to look at and choose the category of data you want to see. I am attaching PDFs of the data for 2005, 2010, and 2014 to the email. CW

AAUP Chapter Questions – October 26, 2015

1. What is the justification for shrinking the tenure-line faculty while growing the number of students and administrators? (In Oxford, NTL faculty have doubled since 2010 while TL faculty have declined by 12.5%.) – **Provost/Deans**
 2. In what way does the increase in non-tenure-line and non-permanent faculty benefit students? – **Provost**
 3. Why aren't we turning VAP positions into tenure-line positions? – **Provost**
 4. **The university has overshot its Strategic Task Force target for cuts in benefits. At a time when the university has nearly \$1/2 billion in reserves, what is the financial rationale for continuing to shift costs to the staff and faculty to such an extent that there is now no out-of-pocket maximum in our current benefits package for out-of-network care, leading to some members of the faculty and staff incurring tens of thousands of dollars in health costs?*** – **Benefits Committee/Office of Business and Finance/Fiscal Priorities**
- The University has nearly \$1/2 billion in unrestricted reserves. We accept that you have budgeted for their expenditure. But those budgets are choices: plans that can change with conditions and with changes in priorities. Only about 1/4 of all Miami expenditures are on instruction, and the trend is downward. Yet Miami expenditures for senior administrators, non-instructional buildings (including Phase II of Armstrong and another 300-person auditorium in Shriver) and Inter-Collegiate Athletics are up. The argument is often made that cuts in tenure-line hires are necessitated by the desire to keep student tuition costs down.**
5. What evidence is there that the university has sought to keep tuition costs and fees down by addressing these other areas? – **Board of Trustees/Office of Business and Finance/Fiscal Priorities**

The Athletic Director, in his summer presentation to the Board of Trustees, presented data showing that the average pay raise for staff in the Athletic Department is over 5% while the

Comment [1]: Replace with: In Oxford, full-time NTL faculty have more than doubled over the last 10 years while TL faculty have declined by 18%.

(Full-time NTL faculty have gone up by 108% in 10 years, 65% since 2010. Full-time contingent (VAP/VI) faculty have gone up by 180% in 10 years, 49% since 2010.)

Comment [2]: Suggested revision: Why aren't we reducing contingent full-time positions and increasing permanent positions?

Comment [3]: Note: the provost had asked for clarification on this question.

Comment [4]: This figure compares instructional salaries and benefits to total university expenses. In 2013, instructional salaries and benefits were \$126,852,464, 26.3% of the total university expenses, \$481,654,939. Those figures are from Miami's financial reports.

Comment [5]: Note: The provost's presentation on April 11, 2016 gave 37% as the instructional share of the budget; I clarified that "1/4" in our question referred to instructional salaries and benefits and asked what else was being included under instruction in her reading of the budget, and she said she'd need to investigate and would provide that information.

average pay raise for faculty has been just over 2% and for staff under 2%. This disparity has not been publicly discussed or justified.

6. Especially given the department's \$20+ million annual loss (a loss subsidized primarily by student fees), how can the disparity be defended? – [Board of Trustees/Athletic Director](#)

At the summer meeting of the Board of Trustees, it was announced that a large number of unrestricted endowments were being stripped and redirected to Stage II of Armstrong. These endowments could have been used for many other purposes.

7. Why did the Board of Trustees decide that, having failed to raise the necessary monies for Stage II, using these endowment funds for Stage II was a higher priority than, say, using them for scholarships? - [Board of Trustees](#)

We now have a much higher number of Visiting Assistant Professors than we did ten years ago (a 98% jump since 2010), and fewer tenure-line faculty (a 10% drop). We must be very close to the MUPIM cap on lecturers.

8. Our lecturers, clinical faculty and VAPs are valuable colleagues, and many are qualified for tenure-line appointments: what can we do to allow more opportunities for them? – [Provost/Deans/Faculty Welfare Committee](#)

9. What methods have the Fiscal Priorities Committee and Dr. Creamer established to learn about faculty and students' views on the university's financial priorities? - [Office of Business and Finance/Fiscal Priorities](#)

10. Does the input of the Fiscal Priorities Committee have an influence on final budget recommendations, or is its role simply to report decisions downward to Senate? - [Office of Business and Finance/Fiscal Priorities](#)

11. Assuming reliable information on faculty and student priorities is gathered, is that information communicated to the Board of Trustees when budget recommendations are made? If not, why not? Can communication be improved? – [Office of Business and Finance/Fiscal Priorities](#)

12. What research has been done that suggests the university needs another auditorium in Shriver Center as opposed to, say, another real theater, or a dedicated faculty space like the old 1809 Room? [Board of Trustees/Campus Planning Committee/ Physical Priorities \(Cody Powell\)](#)

13. How much are faculty, staff, and students being consulted as these decisions are made? - [Office of Business and Finance/Campus Planning Committee/Physical Priorities \(Cody Powell\)](#)

The \$2 million directed toward raises last year is chump change compared to the surplus (\$136.5 million in 2014, \$85.5 million in 2013) and to what is being poured into reserves.

14. To what extent is a competitive effort to make Miami look posh interfering with the core educational mission and experience? [Campus Planning Committee/Sustainability Committee/Office of Business and Finance/Fiscal Priorities](#)

Comment [6]: Revision: We now have a much higher number of VAPs & VIs than we did ten years ago (a 180% jump in ten years, 49% jump since 2010), and fewer tenure-line faculty (a 15% drop). We must be very close to the MUPIM cap on lecturers.

Note: the IPEDs full-time non-tenure-line faculty categories do not break down to VAPs & VIs; the category they use is full-time faculty on annual contracts.

So that we can (1) reduce a dependence on contingent faculty that is widely understood to be detrimental to students and (2) provide a more serviceable benefits package to faculty and staff?

15. Could we reprioritize to allow the percentage of funds directed toward instruction to increase beyond a quarter of the total budget, or consider reducing spending elsewhere? - [Board of Trustees/Office of Business and Finance/Fiscal Priorities](#)

***Note shared with AAUP leadership by Prof. David Walsh (MGT, FSB), former chair of Faculty Welfare Committee:**

There are out-of-pocket maximums for in-network benefits. However, there are no out-of-pocket maximums for out-of-network benefits. Thus, if one of us gets treatment from a doctor or hospital that is not within United Healthcare's established network of providers, the bills are potentially unlimited. This goes well beyond just providing an "incentive" to use providers that have agreed with United Healthcare to charge less for their services.

The established network of providers is reasonably large, and plan participants can avoid problems by verifying whether providers are in the network. But it is not that simple. You or a family member might have an unusual condition and the acknowledged expert on treating that condition not happen to be in the network. Your choice then is to go to a less competent person or accept unlimited liability. Or, since the providers included in the network are subject to change, you might have an established relationship with a doctor and that doctor suddenly no longer be in the network. Your choice then is to end the relationship and go with an unknown quantity or, again, accept open-ended financial responsibility. Last, and most insidious, you might be taken to an in-network hospital, but be treated there by contract physicians who are not part of the network. You might not even be aware that this has happened until after the fact. The New York Times ran an interesting piece on this problem about a year ago (Elisabeth Rosenthal. 'Costs Can Go Up Fast When E.R. is in Network, But the Doctors Are Not.' New York Times (September 29, 2014), A17).