Arguments Against the University Senate Expansion
Presented at the University Senate Meeting, 21 November 2022

Michael Thouless
Former SACUA Chair (2009-2010)
Janine Johnson Weins Professor of Engineering
Arthur F. Thurnau Professor
Professor and Associate Chair, Mechanical Engineering

1. The Senate represents and protects the core mission of the University of Michigan, which is scholarship and teaching (a $4.2 billion/year enterprise). It does not represent the ancillary mission to deliver healthcare (a $5.5 billion/year enterprise at UM).

2. Tenure and academic freedom are essential to the academic enterprise. Therefore, protecting these two values is a key responsibility of the Senate. Through SACUA, the Senate plays the core role in dismissal procedures brought against tenured faculty under Regents Bylaws 5.09. This may be the sole remaining formal avenue by which university faculty governance is exercised (as distinct from the informal mechanism of moral suasion). The Senate is also responsible for defining academic freedom at UM,[1] which is only protected with tenure.

3. Tenure is not compatible with or desirable in corporations, which find it essential to be able to hire and fire employees at will. For this reason, it is also not desired in corporate models of healthcare. One may observe that for decades now, UM Health System personnel policies have evolved to undermine the foundations of tenure within the medical school. The core dynamic of this undermining has been (a) the invention of a "clinical professorial track" consisting of non-tenured clinical instructional staff who are nevertheless expected to partially assume the roles normally reserved for tenure-track faculty, and (b) the systematic erosion of distinctions between this so-called "clinical track" and the tenure-track faculty. Specifically, this erosion has taken the following forms:

(i) Unilaterally re-defining the rank of Clinical Instructional Staff[2] as a "clinical track" that purports to mimic the tenure track, but without any possibility of tenure;
(ii) Failing to clarify when people appointed as Clinical Instructional Staff are primarily responsible for providing healthcare services rather than teaching;
(ii) Deliberately blurring the distinctions between the tenure track and this "clinical track" with an official policy of omitting the word "clinical" in the public use of job titles;
(iii) Putting Clinical Instructional Staff into leadership positions (such as Department Chair) that give them decision-making authority over the careers of tenure-track faculty;
(iv) Eliminating the independent academic position of Medical School Dean and merging it with the position of the Executive Vice President for Medical Affairs, whose primary responsibility is overseeing the business side of the healthcare system;
(v) Diluting the power and autonomy of tenure-track faculty by reconfiguring the Medical School Executive Committee. This was enacted by including Medical School

[1] Faculty Handbook: Section 1(c)
[2] Regents Bylaws: Section 5.23

Executive Vice Deans, Department Chairs, and non-tenured faculty as voting members of the committee.[3] As a result, administrators and at-will employees now hold 9 out of 13 positions on the Executive Committee, and only 4 out of 13 positions are held by non-administrator tenure-track faculty.[4] This is the committee charged with evaluating tenure-track faculty for tenure and promotion[5], with resolving grievance cases filed by faculty, and with initiating Sec. 5.09 cases against tenured faculty.[6]
(vi) Successfully advocating for a change in Sec. 5.09 to extend the maximum probationary period for all tenure-track faculty across UM from seven to ten years.

4. The fact that UMMS is urging the Senate to admit Clinical Instructional Staff is notably odd, given that the UMMS itself explicitly excludes unionized LEO lecturers from its definition of medical school "faculty" and from its definition of "executive faculty" (the governing faculty of UMMS),[7] in apparent violation of the relevant Regents' Bylaws.[8]

5. Via the measures outlined in Point 3 above, the healthcare administration has already eroded the ability of tenure-track faculty to protect tenure and academic freedom within the medical school. Thereby it has also impaired the ability of tenure-track faculty to advocate on behalf of contingent instructors and untenured research faculty. The healthcare administration now wants SACUA and the Senate to legitimate their "clinical track" by including the Clinical Instructional Staff in the Senate as "clinical track faculty."

6. If SACUA and the Senate legitimize the healthcare administration's blurring of distinctions between Clinical Instructional Staff and tenure-track faculty, this will undermine the concept of tenure itself in the rest of the university at a time where tenure itself is under attack nationwide.

7. The Medical School has argued that admitting the Clinical Instructional Staff to the Senate will address issues of "equity," such as the gender imbalance between tenure track and clinical track faculty at UMMS. Any equity issues faced by employees of the healthcare system are the product of the healthcare system's own personnel policies. Thus, the appropriate place to seek redress for perceived inequities is within the healthcare administration, not within the Senate, which does not have the power to confer the protections of academic freedom upon the Clinical Instructional Staff nor to change UMMS personnel policies. At the same time, to expand the Senate by admitting the Clinical Instructional Staff would dilute the voice of the tenured faculty, who are free to criticize the administration without fearing retaliation.

8. Instead of seeking to expand the Senate, it is recommended that the medical school undertake the following reforms: (a) move all clinical faculty who are involved significantly (>50%) in

---

[3] UM Medical School Bylaws: Article 6.2(e)
[4] UM Medical School Bylaws: Article 6.2(c)
[5] There appears to be nothing in Section 6.2 of UMMS Bylaws to indicate any restriction on voting by members of the Executive Committee, except only one Executive Vice Dean votes along with the EVPMA, and conflicts of interest with respect to department membership. The notion of untenured faculty voting on tenure cases is totally alien to the rest of the university.
[6] Until recently, the Executive Committee of the Medical School also had the power to try 5.09 cases against tenured faculty. One revision to 5.09 in 2020 was to remand all cases to SACUA: a rare example of strengthening tenure.
[7] UM Medical School Bylaws: Article 4.1.
[8] Regents Bylaws: Section 11.37

both education and scholarship into the tenure track, (b) restore the dominant voice of the tenure-track faculty in matters of education and research, and (c) reform the composition of the Medical School Executive Committee so that a majority of the members will be non-administrative tenure-track faculty. These tenure-track faculty will thus be empowered to act as a counterweight to the administration and to facilitate equitable policies for all those in the medical school who are engaged in scholarship and education.

In sum, the Senate and Senate Assembly should refuse to entertain the healthcare administration's proposal to expand the Senate in this way.