

MINUTES

The Board of Trustees

Temple University - Of The Commonwealth System of Higher Education

Tuesday, December 14, 1982

3:00 P.M., Ritter Hall South, Room 106 - KIVA

Attendance:

Members - Fitz Eugene Dixon, Jr., Chairman; Nathan C. Barr, Linda D. Brawner, Francis J. Catania, Patricia J. Clifford, Paul A. Dandridge, Louis J. Esposito, Richard J. Fox, Howard Gittis, Paul M. Henkels, Irving K. Kessler, Hillel S. Levinson, Peter J. Liacouras, David C. Melnicoff, M. Mark Mendel, Henry H. Nichols, Patrick J. O'Connor, Royal T. Popper, Mrs. R. Stewart Rauch, A. Addison Roberts, Milton L. Rock, Samuel H. Rosenberg, Anthony J. Scirica, Edwin H. Sherman, Isadore A. Shrager, Robert W. Watson, Jr., Albert F. Zanger,

being a quorum of the Board of Trustees;

Honorary Life Trustee - Marvin Wachman

Invited Guests - S. Elizabeth Davis, Murray M. Halfond, Norman Kaner, John Roberts (Faculty); Gail M. Barsky, William E. Swank, Jr., (Students)

Administration and Staff - Barbara L. Brownstein, Leo M. Henikoff, Marvin B. Klein, James D. Logan, John L. Rumpf, H. Patrick Swygert, Lee H. Wenke, Stanton B. Felzer, William C. Seyler

General Counsel - Peter M. Mattoon, Theodore Mason

University Counsel - Robert J. Reinstein

Members Absent - Bill Cosby, John C. Haas, Roger S. Hillas, Andrew L. Lewis, Jr., William A. Pollard, William L. Rafsky, Samuel Rudofker

The meeting was opened with prayer by Dr. Henry H. Nichols.

The Chairman welcomed and introduced the guests from the faculty and the student body.

REPORTS TO AND ACTIONS OF THE BOARD OF TRUSTEES

1. Approval of Minutes

On motion duly made and seconded, the Minutes of the meeting of October 12, 1982 and of the Special Meeting of November 1, 1982, were approved as previously distributed to the members.

2. President's Report

"This is an historic meeting of the Board of Trustees. There are several items of interest on the agenda, but the one overriding issue we address today is the new construction and renovation program at the Hospital. This project is the largest undertaking in the history of our University.

"Whatever we do at the Hospital will have profound effect on the rest of the University -- far beyond even the Medical School -- for at least a generation.

"The question before us today is therefore not a Hospital project and a Hospital decision. It is a University project and University decision.

"We have a Hospital and Medical School. Both are jewels in the constellation of University activities. So the question now is not whether to get into the health care business and to build a hospital and whether to open a medical school. Instead, the question before us today is whether to build a new hospital and to renovate part of the old hospital and thereby to permit us to continue these activities proudly as a University.

"Understandably, this has been both an easy and a difficult question for us. On the emotional level, the answer is easy: yes, go ahead. On the financial side: can we afford it?

"My approach to this decision has been to maintain prudence and caution. Our analysis therefore highlights the risks to the University and understates the obvious benefits of this historic project.

"Intellectually and programmatically, we need modern hospital facilities. We need them to maintain and enhance clinical education at our outstanding Medical School, and to provide adequate health care to the community which relies on us, as well as to strengthen the Physicians' Practice Plans.

"The cost of this project would be awesome even in the best of times. The total cost is approximately \$140 million.

"We are now asked to bear this cost in the face of a national policy to contain hospital and health care costs which have outstripped Consumer Price Index (CPI) inflation, with increased and indeed fierce competition among hospitals for fewer patients, and within a changing regime of state and federal hospital reimbursement policies.

"If this were not enough to make us pause, we would be undertaking this worthy project at a time when the University's financial condition is directly affected by a general economic recession, by a reduction in the available student pool, by overstaffing in some units, and by the absence of a sizable University endowment.

"Can we afford to go ahead? Can we afford not to go ahead?

"There is no simple solution to this dilemma. I realize that this is not a new idea or a new project, that you have labored tirelessly for years and years on several levels -- governmental, financial, programmatic, administrative, political and in the finest tradition of philanthropy -- to move this project ahead.

"Almost everyone has a strong opinion on which course we should take.

"I think that a decision this momentous must be faced honestly, as we have faced it, objectively and with as few preconceptions as possible. I doubt that any other decision the Board will make in the next few years will have as profound an impact on the future of the University.

"In this brief presentation, therefore, I want to speak as candidly as I can about five questions: (1) Has the financial feasibility of this project been clearly demonstrated? (2) What risks does the University run in going forward with this project? (3) What consequences would occur if the project were aborted now? (4) What practical alternatives exist to this project? and (5) Should the project be approved even without guaranteeing a financial protective margin for error, and, if not, how can that protection be secured?

"1. Feasibility.

"The Ernst & Whinney study concludes that the project is financially feasible -- that is, the Hospital revenues will be sufficient to operate the Hospital and to pay off the debt. I have reviewed this study myself and have sought advice from a number of financial and hospital experts inside and outside the University, including the late Lennox Moak, Dick Thornton, Jim Logan and Howard Newman, former president of the Dartmouth-Hitchcock Medical Center and former Assistant Secretary for Health for the Health Care and Finance Administration of the U. S. Department of Health and Human Services.

"The Ernst & Whinney study and conclusions are based on several critical assumptions:

"First, it is assumed that between now and 1990, admissions from the Hospital's primary service area -- the area directly around the Hospital -- will increase by about 5% (from 9,250 per year to 9,700 per year) even though the overall population of our primary service area will decline by 17% (from 542,500 to 449,700).

"Second, it is assumed that admissions from outside our primary service area -- the rest of Philadelphia, the suburbs and elsewhere -- will be practically constant between now and 1990.

"The result of these two assumptions, and other demography including medical staff data (such as median ages of admitting physicians), yields a forecast that the number of patient days at the new hospital will be practically the same as at the present facility even though the cost of medical care will have predictably more than doubled.

"The third basic assumption in the study is that the level of very mild competition among hospitals in our service area will not change.

"The fourth assumption is that even though there may be major changes in government reimbursement rules which would adversely affect the Hospital and University -- whether we go forward with this project or not -- such changes were not considered in the feasibility study.

"And the fifth basic assumption is that the Commonwealth will continue to appropriate \$2.5 million a year for the Hospital.

"These assumptions are, I suppose, based on the conventional wisdom that the past is the best predictor of the future. But what if this does not prove to be true? The plain fact is that the feasibility of the Hospital project rests greatly upon very fundamental factors that are generally outside of our managerial control.

"Unless the Commonwealth's financial condition improves, the annual appropriation to the Hospital could be called into question, which would be vigorously contested. That would be a tremendous blow to the University and, of course, the Hospital.

"Perhaps even more troubling is the future course of government reimbursement. Our Hospital, as well as others in our service area, is heavily dependent upon governmental support and reimbursement. With health care expenditures reaching ten percent of our gross national product, and with federal outlays for Medicare and Medicaid rising 10-15 percent per year to a current level of almost \$70 billion, the stated objective of federal policy has become the containment of health care expenditures. This year, for the first time, the Commonwealth placed 'caps' on reimbursement for operating expenditures, and the federal government introduced new reimbursement restrictions. The federal legislation and implementing regulations have other provisions which will reduce reimbursement to the Hospital. Even assuming, which I do, that we can accommodate the present changes, they may well be simply the opening round to even more drastic and unaccommodating cuts.

"With a declining population base, and with heavy dependence upon governmental reimbursement, we are in the same vulnerable situation as other hospitals in our service area. If one has to predict: there will be intense, indeed even fierce, competition among all hospitals for self-pay and commercially insured patients; in our primary service area, there will be similar competition among the hospitals for the same declining base of patients. Temple certainly has an advantage as a Medical School Teaching Hospital with a great Medical School, but there are disadvantages in our costs as well. While we may not know what the outcome of this competition will be, we must assume that it will occur.

"As things now stand, without the condition that will be recommended to you by the Executive Committee (Section 5 of the resolution), prudence finds an insufficient protective margin for errors either in revenue projections in financing and changing external circumstances.

"An additional financial cushion must be created to provide this protective margin for us to proceed with care and prudence. And you will see that we have provided for that margin in Section 5 of the Resolution before you.

"2. The risks of proceeding.

"The legal and financial arrangements of the project do contain some protections for the University in the event that Hospital revenues prove insufficient. The full faith and credit of the University is not being pledged. Instead, the loan is on a non-recourse basis and is secured only by the capital and revenues of the Hospital. Nevertheless, as both our General Counsel and University Counsel have advised us, the Medical School and the rest of the University could face very serious consequences in the event of a default.

"If a default occurs, the University will forfeit whatever remains of its \$10 million capital contribution. This would be extremely unfortunate, because almost \$6 million of that amount has already been collected and consists of contributions by public-spirited donors -- including members of the Board, Mr. Dixon, Mr. Haas and others -- specifically for the new facilities.

"A more serious problem is that the University could lose its advance of working capital to the Hospital of between \$10 million and \$15 million.

"But the most serious risk is created by FHA management of the Hospital, which could jeopardize the Medical School's relationship to the Hospital and have a devastating impact on clinical education. This could also jeopardize transfer payments from the Hospital to the University and Medical School -- for services, overhead, and so on -- which now total more than \$14 million a year.

"Faced with potential consequences of this magnitude, the University might very well decide, at that time of potential default, to assume responsibility for servicing the debt even if it is not legally required to do so. The result would be a repeat of what happened not long ago -- the University would be drained by the Hospital. Those of you who went through this several years ago know how threatening this can be.

"3. Consequences of aborting the project.

"Our present hospital facilities are inadequate for the future. If we aborted the New Construction and Renovation Program and did not find an alternative, we would be without an accredited hospital in the near future. As appealing as getting out of the hospital business might be to some in the abstract, there are two reasons why this would be unacceptable. First, aside from the very severe morale loss, the risks to the Medical School I earlier outlined would face us if someone other than the University managed the Hospital. If we were to let the Hospital simply go out of business, those risks which are unacceptable would become a certainty. The impact on the Medical School would be devastating.

"Secondly, Temple University has a historical commitment to provide the finest health care to the community. This commitment represents one of the most tangible and important and continuing relationships we have with the people with whom we live. We cannot in good conscience breach this commitment.

"For these reasons, I am convinced that we need modern hospital facilities -- either in the form of the present project or through an acceptable alternative.

"4. Alternatives.

"The project we are considering was designed to serve two functions -- to serve the clinical education needs of the Medical School and to serve the health needs of the surrounding and extended communities. I want to review several alternatives we have considered:

"(a) Building a new, but smaller and less expensive teaching hospital. This is not a realistic possibility because our present project is the minimum size necessary for a teaching hospital.

"(b) Building a community hospital and merging with Albert Einstein Medical Center. Since Einstein is building a new facility larger than ours only two miles away, this appears very attractive in principle. Unfortunately, a merger with Einstein could create more financial and legal problems than it would solve because Einstein's debt is also substantial. In addition, there are valid concerns about the Medical School's ability to control its clinical educational program at Einstein -- an issue absolutely vital to the quality of education of our students and the integrity of our Medical School as an outstanding part of Temple University.

"(c) Building a small community hospital and affiliating with other hospitals. This also appears attractive in principle but can satisfy the needs of the Medical School only if the Medical School is fully in charge of clinical education, including medical staff, at the affiliates. We have had ongoing difficulty in negotiating an acceptable educational affiliation agreement with Einstein. It is also not likely that we could negotiate a satisfactory agreement with other hospitals, particularly given the decrease in our bargaining power if we canceled this project. Furthermore, even if acceptable agreements could be negotiated with these other hospitals, there are substantial risks in this course, as the recent experience with St. Christopher's demonstrates. Several people have mentioned how successful Harvard has been in securing adequate affiliations, but Harvard did this over an extended period of time and now has an effective, practical voice in the hospitals' governance. I doubt that we can be nearly as successful, given the historical strength of medical staffs, the intense competition now developing in health care, and the time constraints required to adjust to such a radical change. Thus, there appears to be no fully satisfactory alternative to the present project.

"5. Approval of the project with a financial cushion.

"Some would consider the most prudent course would be to cancel the present project and try the third alternative of building a small community hospital and affiliating with other hospitals -- imperfect as it is. Indeed, without a financial cushion, I would recommend developing a community hospital at the present site and seeking expanded and stronger affiliation agreements with other hospitals to meet our teaching needs. We realize that this approach would be potentially the least risky, financially, of the alternatives, but would certainly damage the Medical School, perhaps irreparably. Nevertheless, without a financial protective reserve, the New Construction and Renovation Program presents even more unacceptable risks to the University and the Medical School.

"The key question, therefore, is whether a sufficient reserve of funds can be created to protect the University in the event that hospital revenues are insufficient to service the debt. If such a reserve existed, we could avoid a default without draining the University -- and I emphasize this -- without draining the rest of the University. Such a result would provide a cushion to give us time to develop additional public support.

"A reserve fund does not exist now. The University's unrestricted endowment is too small to be the source of such a fund. Our two principal sources of revenue -- tuition and state funding -- also are out of the question barring a startling turnaround.

"After considering this at length, I believe that we must create a reserve which, over a period of years, will total \$10,000,000 (7% of the total Project costs). This can be done if a minimum of \$500,000 per year is put in an interest bearing reserve fund for the purpose of providing a cushion in the event of shortfalls in Hospital revenues. Given the University's financial condition, there are only two practical sources for this money -- one is philanthropic donations, and the other is contributions from the professional income of the School of Medicine Clinical Faculty Practice Plans.

"Since the Medical School and its doctors will be among the principal beneficiaries of these new facilities, it is certainly fair that an amount of Practice Plans revenues should be set aside to guarantee the viability of this project and to assure that the University is not jeopardized. In addition, philanthropic support not otherwise available to the University would be encouraged. Because a minimum of \$500,000 per year is absolutely essential to build up a \$10 million reserve over 11 years, Practice Plans revenues will guarantee this amount. The leadership of the Medical School has endorsed this approach.

"Following a sufficient period of time to insure this financial cushion, the Board of Trustees shall use this fund for the benefit of the Medical School, and in this manner the Practice Plans would again enhance the Medical School's striving for excellence.

"In this context, again as before, the University, and its Medical School, Hospital and the community would be the beneficiaries of the philanthropy of our own medical staff in the noblest of causes.

"With a reserve of \$10 million by 1994 (7% of total project costs), we would be in a position, even if faced with a 'bad case' scenario, of staving off default for a period of time without draining the University. This would give us some time to take whatever steps were necessary to garner public support in restoring long-term practicability to the Hospital or to find an acceptable alternative.

"I want to emphasize that the fund created by these contributions will be for the purpose of having a reserve available to reduce the risks in the Hospital Project and, if not used for that purpose, could only be used for the Medical School's benefit as a quasi-endowment.

"The fund will not be used to expand the Hospital, to acquire other facilities, or to fund projects at the Hospital.

"With these qualifications and recognizing that all risks have not been and cannot be fully removed, I am now very pleased to recommend that the Board of Trustees approve the project, with this condition represented by Section 5 of the Resolution before you.

"I consider this project to be a crucial part of the renaissance of the University and our community. I am therefore delighted to conclude, following my own searching analysis, that this project should proceed forthwith.

"In so doing, I would first pay tribute to former President Marvin Wachman and his administration; we should single out Stanton Felzer as one who has literally carried this project forward on the staff level; David Melnicoff and the Board of Governors, especially John Haas; Marvin Klein and his staff at

the Hospital; Leo Henikoff and his colleagues at the Medical School and Practice Plans; philanthropic individuals and associations which have supported this project; and the Board of Trustees and most emphatically and vitally our Chairman, Fitz Eugene Dixon, Jr. I am honored to move the adoption of the Hospital Project on their symbolic behalf.

"Let us all work together, if this Resolution is approved today, for the success of this long-awaited project, which can mean so much to the University and to the entire Philadelphia area. One phase ends today, and another begins tomorrow. Let us move ahead united.

"Mr. Chairman, that concludes my report. Thank you very much."

Executive Committee Report and Recommendations for Action

Mr. Fox, Chairman of the Executive Committee, called attention to the Committee Report (Agenda Reference 1), and he then recommended that the Board approve the matters covered in Items 3, 4, 5, 6 and 7 of these Minutes.

3. Borrowing Authority - 1/1/83 - 3/31/83

On motion duly made and seconded, the Board voted to approve the recommendation of the Executive Committee (11/18/82) that the officers be authorized to borrow for operating purposes of the University \$30 million on terms which the officers believe best for the University, such authorization to cover the period from January 1, 1983 through March 31, 1983. (Resolution is attached as SUPPLEMENT I.)

4. Approval of Construction of New Hospital

Mr. Melnicoff reported that the Board of Governors of Temple University Hospital unanimously approved the plans and the financing of the new Hospital. In order to determine the feasibility of the project, appropriate studies have been carried out; and a Guaranteed Maximum Price has been received from the Turner Construction Company.

Mr. Fox said that a Meeting of the Special Committee on the New Hospital (the Hillas Committee, chaired by Mr. Hillas), and a Joint Meeting of the Business and Finance Committee and the Executive Committee had also voted to recommend that the Board of Trustees authorize the officers to proceed with the New Hospital construction and financing.

Dr. Henry H. Nichols moved, and his motion was duly seconded, that the Resolution authorizing the officers to proceed with the construction and financing of the New Hospital, be amended to add a new Section 6, as follows:

"Temple University will use its best efforts to insure that the University and all persons participating in the design, engineering and construction or outfitting or maintenance of the new Hospital and related facilities meet all required Equal Opportunity and Affirmative Action regulations of federal, state and local government authorities."

This motion was approved and the new Section 6 became part of the final authorizing Resolution (attached as SUPPLEMENT II.)

Mr. Dixon pointed out that under Section 5 of the authorizing Resolution the Chairman of the Board is to appoint a six member Committee (composed of the President, Vice President for Medical Affairs, the Chairmen of the Executive and Business and Finance Committees, and two representatives of the Practice Plans (Drs. Sherry and Buchheit)), and he asked the Secretary to telephone these persons regarding their appointments and confirm the appointments by letter.

After further discussion, on motion duly made and seconded, the Board of Trustees voted to approve the recommendations of the Board of Governors of the Hospital (12/14/82), the Business and Finance Committee (12/14/82), and the Executive Committee (12/14/82) that the officers be authorized to proceed with the construction of the new Hospital, and to file an amended application with the Hospitals Authority of Philadelphia, such authorizations being contained in the two Resolutions attached as SUPPLEMENT II.

5. Ratification of Nondiscrimination Policy

Mr. Fox noted that the Executive Committee had discussed the captioned matter and recommends its adoption by the Board.

On motion duly made and seconded, the Board of Trustees voted to approve the recommendation of the Executive Committee (12/14/82) that the Board ratify the statement of nondiscrimination which appears in the Temple University Affirmative Action Plan as amended December 4, 1980, to wit:

"Temple University is committed to a policy of equal opportunity for all in every aspect of its operations. The University has pledged not to discriminate on the basis of race, color, sex, age, religion, national origin, sexual orientation, marital status, or physical handicap. This policy extends to all educational programs and activities."

6. Open Forum Policy

Again Mr. Fox reported that the Executive Committee has discussed this matter and recommends its adoption by the Board.

It was explained that this is a restatement of fundamental First Amendment principles and of the way the University has operated historically. The University may not suppress ideas, speech or debate because it considers them offensive. The University may, of course, regulate conduct associated with speech to insure that violence or other illegal acts do not occur. In an extreme situation, speech can itself be prohibited if it is evident that there would be a clear and present danger of violence or other illegal act. The University may also regulate the time, place and manner that its facilities are used, for the convenience of students, faculty, and staff. To consider the most obvious example, if a room is being used to teach classes, or if it has already been reserved for use by a student association, it need not be made available to another party. Also, if a building is not ordinarily open at certain times, it need not be made available at those times. And, there are places in the University which are used for purposes incompatible with their being opened as a "public forum". It should be emphasized, however, that time, place and manner restrictions must be applied reasonably and not for the purpose of discriminating against certain persons or groups because of the content of the message they wish to convey.

On motion duly made and seconded, the Board voted to approve the recommendation of the Executive Committee (12/14/82) that the Board adopt the following policy concerning free speech at the University:

"Temple University is an open forum for the interchange of ideas and for the exercise of free speech and debate. In making its facilities available for the exercise of such rights, the University shall apply reasonable and non-discriminatory rules as to time, place and manner."

7. Employers Access Policy - Five Alternative Recommendations

Mr. Fox explained that the Executive Committee had discussed the five alternative recommendations (which were on the Board's Agenda) extensively, and ultimately (by a vote of 4 for Alternative #1 and 5 for Alternative #2) decided to recommend that the Board adopt either Alternative #1 or Alternative #2.

Responding to a question from Mr. Sherman as to why the Committee had chosen Alternatives 1 or 2, Mr. Fox said that the main thrust of the discussion was that the University should maintain an open campus for all ideas and all employers. The discussion focussed around the ability of the University to determine and apply the requirements of Alternative #2, which relates to the commission of illegal acts or discriminatory practices by an employer in places outside the Temple University Campus.

Mr. Gittis strongly urged that the Board adopt Alternative #2 because he thinks it is important that the University speak out with one voice concerning discrimination whether it occurs on campus or off campus. Conceding that there may be some implementation problems with Alternative #2, Mr. Gittis thinks it is more important that the University speak out strongly on this matter.

Mr. Fox and Judge Scirica said that the many consent decrees that have been entered into by employers, relating to sexual and other types of discrimination, might, under the language of Alternative #2, cause the employer to be barred from recruiting on the Temple campus. Mr. Levinson thought that the language--"has committed"--might be changed to "is committing," thereby relieving an employer of an onus for an act that might have been committed several years previously. Mr. Reinstein pointed out that the way the language was drafted, even if there be a commission of an act, it doesn't necessarily mean that an employer would be barred; and the Resolution defines when an employer "may" be barred. If an act occurred five years ago, nobody would bar the employer. If the employer is committing a discriminatory act against our students, that could be the basis for barring the employer. Mr. Reinstein pointed out that as a matter of fact, the Law School has only barred one employer. If the Law School committee finds administratively that an employer is engaging in a discriminatory practice, the employer is confronted with the finding of fact and is told that if he doesn't cease the practice, he will be barred. In virtually all cases, that is enough to cause the employer to cease the practice.

After further discussion, on motion duly made and seconded, the Board of Trustees voted to adopt the following policy:

"No employer may be barred from using University placement facilities to recruit students for employment unless that employer has (a) committed an illegal act related to recruitment at Temple University, or (b) committed discriminatory employment practices in violation of applicable law."

(Secretary's Note: Judge Rosenberg asked that his negative vote on the above motion be recorded with the explanation that he had so voted because he thinks the policy is so indefinite as to be unworkable.)

Educational Policies Committee Report and Recommendations for Action

Mr. Shrager, Chairman of the Educational Policies Committee, called attention to the Committee Report (Agenda Reference 7), and then recommended that the Board approve the matters covered in Items 8 and 9 of these Minutes.

8. Change of Name from College of Liberal Arts to College of Arts and Sciences

After discussion, on motion duly made and seconded, the Board of Trustees voted to approve the recommendation of the Educational Policies Committee (11/15/82) that the College of Liberal Arts be authorized to change its name to College of Arts and Sciences.

9. Approval of Ed. S. (Specialist in Education) Degree, College of Education

After discussion, on motion duly made and seconded, the Board of Trustees voted to approve the recommendation of the Educational Policies Committee (11/15/82) that the College of Education be authorized to offer a new graduate program, Specialist in Education (Ed. S. degree), as described in SUPPLEMENT III), with the understanding that the Educational Policies Committee will review the progress of the Program in November 1984.

Temple University Hospital, Board of Governors Report

Mr. Melnicoff, Chairman of the Board of Governors, called attention to the Board's Report (Agenda Reference 10), and expressed his personal appreciation and the thanks of the Board of Governors for the support and help which the Board of Trustees has given to the Governors in the long planning process for the new Hospital. He said that the Board of Governors is resolved to make this a very successful venture.

Athletics Committee Report

Mr. Levinson, Chairman of the Athletics Committee, called attention to the Committee's Report (Agenda Reference 11), noting that Thursday, January 6, 1983, is the first home game for our basketball team and its new coach, John Chaney, at McGonigle Hall--and he urged everyone to attend. He also noted that the NCAA national convention will be held in early January, and that Ernie Casale has been retained as the faculty representative to that convention.

Audit Committee Report

Mr. Fox, Chairman of the Audit Committee, said that some members of the Committee had met with the Director of Internal Audits, William Sites, who is in the process of setting up a new auditing process for the University. The Audit

Committee will be meeting shortly after the beginning of 1983. One objective of the Committee for the coming year is to increase the scope of the internal audits to insure that the Board is properly covered in every expenditure of funds.

Development Committee Report

Mr. Roberts, Chairman of the Development Committee, called attention to the Committee Report (Agenda Reference 15), noting that the Centennial Challenge Program has reached \$53.8 million, or 89.7% of its goal. The Hospital Building Fund has reached \$5.8 million of the \$7 million needed by 12/31/82.

Honorary Degrees Committee Report

President Liacouras, Chairman of the Honorary Degrees Committee, said that the Committee had met on December 13, it will be meeting again in January, and there will be a further report to the March meeting of the Board.

Student Affairs Committee Report

Mrs. Rauch, Chairman of the Student Affairs Committee, called attention to the Report of that Committee (Agenda Reference 17), noting that the Committee hopes that it will soon have two student non-voting advisory members nominated by the Interim Student Senate. Mr. William Swank, a student observer attending the Board meeting, indicated that the two students will be nominated by the time of the next meeting of the Committee on Student Affairs.

Reports of Other Standing Committees

The Chairman referred to the Reports of the other Standing Committees (Agenda References 13 and 14), noting that if anyone present had questions about these Reports, they should communicate with the respective Committee Chairmen.

REPORTS OF OFFICERS

10. Treasurer's Report

Without objection, the Board of Trustees received the list of gifts and grants received between July 1, 1982 and October 31, 1982, said report being included and identified as Agenda Reference 19.

11. Secretary's Report - Approval of Presentation of Degrees-in-Course

On motion duly made and seconded, the Board of Trustees voted to approve the presentation of degrees-in-course dated January 28, 1983 to candidates approved by the appropriate academic committees of the faculty.

NEW BUSINESS

12. Expression of Confidence in the Judgment of the
Commonwealth Appointing Authorities

There was discussion about the captioned matter. Following that discussion, on motion duly made and seconded, the Board of Trustees adopted the following Resolution:

Resolved--that the Board of Trustees of Temple University, including the President and the Chairman of the Board of Trustees, expresses its complete confidence in the judgment of the designated Commonwealth officers in fulfilling their responsibilities to appoint members to the Board of Trustees of Temple University.

After concluding remarks by the President and by the Chairman of the Board, in which both emphasized the historic nature of today's meeting involving, as it did, the authorization of a New Hospital, the meeting of the Board of Trustees was adjourned at 4:30 P.M.